Partnership for a Healthy Community
Board Meeting

February 22, 2024
1:00pm-2:30pm
OSF Center for Health | Route 91

AGENDA

1. **Approve 1/25/24 meeting minutes** (Action) **(Pages 2-5)**

2. **Board Business**
   a. MAPP 2.0 Pilot (Discussion) **(Pages 6-34)**
   b. Annual Meeting (Discussion)

3. **Healthcare Collaborative**

4. **Learning Collaborative**

5. **Committee Updates**
   a. HEAL
   b. Mental Health
   c. Obesity
   d. Data Team
   e. Website & Social Media
   f. Performance Management

6. **Miscellaneous**

Next Meeting:
Thursday, March 28, 2024
1:00pm-2:30pm
OSF Center for Health | Route 91

Partnership for a Healthy Community Board
Meeting Minutes
January 25, 2024

Members Present:

Phil Baer	Hillary Aggertt
Amy Fox	Sally Gambacorta
Jay Collier	Rebecca Crumrine
Nicole Robertson	Tricia Larson
Holly Bill	Monica Hendrickson
Beth Crider	Larry Weinzimmer
Ann Campen	Chris Setti

Others Present:

Amy Roberts	Sarah Donahue
Sara Kelly	Amanda Sutphen
Erin Luckey	

Approval of 11/16/23 Meeting Minutes

Mr. Collier made a motion to approve the minutes from the November 16, 2023 meeting. Motion was seconded by Mr. Baer. Motion carried (14,0).

Committee Updates

HEAL

Ms. Crumrine stated that HEAL met and are working on the 2023 report and data collection. They are working towards a survey for standardized data. Ms. Aggertt stated that last year they did the Tri-County walk but wanted to do something more, the three Health Departments and Erin Luckey are working on an app they found through APHA where they are doing a walking challenge. If you download the app, APHA Keep it Moving and the group name is Let's Move TriCounty! They are hoping to run this from February 7th through April 1st to gauge interest and collect data. The software behind this app has other challenges that can be done that could be helpful. The three Health Departments will be funding this for the first year. Ms. Crumrine stated that the food council would be having an advocacy 101 training on February 7th at 9am, talking about legislation guidelines.

Mental Health

Ms. Bill noted that they had a good meeting in December with Trillium Place and OSF Strive and split into the two groups at separate meetings. At the culturally adaptive healthcare meeting there was great conversation that they need hospitals and providers to become culturally adaptive, however, they know there is a lack of trust from patients, not knowing that providers are trained. Ms. Bill reviewed data prepared for the 2023 annual reporting stating that they had over 50 participants throughout Mental Health Committee meetings and 292 hours just in meetings alone in 2023. Mental Health First Aid is still going strong, they have updated forms so individuals can reach out for multiple trainings. Ms. Bill stated she'd like to focus more on the policies to support matching support patient race/ethnicity, etc. to providers and how to adapt. She stated they need to think broader, and this work needs to be done at the higher level and if you have thoughts on that, please reach out to her. She added that the group is going to work on social media messaging, specifically

telehealth and mental health services.

Obesity
Amanda stated that they are getting movement, specifically in the adolescent obesity workgroup and discussed a grant opportunity, up to $50,000 that is available from Jump Simulation for OSF to partner with either Bradley University or IL State University. They reviewed the group's idea for a digital health intervention for adolescents and they thought the project fit within the grant application. The team decided they wanted to work on that but needed official support from the Partnership Board. Amanda stated the physicians involved with the group are doing a significant amount of education on clinical guidelines to develop and electronic decision tree to help guide PCPs to have these discussions and implement evidence-based strategies for adolescents. She added they have some data they can use for different age groups and will look to see if they see any movement over the last several years. For the adult team, they have sent an individual for training and are waiting the receive the facilitator's guide for the program then the group will reconvene and review. Ms. Fox made a motion to approve the Adolescent Digital Platform Plan. Motion was seconded by Dr. Weinzimmer. Motion carried (14,0).

Data Team
Dr. Kelly noted that the 4th quarter report was included in the packet, which has the same flow as the 3rd quarter. A specific update is the social vulnerability index (SVI), interest in social determinants of health and health equity. This measure was developed with the CDC, the higher the SVI ranking means higher vulnerability. The Data Team also started to incorporate additional mortality measures, which includes deaths of despair (suicides, overdoses, alcohol-related deaths). Dr. Kelly added that in the past decade, the US has experienced a drop in life expectancy and wanted to see how it compared to the tri-county area. They want to assess trends for priority areas and if you see anything that needs to be included in the report to let her know.

Website & Social Media
Ms. Aggertt stated that Erin Luckey, a staff member of WCHD, not a PIO, but serving as a PIO had discussions on how to increase engagement. She stated that all are subject matter experts in our own fields and each entity needs to post things that are more engaging. The Board discussed having a set schedule for posts and have everyone help in participating. Ms. Crumrine noted that templates already set up that it would be easier to plug in their information. Ms. Crider suggested using Thrill Share that helps post and share among different platforms. Ms. Hendrickson adding having a calendar and it those that need to post have their posts in by a certain date and the PIOs post. Ms. Hendrickson added that the hospitals have a bigger following and also need to be sharing the Partnership's posts, as well as other entities sharing. She added that they need a baseline, like your entity shares at least twice a month.

Performance Management
Substance Use
Ms. Bill stated that the last few meeting notes are included in the packet. She stated that they continue to meet, but they stepped out of the education pieces, so Hult hasn't been as involved. She noted that the vape-free schools toolkit they put together is in the agenda packet. They had been reached out to help the schools with this new issue as the only reaction to it is suspensions, etc, but they want to keep kids in school. Hult also had to research this and put together best practices and what to do to keep the kids in school. If you have anything to add to this toolkit, please let Ms. Bill know. Ms. Fox added that they are seeing adolescents overdoses, need to narrow

in on what the substances are. She added that in Tazewell, 29% of overdoses are from a substance with kratom, that can be bought at gas stations. They emailed the state with this information and Trillium Place to see if they are seeing this trend as well. Ms. Bill stated that the Substance Use group is working closely with the Coroners as well. Ms. Fox noted that the suicide attempts that are not successful are coming from adolescents who are using whatever can be found in the medicine cabinets and need to watch that data. Ms. Bill added that PPS had a safe zone training with central Illinois Friends and schools are reaching out to Hult for LGBTQ training and responses.

Healthcare Collaborative
Ms. Hendrickson stated the Healthcare Collaborative meets next week, but with the funding the Peoria received are looking at housing. They are working with the City of Peoria and Kate Green from Continuum taking individuals that are the lowest risk and getting them housed quickly. They started receiving data from the navigator as to what is leading to this, and the number one cause is healthcare debt. The housing side is kicking off and the Invest Health team went to Nashville late last year. They are looking at the second bucket of money to go towards housing, to help create more stable housing. They did the SDOH accelerator plan and are working on that.

Learning Collaborative
There was no Learning Collaborative agenda item for this meeting.

Board Business
Annual Report
Ms. Fox stated that the Annual Meeting is on March 7th at the same location as the past, Spaulding Center. She added that reports are due from the priority areas on February 15th. Presentations of reports will also be needed from the teams. Ms. Aggertt will get a template together and send it out after the meeting.

Annual Meeting Agenda Development
Ms. Fox asked the group what they would like on the agenda. She stated that they will have the three priority areas talk, the Data Team, as well as the performance management areas. The Board decided that table discussions are important to have. They discussed how they want the data pieces to be incorporated, should be included with the priority areas, but also how the tri-county compares to the state as well as the US. Ms. Hendrickson that adding the new MAPP would be helpful to prepare the group for the next cycle. The Board also discussed adding in the timeline to the slide deck. Ms. Fox stated that the annual report, 4th quarter data report, and QR codes for the walk will be printed materials at the annual meeting. The group discussed inviting more than just Partnership members. Ms. Aggertt will work with Amy Roberts on invites and having people RSVP through the website.

Timeline/ CHNA Draft
Dr. Weinzimmer stated they are ahead of schedule adding that him and Dr. Donahue have been working together. They are looking to finish the survey draft by February. The team met in November to familiarize themselves with the survey, then in December went through item by item to see if it was still needed/relevant and received feedback. If you'd like to see a draft of the survey, you can reach out to him. He added that the majority of the changes are within the first three questions. Ms. Hendrickson asked about matching data closer to counties vs regions and Dr. Kelly would need to look into this more. There was discussion around the number of responses needed and ways to get responses, along with how to word letters/emails to get those. They are thinking to

have the survey be put out in June and go through August but will extend it through mid-September to help with back-to-school responses.

Miscellaneous/Member Announcements

Illinois Youth Survey and Local Participation

Ms. Fox stated that Peoria County is struggling with getting schools to participate, only a handful currently have signed up. She stated that Tazewell County is doing well with 80-85% of schools signed up, except for Pekin High School. There are no schools signed up in Woodford County. She voiced concern with using that data as it would not be reliable. Ms. Crider stated that Superintendents are done with surveys and do not want to complete any more. Typically, the advocates are the teachers that approach their Principals and Superintendents, and it would be beneficial to reach out to teachers. This survey covers grades 8, 10, and 12 and takes a whole class period to complete. Dr. Kelly noted that data collection surveys are struggling across the board. Ms. Fox added that if they schools are concerned, they are the only ones that receive the data from their school's survey. Otherwise, the data is shared as a county as a whole. She added that the window to sign up is narrowing. Ideally, the schools would do the survey consistently and be able to follow the same kids with the data.

Ms. Hendrickson stated that Gretchen Pearsall, County Communications Director is now acting as PIO for PCCHD, as the Community Health Programs Manager position is now vacant. Ms. Fox added that they are also in between PIOs but have a new one coming in in March.

Ms. Bill asked if they were going to start up the Chairs and Liaisons meeting and Ms. Fox said that they want to and it's part of the transition piece. Ms. Aggertt asked how they intertwine priority action teams as they currently feel siloed.

Community Partner Assessment

Your Organization

* 1. What is the full name of your organization?

[   ]

* 2. Which best describes your position or role in your organization?

○ Administrative staff

○ Front line staff

○ Supervisor (not senior management)

○ Senior management level/unit or program lead

○ Leadership team

○ Community member

○ Community leader

○ Other (please specify)

[   ]

* 3. Has your organization ever participated in a community health improvement process?

○ Yes

○ No

○ Unsure

* 4. Has your organization ever participated in or facilitated community-led decision-making around policies, actions, or programs?

○ Yes

○ No

○ Unsure

* 5. Which of the following best describe(s) your organization? (check all that apply)

- [ ] City health department
- [ ] County health department
- [ ] State health department
- [ ] Tribal health department
- [ ] Other city government agency
- [ ] Other county government agency
- [ ] Other state government agency
- [ ] Other Tribal government agency
- [ ] Private hospital
- [ ] Public hospital
- [ ] Private clinic
- [ ] Public clinic
- [ ] Emergency response
- [ ] Schools/education (PK–12)
- [ ] College/university
- [ ] Library
- [ ] Non-profit organization
- [ ] Grassroots community organizing group/organization
- [ ] Tenants' association
- [ ] Social service provider
- [ ] Housing provider
- [ ] Mental health provider
- [ ] Neighborhood association
- [ ] Foundation/philanthropy
- [ ] For-profit organization/private business
- [ ] Faith-based organization
- [ ] Center for Independent Living
- [ ] Other (please specify)

[   ]

Organizational Interest in Participating in and Supporting MAPP

* 6. What are your organization's top-three interests in joining a community health improvement partnership:

☐ To deliver programs effectively and efficiently and avoid duplicated efforts

☐ To pool resources

☐ To increase communication among groups

☐ To break down stereotypes

☐ To build networks and friendships

☐ To revitalize low energy of groups who are trying to do too much alone

☐ To plan and launch community-wide initiatives

☐ To develop and use political power to gain services or other benefits for the community

☐ To improve line of communication from communities to government decision-making

☐ To improve line of communication from government to communities

☐ To create long-term, permanent social change

☐ To obtain or provide services

☐ Other (please specify)

7. (Optional) Why is your organization interested in participating in a community health initiative?

○ Access to data

○ Connections to communities with lived experience

○ Connections to other organizations

○ Connections to decision-makers

○ Connections to potential funders

○ Positive publicity (e.g., our organization supports community health)

○ Helps achieve requirements for public health accreditation

○ Helps achieve requirements for IRS non-profit tax status

○ Helps achieve requirements for Federally Qualified Health Center (FQHC) status

○ Helps achieve other requirements

○ Improving conditions for members/constituents

○ Other (please specify)

8. (Optional) Any comments about your organization's interest in participating in MAPP?

9. (Optional) What are your agency's 1–3 most valuable resources and strongest assets you would like other agencies to know? (i.e., what makes your organization great)?

10. (Optional) What resources might your organization contribute to support MAPP activities? (check all that apply)

Note: This question does not commit your organization to support; it only identifies ways your organization *might* be able to support.

- ☐ I'm unsure
- ☐ Funding to support assessment activities (e.g., data collection, analysis)
- ☐ Funding to support community engagement (e.g., stipends, gift cards)
- ☐ Food for community meetings
- ☐ Childcare for community meetings
- ☐ Policy/advocacy skills
- ☐ Media connections
- ☐ Social media capacities
- ☐ Physical space to hold meetings
- ☐ Technology to support virtual meetings
- ☐ Coordination with tribal government
- ☐ Staff time to support community engagement and involvement
- ☐ Staff time to support interpretation and translation
- ☐ Lending interpretation equipment for use during meetings
- ☐ Staff time to support relationship-building between MAPP staff and other organizations (e.g., introductions to government agencies or organizers)
- ☐ Staff time to support focus group facilitation or interviews
- ☐ Staff time to help analyze quantitative data
- ☐ Staff time to help analyze qualitative data
- ☐ Staff time to participate in MAPP meetings and activities
- ☐ Staff time to help plan MAPP meetings and activities
- ☐ Staff time to help facilitate MAPP meetings and activities
- ☐ Staff time to help implement MAPP priorities
- ☐ Note-taking support during qualitative data collection
- ☐ Staff time to transcribe meeting notes/recordings
- ☐ Other (please specify)

11. (Optional) Please comment about the items above or other ways your organization can support MAPP:

Community Partner Assessment

Demographics and Characteristics of Clients/Members Served/Engaged

* 12. What racial/ethnic populations does your organization work with? (check all that apply)

☐ Black/African American

☐ African

☐ Native American/Indigenous/Alaska Native

☐ Latinx/Hispanic

☐ Asian

☐ Asian American

☐ Pacific Islander/Native Hawaiian

☐ Middle Eastern/North African

☐ White/European

☐ Other (please specify)

[   ]

* 13. Does your organization work with immigrants, refugees, asylum seekers, and other populations who speak English as a second language?

○ Yes

○ No

○ Unsure

* 14. Does your organization offer services for transgender, nonbinary, and other members of the LGBTQIA+ community?

○ Yes—we provide services specifically for the LGBTQIA+ community

○ Somewhat—we provide general services and LGBTQIA+ individuals could use those services

○ No—LGBTQIA+ populations are not welcome

○ Unsure

* 15. Does your organization offer services specifically for people with disabilities?

○ Yes—we provide services specifically for people with disabilities

○ Somewhat—we are wheelchair accessible and compliant with the American Disabilities Act but are not specifically designed to serve people with disabilities

○ No—our organization is not specifically designed to serve people with disabilities

○ Unsure

* 16. Does your organization work with other populations or groups who are not addressed in the previous questions? For example, groups identifiable by gender, socioeconomic status, education, disability, immigration status, religion, insurance status, housing status, occupation, age, neighborhood, and involvement in the criminal legal system.

○ Yes

○ No

○ Unsure

If yes, please list these groups:

[   ]

* 17. Does your organization have access to interpretation and translation services?

○ Yes

○ No

○ Unsure

○ Not applicable

If yes, list what languages are offered?

[   ]

18. (Optional) Who are your priority populations?

[   ]

19. (Optional) What do you do to reach/engage/work with your clientele or community? (check all that apply)

☐ We hire staff from specific racial/ethnic groups that mirror our target populations

☐ We hire staff/interpreters who speak the language/s of our target populations

☐ We support leadership development in our target populations

☐ We have leadership who speak the language/s of our target populations

☐ Our organization is physically located in neighborhood/s of our target populations

☐ We receive many clients from our target populations

☐ We receive many referrals from our target populations

☐ We work closely with community organizations from our target populations

☐ We have done extensive outreach to our target populations

☐ Other (please specify)

[   ]

20. (Optional) Does the leadership of your organization reflect the demographics of the community you serve?

○ Yes

○ No

○ Unsure

○ Not applicable

21. (Optional) Does the management of your organization reflect the demographics of the community you serve?

○ Yes

○ No

○ Unsure

○ Not applicable

22. (Optional) Do the administrative/frontline staff and others in your organization reflect the demographics of the community you serve?

○ Yes

○ No

○ Unsure

○ Not applicable

23. (Optional) What languages do staff at your organization speak? (check all that apply)

☐ English

☐ Spanish

☐ Chinese (Mandarin, Cantonese, Hokkien, etc.)

☐ Tagalog (Filipino)

☐ Vietnamese

☐ French and French Creole

☐ Arabic

☐ Sign language

☐ Other (please specify)

24. (Optional) In what language/s do you hold public meetings? (check all that apply)

- [ ] English
- [ ] Spanish
- [ ] Chinese (Mandarin, Cantonese, Hokkien, etc.)
- [ ] Tagalog (Filipino)
- [ ] Vietnamese
- [ ] French and French Creole
- [ ] Arabic
- [ ] Sign language
- [ ] Other (please specify)

25. (Optional) Please add comments about your organization and the demographics of the community you serve:

Topic Area Focus

* 26. How much does your organization focus on:

Economic Stability: The connection between people's financial resources—income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.

○ A lot

○ A little

○ Not at all

○ Unsure

* 27. How much does your organization focus on:

Education Access and Services: The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.

○ A lot

○ A little

○ Not at all

○ Unsure

* 28. How much does your organization focus on:

Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.

○ A lot

○ A little

○ Not at all

○ Unsure

* 29. How much does your organization focus on:

Neighborhood and Built Environment: The connection between where a person lives—housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.

○ A lot

○ A little

○ Not at all

○ Unsure

* 30. How much does your organization focus on:

Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.

○ A lot

○ A little

○ Not at all

○ Unsure

* 31. Which of the following categories does your organization work on/with? (check all that apply)

- [ ] Arts and culture
- [ ] Businesses and for-profit organizations
- [ ] Criminal legal system
- [ ] Disability/independent living
- [ ] Early childhood development/childcare
- [ ] Education
- [ ] Community economic development
- [ ] Economic security
- [ ] Environmental justice/climate change
- [ ] Faith communities
- [ ] Family well-being
- [ ] Financial institutions (e.g., banks, credit unions)
- [ ] Food access and affordability (e.g., food bank)
- [ ] Food service/restaurants
- [ ] Gender discrimination/equity
- [ ] Government accountability
- [ ] Healthcare access/utilization
- [ ] Housing
- [ ] Human services
- [ ] Immigration
- [ ] Jobs/labor conditions/wages and income
- [ ] Land use planning/development
- [ ] LGBTQIA+ discrimination/equity
- [ ] Parks, recreation, and open space
- [ ] Public health
- [ ] Public safety/violence
- [ ] Racial justice
- [ ] Seniors/elder care
- [ ] Transportation
- [ ] Utilities
- [ ] Veterans' issues
- [ ] Violence
- [ ] Youth development and leadership
- [ ] Other (please specify)

* 32. Which of the following health topics does your organization work on? (check all that apply)

- [ ] Cancer
- [ ] Chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease)
- [ ] Family/maternal health
- [ ] Immunizations and screenings
- [ ] Infectious disease
- [ ] Injury and violence prevention
- [ ] HIV/STD prevention
- [ ] Healthcare access/utilization
- [ ] Health equity
- [ ] Health insurance/Medicare/Medicaid
- [ ] Mental or behavioral health (e.g., PTSD, anxiety, trauma)
- [ ] Physical activity
- [ ] Tobacco and substance use and prevention
- [ ] Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)/food stamps
- [ ] None of the above/Not applicable
- [ ] Other (please specify)

Organizational Commitment to Equity

* 33. If your organization has a shared definition of equity or health equity, please copy and paste it below.

[ ]

* 34. We have at least one person in our organization dedicated to addressing diversity, equity, and inclusion internally in our organization.

○ Agree

○ Disagree

○ Unsure

* 35. We have at least one person in our organization dedicated to addressing inequities externally in our community.

○ Agree

○ Disagree

○ Unsure

* 36. We have a team dedicated to advancing equity/addressing inequities in our organization.

○ Agree

○ Disagree

○ Unsure

* 37. Advancing equity/addressing inequities is included in all or most staff job requirements.

○ Agree

○ Disagree

○ Unsure

38. (Optional) Please list staff positions working to address equity and describe what type of equity-focused work they do:

[ ]

39. (Optional) Please share any comments or questions about your organization's commitment to and practice of equity internally or in the community:

Community Partner Assessment

Organizational Accountability

* 40. In 1–2 sentences, describe the people impacted by your organization and the work you are doing.

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* 41. Does your organization have an advisory board of community members, stakeholders, youth, or others who are impacted by your organization?

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* 42. To whom is your organization accountable? By accountable we mean whom your organization must report to because they determine or oversee your funding as an organization, determine your priorities, etc. This could be who has power over your organization's decision-making—for example, city government agencies may be accountable to the mayor or city council; a business may be accountable to its shareholders; and an organizing group may be accountable to its members. (check all that apply)

- [ ] Mayor, governor, or other elected executive official
- [ ] City council, board of supervisors/commissioners, or other elected legislative officials
- [ ] State government
- [ ] Federal government
- [ ] Tribal government
- [ ] Foundation
- [ ] Community members
- [ ] Members of the organization/association
- [ ] Customers/clients
- [ ] Board of directors/trustees
- [ ] Shareholders
- [ ] Voters
- [ ] Voting members
- [ ] National/parent organization
- [ ] Other government agencies
- [ ] Other (please specify)

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Organizational Capacities Related to the 10 Essential Public Health Services

One goal of this assessment is to help describe how each partner organization contributes to your local public health system. Your organization—and you—are vital to our community's local public health system, even if you do not work in public health or healthcare.

Public health is more than healthcare, and health outcomes are shaped by behaviors, ability to access care, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community.

Organizations working to improve the well-being of individuals, families, and communities through improving housing, education, childcare, workforce development, or other conditions have an impact on the public's health.

One way to understand, assess, and improve our local public health system is to name how your organizational capacities and activities align with the 10 Essential Public Health Services (EPHS).

The 10 statements below describe activities needed for the public health system (e.g., assessment, communication, community engagement).

* 43. Please select whether your organization regularly does the following activities. (check all that apply)

☐ Assessment: My organization conducts assessments of living and working conditions and community needs and assets.

☐ Investigation of Hazards: My organization investigates, diagnoses, and addresses health problems and hazards affecting the population.

☐ Communication and Education: My organization works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it.

☐ Community Engagement and Partnerships: My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.

☐ Policies, Plans, Laws: My organization works to create, champion, and apply policies, plans, and laws that impact health and well-being.

☐ Legal and Regulatory Authority: My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.

☐ Access to Care: My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.

☐ Workforce: My organization supports workforce development and can help build and support a diverse, skilled workforce.

☐ Evaluation And Research: My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.

☐ Organizational Infrastructure: My organization is helping build and maintain a strong organizational infrastructure for health and well-being.

☐ Unsure

* 44. Are there any other core competencies or strengths not included on the list above that your organization does?

○ Yes

○ No

If yes, please list these core competencies/strengths:

[   ]

45. (Optional) Of the activities and capacities listed above (including any you added), which do you identify as your organization's top 1–3 core competencies or strengths?

[   ]

46. (Optional) Does your organization have sufficient capacity to meet the needs of your clients/members? For example, do you have enough staff/funding/support to do your work?

○ Yes

○ No

○ Unsure

Please elaborate:

[   ]

General Capacities and Strategies

* 47. Which of the following strategies does your organization use to do your work? (check all that apply)

☐ Research and Policy Analysis: Gathering and analyzing data to create credibility and inform policies, projects, programs, or coalitions.

☐ Social and Health Services: Providing services that reach clients and meet their needs (including clinical and healthcare services).

☐ Organizing: Involving people in efforts to change their circumstances by changing the underlying structures, decision-making processes, policies, and priorities that produce inequities.

☐ Communications: Messaging that resonates with communities, connects them to an issue, or inspires them to act.

☐ Leadership Development: Equipping leaders with the skills, knowledge, and experiences to play a greater role within their organization or movement.

☐ Litigation: Using legal resources to reach outcomes that further long-term goals.

☐ Advocacy and Grassroots Lobbying: Targeting public officials either by speaking to them or mobilizing constituents to influence legislative or executive policy decisions.

☐ Alliance and Coalition-Building: Building collaboration among groups with shared values and interest.

☐ Arts and Culture: Nurturing the multiple skills of an individual through the arts and encouraging connection through shared experiences.

☐ Campaigns: Using organized actions that address a specific purpose, policy, or change.

☐ Healing: Addressing personal and community trauma and how they connect to larger social and economic inequalities.

☐ Inside-Outside Strategies: Coordinating support from organizations on the "outside" with a team of like-minded policymakers on the "inside" to achieve common goals.

☐ Integrated Voter Engagement: Connecting organizing and voter-engagement strategies to build a strong base over multiple election cycles.

☐ Movement-Building: Scaling up from single organizations and issues to long-term initiatives, perspectives, and narratives that seek to change systems.

☐ Narrative Change: Harnessing arts and expression to replace dominant assumptions about a community or issue with dignified narratives and values.

☐ Other (please specify)

[   ]

48. (Optional) One goal of MAPP is to help build the collective capacity of our network and connect partners to help build their capacities. What capacities would you like to grow as an organization, including any mentioned above?

[   ]

Data Access and Systems

The following questions ask about your organization's experience collecting data, engaging community members, advocating for policy change, and communicating with the public. Please let us know if your organization does the following tasks and whether your organization could support MAPP by doing that task. Following the set of questions is space for comments or questions.

* 49. Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood)?

◯ Yes

◯ No

◯ Unsure

If yes, please describe what they assess.

[   ]

* 50. Can you share the assessments you described above with the MAPP collaborative?

◯ Yes

◯ No

◯ Unsure

◯ Not applicable—My organization does not conduct assessments.

* 51. What data does your organization collect? (check all that apply)

☐ Demographic information about clients or members

☐ Access and utilization data about services provided and to whom

☐ Evaluation, performance management, or quality improvement information about services and programs offered

☐ Data about health status

☐ Data about health behaviors

☐ Data about conditions and social determinants of health (e.g., housing, education, or other conditions)

☐ Data about systems of power, privilege, and oppression

☐ We don't collect data

☐ Other (please specify)

[   ]

* 52. Can you share any of that data with the MAPP collaborative?

○ Yes, already being shared

○ Yes, can share

○ No

○ Unsure

* 53. How does your organization collect data? (check all that apply)

☐ Surveys

☐ Focus groups

☐ Interviews

☐ Feedback forms

☐ Photovoice or other participatory research

☐ Notes from community meetings

☐ Videos

☐ Secondary data sources

☐ Electronic health records

☐ Data tracking systems

☐ Other (please specify)

[   ]

* 54. What data skills does your organization have? (check all that apply)

☐ Survey design and analysis

☐ Secondary data analysis

☐ Needs assessment

☐ Focus group facilitation

☐ Interviewing

☐ Detailed note-taking or transcription

☐ Participatory research

☐ Facilitators of community or town hall meetings

☐ Asset mapping

☐ Mapping/visualization skills

☐ Other quantitative or qualitative methods: (please specify)

[   ]

* 55. Does your organization analyze data with a health equity lens or health equity in mind?

○ Yes

○ No

○ Unsure

If Yes or Unsure, please describe:

[   ]

56. (Optional) Please add comments about how your organization could support data collection and analysis in the MAPP process:

[   ]

Community Partner Assessment

Community-Engagement Practices

57. (Optional) What type of community-engagement practices does your organization do most often (check one):

Note: We will explore this more deeply in the CPA partner discussion.

◯ Inform: Provide the community with relevant information.

◯ Consult: Gather input from the community.

◯ Involve: Ensure community needs and assets are integrated into process and inform planning.

◯ Collaborate: Ensure community capacity to play a leadership role in implementation of decisions.

◯ Defer to: Foster democratic participation and equity through community-driven decision-making. Bridge divide between community and governance.

◯ Unsure

* 58. Which of the following methods of community engagement does your organization use most often? (check all that apply):

- [ ] Customer/patient satisfaction surveys
- [ ] Fact sheets
- [ ] Open houses
- [ ] Presentations
- [ ] Billboards
- [ ] Videos
- [ ] Public comment
- [ ] Focus groups
- [ ] Community forums/events
- [ ] Surveys
- [ ] Community organizing
- [ ] Advocacy
- [ ] House meetings
- [ ] Interactive workshops
- [ ] Polling
- [ ] Memorandums of understanding (MOUs) with community-based organizations
- [ ] Citizen advisory committees
- [ ] Open planning forums with citizen polling
- [ ] Community-driven planning
- [ ] Consensus building
- [ ] Participatory action research
- [ ] Participatory budgeting
- [ ] Social media
- [ ] Other (please specify)

* 59. When you host community meetings, do you offer: (check all that apply)

☐ Stipends or gift cards for participation

☐ Interpretation/translation to other languages including sign language

☐ Food/snacks

☐ Transportation vouchers if needed

☐ Childcare if needed

☐ Accessible materials for low literacy populations

☐ Virtual ways to participate

☐ Not applicable

☐ Other (please specify)

60. (Optional) Please add comments about how your organization could support community engagement in the MAPP process:

Policy, Advocacy, and Communications

* 61. What policy/advocacy work does your organization do? (check all that apply)

☐ Develop close relationships with elected officials

☐ Educate decision-makers and respond to their questions

☐ Respond to requests from decision-makers

☐ Use relationships to access decision-makers

☐ Write or develop policy

☐ Advocate for policy change

☐ Build capacity of impacted individuals/communities to advocate for policy change

☐ Lobby for policy change

☐ Mobilize public opinion on policies via media/communications

☐ Contribute to political campaigns/political action committees (PACs)

☐ Voter outreach and education

☐ Legal advocacy

☐ Not applicable

☐ Unsure

☐ Other (please specify)

_____

* 62. Our organization has a strong presence in local earned media (print/radio/TV).

○ Strongly agree

○ Agree

○ Disagree

○ Strongly disagree

○ Unsure

* 63. Our organization has strong communications infrastructure and capacity.

○ Strongly agree

○ Agree

○ Disagree

○ Strongly disagree

○ Unsure

* 64. Our organization has a clear communications strategy.

○ Strongly agree

○ Agree

○ Disagree

○ Strongly disagree

○ Unsure

* 65. Our organization has good relationships with other organizations who can help share information.

○ Strongly agree

○ Agree

○ Disagree

○ Strongly disagree

○ Unsure

* 66. Our organization has a clear equity lens that we use for our external communications and engagement work.

○ Strongly agree

○ Agree

○ Disagree

○ Strongly disagree

○ Unsure

* 67. What communications work does your organization do most often? (check all that apply)

☐ Internal newsletters to staff

☐ External newsletters to members/the public

☐ Ongoing and active relationships with local journalists and earned media organizations

☐ Media contact list for press advisories/releases

☐ Social media outreach (e.g., on Facebook, Twitter, Instagram)

☐ Ethnicity-specific outreach in non-English language

☐ Press releases/press conferences

☐ Data dashboard

☐ Meet to discuss narrative and messaging to the public

☐ Other (please specify)

68. (Optional) If your organization has publicly available materials, are they translated into other languages?

○ All publicly available materials are translated into other languages

○ Most publicly available materials are translated into other languages (e.g., when conducting outreach to various populations or when hosting events for various populations)

○ Few publicly available materials are translated into other languages (e.g., only when requested)

○ No publicly available materials are translated into other languages

○ Not applicable (we do not have publicly available materials)

69. (Optional) Please describe if and how your organization would like to be involved in or support policy, advocacy, or communications in the MAPP process:

70. Please add any questions, comments, or suggestions about the MAPP process and our next steps together to improve community health:

Community Partner Assessment

Thank You for Completing the CPA Survey!

Your responses will be used to develop a community health assessment and analyzed with the surveys of other MAPP community partners to help identify our collective strengths and opportunities for improvement.