STARTING POINT
ASSESSMENT

MAPP 2.0

NACCHO
National Association of County & City Health Officials

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INTRODUCTION

The Starting Point Assessment helps people facilitating the community health improvement (CHI) process reflect on their past CHI cycle, identify resources for the current cycle, and develop goals to improve their CHI work throughout the cycle.

TOPIC AREA	DESCRIPTION
Reflection on the Last CHI Cycle	General reflection on what went well, and did not go well, in the last CHI cycle and areas for improvement
Community Engagement	A reflection on how community members were involved, including representation of populations experiencing inequities, their decision-making power, and payment or other compensation
Partnerships	An evaluation of the organizations and sectors that were included in CHI, their resources, diversity of the populations they serve, services they provided, and reflection on the strength of partnerships and an inventory of partnerships for the current cycle
Data and Assessments	An account of the data sources, methods, and indicators used in the last CHI cycle for each assessment of the community health [needs] assessment (CH[N]A) and reflection on key insights
Community Health Improvement Plan (CHIP)	A status update on the progress made on the former CHIP priorities, an assessment of how well the CHIP priorities target a range of areas from root causes to health outcomes, and reflection on the CHIP monitoring and reporting system
Leadership Support to Address Health Equity	An analysis of what leadership support is available to help MAPP advance health equity, which powerful stakeholders might get in the way, and whom else to engage to support MAPP's efforts to advance health equity
Resources, Skills, and Materials	An inventory of the funding, resources, skills, technology, and capabilities that are available in the current cycle and need to be fulfilled

How to Do the Starting Point Assessment

1. **IDENTIFY PEOPLE TO INVOLVE**

To complete the Starting Point Assessment, you will need to gather input from people who can provide information about the following:

- Successes, challenges, and accomplishments of the last CHI cycle
- The relationship your organization has with the community, partner organizations, and local leaders and how they have been involved in CHI in the past
- Current resources available to use in CHI, including staffing, partners, data infrastructure, and funding

Review the assessment and use the following planning table to identify who can help you complete each section.

Starting Point Assessment Section and Topics	Whom to Engage
Reflection on the Last CHI Cycle • What worked well and did not work well in the last CHI cycle? • What could be improved in this cycle?	
Community Engagement • What were the successes and challenges around community engagement? • How were community members involved in the last CHI cycle? What was their level of power in the process? • What outreach methods were used? • How representative were the MAPP Core Group and Steering Committee of populations experiencing inequities? • How was community input gathered and used across MAPP? • How were results of the MAPP activities, CH[N]A, and CHIP shared with the community? • How and when were community members paid, and how was that determined?	
Partnerships • What organizations and sectors were most involved in the last CHI cycle? What do they do, and whom do they serve? • What resources did they contribute? • What is the strength of their partnership in MAPP? • What sectors and organizations were not well represented? • How were partners involved in each step of CHI? • What partnerships have been identified for this cycle? What do they bring to the work?	

Starting Point Assessment Section and Topics	Whom to Engage
Data and Assessments • With what organizations/agencies do you share and receive data? • What kind of data? Is this a good partnership? • What indicators did you include in the last quantitative and qualitative assessments? • What secondary sources did you use in the assessments? • What methods did you use in the last quantitative and qualitative assessments? • What key insights were gained from the assessments? • Who was involved in the last systems/partners assessment (e.g., local public health system assessment (LPHSA))? What sectors were represented? • What worked well, and did not work well, in the last partners assessment?	
Community Health Improvement Plan • Which goals and objectives of the last CHIP were met or not met? Why? • What were the successes and challenges for each CHIP priority area? • How did CHIP priorities span from root causes through health outcomes? • How is progress on the CHIP monitored and reported to the community?	
Leadership Support to Address Health Equity • Which stakeholders can influence MAPP's ability to achieve health equity? • Who will support MAPP, and who might get in the way? • What resources or assistance can they contribute? • How might they prevent MAPP from advancing health equity? • How can you better leverage support from these leaders? • How can you lessen negative impact of unsupportive leaders? • Who are other potential supporters, and what could they contribute?	
Resources, Skills, and Materials • What funding and resources were available in the last cycle? • What skills, resources, and capabilities are available in this cycle? • What other resources are needed for this cycle? • Which important roles are fulfilled, and need to be fulfilled, for this cycle?	

2. DEVELOP A PLAN FOR THE ASSESSMENT

Each topic area includes the following sub-sections. Some can be completed using data from previous cycles. Others should be completed as a discussion with the steering committee and other key partners. Write directly into this document, filling out the blank text boxes.

Sub-Section within Each Topic of the Starting Point Assessment*	Description	Example Methods
Progress on Metrics in Last Cycle	Recommended metrics and space to report progress on them in the last cycle	The MAPP coordinator, other people who work most closely with MAPP, or both, review data from the last cycle to report progress on the relevant metrics.
Reflection on the Previous CHI Cycle	Open-ended reflection questions about the last cycle, and current cycle, in relation to the topic area	Meet with three to five people who were involved in the last CHI cycle. They review the progress that was recorded on the suggested metrics and discuss each reflection question together, taking notes in the assessment document.
Improvements to This Cycle and Goals for Current Cycle	A scoring tool to evaluate overall performance on that topic area. This can be used to help prioritize which areas to address in the current cycle. There is space to document goals for what you would like to improve in this cycle related to that topic area.	The group of people who will work on the current cycle completes the short scoring activity and develops three priority goals to pursue in this cycle.

Note: Resources, Skills, and Materials is structured differently, as an inventory of resources.

3. PRIORITIZE AREAS FOR IMPROVEMENT

Record your scores from the end of each section into the Starting Point Assessment Focus Area Prioritization Table at the end of the assessment. You can use this score to help you prioritize areas to address through the CHI infrastructure workgroups, which are convened in the next step of Phase I. For example, the areas with the lowest scores might be of highest priority to address.

4. SHARE RESULTS WITH CHI INFRASTRUCTURE WORKGROUPS

After completing the Starting Point Assessment, you will develop CHI infrastructure workgroups. These workgroups develop the foundational elements for CHI that are evaluated in this assessment. Each workgroup will reference the information in this completed assessment to develop detailed goals, objectives, and activities for improvement. They will assign people to track and report on metrics for each topic, like the suggested ones at the beginning of each section.

SECTION 1: REFLECTION ON THE LAST CHI CYCLE

Begin with a general reflection on how the last CHI cycle went. Discuss these questions with the core group and steering committee.

What worked well in the last CHI cycle?
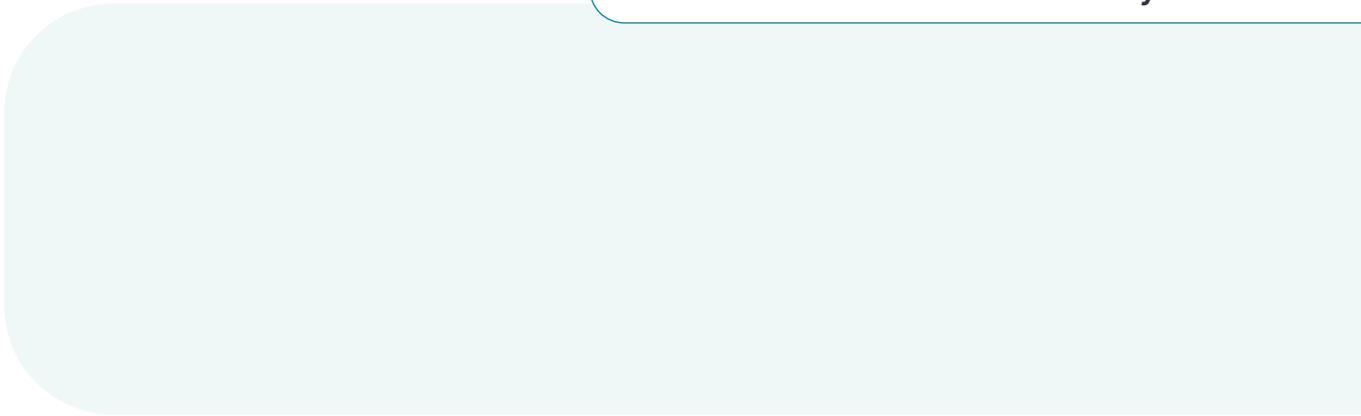
What did not work well in the last cycle?
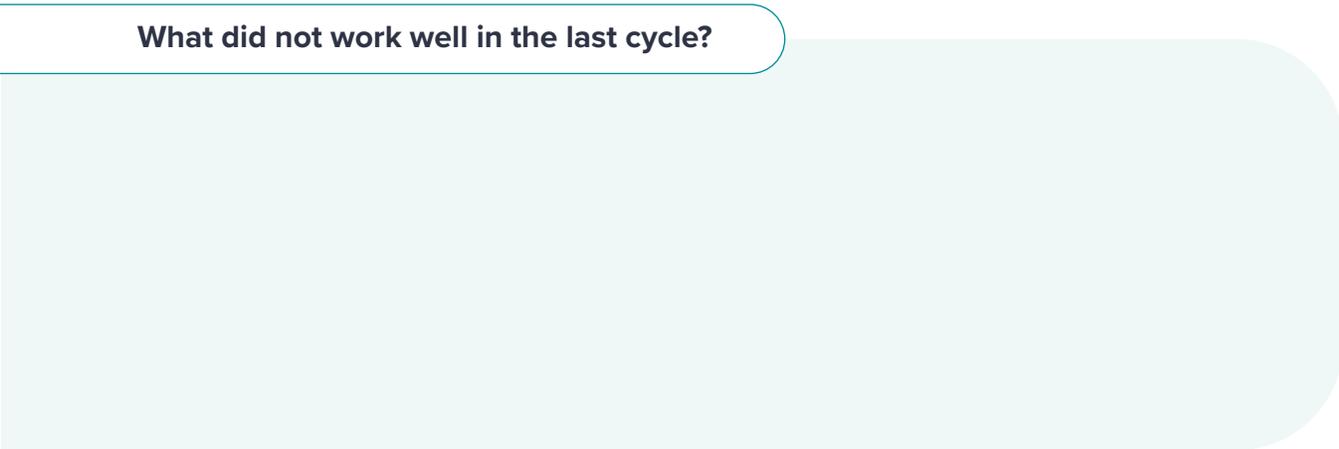
What would you like to improve in this cycle?
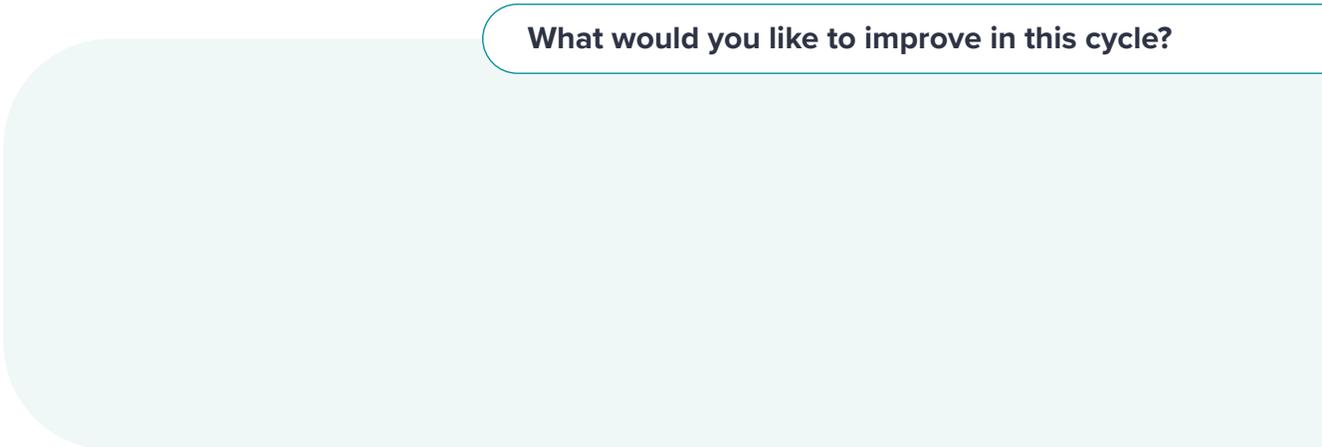
SECTION 2: COMMUNITY ENGAGEMENT

Introduction

Community engagement is an important part of MAPP. Communities historically excluded from decision-making should be in positions of leadership to oversee initiatives that directly impact them and design solutions to improve their communities. Meaningful engagement involves intentional outreach, payment for community members' time, and devoting resources to support ongoing engagement.

Progress on Community Engagement Metrics in Last Cycle

The following table includes metrics to quantify your community engagement process in CHI. If you tracked any of these metrics, record your target and progress from the last cycle. Add any metrics related to community engagement that you were tracking and report your progress in the blank rows on the following page.

Suggested Metrics	Metrics	
	Target	Actual
Decision-making power of community		
% of core group and steering committee members who are community members		
% of core group and steering committee members who represent community power-building organizations		
% of community members in core group and steering committee who represent populations experiencing inequities		
Outreach to engage community members		
# of intentional outreach efforts throughout the cycle to engage more community members in CHI		
Community input gathered		
# of CHI steps in which community input (outside of core group/steering committee) was gathered		
Payment for community members' time		
$ dedicated to support payment of community members		
$ per hour paid to community members for engagement		
Resources and supports provided to support engagement		
# of languages spoken in the community that are accounted for in outreach, publications, and events		
$ dedicated to provide travel vouchers, stipends, or other support		
Other metrics:		

Reflection on Community Engagement

SUCCESSES

What were the successes of your community engagement efforts in the last cycle?

CHALLENGES

What were your challenges around community engagement in the last cycle?

Decision-Making Power

With the core group and steering committee, review this table adapted from the Spectrum of Community Engagement to Ownership.[1]

Level	Description	Examples in MAPP
5 **Defer To**	Community members have full control of an initiative and are funded directly to carry it out. Allows community to make funding decisions and lead negotiations around any changes to the initiative.	• Community members govern all aspects of MAPP including managerial. • Community is funded directly to oversee MAPP and carry out initiatives. • Community has autonomy in funding decisions, including hiring and budgets. • Community members lead negotiations with external agencies engaged in MAPP.
4 **Collaborate**	Powerholders transfer some control, managerial authority, and funding to the community so members are not simply participating and can ensure the initiative is accountable to the community.	• Community has dominant decision-making authority over aspects of MAPP. • Community members are given funding to lead delegated MAPP responsibilities. • Community members are given training and skills to lead MAPP responsibilities.
3 **Involve**	Some power is redistributed to the community through formal structures and ground rules, allowing community members to negotiate with powerholders.	• Decision-making is shared between community members and MAPP leadership. • Decision-making criteria are set to ensure community voice informs MAPP. • Community members are offered some payment for their time, although not at the same level as organizational partners.
2 **Consult**	Community members can voice their views but are given a very limited degree of influence. There is no accountability to using this feedback to shape decisions and actions.	• Community input is gathered but not used to inform MAPP decisions. • MAPP is only a strategy for agencies to meet requirements (e.g., accreditation). • Select community members sit on MAPP leadership but are outnumbered. • Community members are engaged in CHIP priority/strategy selection processes, but lead agencies make final decisions.
1 **Inform**	There is one-way communication between those with power with no opportunity for community members to provide feedback; people with power rely on the use of jargon and their prestige, coercing community members to accept the information given.	• Community is passively informed about MAPP and given updates on decisions/actions made by MAPP leadership, with no opportunity to provide input. • One-way communication methods are used (e.g., media, website updates, presentations) to provide MAPP updates and post CH[N]As, CHIPs, or other reports.
0 **Marginalize**	This is an "illusory" form of engagement in which community members are misled into believing they have power but are only being manipulated into giving support. It is often a public relations strategy of powerholders.	• MAPP assessment data are presented in a way that pathologizes communities; data on root causes that explain why inequities exist are limited. • CHIP strategies ignore or devalue community culture, strengths, and assets. • Traditional programs, systems, and structures that perpetuate inequity are sustained. • MAPP leaders persuade communities to support MAPP decisions that were made in isolation and to serve people who hold power rather than those that have historically been excluded.

[1]González, R. (2020). *The spectrum of community engagement to ownership.* Facilitating Power. Retrieved March 30, 2023, from http://bit.ly/3KmJYNW

Which level of the spectrum best describes how you involved community members in the last cycle? Why?

How representative were the core group and steering committee of communities experiencing inequities? *(Consider inclusion of community members themselves and community organizers who could speak to the needs of community members.)*

How representative were those community members of populations experiencing inequities?

Community Outreach

What outreach methods did you use to invite community members to participate in MAPP?	What about this effort was successful?	What about this effort was NOT successful?

Gathering Community Input

CHI Step	How was community input gathered?	How was community input used?
Planning/developing the CH[N]A (how data will be collected and who will collect the data)		
Implementing the CH[N]A (sharing data-collection methods (e.g., surveys) and hosting focus groups)		
Data analysis (interpreting data, drawing conclusions, presenting data to the community, and gathering community feedback on the data)		
Developing the CHIP (selecting strategic priorities, selecting and tailoring strategies to meet community needs, and aligning partners with activities for implementation)		
Implementing the CHIP (implementing strategies, tracking implementation activities, and evaluating implementation to ensure community's needs are met)		
Other:		

Sharing Updates with the Community

Assessments and Activities	How were the results shared with the community?
Results of the mission/vision activities	
Qualitative assessment results	
Quantitative assessment results	
Public health system/partner assessment results	
CHIP	
Progress on CHIP priorities	
Other	

Supporting Engagement

Were community members paid for their time, and if so, how was payment determined?

How did you make engagement in CHI easier for community members? *e.g., support for travel; accessible meeting locations; childcare; food at meetings*

How did you ensure CHI activities were accessible to all diverse groups within the community? *e.g., accessibility, language, location*

Improvements to Community Engagement in This Cycle

Review each statement and score on a scale of **True (5)** to **Not true at all (0)**. Calculate a final score.

Note: This scoring mechanism is intended to be used internally to help you prioritize which categories of the Starting Point Assessment you will improve in this cycle. Record your final score as a percentage in the Starting Point Assessment Focus Area Prioritization Table.

GOALS	Score (X/5)
Community members representing populations experiencing inequities have decision-making power over MAPP and are in positions of leadership.	
Engaging outreach methods using multiple methods and forms of media are used to invite community members to participate in MAPP.	
Community input is gathered during each step of MAPP and used to make decisions about how the process is implemented.	
Results from each step of MAPP are shared widely with the community.	
Community members are paid for their time in fair proportion to employees involved in this work (e.g., with an hourly pay/stipend proportionate to full-time staff pay).	
Resources and supports are provided at every community meeting to help community members engage with ease (e.g., travel vouchers/travel provided, accessible meeting locations, childcare, food, multiple languages).	
Total (sum of points):	
Final Score (%) (calculated as total /30 x100)	

Based on your reflections on the current cycle, and the suggested goals above, develop one to three goals related to community engagement you would like to achieve in this cycle.

COMMUNITY ENGAGEMENT GOALS

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SECTION 3: PARTNERSHIPS

Introduction

MAPP is a collaborative, community-driven process and should be implemented by the collective action of multiple partner organizations, agencies, and groups. In this section, you will reflect on the diversity of your partnerships, strength of partnerships, and their involvement in MAPP.

Progress on Partnership Metrics in Last Cycle

The following table includes metrics to quantify your MAPP partnerships. If you tracked any of these metrics, record your target and progress from the last cycle. Add any metrics related to partnerships that you were tracking and report your progress in the blank rows below.

Suggested Metrics	Target	Actual
Diversity of organizations involved in MAPP		
# of sectors represented on the core group and steering committee		
# of sectors represented in the partner assessment		
# of unique populations served by partner organizations		
# of partners whose work addresses root causes of health inequity *(refer to Phase I, Appendix F, in the MAPP Handbook)*		
Responsibility of partners in MAPP		
% of CHI steps led by a partner organization		
# of strategic priorities from the CHIP led by partner organizations		
Resources committed by partners to MAPP		
$ of funding dedicated from partners to CHI		
% of partners dedicating in-kind resources to CHI		
Other metrics:		

Reflection on Partnerships in the Last Cycle

STRENGTHS

What were the strengths of your partnerships in the last cycle?
(Consider the following: diversity of organizations, resources dedicated, skills and expertise offered.)

**What about partnerships in the last cycle could be improved?**

TO IMRPOVE

Partnership Resources and Strength

Consider the organizations which were most involved in the last CHI cycle as partners. For example, these might include organizations who participated in the core group or steering committee, helped facilitate the assessments, or led strategic priority areas of the CHIP. Complete the table below for those organizations.

Organization and Sector	Populations Served	How did they participate? What resources did they dedicate?	How would you rank the strength of your partnership with this organization? *Refer below for scoring.*
What sectors were not well represented among your partners?			

Partnership strength scoring:[2]

NETWORK	COORDINATE	COOPERATE	COLLABORATE
• Exchange of information	• Exchange of information • Harmony in activities	• Exchange of information • Harmony in activities • Sharing of resources	• Exchange of information • Harmony in activities • Sharing of resources • Enhancement of each other's capacity
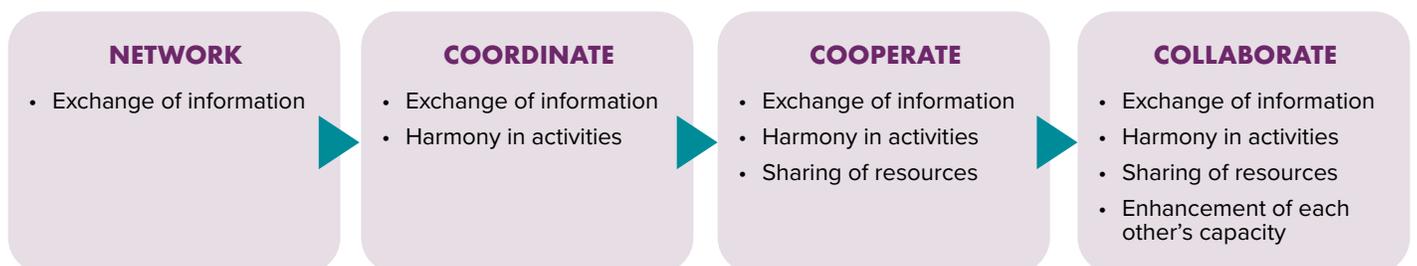
[2] Himmelman, A.T. (2002). *Collaboration for a change: Definitions, decision-making models, roles, and collaboration process guide.* Minneapolis, MN: Himmelman Consulting.

Partner Engagement across CHI

CHI Steps	How were partners involved in this step?
Developing a mission and vision for the community	
Planning and preparing for MAPP	
Doing the assessments and analyzing data	
Identifying strategic priorities	
Developing the CHIP	
Implementing the CHIP	
Tracking progress on the CHIP	

Partnerships for the Current Cycle

What organizations and partnerships are ready to be engaged in this cycle, and whom would you like to engage? Use the following tables to describe the type of work they do and how they might contribute to CHI.

Organization	Sector	What type of work do they do? Whom do they serve?	What resources, skills, and assets can they offer?	What is their capacity to participate? *(High/Med/ Low/ Unknown)*

Improvements to Partnerships in This Cycle

Review each statement and score on a scale of **True (5)** to **Not true at all (0)**. Calculate a final score.

Note: This scoring mechanism is intended to be used internally to help you prioritize which categories of the Starting Point Assessment you will improve in this cycle. Record your final score as a percentage in the Starting Point Assessment Focus Area Prioritization Table.

GOALS	Score (X/5)
MAPP is led by a cross-sectoral, diverse group of organizations representing the entire local public health system.	
The organizations participating in MAPP are committed to its success and their responsibilities.	
Partner organizations involved in MAPP commit sufficient resources to support its success.	
All participating organizational partners equitably share the work within each step of MAPP.	
Total (sum of points):	
Final Score (%) (calculated as total /20 x100)	

Based on your reflections on the current cycle, and the suggested goals above, develop one to three goals related to partnerships you would like to achieve in this cycle.

PARTNERSHIP GOALS

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SECTION 4: DATA AND ASSESSMENTS

Introduction

In this section, you will reflect on the quality of the data used for the last CH[N]A, the indicators and assessment methods used, and key findings from the previous assessments.

Progress on Data and Assessment Metrics in Last Cycle

The following table includes metrics to quantify your data and assessments in CHI. If you tracked any of these metrics, record your target and progress from the last cycle. Add any metrics related to data and assessments that you were tracking and report your progress in the chart on the following page.

Suggested Metrics	Target	Actual
Data access		
# of agencies, organizations, or sectors with which you share data		
Quantitative assessment		
% of indicators included at the root causes/systems of power, privilege and oppression level		
% survey response rate		
# of populations experiencing inequities represented in the quantitative assessment data		
Qualitative assessment		
# of qualitative assessment methods used		
# of populations experiencing inequities represented in the qualitative assessment data		
# of X qualitative methods (e.g., focus groups) facilitated		
Partner assessment		
% of invited organizations that completed the survey assessment tool		
% of invited organizations that participated in at least one discussion meeting		
Sharing results		
# of methods by which the CH[N]A was made available to the community		
Other metrics:		

Reflect on Data and Assessments in the Last Cycle

STRENGTHS

What about the assessments went well in the last cycle?

TO IMRPOVE

What about the assessments did *not* go well in the last cycle?

Quantitative Assessment

Data Sharing across Organizations

With which organizations or agencies do you share/receive data?	Type of data shared	Would you recommend continuing this in the next cycle?

Data Collection

What methods did you use to gather primary quantitative data?	Would you recommend reusing this method in the current cycle? Explain.

Indicators

What indicators did you include in the last quantitative assessment across these categories?	Would you recommend reusing this indicator in the current cycle? Explain.
Systems-level (#:_____)	
Social determinants of health-level (#:_____)	
Health behavior/health outcome-level (#:_____)	

ASSESSMENT

From what populations experiencing inequities were you able to gather sufficient quantitative data?

From what populations experiencing inequities were you *not* able to gather sufficient quantitative data?

What key insights did you gain from this assessment?

QUANTITATIVE

What went well in your implementation of this assessment?

What did not work well in your implementation of this assessment?

Secondary Data Sources

What secondary data sources did you use?		What level of granularity was achieved from each?												Recommend (Y/N) and Notes
Data Source	Periodicity	Population Subgroups (X)						Sub-Geography Subgroups (X)						
		Gender	Race	Ethnicity	Age	Income	Education	National	State	County	ZIP Code	Census Tract	Other	

Qualitative Assessment

What topics/domains did you explore in the qualitative assessment?	

What methods did you use to gather primary qualitative data? (e.g., focus groups)	How many did you complete? (e.g., 5 sessions)	Would you recommend reusing this method in the current cycle? Why or why not?

From what populations experiencing inequities were you able to gather sufficient qualitative data?

From what populations experiencing inequities were you *not* able to gather sufficient qualitative data?

What key insights did you gain from the last qualitative assessment?

What went well in your implementation of this assessment?

What did not work well in your implementation of this assessment?

Partner Assessment

Complete the following table with regard to the partner assessment you completed in the last CHI cycle (e.g., the LPHSA or the Community Partner Assessment).

Organization Type	Not represented	Well represented	Overrepresented
Advocacy			
Behavioral health			
Civic groups			
Community-based organizations			
Community organizers			
Corrections			
Education			
Elected officials			
Emergency Medical Services			
Employers			
Environmental health			
Faith-based organizations			
Fire			
Health centers			
Home health			
Hospitals			
Housing			
Labs			
Law enforcement			
Parks and recreation			
Transit			
Tribal Health			

What key insights did you gain from the last partner assessment?

What went well in your implementation of this assessment?

What did not work well in your implementation of this assessment?

Improvements to the Assessments in this Cycle

Review each statement and score on a scale of **True (5)** to **Not true at all (0)**. Calculate a final score.

Note: This scoring mechanism is intended to be used internally to help you prioritize which categories of the Starting Point Assessment you will improve in this cycle. Record your final score as a percentage in the Starting Point Assessment Focus Area Prioritization Table.

GOALS	Score (X/5)
The quantitative assessment is representative of populations experiencing inequities.	
The qualitative assessment sufficiently gathered perspectives and information from populations experiencing inequities.	
The partner assessment engaged organizations varying across sectors.	
The CH[N]A includes information about systems of power, privilege, and oppression; social determinants of health; and health behaviors and outcomes.	
Together, the three assessments tell the community's story and highlight root causes of inequity.	
Total (sum of points):	
Final Score (%) (calculated as total /25 x100)	

Based on your reflections on the current cycle, and the suggested goals above, develop one to three goals related to data and assessments you would like to achieve in this cycle.

DATA AND ASSESSMENT GOALS

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SECTION 5: COMMUNITY HEALTH IMPROVEMENT PLAN

Introduction

The development and implementation of the CHIP is a collaborative process. In this section, you will reflect on those processes, as well as on the progress that was made/is being made on the previous/current CHIP.

Progress on CHIP Metrics in Last Cycle

The following table includes metrics to quantify your CHIP development and implementation in CHI. If you tracked any of these metrics, record your target and progress from the last cycle. Add any metrics related to the CHIP that you were tracking and report your progress in the blank rows below.

Suggested Metrics	Target	Actual
CHIP priority areas		
# of CHIP priority areas related to root causes/systems of power and oppression		
# of CHIP priority areas related to social determinants of health		
# of CHIP priority areas related to health behaviors/outcomes		
# of CHIP priority areas led by partner/community organizations		
CHIP implementation		
# of CHIP goals that were met within the cycle		
# of CHIP goals that showed promise to be met by the end of the cycle		
CHIP performance monitoring		
# of partners responsible for reporting CHIP progress data regularly		
# of methods by which progress on the CHIP is reported to the community		
Other metrics:		

Reflect on CHIP Development and Implementation in the Last Cycle

What about the CHIP development and implementation went well in the last cycle?

STRENGTHS

What about the CHIP development and implementation did not go well in the last cycle?

TO IMRPOVE

SYSTEMS OF POWER, PRIVILEGE, AND OPPRESSION	SOCIAL DETERMINANTS OF HEALTH	HEALTH BEHAVIORS OR OUTCOMES

Priorities across Categories

Categories	# of Priority Areas at This Level	# with Substantial Achievement or Progress	If you did not include priorities at this level, why not?
Systems of Power, Privilege, and Oppression			
Social Determinants of Health			
Health Behaviors or Outcomes			

Achievement of CHIP Goals and Objectives

Make copies of the following table and complete one for each priority area from your last CHIP.

Priority Area:			
Organization(s) Leading Implementation:			
Goal/Objective	*Write in goal/objective below.*	**Met/ Not Met**	**Notes**
Goal 1			
Objective 1.1			
Objective 1.2			
Goal 2			
Objective 2.1			
Objective 2.2			
What were the successes of this priority area?			
What were the challenges of this priority area?			
How was progress on this priority area tracked and reported? How effective was that method?			
What changes were made to this priority area during implementation to make it more effective?			

CHIP Performance Monitoring

How is progress on the CHIP monitored and reported to the community?

What works well about this system?

What does *not* work well about this system?

Improvements to the Community Health Improvement Plan in This Cycle

Review each statement and score on a scale of **True (5)** to **Not true at all (0)**. Calculate a final score.

Note: This scoring mechanism is intended to be used internally to help you prioritize which categories of the Starting Point Assessment you will improve in this cycle. Record your final score as a percentage in the Starting Point Assessment Focus Area Prioritization Table.

GOALS	Score (X/5)
The CHIP priority areas are implemented effectively and show progress over time.	
The CHIP includes priorities spanning systems of power, privilege, and oppression, social determinants of health, and health outcomes and behaviors.	
Partners regularly monitor progress on the CHIP and share with the community multiple times per year.	
Total (sum of points):	
Final Score (%) (calculated as total /15 x100)	

Based on your reflections on the current cycle, and the suggested goals above, develop one to three goals related to the CHIP you would like to achieve in this cycle.

CHIP DEVELOPMENT AND IMPLEMENTATION GOALS

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SECTION 6: LEADERSHIP SUPPORT TO ADDRESS HEALTH EQUITY

Introduction

To achieve health equity through MAPP, leadership support is essential. This section will explore the support of key authority figures in the community to advance health equity through MAPP.

Progress on Leadership Support to Address Health Equity in Last Cycle

The following table includes metrics to quantify your work to develop leadership support for addressing health equity through MAPP. If you tracked any of these metrics, record your target and progress from the last cycle. Add any metrics related to leadership support that you were tracking and report your progress in the blank rows below.

Suggested Metrics	Target	Actual
$ of funding dedicated from leading organization(s) to health equity initiatives in CHI		
# of in-kind resources dedicated to health equity activities in CHI by authority figures		
Other metrics:		

Leadership Support to Address Health Equity

Influential stakeholders are important to engage in MAPP because they can increase access to essential resources (funding or in-kind) and influence others to engage in and support MAPP. This section explores stakeholders who can specifically support MAPP's ability to achieve health equity.

Identify High-Power Stakeholders with Ability to Influence Equity

Reference the Power and Interest Analysis you did during the Stakeholder Analysis. Create a list of the people and groups that were identified as having a high level of power (with low or high interest). Refine this list to include only the stakeholders who have power and influence to advance health equity, such as the following:

High Power **Low** Interest	**High** Power **High** Interest
Low Power **Low** Interest	**Low** Power **High** Interest

POWER

INTEREST
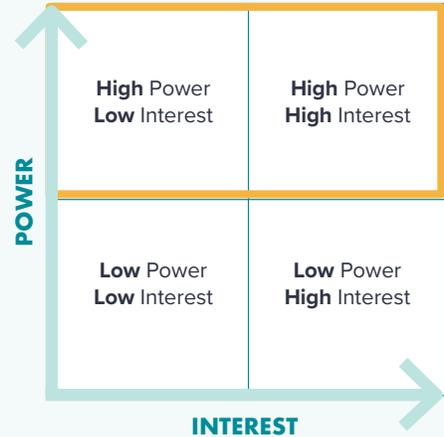
Examples of Power to Advance Health Equity through MAPP:

- **Control over essential resources for MAPP to address health equity.**

    ○ Funding/opportunities to receive funding to explore and address health equity (e.g., community engagement, identifying inequities, addressing social determinants of health)

    ○ Data to understand the health status of the community and presence of inequities

    ○ Staff time to contribute to MAPP

- **Influence within the community that can impact participation of key partners**

    ○ Engagement of this stakeholder would add significant legitimacy to the project, or their lack of engagement could deter others from participating

    ○ Ability to attract additional organizations, sponsors, funders, or leaders within the community to participate in MAPP

    ○ Formal authority within the community (e.g., is an elected official, or has power to influence elected officials) to control whether and how MAPP progresses

Organize into Supporters, Detractors, Prospects

Divide the refined list of stakeholders into the following categories:

CATEGORY	EXAMPLES
Supporters: Are interested in MAPP's success and in MAPP's advancement of health equity	• Are already engaged in supporting and advocating for MAPP as a method to advance health equity • Explicitly mention health equity, equity, community power-building, etc. in their mission statement • Have a department for health equity (e.g., office of health equity, health disparities, minority health) or social justice (e.g., office of racial equity) • Participate in a local coalition dedicated to health equity/social justice • Often partner with local organizations to address the needs of populations experiencing inequities • Dedicate funding and resources to initiatives that advance health equity • Advocate for or support policies to address inequities
Detractors: Do not want MAPP to successfully explore and address health equity	• Communicate that MAPP should not explicitly name health inequities or their root causes in the community • Minimize or deter exploration of inequities in the community • Discourage consideration of how the community's/country's history created inequities that persist today • Maintain their power over processes and political efforts that will ultimately impact community members
Prospects: Do not have interest in MAPP's success or failure but could become supporters	• Local foundations and funders who have supported other local community initiatives • Influential leaders of neighborhood associations and other community groups

Document Each Stakeholder's Support and Impact and Your Goals for Engagement

Complete the following table to reflect on past engagement and develop goals for engagement of each stakeholder. Add rows to each section as needed.

Leadership Support for Health Equity Summary

SUPPORTERS			
Influential people who _support_ a health equity approach to MAPP			
Stakeholder and level of influence (1–3)	**What support might they offer to achieve health equity through MAPP?**	**How were they engaged in the last cycle?**	**How can you use their support to help advance health equity through CHI?**
DETRACTORS			
Influential people who _do not support_ a health equity approach to MAPP			
Stakeholder and level of influence (1–3)	**How might they negatively impact your MAPP efforts to achieve health equity?**	**How was their impact lessened in the last cycle?**	**How can you prevent them from derailing your efforts in this cycle?**
PROSPECTS			
Influential people who _potentially_ support a health equity approach to MAPP			
Stakeholder and level of influence (1–3)	**What support might they offer?**	**How have you tried to engage them?**	**How can you appeal to their interest?**

Note:
- "Detractors" should only be those who would intentionally derail or reduce support for your MAPP goals. People who are unaware of MAPP could be considered "Prospects."
- Level of influence scoring: (1) Somewhat influential (2) Influential, not essential (3) Essential to MAPP's success.

Improvements to Leadership Support for Health Equity in This Cycle

Review each statement and score on a scale of **True (5)** to **Not true at all (0)**. Calculate a final score.

Note: This scoring mechanism is intended to be used internally to help you prioritize which categories of the Starting Point Assessment you will improve in this cycle. Record your final score as a percentage in the Starting Point Assessment Focus Area Prioritization Table.

GOALS	Score (X/5)
Supporters of MAPP's efforts to achieve health equity are fully engaged and their support is leveraged as much as possible.	
Detractors of MAPP's efforts to achieve health equity are managed to the best of our ability.	
Prospective supporters of MAPP's efforts to achieve health equity have been identified and engaged.	
Total (sum of points):	
Final Score (%) (calculated as total /15 x100)	

Based on your reflections on the current cycle, and the suggested goals above, develop one to three goals related to leadership support for health equity you would like to achieve in this cycle.

LEADERSHIP SUPPORT FOR HEALTH EQUITY GOALS

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SECTION 7: RESOURCES, SKILLS, AND MATERIALS

Introduction

Reflect on resources available for CHI from past cycles and take inventory of the funding, personnel, and other resources available for CHI in this cycle. You might refer back to this section when developing a detailed workplan and budget at the end of Phase I and while planning the assessments in Phase II.

Progress on CHI Resource Metrics in Last Cycle

The following table includes metrics to quantify your CHI resources. If you tracked any of these metrics, record your target and progress from the last cycle. Add any metrics related to CHI infrastructure that you were tracking and report your progress in the blank rows below.

Suggested Metrics	Target	Actual
$ of funding available to support CHI		
% of desired personnel roles fulfilled		
Other metrics:		

Reflect on CHI Resources in the Last Cycle

What funding sources and other resources were available to the last CHI cycle?

Funding Source	$ Provided in Last Cycle	How much was used, and what was it used for?

Provider of In-Kind Resource	Resources Provided	How were these resources used?

Funding and Resources

What are your current funding sources? What other resources have been allocated or donated to your CHI process?

Funding Source	$ Provided in Last Cycle	How much was used, and what was it used for?

Provider of In-Kind Resource	Resources Provided	How were these resources used?

Skills, Materials, and Resources Available and Needed

The following list includes resources, capabilities, skills, and roles that may be needed in your CHI process. Complete this table to note what resources might still be needed.

Personnel Roles and Skills	Estimated Hours Needed or Funding to Support	Potential Sources	Amount Remaining to Fulfill
Project management Keeps MAPP moving by monitoring timelines and budgets, administering contracts with consultants and partners, and managing staff.			
Administration Manages logistics that allow the collaborative to function (e.g., arranging meetings, securing meeting sites, emailing updates, archiving notes, organizing files, preparing materials).			
Meeting facilitation Facilitates collaborative activities and decision-making processes throughout CHI, including mission/vision, priority-setting, and planning. This person should be able to help the group work through conflict effectively.			
Health equity discussion facilitation Facilitates conversations and activities within the collaborative about health equity, anti-racism, and addressing inequities in the community. Helps plan and facilitate health equity training and advocates for culture of health equity within the collaborative. This person should be able to acknowledge and address power dynamics in the room.			
Community engagement Manages the CHI collaborative's relationship and communication with community members, including inviting the community to participate, providing updates, and answering questions. Engages diverse community views to develop, implement, and evaluate priorities and strategies. This person or organization should be well connected to populations experiencing inequities and have experience engaging them in similar activities.			
Partner engagement Promotes the role of community partners to improve community health and eliminate health disparities. Uses key cross-sectoral relationships to plan and implement activities. This activity may be fulfilled by multiple people, but at least one person should be well connected to organizations and sectors within the community and have experience in developing strategic partnerships.			

Personnel Roles and Skills	Estimated Hours Needed or Funding to Support	Potential Sources	Amount Remaining to Fulfill
Childcare for meetings Professionals with appropriate safety training to provide childcare during community meetings to encourage attendance			
Data collection • Identifies and tracks indicators to measure health outcomes, social determinants of health, and systems of power, privilege and oppression • Leads the process to gather data from populations experiencing inequities • Plans and uses qualitative data-collection methods (e.g., focus groups; key informant interviews) to lift lived experience • Plans and uses quantitative data-collection methods (e.g., surveys, secondary data)			
Data analysis • Identifies limitations to data collection and missing data to reveal inequities and uses strategies to address them • Disaggregates and analyzes data to reveal inequities and their causes • Uses data visualization to communicate results • Develops and shares jargon-free CH[N]A data with the public			
CHIP development and implementation • Use CH[N]A data about populations experiencing inequities to develop strategies • Implements transformative strategies that target systems of oppression, social determinants of health, and health outcomes to address health equity			
Continuous quality improvement • Develops and tracks process and outcome metrics on MAPP • Assigns responsibility to partner organizations and other participants to report into the system			
Evaluation of CHIP implementation • Develops and tracks process and outcome metrics on the CHIP implementation • Collects new data to understand impact of CHIP activities on populations experiencing inequities			
Translation/interpretation • Provides these services in languages spoken across the community to support wider engagement			

Materials	Estimated Amount Needed or Funding to Support	Potential Sources	Amount Remaining to Fulfill
Consider that the following materials may be needed to facilitate meetings and prepare for the following: steering committee planning, meetings with the partner network, community-wide engagement (e.g., visioning event), assessment design team planning, survey or in-person assessment data collection. You may refine the amount needed in Phase II when designing the assessments.			
Flip charts, sticky notes, markers/pens, binders, name tags, etc.			
Food			
Virtual meeting platform			
Postage for paper survey			
Online survey platform			
Tablets/smart phones for electronic in-person surveys			
Printing services for the following: • Steering committee, partner, or assessment design team meetings • Assessments (surveys, in-person data collection) • Community-wide promotions • Sharing of CH[N]A and CHIP			

Data Technology or Capabilities	Needed (Yes/No)	Potential Sources (Funding or In-Kind)	Amount Remaining to Fulfill
GIS mapping tools for analysis or public data sharing			
Survey management tools (e.g., REDcap)			
Quantitative data analysis software (e.g., SPSS, STATA, R)			
Qualitative data analysis software			
Shared project management platform that can be used across partners			

Other Resources	Needed (Yes/No)	Potential Sources (Funding or In-Kind)	Amount Remaining to Fulfill
Payment for engagement Stipends, hourly pay, gift cards, etc. for community members' participation in CHI (including meeting participation and data collection)			
Travel reimbursement (For times when community members are asked to travel) Reimbursement or vouchers for public transportation, parking, mileage, etc.			

Improvements to the Resources, Skills, and Materials in This Cycle

Review each statement and score on a scale of **True (5)** to **Not true at all (0)**. Calculate a final score.

Note: This scoring mechanism is intended to be used internally to help you prioritize which categories of the Starting Point Assessment you will improve in this cycle. Record your final score as a percentage in the Starting Point Assessment Focus Area Prioritization Table.

GOALS	Score (X/5)
We have the resources we need to lead a meaningful MAPP cycle.	
We have enough funding to support MAPP.	
The personnel roles that will be essential to MAPP for our community are fulfilled.	
Total (sum of points):	
Final Score (%) (calculated as total /15 x100)	

Based on your reflections on the current cycle, and the suggested goals above, develop one to three goals related to resources, skills, and materials you would like to achieve in this cycle.

RESOURCES, SKILLS, AND MATERIALS GOALS

1

2

3

Starting Point Assessment Focus Area Prioritization Table

Use this to document the summary scores you calculated at the end of each section. The scores are used to help you prioritize areas of improvement. CHI infrastructure workgroups will be established in the next steps of Phase I. Their goal is to work toward achieving the goals established in this assessment. The topics with the lowest scores would be the highest priority for the workgroups to address.

Topic Area	Description	% Score
Reflection on the Last CHI Cycle	General reflection on what went well, and did not go well, in the last CHI cycle and areas for improvement	
Community Engagement	A reflection on how community members were involved, including representation of populations experiencing inequities, their decision-making power, and payment or other compensation	
Partnerships	An evaluation of the organizations and sectors that were included in CHI, their resources, diversity of populations they serve, services they provided, and reflection on the strength of these partnerships and an inventory of partnerships for the current cycle	
Data and Assessments	An account of the data sources, methods, and indicators used in the last CHI cycle for each assessment of the CH[N]A and reflection on key insights.	
Community Health Improvement Plan	A status update on the progress made on the former CHIP priorities, an assessment of how well the CHIP priorities target a range of areas from root causes to health outcomes, and reflection on the CHIP monitoring and reporting system	
Leadership Support to Address Health Equity	An analysis of what leadership support is available to help MAPP advance health equity, what powerful stakeholders might get in the way, and whom else to engage to support MAPP's efforts to advance health equity	
Resources, Skills, and Materials	An inventory of the funding, resources, skills, technology, and capabilities that are available in the current cycle and need to be fulfilled	

Conclusion

Congratulations on completing the Starting Point Assessment! Now you will use the results to decide on the focus areas of the CHI infrastructure workgroups. The workgroups will develop detailed plans to achieve the goals outlined in this assessment.

The National Association of County and City Health Officials (NACCHO) represents the nation's nearly 3,000 local health departments. These city, county, metropolitan, district, and Tribal departments work every day to protect and promote health and well-being for all people in their communities. For more information about NACCHO, please visit **www.naccho.org**.

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