

Integrating Performance Improvement Processes: MAPP, National Public Health Performance Standards, and Accreditation



Introduction

As the roll-out date for voluntary national accreditation approaches, many local jurisdictions are deciding which standards and improvement processes they should implement in their efforts to advance public health capacity and performance. This document explores the connections among several performance improvement processes and standards, including Mobilizing for Action through Planning and Partnerships (MAPP), the National Public Health Performance Standards Program (NPHPSP), and the Public Health Accreditation Board's (PHAB's) draft accreditation standards, in the context of accreditation preparation. While the ultimate goal of accreditation, MAPP, and NPHPSP is to improve public health practice, the focus, immediate outcomes, and processes of these initiatives differ. Throughout this document, readers will note four primary relationships among MAPP, NPHPSP, and specific draft accreditation standards:

- Direct relationship (MAPP): By implementing a robust MAPP process that includes completion of the NPHPSP local instrument, users will fulfill the accreditation measure
- Direct relationship (NPHPSP only): By implementing the NPHPSP local instrument, users will fulfill the accreditation measure
- Indirect relationship (MAPP): MAPP provides the foundation and framework for users to fulfill the accreditation measure; however, using MAPP to fulfill the measure may require users to conduct additional accreditation preparation activities
- Indirect relationship (NPHPSP only): The NPHPSP assessment process allows users to learn important information about how well agencies in their community are performing as part of the local public health system (LPHS).¹ To fulfill the accreditation measure, users will need to implement performance improvement activities that address the information gathered during the assessment process

What is voluntary national accreditation of local health departments?

The goal of voluntary national accreditation is to improve and protect the health of every community by advancing the quality and performance of public health departments.² Accreditation has been defined as the following:

1. The development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards;
2. The periodic issuance of endorsements to organizations that meet a specified set of performance standards; and
3. A voluntary assessment process where an organization or agency uses experts in a particular field of interest or discipline to define standards of acceptable operation/performance for organizations and measure compliance with them. This recognition is time-limited and usually granted by nongovernmental organizations.³

What is MAPP and how does it relate to accreditation?



MAPP is a community-wide strategic planning process for improving community health and strengthening LPHSs. Facilitated by public health leadership, MAPP provides a framework that helps communities prioritize public health issues; identify resources for addressing them; and develop, implement, and evaluate health improvement plans. The MAPP process does not create a strategic plan for the local health department (LHD); rather, MAPP results in a strategic plan for the entire community.⁴ The outcomes MAPP

communities frequently cite include the following:

- Increased visibility of public health;
- New advocates for local public health;
- Increased ability to anticipate and manage change;
- Strengthened partnerships; and
- Strengthened public health infrastructure.

The MAPP process, which includes completion of the NPHPSP local instrument, can be instrumental in helping LHDs prepare for accreditation. Conversely, preparing for accreditation while conducting MAPP can strengthen a community's MAPP process. As mentioned in the introduction, MAPP can play both a direct and indirect role in helping users prepare for accreditation. When approached with an accreditation preparation lens, MAPP, while not an accreditation preparation tool, can help LHDs accomplish many of the activities described in PHAB's draft standards. In terms of the indirect relationship between MAPP and some accreditation measures, if an activity included in the draft standards is not explicitly mentioned in the MAPP guidance, there may be opportunities to augment the process so it can fulfill the needs of both MAPP and accreditation preparation. Additionally, in some cases LHDs may consider using the information collected as part of MAPP as a foundation for conducting additional agency-specific accreditation preparation activities. However, it is important to note that using MAPP to prepare for accreditation should not compromise MAPP's focus on the LPHS and its integrity as a community-owned process.

When approaching accreditation preparation and MAPP simultaneously, LHDs must be cognizant of how their interest in using MAPP to prepare for accreditation can be balanced with other partners' needs. The process should be designed to meet the needs of all partners, not just the LHD. Strong facilitation and use of Dialogue⁵ throughout a MAPP process can help balance the sometimes contrasting needs of all agencies and community members involved in the process.

What is NPHPSP and how does it relate to accreditation?

The NPHPSP is a national partnership initiative that has developed National Public Health Performance Standards for state and local public health systems and for public health governing bodies.⁶ The NPHPSP local instrument assesses the capacity of the LPHS to provide the 10 Essential Public Health Services (10 EPHS). The instrument helps users answer questions like, "What are the components, activities, competencies, and capacities of our local public health system?" and "How well are the Essential Services being provided in our system?" The dialogue that occurs in answering these questions helps identify

strengths and weaknesses within the system. This information can then be used to improve planning, coordination, and delivery of public health activities. The benefits and outcomes include the following:⁷

- Improved organizational and community communication and collaboration;
- Improved understanding among LPHS partners (including the LHD) of the role of the LHD as a member of the LPHS;
- Strengthened network of partners within the LPHS, which leads to better coordination of activities and resources, and less duplication of services;
- Identified strengths and weaknesses to be addressed in quality improvement efforts; and
- Established standards and benchmark measures for quality improvement.

The NPHPSP local instrument is used to complete the MAPP Local Public Health System Assessment; however, it can also be used as an independent assessment. Some communities complete the NPHPSP local instrument first and then transition into a MAPP process as a means to improve system performance. Other communities complete the NPHPSP local instrument and use the data to inform a variety of quality and performance improvement activities separate from any MAPP effort.

The NPHPSP standards differ from the PHAB draft accreditation standards in two fundamental ways. First, the NPHPSP local instrument measures the performance of the entire system, not a single agency. Second, the process used to conduct the assessment is based on consensus answers, whereas documentation of accreditation standards fulfillment will be externally verified.

Though NPHPSP focuses on system performance, the NPHPSP process and results can inform accreditation preparation. As mentioned in the introduction, the NPHPSP local instrument can play both a direct and indirect role in helping users prepare for accreditation. In some cases, completing the NPHPSP local instrument will satisfy an accreditation measure. In other cases, the assessment process will provide the information necessary to implement performance improvement activities that will satisfy the accreditation measure. In terms of the indirect relationship between NPHPSP and some accreditation measures, the dialogue and qualitative data collected during an NPHPSP assessment process can identify LHD strengths and contributions as a system partner.

Given that both the NPHPSP and accreditation standards are based on the 10 EPHS, understanding the role of the LHD within the system in providing essential services will provide

insight into how well an LHD would meet agency essential service standards. For instance, if the LHD has not conducted a community health assessment, by participating in the NPHPSP assessment process the LHD may learn that others within the system have collected data relevant to the community health assessment. The LHD can then build from data collected by system partners rather than starting from scratch. Moreover, the NPHPSP process can identify assets within the system an LHD can benefit from or enhance in preparing for accreditation. For example, completion of the NPHPSP local instrument might reveal that the local school of public health is the only entity within the system providing evidence-based health education. Subsequently, the NPHPSP process can help LHD staff identify an opportunity to connect with faculty from the school of public health and learn how to design evidence-based health education programs.

How can my community leverage MAPP and NPHPSP to prepare for accreditation?

MAPP and NPHPSP are designed to improve the performance and quality of public health systems while accreditation is designed to improve the performance and quality of public health departments. Both types of improvement efforts are critical to ensuring the public’s health. Accreditation on its own may help improve the performance and quality of LHDs, but, even though it includes the need for LHDs to work in concert with the public health system, it will not ensure that LHDs are operating within a healthy, well-functioning system. On the other hand, accreditation will rigorously assess health

department capacity and accountability, which are aspects that are not directly addressed by NPHPSP or MAPP. LHDs and their system partners share responsibility for protecting and promoting the public’s health; however, as the “backbone” of the LPHS, LHDs have the legal authority to protect the public’s health.^{8,9,10} A system without a strong backbone will have limited success, just as an agency without system partners will not thrive. Accordingly, when used together MAPP, NPHPSP, and accreditation can reinforce one another and move communities closer to the ultimate goal of improving the public’s health.

The following table illustrates how to leverage the MAPP process to support accreditation preparation efforts.¹¹ Below each standard is a summary of the general contributions a MAPP process can make towards demonstrating the standard. The left-hand column includes LHD draft accreditation measures, while the right-hand column describes how MAPP or NPHPSP alone can demonstrate or contribute to fulfilling the measure and what additional activities or documentation may need to be built into the MAPP process to address the needs of accreditation preparation. When reviewing the table, note that measures are coded to indicate whether the relationship between MAPP/NPHPSP and the coded measure is considered direct or indirect (see notation key below for definitions of direct and indirect). Each accreditation measure referenced in the table is coded with an “I-NPHPSP” to indicate that the NPHPSP assessment makes an indirect contribution toward fulfilling many accreditation measures. Because NPHPSP and accreditation standards and measures are based on the Essential Public Health Service framework, results from the NPHPSP assessment for a particular essential service will inform the related accreditation preparation measure.

NOTATION KEY

RELATIONSHIP	NOTATION	DEFINITION
Direct – MAPP	D-MAPP	By implementing a robust MAPP process that includes completion of the NPHPSP local instrument, users will fulfill this accreditation measure. <i>Note: users will still need to be aware of the documentation required by PHAB and plan elements of their process accordingly.</i>
Direct – NPHPSP Only	D-NPHPSP	By implementing the NPHPSP local instrument, users will fulfill this accreditation measure.
Indirect – MAPP	I-MAPP	MAPP provides the foundation and framework for users to fulfill this accreditation measure; however, using MAPP to fulfill this measure may require conducting additional accreditation preparation activities.
Indirect – NPHPSP Only	I-NPHPSP	The NPHPSP assessment process helps users learn important information about how well their agency is performing as part of the LPHS. To fulfill this accreditation measure, users will need to implement performance improvement activities that address the information gathered during the assessment process.

PLEASE NOTE: The table on pages 4-14 uses the January 2009 version of the draft accreditation standards and measures. Since January, PHAB has released an updated version to be used in the accreditation beta test. Following the beta test, the standards and measures will undergo another set of revisions before being finalized. The information in this table will provide useful guidance for planning a process that leverages MAPP and NPHPSP to support accreditation preparation efforts. NACCHO will release an updated version of this document when the standards and measures are finalized. For additional guidance, please contact NACCHO staff.

Standard 1.1 B¹²: Collect and Maintain Population Health Data¹³

The MAPP process includes community health status data collection and dissemination. MAPP's Community Health Status Assessment (CHSA) guidance provides eleven suggested categories of data; however, MAPP users are encouraged to tailor data collection to fit local needs. Suggested health status data categories include 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, and sentinel events.

<p>1.1.1 B I-MAPP I-NPHSP</p>	<p>Assure a surveillance system is in place for receiving reports 24/7 for identifying health problems, threats, and hazards</p>	<p>The MAPP guidance indicates that users should “establish a system to monitor the indicators over time.”¹⁴ Establishing a dynamic and updatable monitoring system helps ensure future CHSA efforts are efficient, effective, and use CHSA benchmark data to document public health improvements. To ensure that establishing a system to monitor indicators over time as part of MAPP fulfills measure 1.1.1 B, LHDs should do the following:</p> <ul style="list-style-type: none"> • Document processes and protocols to maintain the comprehensive collection, review, and analysis of data from multiple sources; • Document processes and protocols to assure data are maintained in a secure and confidential manner; • Include and maintain current 24/7 contact information, in the form of a designated telephone line or a designated contact person (which may be provided in rural areas via regional or state agreements); and • Include reports of testing 24/7 contact systems, such as internet, fax, page phone line, etc.
<p>1.1.3 B D-MAPP I-NPHSP</p>	<p>Collect primary data and secondary data from multiple sources</p>	<p>MAPP guidance instructs users to collect CHSA data from a variety of sources including state or local databases, previously conducted health assessments or reports that include data, and local organizations who may collect hard-to-find data.¹⁵ According to the draft accreditation standards, “the scope of assessment is broad and includes collection of information by local and state agencies or partners on chronic disease/disability, communicable disease (food/water/air/waste/vector-borne), and injuries for purpose of analysis and use in health data profiles:</p> <ul style="list-style-type: none"> • Primary data includes disease reports (See 1.1 B), community surveys, registries. • Secondary data includes state health agency data; census data; hospital discharge data; vital records. <p>To ensure that MAPP's CHSA data collection process fulfills measure 1.1.3 B, LHDs should record samples of data collected and sources of each and develop a data dictionary or other descriptions of data elements.</p>
<p>1.1.4 L D-MAPP I-NPHSP</p>	<p>Provide reports of primary and secondary data to State Health Agency (SHA)</p>	<p>Step Four of the CHSA is to “organize and analyze the data; develop a compilation of the findings; and disseminate the information.”¹⁶ To ensure that MAPP's CHSA data report dissemination process fulfills measure 1.1.4 L, LHDs should document distribution of primary and secondary data to SHA.</p>

Standard 1.2 B: Analyze Public Health Data

Phase Three of MAPP is comprised of four complementary assessments including a CHSA. Each of the four assessments included in the MAPP process yields data that are analyzed to identify local challenges and assets. All MAPP assessments include community and/or LPHS partner input. In order to complete the Assessment Phase, data must be exchanged among the different LPHS partners involved, and a community health profile must be disseminated to the broader community.

1.2.1 B

I-MAPP

I-NPHSP

Analyze and draw conclusions from data to identify trends over time, clusters, health problems, environmental health hazards, and social and economic conditions that adversely affect the public's health

Suggested health status data categories for the CHSA include socioeconomic characteristics, environmental health indicators, and eight other health status categories. After completing the assessment, users analyze the data and use the findings to identify strategic issues. MAPP communities in their second or third iteration can use previous MAPP assessments as a benchmark to identify trends. To ensure that completing the steps for each of the MAPP assessments fulfills measure 1.2.1 B, LHDs should make sure that reports contain analysis of data collected and conclusions from review of the data; are within defined timelines based on policy guidelines and current best practice; compare data to other agencies and/or the state or nation; and include analysis of community input/needs gathered from community (see 1.1.3).

Additionally, minutes or documentation of meetings (e.g., internal, external, leadership, community meetings) to review and discuss data reports will also help fulfill this measure.

1.2.2 B

I-MAPP

I-NPHSP

At least annually, provide health data to the community in the form of reports on a variety of public health issues

Because the MAPP assessments are not conducted on an annual basis, users will need to augment MAPP to fulfill this measure. Communities tend to implement MAPP every five years; therefore, users may want to consider structuring CHSA data collection so that several categories of indicators are collected every year, rather than collecting data for all indicators once every five years. Users can then disseminate CHSA findings on an annual basis via health reports focused on a variety of CHSA indicators. According to the draft accreditation standards, this measure "includes data on health behaviors, diseases, etc. [See 1.1.3 regarding scope] targeted to a variety of audiences (i.e., public health and healthcare providers, governing entity, key stakeholders, and the public), using a range of methods such as reports, presentations, minutes, press releases, etc." To ensure that health data and plans shared with the community as part of MAPP fulfill measure 1.2.2 B, LHDs should make sure that reports are designed to meet community needs, with specific audiences identified.

Standard 1.3 B: Use Data for Public Health Action

Data collected during MAPP's Assessment Phase are used to identify the strategic issues (Phase Four) that form the basis of the health improvement plan.

1.3.2 B

D-MAPP

I-NPHSP

Develop and distribute community health data profiles to support health improvement planning processes at the state and local level

According to the draft accreditation standards, "state and local health profiles should include a broad array of assessment indicators such as those described in MAPP or other assessment framework." To ensure that community health data profiles created and disseminated as part of MAPP fulfill measure 1.3.2 B, profiles must be completed at least every three years, and distribution to community groups and key stakeholders must be documented.

Standard 3.1 B: Communicate Information on Public Health Issues and Functions

Frequent and open communication among LPHS partners and between the LPHS and broader community is central to every phase of MAPP. Throughout the process, users collect information and disseminate findings either through formal reports (e.g., planning report completed and disseminated during Step Six of the Formulate Goals and Strategies Phase) or through dialogue and consensus building (e.g., NPHPSP local instrument completed as part of the Assessment Phase).

3.1.1 B

I-MAPP

I-NPHPSP

Assure communications procedures to provide information within and outside the agency

While the MAPP guidance doesn't specifically address each of the areas mentioned below, the process requires that LHDs build and maintain strong, coordinated relationships with community partners, which frequently include local news media. The accreditation standards indicate that such communication should use proper protocols. Using the accreditation guidance, MAPP users can strengthen and formalize those communication mechanisms. To ensure that communication activities included as part of the MAPP process fulfill measure 3.1.1. B, LHDs should make sure that written communications procedures with date created and updated biennially, include the following:

- Dissemination of accurate, timely and appropriate information for different audiences;
- Coordination with community partners for the dissemination of public health messages;
- Maintenance of a current contact list of media and key stakeholders;
- Identification of roles for working with the news media,
- Designation of a position or person as the public information officer. Responsibilities include managing media relationships, creating public health messages, and other communications activities;
- Descriptions of responsibilities for other positions interacting with the news media and the public, including as appropriate, any governing entity members and any public health staff member;
- Identification of the expectations for all staff regarding internal and external communications mechanisms; and
- Identification of Americans with Disabilities Act (ADA)-related communication mechanisms.

3.1.3 B

D-MAPP

I-NPHPSP

Provide information on community health risk, health status, and health needs; and public health mission, roles, programs and interventions to improve the community's health

MAPP provides all the information needed to create a formal report based on the results from the CHSA, including information on community health risk, health status, and health needs. Step Four of MAPP's CHSA requires that committee members "Organize and analyze the data; develop a compilation of the findings; and disseminate the information." This includes developing a community health profile. The NPHPSP assessment process completed as part of MAPP's Assessment Phase allows the LHD to provide information to LPHS partners regarding local governmental public health's mission, roles, programs and interventions, while also learning similar information from its system partners. According to accreditation standards, "public health topics may include information about public health activities, educational offerings, reporting and compliance requirements, information on environmental health risks, communicable diseases, chronic disease and other health threats, and information regarding access to healthcare providers and prevention resources." To

Standard 3.1 B: Communicate Information on Public Health Issues and Functions *continued***3.1.3 B**

D-MAPP

I-NPHPSP

ensure that community health information disseminated as part of MAPP fulfills measure 3.1.3 B, LHDs should document two examples of each of the following:

- Providing information on community health risk; health status, and health needs, including date, information provided, to whom, and for what purpose (in addition to Web site) and
- Providing information on public health mission, roles, programs, and interventions to improve the community's health, including date, information provided, to whom, and for what purpose.

Standard 3.2 B: Provide Health Education and Promotion Activities

Phase Three of MAPP includes completion of four different assessments. The comprehensive assessment dataset collected as part of MAPP can inform the design, implementation, and evaluation of health education and promotion activities.

3.2.3 B

I-MAPP

I-NPHPSP

Revise strategies and measureable objectives based upon evaluation results

In Phase Six, communities enter an iterative cycle of planning, implementation, and evaluation. Step Two of the Action Cycle includes developing measurable objectives for each strategy identified during the previous phase.¹⁷ During the evaluation portion of this phase, strategies, goals, and action plans are assessed and evaluated. Evaluation results are then used to improve existing processes and help create new strategies and activities.¹⁸ To ensure that the activities included in Phase Six of MAPP fulfill measure 3.2.3 B, LHDs should document revisions to selected strategies and objectives.

Standard 4.1 B: Engage the Public Health System and the Community in Comprehensive Planning

MAPP is a framework for improving community health and strengthening LPHSs. LHDs typically serve as facilitators of the MAPP process. As the facilitator, the LHD plays an active role recruiting participants during the first phase of MAPP, Organize for Success/Partnership Development. However, collaborative partnerships among LPHS partners and between the LPHS and broader community are essential to every phase. In the facilitator role, the LHD is also charged with maintaining the core principles of MAPP, which are strategic planning, focus on the community and entire LPHS, emphasis on assets and resources, broad definition of health, and the value of every participant's unique knowledge and skills. Please note that the facilitation role should not be confused with the "owner" or "leader" of the process. An LHD should not be the driver of a MAPP process. Conversely, the community and public health system partners should drive the process.

4.1.1 B

D-MAPP

I-NPHPSP

Recruit governing entity members, stakeholders, community partners and the public to participate in a community planning process to improve health

During Phase One, the facilitating organization recruits community partners and stakeholders from throughout the LPHS and broader community to participate in MAPP. The facilitating organization may target specific organizations by tailoring messages about how the process will benefit their organizations. For example, many LPHS partners decide to participate in the process because their organizations are interested in collecting data similar to the data collected in MAPP's Assessment Phase. The NPHPSP local instrument included in MAPP's Assessment Phase provides another opportunity to recruit a diverse group of LPHS partners to engage in MAPP. According to the accreditation standards,

PHAB DRAFT MEASURE		MAPP & NPHPSP'S ROLE IN FULFILLING MEASURE
Standard 4.1 B: Engage the Public Health System and the Community in Comprehensive Planning <i>continued</i>		
4.1.1 B D-MAPP I-NPHPSP		<p>“the following is a list of groups, sectors, and types of organizations that should be considered for participation in a MAPP-like process: community representatives, governmental agencies, medical care providers, education, criminal justice, environmental organizations, faith-based and business organizations, philanthropy and others.”</p> <p>To ensure that the activities included in MAPP fulfill measure 4.1.1 B, LHDs should document broad community participation (e.g., meeting minutes) throughout the process and broad system partner participation in the NPHPSP Local Public Health System Assessment.</p>
4.1.2 L I-MAPP I-NPHPSP	Provide technical assistance to community stakeholders regarding models for developing partnerships, recruiting and engaging with the community in planning processes	As the facilitator of a MAPP process, the LHD is charged with ensuring that all participants’ voices are heard while balancing the collective needs and goals of the process and its participants. To ensure that the facilitator role in MAPP fulfills measure 4.1.2 L, LHDs should document requests for technical assistance associated with MAPP activities such as developing partnerships, documenting other MAPP-related technical assistance, and describing what types of technical assistance were provided.
4.1.3 B D-MAPP I-NPHPSP	Establish and support collaborative partnerships to solve priority public health issues	<p>As facilitator of a MAPP process, the LHD is responsible for supporting the collaborative nature of MAPP throughout the process. The sixth phase of MAPP, known as the Action Cycle, requires LPHS partners to work collaboratively to address the community’s health priorities as identified in the Community Health Improvement Plan (CHIP).¹⁹ To ensure that the facilitator role in MAPP fulfills measure 4.1.3 B, LHDs should document the following:</p> <ul style="list-style-type: none"> • Two or more examples of ongoing collaborations (in addition to the health education and promotion strategies presented for Standard 3.2) that address priority public health issues identified in the CHIP; • List of partners in each collaboration; • Descriptions of process and templates used for collecting feedback and evaluating at least one partnership; and • Documentation of use of partnership-related evaluation findings.
Standard 4.2 B: Engage the Community to Promote Policies to Improve the Public’s Health		
One of the primary tenants of the MAPP process is open and continuous communication between the LPHS and the broader community. The process achieves open communication by engaging a broad cross-section of the community throughout the process; disseminating the results of each of the assessments and an encompassing planning report to all residents; and engaging in the NPHPSP Local Public Health System Assessment, which allows LPHS partners to inform and educate each other through dialogue and consensus building.		
4.2.1 L D-MAPP I-NPHPSP	Disseminate the results of community health assessments to the community	Step Three of MAPP’s Community Themes and Strengths Assessment (CTSA) requires that committee members “compile the results into one central list and share it with the entire community.” ²⁰ Step Four of MAPP’s CHSA requires that committee members “organize and analyze

PHAB DRAFT MEASURE		MAPP & NPHPSP'S ROLE IN FULFILLING MEASURE
Standard 4.2 B: Engage the Community to Promote Policies to Improve the Public's Health <i>continued</i>		
4.2.1 L D-MAPP I-NPHPSP		the data; develop a compilation of the findings; and disseminate the information." ²¹ Step Six of the Formulate Goals and Strategies Phase is to draft and widely disseminate the planning report. ²² The planning report typically includes analysis of data collected from each of the assessments, strategic issues selected based on data analysis, and goals, strategies, and objectives for addressing strategic issues. To ensure that dissemination activities included in the Assessment and Formulate Goals and Strategies Phases fulfill measure 4.2.1 L, LHDs should document two examples of assessment reports and distribution of the reports (e.g., e-mails, distribution lists).
4.2.2 B D-MAPP I-NPHPSP	Educate and seek support from the community on policies and activities that will improve the public's health	The NPHPSP Local Public Health System Assessment included as part of MAPP's Assessment Phase allows the LHD to educate LPHS partners regarding its role in delivering EPHS 5, "Develop policies and plans that support individual and community health efforts." In addition, a successful MAPP process is a community-owned process. As such, the policies and activities that are developed as part of MAPP are developed by, and therefore supported by, the community. Guidance in MAPP's Action Cycle indicates that each participating organization's staff should be well informed about the process and the action plans that are being implemented. ²³ The implementation phase presents an opportunity to educate and reengage any participants whose participation may have been more focused on earlier phases. To ensure that the NPHPSP assessment process and MAPP Action Cycle implementation activities fulfill measure 4.2.2 B, LHDs should document three examples of efforts to educate the community, governing entity and elected officials (e.g., presentations, agendas, meeting packets) on policies and activities that will improve the public's health.
Standard 5.1 B: Establish, Promote, and Maintain Public Health Policies		
Through MAPP, LHDs and their LPHS partners collectively establish, promote, and maintain public health policies. The Assessment Phase, which includes use of the NPHPSP local instrument, and Phase Four, Identify Strategic Issues, specifically address policy issues. Phase Four of MAPP culminates in collectively identifying strategic issues based on the community's vision and the comprehensive dataset collected during the Assessment Phase. In the MAPP guidance, strategic issues are defined as "those fundamental policy choices or critical challenges that must be addressed in order for a community to achieve its vision." ²⁴ Additionally, the NPHPSP assessment process facilitates cross-learning between the LHD and its LPHS partners regarding the system's current capacity to deliver EPHS 5, "Develop policies and plans that support individual and community health efforts."		
5.1.2 L D-MAPP I-NPHPSP	Contribute to the development and/or modification of public health policy by facilitating community involvement and engaging in activities that inform the policy development process	To ensure that action plans based on the community's strategic issues fulfill measure 5.1.2 L, LHDs should document at least one example within the last two years of any of the following: <ul style="list-style-type: none"> • Informational materials (e.g., issue briefs, media statements, talking points, fact sheets); • Records of public testimony; or • Documented participation in advisory groups responsible for advising on health policy.

Standard 5.2 B: Engage in State or Local Health Department Strategic Planning

While MAPP is not an internal agency strategic planning process, its function as a community-wide strategic planning process enables LHDs and other partners to use the data collected as part of MAPP to inform internal, agency-focused strategic plans. Essentially, the community-wide strategic plan created as part of MAPP serves as the overarching plan that LHDs and other partners can use to inform their agency’s internal strategic plan. Further, MAPP’s Action Cycle guidance suggests that MAPP committees institutionalize strategies by having each participating organization identify how the goals, strategies, and outcome objectives can be incorporated into their organizational mission statements and plans.²⁵ Using this approach, the LHD and its LPHS partners can leverage the community-wide plan in a similar way, resulting in a public health system that has component parts that are all focused towards the same goals.

<p>5.2.1 B I-MAPP I-NPHPSP</p>	<p>Conduct a strategic planning process</p>	<p>The first five phases of MAPP constitute a community-wide strategic planning process. To ensure that MAPP contributes to fulfilling measure 5.2.1 B, LHDs should document activities that support the planning process and contain the following items:</p> <ul style="list-style-type: none"> • Identification of external trends, events, or factors that may impact community health or the agency – This information is collected as part of the Forces of Change Assessment included in MAPP’s Assessment Phase. • Assessment of agency strengths and weaknesses – Some of this information will be collected during the NPHPSP assessment, using the optional Agency Contribution Questionnaire. However, MAPP users may want to build an additional assessment component into their MAPP process to help fulfill this measure. • Data analysis related to the above topics – Analysis of Forces of Change and NPHPSP data are completed as part of MAPP. • Cross reference to CHIP or quality improvement plan, as appropriate – While the creation of a formalized CHIP is not required in the MAPP process, MAPP provides all the information needed to create a formal CHIP. The LHD and its partners can use the CHIP to inform their agency’s strategic plan. During the Action Cycle, participants take ownership of strategies selected to address the health needs described in the CHIP. Organizations can choose which strategies to lead based on how they align with their agency’s internal strategic plan.
<p>5.2.2 B I-MAPP I-NPHPSP</p>	<p>Produce a strategic plan</p>	<p>In Phase Five, Step Six requires MAPP communities to draft a planning report. To ensure that MAPP contributes to fulfilling measure 5.2.2 B, LHDs should document the agency strategic plan and should contain the following elements:</p> <ul style="list-style-type: none"> • Mission, vision, and guiding principles – A community-wide vision and shared values are developed during Phase Two of MAPP. • Strategic priorities – Phase Four of MAPP culminates in collectively identifying strategic issues based on the community’s vision and the comprehensive dataset collected during the Assessment Phase. • Goals, objectives, and performance measures (goals should include policy development as well as programmatic initiatives) – During Phase Five, communities formulate goals related to the vision and strategic issues and generate associated strategies.

Standard 5.2 B: Engage in State or Local Health Department Strategic Planning *continued*

<p>5.2.3 B</p> <p>I-MAPP</p> <p>I-NPHSP</p>	<p>Implement the strategic plan</p>	<p>Phase Six focuses on implementing the MAPP strategic plan. To ensure that MAPP contributes to fulfilling measure 5.2.3 B, LHDs should document the following:</p> <ul style="list-style-type: none"> • Dissemination of the strategic plan to governing entity, stakeholders, community partners, and the public – LHDs that use the MAPP strategic plan to inform their own strategic plan will have well-developed partnerships and communication avenues available for widely disseminating their agency's plan. • Dissemination of the strategic plan to staff and discussion of their role(s) – LHD staff involved in MAPP should have a clear understanding of their role in implementing elements of the MAPP strategic plan. However, the LHD will need to educate all LHD staff on both the internal strategic plan elements that overlap or align with the MAPP strategic plan and those that do not. • Progress towards goals and objectives including monitoring of performance measures (semi-annual reports) – Phase Six of MAPP includes evaluating the strategies, goals, and action plans developed during the latter phases of MAPP. Therefore, strategies, goals, and action plans that are included as part of both the MAPP strategic plan and the LHD's internal strategic plan will be evaluated as part of the MAPP Action Cycle.
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Standard 5.3 L: Conduct a Health Improvement Planning Process

MAPP is a community-driven strategic planning process for improving community health. Once engaged, communities begin their MAPP process with visioning. Four complementary assessments are included in MAPP's comprehensive Assessment Phase. During the Assessment Phase, MAPP users collect information about the community's health status, community assets, threats and opportunities present in the community, and the capacity of the LPHS to provide the 10 EPHS. Following the Assessment Phase, MAPP communities analyze their assessment data and identify strategic issues. Communities then develop goals and strategies for each of their strategic issues. The Action Cycle involves developing measurable outcome objectives for each identified strategy.²⁶ Although the MAPP framework has a community-driven focus, these components are the foundation of any health improvement planning process.

<p>5.3.1 L</p> <p>D-MAPP</p> <p>I-NPHSP</p>	<p>Conduct a health improvement process that includes broad participation from the community</p>	<p>To ensure that implementing the MAPP process in partnership with LPHS partners and community members fulfills measure 5.3.1 L, LHDs should document the following:</p> <ul style="list-style-type: none"> • Information from community health assessments; • Issues and themes identified by the community; • Identification of community assets and resources; • Established set of priority community health issues; and • Development of measurable health objectives.
<p>5.3.2 L</p> <p>D-MAPP</p> <p>I-NPHSP</p>	<p>Produce a health improvement plan as a result of the community health improvement process</p>	<p>Step Six of the Formulate Goals and Strategies Phase is to draft and widely disseminate the planning report.²⁷ To ensure that implementing MAPP fulfills measure 5.3.2 L, MAPP users should create a formalized CHIP that includes the following:</p> <ul style="list-style-type: none"> • Assessment data about the prevailing health of the population;

Standard 5.3 L: Conduct a Health Improvement Planning Process *continued*

<p>5.3.2 L</p> <p>D-MAPP</p> <p>I-NPHSP</p>		<ul style="list-style-type: none"> Community health priorities, objectives, improvement strategies and performance measures; Policy changes needed to accomplish health objectives – MAPP strategic issues are defined as “fundamental policy choices or critical challenges that must be addressed in order for a community to achieve its vision.”²⁸ Accordingly, MAPP strategic issues will likely address policy changes needed to accomplish health objectives; Individuals and organizations that have accepted responsibility for implementing strategies; and Measureable health improvement indicators to monitor progress. <p>Optional additional documentation that can contribute to fulfilling measure 5.3.2 L includes documentation of the alignment between the health improvement plan and community/state/national priorities (i.e., LHD plan takes state and national priorities into consideration).</p>
<p>5.3.3 L</p> <p>D-MAPP</p> <p>I-NPHSP</p>	<p>Implement elements and strategies of the health improvement plan, in partnership with others</p>	<p>During the Action Cycle, all MAPP participants should be involved in implementing a minimum of one strategy.²⁹ Implementation of strategies during the Action Cycle require broad community participation and collaboration among LPHS partners. To ensure that Action Cycle activities fulfill measure 5.3.3 L, the LHD should document the following:</p> <ul style="list-style-type: none"> Reports of actions taken related to strategies in the CHIP; and CHIP Workplan with documentation of progress.
<p>5.3.4 L</p> <p>D-MAPP</p> <p>I-NPHSP</p>	<p>Establish a monitoring system to track progress on strategies and health improvement in order to revise the CHIP, as needed</p>	<p>In the Action Cycle, MAPP guidance indicates that MAPP users should evaluate strategies, goals, and action plans.³⁰ Results of these evaluations are used to improve existing processes and help create new strategies and activities.³¹ To ensure that evaluation activities included in MAPP's Action Cycle fulfill measure 5.3.4 L, LHDs should make sure their documentation addresses the following:</p> <ul style="list-style-type: none"> Evaluation reports on progress related to strategies in the CHIP including the following: <ul style="list-style-type: none"> Monitoring of performance measures; and Progress related to health improvement indicators (for future iterations of accreditation cycles as these changes may take awhile). Revised CHIP based on evaluation results.

Standard 7.1 B: Assess Healthcare Capacity and Access to Healthcare Services *continued*

The NPHPSP local instrument involves convening members of the LPHS to conduct an assessment of the LPHS's capacity to deliver the 10 EPHS. Through a process of dialogue and consensus-building, the LHD and its LPHS partners identify current system capacity for delivering each of the 10 EPHS, including EPHS 7, "Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable."

<p>7.1.1 B D-NPHPSP</p>	<p>Convene and/or participate in a collaborative process to assess the availability of healthcare services</p>	<p>Completing the NPHPSP local instrument involves convening and participating in a collaborative process to assess the availability of healthcare services. To ensure that completion of the NPHPSP local instrument fulfills measure 7.1.1 B, LHDs should document the LPHS members involved in assessing the system's capacity to deliver EPHS 7, "Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable" and the qualitative data gathered during the assessment.</p>
<p>7.1.2 L I-MAPP I-NPHPSP</p>	<p>Identify underserved and at-risk populations and those who may experience barriers to healthcare services</p>	<p>EPHS 7 includes identifying populations with barriers to personal health services; identifying personal health service needs of populations with limited access to a coordinated system of clinical care; and assuring the linkage of people to appropriate personal health services through coordination of provider services and development of interventions that address barriers to care (e.g., culturally and linguistically appropriate staff and materials, transportation services).³² By achieving broad community involvement in the NPHPSP assessment process, LHD and LPHS partners gain knowledge regarding the quality and accessibility of services. To ensure that completion of the NPHPSP local instrument fulfills measure 7.1.2 L, LHDs should document the following:</p> <ul style="list-style-type: none"> • Methods for including diverse sets of community partners, including communities of color, tribal representatives, and specific populations to assist in identification of programs gaps and barriers to accessing care <p>To ensure that MAPP activities fulfill measure 7.1.2 L, LHDs may want to build additional assessment components and reports into the Assessment Phase. Reports could include needs of the population as indicated in consumer satisfaction surveys and surveys of special population groups [See Standard 1.3 B and Standard 5.3 L].</p>
<p>7.1.3 B I-MAPP I-NPHPSP</p>	<p>Identify gaps in access to healthcare services</p>	<p>Using the NPHPSP local instrument to assess delivery of EPHS 7, LPHS partners are asked to identify and discuss gaps and redundancies in service provision. Additionally, MAPP's CHSA includes a Health Resource Availability category with core and extended indicators that help to assess the capacity and distribution of the healthcare workforce. When examined collectively, data from each of these assessments will help identify gaps in access. To ensure that completing the NPHPSP local instrument and CHSA fulfill measure 7.1.3 B, LHDs should document use of the NPHPSP local instrument and qualitative data gathered during the assessment and include the Health Resource Availability core and extended indicators in their CHSA. Additionally, documentation should include identification of gaps in access.</p>

Standard 10.1 B: Identify and Use Evidence-Based and Innovative Practices

Phase Five focuses on devising locally appropriate, data-driven goals and strategies for each of the strategic issues developed during Phase Four. In Phase Six, communities enter an iterative cycle of planning, implementation, and evaluation. During the evaluation portion of Phase Six, participants evaluate strategies, goals, and action plans. Evaluation results are then used to improve existing processes and help create new strategies and activities.³³

<p>10.1.1 B I-MAPP I-NPHSP</p>	<p>Seek and evaluate applicable evidence-based practices when implementing new or improved processes, programs or interventions</p>	<p>When a strategy developed during Phase Five has an associated best practice, MAPP communities may want to consider adopting the evidence-based practice (EBP). Users, however, should make sure that the associated EBP meets the specific needs of the community as identified by the assessment data. An EBP may be supported by one of the MAPP assessments, but upon further examination of the other MAPP assessment results, the EBP approach may not fit the unique circumstances of that community. In these situations, the EBP should not be adopted. When the EBP is appropriate, strategies and associated activities developed during Phases Five and Six may help fulfill measure 10.1.1 B. In this case, LHDs should document when they have used EBPs, including the source of the EBP and the decision on EBP applicability to agency processes, programs and interventions. Keep in mind that the accreditation draft standards are looking for two examples from within the past three years of review and use of EBPs.</p>
<p>10.1.2 B I-MAPP I-NPHSP</p>	<p>Foster innovative practices in processes, programs and interventions that address priority health issues</p>	<p>The cross-cutting, collaborative, data-driven nature of MAPP's strategic issues generates innovative and locally-appropriate strategies and activities. To ensure that action plans and activities implemented in Phase Six fulfill measure 10.1.2 B, LHDs should document the following:</p> <ul style="list-style-type: none"> • Source of innovative practice; • Assessment of demonstrated effectiveness in improving public health; and • Decision on applicability to agency processes, programs and interventions to address priority health issues. <p>Keep in mind that the accreditation draft standards are looking for two examples from within the past three years of review or development of innovative practices for potential application.</p>

As evidenced by the table above, MAPP's explicit focus on community engagement, strategic planning, and the LPHS will help LHDs achieve many of the accreditation draft standards and measures. Activities conducted as part of a MAPP process will make significant contributions toward fulfilling six domains (1, 3, 4, 5, 7, and 10). As indicated by the coding, there is a direct relationship between MAPP and the measures found in domains 1, 4, and 5; completing a robust MAPP process will likely fulfill the majority of the standards and measures in these domains. For domains 3, 7, and 10, LHDs will need to be more deliberate in their approach. For these domains, LHDs and their

system partners may need to discuss whether building minor accreditation preparation activities into their MAPP process is appropriate. Additionally, for domains 3, 7, and 10 there may be opportunities for LHDs to use MAPP as the foundation for conducting additional agency-specific accreditation preparation activities to fulfill the related standards and measures. For the remaining four domains (2, 6, 8, and 9), MAPP may make minor contributions. However, contributions will depend heavily on the strategic issues and accompanying goals and strategies identified by the implementing community.

Whether implemented as part of MAPP or implemented alone, the NPHPSP assessment process helps LHDs learn important information about how well their agencies are functioning as part of the LPHS. The qualitative data gathered during the NPHPSP assessment process can inform accreditation preparation improvement efforts for all measures referenced in the table above. As indicated by the coding in the table, NPHPSP makes a direct contribution toward fulfilling one measure in domain 7 and indirect contributions toward fulfilling all 27 measures referenced in the table.

Referencing PHAB's draft standards and this guidance document while conducting a MAPP process, which includes completion of the NPHPSP local instrument, will provide communities and agencies with a clear understanding of areas where the MAPP process can make significant contributions to accreditation preparation and where additional effort needs to be focused. The PHAB draft standards include specific information regarding documents that demonstrate a standard has been met. Referencing this guidance during the Organize for Success Phase and throughout a MAPP process can provide valuable insight in regards to which activities to document and what information to record. Agencies for whom accreditation preparation is a priority and undertaking a community-wide strategic planning process in combination with an agency-focused accreditation preparation process is unrealistic, using the draft standards alone to more rigorously assess agency capacity and determine areas for agency improvement may be more appropriate.

Accreditation preparation can be approached from many different vantage points, using many different tools and processes. Whether an LHD selects an agency-focused preparation process, or uses an agency-focused process in combination with a system tool, the goal is the same: performance improvement en route to improving the health of all communities.

References

1. The local public health system is comprised of many organizations, individuals, and agencies that contribute to protecting and improving local public health. Members of the local public health system include: Emergency Medical Services (EMS), public and private schools, veterinarians, hospitals, non-profit organizations, etc.
2. Public Health Accreditation Board (PHAB) Web site home page, accessed 3/31/2009: www.phaboard.org
3. Public Health Accreditation Board (PHAB) Glossary of Terms, PHAB Web site, accessed 3/31/2009: www.phaboard.org/assets/documents/P_HABDraftGlossaryofTerms03.02.09.pdf
4. As shown on pages 11-13 of this document (Standard 5.1.2-5.3.4), some LHDs have used the data from a MAPP process to inform their internal agency strategic plan.
5. Dialogue is the art of "thinking together." It involves transcending individual perspectives to discover a larger resolution: a "We" result. National Association of County and City Health Officials (NACCHO) Web site, accessed 3/30/2009: www.naccho.org/topics/infrastructure/dialogue/overview.cfm.
6. "National Public Health Performance Standards." CDC Web site, accessed 5/18/2009: www.cdc.gov/od/ocphp/nphpsp/.
7. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2007). *National Public Health Performance Standards Program (NPHPSP) User Guide*.
8. Committee on Assuring the Health of the Public in the 21st Century, Institute of Medicine (IOM). (2002). *The Future of the Public's Health in the 21st Century*. Washington, DC: National Academy Press.
9. See also Baker, E. and Koplan, J.P. (2002). *Strengthening the Nation's Public Health Infrastructure: Historic Challenge, Unprecedented Opportunity*. Health Affairs, 21(6), Pages 15-27.
10. Gostin, L. (2000). *Public Health Law: Power, Duty, Restraint*. New York/Berkeley: Milbank Memorial Fund/University of California Press.
11. The information in this table draws largely on discussions of the 2008-2009 National MAPP Workgroup and the work of past MAPP Workgroup member, Alan Kalos of the Northern Kentucky Independent District Health Department.
12. "B" refers to standards and measures shared by both state and local health departments; "L" refers to standards and measures applicable to only the LHD.
13. For each of the PHAB draft standards, the NPHPSP local instrument included in MAPP measures how well the system fulfills the related EPHS, and the NPHPSP agency contribution questionnaire measures the LHD contribution.
14. National Association of County and City Health Officials. (2004). *Mobilizing for Action through Planning and Partnerships, Achieving Healthier Communities through MAPP, A User's Handbook*. Washington, DC: National Association of County and City Health Officials. Page 60.
15. Ibid. 57-59
16. Ibid. 59
17. Ibid. 90
18. Ibid. 95
19. While the creation of a formalized Community Health Improvement Plan (CHIP) is not required in the MAPP process, MAPP provides all the information needed to create a formal CHIP.
20. National Association of County and City Health Officials (2004). *Mobilizing for Action through Planning and Partnerships, Achieving Healthier Communities through MAPP, A User's Handbook*. Washington, DC: National Association of County and City Health Officials. Page 36.
21. Ibid. 59
22. Ibid. 85
23. Ibid. 92
24. Ibid. 72
25. Ibid. 90
26. Ibid. 90
27. Ibid. 85
28. Ibid. 72
29. Ibid. 92
30. Ibid. 93
31. Ibid. 95
32. Ibid. 44
33. Ibid. 95

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