

# COMMUNITY PARTNER ASSESSMENT 2022 REPORT

# **Overview of MAPP**

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

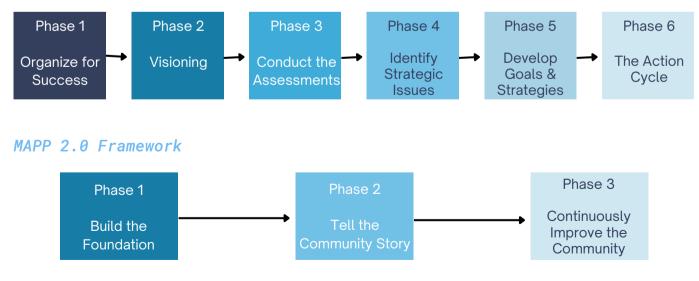
In 2019, the National Association of County and City Health Officials (NACCHO) began a redesign the MAPP process. This redesign was focused on the following principles:

- Equity
- Inclusion
- Trusted Relationships
- Community Power
- Strategic Collaboration and Alignment
- Data and Community Informed Action
- Full Spectrum Actions
- Flexible
- Continuous

In 2022, Goodhue County Health and Human Services (GCHHS) was selected to participate in a national pilot of the MAPP redesign, called MAPP 2.0. GCHHS was one of two health departments in the country to pilot the new Community Partner Assessment as part of Phase 2 in MAPP 2.0.

More information about MAPP and the redesign process can be found in NACCHO's <u>MAPP Evolution</u> <u>Blueprint Executive Summary.</u>

## Original MAPP Framework



# Community Partner Assessment: Goals & Intentions

The CPA is an assessment process that allows all of the community partners involved in MAPP to critically look at 1) their own individual systems, processes and capacities and 2) their collective capacity as a network/across all community partners to address health inequities. This tool helps identify the range of actions that are currently being taken and could be taken moving forward to address health inequity at the individual to systemic and structural levels.

## CPA Goals

The goals of the Community Partner Assessment are to:

- Describe why community partnerships are critical to community health improvement (CHI) and how to build or strengthen relationships with community partners and organizations
- Name the specific roles of each community partner to support the local public health system and engage communities experiencing inequities produced by systems
- Assess each MAPP partner's capacities, skills, and strengths to improve community health, health equity, and advance MAPP goals
- Document the landscape of MAPP community partners, including grassroots and community power building organizations, to summarize collective strengths and opportunities for improvement
- Identify who else to involve in MAPP moving forward, along with ways to improve community partnerships, engagement, and community power-building

# Methods

The CPA consisted of an online survey and four community partner meetings in May-July 2022. More than forty organization participated in the CPA in some way. Some participated in the survey, some attended meetings, and others participated in both.

## Survey

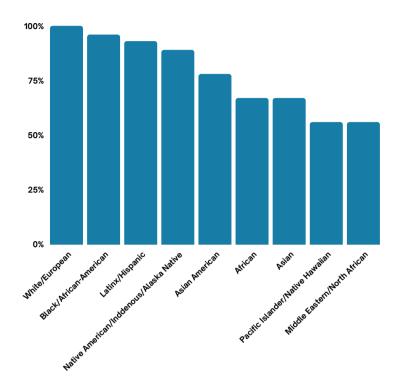
Twenty-seven partner organizations participated in the CPA Survey in June 2022. The CPA survey consisted of fifty-nine questions on the following topics: about the organization, interest in participating in the community health improvement process, demographics of people served, topic area focuses, organizational commitment to equity, who the organization is accountable to, capacities as they relate to the 10 Essential Public Health Services, general capacities and strategies, data access and systems, community engagement practices, policy, advocacy, and communication.

## Partner Discussion Meetings

Thirty-two partner organizations participated in one to four virtual meetings to build connections, and learn about what is needed in Goodhue County to address health inequities and improve community health. Meeting topics included: the local public health system, understanding upstream and downstream approaches, community engagement, partnerships, organizational reflections on equity practices, and reflections on lessons learned.

# About Our Community Partner Organizations

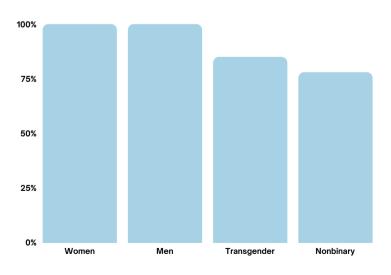
Percent of organizations who work with racial/ethnic groups



Over half of partner organizations stated that they work with all racial and ethnic populations, however, several noted that the number of non-White clients served are relatively small.

## Percent of organizations who work with gender/sex identities

The majority of partner organizations stated that they are open to all, but recognized that Goodhue County is a rural community and gender identities are not always spoken of openly.



## Other population groups served by partner organizations

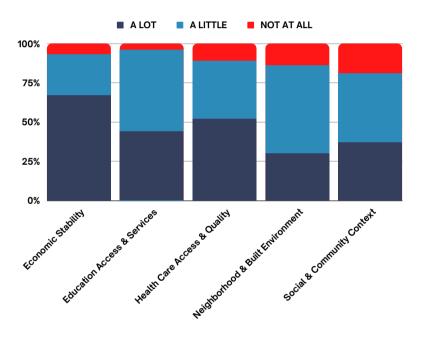


Populations who are low-income, experience housing instability and are disabled are among those served by many of the partner organizations.

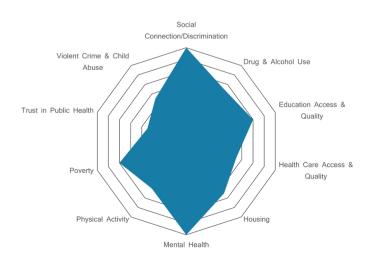
## Organizational Focus on Social Determinants of Health

Healthy People 2030 defines social determinants of health as "the conditions in the environments where people are born, live, work, play, worship, and age that affect a wide range of health, functioning and quality-of-life outcomes and risks."

Over half of partner organizations work "a lot" on Economic Stability and Health Care Access & Quality. Nineteen percent do not work on social & community context at all.



## Organizational Focus on Health Issues



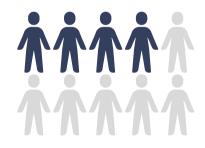
Of the top ten health issues in Goodhue County we have many partners working on mental health and social connection, while very few are working on trust in public health, health care access, and physical activity.

## Partner Commitment to Health Equity



## Partner Demographic Reflection

Four out of every ten partner organizations have leadership, management, and staff that reflect the demographics of the community they serve



## Partner Capacity



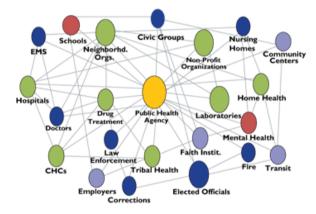
Partners that have sufficient capacity to support their work

# The 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all communities should undertake. They are:

- Assess and monitor population health status, factors that influence health, and community needs and assets
- Investigate, diagnose, and address health problems and hazards affecting the population
- Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
- Strengthen, support, and mobilize communities and partnerships to improve health
- Create, champion, and implement policies, plans, and laws that impact health
- Utilize legal and regulatory actions designed to improve and protect the public's health
- Assure an effective system that enables equitable access to the individual services and care needed to be healthy
- · Build and support a diverse and skilled public health workforce
- Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
- Build and maintain a strong organizational infrastructure for public health

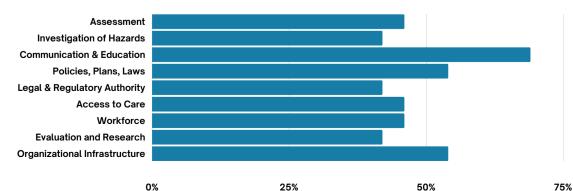




The public health system in Goodhue County is a network of entities with different roles, relationships, and interactions that all contribute to the delivery of the 10 Essential Public Health Services, and to the community's health and well-being.

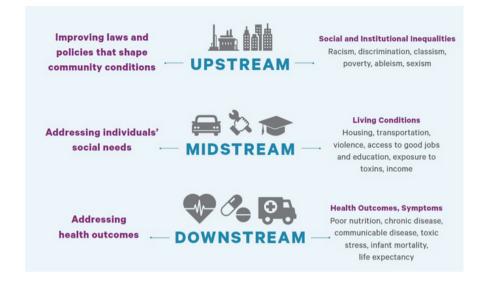
As the local public health system consists of a broad group of community members, this depicts an idea of what entities contribute to the local public health system.

## Partner Organizations that Regularly Work on the 10 Essential Public Health Services



# Upstream vs. Downstream Work

In public health, there is the concept of "upstream" and "downstream" health interventions. The analogy of the river is used to describe how polices, and social and institutional inequities have a profound impact on health outcomes. Upstream work focuses on improving the structures that influence health, whereas downstream work addresses individual health outcomes and symptoms.



In Goodhue County, partner organizations are heavily focused on downstream and midstream work. Many partners expressed a desire to work further upstream, but felt funding, capacity, skill-set and governmental barriers prevented them from doing so.



Partner organizations participated in an activity where they put the main activities their organizations participate in on the river. This helped create a visual representation of the health work being done throughout Goodhue County.

## Partner Reflections on Upstream Work

"We need to carve out time to think upstream & systemically."

"We need to find ways to coalition build for systems advocacy in our community. We can't engage in systems advocacy on our own; it requires all of us."

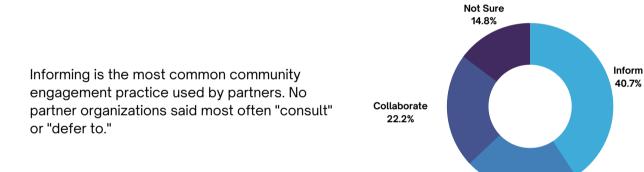
"The more you know about how to work upstream, the more you can do."

# **Community Engagement**

The Spectrum of Community Engagement charts a pathway to strengthen our communities through participation, particularly by populations that are commonly excluded from voice and power. The more voices at the table, the more capacity we have to understand and address community health issues.



Type of Community Engagement Practices Most Often Used by Partners





## **Partnerships**

All partner organizations bring relationships with other organizations that may be helpful for advancing community health goals. Some of these relationships are very trusting ones, while others may be emerging or functioning through coordination only.

666 organizations were identified by partners that they have a collaborating or partnering relationship with.

Collaborating relationships are defined as sharing innovative ideas and starting to put joint plans in writing. Partnering relationships have a shared vision, share space/staff, shared authority and decision-making, written plans and agreements.

# Health Equity Principles



The Praxis Project created a set of principles to help guide work that supports health equity for everyone. They are: act with care, inclusivity, authentic community collaboration, sustainable solutions, and commitment to transformation. Each health equity principle has a set of indicators to access and reflect on the ways in which they embody health equity in practice. and identify opportunities for growth and improvement.

## Partner assessment on health equity principles



**ACT WITH CARE** 

- Intentionally establishes timelines that enable relationship building and trust with community partners
- Conduct risk assessments to prevent and potential unintended harm for every project
- Policies are programs are evaluated by their impact, not their intentions
  - Actions explicitly address bias and stigmatized statuses

**NEVER** 

Partner organizations exhibit this principle 70% of of the time.

#### INCLUSIVITY

- Members of impacted communities are leading the decision-making process of issues that directly affect their community
- Members of impacted communities are meaningfully represented in all levels through • policies
- Differential impact that policies have are intentionally identified and named
- Community partners' identities are recognized and respected.







Partner organizations exhibit this principle 70% of of the time

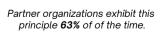
#### AUTHENIC COMMUNITY COLLABORATION

- Clear, shared understanding of who the prioritized community is that is served
- Policy solutions are adjusted and tailored to accommodate the priorities of those served •
- Decision-making processes value lived experience as much or greater than professional experience
- Processes for transparency and communication with community partners
- Intentionally assess and remove barriers to participation in activities •
- Provide financial and logistical compensation for all community member participation

## SUSTAINABLE SOLUTIONS

- Majority of funding is dedicated to asset-based programming
- Redistributed the majority of resources, power and opportunities directly back to the ٠ community
- Solutions address the root causes of issues facing the community
- Majority of funding specifically develops and supports community infrastructure vs. service delivery







Partner organizations exhibit this principle 66% of of the time.

## COMMITMENT TO TRANSFORMATION

- Intentionally establishes timelines that include space for self-reflection and peer-to-peer feedback
- Established accessible channels for feedback from community members and partners
  - Feedback is discussed and appropriate changes are made in response
- Regularly assess organizational operations and processes for power dynamics, and health equity
- Established accountability system to ensure work is aligned with community values

# Lessons Learned

### **Community Strengths**

Goodhue County is filled with a variety of people and organizations that are supporting community health and well-being. There is a strong desire among partners to collaborate and learn from each other to continue to improve. Many organizations are engaged in health equity work and others express a desire to begin this work. Goodhue County has partners working on all of the 10 Essential Public Health Services and the top ten health issues identified through the Community Health Assessment.

## Organizational Capacities

Many of the organizations struggle with capacity and it prevents them from doing the the upstream work that they would like to do. However, partners recognize that collaboration and networking can help expand capacity to continue to address health inequities within the community.

## Systems of Power

Partners recognize that there is still a long way to go to address systems of power in the community. Power imbalances in the community and within organizations exist and they is a need for representation at all levels. Organizations need to continue to work on their internal culture, in order to make changes throughout the community. Addressing power, privilege, and oppression are important to community health and partners need to continue to move forward to breakdown barriers and improve equity.

## Health Behaviors & Health Outcomes

While many partners do not consider themselves a health organization, their work still has a strong influence on it. Health is not just an individual endeavor, and the systems, environment and resources are have a critical impact on health outcomes. Every partner has a role in connecting those they serve with the resources that impact health behaviors and outcomes. Creating a sense of belonging is vital to individual and community health.

## Additional Lessons

- Goodhue County has a wide variety of organizations and resources to collaborate with
- Partners don't realize the positive role they have in supporting community health
- Funding needs to be community centric
- No organization works in a bubble
- A unified approach to addressing health issues will be important to ensure we leverage resources in a meaningful way

## **Next Steps**

As Goodhue County moves into Phase 3 of the MAPP 2.0 process, continuously improve the community, the information gathered in the Community Partner Assessment will help identify organizations to connect with to address the top health issues, gather further data, and advance health equity. Additionally the CPA advances community connections and collaboration to further improve the community's health.

# Acknowledgements

## Participating Partners

Cannon Falls Library Cannon Falls School District C.A.R.E. Clinic Channel One Regional Food Bank City of Red Wing City of Zumbrota Fernbrook Family Services Goodhue County Court Services Goodhue County Health & Human Services Goodhue County Sheriff's Office Hiawatha Valley Mental Health Center Hispanic Outreach Hope & Harbor **HOPE** Coalition Kenyon Public Library Lake City Public Schools Mayo Clinic Health System NAMI Southeast MN Olmsted Medical Center **Pine Island Schools** Prairie Island Indian Community

Red Wing Chamber of Commerce **Red Wing Community Education Red Wing Farmers Market Red Wing HRA** Red Wing Library **Red Wing Police Department Red Wing School District** Red Wing YMCA **Red Wing Youth Outreach** SEMCAC Senior Dining SEMCIL SEMMCHRA South Country Health Alliance St. Luke's Church of Goodhue **Three Rivers Community Action** United Way of Goodhue, Wabasha, and Pierce Counties University of Minnesota Extension Workforce Development Zumbrota Library Zumbrota-Mazeppa School District

## Community Health Assessment Core Group

Maggie Cichosz, Goodhue County Health and Human Services Ruth Greenslade, Goodhue County Health and Human Services Michelle Leise, City of Red Wing Maureen Nelson, United Way of Goodhue, Wabasha, and Pierce Counties Stephanie Olson, Mayo Clinic Health System

## Community Partner Assessment Facilitors

*Lead Facilitator:* Maggie Cichosz *Assistant Facilitators:* Ruth Greenslade, Whitney Isaacson, Gina Johnson, Michelle Leise, Maureen Nelson, Laura Smith