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STATEMENT OF POLICY

Mobilizing for Action Through Planning and Partnerships (MAPP)

Policy

The National Association of County and City Health Officials (NACCHO) recommends the Mobilizing for Action through Planning and Partnerships (MAPP) process as a framework for community health assessment and improvement planning.

NACCHO recommends that local, state, and national public health system partners work together to increase the knowledge and understanding of the utility of MAPP and develop the capacity of all communities to implement MAPP.

Justification

In response to multiple calls from national bodies for improving public health infrastructure and shifting focus from an individual to population-based approach,[1, 2] the public health field unveiled a series of initiatives to strengthen assessment, planning, and improvement efforts to address community health needs. In 2001, NACCHO and the Centers for Disease Control and Prevention (CDC) pioneered the MAPP process, a community-owned, widely used strategic planning process that guides multi-sectoral partners through a community health (needs) assessment (CHNA]/CHA) and development and implementation of a community health improvement plan (see NACCHO's statement of policy on Community Health Needs Assessment). Grounded in community engagement and collaboration, MAPP helps communities foster strategic partnerships; assess and prioritize community health issues; investigate social determinants of health (SDOH) and underlying causes that lead to health inequities; and identify resources for collaborative action.

MAPP helps local public health system partners shift their focus from operational, day-to-day planning to long-term strategic planning; from an emphasis on assessing needs to a focus on assets and resources; and from a medically oriented model to a broad definition of health that considers the social determinants of health. Foundational principles of the MAPP framework include strategic thinking, systems thinking, collaboration, community engagement, and data-driven action. MAPP also emphasizes the use of data to uncover root causes of population health issues through policy, systems, and environmental change. This design enables communities to achieve Public Health 3.0, which calls for the health department to act as the "Community Health Strategist" and bridge multi-sector partnerships and leverage data and resources to align and build integrated systems to address the social determinants of health.[3]

MAPP emphasizes aligning resources across stakeholders to work toward a common vision of improved community health, while also facilitating community stakeholders to achieve their individual objectives. For example, the Public Health Accreditation Board (PHAB) requires health departments to develop and implement a community health assessment and community health improvement plan, demonstrate community engagement, and work with a broad range of community partners to address population health. In addition, healthcare entities can use MAPP, particularly those who must comply with the IRS rulings, including those that define a "Community Benefit Standard." The Community Benefit Standard requires that tax-exempt hospitals assess their community needs (i.e., conducting a CHNA) and develop implementation plans to address those needs (i.e., CHIP) (ACA § 9007(a) (amending 26 U.S.C. § 501(r)(4)). The establishment of this policy has compelled hospitals to focus on transparency and accountability, while investing in approaches that address their communities' needs (ACA § 9007(a) (amending 26 U.S.C. § 501(r)(4)). Community input from stakeholders, including from public health and groups that represent the broad interests of a hospital's catchment area, was incorporated into IRS requirements for a needs assessment (IRS, 2013). Similarly, health centers that receive tax exemption status are also required to conduct community health assessments for similar reasons (Section 330).

Communities cited the following benefits of the MAPP process:
- Facilitates engagement from multiple sectors to identify factors and actions that impact morbidity and mortality;[4, 5]
- Facilitates community engagement to incorporate diverse perspectives from populations most impacted by adverse health outcomes;[4, 5]
- Identifies community priorities beyond health outcomes and biological or behavioral risk factors;[4]
- Facilitates policy, systems, and environmental change;[4]
- Generates progress toward health equity by addressing the social determinants of health;[4]
- Increases public recognition of the importance of health departments; [5]
- Improves the commitment to maintaining quality data; [5]
- Increases the visibility of public health in the community; [5] and
- Contributes to obtainment of resources and funding. [6]

References

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3. Delsalvo KB, Wang YC, Harris A, Auerbach J, Koo D, O'Carroll P. Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure. Office of Assistance Secretary. Prev Chronic Dis. 2017; 14:170017.
4. Evaluation of NACCHOs Mobilizing for Action through Planning and Partnerships (MAPP) Framework. (2019). MidAmerica Center for Public Health Practice, University of Illinois at Chicago.
5. Outcome Evaluation of the NACCHO MAPP Program. (June 2009) TCC Group.

6. Healthy People 2020-NACCHO Partnership and Mobilizing for Action through Planning and Partnerships: *Survey Findings on Connections, Collaborations, and Challenges.* (February 2012). The National Association of County and City Health Officials.

Record of Action
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