

Healthy Start
Virtual Grantees' Meeting

Introduction to NACCHO's Mobilizing for Action through Planning & Partnerships (MAPP) Training

Peter Holtgrave, MA, MPH
NACCHO

June 24, 2020



Agenda



Housekeeping	Colleen Bernard, NICHQ
Introductions	Sara Black, NACCHO
Introduction to the MAPP Training	Peter Holtgrave, NACCHO
Q&A	All
Closing	Colleen Bernard, NICHQ

Meeting Logistics



Please note the following:



- This session is being recorded, and will be archived for future viewing.



- All participants are muted upon entry. We ask that you remain muted to limit background noise.

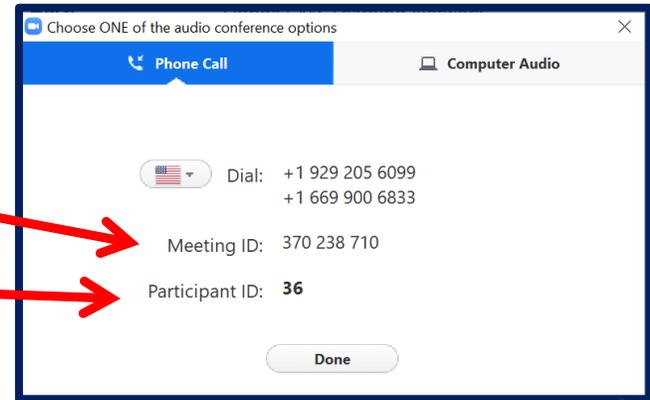
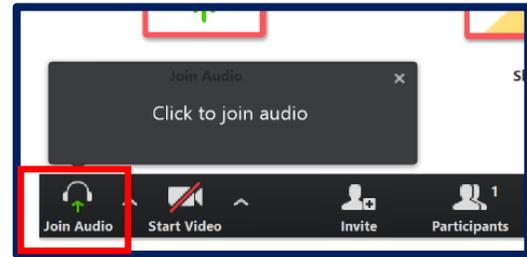


- Members are encouraged to participate in the discussion by typing your comment/asking questions using the chat box.

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- Join Zoom Meeting by **clicking Zoom Meeting link** & launching the Zoom application
- An audio conference box will appear
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- From the audio conference box: Select to **"Phone Call"** or **"Computer Audio"**
- If using the phone:
 - dial the number next to **"Dial"**
 - You will be prompted to enter the **"Meeting ID"**
 - Then you will be prompted to enter the **"Participant ID"**



Ways to Participate: Chat

A screenshot of a Zoom meeting window. The top bar shows 'Zoom Participant ID: 49 Meeting ID: 617-788-369'. Below this is a 'Talking:' bar. The main area displays meeting details: 'Meeting Topic: Healthy Start Webinar', 'Host: HS TA & Support Center', 'Invitation URL: https://zoom.us/j/617788369', and 'Participant ID: 49'. At the bottom, there is a toolbar with icons for 'Join Audio', 'Start Video', 'Invite', 'Participants', 'Share', 'Chat', 'Record', and 'Leave Meeting'. A 'Zoom Group Chat' sidebar is open on the right, showing a dropdown menu with 'Everyone' selected, a 'File' icon, and a text input field 'Type message here...'. Three red boxes with arrows provide instructions: one points to the 'Chat' button in the toolbar, another points to the chat sidebar, and a third points to the text input field in the chat sidebar.

Talking:

Meeting Topic: Healthy Start Webinar
Host: HS TA & Support Center
Invitation URL: <https://zoom.us/j/617788369>
Participant ID: 49

Share

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To: Everyone

Type message here...

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At the bottom of the Zoom window, you will see a 'Chat' button

Chat here to everyone!

Need Help or Have a Question?



- Use the chat box to message a NICHQ staff member
- All staff have this picture as their Zoom thumbnail



#HealthyStartStrong



- Spread the word about #HealthyStartStrong on social media
- Throughout the meeting, post about what you're learning/enjoying about the meeting
- Include the hashtag #HealthyStartStrong and be sure to tag @NICHQ

We Are #HealthyStartStrong



Peter A. Holtgrove, MA, MPH
National Association of County and
City Health Officials (NACCHO)



NACCHO's Mission



NACCHO is comprised of nearly **3,000** **local health departments** across the United States. Our mission is to serve as a **leader, partner, catalyst,** and **voice** with local health departments.

There's value in belonging



Learn more by viewing a short video available on our website.



NACCHO's Work



-  Advocacy
-  Partnerships
-  Funding
-  Training and education
-  Networking
-  Resources, tools, and technical assistance



Today's Learning Objectives



- Describe the MAPP process.
- Understand how the MAPP framework can support the development and function of Healthy Start Community Action Networks (CANs) to improve maternal and child health.
- Describe how CANs and related partnerships can use MAPP to address health inequities in their communities.
- Understand where to find resources to aid CANs in strengthening partnerships, improve community engagement, collect and use data to inform and formulate goals and strategies, and advance health equity.

Poll

MAPP is:

Mobilizing for

Action
through

Planning and

Partnerships



A **Community-wide**
and driven strategic
planning process for
improving public
health.

MAPP as a Framework



Six phase process:

- **Phase 1:** Organize for Success/Partnership Development
- **Phase 2:** Visioning
- **Phase 3:** Four Assessments
- **Phase 4:** Identify Strategic Issues
- **Phase 5:** Develop Goals and Strategies
- **Phase 6:** The Action Cycle

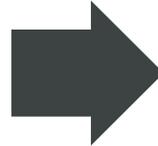
The MAPP Approach

Operational planning



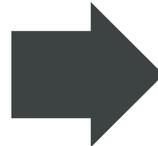
Strategic planning

Focus on the organization



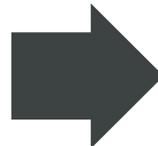
**Focus on the community
and system**

Needs assessment



**Emphasis on assets and
resources**

Medically-oriented model



Broad definition of health

Organization knows all



Everyone knows something

The MAPP Approach



- Honoring community voice
- Addressing social & structural determinants of health

Source: National Council on Aging

Roots Causes of Health Inequities

- Structural Racism
- Class Oppression
- Gender Inequity
- Heterosexism
- Ableism

<http://www.rootsofhealthinequity.org/>

A screenshot of the 'Roots of Health Inequity' website. The page features a large group photo of diverse people. At the top, there is a navigation menu with links: ABOUT PROJECT, ABOUT COURSE, PREVIEW INTERACTIVES, HOW TO REGISTER, SITE CREDITS, and LEARN MORE CONTACT. The main heading reads 'ROOTS of HEALTH INEQUITY'. Below this, it says 'NACCHO presents The Roots of Health Inequity' and 'A Web-Based Course for the Public Health Workforce'. There is a 'LEARN MORE >' link and a page indicator '1 | 2 | 3 | 4 | 5 | 6'. A section titled 'What's in this Online Learning Collaborative?' lists three bullet points: 'Explore social processes that produce health inequities in the distribution of disease and illness.', 'Strategize more effective ways to act on the root causes of health inequity.', and 'Form relationships with other local health departments who are working to ensure health equity.' To the right of this section is a circular button that says 'ENTER ROOTS COURSE SITE'. At the bottom, there are two columns: 'About the Project' with a small photo of people in a meeting and text about social justice, and 'Who Can Sign Up for the Course?' with a person icon and text stating that anyone interested in addressing health inequity can take the course, with a 'Learn More >' link.

Benefits of MAPP



- Anticipates and manages change
- Creates a stronger infrastructure
- Builds stronger partnerships
- Builds leadership
- Aligns duplicative efforts to maximize efficiency
- Increases visibility
- Creates advocates
- Strengthens health equity efforts
- Creates a healthy community and better quality of life



Phase 1: Organizing for Success



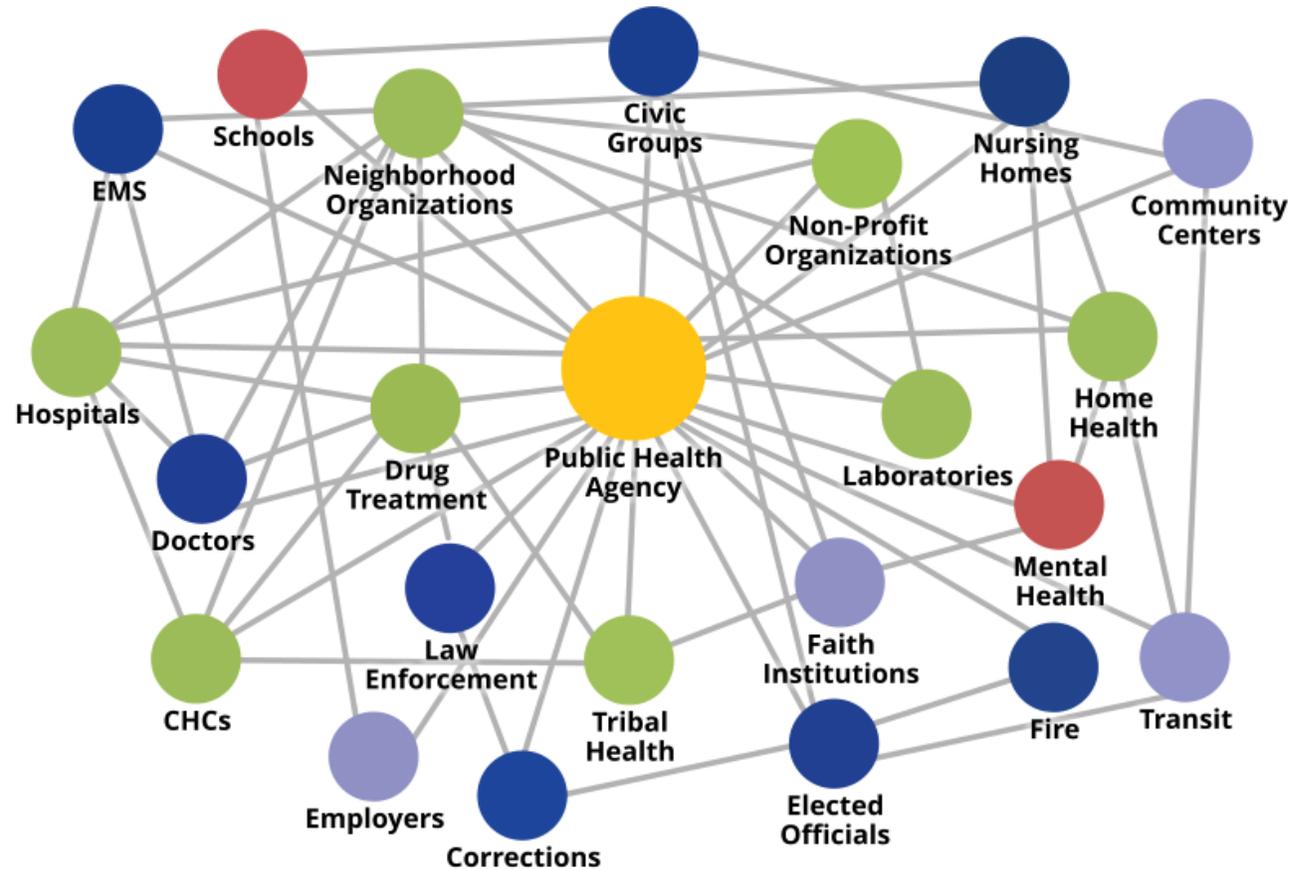
Addresses:

- Who should be included?
- Is the community ready?
- What are resource needs?
- How will we proceed?

Let's Chat!

- What are some current challenges that you are experiencing with your CAN in terms of member/partner engagement?
- What are some solutions or successful practices that have helped your CAN function well as a group?

Local Public Health System



Reminders: Why Should a Partnership be Created?



- Increase opportunities to learn and adopt new skills
- Secure access to resources
- Share financial risks and costs
- Gain input from more or different members of the community
- Aligning efforts for maximum impact
- Exchange information
- To tackle challenges in your community
- Leverage resources



Keys for Strong Partnerships

Be Inclusive and
Build Trust

Have Purposeful
Meetings

Communicate
Frequently & in a
language all
understand

Understand Mutual
Benefit

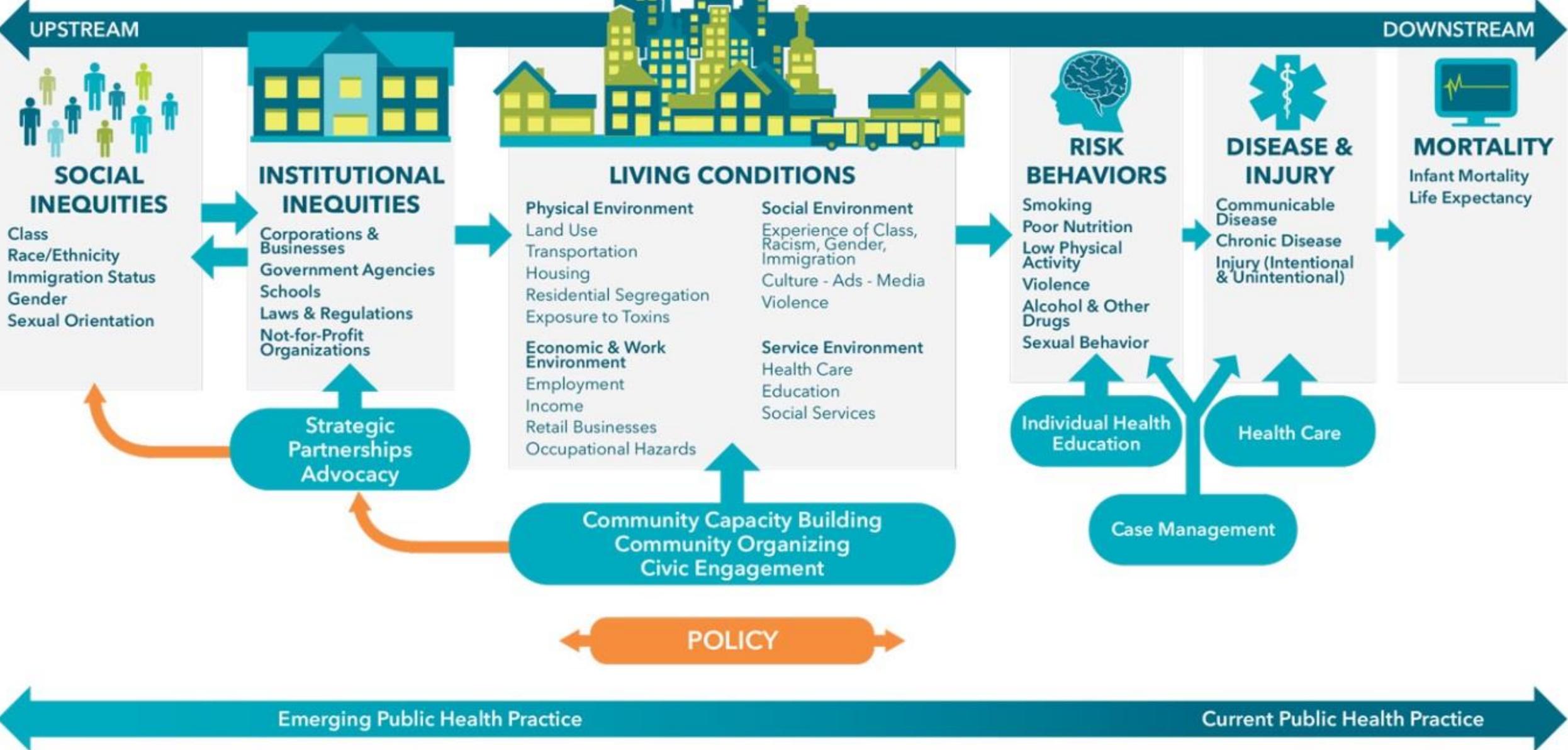


Define Roles &
Responsibilities

Celebrate &
Recognize
Contributions

Identify Shared
Goals & Vision

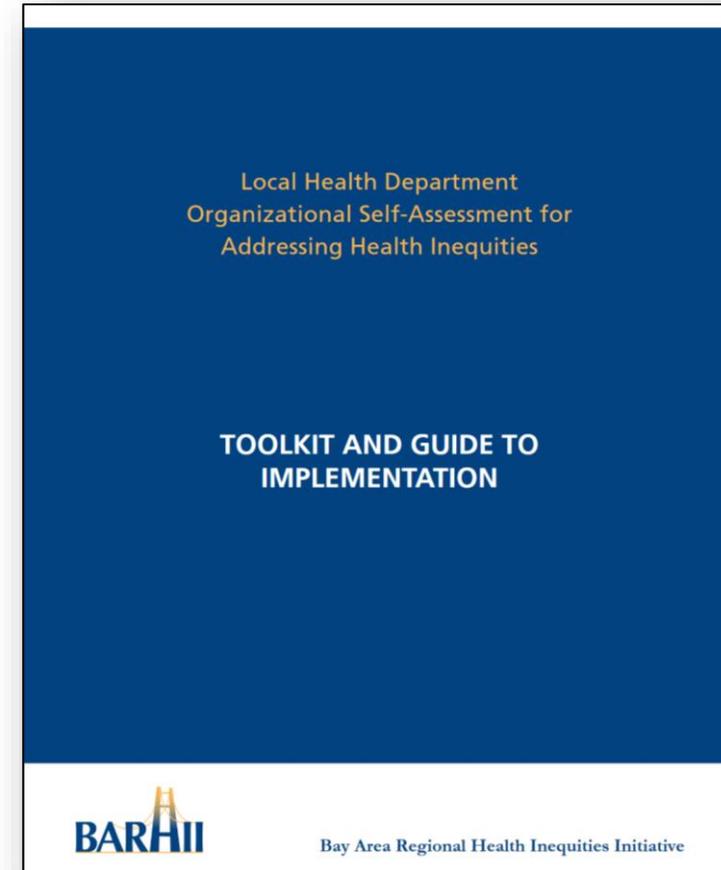
Share Progress
Frequently



BARHII Organizational Self-Assessment Toolkit

1. Staff Survey
2. Collaborating Partner Survey

Source: <http://barhii.org/resources/barhii-toolkit/>

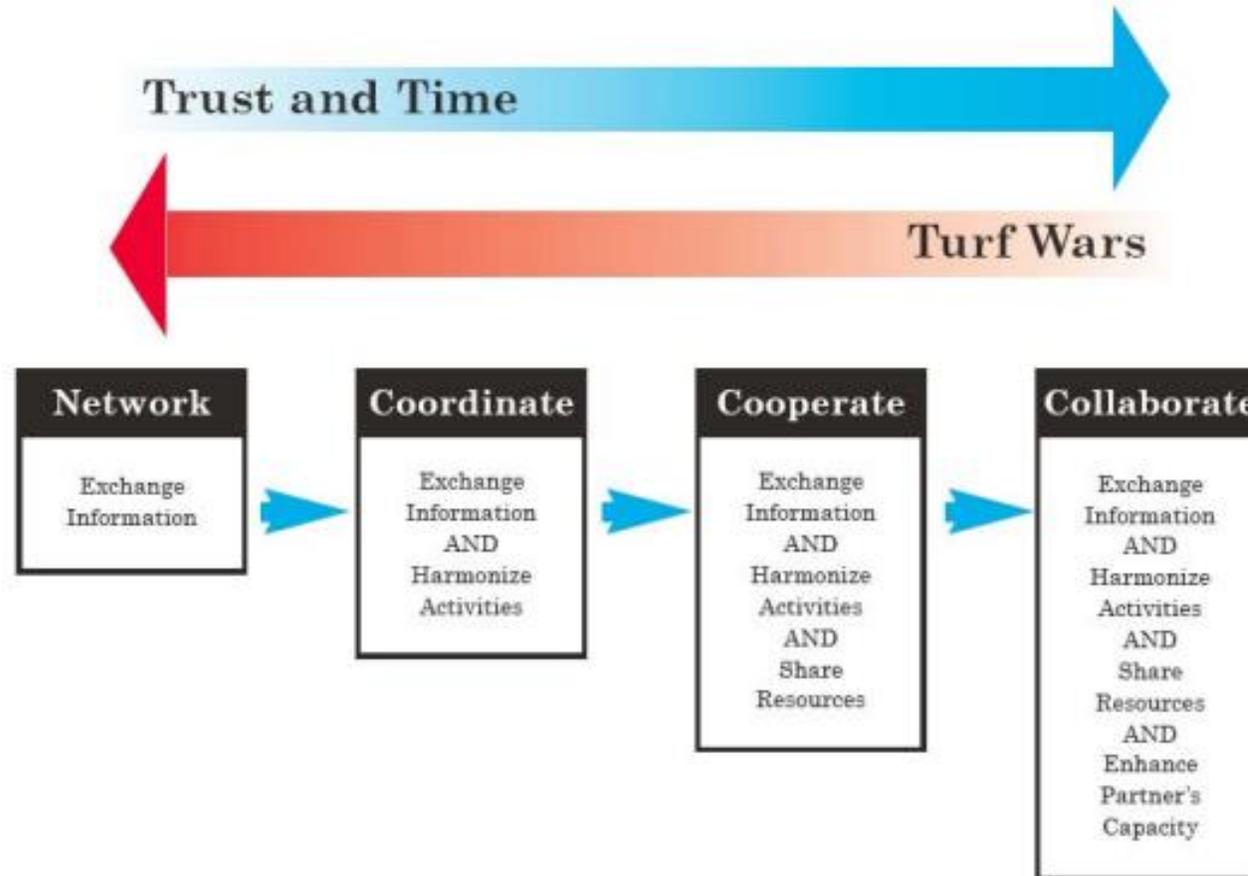


Matrix of Workforce Competencies and Organizational Characteristics

Organizational Characteristics	Workforce Competencies
<ul style="list-style-type: none"> • Institutional commitment to addressing health inequities • Structure that supports true community partnerships • Supporting staff • Transparent and inclusive communication • Creative use of categorical funds • Community-accessible data and planning 	<ul style="list-style-type: none"> • Personal attributes such as passion, self-reflection and listening skills • Understanding of the social, environmental, and structural determinants of health • Knowledge of affected community • Leadership, collaboration, and community organizing skills • Cultural competence and humility

Source: <http://barhii.org/resources/barhii-toolkit/>

Partnership Spectrum

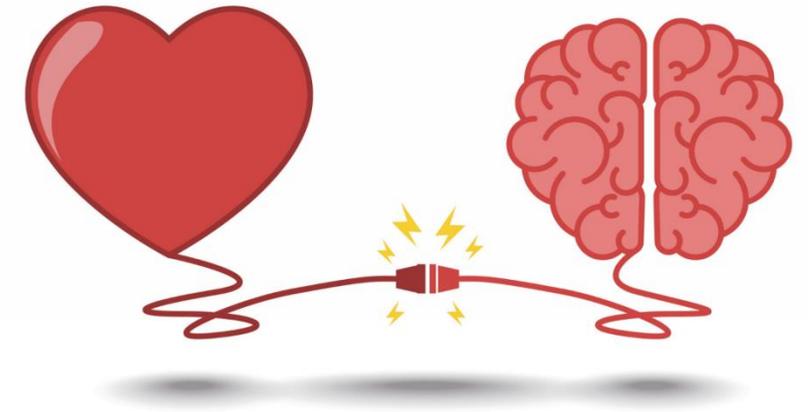
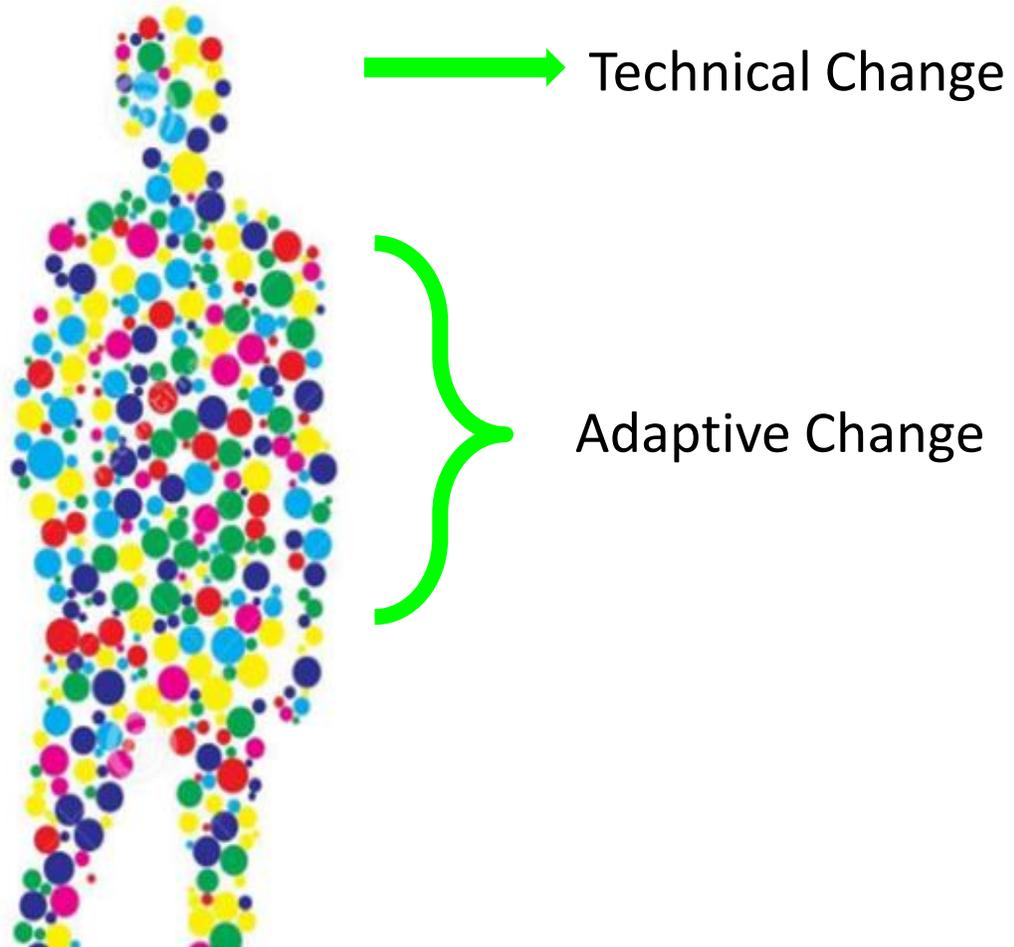


What is Adaptive Leadership?

A practical leadership **framework** that helps individuals and organizations **adapt and thrive** in **challenging environments**.



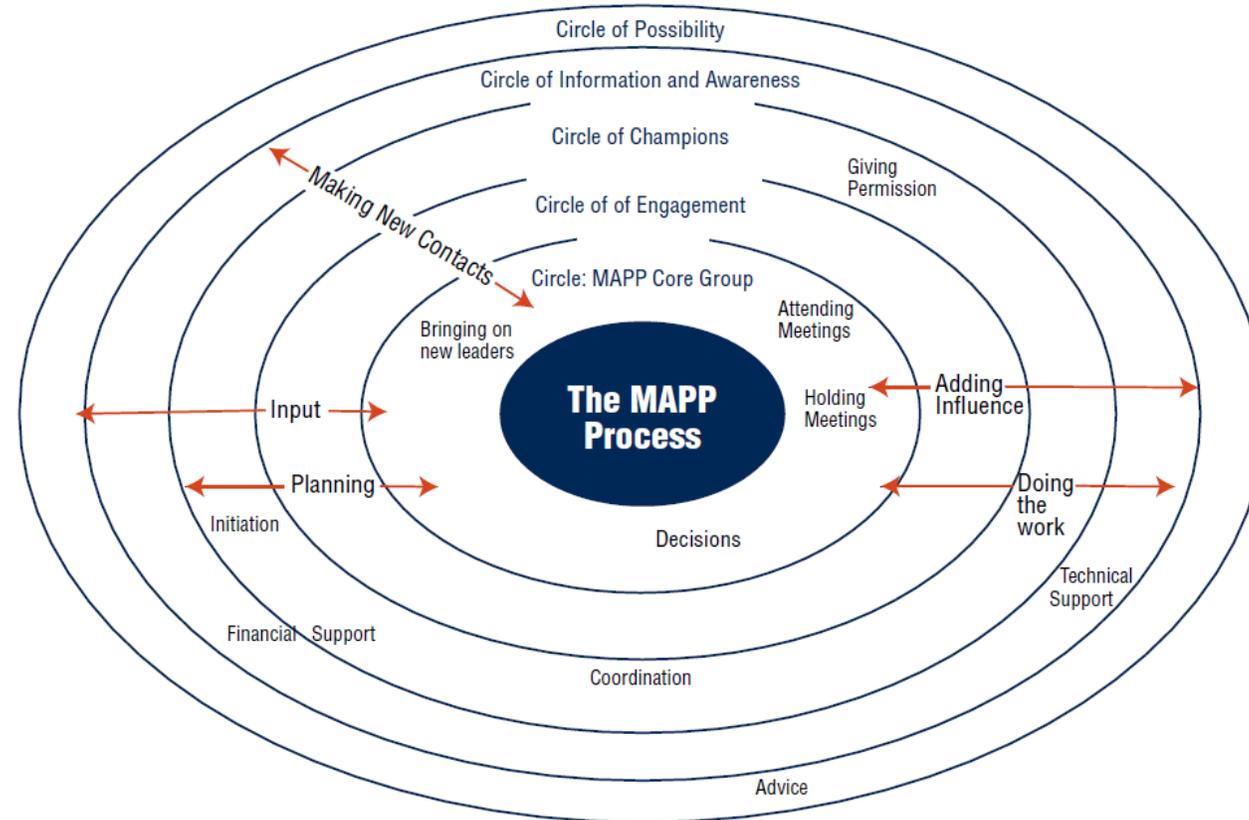
Technical vs Adaptive Work



Managing the Process

- **MAPP Core Group** – regularly support and lead the process
- **MAPP Steering Committee** – a group representative of the LPHS, provides guidance and direction
- **Sub-Committee** – designated to oversee and complete certain aspects of the MAPP process
- **Community** – broad community participation should be considered in every phase

Circles of Involvement



Adapted from "Creating a Framework of Support and Involvement" originally created by The Canadian Institute of Cultural Affairs.

Phase 2: Visioning



Addresses:

- What does health look like for all in the future?
- What are the living conditions for the whole community?
- How do community members, organizations, and/or institutions interact differently with one another?

Formulate a Vision Statement

An aspirational description of what one would like to achieve or accomplish in the longer-term future that is:

- Clear
- Memorable
- Inspirational
- Motivating
- Aspirational
- Inclusive
- Promotes health equity

Vision Statement Examples



“We envision a safe, equitable New Orleans whose culture, institutions, and environment support health for all.”

~ New Orleans, LA

“The local public health system is accessible, affordable, collaborative, holistic, inclusive, and works to achieve a culture of health through collective impact. The community is active, empowered, diverse, knowledgeable, and lives in an environment that is sustainable, and supports an optimal quality of life for all.”

~ Linn County, IA vision statement



Phase 3: MAPP Assessments



Together they:

- Provide insight on **gaps** between current circumstances and vision.
- Serve as the **source of information** from which strategic issues, strategies, and goals are built.

MAPP Assessments



- **Community Health Status Assessment:** provides quantitative information on community health status and conditions
- **Community Themes and Strengths:** identifies assets in community and issues important to community members
- **Local Public Health System Assessment:** measures how well different public health system partners work together to provide the 10 Essential Services
- **Forces of Change:** identifies forces that may affect a community and associated opportunities and threats



Categories of Data

- Demographic characteristics
- Socioeconomic characteristics
- Health resource availability
- Quality of life
- Behavioral risk factors
- Environmental health indicators
- Social and mental health
- Maternal and child health
- Death, illness and injury
- Infectious disease

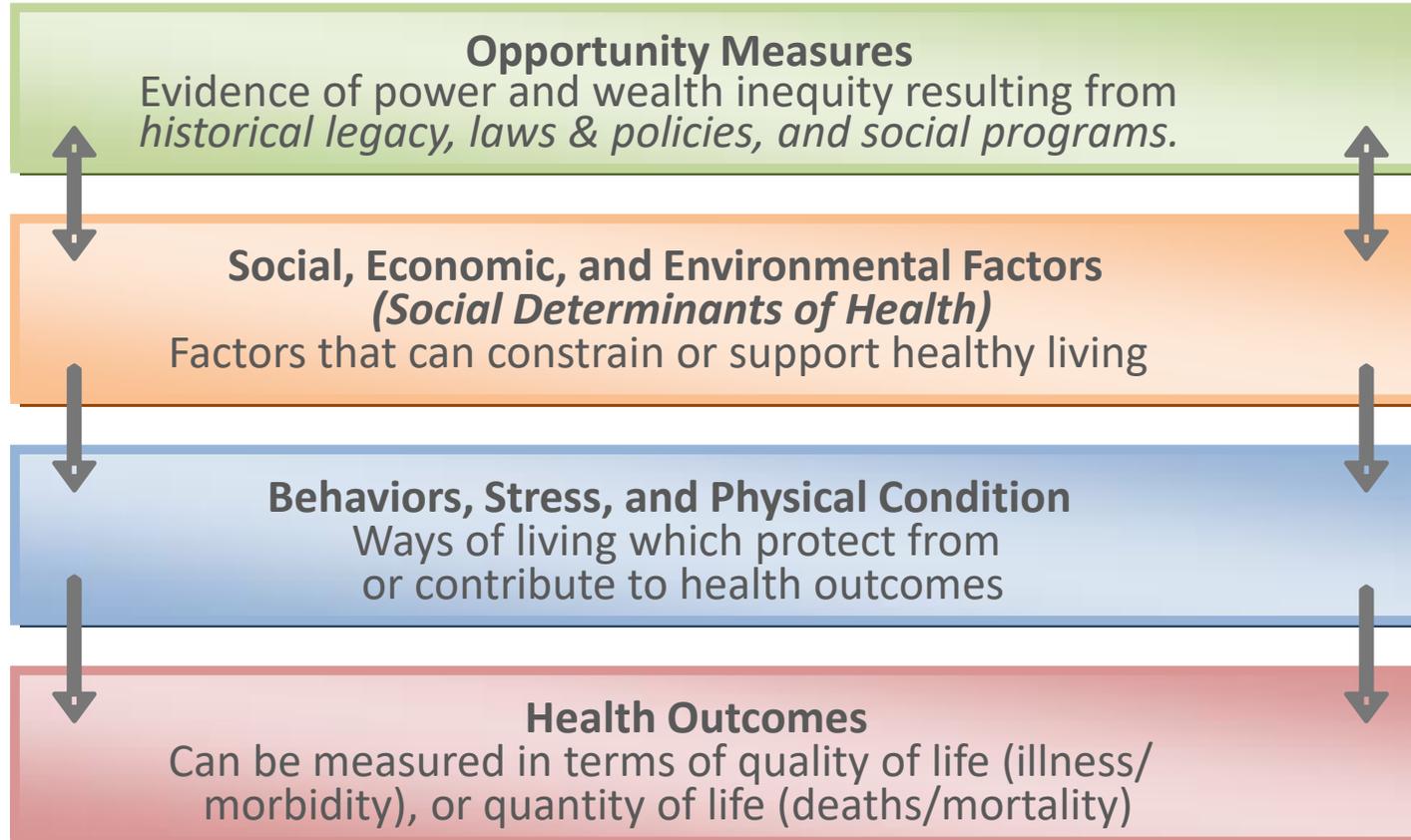


Social, Economic, Political Indicators



- Level of investment and disinvestment by neighborhood
- Foreclosure rates
- % households below poverty
- Unemployment rates
- Civic engagement
- High school graduation rate
- Income and wealth inequality
- Political participation by race, income, gender
- Allocation of city/county budget by neighborhood

Healthy!Capital Counties, MI Indicator



Measuring Health Inequities

Traditional approach to public health data analysis might include initial questions such as:

- What is the overall infant mortality rate in the jurisdiction?
- How has this rate been changing over time?
- What behaviors contribute to or reduce the risk of infant mortality?
- What population groups in the jurisdiction have higher rates of infant mortality than others?

Using Health Equity Data Analysis:

- What living and working conditions contribute to the risk of infant mortality?
- How are the living and working conditions of the community with a higher diabetes rate different from those communities with lower infant mortality rates?
- What structures, policies and systems contribute to the differences in living and working conditions?

Based upon the Minnesota Department of Health, “HEDA:
Conducting a Health Equity Data Analysis”
<http://www.health.state.mn.us/divs/chs/genstats/heda/health-equitydataguideV2.0-final.pdf>

Social Determinants Data Sources



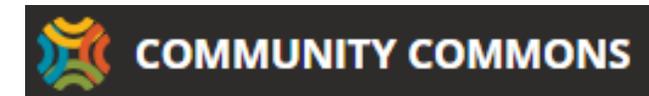
Domain	Indicator	Data Source
Economic	Housing Cost Burden	<ul style="list-style-type: none"> American Community Survey (ACS), U.S. Dept of Housing and Urban Development
Economic	Living wage	<ul style="list-style-type: none"> MIT Poverty in America Living Wage Calculator, ACS
Service	Violent crime rate	<ul style="list-style-type: none"> Uniform Crime Reports
Social	English language learners	<ul style="list-style-type: none"> ACS
Social	Voter turnout rates	<ul style="list-style-type: none"> U.S. Census Bureau
Physical	Access to public transportation	<ul style="list-style-type: none"> U.S. Census Bureau, local/regional transportation planning authorities
Physical	Food Access	<ul style="list-style-type: none"> ACS, USDA

2. Applying SDOH Indicator Data for Advancing Health Equity - BARHII (2015). Retrieved April 23, 2018, from <http://barhii.org/resources/sdoh-indicator-guide/introduction/>



Example Data Sources

- NACCHO National Profile of Local Health Departments (nacchoprofilestudy.org)
- NACCHO Forces of Change (nacchoprofilestudy.org/forces-of-change/)
- Health Indicators Warehouse (healthindicators.gov)
- Healthy People 2020 (healthypeople.gov)
- Youth Risk Behavioral Surveillance System (cdc.gov/yrbs)
- Behavioral Risk Factor Surveillance System (cdc.gov/brfss/)
- Community Commons (communitycommons.org)
- County Health Rankings (countyhealthrankings.org)
- NACo County Explorer (explorer.naco.org)
- National Equity Atlas (nationalequityatlas.org)
- Data USA (datausa.io)



Community Engagement

- Focus groups
- Surveys
- Brainwriting exercise
- Windshield surveys
- Photovoice
- Town hall meetings
- Informal discussions with community
- Wordle
- Asset Mapping
- Vox Pops
- Street Stall
- Web-based Engagement



Tip: Have community members participate on planning committees

Kansas City Health Department: Qualitative Data



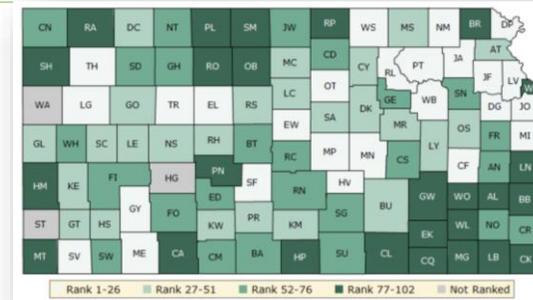
Quality of Life and Community Themes and Strengths Assessment

- What services or programs do you feel improve the quality of life in your community?
- What policies do you feel improve the quality of life in your community?
- Identify your top 3 concerns or needs in your community
- Identify 3 attributes about the community in which you live that you would replicate for the city as a whole

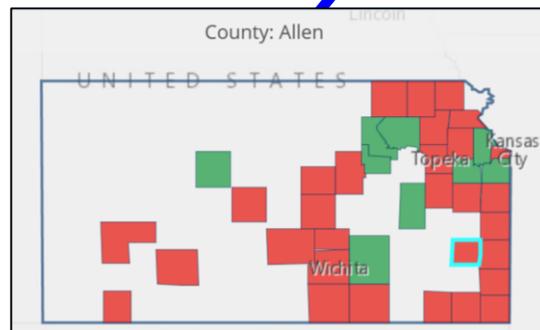




Triangulating Data



Secondary
data



GIS maps



Pictures

Communications Resources

www.naccho.org

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STORIES FROM THE FIELD

HOME | THE VALUE OF STORIES | STORYTELLING 101 | TELL YOUR STORY | STORIES FROM THE FIELD | ABOUT | CONTACT

LOCAL HEALTH DEPARTMENT SUCCESSES, CHALLENGES & INNOVATIONS

Cook County Public Health
Cook County Health Department Smoke-free Housing Implementation Success Story
Since September 2017, over 6,800 residents in suburban Cook County, Illinois can breathe easier in their smoke-free multi-unit homes. This success resulted from outreach, education and technical assistance by the Cook County Department of Public Health (CCDPH) and its partners. This initiative was funded,

Dakota County Public Health Builds on Breastfeeding Program to Create Rapid-Referral System
Dakota County Public Health Department (DCPHD) in Minnesota, a 2017 NACCHO Model Practice awardee, built upon their comprehensive breastfeeding program and implemented a rapid referral system to expand access to critical lactation care to low-income families. Through the reducing Breastfeeding Disparities through Peer and Professional...

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FEATURED NACCHO BLOGS

New RadResponder Module Monitors Critical Population Data
The goal of the CRCPD is to assure radiation exposure to individuals is kept to the lowest level.

Maternal Child Health Capacity for Zika Response
Results from local health department Maternal and Child Health Zika Capacity Assessment

What to Know About the Cardiovascular Risk of Air Pollution
Cardiovascular disease is still the number one killer in the US, accounting for one in three deaths.

HEALTHY start
TA & SUPPORT CENTER

NICHQ
National Institute for Children's Health Quality

8:20 AM 3/27/2018

Phase 4: Identify Strategic Issues



Fundamental **policy choices** or **critical challenges** that must be addressed for a community to achieve its **vision**.

FCA: What is occurring that will affect the LPHS or community?

CTSA: What is important in our community? Perceptions about quality of life? What assets do we have?

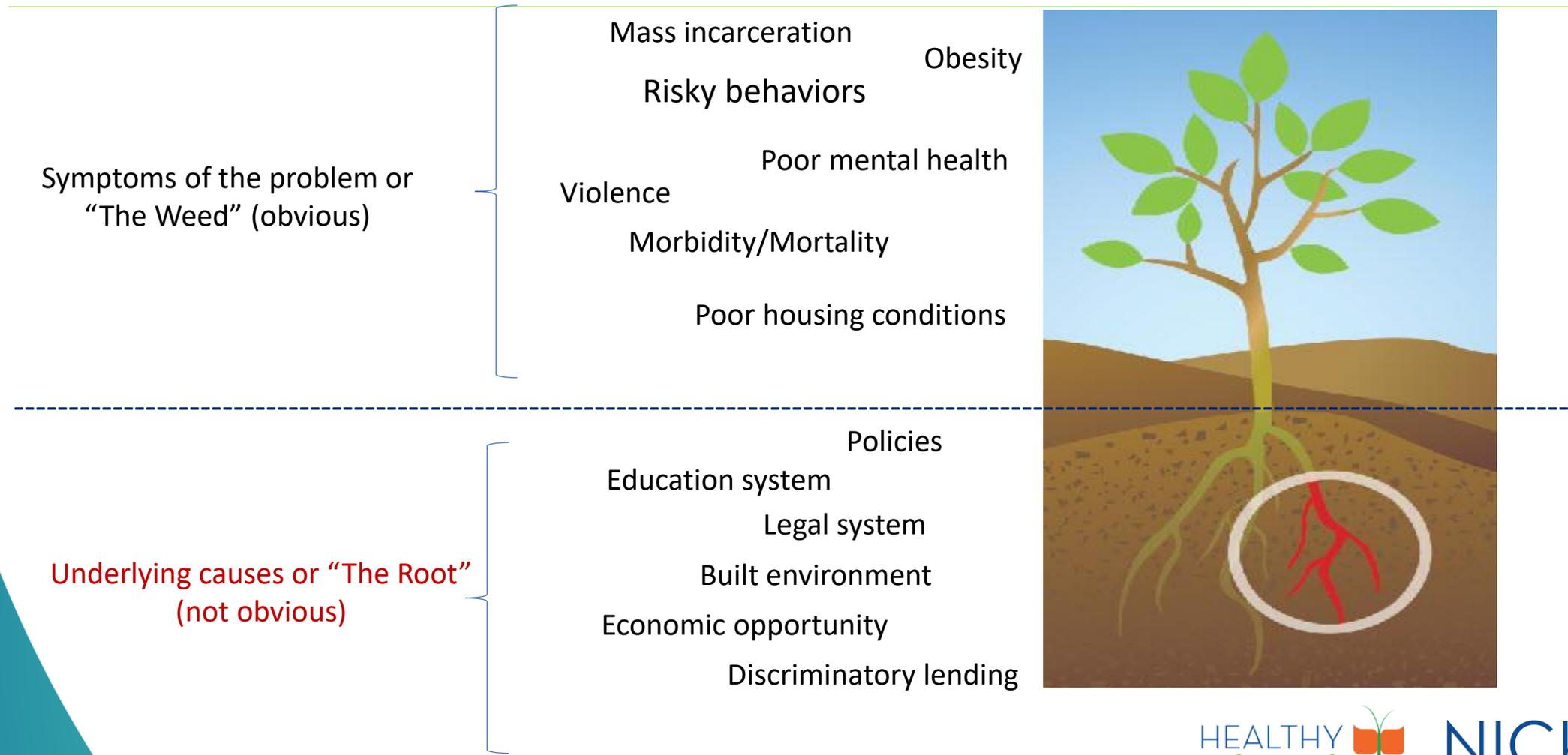
CHSA: What does our health status look like? How healthy are our residents?

LPHSA: What are the activities, competencies, and capacities of our LPHS?

**Challenges,
opportunities,
and trends
across
assessments**

**Strategic
Issues**

Root Cause Analysis



Root Cause Analysis: The 5 Whys

Critical Challenge	Low income population disproportionately impacted by poorer MCH outcomes	
	Proximal Causes	Assessment
Why?	More risk factors (smoking, hypertension, etc.)	CHSA
Why?	Increasing no show rates at clinical appointments; high stress	LPHSA, CTSA
Why?	Limited access to care (e.g. no transportation, too far from work/home); Poor living conditions	LPHSA, CTSA
Why?	Leaving urban homes for more rural areas	CTSA
Why?	Decreasing affordable housing in urban hub	FOCA
Root Cause:	Elected officials cutting funding for programs like Section 8 housing and rent control	

Kansas City Health Department: Strategic Issues



Strategic Issue 1:

- How do we improve health through improvements to our **education system**?

Strategic Issue 2:

- How do we improve health through the mitigation of **violent crime**?

Strategic Issue 3:

- How do we improve health through improvements in **economic opportunity**?

Strategic Issue 4:

- How do we improve health through increased **utilization of mental health care and preventative services**?

Strategic Issue 5:

- How do we improve health through improvements to our **built environment**?



Prioritization Criteria

- **Impact** – which strategic issue has the greatest potential for impact?
- **Urgency** – what risks are associated with not addressing this problem?
- **Alignment** – does the strategic issue align with the Essential Services and public health principles?
- **Acceptability** – will stakeholders and the community accept the strategic issue?
- **Feasibility** – do resources and expertise exist to address this issue?
- **Community focus** – is this important to the community?

Prioritization Techniques

Process	Level of Input	When to use
Prioritization Matrix	Intermediate	Need objectivity, lots of criteria
Strategy Grid	Intermediate	2 primary criteria, simple process
Multi-Voting	High	Lots of options, eliminates bias, consensus building
“2 cents”	High	Need simplicity, engage a large group, anonymity
Facilitated Conversation	Low	Small number of decision makers, high expertise, nuanced decision

*NACCHO's Guide to Prioritization
Techniques: qiroadmap.org/resources*

Phase 5: Formulate Goals and Strategies



What are Goals and Strategies?

Goal: Broad, long-term outcome which sets the direction for addressing strategic issues

Strategy: A broad method to bring about achievement of a goal



Kansas City Health Department Strategic Issues & Goals



Strategic Issues	Goals
How can we improve health through improvements to our education system?	All Kansas City 3 rd graders should be able to read at grade level
How can we improve health by mitigating violent crime?	Reduce the incidence of violent crime and address racial disparities in incarceration.
How can we improve health through increased economic opportunity?	Decrease the income and wealth gap between zip codes
How can we improve health through improvements in our built environment?	Increase the proportion of neighborhoods that are safe, clean, well-maintained and consistently improved



The Health Equity Frame

Remedial actions	Addressing root causes
Track health outcomes by county	Track underlying conditions that lead to health outcomes
Treat poor health outcomes (e.g. obesity)	Tackle underlying conditions that lead to poor health outcomes (reallocate resources for parks in low income communities)
Increase homeless shelters	Oppose discriminatory housing practices; Support subsidies for low-income housing
Toxic chemical screenings	Advocate to limit the production of toxic chemicals

Community Health Improvement Matrix



Goal: Reduce Adverse Childhood Events (ACEs)

PREVENTION LEVEL

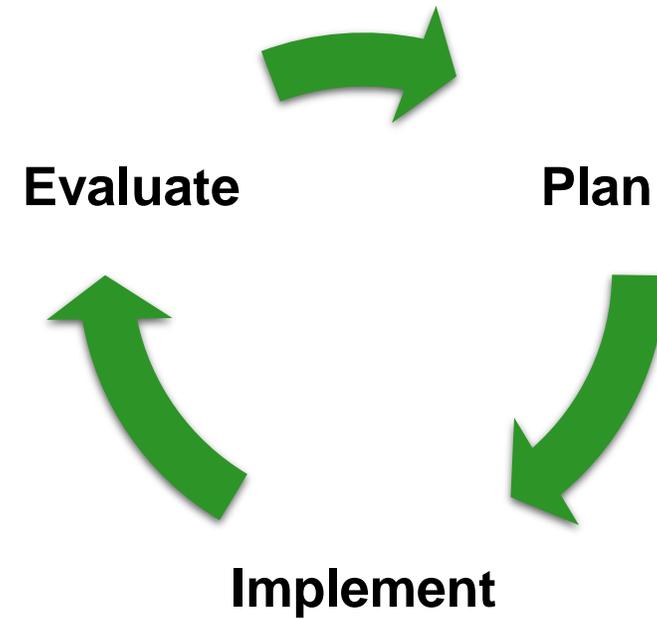
Contextual/ Primary	Triple P Parenting program	Nurse-family partnership	Smoke-free housing	Neighborhood safety	Paid parental leave
Secondary	Screening for SA services during pregnancy	Strengthening Families Program	Provider communities of practice & prevention network	Employment opportunities	Living wages
Tertiary	Opiate withdrawal programs	Child-parent psychotherapy	Compassionate schools framework	Evaluation project	Homelessness Housing planning

Individual Interpersonal Organizational Community Public Policy

INTERVENTION LEVEL



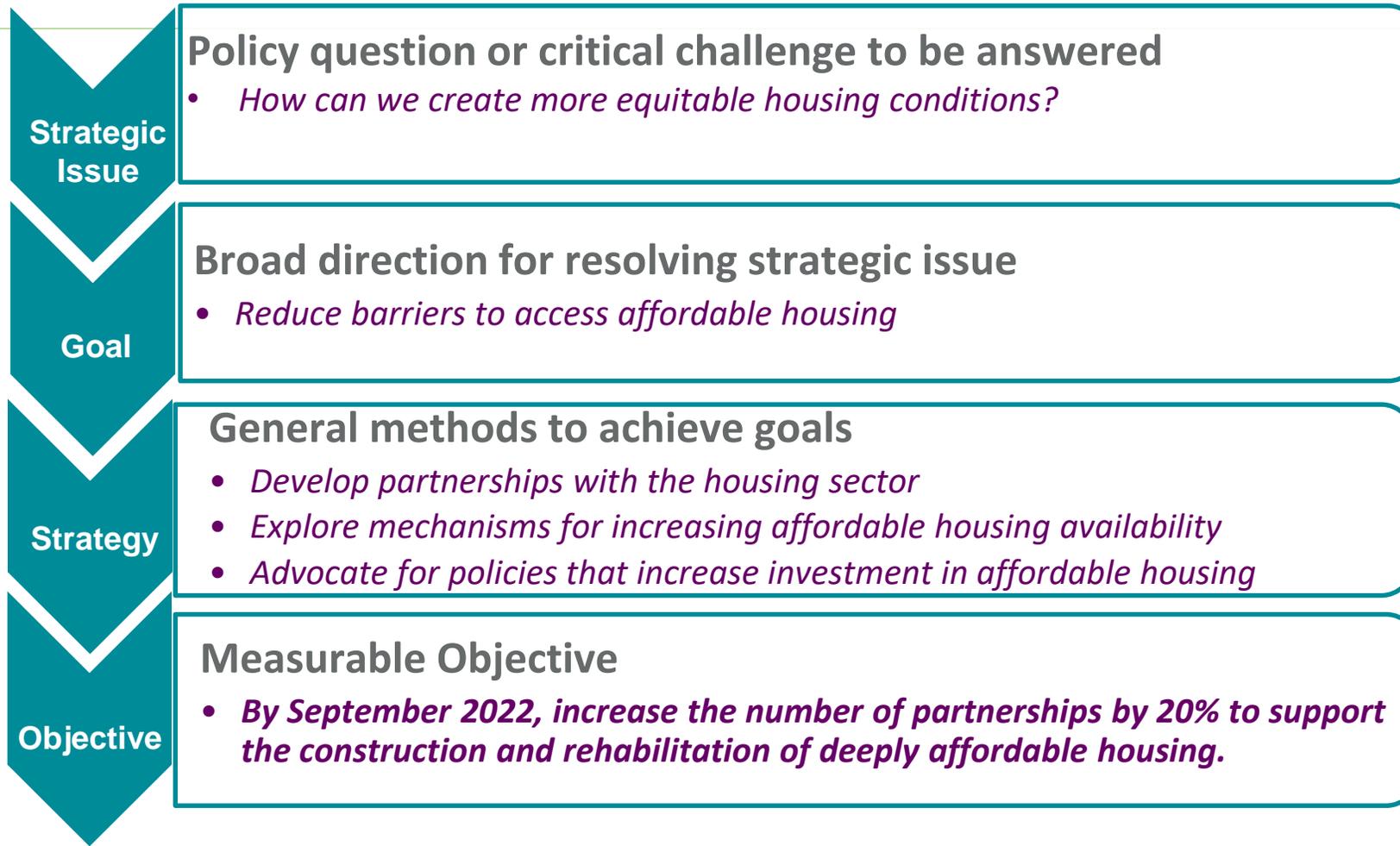
Phase 6: Action Cycle



Develop SMART Objectives

SMART	Objectives: measurable short to intermediate outcome statements directly tied to achieving broader goals and implementing strategies.
Specific	Who is the target audience? What will be accomplished?
Measurable	Is this quantifiable? How can success be measured ? How much change is expected?
Achievable	Can we succeed in the proposed time frame? Do we have enough resources and support to achieve this?
Relevant	Will it impact the goal ? Is it within the scope of our vision and strategic priorities?
Time bound	By when should this objective be reasonably achieved?

Develop SMART Objectives



Priority Improve Staff Retention

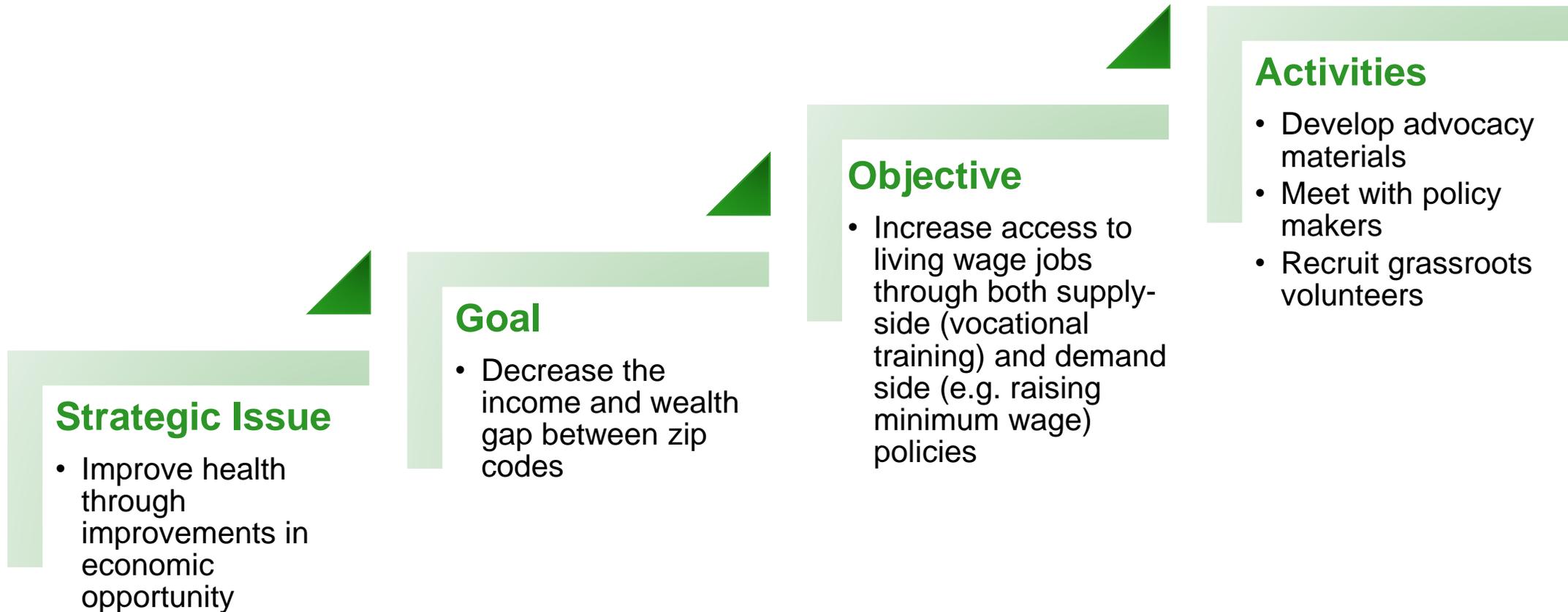
Strategy Create a more effective staff review, promotion and compensation system

Goal 1 Develop and implement a performance-improvement focused employee performance review system

Objective 1 A: *By December 2013, all employees will have received an annual performance review that focuses on performance against work-plan objectives.*

Programs Activities Interventions	Person/Group Responsible	Time-line	Process Measure	Outcome Measure
Develop FY2013 annual goals, objectives and performance measures for each employee based on departmental goals and strategic plan	Staff, managers Division Directors	April 2012 – June, 2012	<ol style="list-style-type: none"> 1. Program goals and objectives reviewed with each employee 2. Drafts of employee goals, objectives and performance measures that achieve program objectives 3. Division Directors approval of employee performance plans 	1. Employees use performance plan to guide their work
Results of 2013 employee goals and objectives reviewed for annual employee performance reviews.	Staff, managers Division Directors	June, 2013	<ol style="list-style-type: none"> 1. Measures for all employee goals and objectives with targets compared to results 2. Final performance reviews. 	1. Employee annual performance increases linked to achievement of strategic plan goals and objectives.

Making the Connections



Planning Resources



- **Community Balanced Score Card**

<http://www.rtmteam.net>



- **UNC Management Academy Business Planning**

<http://www.maph.unc.edu>

- **Evidence-based practices:**

- The Community Guide
- Healthy People 2020
- National Prevention Strategy

<http://ebprevention.org>



- **National Registry of Evidence-Based Programs and Practices**

<http://nrepp.samhsa.gov/>



MAPP Resources

- MAPP Website (www.naccho.org/mapp)
- MAPP Network
- MAPP Handbook
- P.I. Compass Newsletter (subscribe at www.naccho.org/pi)
- mapp@naccho.org



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Home Communities Directory Events Browse Participate Media search

MAPP Network: An online forum for MAPP communities | SETTINGS

COMMUNITY HOME DISCUSSION 0 LIBRARY 0 MEMBERS 8

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Post to this Discussion This Discussion has no recent posts. Your new post to this Discussion will display here and be sent via email to subscribed Community members.

POST TO THIS DISCUSSION

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ADD ANNOUNCEMENT

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Create a Library Entry This Library has no recent entries. Add a file or multimedia through a new Library Entry.

CREATE A LIBRARY ENTRY

Current Members

Suggested Next Steps



- Check-out MAPP and related resources
- Connect with local “MAPP Communities” and peers to expand your ‘circles of influence’
- Engage your local health department and hospital systems to help leverage data and align priorities
 - Become familiar with Community Health (Needs) Assessments and Improvement Plans (CH[N]A-CHIP)
 - Better yet, participate in those efforts!
- Reach-out to NACCHO: we’re here to help!



Discussion

- What resonates with you?
- Any 'a-ha!' moments?
- What are 1-2 take-aways?
- What questions do you have or wisdom to share?



Questions?

Closing

Colleen Bernard,
NICHQ

Up Next



Federal Activities Complementary to Healthy Start Efforts

Beginning at 4:30 p.m. EST

