To better understand the possible outcomes your community may have experienced through the implementation of MAPP, the National Association of County and City Health Officials (NACCHO) MAPP Workgroup invites you to complete the following assessment . The findings from this assessment will be used to help shape future MAPP tools and resources and inform NACCHO trainings.

All data will be kept secure and only available to NACCHO staff conducting the analysis.

If you have any questions or concerns, please feel free to contact Katy Gore at kgore@naccho.org.

We greatly appreciate your honesty and thank you for your valuable feedback.

1. **How would you define your MAPP community?**
* Urban
* Suburban
* Rural
* Mixed
1. **What is the population of your community?**
* <25,000
* 25,000–49,999
* 50,000–99,999
* 100,000–499,999
* 500,000–999,999
* >1,000,000
1. **How many times has your community completed MAPP ?**
* We have not started the MAPP process yet
* In process of conducting our first MAPP process
* 1
* 2
* 3 or more

*{Skip Logic: if “In process of conducting our first MAPP process” is selected, participant will respond to question 3a – 3b; if “we have not started the MAPP process yet” is selected, participant will skip to question 19.; if “1,2, or 3 or more” is select, participant will proceed to question 4}*

*{Response option: “Now in the first iteration of MAPP”}*

**3a. What steps in the MAPP process has your community completed? (Check all that apply.)**

* Organize for Success and Partnership Development
* Visioning
* Assessment **(Check all that apply.)**
	+ Local Public Health System Assessment (National Public Health Performance Standards)
	+ Forces of Change
	+ Community Health Status Assessment
	+ Community Themes and Strengths Assessment
* Identify Strategic Issues
* Formulate Goals and Strategies
* The Action Cycle
* I don’t know

**3b. Do you agree or disagree with the following statements?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Completely Disagree** | **Disagree** | **Neutral** | **Agree** | **Completely Agree** | **Not applicable** |
| The MAPP framework has helped our community collectively focus on health assessment. |  |  |  |  |  |  |
| The MAPP framework is easily implemented within our community.  |  |  |  |  |  |  |

*{Skip Logic: If questions 3a-3b are completed, the participant will skip to question 19.}*

1. **When thinking about your most recent MAPP cycle, what steps in the process has your community completed? (Check all that apply.)**
* Organize for Success and Partnership Development
* Visioning
* Assessment **(Check all that apply.)**
* Local Public Health System Assessment (National Public Health Performance Standards)
* Forces of Change
* Community Health Status Assessment
* Community Themes and Strengths Assessment
* Identify Strategic Issues
* Formulate Goals and Strategies
* The Action Cycle
* I don’t know
1. **When did you last complete a Community Health Assessment?**

*{Dropdown menu}*

* 2014
* 2013
* 2012
* 2011
* 2010
* 2009
* 2008
* 2007
* 2006
* 2005
* 2004
* Prior to 2004
* We did not complete a Community Health Assessment
1. **Did you use MAPP for your most recent Community Health Assessment?**
* Yes
* No, we used a different framework
1. **How many months did it take to complete your most recent Community Health Assessment?**
* 0–6 months
* 7–12 months
* 13–18 months
* 19–24 months
* 25+ months
1. **When did you last complete a Community Health Improvement Plan?**

*{Dropdown menu}*

* 2014
* 2013
* 2012
* 2011
* 2010
* 2009
* 2008
* 2007
* 2006
* 2005
* 2004
* Prior to 2004
* We did not complete a Community Health Improvement Plan
1. **Did you use MAPP for your most recent Community Health Improvement Plan?**
* Yes
* No, we used a different framework
1. **How many months did it take to complete your Community Health Improvement Plan?**
* 0–6 months
* 7–12 months
* 13–18 months
* 19–24 months
* 25+ months
1. **On average, how long do your community’s MAPP cycles last?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Cycles** | **12 months or less** | **13 months to 18 months** | **19 months to 24 months** | **More than 24 months** | **Not Applicable** | **I don’t know** |
| First |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Third |  |  |  |  |  |  |

1. **Has your community experienced any positive or negative changes as a result of using the MAPP process?**
	* Yes, we have experienced positive changes as a result of using MAPP. *{participants selecting this option will answer question 12a}*
	* Yes, we have experienced negative changes as a result of using MAPP. *{participants selecting this option will answer question 12b}*
	* Yes, we have experienced both positive and negative changes as a result of using MAPP. *{participants selecting this option will answer question 12a and 12b}*
	* No, we have not experienced any changes (positive or negative) as a result of using MAPP. *{participants selecting this option will answer question 12c}*

**12a. You stated that your community has experienced positive changes as a result of using the MAPP process. In which of the following areas has your community experienced positive changes? (Check all that apply.)**

* + **Awareness and Collaboration**
	+ Increased community awareness of health issues
	+ Engaged community members to identify health issues
	+ Enhanced existing partnerships
	+ Established new partnerships to address community health
	+ Increased collaboration with partners outside of the health sector
	+ **Internal Changes Within Agency**
	+ Increased readiness to apply for health department accreditation by the Public Health Accreditation Board
	+ Improved collaboration across program areas
	+ Implemented initiatives to enhance health equity
	+ Implemented initiatives to enhance primary care services
	+ **External Changes Between Agency and Community**
	+ Increased community access to local health data
	+ Developed shared goals for desired health outcomes and priorities across organizations
	+ Implemented policy changes to promote positive health outcomes
	+ Reduced health disparities
	+ Reduced duplication of services
	+ Aligned existing resources among community organizations
	+ Received new grants or funding due to new partnerships, data, or priorities
	+ **Other**

Please explain:

**12b. You stated that your community has experienced negative changes as a result of using MAPP. Please briefly describe any negative changes experienced by your community.**

**12c. Please briefly describe any possible barriers to change your community may have experienced in relation to using MAPP.**

1. **From the following list, please choose the most signifant positive change within your community(check only one):**

*{This question will only appear if the participant selected that their community had experienced positive change}*

* + *List of all items the participant checked from Question #12 above*
1. **Has your community experienced any improvement in health outcomes as a result of using the MAPP process?**
	* Yes
	* No

*{Response option: yes]*

**Please provide an example.**

*{Response option: no}*

**Which of the following describes why you have not experienced any improvement in health outcomes as a result of using the MAPP process? (Check all that apply.)**

* + Too early to measure
	+ Changing priorities
	+ Limited partner engagement
	+ Leadership change
	+ I don’t know
	+ Other (please explain):
1. **Has your community experienced any improvement in determinants of health as a result of using the MAPP process?**
	* Yes
	* No

*{Response option: yes}*

**Please provide an example.**

*{Response option: no}*

**Which of the following describes why you have not experienced any improvement in determinants of health as a result of using the MAPP process? (Check all that apply.)**

* + Too early to measure
	+ Changing priorities
	+ Limited partner engagement
	+ Leadership change
	+ I don’t know
	+ Other (please explain):
1. **Have you incorporated health equity into your MAPP process?**
	* Yes
	* No

*{Response option: yes}*

**Please describe how you have incorporated health equity into your MAPP process.**

*{Response option: no}*

**What has prevented you from incorporating health equity into your MAPP process?**

1. **Have you implemented any specific policy changes to promote health as a result of your MAPP process?**
	* Yes
	* No

*{Response option: yes}*

**Please provide an example.**

*{Response option: no}*

**What has prevented you from implementing policy changes to promote health?**

1. **Do you agree or disagree with the following statements?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Completely Disagree | Disagree | Neutral | Agree | Completely Agree | Not applicable |
| The MAPP framework has helped our community collectively focus on health assessment. |  |  |  |  |  |  |
| The MAPP framework has been easily implemented within our community.  |  |  |  |  |  |  |

1. **What else you would like us to know about the value of using MAPP in your community?**
2. **How long have you worked on community health assessment and improvement planning?**
	* <1 year
	* 2–5 years
	* 6–9 years
	* 10+ years
3. **What percentage of your time do you spend on community health assessment and improvement planning?**
	* 0–25%
	* 26–50%
	* 51–75%
	* 76–100%
4. **May we contact you if we have any additional questions?**
	* Yes
	* No

*{Response option: yes}*

 **Name**: free text

**Agency**: free text

**Email:** free text

*{Response option: yes and no}*

Thank you for taking the time to share your experience with MAPP. Results from this assessment will be shared with the MAPP Network.