**Community Health Assessment Process**

**Recommendation to the CCH Membership**

**August 2015**

The Assessment and Alignment Workgroup of CCH recommends that its member organizations work collaboratively to use the Mobilizing for Action through Planning and Partnerships (MAPP) framework as a guide for metro area community health assessments.

MAPP is a national tool, designed by the CDC and National Association of County and City Health Officials (NACCHO) and is used by many local health departments as a model that meets the standards for national accreditation. Current IRS requirements of hospitals/health systems and MDH requirements of Health Plans do not require a process that is as thorough as MAPP; some modifications are suggested to reduce duplication of effort.

MAPP is defined as a community-wide strategic planning tool for improving community health.

MAPP is a framework for an inclusive process using standardized phases. Some local Twin Cities metro public health agencies have already used this framework and can share lessons learned.

We recommend that any organization first assess what work has been done recently by others that might not need to be replicated and then use the framework to guide new work as needed.

The phases of MAPP are outlined below with specific considerations from the Workgroup on the following page. Note: steps are not necessarily linear; some can happen concurrently.

1. Organize for success/partnership development: Include appropriate stakeholders and design a participatory process.
2. Visioning: Develop a vision for what health means in the community being assessed.
3. Conduct Assessments:
4. Forces of change: identify forces that affect the context (e.g., legislation, technology)
5. System(s): comprehensive assessment of organizations and entities that contribute to the public’s health.
6. Community themes and strengths: understand issues residents feel are important
7. Community health status: identify priority issues using primary/secondary data
8. Identify strategic themes: Using the four assessments, identify themes that suggest the highest priority areas for action.
9. Formulate goals and strategies: Develop specific ends (goals) and means (strategies) to address the strategic themes found through the assessments. Include metrics to know whether or not goals and strategies are being implemented as planned and having desired outcome/impact.
10. Action cycle: Action cycle includes planning, implementing and evaluating the strategies.

**CCH Assessment Alignment Recommendations:**

Organize for success/partnership development:

1. CCH member entities should always form a multi-disciplinary steering team and include partners that address health equity.
2. Plan time for partners to come together before starting the work if not using an existing team already familiar with the work and with one another.
3. Invite CCH member entities on steering teams when appropriate; ideally convene steering teams jointly when possible.

Visioning:

1. CCH should plan to organize a steering team (step 1) and conduct visioning (step 2) jointly with community stakeholders every 5-6 years? Begin in 2017 or 2018?
2. Combine visioning activity with the forces of change assessment (see below) and include community members so that process is participatory.
3. When conducting assessments separately, consider adopting the vision of other entities or referencing key frameworks such as Healthy MN, Healthy People or the Triple Aim as a vision.
4. In lieu of a full vision process or to make a larger vision more local, discuss elements of a vision with the steering team. Questions on page 30 of the MAPP handbook might be useful.

Conduct Assessments:

1. *Forces of change*: identify forces that affect the context (e.g., legislation, technology).
	1. As noted, conduct this assessment concurrent with visioning.
	2. This assessment may not need to be repeated if local health departments have recently identified forces of change (although health systems may identify other forces specific to health care).
2. *System(s):* comprehensive assessment of organizations and entities that contribute to the public’s health.
	1. Public Health departments now use 12 domains and six essential services to define public health work and determine capacity to protect public health. Public Health reports performance measures on these domains/essential services annually to MDH. This information should be made available to inform assessments by hospitals/health systems and health plans rather than duplicating efforts.
3. *Community themes and strengths*: understand issues residents feel are important
	1. In addition to what is important, ask residents what they feel is working well. Also consider strategy identification during data collection—e.g., when asking sub-populations about their needs, also ask about strategies to meet those needs.
	2. CCH members should share the results of community themes gathered through outreach and primary data collection.
	3. In addition to sharing information, CCH should also discuss the need for primary data collection from the community where gaps exist or the need to oversample surveys, and stratify data on important issues to ensure health equity issues surface. Using this information, CCH members should proactively work together to budget, plan and execute joint community input methods wherever possible.
4. *Community health status:* identify priority issues using primary/secondary data.
	1. CCH members should continue to refine a list of core indicators for assessments to be thorough but also streamlined in assessing health status.
	2. CCH members should continue to pursue opportunities to better share data among sectors and across sectors to enable easy access to existing data.
	3. CCH should use the members-only section of its website to further data and information sharing among its members.
	4. CCH members should use health equity as a lens on data as appropriate (see 3c).
	5. CCH members should support primary data collection when needed to augment existing data sources, such as metro-wide surveys.
5. Identify strategic themes:
	1. CCH should lead this annually through a one-day retreat for its members with a goal to: identify major themes across the metro area, develop some shared goals/strategies that will be passed to the collective action workgroup, and share what is already in progress and what is working well.
	2. When identifying strategic themes locally, be sure to consider opportunities to link to other entities/sectors even if it is just one other entity besides your own.
6. Formulate goals and strategies:
	1. Align goals and strategies to the degree possible among partner entities (see common themes identified in step 5) where the priority needs are the same; use evidence to shape goals and strategies in response to identified need.
	2. Recognize that specific sectors and organizations will have differing expertise to offer and some strategies will be unique to their organization or sector.
7. Action cycle:
	1. Use the CCH collective action group as a vehicle for this step; continue to select 1-2 issues/priorities at a time for collective action.
	2. CCH should feature the work of different agencies at full-member meetings to promote opportunities for learning, understanding and collective action.