



COMMUNITY CONTEXT ASSESSMENT

Qualitative Assessment
Tool for Mobilizing for Action
through Planning and
Partnerships (MAPP) 2.0

MAPP 2.0

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LIST OF ACRONYMS

CCA = Community Context Assessment

CDC = Centers for Disease Control and Prevention

CH[N]A = Community Health [Needs] Assessment

CHI = Community Health Improvement

CHIP = Community Health Improvement Plan

CPA = Community Partner Assessment

CSA = Community Status Assessment

IRB = Institutional Review Board

MAPP = Mobilizing for Action through Planning and Partnerships

NACCHO = National Association of County and City Health Officials

SDOH = Social Determinants of Health



INTRODUCTION



Goal of the Community Context Assessment (CCA):

Explore the strengths, assets, lived experiences, and forces of change in your community using qualitative methods.

Overview of the CCA

The CCA is a qualitative tool to assess and collect data. It collects the insights, expertise, and views of people and communities affected by social systems to improve the functioning and impact of those systems. The CCA moves beyond interventions that rely on perceived community needs to understand a community's strengths, assets, and culture.

The CCA centers on people and communities with lived experiences and lived expertise. It focuses on the views, insights, values, cultures, and priorities of those experiencing inequities firsthand. All communities have a vibrancy that must be nurtured and supported in community improvement.

The CCA seeks to understand the following:

- *What strengths and resources does the community have that support health and well-being?*
- *What current and historical forces of change locally, regionally, and globally shape political, economic, and social conditions for community members?*
- *What physical and cultural assets are in the built environment? How do those vary by neighborhood?*
- *What is the community doing to improve health outcomes? What solutions has the community identified to improve community health?*

About Qualitative Research

The CCA uses qualitative methods to collect data, including interviews, focus groups, and mapping. Qualitative data can fill gaps in quantitative data, add nuance and depth to knowledge, bring quantitative data to life, lift voices, and strengthen relationships.

Qualitative data help us dig into *why* conditions exist and *how* different communities experience those conditions. Stories from qualitative data collection provide critical insight into subjective meaning and context and help us understand how and where to intervene.

To gather qualitative data, facilitators and researchers must build trust with communities. Building trust involves acknowledging how public health practitioners and researchers have historically obtained time and information from communities without sharing insights, data, and products or compensating communities for cooperating.



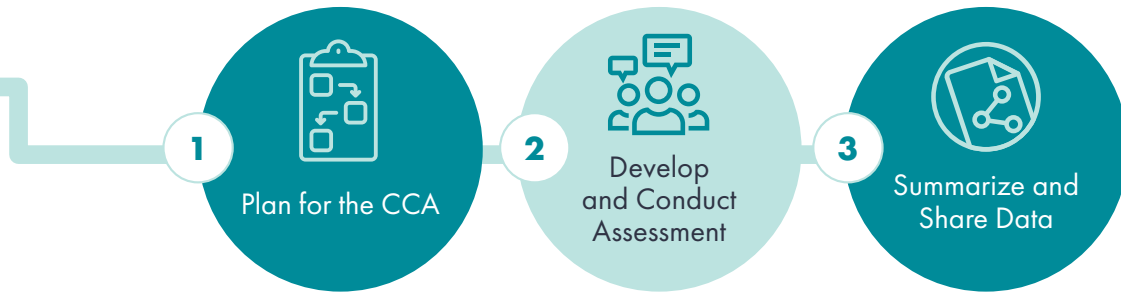
Learn More about Qualitative Research

Qualitative research is a process of collecting and analyzing non-numerical data (such as audio, video, or text) to understand experiences, concepts, or opinions.

Quantitative data uses numerical data to identify patterns and averages, test hypotheses, and generalize results to wider populations. Together, quantitative data and qualitative research can provide a full picture of the community's health.

Quantitative data are not neutral, do not always tell the full story, and can omit structural inequities. Moreover, data and descriptions of health disparities can be misinterpreted, which creates unintended consequences like victim-blaming and stereotypes. To counteract these concerns, center strengths, assets, and culture when sharing stories of lived experiences. The guidelines on **asset framing** from the California Health Care Foundation show how to lead with assets and strengths.

Both the process of collecting qualitative data and the outcome of the data collected can help advance health equity. Framing a community's story is important. Provide relevant context and background, use inclusive and strength-based language, and point to root causes and structural determinants of health. For more details on how to embed racial equity in research, visit the **Child Trends working paper**.



Steps of the CCA

Think of the CCA tool as a multi-course menu. You will complete each course, or step. However, your organization will decide what dishes to choose for each course depending on time, resources, and preference. For instance, you may choose two qualitative methods or six. You may do 10 interviews or 40. You may involve a dozen community partners or focus on one strong partnership.

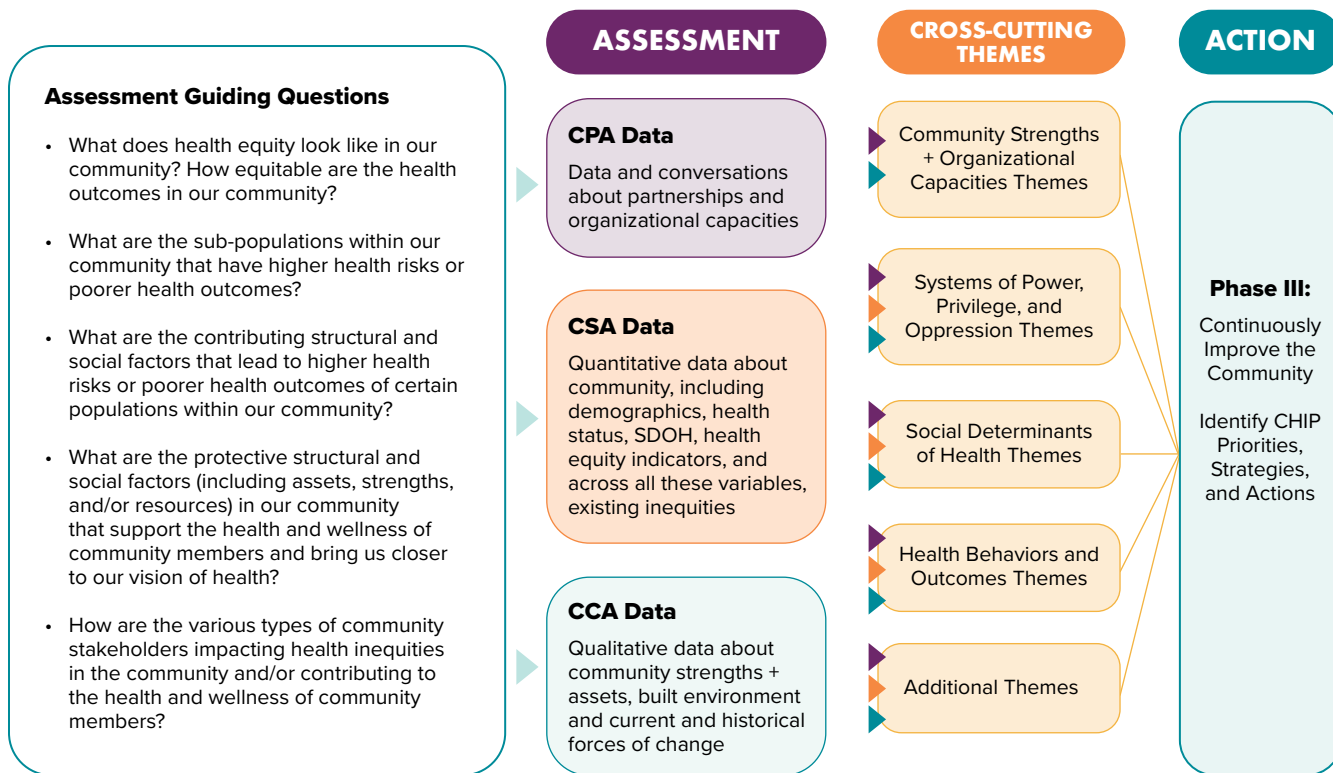
This flexibility allows your organization to develop a MAPP experience best suited to you and your community’s needs and capacities while still centering health equity and partnership. Over time, organizations might build capacity for more qualitative research for future MAPP cycles and community health improvement (CHI) processes.

Figure 1 shows how data collected from the CCA fit into the guiding questions for the community health (needs) assessment (CH[N]A) and how data are organized for analysis. The CCA has three domains: (1) community strengths and assets; (2) built environment; and (3) current and historical forces of change.

Qualitative data from the CCA will be combined with data from the Community Status Assessment (CSA) and Community Partner Assessment (CPA). Such data may be gathered before or after the CCA. The combined data will support an analysis organized around four themes: (1) community strengths and organizational capacities; (2) systems of power, privilege, and oppression; (3) social determinants of health; and (4) health behaviors and outcomes. These themes will help identify issues and action steps for Phase III: Continuously Improve the Community.



FIGURE 1. Translation of Assessments to Action through Cross-Cutting Themes



Approach seeks to:

- Center lived experience/expertise of communities experiencing inequities produced by systems
- Focus on assets and strengths rather than deficits
- Name power and historical/structural context and how that shapes experiences of privilege and oppression
- Improve functioning, impact and outcomes of systems and services provided

CCA Connection to Other MAPP Components

You can do the CCA after the CSA to understand the inequities identified in the CSA, fill gaps in data, and explore the context of the community through the lens of people with lived experience.

This CCA will intersect with the CPA, which highlights how community members may work with partners on solutions. Depending on the plan the Assessment Design Team develops, the CCA may occur before, after, or during the CPA and CSA.

The three assessments give a full picture of the community system that informs action in Phase III. Examining data from each assessment will prevent bias toward one perspective and protect against quantitative data overriding the voice of the community.

Before You Begin...



Review this entire tool:

Understand *why* to do the CCA, *what* to cover during the CCA, and *how* to do the CCA.



Revisit your workplan and budget:

- Any other sources of qualitative data to draw on?
- Any other people or organizations to invite and engage in planning, outreach, data collection, analysis, or sharing?
- Any other populations or communities whose stories and perspectives you want to prioritize?
- Any changes to timeline and capacities needed for the workplan?
- Any other resources needed for the assessment?



Prepare your team:

Use these exercises to engage your team in critical reflection before collecting data:

- Reflection Questions: Invite the team to reflect on their experiences with qualitative data through these questions:
 - *What story moved you to action (e.g., to think or do something differently)? Who told the story and how? What was compelling about the story?*
 - *Where have you seen qualitative data used well?*
 - *What is one example of where qualitative data could have been gathered to provide context or depth to quantitative data?*
 - *What lessons from those experiences do you want to bring into this process?*
- (Optional) **Power Flower Activity (app. J)**: This activity prompts reflection on power, privilege, and identity and how they may impact the MAPP process.
- (Optional) **Ladder of Inference Activity (app. J)**: This activity prompts reflection on bias and how context, values, beliefs, emotional state, and experience influence how we interpret data, make conclusions, and act.
- (Optional) **The Storytelling Project Activity (app. J)**: This activity illustrates why stories and storytelling with qualitative data are important and which dominant or non-dominant narrative the stories reinforce.

Language and Political Context



As you review the CCA activities, you might have to change the language to meet the needs and political climate of your community. For example, some areas may ban county employees from talking about structural racism and health equity, while others have declared racism a public health crisis. Allow enough time to review and edit any CCA activities before working with partners.

Revising Language

When revising language, do not remove the intent to address structural inequities. If certain forms of oppression do not resonate with your community, consider using a broader term like “inequity.” For example, one community substituted the term “racial inequity” with “inequity” to broaden the

scope of inequities and help community partners identify how other forms of inequities (e.g., class, native sovereignty, religion, and immigration status) impact their community.

Some contexts may need “code-switching,” for example, using the phrase “dominant culture” to describe aspects of **white supremacy culture** in organizations.

When reviewing, consider what guiding questions and data-collection activities you can include in the assessments. Political acceptability may change and grow over time. Words like “power” and “oppression” may not be commonly used, but over time, they could be introduced, discussed, and used.

Emphasizing Shared Values



Explore whether certain words or values (like “opportunity,” “family,” “access to education,” and “stable jobs”) resonate with your community and emphasize those values. When appropriate, use MAPP’s foundational principles to support discussion.

The **Messaging This Moment Handbook** from the Center for Community Change suggests ways to lead with shared values and outcomes that appeal to both progressive and conservative communities. It also explains how to replace language that focuses on problems and processes. Here are some examples:

EMBRACE	REPLACE
Most of us seek to treat others the way we want to be treated	Our treatment of undocumented immigrants and refugees is horrendous
America is a nation founded on an ideal—that all are created equal	The criminal justice system imprisons African Americans and Latinos at alarming rates
Care, treatment, prevention, medicine, getting and staying well	Coverage, access to coverage
Earn a good living and have a good life	Better wages and benefits
Implementing solutions	Solving problems

Here are more resources:

- California Health Care Foundation’s **Understanding Asset-Framing** guidelines for lifting community assets and aspirations to avoid stigmatization, stereotyping, and cynicism
- ASO Communication’s **Messaging Guides** on Drug + Opioid Crises, COVID-19, Color-Coded Barriers to Health, and guides on other social determinants of health (SDOH) topics like economic justice, education, and criminal justice
- CDC’s list of **Preferred Terms for Select Population Groups & Communities** and the American Psychological Association’s **Inclusive Language Guidelines** for terms to avoid and alternative terms to use when talking about equity, diversity, and inclusion
- The Robert Wood Johnson Foundation’s **American Health Values Survey findings** for ways to talk to politically diverse audiences

You can decide which terms to use during the MAPP process, when to use them, and with whom. Whenever possible, focus on the goal of MAPP—to achieve health equity—even if you need to adjust the language.



STEP ONE: PLAN FOR THE CCA



The first step in the CCA is to plan how you will do the assessment—specifically, refining guiding questions, current data and gaps, whom to involve, how to involve them, methods, how to analyze the data, and necessary resources. You might have thought about some aspects of planning in earlier stages of MAPP. Each step that follows will guide you through a **CCA Planning Table (app. A)**. Download the sample and adapt it as needed.

Planning the CCA can take a lot of time if you do not already have a detailed budget and timeline for MAPP. Additionally, partners will have their own priorities and competing timelines. Stay flexible to keep them engaged. Allow ample time to plan and adjust.

Step 1.1: Review the CCA Domains and Guiding Questions

The CCA has three primary domains: Community Strengths and Assets, Built Environment, and Forces of Change. These seek to capture the lived experience and expertise of community members, particularly from communities that experience structural inequities, to lift untold or under-told realities, and to find solutions to health issues facing the community.



DOMAIN 1: COMMUNITY STRENGTHS AND ASSETS

Domain Description

The Community Strengths and Assets domain inventories the strengths and assets of community members and how to use those to improve community health. Strengths include skills, education, job experience, and community organizing.

Strengths and assets may also include qualities not typically considered valuable but which contribute greatly to community health. Many skills have been historically devalued and undervalued due to patriarchal, colonial, and racist biases. Embrace and recognize the diversity of skills. Here are some examples of qualities to consider:

- **Resilience:** joy, time, rest, self-care
- **Community organizing:** activism, political participation, protesting, teach-ins, knowledge of legal and political institutions
- **Community care:** mutual aid, community celebrations (e.g., festivals, block parties, marches), kinship, fellowship, youth empowerment, childcare, volunteering, giving rides, making food for others, helping build or defend housing, gardens, or community centers, medical training, bystander training
- **Creative pursuits:** arts, crafts, media, writing, poetry, magazines
- **Education:** teaching, tutoring, learning, knowledge of history of marginalized communities, languages, archiving, research, analysis, communication
- **Economic:** job skills, management experience, physical work experience, computer skills, administrative skills, networking, financial literacy, tandas or microlending circles
- **Communication:** social media, traditional media, print media, reporting, fact-checking, translation, interpretation, Internet skills, access to information, informal networks, implementing accessibility
- **Well-being:** holistic healing, acupuncture, Indigenous health practices, mental health counseling and therapy, first aid, exercise, athletics, physical therapy, somatic therapy
- **Cultural:** shared traditions and customs, shared identity

Domain Guiding Questions

Here are some guiding questions to help you assess community strengths and assets:

- *What strengths and assets do community members have?*
- *How do these community strengths and assets contribute to community health?*
- *Which strengths and assets can be used and strengthened to address health inequities?*



Concealed Assets: Tandas, Cundinas, Pandeiros, Susus, Hui, and Other Lending Circles

As you generate ideas about community strengths and assets, remember that some might be specific to ethnic communities or groups. To capture as many assets as possible, MAPP facilitators should include community members from all racial and ethnic backgrounds in the CCA.

For example, some communities have informal lending or giving circles—most often facilitated by women—to financially support friends who need to pay bills, make rent, or start a business. These are called *tandas* or *cundinas* in Mexico, *pandeiros* in Brazil, *susus* in West Africa and the Caribbean, and *hui* in China. Typically, these small lending circles offer zero-interest loans to help people who cannot access bank loans or lines of credit. These circles also help build social connections, social support, and trust among participants. These assets can be extremely important, especially during challenging times.

Lending circles and other forms of mutual aid may be happening in immigrant communities and other communities experiencing inequities in your region. To learn about them, include people from their communities in your qualitative research and create prompts about where and how they receive support from friends, neighbors, and the community.

DOMAIN 2: BUILT ENVIRONMENT

Domain Description

The built environment is defined as the human-made surroundings that influence overall community health, including the individual behaviors that drive health (CDC, n.d.). Here are some examples:

- Housing
- Schools
- Businesses and workplaces
- Streets and highways
- Sidewalks
- Bike lanes
- Public transportation (e.g., subways, buses, street cars)
- Green space
- Tree canopy cover
- Public spaces
- Public art
- Public bathrooms
- Hospitals and healthcare centers
- Grocery stores and food stores
- Water supply and drainage systems

The Built Environment domain maps the assets of the built environment, particularly within neighborhoods experiencing the greatest inequities. In addition, it explores how community members view and interact with their built environment and how that might impact health. Data from the CSA may have helped identify challenges in the built environment that you can explore further in qualitative research.

Although assessments of the built environment often look at inequities and disparities along spatial lines (e.g., neighborhoods, zip codes, census tracts), other social factors can impact a community member's relationship with the built environment. Race, gender, sexuality, disability, housing status, and socioeconomic class, for example, can all shape how people live in their neighborhood.

Here are some examples:

- Someone who uses a wheelchair might find the sidewalk unsafe for use, while someone who walks would not have the same issue.
- Someone who identifies as a person of color may experience racism and discrimination in a public space or green space, while someone who is White does not have the same experience.
- Someone who is unhoused, menstruating, or lactating, or has chronic health needs, may need access to public restrooms, while others might not notice a lack of accessible bathrooms.

Not all neighborhood residents will have the same experiences, even within the same built environment. Therefore, partner with people from many backgrounds to assess strengths and areas for improvement in the built environment. If helpful, use the [images from this CDC article](#) to show examples of the built environment.



Domain Guiding Questions

Here are some guiding questions to help you assess community strengths and assets:

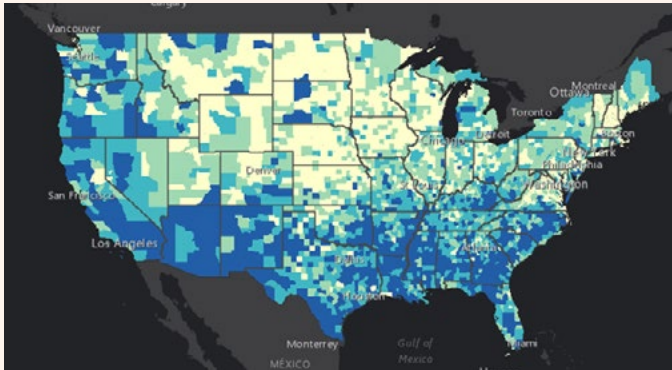
- *What physical assets and resources exist in the built environment of your community?*
- *How do these resources differ across neighborhoods, particularly in those experiencing the greatest health inequities?*
- *How do community members view and interact with their built environment?*
- *How do these interactions impact community members' health?*
- *What key aspects of the built environment in our communities impact health inequities?*
- *How can those aspects be improved or addressed to improve community health?*



Maps and Composite Indices

In recent years, organizations like the CDC and the Public Health Alliance of Southern California have released maps and data that compile multiple indicators of social vulnerability or health and well-being. (Refer to www.atsdr.cdc.gov/placeandhealth/svi/ and <https://healthyplacesindex.org>.)

These maps can help you compare different census tracts or zip codes in a region and identify high-priority neighborhoods or communities experiencing inequities. Check out the [digital tools on the CO Equity Compass](#) for more indices and resources.



Although maps can be helpful, they might mask clusters of populations experiencing inequities—particularly for rural areas with low population densities or diverse communities. During your qualitative research, probe for other potential populations or communities to engage so you can document and raise their experiences.

Image Credit: CDC

DOMAIN 3: FORCES OF CHANGE

Domain Description

The Forces of Change domain uses a health equity lens to identify forces that can affect the community and local public health system. It can focus on occurrences in the past, present, or future, including forces in the past that contribute to structural inequities.

Forces are grouped as trends, factors, or events:

- **Trends** are patterns over time, such as an aging population, the decline in affordable housing in a community, climate change, or movements for racial equity and justice.
- **Factors** are discrete elements, such as a community's rural setting, a town's nearness to a major waterway, or the presence of an immigration detention center.
- **Events** are one-time occurrences, such as a factory closure, natural disaster, or new legislation or policy.

Here are the types of forces to consider:

- Social
- Economic
- Political
- Technological
- Environmental
- Scientific
- Legal
- Ethical
- Other

Domain Guiding Questions

Here are some guiding questions to explore the forces of change and how they impact communities through the lens of those with lived experience:

- *What is occurring or might occur that affects the health of your community or local public health system? (These can be both things within your community and things in the larger societal and economic context of your community.)*
- *Which communities are disproportionately impacted by forces of change? How and why are they disproportionately impacted?*
- *How does historical and structural context (e.g., broken treaties, exclusionary policies, dehumanizing practices, or history of resistance and community organizing) shape the forces of change today, and who benefits from current conditions?*
- *How have climate change and COVID-19 changed conditions in your community?*
- *What have health departments done to help?*

If appropriate, identify CSA and CPA gaps or depth needed. If you have done the CSA, CPA, or both, review those findings. Think about the relationship of CSA findings to the three CCA domains:

- Where is the overlap?
- What other information is needed or wanted?
- What new prompts for information and reflection do the CCA domains reveal?
- What questions would be helpful to ask in a focus group, interviews, or asset mapping?
- Would other or more specific questions help identify community solutions?



To Do: Revisit the Domain Guiding Questions

Consider whether you want to revise any guiding questions suggested previously based on your local context or to add new questions. Edit the questions in **Column A of your CCA Planning Table (app. A)**.

Step 1.2: List and Reflect on Sources of Qualitative Data

Brainstorm sources of qualitative data you or your MAPP partners can access and include in the CCA. If your CPA is done, revisit those findings to identify who offered qualitative data or has qualitative data-collection or community-engagement skills. **Whenever possible, build on past efforts and lessons learned to avoid duplicating community engagement or over-surveying the community.**

Use the **Existing Qualitative Data Table (app. B)** to brainstorm potential sources of data, including the following:

- Recordings or notes from community town halls
- Comprehensive or strategic planning processes
- Community visioning sessions
- Past focus groups about barriers to care or challenges accessing services
- Quality improvement or evaluation data about services and programs
- Neighborhood community planning

As you brainstorm the data, consider the following:

- Whose voices are present or collected in the notes and reports?
- Are the lived experiences and expertise of communities experiencing inequities central in the data?
- How have the data been used since collection? Did the data change conditions or lead to improvements? Have data been shared with the community?
- If the data did not lead to improvements, why was that? Were the data not actionable? Were they not shared effectively? What can be done differently?
- What do the data teach us about community health or historical and structural context?
- These discussions should inform how you design this assessment and which data you include as documents for review in your analysis.



To Do: Reflect on Sources of Data

Once you have brainstormed potential qualitative data sources, consider which you want to include based on the reflection questions. If you do not know, follow up with those who collected the data to learn more. Include the data sources in **Column B of your CCA Planning Table (app. A)**.

Step 1.3: Revisit Who is Engaged and How

Through Phases I and II, your team should have identified stakeholders from the community to prioritize engaging, which will inform the CHI process. Expand that list as the CHI process unfolds. Think critically about whose voices you are including or excluding by not engaging them in one or more qualitative methods. Name explicitly why you are not engaging particular communities. Brainstorm whether you can address the barrier to engagement.

If you have done the CSA and CPA, or other related assessments, consider the following:

- For which prioritized communities could you obtain quantitative data?
- For which prioritized communities do you have no or little quantitative data?
- Which prioritized communities are involved in MAPP? Who else should be?
- How can you invite the prioritized communities to participate? As part of the planning process? To support outreach and engagement of their community members? To participate in assessment activities? To help analyze data or disseminate findings?

Ideally, you should involve community partners at all levels of an assessment by bringing partners into the CCA early. Engaging partners during planning—

when developing qualitative methods, recruitment processes, and assessment guides—will provide insights. Partnering with community stakeholders early can shape your main assessment questions, build trust to help reach potential assessment participants, and impact how you share findings and resources.

Refer to **Suggested Populations to Engage in the CCA and Methods of Engagement (app. C)** for communities to consider prioritizing and engaging in the CCA to answer guiding questions. Your Power Analysis in Phase I will have helped you think critically about how and where organizations hold power and influence. Consider the following as you think about whom else to engage in the CCA:

- What is the person's lived experience and expertise?
- Will the person represent the view of a group of people with shared experiences, or an organized body of individuals? Who are they accountable to?
- Has the person been involved in past CHI efforts, policy change, advocacy, organizing, or other systems-change work?
- Which MAPP partner should invite the person to participate? Who has direct connections and relationships?



To Do: Revisit Who is Engaged and How

Do the following in your **CCA Planning Table (app. A)**:

- **Column C:** List who is engaged in MAPP that can answer guiding questions or engage specific communities.
- **Column D:** List who else to involve in the CCA to answer guiding questions, e.g., which populations or communities you want to hear from.
- **Column E:** List who can engage those communities you want to hear from, e.g., who works closely with those communities and could be liaisons or community navigators.

Step 1.4: Choose Your Engagement Methods

To do the CCA, you may use many structured or unstructured qualitative methods, particularly for different target populations or key questions. Qualitative methods gather rich insight, which can show the depth and breadth of community members' lived experiences. The selected methods will also depend on the available timeline, resources, and skills.

Previous MAPP participants have formed subcommittees with community partners to select qualitative methods. Depending on the method the MAPP user and community partners find most suitable, the data collection and analysis process will differ. For instance, a community partner may suggest training community members to facilitate focus groups or interviews, which could balance power between researchers and participants.

The “Full List of Qualitative Methods for MAPP CCA Spreadsheet” has definitions and resources for qualitative methods. Table 1 is an excerpt of this larger resource. Check out the online spreadsheet for additional methods, resources, and examples. The websites **Community Tool Box** and **BetterEvaluation** also offer helpful descriptions and resources for qualitative methods.

Refer to the **Considerations for Choosing Methods (app. D)** for methods to use based on your capacities.



To Do: Choose Your Engagement Methods

Review the “Full List of Qualitative Methods for MAPP CCA Spreadsheet” in the MAPP 2.0 Tools Folder at naccho.org/mapp and consider which methods are best for answering your guiding questions and most feasible given your MAPP team's capacities. If possible, invite people with skills and experience in community engagement, and skills in qualitative data collection and analysis, to join your team. However, that expertise is not needed to do the CCA.

In your **CCA Planning Table (app. A)**, complete **Column F**: Name the qualitative methods you would like to use for each domain.



TABLE 1. Qualitative Research Methods, Considerations, and Resources

METHOD	DESCRIPTION	PROS	CONS	CONSIDERATIONS	VIRTUAL POSSIBLE	RESOURCES
TYPE: GROUP-BASED						
Focus Groups	A small group of participants (generally 8–10) that responds to a set number of questions. Useful for providing specific direction or reactions to concepts from targeted groups (i.e., identified subpopulations).	<ul style="list-style-type: none"> Participants react to ideas together—can build on each other’s comments. Quick way to hear a variety of thoughts and statements. Shared experience, which can be enjoyable. 	<ul style="list-style-type: none"> Some people may dominate the discussion. Group atmosphere may hinder honest opinions. Only a small number of people can realistically participate. 	<ul style="list-style-type: none"> Needs much preparation and a good facilitator. Consider having multiple focus groups if possible. Explore having community partner or staff support outreach and facilitation. 	Yes	<p>R. Krueger Handouts and Videos about Focus Group Interviewing (2015)</p> <p>CPH-NEW Tips for Focus Group Facilitation</p> <p>Child Trends: Conducting Successful Virtual Focus Groups (2020)</p>
Community Meetings/ Town Halls	Broad, inclusive community meeting (60–100 people)—often called a “town hall” meeting. Open discussion among a large group of participants. Can be done multiple times in larger communities.	<ul style="list-style-type: none"> Can reach many people. Helps to publicize the process and get community input. 	<ul style="list-style-type: none"> Needs much promotion to get broad community involvement. Some people/ groups may dominate discussion or “pack” the meeting. 	<ul style="list-style-type: none"> Needs a strong facilitator. Discussions can be incorporated into the agendas of existing town halls. 	Possible, but not ideal	<p>Faces and Voices of Recovery: Community Listening Forum Toolkit</p> <p>Community Tool Box: Conducting Public Forums and Listening Sessions</p>
Community Dialogues	Smaller (20–35 people) gatherings where all/many sectors of the community are represented. May be done with multiple groups.	<ul style="list-style-type: none"> Useful for exploring complex issues in greater depth. Useful for engaging less enfranchised sectors of the community. 	<ul style="list-style-type: none"> Some people or groups may dominate the discussion. Group atmosphere may prevent honest opinions. 	<ul style="list-style-type: none"> Needs a strong facilitator. Could occur in existing community meetings or a variety of community venues. 	Possible, but not ideal	Community Tool Box: Leading a Community Dialogue
TYPE: INDIVIDUAL-BASED						
Interview/ Discussions	Individual discussions—through informal conversations or formal interviews—can solicit in-depth feedback from representative community members. One-to-one interviews. Can be done with key community leaders or community members representing specific subpopulations.	<ul style="list-style-type: none"> Builds awareness of MAPP. Gathers in-depth input and feedback in an open setting. Easy to implement. 	<ul style="list-style-type: none"> Only a small number of people can realistically participate. May put undue emphasis on interviewees’ issues of interest. 	<ul style="list-style-type: none"> Fairly easy to do but should not be the only method to gather information. Good supplement to other methods. Consider how many is enough to gain understanding. 	Yes	<p>County Health Rankings and Roadmaps: Listening to the Community’s Input (2014) pages 4–8</p> <p>The Access Project: A Guide for Using Interviews to Gather Information (1999)</p>

TABLE 1. cont'd

METHOD	DESCRIPTION	PROS	CONS	CONSIDERATIONS	VIRTUAL POSSIBLE	RESOURCES
TYPE: MAPPING/VISUALIZATION						
Community Asset Meeting	Asset mapping provides information about the strengths and resources of a community and can help uncover solutions. A community asset or resource is anything that improves the quality of community life (e.g., abilities of community members, physical structure or place, businesses, associations, institutions, or organizations).	<ul style="list-style-type: none"> • Builds on existing community assets. • Creates a visual depiction of existing and lacking assets. • Can raise awareness about the availability of assets, develop or improve services and programs, or be used to apply for funding. • Can generate a lot of community participation. 	<ul style="list-style-type: none"> • Hard to find the right maps, and mapping software can be expensive and hard to use. • Hard to map assets without a physical location. • Needs community support and collaboration to adequately inventory up-to-date community resources. 	<ul style="list-style-type: none"> • Other iterations include public capital mapping, cultural mapping, and community relationship mapping. 	Possible, but not ideal	<p>National Center for Farmworker Health: Community Asset Mapping Guide (2021)</p> <p>Participatory Asset Mapping</p> <p>UCLA Asset Mapping</p>
TYPE: OBSERVATIONAL						
Photovoice	Photovoice is a process in which people—usually those with limited power due to poverty, language barriers, race, class, ethnicity, gender, culture, or other circumstances— use videos or photos to capture their environment and experiences and share them with others. The pictures can then be used, usually with captions composed by the photographers, to show the realities of the photographers' lives to the public and policymakers and to spur change.	<ul style="list-style-type: none"> • Particularly attractive to youth. • Builds teamwork within group. • Presentations engage larger group. • Pictures can transcend language or data. • Based in social justice and critical consciousness. 	<ul style="list-style-type: none"> • Needs open mind to identify assets and issues. • Some important assets cannot be photographed. 	<ul style="list-style-type: none"> • Easily done but takes strong mentoring if youth are involved. • Good supplement to other methods. • Needs a camera and capacity to process film or view video footage. • Small groups of 8 to 10. 	Possible, but not ideal	<p>United for Prevention in Passaic County: Facilitator's Toolkit for a Photovoice Project (2016)</p>

TABLE 1. cont'd

METHOD	DESCRIPTION	PROS	CONS	CONSIDERATIONS	VIRTUAL POSSIBLE	RESOURCES
TYPE: OBSERVATIONAL						
Walking/ Windshield Survey	Done by driving (windshield) or walking around the community and noting observable aspects. Helps to identify assets (e.g., a small pond where children swim for recreation) or unrecognized issues (e.g., potholes).	<ul style="list-style-type: none"> Needs only a small number of people to do the survey. Can bring new awareness of community assets or issues. 	<ul style="list-style-type: none"> Needs an open mind to identify previously unrecognized assets/ issues. 	<ul style="list-style-type: none"> Fairly easy to do but should not be the only method to gather information. Good supplement to other methods. Must consider safety. 	No	<p>Community Tool Box: Windshield and Walking Survey</p> <p>NHTSA Walkability Checklist</p>

For more methods, guidance, and examples, please visit the [Full List of Qualitative Methods for MAPP CCA Spreadsheet](#) in the MAPP 2.0 Tools folder at naccho.org/mapp.



Different Qualitative Methods for MAPP

Using Focus Groups to Engage Community in CHI Prioritization

Cortland County Health Department is a small health department serving 46,000 residents in rural upstate New York. In 2019, they held 22 focus groups with 132 participants in partnership with the Cortland County Area Agency on Aging. The groups discussed the CHA survey findings, prioritized topics for CHI, and identified community strengths and requirements to support healthy “aging-in-place.” Partnering with another county agency expanded each agency’s reach and capacity to survey their rural community. Explore the findings, recruitment materials, and focus group guide in the [Cortland CHA Focus Group results](#).



Using Photovoice to Explore Community Strengths and Assets

The Blue Ridge Health District (formerly Thomas Jefferson Health District (TJHD)) is a medium-sized health department serving 250,000 residents in central Virginia. TJHD did a MAPP assessment in 2019 and community-based photovoice projects in each locality of their health district. TJHD used Feminist Theory and the Community Cultural Wealth Framework to develop a pilot photovoice project. In the project, 13 adolescent African American girls took pictures representing three terms—assets, well-being, and resilience—and discussed their findings in focus groups. Some themes for improving health equity included programming for children to build community and safe spaces (free of violence, bullying, drugs, and racism). Find more themes and details on pages 58–66 of the [TJHD 2019 MAPP2Health Report](#).

Using Literature Reviews to Explore Structural Racism as a Health Priority

The Health Improvement Partnership-Cuyahoga consortium in Ohio serves over 1.2 million residents. They did their CHIP in 2015 using the MAPP framework. Eliminating structural racism was a priority. Research by the Kirwan Institute for the Study of Race and Ethnicity at The Ohio State University showed that past housing, real estate, and planning policies disadvantaged communities of color and immigrant groups in Cuyahoga County. Today, these communities that were disadvantaged by home lending policies (“redlined” communities) continue to experience conditions that affect health. Find more information on pages 8–13 and 26–30 of the [Cuyahoga County CHIP Report](#).



Using Listening Sessions to Identify Community Priorities



The Eastern Band of Cherokee Indians Public Health and Human Services (EBCI PHHS) is a small Tribal health department. They serve 16,000 enrolled members of the EBCI living on ancestral lands, now known as North Carolina. EBCI PHHS collaborated with the Cherokee Indian Hospital Authority and Cherokee Central Schools on six listening sessions about issues identified through their Community Health Survey, which had more than 1,000 respondents. They also organized other meetings and discussions with Cherokee decision-makers and underrepresented voices such as people experiencing homelessness and youth and participated in social media outreach. EBCI PHHS started the listening sessions by asking participants, “What are you proud of about your community?” This question affirmed the community’s strengths and resilience and prompted rich conversation. Learn more in the [EBCI Tribal Health Assessment](#) and [interview with EBCI leaders](#).



Using Historical Research to Understand Community Context and Inequities

The Blue Ridge Health District mentioned previously included a “Who We Are” section in their 2019 MAPP assessment. It provided an overview of historical events, governmental policies, and movements that contributed to regional inequities. Specifically, the MAPP report included a brief history of Indigenous lands, the building of the commonwealth through enslaved labor, lynchings as a form of state-sanctioned violence, oppression through medicine, unequal access to education, racial segregation, redlining and resident displacement in housing, the impacts of Hurricane Camille, and barriers for transgender individuals.

The report states: “While ‘history’ implies a time that is in the past, many of these discriminatory and oppressive acts are ongoing and/or still affect people in the district today—through traumatic lived experiences of older members of the community, through stories passed down by older generations, through inter-generational trauma, and/or through social, educational, and economic factors that are still impacting where residents live, work, play, and pray.” Find more information on pages 18–29 of the [TJHD 2019 MAPP2Health Report](#).

Step 1.5: Consider Resources Needed for the CCA

Now that you have chosen whom you want to engage and how you want to engage them, consider what resources you will need to collect qualitative data.

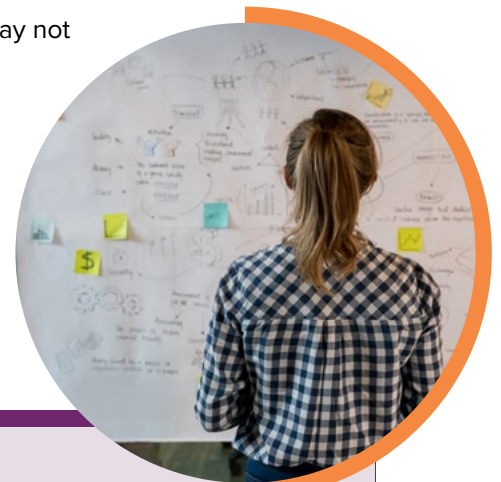
The **CCA Budget Tool (app. E)** outlines resources to support engagement in the qualitative data collection. The resources will vary depending on the following:

- Number of interviews, focus groups, and other activities
- Types of resources (e.g., interpretation, childcare) needed to engage specific populations
- Whether activities are in person or virtual
- If and how you are engaging community partners in and outside of MAPP to support your assessment (e.g., can others provide services or stipends, can you subcontract with a community organization to support outreach, interpretation, or engagement support)

In Phase I: Step 6: Conduct the Starting Point Assessment, your MAPP team reflected on organizational practices for paying community members. Partnering equitably with these members and redistributing power and resources through those connections are critical. You should pay community partners for their time, expertise, and work, as well as offer opportunities for professional and academic advancement.

Thinking about the priority people or organizations you want to engage in the CCA, consider the necessary “enabling resources” to support their participation, e.g., interpretation and translation services, childcare, food, reimbursement for transportation. You may not know all the answers, but you can plan for how to support them if needed.

Use the **CCA Budget Tool (app. E)** to outline the resources needed for each method and to analyze the data. In addition to enabling resources, consider staff time, coordination time, financial resources, analytic software, materials, and any support staffing needed.



To Do: Revisit Resources Needed

Use the **CCA Budget Tool (app. E)** to list the resources needed for each assessment and which people might support enabling resources. If needed, revise your budget or revisit your methods to meet your budget.

In your **CCA Planning Table (app. A)**, complete **Column G: Resources needed to support engagement, data collection, and analysis.**

STEP TWO: DEVELOP AND CONDUCT ASSESSMENT



Now that you know whom to engage, what guiding questions to answer, and which qualitative methods to use, you can develop assessment tools and do the assessment.

Step 2.1: Prepare for Assessment Activities

The assessment preparation questions will prepare you for assessment activities. Consider the following:

- Scheduling/venue
- Outreach/recruitment
- Incentives/payment
- Translation/interpretation
- Facilitation
- Note-taking
- Enabling resources (e.g., childcare, meals, transport)
- Virtual space considerations
- Informed consent of research participants
- Plan for tool development, data analysis, and sharing findings

Tips for Qualitative Assessment Activities

- Be humble, stay open to new perspectives, and avoid judgments.
- Create a safe space for sharing by setting and encouraging group norms for respectful discussion.
- Be transparent about what you will do with findings.
- Have an official note-taker, and if possible, have the facilitator take notes, as well.
- Bring a backup for collecting data and contacting participants (e.g., record to your phone* print copies of the focus group guide, bring participant phone numbers).
- Work closely with community partners, liaisons, and messengers.
- Follow up with participants—thank them, pay them, and tell them how data will be used and when you will share findings.



**If you do save recordings to your phone, promptly remove them or move them to an encrypted computer file to protect personal data.*

Informed Consent

Tell participants how the information in the CCA will be used and remind them participation is voluntary. Most academic institutions have an Institutional Review Board (IRB) that sets protocols related to human subject research and requires the completion of informed consent forms when engaging community members. These forms can be adapted for use outside of IRB approval. You may also ask participants to consent verbally on the recording.

Recommended resources:

- University of Massachusetts Focus Group Research guide with editable template forms
- **Sample Consent Form** in Appendix H
- **Facilitator’s Toolkit for a Photovoice Project** from United for Prevention in Passaic County with sample consent forms for youth who are participating in collecting data and for people included in photographs
- Human Impact Partners’ Research Code of Ethics for reflection on your quantitative and qualitative research methods with community members (Forthcoming in January 2023; visit www.humanimpact.org for more information.)

Step 2.2: Develop Your Assessment Tools

Use your CCA planning table (app. A) to revisit guiding domain questions, methods for each domain, and available resources. Different methods will need different tools and preparation. Consider the following guidance and resources for commonly used qualitative methods. The advice for focus groups may also apply to key informant interviews and vice versa.

Focus Groups

- Ensure the facilitator’s guide includes questions for participants and an introduction about confidentiality, how the results will be used, ground rules for the conversation, and consent for recording or note-taking.
- Develop questions that encourage participants to reflect rather than respond with a simple “yes” or “no.” For example, begin questions with phrases like “Tell me about a time when you…” or “Tell me about your most positive [or challenging] experience with [program or issue].”
- Include probing questions that encourage the facilitator to ask follow-up questions. Probes include “Can you say more about that?” and “Can you share an example?” Emphasize (e.g., highlight or bold) probing questions so the facilitator remembers them during the focus group.

- Be explicit from the beginning about how you will run the focus group. For example, explain you want to hear from everyone and may need to interrupt someone who has been speaking a lot to hear from others, or encourage people to write down their thoughts if needed.
- Include exercises that give participants more time to reflect on questions or draw out quiet people. For example, give participants pen and paper, allow a few minutes to write answers, then invite everyone to share.
- Find more guidance, including sample introductory language and question structures, in these materials from Richard Krueger, a qualitative researcher who has developed guidance on facilitating focus groups, and these tips from the Center for the Promotion of Health in the New England Workplace.

Key Informant Interviews

- Remember the type of interview will determine what questions you include in your interview guide. A semi-structured interview will likely be most useful for your MAPP assessment.
- Like in focus groups, include probing questions that ask participants for examples or to share more.
- Introduce yourself and explain how the information will be used.
- Start with simple, easy questions to establish rapport and put the participant at ease.
- Arrange interview questions so they build on one another. Consider including questions about sensitive topics later in the interview when participants might feel more comfortable.
- Find more guidance, including sample interview questions with prompts, in the “Key Informant Interviews” chapter of **Listening to the Community’s Input from County Health Rankings and Roadmaps** and **Getting the Lay of the Land on Health: A Guide for Using Interviews to Gather Information** from The Access Project.



Learn More: Structured Interviews

- **Highly structured interviews** ask a specific list of questions exactly as they are written.
- **Semi-structured interviews** use set questions, but the interviewer may ask follow-up questions, follow interesting detours, and probe for more information.
- **Unstructured interviews** center on a topic but have few or no predetermined questions, then proceed like a conversation. These are most useful for establishing rapport and usually require follow-up interviews for more specific information.

Photovoice

- Obtain informed consent from all participants in qualitative research and remember photovoice projects include an extra step: to obtain photography releases if the images will be published. Discuss informed consent with participants and distribute consent forms to be collected as needed. (Learn more on page 13 of this [guide](#).)
- Before participants take photographs, discuss photography tips such as for the use of color and perspective. Check out these [Photo 101 tips](#) for taking great photos with a phone.
- Analyze and discuss participants' images using the "SHOWeD" method. This method asks questions about what we see, how it relates to our lives, and what we can do about it.
- Find more guidance in the Facilitator's Toolkit for a [Photovoice Project](#), this guide from the [Youth Participatory Action Hub](#), or the [Community Tool Box Guide to Photovoice](#).



Asset Mapping

- Remember that asset mapping is sometimes restricted to physical places and the built environment. Depending on the questions you are trying to answer, you could also include community leaders or other assets that do not have a single physical location.
- Think about which categories of assets you want to capture. These could include types of organizations, institutions, and locations such as educational, healthcare, faith-based, and recreational. Find more ideas on the list of assets and strengths in Step 1. They could also be framed as questions for participants, such as "Where do you go to connect with others?" and "Do you consider this place an asset?"
- Create a worksheet or spreadsheet where participants can record information about community assets, including the type of asset, location, contact information, and other notes.
- Decide whether you will ask participants to place the assets on a map and whether this will be a paper map or a digital map.
- Find more guidance, sample worksheets, and a facilitation guide in the [Participatory Asset Mapping](#) by the [Advancement Project and Community Asset Mapping Guide](#) from the National Center for Farmworker Health.

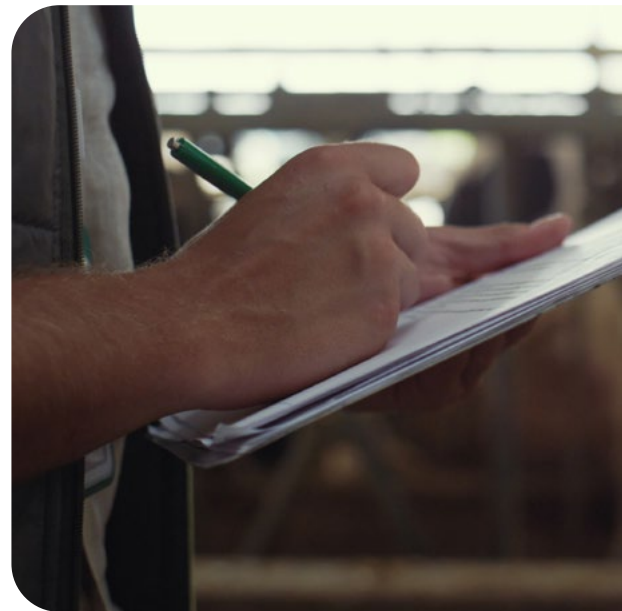


Forces of Change Brainstorm and Discussion

- Consider whom you want to include in the brainstorm and discussion, e.g., community residents, other focus group participants, MAPP Steering Committee, and CPA partners. Repeat the activity multiple times if doing so is helpful.
- Remember this activity can be very helpful if you are convening a diverse group of stakeholders who have not worked together. It provides a shared foundation of knowledge and understanding of the historical and current factors shaping community health.
- Plan the interactive activities for the number of people attending. Hold small-group activities in groups of three or four and create more chart papers if needed to keep groups small.
- Observe group dynamics and how engaged different participants are in the small-group brainstorms and large-group discussions. If conversations get heated or people tune out, remind people of group agreements and take a short break. This time can allow participants to take care of needs and allow facilitators to check in with participants and each other about possible intervention.
- Find more guidance in the Forces of Change assessments by rural **Klamath County** (OR), suburban **DeKalb County** (GA), urban **Miami-Dade County** (FL), and rural **Kankakee County** (IL).

Windshield or Walking Survey

- Develop a route for your survey and use a map to follow it. Consider printing a paper map that you can take notes on rather than relying only on a smartphone.
- Like facilitating community asset mapping, develop a guide or questionnaire with different categories of resources that you are looking for in the community and questions about what you notice.
- For example, in a park, you could ask questions like these:
 - How big is it?
 - Is it well maintained? How can I tell?
 - Who is using it? What ages are they? How are they using the space?
 - What facilities does the park offer?
- Depending on your goals, either develop a survey that broadly identifies resources in a community and participant impressions, or focus on one or more specific issues that community members have prioritized or identified through other research methods.
- If using the survey to gather objective data (i.e., “ground truthing”) or verify data from other quantitative or qualitative sources with community members, bring notes about the results of that research and reflect on them during the survey.
- Find more guidance in the **Windshield and Walking Surveys** from the Community Tool Box.



Qualitative Research in Rural Areas and Smaller Counties

Small counties and rural areas may have limited staff capacity or logistical challenges gathering data from community members. Consider seeking support from other agencies (e.g., state health departments, university faculty or students, health centers, hospitals, and other regional governments) to support staffing needs and help collect data.

Here are some samples of qualitative research for small counties and rural areas:

- Organize online surveys or online focus groups.
- Distribute print surveys in the community or use mailers.
- Host focus groups with a community partner in places where people already convene (e.g., churches, senior centers, schools, clinics, and beauty salons).
- Partner with another agency that does outreach (e.g., home visiting nurses, environmental health inspectors, and community organizations) for interviews.
- Partner with a local school on a school project describing community health.

Check out these examples of rural qualitative research:

- Kankakee County (IL) **Forces of Change Assessment**
- Eagle, Pitkin, and Garfield Counties (CO) **Regional Nominal Group Technique**
- Eastern Band of Cherokee Indians (NC) **Community Strengths Listening Sessions**
- **Electronic tablet-based assessment** of the food and built environment from four rural communities in upstate New York



Step 2.3: Analyze and Reflect on Qualitative Data

Now that you have collected qualitative data, you need to process and combine what you have heard. You have options for analyzing qualitative data. Generally, rigorous academic-style analysis will take longer and may need someone with training or experience with qualitative coding.

Tip: Start Analysis Promptly

No matter how you do your analysis, begin promptly after collecting the data, when the experience is fresh in your mind. You may remember details that provide rich information about the data but will be harder to recall over time (for example, information about people’s verbal and behavioral cues during a focus group, or what you observed during a walking survey).

Using Transcriptions

For many forms of qualitative research, such as interviews and focus groups, the first step in analysis is to transcribe the recordings. The most in-depth analysis includes a full written transcription of recorded interviews and focus groups. Some programs—like the free **Otter.ai**—can transcribe recordings or live meetings/conversations.

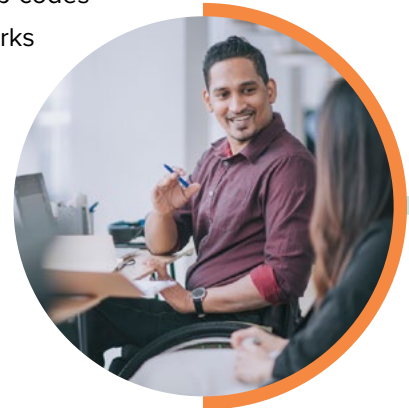
If you do not have the resources to transcribe an entire recording, a good alternative is to use the notes from the focus group or interview as a starting point and listen to the recording to fill gaps. You can then use the recording to accurately transcribe any direct quotes for your reporting. If you are doing virtual focus groups or interviews (e.g., using Zoom, Microsoft Teams, or Skype), some platforms offer free or paid automated transcription services as meetings are happening.

Coding Your Data

Coding is the process of reviewing qualitative data systematically to identify themes. You can use coding to analyze not only interviews or focus group transcripts but also the results of other qualitative data collection, such as notes from a community meeting or the results of an asset map. Here is an example of a transcribed focus group.

Start your analysis either with a predetermined set of codes (sometimes called deductive analysis) or develop the themes as you review the results (inductive analysis). You can also use a combination of these approaches, beginning with a list of themes and adding others as you proceed. The list of themes may also be referred to as a “codebook,” and it generally has high-level codes and sub-codes nested within. For example, part of a codebook relating to a discussion of parks might look like this:

- Parks
 - Maintenance needs
 - Safety
 - Accessibility and equity
 - Current uses
 - Exercise
 - Playgrounds
 - Locations



Using the domains, themes, and guiding questions from Step 1.1 to structure your codebook can help connect your results explicitly to the MAPP process. It can also show the connections between your data and the next steps. If possible, include the themes that you will use for data triangulation among the three assessments (at the end of Phase II) as additional codes:

- Community Strengths and Organizational Capacities
- Systems of Power, Privilege, and Oppression
- Social Determinants of Health
- Health Behaviors and Outcomes

There is no right or wrong way to structure your codebook because the themes will typically overlap and interrelate. Do what makes the most sense for your analysis. The activity of coding is connecting the codes to specific quotes or content in your transcription or notes, then learning which are discussed most frequently and how they relate to each other, to summarize the major themes of an interview.

Learn more from **Learning for Action**, which includes information about applying themes to your transcript and ideas for participatory analysis of the data. For a deeper dive geared toward academic research, but with a comprehensive discussion of different methods for coding, refer to this chapter in **The Coding Manual for Qualitative Researchers** by Johnny Saldaña.

A variety of tools are useful for coding:



Qualitative analysis software provides high levels of functionality, options for visualizing, and ability to collaborate across teams. Paid and free versions of software are available. Learn more at this [blog post](#) from MonkeyLearn.



Microsoft Excel or Google Sheets spreadsheets help you organize quotes in rows or columns by themes and quickly identify their frequency. [Learning for Action](#) has an example, and here is a comprehensive video tutorial.



Word processors help you organize quotes under theme headings, or you can use the comments or **indexing** function to highlight and associate parts of transcripts with specific codes.



Engaging University Partners and Students

If you want to code results but do not have the capacity within your team, consider partnering with a university and engaging students. Many public health and other graduate students take qualitative analysis courses in their programs and might analyze your data for a class project.

Simplified Qualitative Analysis

If you do not have the resources to comprehensively code your data, discuss with your MAPP team what the results tell you about your guiding questions. You can create a simple table with the guiding questions or the high-level questions from the focus group in one column and a written summary of the results in the second. These **focus group results** from a CHA in rural Cortland County (NY) could provide a useful template (refer to page 17).

Step 2.4: Connect Assessment Results to Cross-Cutting MAPP Themes

If you have not used the cross-cutting MAPP themes during your analysis, organize your results according to the five themes:

**COMMUNITY STRENGTHS
AND ORGANIZATIONAL CAPACITIES**

**SYSTEMS OF POWER,
PRIVILEGE, AND OPPRESSION**

SOCIAL DETERMINANTS OF HEALTH

HEALTH BEHAVIORS AND OUTCOMES

OTHER THEMES

You can do this in a simple table or narrative document using the themes as headers. Refer to the **Activity Reflection Chart (app. I)** for a sample table. Many results will relate to more than one theme. For example, you might apply the same focus group results about parks to multiple themes like so:

COMMUNITY STRENGTHS AND ORGANIZATIONAL CAPACITIES

Focus group participants named the seniors' Tai Chi group in the park as an important place for social connection, support, and physical activity. They noted that an organizer of the Chinese workers' association has been supporting the group and offering snacks and rides to participating elders.

SYSTEMS OF POWER, PRIVILEGE, AND OPPRESSION

Participants shared that the parks in their community are poorly maintained compared to those in wealthier neighborhoods. Despite high demand, afterschool programs were often understaffed and facilitated by people from outside the neighborhood or whose demographics were very different from the youth engaging in the programs.

SOCIAL DETERMINANTS OF HEALTH

Participants identified a lack of maintenance, lighting, broken public exercise equipment, and other city investments in public parks as reasons they did not want to use parks for social events or exercise.

HEALTH BEHAVIORS AND OUTCOMES

Participants talked about how they used to walk and exercise in the parks with friends and family but in recent years have stopped and have gained weight and developed diabetes. They know walking and exercising would help, but unsafe parks make doing so hard.

Figure 1 on page 7 illustrates the relationship between the data collected from the CCA and other assessments and how that data will be analyzed to inform Phase III action steps.

STEP THREE: SUMMARIZE AND SHARE DATA



The final step of the CCA is to summarize and share the qualitative data you have collected. Use the CCA to develop your final CH[N]A and CHIP. You may include the CCA Summary as an appendix in the CH[N]A or CHIP. You may also copy and paste sections of the CCA Summary, particularly quotes and observations, into the CH[N]A/CHIP. The length of the summary will depend on your capacity and CCA plan for using the data.

Step 3.1: Write Your CCA Summary

Ideally, your CCA summary will be in two forms: (1) a written outline that can easily be copied and pasted into the larger documents and reports; and (2) a visual presentation, such as slides, infographics, or posters with highlights and quotes from the CCA. Both will be useful for sharing findings with participants in the qualitative research process, MAPP Steering Committee, decision-makers, and others.

Items to Include in Your CCA Summary:

Acknowledgments

- Who coordinated the process, who was involved in data collection, analysis, and interpretation, and who wrote the report
- Names of people involved in interviews, focus groups, or other qualitative data-collection methods (or only the organizational affiliation/location of people who want to remain anonymous)
- Any funders or organizations who contributed in-kind resources to support the qualitative data collection (e.g., support for translation/interpretation or stipends)
- Members of the MAPP Assessment Design Team and Steering Committee

Summary of Methods

- Time frame in which you did the CCA
- How you identified people to interview/engage
- Number of interviews, focus groups, and other qualitative methods, and if possible, the number and demographics of participants
- If appropriate, summary of how you did a literature review or historical research
- Whether you offered stipends or translation/interpretation services to participants
- Description of how and when data collection occurred
- Description of how data were analyzed and summarized

□ Summary by Domain

- For each CCA Domain (Community Strengths and Assets, Built Environment, and Forces of Change), list the following:
 - Guiding questions for the domain
 - Who was involved and how you involved them
 - Common themes or experiences shared about this domain
 - Notable differing opinions or views
 - Exemplary quotes, picture, or images that highlight the key themes and points from this domain

□ Recommendations and Next Steps

- **Participant Recommendations:** Describe participants' recommendations to improve community health. To ensure accuracy, try to quote directly and do not paraphrase.
 - What were their recommendations to improve conditions and well-being (e.g., necessary policies, practices, and programs, changes in service delivery, and priority issues)?
 - What were their general recommendations to improve the CHI process going forward?
- **Facilitator Observations and Recommendations:** Be transparent about what parts of the report reflect your own observations and recommendations emerging from the data collection and analysis process. Specifically, your recommendations should address the following:
 - What are your potential biases? Were they addressed during facilitation? If so, how?
 - What are actionable next steps to center health equity and build power within the community?
 - What are the next steps in MAPP process (e.g., Community Partner Assessment, Triangulation of Data, Identification of Priorities, and Issue-Based Workgroup formation)?
 - What themes should be revisited with follow-up interviews? Are there other ways to follow up on themes in Phase III of MAPP if resources are constrained?
 - What additional questions do you have as facilitators?
- **Remaining Questions:** Name questions you or others still have to explore in future steps or iterations of MAPP.
- **Next Steps:** Outline the next steps of MAPP, what will happen with the data, and a rough timeline.



Step 3.2: “Ground Truthing” and Revisiting Your Communication Plan

Before publishing results, share findings with interview or focus group participants to make sure you reflected their intended meaning. Checking back is critical to build trusting relationships with communities experiencing inequities and to ensure data are accurate.

The timing of when to share will depend upon your workplan and the capacity of the Assessment Design Team. If capacity allows, check with key informants before the qualitative, quantitative, and partner data are triangulated. If possible, have community partners help share the findings and let them know what is planned or what will change because of this work.

Eventually, you will want to share findings and recommendations from this CCA, along with the CSA, CPA, and other parts of MAPP, with participants, decision-makers, and community members. Involve partners in the sharing process so findings can reach target populations. Distribute results at meetings, online, or through traditional or social media.

When sharing results, explain how people can learn more about MAPP and provide feedback on the assessment results. Communications strategies should be culturally and linguistically appropriate. Consider multiple venues and formats including town halls, radio appearances, op-eds, infographics, and social media. The MAPP Handbook has more information about communication and sharing.



APPENDIX

A. CCA Planning Table

(A) CCA Domains and Guiding Questions	(B) Existing Qualitative Data	(C) Who's Already Involved?	(D) Who Else to Engage?	(E) Who Can Help Connect?	(F) Qualitative Methods to Use	(G) Resources Needed
<p>COMMUNITY STRENGTHS AND ASSETS</p> <ul style="list-style-type: none"> • <i>What strengths and assets do community members have?</i> • <i>How do these community strengths and assets contribute to community health?</i> • <i>Which strengths and assets can be used and strengthened to address health inequities?</i> 						
<p>BUILT ENVIRONMENT</p> <ul style="list-style-type: none"> • <i>What physical assets and resources exist in the built environment of your community?</i> • <i>How do these resources differ across neighborhoods, particularly in those experiencing the greatest health inequities?</i> • <i>How do community members view and interact with their local built environment?</i> • <i>How do these interactions impact community members' health?</i> • <i>What key aspects of the built environment in our communities impact health inequities?</i> • <i>How can those aspects be improved or addressed to improve health?</i> 						
<p>FORCES OF CHANGE</p> <ul style="list-style-type: none"> • <i>What is occurring or might occur that affects the health of your community or your local public health system?</i> • <i>Which communities are disproportionately impacted by forces of change? How and why?</i> • <i>How does historical and structural context shape the forces of change and who benefits from current conditions?</i> • <i>How have climate change and COVID-19 changed conditions in your community, and what have health departments done to help? What accommodations are happening or planned?</i> 						

B. Existing Qualitative Data Table

	What qualitative data relevant to the CCA are available? (include hyperlink if possible)	Who owns that data and can they share summaries?	Whose voices are reflected in that data? Do data center those with lived experience in the community?
COMMUNITY STRENGTHS AND ASSETS			
BUILT ENVIRONMENT			
FORCES OF CHANGE			

C. Suggested Populations to Engage in the CCA and Methods of Engagement

Domain	Groups to Prioritize	Other Groups to Engage	Methods
COMMUNITY STRENGTHS AND ASSETS	<p>Community members and leaders from communities experiencing inequities, such as the following:</p> <ul style="list-style-type: none"> • Non-White racial and ethnic groups • LGBTQIA+ people • Immigrants and separated families • People with disabilities • People with contact with the criminal legal system 	<ul style="list-style-type: none"> • Mutual aid organizations • Educators • Artists • Social workers • Outreach workers/promotoras • Local elected officials • Labor unions • Directors or staff of community centers, non-profits, and community health centers • A diverse set of workers from various occupations 	<ul style="list-style-type: none"> • Asset mapping • Key informant interviews • Focus groups • Field surveys • Content analysis • Journaling/diary entries • Community archives • Community dialogues • Rich picture analysis • Walking/windshield surveys • Photovoice
BUILT ENVIRONMENT	<ul style="list-style-type: none"> • Residents living or working in neighborhoods most impacted by inequities • Organizers from grassroots organizations and mutual aid groups • Students/youth and youth organizations • Elders and senior organizations • Multigenerational households • People with physical and developmental disabilities • Local community-based organizations led by communities experiencing inequities <p><i>Note: Pay attention to racial, ethnic, and other groups who have significant history in your specific area.</i></p>	<ul style="list-style-type: none"> • Staff and members of environmental justice organizations • Residents in low-income or affordable housing • Families with kids • Individuals experiencing homelessness • Organizations that use parks and recreation facilities • Commuters • Public transit riders and agencies • Schools and teachers • Urban and regional planners • Parks departments • Staff from transportation, public works, housing, redevelopment, and planning agencies 	<ul style="list-style-type: none"> • Participatory asset mapping • Photovoice • Windshield/walking tours • Journey mapping • Interviews • Focus groups • Field work
FORCES OF CHANGE	<p><i>Note: Pay attention to racial, ethnic, and other groups who have significant history in your specific area.</i></p>	<p>Prior groups, plus the following:</p> <ul style="list-style-type: none"> • Mutual aid organizations • Food banks/pantries • Tenants' unions • Directors or staff of agencies, non-profit, cultural centers, and community centers • Elected officials and policymakers • Business leaders • Educators • Disaster preparedness staff • Neighborhood groups • Librarians • Historians, archivists, and scholars • Regional planners 	<ul style="list-style-type: none"> • Key informant interviews • Focus groups • Community dialogues • Timeline mapping • Content analysis of public records • Creation or review of community archives • Historical research • Literature review • Archival analysis • Interviews • Focus groups • Oral histories • Timeline mapping

D. Considerations for Choosing Methods

Category	Method*	Skills/Resources Needed**					
		Skilled Facilitator	Participant Stipends	Meeting Space	Enabling Resources	Technical Analysis	Community Engagement
Group-Based	Focus Groups	Yes	Yes	Yes	Yes	Yes	Yes
	Community Meetings/Town Halls	Yes	Maybe	Yes	Yes	Maybe	Yes
	Community Dialogues	Yes	Yes	Yes	Yes	Maybe	Yes
Individual-Based	Interview/Discussions	Maybe	Yes	Maybe	Maybe	Yes	Maybe
Mapping/Visualization	Community Asset Mapping	Yes	Yes	Maybe	Yes	No	Maybe
	GIS/Equity Mapping	No	No	No	No	Yes	Maybe
	Journey Mapping	Yes	Maybe	Maybe	Maybe	No	No
	Rich Picture Analysis	Yes	Maybe	Maybe	Maybe	No	Maybe
Observational	Photovoice	Yes	Yes	Maybe	Yes	Maybe	Maybe
	Walking/Windshield Survey	Yes	Maybe	Maybe	Maybe	Maybe	Maybe
	Case Study	Maybe	Maybe	No	No	No	No
Historical Research	Archival Research	No	No	No	No	Maybe	No
	Oral History	No	No	No	No	Maybe	Maybe

* Method: Find qualitative research methods for a CCA at Full List of Qualitative Methods for MAPP CCA.

** Skills/Resources Needed:

- Skilled Facilitator: someone with experience in facilitating diverse community conversations, ideally with a racial justice lens and awareness
- Participant Stipends: some payment for participants' time (e.g., gift card or cash)
- Meeting Space: physical space to meet if held in person; not applicable if held virtually
- Enabling Resources: childcare, transportation, food, interpretation, and other resources to support community participant engagement in meetings
- Technical Analysis: skills for analysis (e.g., ability to code qualitative data or use GIS/mapping tools)
- Community Engagement: support from community partners to engage community members or do activity

Considerations for Support		
Outreach Recruitment	Does your organization have strong direct relationships in your prioritized communities?	If yes, identify gatekeepers in the community to engage
		If no, identify which community organizations have strong relationships with the priority communities and build relationships with the organization
Data Collection	Does your organization have capacity to organize and facilitate focus groups, interviews, or other assessment activities?	If yes, develop your assessment plan and identify whom else is needed to support
		If no, explore subcontracting to a community partner, academic partner, or consultant with capacity and skills
Data Analysis	Does your organization have capacity to analyze qualitative data (e.g., coding, synthesis)?	If yes, develop a concrete data analysis plan
		If no, explore partnering with an academic institution or subcontracting to a consultant to support data analysis

E. CCA Budget Tool: Estimating Resources Needed for Qualitative Engagement

Use this budget planning tool to think through resources needed for assessments. Table 1 will help you estimate how many resources you will need for each type of qualitative method. Table 2 helps you think through how much each resource might cost and whom you could partner with to reduce costs. Estimated cost per unit will vary by geography and organizational capacities. Adjust the estimated cost to your local area and consider how many of each item you will need.

TABLE 1. Number of Resources Needed Per Activity

Category	Method*	Skills/Resources Needed**										
		Facilitators	Participants	Participant Stipends	Meeting Space	Childcare Providers	Snacks/ Meals	Transport Stipends	Interpreters/ Translators	Community Engagers	Technical Analysts	Other
Group-Based	Focus Groups											
	Community Meetings/Town Halls											
	Community Dialogues											
Individual-Based	Interview/ Discussions											
Mapping/ Visualization	Community Asset Mapping											
	GIS/Equity Mapping											
	Journey Mapping											
	Rich Picture Analysis											
Observational	Photovoice											
	Walking/ Windshield Survey											
	Case Study											
Historical Research	Archival Research											
	Oral History											

* See Considerations column in Table 2 for descriptions of what the resource needed may entail.

TABLE 2. *Estimated Costs per Resources Needed, Considerations, and Potential Resource Supports*

Item	Estimated Cost per Unit	Number Needed	Total Estimate Needed	Considerations	Who Else could Support?
Facilitator Stipend (if community-based organization leads)	\$50–100/hr			<ul style="list-style-type: none"> Who can facilitate the meeting that will make participants feel at ease and comfortable sharing? Will you need different facilitators for different activities? How much preparation/orientation is needed? Consider time spent in meetings, reviewing/translating materials, helping plan assessment activities, recruiting participants, supporting engagement, and analyzing and sharing data. 	Staff from health departments, hospitals, local community organizations, and clinics; translation consultants; and others could help interpret into other language(s).
Stipends for Community Participation	\$15–100+ /person			<ul style="list-style-type: none"> Stipend should be at least the living wage for the area. What is the total number of participants (in focus groups, interviews, other assessment activities)? Prioritize stipends/gift cards for those will receive no payment for their time over those who can participate as part of paid or salaried work time. If you do not have resources, could you hold virtual focus groups for lower or no cost? 	<ul style="list-style-type: none"> Hospitals, clinics, and universities may have ways to pay or be doing similar assessments that you can join. Grocery stores/supermarkets and department stores might donate gift cards. Banks, credit unions, foundations, or others may be able to sponsor or donate.
Meeting Space/Venue	Free to \$250+			<ul style="list-style-type: none"> Consider holding meetings during nights or weekends or where people gather (e.g., church, community meetings, schools) to facilitate ease of participation. Consider how reliable Internet access is where participants live and if a video call is possible; if not, consider holding a conference call or smaller meetings. 	<ul style="list-style-type: none"> Churches, mosques, or other religious institutions Schools or recreation centers Community organization hosting regular community meeting Universities or community colleges
Childcare (1 person)	\$15–50+/hr			<ul style="list-style-type: none"> How many parents and caregivers will attend and how many babysitters will you need? What ages will care be offered for? 	<ul style="list-style-type: none"> How many parents and caregivers will attend and how many babysitters will you need? What ages will care be offered for?
Snacks/ Meals	\$2–15+ /person			<ul style="list-style-type: none"> Make sure food is culturally appropriate, satisfies different dietary restrictions, and is non-perishable, if possible. 	Local restaurants, grocery stores, hospital cafeterias, schools, universities, or others might donate or offer meals or snacks at a reduced price.

TABLE 2. Cont'd

Item	Estimated Cost per Unit	Number Needed	Total Estimate Needed	Considerations	Who Else could Support?
Transportation Stipend	\$3–40+ /person			<ul style="list-style-type: none"> Where will meetings be held? Will all participants need a stipend to arrive or just those who live further away? What are the rural transport logistics? 	Local hospitals, transit agencies, schools, or businesses might offer or sponsor transportation.
Translation of Documents	\$20–60 /page			<ul style="list-style-type: none"> Consider which documents you want translated (e.g., agenda, presentations, fact sheets, executive summary, or whole report). Consider which languages you need documents translated into. 	Staff from health departments, hospitals, local community organizations, and clinics; translation consultants; and others could help translate documents into other language(s).
Interpretation at Meetings	\$40–200 /hour			<ul style="list-style-type: none"> Will you offer simultaneous or consecutive translation? Will you need equipment such as headphones and microphones? 	Health department staff or staff with local community organizations, clinics, translation consultants, or others might help interpret into other language(s).
Community Engagers	\$25+/hr or set subgrant amount			<ul style="list-style-type: none"> Who will help you do outreach? Who can help support participant engagement (e.g., make calls or visits to invite participants, follow up to help attend meeting, support during meeting, follow up after meeting)? Consider partnering with multiple community organizations and offering the organization a stipend or subgrant to support their staff involvement. 	Partner with local community organizers, community-based organizations, neighborhood or tenant associations, religious communities, or others to help with outreach and community engagement.
Technical Analysts	Free to \$5,000+			<ul style="list-style-type: none"> Will you need equipment such as headphones and microphones? 	Partner with faculty or students from a university or college or community organizations to support the technical components of qualitative data.
Other Resources	TBD			<ul style="list-style-type: none"> Consider whether you need cameras, recording equipment, coding software, and transcription. 	Partner with a university, hospital, or other institution that may have resources or volunteers.
Estimated Subtotal					

F. Questions to Help Prepare for Your Assessment

Use the following checklist to prepare for your assessment.

Scheduling/Venue

- What is the right time of day/week to host your activities? Are nights or weekends better?
- Do you need to reserve a physical or virtual space to hold the meeting?
 - If physical space, what materials (e.g., flipchart, markers, A/V equipment, chairs, tables) are needed? Are health precautions needed for in-person meetings?
 - If virtual space, do you have access to an Internet/video platform like Zoom, Teams, or Skype? Will all participants have access to such platforms and reliable Internet?
- Whose schedules do you need to coordinate (e.g., venue availability, facilitators, key participants, speakers)?

Outreach/Recruitment

- Who will recruit participants for each assessment activity?
- Where is the person going to recruit from?
- Are you trying to recruit multiple people with similar lived experience to participate in an activity or a diverse range of lived experiences?

Incentives/Payment

- What incentives can you offer for participation in assessment activities?
- Can your organization purchase those incentives (e.g., gift cards or cash) or do you need to ask a partner organization to get the incentives?
- To whom will you provide incentives—everyone or just some?
- When will you give the incentives?
- Can you pay partner organizations for staff time/energy spent on recruitment/outreach, support of participants, co-facilitation, or other ways they directly and indirectly support the assessment activities?

Translation/Interpretation

- How can you develop an accessible, inclusive meeting space for non-English speakers?
- Is translation of documents needed? How much time is needed to translate the documents? When do you need a draft?
- Is interpretation into other spoken languages or American Sign Language needed during the activities?
- Will you do simultaneous or consecutive translation? If doing simultaneous, will you need headphones and microphone? If doing consecutive, will you need additional meeting time to account for increased length of time?
- Will you need two interpreters so each can take a break?



Facilitation

- Who will facilitate the assessment? Do you need multiple facilitators?
- Will the facilitator's demographics be similar to those of the participants? If not, what needs to be acknowledged during facilitation to create a safe space?
- If you will have interpreters, how will facilitators interact with interpreters to ensure non-dominant language speakers have ample space and time to participate?
- How will the person create group agreements and make participants feel comfortable and safe sharing stories?
- What will be the agreements for confidentiality and anonymity as people share?

Note-Taking

- How will notes be taken during your assessment? If virtual, can you use a transcription service? If in person, can the dialogue be recorded and transcribed?
- If there is one note-taker, what preparation/orientation do they need to capture the most important information?
- Can the facilitator take any notes during the activity about what they hear as important in addition to an external note-taker?
- Do you need to rent, borrow, and test recording equipment before your activity?

Enabling Resources (e.g., Childcare, Meals, Transport)

- Can you offer childcare for all ages or only certain ages?
- Do you have a safe, child-friendly environment to offer childcare?
- Do you need supplies (e.g., toys, coloring pages, crayons)?
- How many people will need childcare and how many care providers will you need?
- Can you offer snacks or meals to participants? If yes, can you include healthy options? If not, can you work with a community partner to provide or donate food?
- Can you offer transportation?

Virtual Space Considerations

- Do you want to use poll, chat, or whiteboard functions during the meeting?
- Will you separate into smaller breakout groups? If yes, does each group need a facilitator, note-taker, or both?
- Do you want to use interactive materials during the meeting (e.g., a virtual whiteboard, sticky notes, shared slides, Jamboard/Mural/Miro)?

Informed Consent

- How will you get informed consent from participants? Will you use a written form or verbal consent? How will you ensure anonymity if necessary? (See **Sample Consent Form (app. H)**.)
- Does your organization or do your partners need IRB approval for qualitative research? If yes, how does that impact your timeline?
- How will you ensure people know what they are signing up for and how their information will be used?

Plan for Tool Development, Data Analysis, and Sharing

- How will you involve communities that experience structural inequities in each stage of the assessment—naming goals, developing assessment tools, collecting and analyzing data, and sharing findings and next steps with participants?
- How can you engage the community in data interpretation, member-checking, and ground truthing?
- What is your plan for sharing with participants what you are learning and next steps?



G. Meeting Preparation Checklist

Meeting Planning

- Confirmed who will facilitate or co-facilitate?
- Developed an annotated or facilitators' agenda with roles?
- Invited people to play supporting roles during the meeting (e.g., facilitate small groups, take notes, observe moods, set up/take down)?
- Decided where and when to hold the meeting?
- Confirmed availability of the physical or virtual space?
- Chosen the decision-making process (e.g., majority vote, group consensus, leader's choice)?
- Reviewed and finalized the agenda with the co-facilitators and any supporters?
- Identified, secured, and tested equipment?
- Prepared presentations, printed handouts, and other materials?
- Confirmed if you will need translation of documents/materials or interpretation into other languages during your meeting?
- Confirmed if you need help setting up or taking down the room?
- Confirmed if you want A/V technical support during your meeting?

Enabling Services

- If hiring catering, confirmed price, products, and delivery time?
- If receiving snacks, confirmed a plan to pick up, display, and distribute snacks?
- If hiring childcare, confirmed childcare providers, whether toys are needed, and anticipated number of children?
- If providing transportation, coordinated logistics of pick-up and drop-off?
- If offering stipends, have a clear process for tracking who received stipends?
- If translating documents, given materials to translators with enough time?
- If offering interpretation, obtained microphones and headsets and identified number of interpreters?

Engagement

- Made a list of invitees?
- Identified who will send the invites by when and confirmed invites were sent?
- Sent the preliminary agenda to key participants/stakeholders?
- Sent pre-readings or requests that need advance preparation?
- Followed-up with invitees to confirm RSVP?
- Finalized and distributed the agenda to participants?
- Verified key participants will attend and know their roles?

H. Sample Consent Form



NACCHO MAPP Community Context Assessment Listening Session Consent Form

What is this Listening Session?

You have been asked to take part in this community listening session sponsored by EBCI Public Health and Human Services and facilitated by WNC Health Network, Inc. This session will help us learn about your views on health equity in EBCI, community strengths, influences on tohi, and forces of change that shape the community to inform tribal health improvement planning and processes.

What Kinds of Information Will I Be Asked to Share?

You may be asked about your opinions and ideas about health equity, community strengths, the built environment, and forces of change related to health. You will NOT be asked to share any personal health information.

How Will the Information I Share Be Used?

We will not share your name or any other information that could identify you outside of this session. The information you provide today will be included in NACHHO MAPP findings, reported to the Tribal Health Improvement Process (THIP) Steering Committee to inform decisions about what would work to improve the health of our community, in the 2024 THIP mid-term report or the 2027 final report. Your responses will help improve the health of our community and improve how we address health issues.

Voluntary Participation

Taking part in this session is voluntary. You do not have to take part if you do not want to. If any questions make you feel uncomfortable, you do not have to answer them. You may leave the group at any time for any reason.

Consent Form

The next page is the consent form for you to sign and turn in before the listening session. Please complete the entire form. Feel free to reach out if you would like any help with the form.

Updated April 22, 2016





Photograph, Film or Vocal Recording Release

Note: I authorize this release based on the following conditions:

- These records become the property of the EBCI Cherokee Public Health & Human Services or its representatives.
- This release is given without promise of compensation.
- This release is effective until terminated by a retraction in writing from the person granting this authorization.

The parent/legal guardian and the participant do release to the EBCI any right, title, and/or interest of any kind they may have in the records produced.

Release to photograph, film, or record vocally for publicity purposes

I hereby grant to the EBCI Cherokee Public Health & Human Services the right and authority to photograph, film, and/or record vocally.

X _____

Please print participant name; if the participant is a minor print their name and age.

These records may be used for tribal health improvement planning and processes, reports and summaries. Your information will remain anonymous. This release is effective until revoked in writing by the undersigned. Such revocation shall only be effective to prevent any expanded future use of the records.

X _____

Signed (Parent or Legal Guardian)

X _____

Address

X _____

Phone

X _____

Date

Updated April 22, 2016



I. Activity Reflection Chart to Help Capture Themes

Use this chart during the CCA to capture any lessons, observations, opportunities, and challenges related to the five themes that will be used in data triangulation at the end of Phase II.

Date:	Today's Topic/Activities:
THEMES	<i>What did we learn from today's discussion about:</i>
Community Strengths	
Organizational Capacities	
Systems of Power, Privilege, and Oppression	
Social Determinants of Health	
Health Behaviors and Health Outcomes	
Other	
Remaining Questions	
Facilitator Notes	

J. Optional Orientation Activities

ACTIVITY: Power Flower: Exploring Power, Privilege, and Intersectionality

This activity is an abbreviated version of the “Power Flower” activity developed by staff at Human Impact Partners who adapted activities from Barb Thomas of the Doris Marshall Institute and Enid Lee, Letters to Marcia.

WHEEL OF POWER/PRIVILEGE

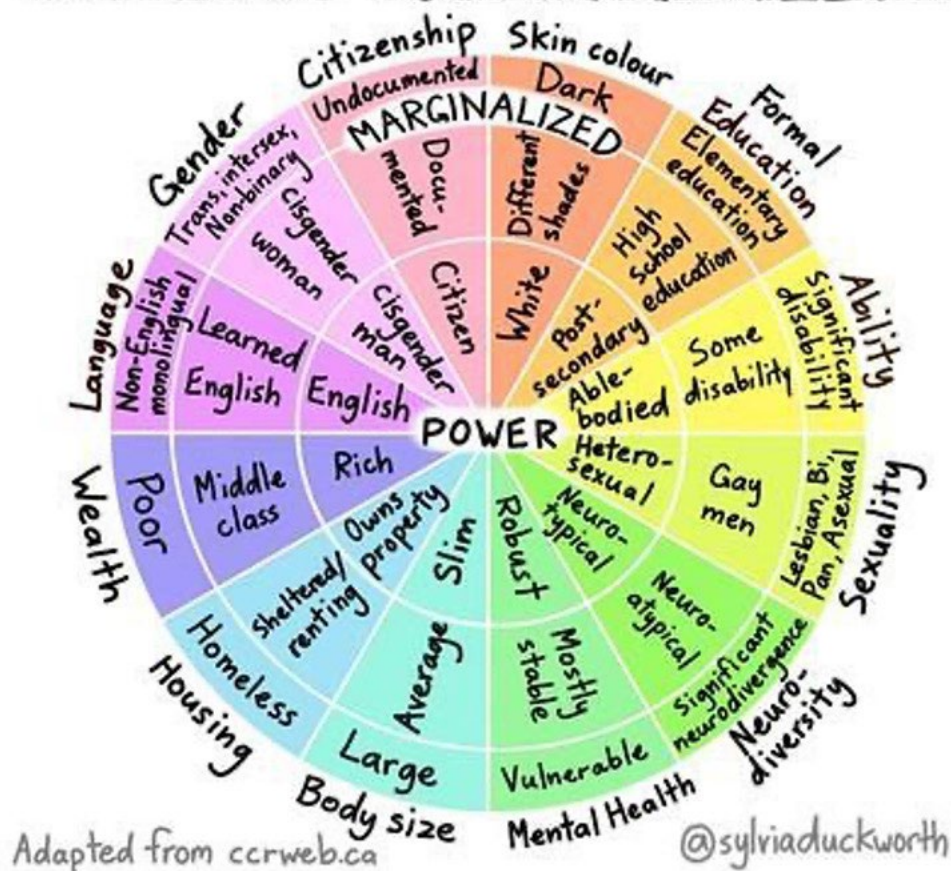


Image Source: Reprinted with permission from Sylvia Duckworth.

Note: All people hold not just one of the above identities or circumstances, but varying degrees of power, privilege, or marginalization based on our identities. This diagram includes many aspects of identity but does not include age or religion, which may be particularly important for some communities. Learn more about intersectionality at https://www.cjr.org/language_corner/intersectionality.php.

Estimated Time: 15–60 minutes

Objectives:

- Reflect on personal power, privilege, and identity
- Visualize which identities give you unearned privilege and which do not
- Increase awareness of how power, privilege, and identity can impact interpersonal and group dynamics, particularly as they relate to MAPP and the CCA

Steps:

- 1. Pre-activity: Make copies of a blank power flower for each participant**
(<https://www.ala.org/news/sites/ala.org.news/files/news/pressreleaseimages/PowerFlower.jpg>)
- 2. Introduce the Power Flower (5–10 min)**
- 3. Personal reflection (5 min):**
 - Have each person shade in the slice that applies to them along each dimension of the flower
- 4. Pair share (10 min)**
 - Invite each person to talk for 3 minutes with the other actively listening but not responding. Then switch. Only share what feels comfortable sharing.
 - What came up for you?
 - Were there parts of your identity that felt complicated to fit into this activity?
 - What did you notice?
- 5. Group share (10–20 mins)**
 - Invite a few people to share reflections from activity and pair share
 - What did you notice? What came up for you? What was complicated?
 - How have you noticed your personal identity showing up in your professional work?
 - Relate the activity back to MAPP:
 - How does your personal power and privilege shape your understanding and lived experience of health inequities?
 - How is it similar or different from people and communities you hope to engage in CCA focus groups, interviews, or meetings?
 - How can you center the lived experiences and expertise of people at the outer ring of “marginalized” identities as part of your CCA?

Check out more activities using the power flower:

- **A Tool for Everyone: Revelations from the “Power Flower”**
- **Power Flower: Our Intersecting Identities**
- **Equity Workshop with Power Flower**
- **Exploring My Power and Privilege**

ACTIVITY: Ladder of Inference

The Ladder of Inference was originally developed by **Chris Argyris** and has been modified and changed over time.

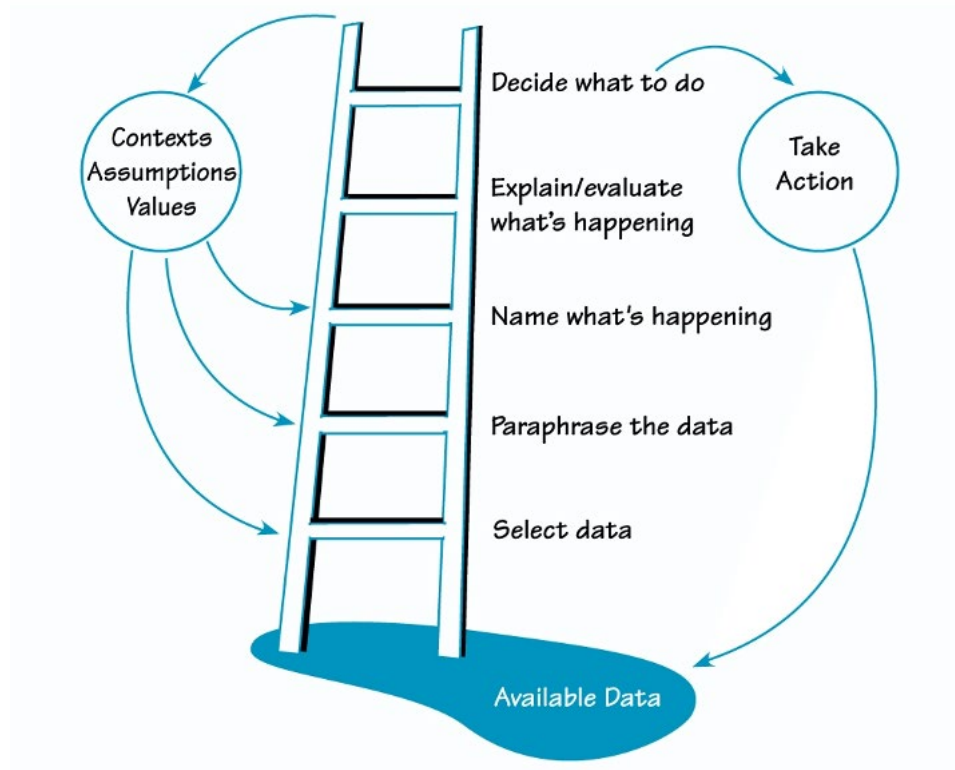


Image Source: *The Systems Thinker*

Estimated Time: 20–30 minutes

Objectives:

- Reflect on our own conscious and unconscious thought processes that move from a fact to a decision or action
- Explicitly name different factors—context, values, beliefs, emotional state, identity and lived experience—that shape how we interpret data, make conclusions, and act
- Increase awareness of implicit biases and how lived experiences impact individual and group decision-making when identifying what actions to take together

Steps:

1. Introduce the Ladder of Inference by summarizing this [Asana article](#) or giving participants 8 minutes to read the article (or send article to read before the meeting)
2. Identify an example (at work or at home) when the way you decided to act was very different from someone else, even though you had the same data available. Walk participants up the ladder asking these prompts:
 - a. *What were the facts of my situation?*
 - b. *What evidence was I focusing on?*
 - c. *What past experiences or beliefs did I associate with this situation?*
 - d. *What assumptions did I make based on past experiences or beliefs?*
 - e. *Did I draw a conclusion about the situation? What is it?*
 - f. *Which of my beliefs does this situation reinforce? Have I adopted a new belief based on what happened here?*
 - g. *What action did I take?*
3. Break into partners or trios, have each group identify and share another example, then walk through the prompts
4. Ask the partners/small groups to reflect on how the context, values, beliefs, emotional state, and lived experience varied between you and the other person/people
5. Reconvene as a large group and share reflections
6. Discuss how the Ladder of Influence may shape decision-making for what you prioritize as a team in the development of the CCA and how to address any potential biases and broaden the number of perspectives

Check out more resources about the Ladder of Inference:

- [Mind Tools](#)
- [Ladder of Inference PowerPoint Presentation](#)
- [Solving the Problem with Problem-Solving Meetings](#)

ACTIVITY: The Storytelling Project

This activity is adapted from the Storytelling Project Curriculum developed by Lee Anne Bell, Rosemarie A. Roberts, Kayhan Irani, and Brett Murphy. For a detailed explanation with more resources and activities, visit www.columbia.edu/itc/barnard/education/stp/stp_curriculum.pdf or check out **Make Noise Today's toolkit**.

Estimated Time: 60 minutes

Objectives:

- Create awareness of how not all stories are equally acknowledged, affirmed, or valued in our racialized society
- Open or continue a dialogue about racism and how it operates and impacts organizations, communities, and society
- Consider what is lost when stories and perspectives of diverse groups are concealed or lost
- Consider what is gained when we listen to and learn from diverse stories and perspectives
- Provide a way to engage body, heart, and mind in learning
- Reflect on our own stories and visions for a more inclusive, equitable, and just future

Steps:

- 1. Write the four types of stories on chart paper (one per page)**
 - a. **“Stock stories”** reinforce dominant narratives about individualism, meritocracy, and progress and naturalize White dominance (e.g., *Everyone who works hard can achieve the American dream; America is a colorblind society; Slavery happened a long time ago.*)
 - b. **“Concealed stories”** narrate the ways that race differentially shapes life experiences and opportunities.
 - c. **“Resistance stories”** narrate the persistent, ingenious (and often untold) ways people fight for more equal and inclusive social arrangements.
 - d. **“Emerging/transforming stories”** are new stories that help transform understanding of oneself and others, and how systems of bias, prejudice, and discrimination can be challenged and rebuilt.
- 2. Introduce the four types of stories to participants**
- 3. Ask the group for one example of each type of story**
- 4. Divide into four groups and have each group move to one of the chart papers with a marker**

5. Explain that the group will have 5–7 minutes on each page to add their ideas of the stock, concealed, resistance, and emerging stories, then 5–7 minutes to walk around and see everyone’s responses and add any other stories that came to mind
6. Invite people to think about their own racial and ethnic heritage and which stories they know because of their racial/ethnic identity that others may or may not know
7. Give a five-minute break once everyone has finished reviewing. Use that time for the facilitator to identify key examples from each page and whether any examples should potentially be moved to another category
8. Reconvene as a large group to reflect on what they observed. Consider asking the following prompts about each of the four stories:

Guiding questions about stock stories

- a. What are the stock stories about race and racism that operate in U.S. society to justify and perpetuate an unequal status quo?
- b. How do we learn these stories?
- c. Who benefits from stock stories and who is harmed?
- d. How are these costs and benefits hard to identify through stock stories?

Guiding questions about concealed stories

- a. What are the stories about race and racism that we don’t hear?
- b. Why don’t we hear them?
- c. How are such stories lost/left out?
- d. How do we recover these stories?
- e. What do these stories teach us about racism that the stock stories do not?

Guiding questions about resistance stories

- a. What stories exist (historical or present-day) that serve as examples of resistance?
- b. What role does resistance play in challenging the stock stories about racism?
- c. What can we learn about anti-racist action by looking at these stories?

Guiding questions about emerging/transformational stories

- a. What stories exist that describe vibrant communities where differences are valued, care is valued over cages, and everyone has what they need to thrive?
- b. Based on justice, what kinds of communities can we imagine and then work to embody?
- c. What kinds of stories can raise our consciousness and support our ability to speak out and act where instances of racism occur?

9. Close by asking the group for any general reflections about what they learned or felt from this activity, how they see this as relevant to the CHI process, and any remaining questions they may have. Then invite everyone to do a one-word checkout about how they are feeling.

K. Forces of Change Brainstorm and Discussion Activity

Estimated Time: 90 minutes

Objectives:

- Identify forces of change including trends, factors, and events currently or historically at play in your community that impact community health and well-being
- Develop a shared understanding of how forces of change may differentially impact different populations in your community because of historical and structural inequities
- Name potential strengths, weaknesses, opportunities, and threats related to specific forces of change

Materials Needed:

Chart paper, markers, tape, stickers or markers for voting, note-taker to capture conversation (e.g., on chart paper or laptop)

Steps:

1. **Pre-Activity:** Write “Trends (Patterns over time)” on one chart paper, “Factors (discrete elements)” on another chart paper, and “Events (one-time occurrences)” on a third chart paper. List “Types of Forces: Social, Economic, Political, Technological, Environmental, Scientific, Legal, and Ethical” on a fourth chart paper, “Adaptability” on the fifth, “MAPP Next Steps” on the sixth, and draw the following table on the seventh:

FORCES (trends, factors, events)	EQUITY IMPACTS	THREATS POSED	OPPORTUNITIES CREATED

- Hang the Trends, Factors, Events, and Types of Forces pages on the wall, spaced out from each other (save the chart for later)

2. **Introduce Forces of Change Activity**

- Forces of Change include trends, events, and factors.
 - **Trends** are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
 - **Factors** are discrete elements, such as a community’s large ethnic population, an urban setting, or a jurisdiction’s proximity to a major waterway.
 - **Events** are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

- Acknowledge there are many different types or categories of forces. Show the list on the chart paper of types (Social, Economic, Political, etc.) and ask the group for a few examples.
- If this is your group's first round of MAPP, move to the next step. If the group or others in your jurisdiction have done MAPP or a CHI process, revisit what was found in previous discussions. Specifically ask:
 - *Was the MAPP process started by a specific event such as changes in funding or new trends in health service delivery?*
 - *Did discussions during the previous Local Public Health System Assessment or Community Partner Assessment reveal changes in organizational activities that were the result of external trends?*
 - *Did brainstorming discussions during the Visioning or Community Themes and Strengths phases touch upon changes and trends occurring in the community?*

3. Ask the group to brainstorm a few examples of trends, factors, and events and write their example on the corresponding page. Use the following prompts to help them think about forces of change that are outside of their control and affecting the local community or local public health system.

- *What has occurred recently that may affect our community?*
- *What may occur in the future?*
- *Are any trends occurring that will have an impact? Describe those trends.*
- *What forces are occurring locally? Regionally? Nationally? Globally?*

4. Divide participants into three groups or, if you have a very large group, make multiple copies of each of the three pages (trends, factors, and events) so you can have 3–6 participants per group.

5. Tell groups they will have 5 minutes to brainstorm additional examples for each of the three pages. So, group 1 will have 5 minutes on trends, then 5 minutes on factors, then 5 minutes on events. Group 2 will start with 5 minutes on factors, then 5 minutes on events, then 5 minutes on trends, etc.

6. Following the brainstorm, give everyone 5 minutes to review all pages and another 5 minutes to vote for their top-five forces of change that are impacting or going to impact the community. Each person is given 5 stickers or allowed 5 dots to vote.

7. Give participants a short break while the facilitator synthesizes responses, tallies the votes, identifies if any categories can be combined, and writes the leading/top forces of change in the table (with equity impacts, threats posed, opportunities created)—one force of change per line.

8. Depending on the size of the group and time constraints, you could brainstorm the equity impacts, threats, and opportunities for each force of change as a large group, or you could divide into smaller groups and assign one or two forces of change per group. If helpful, use the following prompts:

- *Which populations in our community will be disproportionately impacted by this force of change? Will some be harmed while others benefit?*
- *What characteristics of our city, county, Tribe, state, or other jurisdiction may pose an opportunity or threat?*

9.

Once you have done the table, ask the large group for general reflections:

- *What are they observing?*
- *Would specific communities be disproportionately impacted by multiple forces of change?*
- *What may occur or has occurred that may be a challenge to achieving our shared vision for health equity?*

10.

Hang the chart papers for “Adaptability” and ask:

- *What are some strengths and resources our community has to adapt to changing conditions and still meet community needs?*
- *How have communities that are disproportionately impacted by the systems creating health inequities demonstrated their ability to overcome challenges?*
- *What can we learn from our Black, Indigenous, and other people of color communities about adapting to change?*
- *How can those lessons help shape recommendations for community health improvement?*

11.

End the discussion with the chart paper “MAPP Next Steps.”

- Summarize some key themes discussed
- Name specific actions identified through discussion
- Identify additional next steps to support the CHI process
- Thank everyone for their time and participation



See examples of forces of change matrices from the urban San Antonio MAPP Partnership and the rural Mendocino County MAPP Partnership, as well as the New Orleans Health Department’s slides introducing the forces of change, in the MAPP 2.0 Tools folder at naccho.org/mapp.

Additional Resources for the Forces of Change Activity

Discussion questions explicitly addressing power and forces of change:

- *What barriers keep you from being healthy?*
- *Who else do these barriers harm?*
- *Who benefits from these barriers?*
- *Who or what institutions have the power to create, enforce, implement, and change these barriers to your health?*
- *What factors support or go against actions that contribute to health inequity?*
- *What opportunities are there to address barriers to health that would benefit all groups?*

- What forces now and in the future can reinforce health inequity in our community? How can we prevent these forces?
- What forces now and in the future can reinforce health equity in our community? How can we take advantage of these forces?

Timeline Mapping Template

Table to identify forces of change along different types of forces and in timeline of near past, present and near future

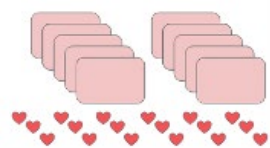
What trends, factors, or events are occurring or might occur that affect the health of our communities?

Social	•	•	•
Economic	•	•	•
Political	•	•	•
Technological	•	•	•
Environmental	•	•	•
			
	Near Past	Present	Near Future
Scientific	•	•	•
Legal	•	•	•
Ethical	•	•	•
Other	•	•	•

Additional Resources for Virtual Forces of Change Activities

The following slides can support reflections and discussion about forces of change during virtual focus groups or virtual engagement. Download the **Timeline Mapping and Virtual Focus Group PowerPoint templates** in the MAPP 2.0 Tools folder at naccho.org/mapp.

Virtual Focus Group Template

<p>Forces of Change (FoC) Assessment- Virtual Group Facilitation</p> <ol style="list-style-type: none"> 1. Utilize the following slides as interactive brainstorming areas with a large or small group, similar to a large bulletin board with sticky notes. 2. Ensure all participants have edit access to the slides. 3. Allow participants ~5 minutes to enter their responses to the main discussion question. Participants will be inputting information together in real time on the same slide. <ol style="list-style-type: none"> a. Participants can drag the text boxes from the bottom right corner and type their responses in the boxes. If additional boxes are needed, participants can copy and paste a blank box. 4. Allow participants ~5 minutes to read all responses, encouraging them to drag hearts next to responses they like. 5. The facilitator can then recap the responses, noting key themes or patterns. 	<p>What trends, factors, or events occurred recently that may affect our community?</p> 
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L. Sample Focus Group or Key Informant Interview Questions

Depending on the qualitative method chosen, you can use the following questions in different ways. For instance, in key informant interviews, focus groups, and community dialogues, the questions might need little adaptation and could be directly communicated to participants. Whereas, in timeline mapping, content analysis, or community archive review, these questions may be overarching guidance for data collection, rather than discrete questions and answers.

Community Strengths and Assets Questions



Overarching Questions

- What strengths and resources do community members have?
- How can these strengths and resources be used to improve community health?

Additional Prompts

- We're trying to learn about the strengths and skills our community members have. These strengths can span multiple categories, from job skills, to education, to the arts or music, to ways you help in your family or community.
 - *What skills and strengths do you have that you are proud of?*
 - *What skills and strengths do you admire in your family members? Your friends? Your community?*
 - *What would your friends/family say you're great at?*
 - *When was a time you felt really connected to your community? What made that feeling of connection happen?*
- How can these skills and strengths help your community?
- Now we're going to discuss how these skills connect to health. We define health broadly, so it can include mental, physical, individual-level, or community-based health.
 - *When we talk about health, we're talking about everything in our community and in our homes that helps us stay healthy. For example, how our schools are doing, the way our neighborhood is built, or how easy it is for people to get to the doctor.*
 - *We call these categories the "social determinants of health," which are key conditions that influence or "determine" health and well-being, such as education, healthcare, economic stability, neighborhood and built environment, and social and community context.*
 - *What is a key health issue that you or your community has experienced?*
 - *How can the skills and resources you named earlier be used to improve this health issue?*
- How can these skills and resources be used to improve other health issues?
- How would you want [MAPP User Organization] to work with our community's strengths to improve health?
- How can [MAPP User Organization] use its power and resources to further support and develop our community's strengths?



Overarching Questions

- What physical strengths and resources exist in the built environment of your community?
- How do these resources differ across neighborhoods, particularly in those experiencing the greatest health inequities?
- How do community members view and interact with their local built environment?
- How do these interactions impact the health of community members?

Additional Prompts

- *Think about what makes a place feel safe, accessible, and good to be in. What helps make a place (e.g., building, park) feel welcoming and accessible to:*
 - *People with disabilities?*
 - *Limited English speakers?*
 - *People of different races and ethnicities?*
 - *People with limited income?*
 - *People of different genders and sexual orientations?*
- *What are physical things (e.g., ramps, handrails, wheelchair access) that make it accessible?*
- *What things make it feel safe (e.g., lighting, regular cleaning, presence of other people using the space, connection to other spaces)?*
- *Is there artwork or cultural work that makes it inviting?*
- *Are there signs in different languages or with pictures rather than words?*
- *Are there things for a range of ages (e.g., playground, basketball court, benches, and space for physical activity for seniors)?*
- *Does the space help connect people and encourage interactions?*
- *What makes your neighborhood great?*
- *What are things that make your neighborhood feel unsafe, unwelcoming, or inaccessible?*
- *What else would you love to see in your neighborhood?*
- *If you could change one thing about your neighborhood tomorrow, what would you change?*

Forces of Change



Overarching Questions

- What is occurring or might occur that affects the health of your community or your local public health system?
- How do these forces of change impact your communities, particularly those who experience marginalization and oppression?
- What are the climate crisis accommodations that are already happening or might happen for this community?

Additional Prompts

- Think about forces of change—outside of your control—that affect your community.
 - *What has occurred recently that may affect our community?*
 - *What may occur in the future?*
 - *Are there any trends occurring that will have an impact? Describe the trends.*
 - *What forces are occurring locally? Regionally? Nationally? Globally?*
 - *What characteristics of our jurisdiction (city, county, region, state) may pose an opportunity or threat?*
 - *What may occur or has occurred that may be a challenge to achieving health equity?*
- If you have time and resources, use these additional questions to dig deeper into the forces of change identified by participants. The answers can uncover how participants perceive the policies, practices, and power structures that can either contribute to health equity or cause health inequities.
 - *What barriers keep you from being healthy?*
 - *Whom else do these barriers harm?*
 - *Who benefits from these barriers?*
 - *Who or what institutions have the power to create, enforce, implement, and change these barriers to your health?*
 - *What factors support or go against actions that contribute to health inequity?*
 - *What opportunities are there to address barriers to health that would benefit all groups?*
 - *What forces now and in the future can reinforce health inequity in our community? How can we prevent these forces?*
 - *What forces now and in the future can reinforce health equity in our community? How can we take advantage of these forces?*

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For more information about HIP, please visit www.humanimpact.org.

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