2024

Southern Nevada

Community Partner Assessment

Nevada Institute for Children's Research & Policy
NICRP
University of Nevada - Las Vegas

This report was prepared by the Nevada Institute for Children's Research and Policy.
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Special Thanks to the Contributions of the Youth Advisory Group and all the youth who shared with us their perspectives.

About the Nevada Institute for Children's Research and Policy

The Nevada Institute for Children's Research and Policy (NICRP) is a not-for-profit, non-partisan organization whose primary goal is to advance the well-being of children in Nevada. As a research center in the School of Public Health at the University of Nevada Las Vegas, NICRP is dedicated to conducting academic and community-based research that helps guide the development of policies, practices, and programs which serve to enhance the health and well-being of children and their families. For more information about NICRP, please contact us or visit our website at **http://nic.unlv.edu**.

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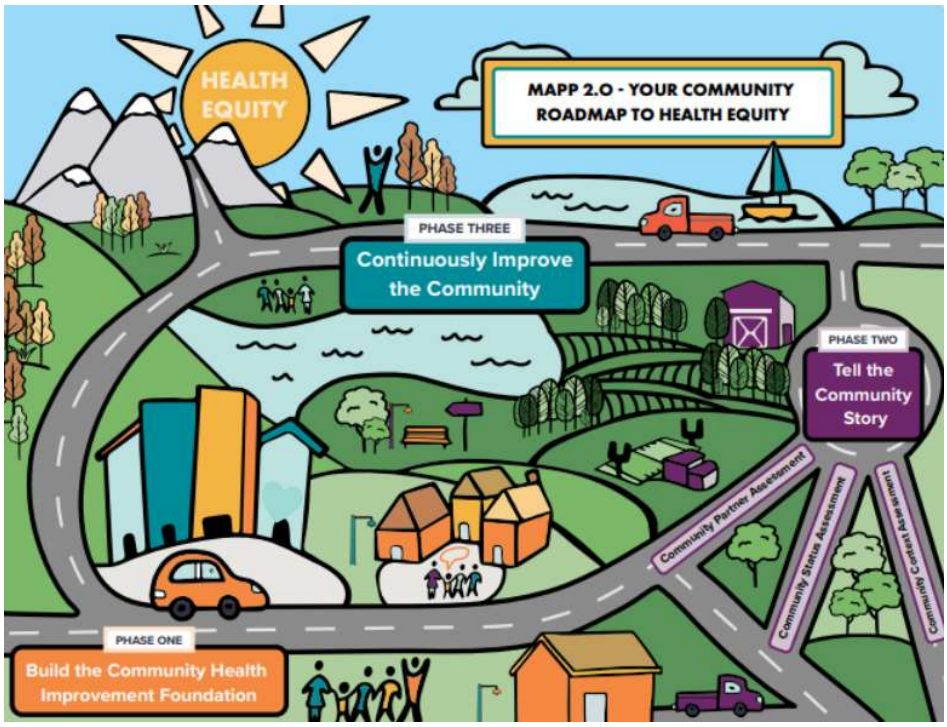
LIST OF ACRONYMS

CHI = Community Health Improvement
CHIP = Community Health Improvement Plan
CPA = Community Partner Assessment
DEI = Diversity, Equity, and Inclusion
EPHS = Essential Public Health Services
LPHS = Local Public Health System
LPHSA = Local Public Health Systems Assessment
MAPP = Mobilizing for Action through Planning and Partnerships
NACCHO = National Association of County and City Health Officials
SDOH = Social Determinants of Health
SNHD = Southern Nevada Health District
SWOT = Strengths, Weaknesses, Opportunities, Threats

INTRODUCTION

Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)
A regular assessment of the health of the community is an essential function in public health in order to understand the areas of strength and needs for improvement within the community. Therefore, the Southern Nevada Health District (SNHD) collaborated with multiple community organizations and individuals to conduct a Community Health Assessment (CHA). The CHA's intended purpose is to provide an overview of the health information and to identify target populations who may be at an increased risk of poor health outcomes. Findings from the CHA are used to guide the development of a Community Health Improvement Plan (CHIP). The CHIP will direct and guide the development of SNHD's and other community partners' programs and activities to improve health outcomes through the next three to five years.

MAPP 2.0
Mobilizing for Action through Planning and Partnerships (MAPP) is the framework that was used for this Community Health Assessment. There are several different assessments that are utilized with the larger CHA to provide a comprehensive understanding of the community such as the Community Partner Assessment, the Community Status Assessment, and the Community Context Assessment.



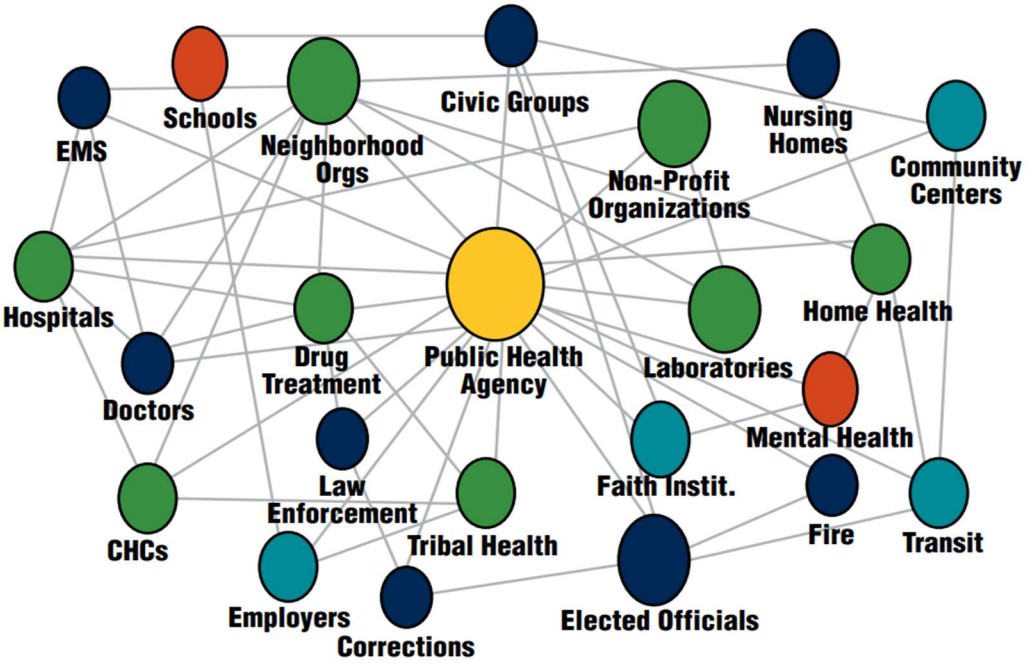
This current report provides the details on the Community Partner Assessment (CPA), one of the assessments conducted during Phase II of this framework. The aim of the CPA is to describe the capacity of SNHD's community partner network to support a CHA/CHIP process.

Community Partner Assessment – Moving from MAPP to MAPP 2.0
The National Public Health Performance Standards (NPHPS) were established in 2002 as a framework to assess and enhance the effectiveness of local public health systems. Initially, the introduction of the Local Public Health System Assessment (LPHSA) within the Mobilizing for Action through Planning and Partnership (MAPP) framework aimed to unite community partners. However, it lacked full incorporation of organizational perspectives. Recognizing this gap, the National Association of County and City Health

Officials (NACCHO) collaborated with Human Impact Partners (HIP) in 2021 to develop the Community Partner Assessment (CPA) for MAPP 2.0, aiming for a more comprehensive evaluation tool.

The transition to the CPA builds upon existing partnerships established through the LPHSA while strengthening community engagement. The CPA operates on two fronts: first, through a survey answered by engaged community partners, and second, by hosting meetings where these partners discuss survey results and analyze strengths, weaknesses, opportunities, and threats associated with each metric. With an emphasis on health equity and community involvement, the CPA empowers communities to address complex health challenges effectively, ensuring that the voices of those impacted by inequities are central to decision-making processes. The goals of the CPA, according to NACCHO, are as follows:

1. Describe why community partnerships are critical to community health improvement (CHI) and how to build or strengthen relationships with community partners and organizations.
2. Name the specific roles of each community partner to support the local public health system (LPHS) and engage communities experiencing inequities produced by systems.
3. Assess each MAPP partner's capacities, skills, and strengths to improve community health, health equity, and advance MAPP goals.
4. Document the landscape of MAPP community partners, including grassroots and community power-building organizations, to summarize collective strengths and opportunities for improvement.
5. Identify whom else to involve in MAPP and ways to improve community partnerships, engagement, and power-building (2022).



METHODOLOGY

The SNHD collaborated with the Nevada Institute for Children's Research and Policy (NICRP) to assist in conducting the Community Partner Assessment (CPA). The CPA was conducted in two parts, first was the distribution of a community partner survey followed by several community partner meetings.

PART 1: ONLINE SURVEY

The CPA survey was disseminated to community partners to collect their subjective evaluation of their organizational capabilities. NACCHO offered explicit instructions about the composition and distribution procedures of these surveys. The survey consisted of 46 questions divided into three main parts. The first part of the survey (questions 1 through 26) was related to learning more about the organization completing the survey, the second part (questions 27 through 31) included items on organizational capacity, and finally, questions 32 to 46 included items to assess the capacity of an organization to serve the community in which it operates. Most of the items in the survey were multiple-choice questions to expedite response times, however the survey was still anticipated to take 40 minutes to complete. All organizations were asked to submit only one response to provide an overview at the organizational level. The original notice was sent out at the beginning of March 2024 to an extensive list of community partners (over 1500) from multiple different sectors of public health, as recommended in the NACCHO Community Partner Assessment Tool (2022), followed by weekly reminders until the poll ended on March 25, 2024. The notices contained a link to the survey and information on community meetings for discussing the survey results.

Limitations

There are a few limitations to the community partners survey that should be noted. First, the Community Partner survey is a convenience sample, meaning it relied on received information about the survey from either NICRP, SNHD, or from one of their contacts. In addition, the survey overall included a small sample of the organizations that work to improve community health. Therefore, the findings from the Community Partners survey are not representative of all community partners in Clark County and reflect only the community partners who completed the survey. Second, while the instructions were to only have one person from each organization complete the survey, there were a few organizations that had multiple respondents. Finally, there were three questions in the survey that were intended to be multiple choice, but the electronic survey only allowed for one response. Therefore, the results related to those three questions do not accurately reflect the question as intended.

PART 2: DISCUSSION MEETING

The second phase of the process was to organize community meetings to discuss the results of the CPA survey. To facilitate broader community engagement, a strategic approach was adopted to accommodate diverse partner schedules through multiple meeting formats. Initially, it was decided to organize two in-person meetings on the same day, held at different times and locations across the Las Vegas valley. Both the morning and afternoon sessions were held in Henderson and Las Vegas, respectively. Taking into account comments from the advisory group and community partners, a supplementary virtual meeting was arranged on a different day to accommodate additional community partners. By employing a combination of in-person and virtual formats, the engagement strategy aimed to optimize accessibility and accommodate varied partner preferences, thereby fostering comprehensive input and collaboration crucial to project

success. All meetings utilized the same agenda. Similar to dissemination of the CPA survey, recruitment for the CPA meetings was conducted via electronic announcements to a wide variety of community partners, followed by individualized emails to a variety of organization to maximize attendance.

PART 1: CPA SURVEY RESULTS

Data was collected from 26 distinct organizations and agencies throughout Southern Nevada from 34 individuals for the CPA. The following provides an overview of the results.

SECTION A - ABOUT THE ORGANIZATIONS

Section A included the first 26 questions of 46, which addressed organizational characteristics such as type of organization, interest in MAPP involvement, people served, target areas, commitment to equity, and accountability.

Table 1 provides a list of the organizations that participated in the survey and indicates which had more than one survey response. The average time it took individuals to complete was 5.75 minutes.

Table 1. Organizations Completing Online CPA Survey

A+J Patient Advocacy	Nevada Minority Health and Equity Coalition
American Heart Association	Nevada P.E.P., inc.
Behavioral & Mental Health Parent Consultant	PACT Coalition for Safe & Drug-Free Communities
Center for Learning and Literacy, UNR	Puentes
Center for Progressive Policy & Practice, LLC	SCAN Health Plan
Dignity Health **(5)**	Southern Nevada Health District (SNHD) **(4)**
Family to Family Connection	SNHD Advisory Board **(2)**
Insight Sciences Corp	The Las Vegas-Clark County Library District
Intermountain Health	The Neighborhood Clinic
Nevada State University	Three Square
Nevada Association for Infant and Early Childhood Mental Health	Touro University Nevada
Nevada Division of Public and Behavioral Health	UNLV School of Nursing
Nevada HealthRight	YMCA of Southern Nevada

Approximately half of the individuals who completed the survey were comprised of senior management and leadership teams (Figure 1). This makes sense as the survey was completed for the organizations as a whole. However, it is important to keep in mind that responses from front line workers (11.8%) may differ compared to senior staff and management. A few respondents selected the other category which includes individual practitioners within an organization and professors.

Table 2 summarizes the types of agencies and organizations represented by participating partners, as well as those that may be underrepresented. Although a wide range of provider types completed the survey, additional feedback may be needed from certain groups, including services for older adults, emergency response organizations, foundations, government tenant associations, and tribal partners.

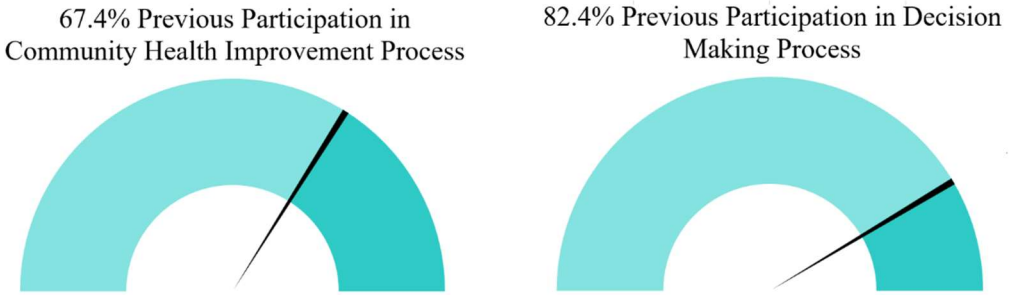
Table 2. Representation of Agency Type

What type of organizations were included?	**Who was missing?**
City health department (2)	Center for Independent Living
College/university (5)	Emergency response
County health department (5)	Foundation/philanthropy
Faith-based organization (2)	Grassroots community organizing group/organization
For-profit organization/private business (2)	Housing provider
Library	Neighborhood association
Mental health provider	Other city government agency
Non-profit organization (19)	Other county government agency
Private hospital	Other state government agency
Public clinic (3)	Other Tribal government agency
Schools/education (PK-12) (2)	Private clinic
State health department	Public hospital
	Social service provider
	Tenants association
	Tribal health department

*Partners could pick more than one response

Community Health Improvement Process Participation

To better understand experience with community health initiatives, partners were asked if they had previously participated in a community health improvement process. They were also asked if they had previously participated in or facilitated community-led decision-making around policies, actions, or programs. As demonstrated by the dials below, some partners have had experience in the community health improvement process and more partners participating in this survey have had experience in some type of larger decision-making process.



Organizational Interest in Support and Participation in MAPP

The subsequent section delved into the reasons partners chose to engage in the Mobilizing for Action through Planning and Partnerships (MAPP) process, a community-led framework aimed at improving health. In this section, partners were able to select all options that were applicable.

The top 4 reasons for **participating** in a Community Health Improvement Partnership included:

1. To create long-term, permanent **social change** (52.9%)
2. To plan and **launch community-wide initiatives** (50.0%)
3. To **deliver programs effectively** and efficiently and **avoid duplicated** efforts (50.0%)
4. To **build networks and friendships** (32.4%)

Another question was asked about the **motivations** behind a partner's overall engagement in community health projects. The four most frequent reasons were:

1. **Connections to Other Organizations** (67.6%)
2. **Addressing the needs of Members/Constituents** (55.9%)
3. **Access to Data** (38.2%)
4. **Positive Publicity** (38.2%)

Finally, partners were asked questions about the resources that their organizations might provide to the MAPP process. The primary contributions were:

- **Staff Time for Community Engagement** (58.8%)
- **Staff time allocated for meetings and activities** (44.1%)
- **Policy/Advocacy Skills** (44.1%)
- **Physical Space** (32.4%)

Items that were harder to provide included food, childcare, media connections, and interpretation services.

Demographic Characteristics of the Populations Served

The next set of questions in this survey was to better understand the populations served by organizations and the availability of services for specific underserved populations.

Responses to these questions demonstrated that the organizations serve a racially and ethnically diverse mix of clients (Figure 2), most organizations have some type of services for sexual and gender minorities (94.1%), work directly with immigrants, refugees, asylum seekers, and ESL populations (82.4%), offer some type of specific services for those with a disability (88.2%), and just over half work with other identifiable populations of gender, socio-economic status, disability, and religion (64.7%). According to partners, these other populations not included in the survey were those impacted by violence, those experiencing food insecurity, homelessness, and children and families.

Figure 2. Demographics Served by Organizations

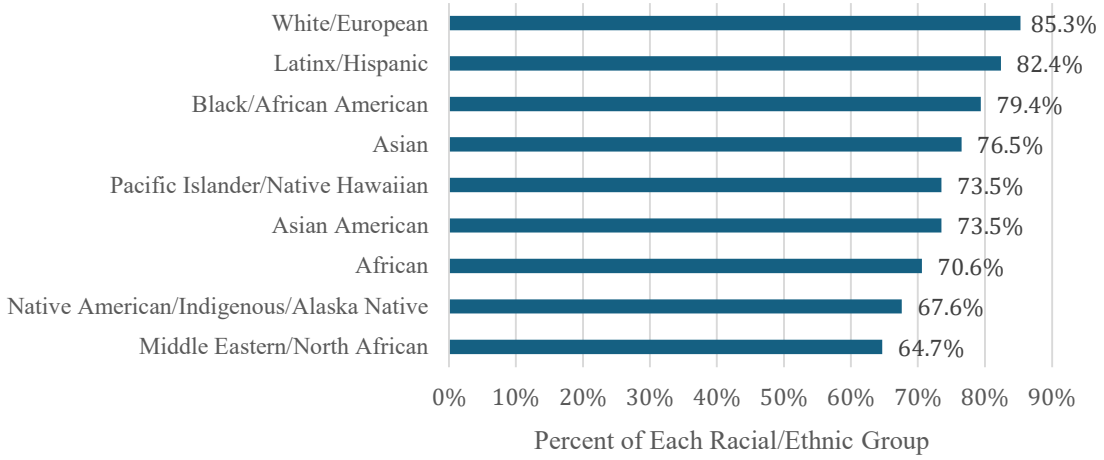
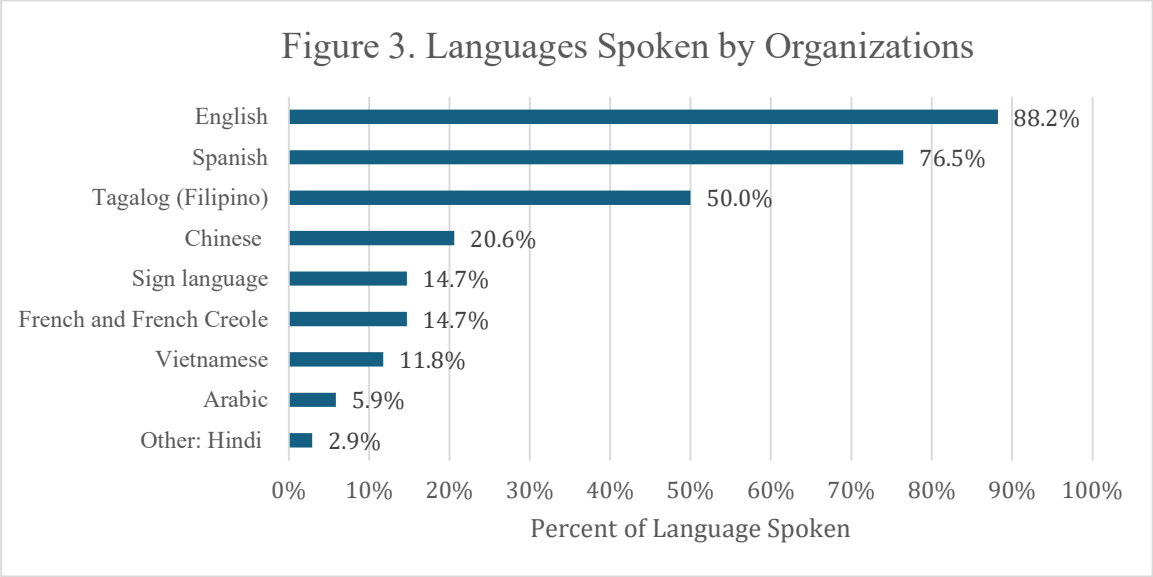


Table 3. Populations Served by Organizations	Yes / Somewhat
Immigrants, refugees, asylum seekers, and other populations who speak English as a second language	82.4%
Other populations or groups who are not addressed in other questions *	64.7%
Transgender, nonbinary, and other members of the LGBTQIA+ community	94.1%
People with disabilities	88.2%
Access to interpretation and translation services	44.1%

* Groups identifiable by gender, socioeconomic status, education, disability, immigration status, religion, insurance status, housing status, occupation, age, neighborhood, and involvement in the criminal legal system

While many organizations have staff that speak a variety of languages other than English including **Spanish (76.5%), Tagalog (Filipino) (50%), Chinese (20.6%),** one area for improvement is for more agencies to

offer interpretation and translation services. Of the organizations surveyed, less than half offered translation services (44.1%).



The next set of questions inquired to how organizations engage with the populations they serve and the extent to which organizational staff reflect the demographics of their target populations. The most common strategies used to effectively connect, involve, and collaborate with their clients, as partners could select all applicable options, include the following:

- **working closely with community organizations** that work with target populations (67.6%)
- **receive many clients** from target populations (47.1%)
- **receive many referrals** from target populations (44.1%)
- hire **staff** from specific racial/ethnic groups that **mirror the population** (44.1%)

In addition, a little over half of the partners (55.9%) felt that the **communities demographics were reflected** in their **leadership or management** levels of the organization and approximately **64.7% indicated they feel the administrative/front line staff is reflective** of the demographics of their community.

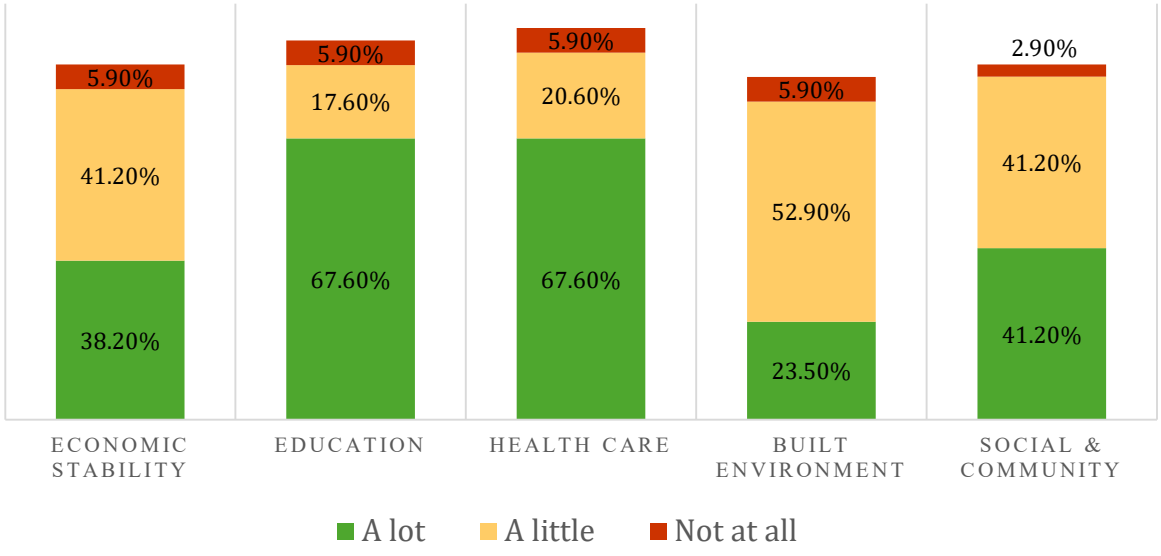
Social Determinants of Health

Healthy People 2030 defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (U.S. Department of Health and Human Services, n.d.).

Image from: https://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health.html

The capabilities of a public health system are strengthened by understanding how SDOH are incorporated into public health work and the 10 Essential Public Health Services. Therefore, community partners were asked how much they focused on the five domains of the social determinants of health in their work with the community. Responses to this survey indicate partners focus most on education and healthcare, followed by social and community context. These findings highlight the need for more partners to address economic stability and the built environment.

Figure 4. Organizations Focus on Social Determinants of Health



Furthermore, partners were asked to indicate all the categories they work on or with and the following were the four selected by the most partners:

- Education: 64.7%
- Healthcare access and utilization: 58.8%
- Public Health: 58.8%
- Food Access and affordability: 50%

Examples of areas with less partners include: land use planning and development (2.9%), utilities (8.8%), arts and culture (11.8%), veterans' issues (11.8%), jobs and labor issues (11.8%), and immigration (11.8%).

Similarly, partners were asked to indicate all the health topics they worked on and the most prevalent included:

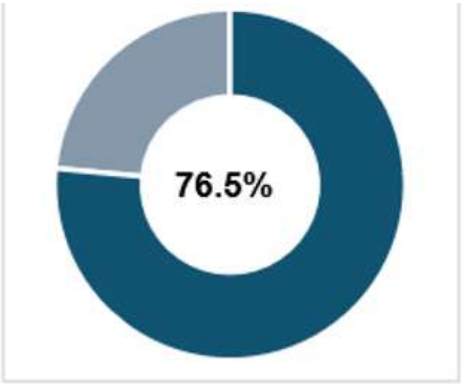
- Chronic Diseases: 70.6%
- Health Equity: 67.6%
- Family/maternal health: 64.7%
- Immunizations and screenings 64.7%
- Mental or behavioral health: 64.7%
- Healthcare access/utilizations: 61.8%

Examples of areas that were not selected by as many partners include cancer (35.3%) and injury and violence prevention (38.2%).

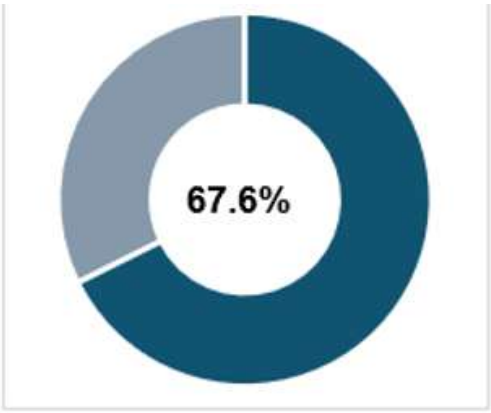
Organizational Commitment to Diversity, Equity, and Inclusion

Diversity, Equity, and Inclusion (DEI) is crucial to public health allowing organizations to better understand and address the needs of diverse communities, leading to improved health outcomes and ensuring equitable access to care for all individuals.

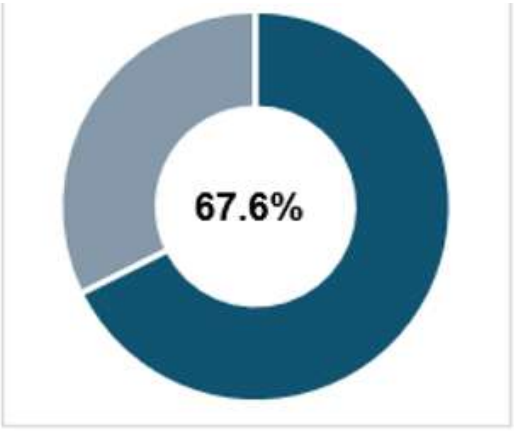
When asked if the organizations have a shared definition of equity or health equity, **only 9 organizations reported their definition (26.5%)**. However, the majority reported that they have a commitment to advancing equity by dedicating staff time and commitment within their job requirements.



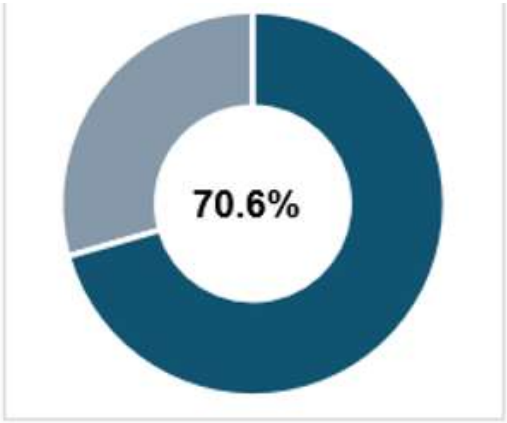
Haver at **least one person** in our organization dedicated to addressing diversity, equity, and inclusion **internally in the organization**.



Have at **least one person** in their organization dedicated to addressing inequities **externally in the community**.



Have a **team** dedicated to advancing equity **in their organization**.



Advancing equity is **included** in all or most **staff job requirements**.

Organizational Accountability

Organizations were asked to describe the people impacted by their organization and its work. The partners provided a broad insight into the populations they serve, their missions, and the kind of work they do. For example, both the Center for Learning and Literacy and Puentes focus on marginalized and underserved populations, addressing systemic inequities such as racial, linguistic, and economic marginalization. All together partners serve populations including families, seniors, children, businesspersons, etc.

To ensure these organizations are held accountable for the work they do in the community, this survey included questions on accountability. Accountability refers to an entity that determines or oversees aspects of the organizations such as funding, setting priorities, or other decision-making responsibilities.

- Approximately half of organizations have an **advisory board** consisting of **community members, stakeholders, youth, or others who are impacted by the organization (47.1%).**

- Just over half of organizations have a **board of directors to whom they report (55.9%)** with others reporting to national organizations, members of the organization, customers, or to some type of government (city, state, or federal). Please note that this question contained a response error where partners could only indicate one entity, they report to but a few mentioned they report to more than one entity. Therefore, other entities may be underreported.

SECTION B – ORGANIZATIONAL CAPACITIES

This section encompassed questions 27-31 focused on how partner organizations contribute to the local public health system by examining capacities and activities that align with the 10 Essential Public Health Services. These 10 services describe the public health activities that should be conducted by all communities.

Figure 5 shows the partners that completed this survey are most engaged in communication and education, and community engagement and partnerships. The lowest areas of engagement are more specific fields of investigation of hazards as well as legal and regulatory authority. This is expected as the agencies most involved in these activities would likely be governmental entities and the health departments.

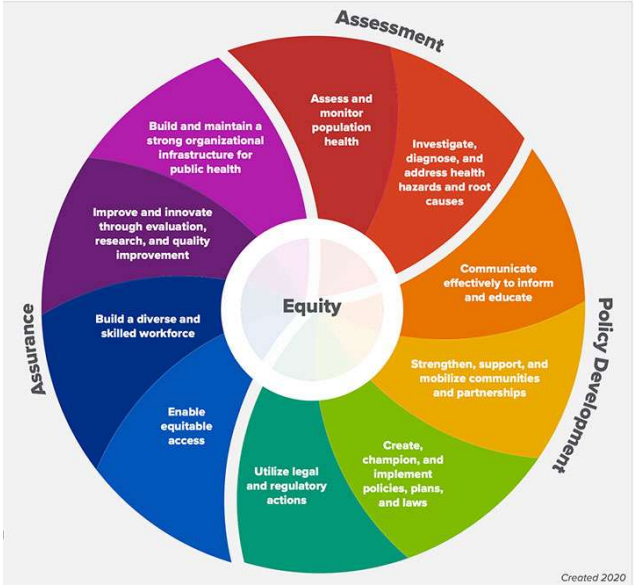
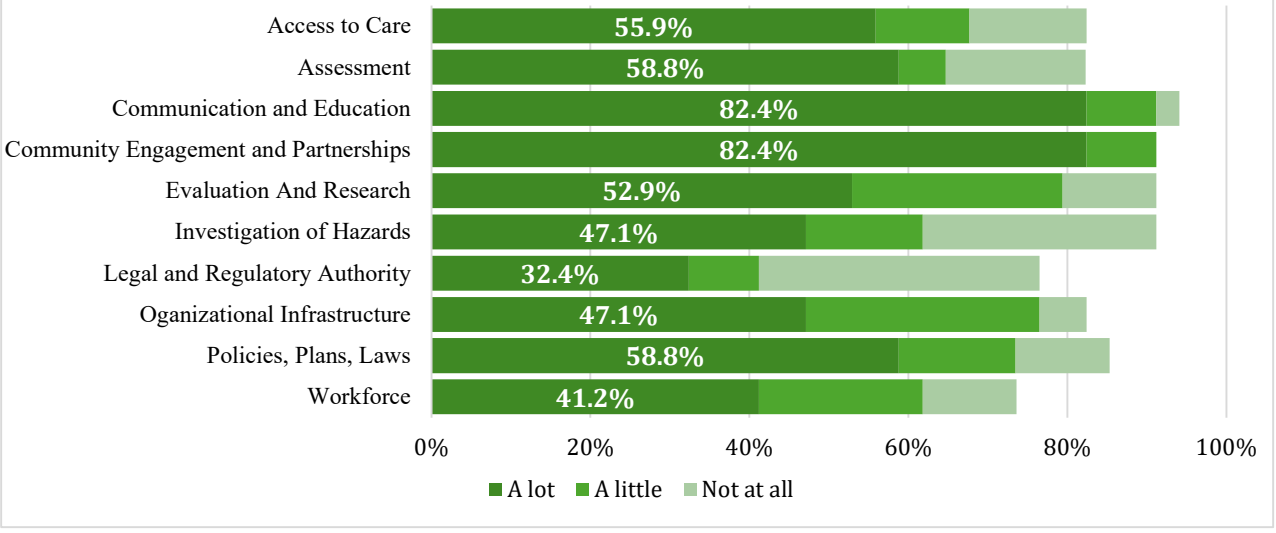


Figure 5. Partner Engagement in 10 Essential Public Health Activites

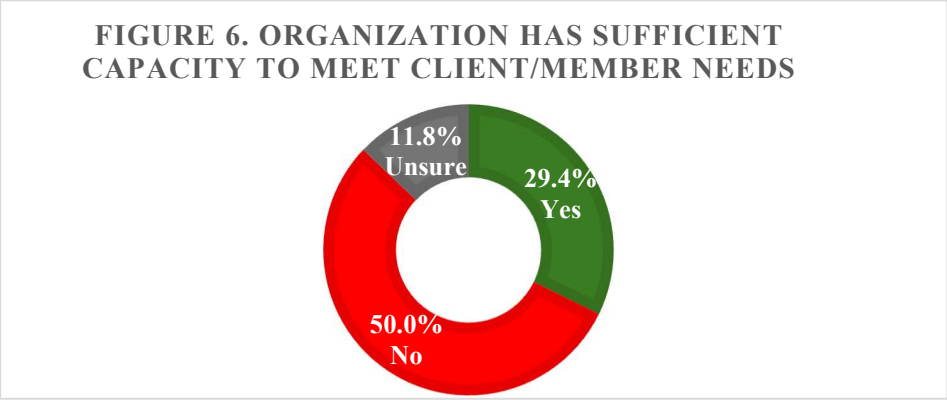


Partners could indicate if there were other core strengths not included as part of the 10 essential services and those were more specific services and community contributions such as:

- Expertise in providing family peer support and individualized services for all family members.
- Focusing on services related to healthy living, social responsibility, and youth development
- Preparing students for school and empowering caregivers to be their child's first and lifelong teacher.
- Engaging hesitant, distrustful, and/or vulnerable populations
- Long history and presence in the community providing health services

General Capacities and Strategies

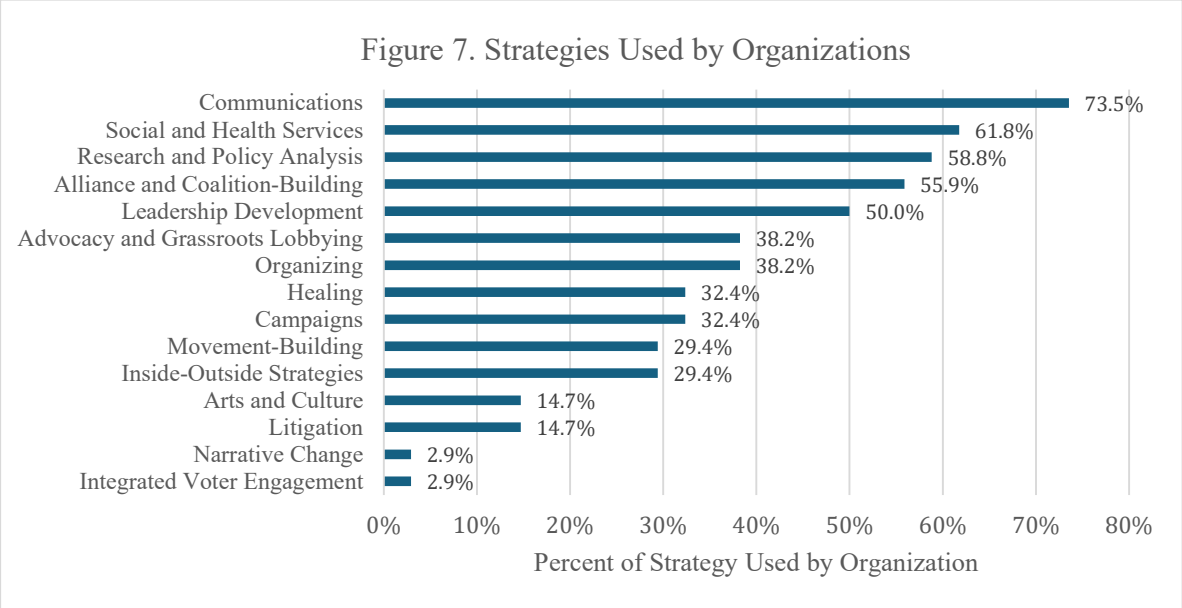
Almost half of the organizations report being under-resourced to meet the demands of their clients or members. A few indicated that while they can meet the needs of their current clients, they would need more resources to expand and/or they could provide more services to current and new clients with additional resources.



The top four organizational strategies utilized by partners include:

- creating communication that resonates with communities
- providing services that reach clients and meet their needs
- gathering and analyzing data to create credibility and inform policies, projects, programs
- building collaboration among groups with shared values and interests.

Two of the strategies that were rarely utilized included voter engagement and using the arts as a narrative to change dominant assumptions about a community. These are also two areas the community partners indicated interest in growing their capabilities.



One of the goals of the MAPP is to understand what is needed to help grow community capacity. The following represent main areas listed by the community partners on how they would like to grow their capacity and capabilities. The information has been listed by open-ended response:

1. Integrate Arts and Culture

2. Health and well-being
   - Better access to health, both with providers and community partners
   - Have the ability to get reimbursed for services
   - Address social determinants to health

3. Collaboration and Coalition Building
   - Campaigning and movement building
   - Collaboration such as coalition participation or research for grant writing purposes
   - Connect private company opportunities with public programs

4. Funding and Workforce Development
   - More space, staff, and funding to increase needed services to the community

5. Public Policy and Advocacy

6. Expand Community Programs
   - Literacy and access to resources
   - Programs for high-risk youth and their families

7. Education and Learning
   - Service/real world learning experiences for student populations

SECTION C – CAPACITIES TO SUPPORT COMMUNITY HEALTH IMPROVEMENT

The final section of the survey, questions 32-46, covers the capacities an organization can use to support community health improvement initiatives such as experience collecting data, engaging community members, advocating for policy change, and communicating with the public.

Data Access and Systems

This section of the survey outlines practices and attitudes toward data collection, community assessments, and data sharing. First the findings revealed that **52.9% of organizations** conducted basic needs, community health, or neighborhood conditions assessments and thus indicated active evaluation.

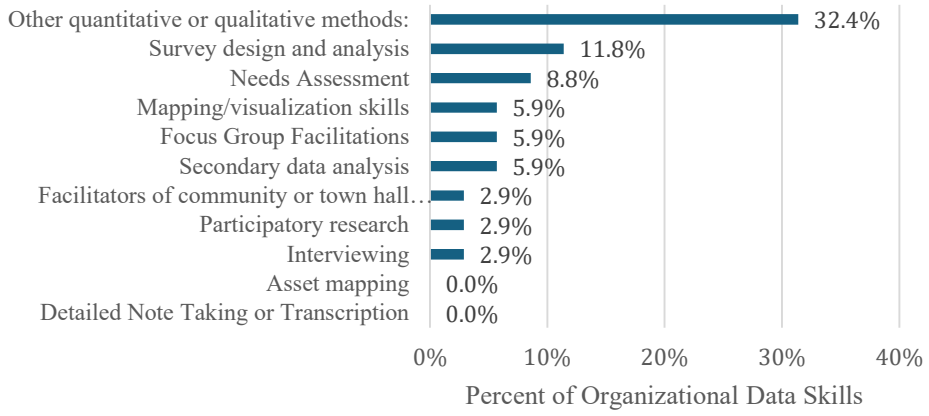
The top three types of **data that were collected** included:

- **demographic information** on clients or members (67.6%)
- **evaluations,** performance management, or quality improvement information about services and programs provided (58.8%)
- **access and utilization data**, which described the utilization and frequency of services (55.9%).

While partners reported a variety of methods used to collect data, the most utilized methods were **surveys** (52.9%), **feedback form**s (41.2%), **focus groups** (32.4%) and **interviews** (29.4%).

The next question on the survey asked partners to provide an assessment of their organizations data competency. Overall partners indicated that "Other quantitative and qualitative methods are the most utilized skill (32.4%) with skills such as asset mapping and interviewing less common. This question likely under-reports the skills for organizations as a survey error only allowed for one response when the question was intended as a multiple response option. **Several organizations wrote in the comments that they have capabilities in all methods listed.**

Figure 8. Organizational Data Skills



In section A of this report, partners were asked about DEI practices. This section also inquired about commitment to DEI by asking partners to indicate if their data are interpreted utilizing a health equity lens. Just over half of partners indicated that data analysis does consider health equity (52.9%) and some are not sure (17.6%).

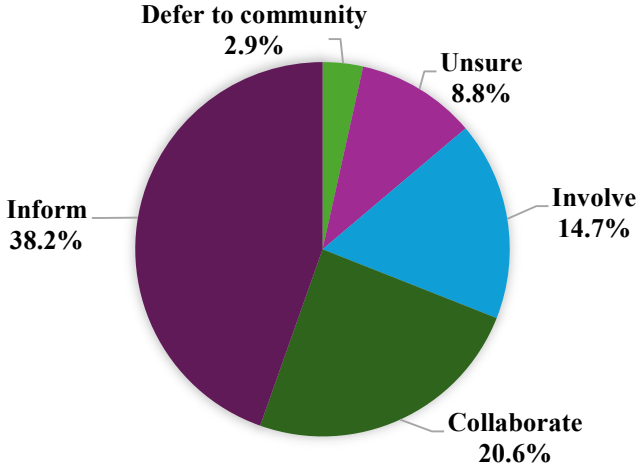
Finally, with a wealth of information available within the community, it was important to know if this data could be shared to inform the MAPP process. When asked if partners were able to share data with SNHD for the MAPP process:

- 20.6% of the organizations are already sharing data
- 14.7% indicated a willingness to share
- 20.6% did not want to share data
- 32.4% were in doubt whether data could be shared or not.

Community-Engagement Practices

Partners were asked several questions about how they engage with the community and were able to select all options that applied. The most common community engagement practice reported by partners was their ability to provide the community with information followed by collaboration with the community.

FIGURE 9. COMMUNITY ENGAGEMENT PRACTICES



The top **five methods of community engagement** partners utilized include:

- presentations (52.9%)
- community forums/ events (50.0%)
- social media (47.1%)
- customer/patient satisfaction surveys (35.3%)
- MOUs (memoranda of understanding) with community-based organizations (35.3%)

When engaging with the community, organizations were asked to indicate what **meeting attributes are offered**. The most common responses include:

- virtual ways of participating in community meetings (41.2%)
- provide food and snacks (38.2%)
- make materials available in accessible formats for low-literacy populations (23.5%)

Options such as transportation and childcare are not often offered.

Policy, Advocacy, and Communications

Organizations completing this survey were asked several questions related to their policy and advocacy work as well as their general communication to both internal staff and the community at large. First, organizations were asked to indicate what type of policy work they conduct. Unfortunately, this question was meant to be multiple choice but only allowed for one response. However, many partners left open comments with their specific response. It is estimated that between 20-30% of responding partners participate in each of the following activities:

- Advocate for policy change
- Build capacity of impacted individuals/communities to advocate for policy change
- Educate decision-makers and respond to their questions
- Lobby for policy change
- Mobilize public opinion on policies via media/communications
- Respond to requests from decision-makers
- Use relationships to access decision-makers
- Write or develop policy

Next organizations were asked to self-assess their communications strategies. Overall, partners indicate positive perceptions about their communications capability especially regarding relationships with other organizations and equity-focused communications.

Table-6	Strongly Agree	Agree	Disagree/ Strongly
Strong presence in local earned media (print/radio/TV)	29.4%	**32.4%**	20.5%
Strong communications infrastructure and capacity	23.5%	**41.2%**	8.8%
Clear communications strategy.	32.4%	**38.2%**	8.8%
Good relationships with other organizations who can help share information.	**44.1%**	38.2%	0%
Clear equity lens that we use for our external communications and engagement work.	**38.2%**	29.4%	2.9%

The most common communication methods organizations use most often include:

- Social media outreach (67.6%)
- External newsletters (52.9%)
- Ongoing relationships with local journalists and earned media (41.2%)
- Internal newsletters to staff (41.2%)

Within the focus on communication, Clark County has a very diverse community where many languages are spoken. Therefore, partners were asked to indicate translation capabilities of their materials. Almost half of the organizations indicated that **most of their available materials are available in other languages (41.2%).**

Future Involvement in MAPP Process

The final two questions in the survey addressed how organizations wanted to be involved in the MAPP process and if there were any suggestions regarding the process.

Approximately half of partners (48.6%) answered the open-ended question about future involvement in the MAPP. Overall, the main themes of the responses included:

- General statements of **willingness to contribute**, such as "in whatever way I could"
- **Collaboration and information sharing**
- Connecting **private corporations** with public programs
- Providing **staff to support** community outreach
- **Identifying the needs** of vulnerable populations for advocacy.

A few of the partners were uncertain as to how they could engage, responding "I am not sure, I will need to learn more about it" or that they would defer to leadership on specifics.

None of the partners reported any questions, concerns, or suggestions about the MAPP process at the time of the survey.

PART 2: CPA DISCUSSION RESULTS

MEETING OVERVIEW

The community engagement meetings were conducted with varying levels of participation, reflecting diverse attendance dynamics across different formats. The morning-in-person session held in Henderson included 13 partners and the afternoon in-person session in Las Vegas included 14 partners. To increase the diversity of organizations that participated in this group discussion, during the in-person meetings, facilitators asked partners to identify groups that were missing from the survey and attempts were made to connect with those groups to participate in the final virtual meeting. The virtual meeting garnered significant interest with 29 partners participating. In total, there were 54 participants across all meetings. The various organization types that were present at the different meetings are represented in the table below.

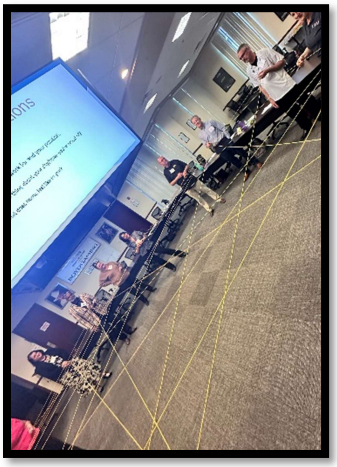
In addition to these partners, the meeting included the presence of the Southern Nevada Health District CHA coordinator and two representatives from NICRP. Their attendance underscored organizational support and commitment to the project's objectives, enhancing collaborative efforts and ensuring diverse perspectives were considered in subsequent project deliberations.

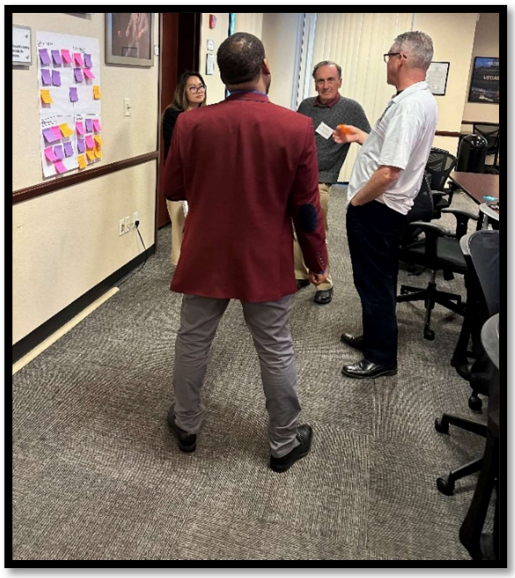
Table 7. Description of community engagement participation

3/27/2024 In-person AM (11 people)	3/27/2024 In-person PM (14 people)	4/25/2024 Virtual (29 people)
American Heart Association	Dignity Health	American Heart Association
Dignity Health	Horizon Ridge Wellness Clinic, Inc.	Catholic Charities
Miracle Minds Therapy	Intermountain Health	Clark County School District
Southern Nevada Health District	Nevada State University	Community Counseling Center of Southern Nevada
	North Las Vegas Library District	Governor's Office
	Puentes	Helping Hands of Vegas Valley
	Scan Health Plan	Intermountain Health
	Southern Nevada Health District	National Alliance on Mental Illness – Southern Nevada
	State of Nevada	Nevada Hand
	Strategy 360	PACT Coalition
		Regional Transportation Commission of Southern Nevada
		Silver State Equality
		Southern Nevada Health District
		The Center
		There is No Hero in Heroin
		Three Square
		University of Nevada Las Vegas
		University of Nevada Reno

The community engagement meeting commenced with NICRP representatives introducing themselves and outlining the collaborative efforts with SNHD in conducting the Community Health Assessment (CHA). Emphasizing the voluntary nature of the CPA survey, attendees were informed of its integral role in the CHA process. The primary objective of the meeting was to disseminate and discuss the survey findings comprehensively. Attendees were provided with a summary handout of the survey results to facilitate informed discussion.

Ground rules were established at the outset, and introductions were facilitated through community-focused icebreaker activities. The CHA coordinator articulated the mission, vision, and value statements guiding the CHA, highlighting their pivotal role in shaping the assessment's framework. An overview of the Mobilizing for Action through Planning and Partnerships (MAPP) framework, which facilitated the transition from the Local Public Health System Assessment (LPHSA) to the Community Health Profile Assessment (CPA), was provided. Participants were also reminded of the 10 Essential Public Health Services (EPHS) to prompt reflection on their integration within organizational contexts.





Finally, the CPA survey results were presented with a brief overview of the data collection methodology, the final number of surveys collected, and the various community sectors that were represented. The remainder of the meeting centered around small groups engaging in a SWOT analysis following brief presentations of each survey section, encouraging dialogue on strengths, weaknesses, opportunities, and threats identified in the data. The meeting fostered a collaborative environment, allowing stakeholders to engage meaningfully with survey findings and strategic considerations vital for advancing community health initiatives in the region.

SWOT ANALYSIS

As a reminder, the Community Partner Survey (CPA) was divided into three sections, each of which was discussed during the SWOT analysis:

- **Section A About the Organization** included the initial 26 questions out of 45, that focused on characteristics of organizations including type of organization, interest in MAPP participation, populations served, focal areas, commitment to equity, and accountability.
- **Section B – Organizational Capacity** encompassed questions 27-31 that focused on how partner organizations contribute to the local public health system by examining capacities and activities that align with the 10 Essential Public Health Services.
- **Section C- Capacities to Support Community Health Improvement**, included questions 32-44 that covered the capacities an organization can use to support community health improvement initiatives such as experience collecting data, engaging community members, advocating for policy change, and communicating with the public.

After highlights had been presented for each section, partners were divided into small groups and given approximately 15 minutes to conduct a SWOT analysis. Afterward, a larger group discussion was held to share ideas. The following provides an overview of the groups SWOT analysis for each section of the CPA and a summary.

SWOT: Strengths

For the partners discussion about strengths of community organizations within the context of the survey questions, the following summary highlight's common themes of collaboration and community engagement.

1. **Collaboration and Engagement:** All sections emphasize the active participation and collaboration of organizations in addressing community needs. Organizations are willing and able to engage with and contribute to the community.
2. **Commitment to the Community:** Across the lists, organizations are described as passionate about improving the community through various actions like outreach, communication, and resource utilization.
3. **Data and Needs Assessment:** Sections B and C mention effective data collection and consistent survey responses, indicating a focus on identifying and addressing community needs.
4. **Diversity and Representation:** Discussion across the sections highlight efforts to serve diverse populations (A), ensure inclusive communication (B), and employ outreach methods tailored to different needs (C). Section A also highlights ethnically/racially diverse populations being served and leadership reflecting community demographics, while Section B and Section C point to strengths in collaborative outreach and advocacy for broader representation.

About the Organizations	Organizational Capacity	Capacities to Support Community Health Improvement
The survey captured a diverse network of partners who are passionate about contributing to the community.	A strength was the participation of and collaboration with the different community organizations.	There are various methods that a single organization uses to conduct outreach.
Collectively, the various organizations serve an ethnically/racially diverse set of populations.	Partners effectively communicate with one another.	Organizations are improving the way in which they collect data.
Many organizations can offer translation services.	The fact that there is a CHA speaks volumes in itself.	Many organizations are conducting needs assessments.
Many organizations participated in the survey and expressed a willingness to serve the community.	Many organizations stated that they participate in health-related communication	Connections with lobbyists strengthen policy and advocacy efforts.
Organizations are willing to utilize their resources to engage with the community.	There were many consistent responses within the survey, which could equate to a constant or recurring need in the community.	This collaboration of organizations shows proof that there is hope for the community at large.
Organizations around the community have leadership that matches the demographics of the community they serve.		
Organizations in education participated in the survey/meeting.		

SWOT: Weaknesses/Challenges

When discussing weaknesses, the main similarity across the survey sections is the recognition of communication barriers, limitations in engaging partners, and sharing data effectively.

1. **Communication Issues:** All three sections included a discussion on challenges related to communication such as lack of clear survey questions and limited participation (A), barriers to effective communication with new organizations and inconsistent communication methods (B), and data sharing issues, with siloed results and varied data standards (C).
2. **Barriers to Participation and Engagement:** Each section included difficulties in engaging key participants or partners, particularly around the survey. Other concerns include difficulty in maintaining consistent points of contact when seeking data (B), and data-sharing restrictions and legal barriers (e.g., HIPAA) limit full participation (C).
3. **Data Collection and Standards:** Discussions about Section A and B again touch on issues with the design of the current survey and clarity of the questions, while Section C focused on data standards and sharing.

About the Organizations	Organizational Capacity	Capacities to Support Community Health Improvement
Participation in the in-person survey was not as high as was desired.	Some survey questions were too subjective creating a need for more clearly defined measures (e.g., using daily/weekly instead of a lot/little).	There are limitations to data standards which are used to cross-reference populations.
A flaw in the survey was that it did not allow participants to select more than one option.	Partners may feel as though they do not have the authority to answer survey questions or participate in CHA.	Data results become siloed and are not shared with the community/partners in an appropriate manner.
Another limitation of the survey was that some questions were not clearly defined.	New organizations coming to Southern Nevada attempting to network encounter barriers in communication.	Rules governing data collection/ protection may vary between organizations.
The individuals filling out the survey may not be the best suited to speak on behalf of the organization. Limiting the survey to one response per organization could exclude valuable insight of different levels within the organization.	Finding a consistent and reliable point of contact (POC) for the various organizations can be difficult to maintain; even more so when funding creates unstable employment or makes it difficult to make time for participation.	Some laws prevent data sharing from happening (e.g., HIPAA).
The current school systems in Southern Nevada are subpar.	A need for more effective modes of communication that are appropriate for the target audience has been noted.	
Those in charge of providing funds to organizations are not participating in this meeting.	Education opportunities are disproportionate in some communities with minimal efforts to mitigate	
Organizations are not able to distribute resources to those who need them on time.	Stronger efforts of collaboration are needed to fulfill the mission of the CHA.	
We need to collaborate more with the grassroots agencies in the community.		
Those on the frontlines of healthcare should increase participation in CHA (healthcare providers).		

SWOT: Opportunities

The main similarities across survey sections is a strong emphasis on the opportunity to improve communication, collaboration, and data collection methods to better serve the community and enhance outreach efforts.

1) **Improvement of Communication and Outreach:** Discussions in section A focuses on improving outreach methods to engage more organizations and diverse populations, including those with disabilities and immigrant health, where section B emphasized strengthening communication methods between organizations and outreach strategies that better meet community needs. There is also a need to improve communication by clarifying acronyms, addressing misinformation on social media, and enhancing data sharing (C).
2) **Capacity Building and Collaboration:** All three sections suggest improving collaboration with grassroots agencies, investing in translation services, and including more organizations in future surveys. In addition, there is a need for better collaboration between organizations and with political/legal advocates, and for growing organizational capacity with new programs (B). Finally, in section C, the importance of training employees on data related tasks such as analysis and data sharing agreements are an area for growth.
3) **Enhancement of Data Collection and Use:** Opportunities for growth include improvements to the survey design, including clearer questions, multiple response options, and better data collection/reporting methods (A). There should also be a focus on discovering innovative ways to improve the issues identified during the needs assessment and finding more outreach strategies. It was also mentioned that there should be a focus on better data collection systems, including data tracking to avoid duplication, training on data sharing, and exploring new methods like video data collection (C).
4) **Focus on Specific Populations:** Need to increase resources for individuals who have specialized needs such as those who have disabilities, are undocumented, speak languages other than English, and other marginalized groups (A/B).

About the Organizations	Organizational Capacity	Capacities to Support CHI
Allowing multiple departments within the same organization to participate in the survey could capture a better understanding of the capacities within the organization.	Finding or strengthening methods of communication between partner organizations to discuss changes within the organization that may be useful information to share.	The survey could include more open-ended responses for questions pertaining to qualitative and quantitative skills and spell out acronyms to encourage participation.
Survey questions could be designed with better clarity, have more multiple-choice questions to decrease survey fatigue.	The Nevada 211 number could be updated to be more user friendly.	More in-person interactions with the community could build a sense of trust.
Capturing organizations that were missed for future surveys would give us more insight. Including more industries such as Housing and Transportation services.	Discovering ways to create more outreach strategies that meet the needs of our community.	A data tracking system could prevent duplication in data collecting/reporting.
Finding additional organizations that focus on matters such as immigrant health could also be a future benefit to this cause.	Discover ways to create more effective communication to the populations we serve.	Organizations should train employees in data sharing agreements.
Looking at evidence-based practices from different parts of the country could allow Nevada to adopt new strategies.	Increase the number of services that are offered in the areas where populations are growing (geographically).	Addressing and clarifying the mixed information found on social media could ensure the public is more well-informed.
Revise outreach methods to better capture individuals with disabilities and/or their caregivers.	Close the gaps in services that are not being offered.	Organizations should clarify what data will be collected and shared between organizations.
Organizations could invest more effort in securing and utilizing translation services.	Discovering innovative ways to effectively improve the issues that are identified during the needs assessment.	Organizations could learn/teach more about other data collections methods such as video data collecting.
Future data collection could utilize better reporting methods.	Increased awareness of marginalized groups could help bring representation to those groups.	
Highlight the organizations that did not participate in the community health assessment and add an emphasis on capturing them for future CHAs.	The capacities of an organization should grow along with the services it offers (staffing for new programs).	
We need to collaborate more with the grassroots agencies in the community.	Increase education and employment opportunities for the undocumented.	
Organizations can find more ways to make themselves accessible to the populations that could use their services, especially if there are known barriers.	Increasing collaboration with legal and political advocates.	
Increase the quantity and quality of resources for undocumented people.		

SWOT: Threats

The main similarity across all three survey sections is the challenges organizations face in providing effective services due to financial constraints, service capacity issues, and communication barriers.

1) **Challenges with Funding and Sustainability:** Losing funding is a threat as it could eliminate needed community programs. Some organizations may have to narrow a focus which can make it hard to diversify funds as well as have the capacity to serve multiple populations. Also, it is important to consider other impacts on sustainability such as negative reviews or misinformation may hinder organizations' success, indirectly implying the lack of public trust.
2) **Barriers to Effective Service Delivery:** There are several threats to service delivery including stigmas surrounding health that may prevent individuals from seeking help (A). Also, a lack of resources, such as translation services, staffing turnover, and improper training can impact service quality (B). Lastly, misinformation and hidden agendas of organizations could affect how services are perceived or accessed by the public (C).
3) **Data and Communication Challenges:** Some threats mentioned were some improvements to the CPA survey that can be done in the future to improve participation such as reducing the length and increasing the variety of groups participating (A). More general data concerns include how data interpreted such as not using a health equity lens and not providing interactive spaces to discuss data (C).

About the Organizations	Organizational Capacity	Capacities to Support CHI
Losing funding for programs that serve the community could eventually make that program go away.	Organizations may not have the capacity to serve some populations, and possibly do not know why they cannot.	Misinformation on social media (and online) makes it hard for the public to trust healthcare experts. It is important for community partners to be able to weed through misinformation.
Stigmas and taboos surrounding one's health could hinder that person from accepting help.	The public's attitude towards taxation could prevent improvements as it restricts revenue.	Increases in scam calls to the public have made it difficult for organizations to reach their target audience.
Lack of translation services could hinder both access to and quality of care.	Some organizations may find it difficult to sustain certain services.	The hidden agendas of other organizations could skew data results.
Some organizations may have too narrow of a focus and not capture the priorities of other populations.	How funds get allocated could be a detriment to many organizations.	Data does not always get interpreted with a health equity lens.
Participation in the survey was mainly done by non-profits.	A greater emphasis should be placed on preventative care services.	Most data presented to the community is informative but does not allow for 2-way communication on a matter.
The length of the survey in time (30-40 minutes) could discourage participation.	Staffing turnover rates are high, and employees are not being properly trained.	Data results should be streamlined to be relevant to the target audience.
	There is not enough funding to provide community services.	Not enough advocacy for at-risk populations.
		Negative reviews of an organization or service could hinder the positive mission it seeks to accomplish.

SUMMARY

The Community Partner Assessment (CPA) survey results and community discussion identified various strengths and areas for improvement in areas such as DEI practices, organizational accountability, capacity, and community engagement. While the findings from the CPA are not representative of all partners in the community and reflect only the community partners who participated in the process, there were a diverse group of partners represented that provided rich data to inform community improvement practices. This summary of the CPA process emphasizes the collective strengths and identifies strategic opportunities to further enhance community health outcomes while ensuring equitable access and representation.

The following is a brief summary of the survey results and discussions based on the five overarching MAPP themes: Community Strengths, Organizational Capacities, Systems of Power, Privilege, and Oppression, Social Determinants of Health, and Health Behaviors and Outcomes.

Theme 1: Community Strengths

The results of the CPA demonstrated that there are many strengths that provide a good foundation to build upon in the community.

- **Commitment to CHA and CHIP Process**
    - The CPA survey demonstrated that organizations were willing to be involved in the CHA/CHIP process, with particular interest in strengthening their existing networks and contributing to long-term community change and solutions.
    - Organizations were willing to contribute staff time to both support community engagement and involvement and to help CHA meetings and activities. Additionally, over 60% of organizations have participated in a previous CHIP process and their experience will be an asset to the current process.
- **Collaboration and Engagement**
    - Strong partnerships exist in the community and there is active community engagement across sectors.
    - Organizations are committed to building networks and advancing social change.
- **Diversity and Representation**
    - There are services provided to racially, ethnically, and linguistically diverse populations.
    - Leadership and staff representation align with community demographics.
- **Community Outreach**
    - Effective communication is done through tailored outreach and collaboration with grassroots organizations.

Theme 2: Organizational Capacities

It is important to understand an organization's ability to achieve its goals and to assess its value to its clients. Overall community partners reported a general ability to serve existing clients, however many indicated that more resources were needed to provide comprehensive service that would benefit their current clients or to expand offerings to new clients. Some highlights from the report include:

- **Service Delivery to Specific Populations**
    - Services open to or engagement with many different populations,

    - There is a need for more services that are crafted to, just not available to, populations such as people with disabilities and the LGBTQIA+ population.
- **Data Utilization**
    - Strong focus on data collection and evaluation for informed decision-making.
    - Strong knowledge of diverse data collection and analytic methods
    - Willingness to share data to improve the community, however there is a need to work on data sharing agreements to improve timeliness and reduce burden
- **Strategic Communication**
    - Use of diverse communication platforms such as social media and newsletters to disseminate information.
    - Effective resource utilization, including staff time and physical space for community engagement.

Theme 3: Systems of Power, Privilege, and Oppression

These issues collectively highlight systemic disparities rooted in historical and structural inequities. While this assessment did not explicitly use terms like "systems of power" or "oppression," there was a focus on equity, representation, and addressing gaps in access which indirectly points to the need to address such systems within the community's health and social service framework.

- **Marginalized and Underserved Populations**:
    - Organizations focus on serving populations affected by systemic inequities, such as racial, linguistic, and economic marginalization (e.g., immigrants, refugees, ESL populations, and individuals with disabilities).
    - Some groups highlighted as needing additional focus include undocumented individuals and those impacted by violence or food insecurity.
- **Commitment to Equity**:
    - Efforts to advance equity are noted, but only a minority of organizations have a formal definition of health equity. This indicates variability in comprehensively addressing systemic inequities.
    - Partners highlight inequities in access to interpretation, translation services, and services for underserved groups.
- **Barriers in Service Delivery**
    - Challenges such as stigma, mistrust, and the lack of resources like transportation services reflect structural inequities impacting access and perceptions of services.
    - Limited funding and lack of data for specific populations perpetuate gaps in addressing broader systemic issues.
- **Data Practices and Equity**:
    - Less than 53% of organizations analyze data through a health equity lens. This suggests that systemic inequities are not always considered in program evaluations or policymaking.
- **Policy and Advocacy Work**:
    - The survey identifies gaps in community engagement around policy and advocacy, including limited participation in mobilizing public opinion and building capacity for impacted communities to advocate for change.
- **Opportunities to Address Power Imbalances**

- Strengthening grassroots collaboration and involving diverse organizations in decision-making are seen as opportunities to counteract historical exclusions.
- Training in advocacy and policy work, as well as initiatives for workforce diversity, are areas suggested for capacity building.
- Increasing efforts such as incorporating arts and culture could make these processes more accessible to historically excluded groups.

Theme 4: Social Determinants of Health

The results from this assessment indicate a strong foundation for addressing social determinants of health, with a focus on education, healthcare, and community collaboration. There are opportunities to broaden this scope to include areas like economic stability and built environment while overcoming structural barriers to equity.

- **Education Access and Quality**:
  - A significant focus on education as a determinant, with organizations working on improving literacy and supporting youth and family education.
  - Specific programs aim to prepare students for school and support caregivers as lifelong educators.
- **Healthcare Access and Quality**:
  - Many organizations emphasize healthcare access, utilization, and affordability.
  - Specific services target chronic disease management, mental health, and family/maternal health.
- **Social and Community Context**:
  - Organizations actively engage in community collaboration and outreach, which supports social cohesion and trust.
  - Efforts include advocacy and addressing barriers like stigma that impact individuals' engagement with services.
- **Economic Stability**:
  - While not the primary focus, economic stability is indirectly addressed through efforts like grant writing, policy advocacy, and connecting public programs with private opportunities.
  - Food access and affordability is a key area of intervention, with half of the organizations addressing it.
- **Neighborhood and Built Environment**:
  - Limited emphasis is placed on built environment issues such as land use, development, and housing.
  - Opportunities are identified to expand work in areas like utilities, infrastructure, and labor issues.
- **Barriers in SDOH**:
  - Domains like land use, arts and culture, and labor issues are not well-represented in current initiatives.
  - Many organizations focus on immediate needs but lack resources to address systemic contributors to poor health outcomes.
  - Funding limitations and organizational capacity constrain efforts to tackle broader social determinants.
  - Interpretation and translation services are limited, affecting populations with language barriers.
  - Data-sharing challenges prevent holistic understanding and resolution of SDOH-related disparities.

Theme 5: Health Behaviors & Outcomes

This assessment provides a good understanding of how the organizations involved in the CAP work to address health behaviors to improve health outcomes. The following four themes emerged from reviewing the results in terms of efforts related to health behaviors and outcomes.

- **Chronic Disease Management**
  - A significant focus for 70.6% of organizations was on the prevention and management of chronic conditions.
  - Programs aim to address risk behaviors such as poor nutrition and sedentary lifestyles.
- **Mental and Behavioral Health**
  - 64.7% of organizations focus on mental and behavioral health services, indicating strong attention to addressing behavioral health challenges such as substance use and mental well-being.
  - Some organizations provide tailored support for families and individuals impacted by trauma or systemic stressors.
- **Preventive Health Behaviors**
  - Many organizations promote immunizations and screenings (64.7%) as essential preventive measures.
  - Family and maternal health programs also aim to instill health-promoting behaviors early in life.
- **Social Influences on Health Behaviors**
  - The information captured in this assessment highlight stigmas (e.g., around mental health) and systemic barriers (e.g., mistrust of institutions) that hinder individuals from seeking care or adopting healthy behaviors.
  - Efforts to counteract these influences include advocacy, education, and culturally appropriate engagement.

Brief Recommendations for Efforts to Improve the Community

This assessment provided a wealth of data to guide the development of a plan to improve the community. The following are four overarching recommendations that cross several of the themes in this assessment.

1. **Education and Outreach**
   - Enhance health literacy and awareness campaigns tailored to specific community needs and cultural contexts.
   - Improve communication strategies, including social media and virtual engagement, to reach broader populations.
2. **Policy and Advocacy**
   - Advocate for systemic changes to address barriers such as stigma, funding constraints, and inequities in healthcare access.
   - Strengthen policies to ensure that preventive and behavioral health services are widely available.
3. **Focus on Preventive Care**
   - Expand initiatives related to immunizations, chronic disease prevention, and early detection of health issues.
   - Collaborate with schools and community organizations to promote healthy behaviors from a young age.
4. **Equity-Centered Interventions**
   - Design programs that specifically address the needs of marginalized groups, ensuring equitable health outcomes.
   - Increase staff training on culturally competent care and health equity.

NEXT STEPS

The information gathered from this Community Partner Assessment process will be utilized during the next phases of the MAPP process. The findings from this report will be presented to the community and distributed to those who participated in the process.

In addition, this process highlighted some partners whose perspectives are crucial to this process and their expertise is needed to create an inclusive CHIP. During the rest of the CHA assessments, staff will work to identify representatives from those agencies to engage them in other aspects of the CHA.

The next steps in the CHA process are to conduct the Community Status Assessment which will include a community wide survey, and the Community Context Assessment which will include focus groups and a Photovoice project to obtain youth voice. The data gathered from these three assessments will be analyzed as part of the larger community health assessment and presented to the community in Spring 2025.

ACKNOWLEDGMENTS

Thank you to the SNHD CHA Steering committee for their guidance throughout the overall process and to all community partners who participated in this assessment process. Your contributions to this process and to the overall health of the community are invaluable. We look forward to our continued collaborative efforts to create a healthy community for everyone.

REFERENCES

National Association of County and City Health Officials. (2023). *Mobilizing for Action through Planning andPartnerships (MAPP)*. Retrieved from https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp

U.S. Centers for Disease Control and Prevention. (2023). *10 Essential Public Health Services.* Retrieved from https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People2030. (n.d). Social Determinants of Health. Retrieved from https://health.gov/healthypeople/priority-areas/social-determinants-health

APPENDIX A. CPA SURVEY RESULTS

A. About Your Organization	
YOUR ORGANIZATION	**n=34**
Which best describes your position or role in your organization?	
Senior management level/unit or program lead	32.4%
Other	23.5%
Leadership team	23.5%
Administrative staff	11.8%
Front line staff	11.8%
Supervisor (not senior management)	5.9%
Community member	5.9%
Has your organization ever participated in a community health improvement process?	
Yes	64.7%
No	17.6%
Unsure	17.6%
Has your organization ever participated in or facilitated community-led decision-making around policies, actions, or programs?	
Yes	82.4%
No	8.8%
Unsure	8.8%
Which of the following best describe(s) your organization? *	
Non-profit organization	55.9%
College/university	14.7%
County health department	14.7%
Public clinic	8.8%
City health department	5.9%
For-profit organization/private business	5.9%
Faith-based organization	5.9%
Other	5.9%
Schools/education (PK–12)	5.9%
State health department	2.9%
Private hospital	2.9%
Library	2.9%
Mental health provider	2.9%
Tribal health department	0.0%
Other city government agency	0.0%
Other county government agency	0.0%
Other state government agency	0.0%
Other Tribal government agency	0.0%
Public hospital	0.0%
Private clinic	0.0%

*Partners could select multiple answers; therefore, the total will not add to 100%.

**Item error – partners could only select one response instead of multiple.

Which of the following best describe(s) your organization? * Cont.	0.0%
Emergency response	0.0%
Grassroots community organizing group/organization	0.0%
Tenants' association	0.0%
Social service provider	0.0%
Housing provider	0.0%
Neighborhood association	0.0%
Foundation/philanthropy	0.0%
Center for Independent Living	0.0%
ORGANIZATIONAL INTEREST IN PARTICIPATING IN AND SUPPORTING MAPP	**n=34**
What are your organization's top-three interests in joining a community health improvement partnership? *	
To create long-term, permanent social change	52.9%
To plan and launch community-wide initiatives	50.0%
To deliver programs effectively and efficiently and avoid duplicated efforts	50.0%
To increase communication among groups	35.3%
To build networks and friendships	32.4%
To pool resources	26.5%
To develop and use political power to gain services or other benefits for the community	20.6%
To obtain or provide services	17.6%
To improve line of communication from communities to government decision-making	14.7%
To improve line of communication from government to communities	11.8%
Other	8.8%
To break down stereotypes	2.9%
To revitalize low energy of groups who are trying to do too much alone	2.9%
Why is your organization interested in participating in a community health initiative? *	
Connections to other organizations	67.6%
Improving conditions for members/constituents	55.9%
Access to data	38.2%
Positive publicity (e.g., our organization supports community health)	38.2%
Connections to decision-makers	29.4%
Connections to communities with lived experience	26.5%
Connections to potential funders	20.6%
Helps achieve requirements for public health accreditation	11.8%
Helps achieve other requirements	8.8%
Other	5.9%
Helps achieve requirements for IRS non-profit tax status	2.9%
Helps achieve requirements for Federally Qualified Health Center (FQHC) status	2.9%

*Partners could select multiple answers; therefore, the total will not add to 100%.

**Item error – partners could only select one response instead of multiple.

What resources might your organization contribute to support MAPP activities? * Note: This question does not commit your organization to support; it only identifies ways your organization 'might' be able to support.	
Staff time to support community engagement and involvement	58.8%
Policy/advocacy skills	44.1%
Staff time to participate in MAPP meetings and activities	44.1%
Physical space to hold meetings	32.4%
I'm unsure	26.5%
Staff time to support relationship-building between MAPP staff and other organizations (e.g., introductions to government agencies or organizers)	26.5%
Staff time to support focus group facilitation or interviews	23.5%
Staff time to help plan MAPP meetings and activities	23.5%
Staff time to help facilitate MAPP meetings and activities	23.5%
Staff time to help implement MAPP priorities	23.5%
Social media capacities	20.6%
Staff time to help analyze quantitative data	14.7%
Staff time to help analyze qualitative data	14.7%
Note-taking support during qualitative data collection	11.8%
Funding to support assessment activities (e.g., data collection, analysis)	11.8%
Technology to support virtual meetings	8.8%
Staff time to support interpretation and translation	8.8%
Staff time to transcribe meeting notes/recordings	8.8%
Funding to support community engagement (e.g., stipends, gift cards)	5.9%
Other	5.9%
Coordination with tribal government	2.9%
Food for community meetings	0.0%
Childcare for community meetings	0.0%
Media connections	0.0%
Lending interpretation equipment for use during meetings	0.0%
DEMOGRAPHICS AND CHARACTERISTICS OF CLIENTS/MEMBERS SERVED/ENGAGED	**n=34**
What racial/ethnic populations does your organization work with? *	
White/European	85.3%
Latinx/Hispanic	82.4%
Black/African American	79.4%
Asian	76.4%
Asian American	73.5%
Pacific Islander/Native Hawaiian	73.5%
African	70.6%
Native American/Indigenous/Alaska Native	67.6%
Middle Eastern/North African	64.7%
Other	17.6%

*Partners could select multiple answers; therefore, the total will not add to 100%.

**Item error – partners could only select one response instead of multiple.

Does your organization work with immigrants, refugees, asylum seekers, and other populations who speak English as a second language?	
Yes	82.4%
No	8.8%
Unsure	8.8%
Does your organization offer services for transgender, nonbinary, and other members of the LGBTQIA+ community?	
Yes- we provide services specifically for the LGBTQIA+ community	41.2%
Somewhat- we provide general services and LGBTQIA+ individuals could use those services	52.9%
No- LGBTQIA+ populations are not welcome	0.0%
Unsure	5.9%
Does your organization offer services specifically for people with disabilities?	
Yes- we provide services specifically for people with disabilities	38.2%
Somewhat- we are wheelchair accessible and compliant with the American Disabilities Act but are not specifically designed to serve people with disabilities	50.0%
No- our organization is not specifically designed to serve people with disabilities	2.9%
Unsure	8.8%
Does your organization work with other populations or groups who are not addressed in the previous questions? For example, groups identifiable by gender, socioeconomic status, education, disability, immigration status, religion, insurance status, housing status, occupation, age, neighborhood, and involvement in the criminal legal system.	
Yes	64.7%
No	8.8%
Unsure	23.5%
Missing	2.9%
Does your organization have access to interpretation and translation services?	
Yes	44.1%
No	2.6%
Unsure	23.5%
Not Applicable	11.8%
What do you do to reach/engage/work with your clientele or community? *	
We work closely with community organizations from our target populations	67.6%
We receive many clients from our target populations	47.1%
We receive many referrals from our target populations	44.1%
We have done extensive outreach to our target populations	44.1%
We hire staff from specific racial/ethnic groups that mirror our target populations	44.1%
We hire staff/interpreters who speak the language/s of our target populations	41.2%
We support leadership development in our target populations	35.3%
Our organization is physically located in neighborhood/s of our target populations	35.3%
We have leadership who speak the language/s of our target populations	26.5%
Other	26.5%

*Partners could select multiple answers; therefore, the total will not add to 100%.

**Item error – partners could only select one response instead of multiple.

Does the leadership/management levels of your organization reflect the demographics of the community you serve?	
Yes	55.9%
No	14.7%
Unsure	14.7%
Not applicable	14.7%
Do the administrative/frontline staff and others in your organization reflect the demographics of the community you serve?	
Yes	64.7%
No	5.9%
Unsure	17.6%
Not applicable	11.8%
What languages do staff at your organization speak? *	
English	88.2%
Spanish	76.5%
Tagalog (Filipino)	50.0%
Chinese (Mandarin, Cantonese, Hokkien, etc.	20.6%
Other : Hindi	2.9%
French and French Creole	14.7%
Sign language	14.7%
Vietnamese	11.8%
Arabic	5.9%
TOPIC AREA FOCUS	**n=34**
How much does your organization focus on each of these topics? **i. Economic Stability: The connection between people's financial resources—income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.**	
A lot	38.2%
A little	41.2%
Not at all	5.9%
Unsure	11.8%
Missing	2.9%
ii. Education Access and Services: The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.	
A lot	67.6%
A little	17.6%
Not at all	5.9%
Unsure	2.9%
Missing	5.9%

*Partners could select multiple answers; therefore, the total will not add to 100%.

**Item error – partners could only select one response instead of multiple.

iii. Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy	
A lot	67.6%
A little	20.6%
Not at all	5.9%
Unsure	0.0%
Missing	5.9%
iv. Neighborhood and Built Environment: The connection between where a person lives—housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.	
A little	52.9%
A lot	23.5%
Not at all	5.9%
Unsure	14.7%
Missing	2.9%
v. Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.	
A lot	41.2%
A little	41.2%
Not at all	2.9%
Unsure	11.8%
Missing	2.9%
Which of the following categories does your organization work on/with? *	
Education	64.7%
Healthcare access/utilization	58.8%
Public health	58.8%
Food access and affordability (e.g., food bank)	50.0%
Family well-being	44.1%
Early childhood development/childcare	41.2%
Disability/independent living	38.2%
Seniors/elder care	38.2%
Human services	32.4%
LGBTQIA+ discrimination/equity	29.4%
Transportation	29.4%
Businesses and for-profit organizations	29.4%
Environmental justice/climate change	26.5%
Faith communities	26.5%
Gender discrimination/equity	26.5%
Housing	26.5%

*Partners could select multiple answers; therefore, the total will not add to 100%.

**Item error – partners could only select one response instead of multiple.

Which of the following categories does your organization work on/with? * Cont.	
Youth development and leadership	26.5%
Racial justice	23.5%
Community economic development	20.6%
Criminal legal system	17.6%
Parks, recreation, and open space	17.6%
Violence	17.6%
Public safety/violence	14.7%
Economic security	14.7%
Food service/restaurants	11.8%
Government accountability	11.8%
Immigration	11.8%
Jobs/labor conditions/wages and income	11.8%
Veterans' issues	11.8%
Arts and culture	11.8%
Other	11.8%
Utilities	8.8%
Land use planning/development	2.9%
Financial institutions (e.g., banks, credit unions)	0.0%
Which of the following health topics does your organization work on? *	
Chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease)	70.6%
Health equity	67.6%
Family/maternal health	64.7%
Immunizations and screenings	64.7%
Mental or behavioral health (e.g., PTSD, anxiety, trauma)	64.7%
Healthcare access/utilization	61.8%
HIV/STD prevention	52.9%
Physical activity	52.9%
Tobacco and substance use and prevention	50.0%
Infectious disease	44.1%
Health insurance/Medicare/Medicaid	41.2%
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)/food stamps	41.2%
Injury and violence prevention	38.2%
Cancer	35.3%
Other	2.9%
None of the above/Not applicable	5.9%

*Partners could select multiple answers; therefore, the total will not add to 100%.

**Item error – partners could only select one response instead of multiple.

ORGANIZATIONAL COMMITMENT TO EQUITY	n=34
Please review the following statements.	
i. We have at least one person in our organization dedicated to addressing diversity, equity, and inclusion internally in our organization.	
Agree	76.5%
Disagree	2.9%
Unsure	17.6%
Missing	2.9%
ii. We have at least one person in our organization dedicated to addressing inequities externally in our community.	
Agree	67.6%
Disagree	8.8%
Unsure	20.6%
iii. We have a team dedicated to advancing equity/addressing inequities in our organization.	
Agree	67.6%
Disagree	11.8%
Unsure	17.6%
iv. Advancing equity/addressing inequities is included in all or most staff job requirements.	
Agree	70.6%
Disagree	5.9%
Unsure	20.6%
ORGANIZATIONAL ACCOUNTABILITY	**n=34**
Does your organization have an advisory board of community members, stakeholders, youth, or others who are impacted by your organization?	
Yes	47.1%
No	17.6%
Unsure	32.4%
Missing	2.9%
To whom is your organization accountable? ** By accountable we mean whom your organization must report to because they determine or oversee your funding as an organization, determine your priorities, etc. This could be who has power over your organization's decision-making—for example, city government agencies may be accountable to the mayor or city council; a business may be accountable to its shareholders; and an organizing group may be accountable to its members.	
Board of directors/trustees	55.9%
Other	5.9%
National/parent organization	8.8%
Members of the organization/association	5.9%
Customers/clients	5.9%
City council, board of supervisors/commissioners, or other elected legislative officials	2.9%
State government	2.9%
Federal government	2.9%
Shareholders	2.9%
Missing	5.9%

*Partners could select multiple answers; therefore, the total will not add to 100%.

**Item error – partners could only select one response instead of multiple.

B. Organizational Capacities	
ORGANIZATIONAL CAPACITIES RELATED TO THE 10 ESSENTIAL PUBLIC HEALTH SERVICES	**n=34**
Please indicate whether your organization regularly does the following activities.* For each one select, a) A lot, b) A little, c) Not at all, or d) Unsure.	
a. Assessment: My organization conducts assessments of living and working conditions and community needs and assets.	
A lot	58.8%
A little	5.9%
Not at all	17.6%
Unsure	11.8%
Missing	5.9%
b. Investigation of Hazards: My organization investigates, diagnoses, and addresses health problems and hazards affecting the population.	
A lot	47.1%
A little	14.7%
Not at all	29.4%
Unsure	2.9%
Missing	5.9%
c. Communication and Education: My organization works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it.	
A lot	82.4%
A little	8.8%
Not at all	2.9%
Unsure	0.0%
Missing	5.9%
d. Community Engagement and Partnerships: My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.	
A lot	82.4%
A little	8.8%
Not at all	0.0%
Unsure	0.0%
Missing	8.8%
e. Policies, Plans, Laws: My organization works to create, champion, and apply policies, plans, and laws that impact health and well-being.	
A lot	58.8%
A little	14.7%
Not at all	11.8%
Unsure	5.9%
Missing	8.8%

*Partners could select multiple answers; therefore, the total will not add to 100%.

**Item error - partners could only select one response instead of multiple

f. Legal and Regulatory Authority: My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.	
A lot	32.4%
A little	8.8%
Not at all	35.3%
Unsure	14.7%
Missing	8.8%
g. Access to Care: My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.	
A lot	55.9%
A little	11.8%
Not at all	14.7%
Missing	8.8%
Unsure	8.8%
h. Workforce: My organization supports workforce development and can help build and support a diverse, skilled workforce.	
A lot	41.2%
A little	20.6%
Not at all	11.8%
Unsure	14.7%
Missing	11.8%
i. Evaluation And Research: My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.	
A lot	52.9%
A little	26.5%
Not at all	11.8%
Unsure	0.0%
Missing	8.8%
j. Organizational Infrastructure: My organization is helping build and maintain a strong organizational infrastructure for health and well-being.	
A lot	47.1%
A little	29.4%
Not at all	5.9%
Unsure	5.9%
Missing	11.8%
k. Unsure	
A lot	0.0%
A little	0.0%
Not at all	11.8%
Unsure	23.5%
Missing	64.7%

*Partners could select multiple answers; therefore, the total will not add to 100%.

**Item error - partners could only select one response instead of multiple

Are there any other core competencies or strengths not included on the list above that your organization does?	
No	62.9%
Yes	22.9%
Missing	14.3%
Does your organization have sufficient capacity to meet the needs of your clients/members? For example, do you have enough staff/funding/support to do your work?	
No	50.0%
Yes	29.4%
Unsure	11.8%
Missing	8.8%
GENERAL CAPACITIES AND STRATEGIES	**n=34**
Which of the following strategies does your organization use to do your work? *	
Communications: Messaging that resonates with communities, connects them to an issue, or inspires them to act.	73.5%
Social and Health Services: Providing services that reach clients and meet their needs (including clinical and healthcare services)	61.8%
Research and Policy Analysis: Gathering and analyzing data to create credibility and inform policies, projects, programs, or coalitions	58.8%
Alliance and Coalition-Building: Building collaboration among groups with shared values and interest	55.9%
Leadership Development: Equipping leaders with the skills, knowledge, and experiences to play a greater role within their organization or movement.	50.0%
Organizing: Involving people in efforts to change their circumstances by changing the underlying structures, decision-making processes, policies, and priorities that produce inequities.	38.2%
Advocacy and Grassroots Lobbying: Targeting public officials either by speaking to them or mobilizing constituents to influence legislative or executive policy decisions	38.2%
Campaigns: Using organized actions that address a specific purpose, policy, or change	32.4%
Healing: Addressing personal and community trauma and how they connect to larger social and economic inequalities.	32.4%
Inside-Outside Strategies: Coordinating support from organizations on the “outside” with a team of like-minded policymakers on the “inside” to achieve common goals	29.4%
Movement-Building: Scaling up from single organizations and issues to long-term initiatives, perspectives, and narratives that seek to change systems.	29.4%
Arts and Culture: Nurturing the multiple skills of an individual through the arts and encouraging connection through shared experiences	14.7%
Litigation: Using legal resources to reach outcomes that further long-term goals.	14.7%
Narrative Change: Harnessing arts and expression to replace dominant assumptions about a community or issue with dignified narratives and values.	2.9%
Integrated Voter Engagement: Connecting organizing and voter-engagement strategies to build a strong base over multiple election cycles.	2.9%

*Partners could select multiple answers; therefore, the total will not add to 100%.

**Item error - partners could only select one response instead of multiple

C. Capacities to Support Community Health Improvement	
DATA ACCESS AND SYSTEMS	**n=34**
Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood)?	
Yes	52.9%
No	17.6%
Unsure	17.6%
Missing	11.8%
What data does your organization collect? *	
Demographic information about clients or members	67.6%
Evaluation, performance management, or quality improvement information about services and programs offered	58.8%
Access and utilization data about services provided and to whom	55.9%
Data about conditions and social determinants of health (e.g., housing, education, or other conditions)	50.0%
Data about health status	44.1%
Data about health behaviors	35.3%
Other	14.7%
Data about systems of power, privilege, and oppression	11.8%
We don't collect data	5.9%
Can you share any of that data with the MAPP collaborative?	
Yes, already being shared	20.6%
Yes,can share	14.7%
No	20.6%
Unsure	32.4%
Missing	11.8%
How does your organization collect data? *	
Surveys	52.9%
Data tracking systems	41.2%
Feedback forms	41.2%
Focus groups	32.4%
Interviews	29.4%
Secondary data sources	29.4%
Electronic health records	23.5%
Notes from community meetings	20.6%
Other	17.6%
Videos	11.8%
Photovoice or other participatory research	0.0%
What data skills does your organization have? **	
Other quantitative or qualitative methods:	32.4%
Survey design and analysis	11.8%
Needs Assessment	8.8%
Secondary data analysis	5.9%

*Partners could select multiple answers; therefore, the total will not add to 100%.

**Item error - partners could only select one response instead of multiple

What data skills does your organization have? ** Cont.	
Focus group Facilitations	5.9%
Mapping/visualization skills	5.9%
Interviewing	2.9%
Participatory research	2.9%
Facilitators of community or town hall meetings	2.9%
Detailed Note Taking or Transcription	0.0%
Asset mapping	0.0%
Does your organization analyze data with a health equity lens or health equity in mind? If Yes or Unsure, please describe.	
Yes	52.9%
No	17.6%
Unsure	17.6%
Missing	11.8%
COMMUNITY-ENGAGEMENT PRACTICES	**n=34**
What type of community-engagement practices does your organization do most often (check one): Note: We will explore this more deeply in the CPA partner discussion.	
Inform: Provide the community with relevant information.	38.2%
Collaborate: Ensure community capacity to play a leadership role in implementation of decisions.	20.6%
Missing	14.7%
Involve: Ensure community needs and assets are integrated into process and inform planning.	14.7%
Unsure	8.8%
Defer to: Foster democratic participation and equity through community-driven decision-making. Bridge divide between community and governance.	2.9%
Which of the following methods of community engagement does your organization use most often? *	
Customer/patient satisfaction surveys	35.3%
Fact sheets	29.4%
Open houses	11.8%
Presentations	52.9%
Billboards	14.7%
Videos	17.6%
Public comment	14.7%
Focus groups	14.7%
Community forums/events	50.0%
Surveys	26.5%
Community organizing	14.7%
Advocacy	29.4%
House meetings	2.9%
Interactive workshops	23.5%
Polling	0.0%
Memorandums of understanding (MOUs) with community-based organizations	35.3%

*Partners could select multiple answers; therefore, the total will not add to 100%.

**Item error - partners could only select one response instead of multiple

Which of the following methods of community engagement does your organization use most often? * Cont.	
Citizen advisory committees	8.8%
Open planning forums with citizen polling	0.0%
Community-driven planning	14.7%
Consensus building	5.9%
Participatory action research	5.9%
Participatory budgeting	0.0%
Social media	47.1%
Other	5.9%
None	0.0%
When you host community meetings, do you offer: *	
Virtual ways to participate	41.2%
Food/snacks	38.2%
Not applicable	35.3%
Accessible materials for low literacy populations	23.5%
Interpretation/translation to other languages including sign language	14.7%
Transportation vouchers if needed	11.8%
Stipends or gift cards for participation	8.8%
Childcare if needed	8.8%
Other	5.9%
POLICY, ADVOCACY, AND COMMUNICATIONS	**n=34**
What policy/advocacy work does your organization do? **	
Other	22.9%
Missing	14.3%
Build capacity of impacted individuals/communities to advocate for policy change	11.4%
Not applicable	11.4%
Educate decision-makers and respond to their questions	8.6%
Use relationships to access decision-makers	8.6%
Advocate for policy change	5.7%
Lobby for policy change	5.7%
Respond to requests from decision-makers	2.9%
Write or develop policy	2.9%
Mobilize public opinion on policies via media/communications	2.9%
Unsure	2.9%

*Partners could select multiple answers; therefore, the total will not add to 100%.

**Item error - partners could only select one response instead of multiple

Please review the following statements. For each one, select a) Strongly agree, b) Agree, c) Disagree, d) Strongly disagree, or e) Unsure	
i. Our organization has a strong presence in local earned media (print/radio/TV).	
Strongly agree	29.4%
Agree	32.4%
Disagree	17.6%
Strongly disagree	2.9%
Unsure	2.9%
Missing	14.7%
ii. Our organization has strong communications infrastructure and capacity.	
Strongly agree	23.5%
Agree	41.2%
Disagree	5.9%
Strongly disagree	2.9%
Unsure	11.8%
Missing	14.7%
iii. Our organization has a clear communications strategy	
Strongly agree	32.4%
Agree	38.2%
Disagree	8.8%
Strongly disagree	0.0%
Unsure	8.8%
Missing	11.8%
iv. Our organization has good relationships with other organizations who can help share information.	
Strongly agree	44.1%
Agree	38.2%
Disagree	0.0%
Strongly disagree	0.0%
Unsure	5.9%
Missing	11.8%
v. Our organization has a clear equity lens that we use for our external communications and engagement work.	
Strongly agree	38.2%
Agree	29.4%
Disagree	2.9%
Strongly disagree	0.0%
Unsure	17.6%
Missing	11.8%

*Partners could select multiple answers; therefore, the total will not add to 100%.

**Item error - partners could only select one response instead of multiple

What communications work does your organization do most often? *	
Social media outreach (e.g., on Facebook, Twitter, Instagram)	67.6%
External newsletters to members/the public	52.9%
Internal newsletters to staff	41.2%
Ongoing and active relationships with local journalists and earned media organizations	41.2%
Media contact list for press advisories/releases	32.4%
Press releases/press conferences	32.4%
Data dashboard	26.5%
Meet to discuss narrative and messaging to the public	20.6%
Other	17.6%
Ethnicity-specific outreach in non-English language	17.6%
If your organization has publicly available materials, are they translated into other languages?	
Most publicly available materials are translated into other languages (e.g., when conducting outreach to various populations or when hosting events for various populations)	41.2%
All publicly available materials are translated into other languages	14.7%
Few publicly available materials are translated into other languages (e.g., only when requested)	14.7%
Not applicable (we do not have publicly available materials)	11.8%
Missing	11.8%
No publicly available materials are translated into other languages	5.9%
*Respondents could select multiple answers; therefore, the total percentage won't add up to 100	
**Item had an error respondents could only select one response instead of multiple.	

*Partners could select multiple answers; therefore, the total will not add to 100%.

**Item error - partners could only select one response instead of multiple

APPENDIX B. CPA SURVEY

Thanks for taking the Mobilizing for Action through Planning and Partnerships (MAPP) Community Partner Assessment (CPA) Survey. This process helps to identify how we will improve our community's health together.

Your organization—*and you*—are vital to our community's local public health system, even if you do not work in public health or healthcare.

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

This survey is part of our Community Partner Assessment, which helps us identify the organizations involved in MAPP, whom they serve, what they do, and their capacities and skills to support our local community health improvement process. The CPA helps us name strengths as a community and opportunities for greater impact.

The responses to this survey will be summarized in our Community Health Assessment (CHA). They will be used to develop a Community Health Improvement Plan (CHIP) to improve health in our community.

Things to Know…

- This survey should take 30–40 minutes.
- Your responses will not be identifiable to you or your organization. They will be combined and summarized with all other responses in the CHA report.
- Submit only *one* completed survey per organization.

A. About Your Organization

This section asks about your organization, including type, interest in participating in MAPP, populations served, topic or focus areas, commitment to equity, and accountability.

Your Organization

1. What is the full name of your organization?

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

a. Administrative staff
b. Front line staff
c. Supervisor (not senior management)
d. Senior management level/unit or program lead
e. Leadership team
f. Community member
g. Community leader
h. Other: _____

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

a. Yes
b. No
c. Unsure

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

a. Yes
b. No
c. Unsure

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

a. City health department
b. County health department
c. State health department
d. Tribal health department
e. Other city government agency
f. Other county government agency
g. Other state government agency
h. Other Tribal government agency
i. Private hospital
j. Public hospital
k. Private clinic
l. Public clinic
m. Emergency response

n. Schools/education (PK–12)
o. College/university
p. Library
q. Non-profit organization
r. Grassroots community organizing group/organization
s. Tenants' association
t. Social service provider
u. Housing provider
v. Mental health provider
w. Neighborhood association
x. Foundation/philanthropy
y. For-profit organization/private business
z. Faith-based organization
aa. Center for Independent Living
bb. Other: _____

Organizational Interest in Participating in and Supporting MAPP

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

a. To deliver programs effectively and efficiently and avoid duplicated efforts
b. To pool resources
c. To increase communication among groups
d. To break down stereotypes
e. To build networks and friendships
f. To revitalize low energy of groups who are trying to do too much alone
g. To plan and launch community-wide initiatives
h. To develop and use political power to gain services or other benefits for the community
i. To improve line of communication from communities to government decision-making
j. To improve line of communication from government to communities
k. To create long-term, permanent social change
l. To obtain or provide services
m. Other: _____

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

a. Access to data
b. Connections to communities with lived experience
c. Connections to other organizations
d. Connections to decision-makers
e. Connections to potential funders
f. Positive publicity (e.g., our organization supports community health)
g. Helps achieve requirements for public health accreditation
h. Helps achieve requirements for IRS non-profit tax status

i. Helps achieve requirements for Federally Qualified Health Center (FQHC) status
j. Helps achieve other requirements
k. Improving conditions for members/constituents
l. Other: _____

8. What resources might your organization contribute to support MAPP activities? (check all that apply) ***Note: This question does not commit your organization to support; it only identifies ways your organization *might* be able to support.***

a. I'm unsure
b. Funding to support assessment activities (e.g., data collection, analysis)
c. Funding to support community engagement (e.g., stipends, gift cards)
d. Food for community meetings
e. Childcare for community meetings
f. Policy/advocacy skills
g. Media connections
h. Social media capacities
i. Physical space to hold meetings
j. Technology to support virtual meetings
k. Coordination with tribal government
l. Staff time to support community engagement and involvement
m. Staff time to support interpretation and translation
n. Lending interpretation equipment for use during meetings
o. Staff time to support relationship-building between MAPP staff and other organizations (e.g., introductions to government agencies or organizers)
p. Staff time to support focus group facilitation or interviews
q. Staff time to help analyze quantitative data
r. Staff time to help analyze qualitative data
s. Staff time to participate in MAPP meetings and activities
t. Staff time to help plan MAPP meetings and activities
u. Staff time to help facilitate MAPP meetings and activities
v. Staff time to help implement MAPP priorities
w. Note-taking support during qualitative data collection
x. Staff time to transcribe meeting notes/recordings
y. Other: _____

Demographics and Characteristics of Clients/Members Served/Engaged

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

a. Black/African American
b. African
c. Native American/Indigenous/Alaska Native
d. Latinx/Hispanic
e. Asian
f. Asian American
g. Pacific Islander/Native Hawaiian
h. Middle Eastern/North African
i. White/European
j. Other: _____

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

a. Yes
b. No
c. Unsure

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

a. Yes—we provide services specifically for the LGBTQIA+ community
b. Somewhat—we provide general services and LGBTQIA+ individuals could use those services
c. No—LGBTQIA+ populations are not welcome
d. Unsure

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

a. Yes—we provide services specifically for people with disabilities
b. Somewhat—we are wheelchair accessible and compliant with the American Disabilities Act but are not specifically designed to serve people with disabilities
c. No—our organization is not specifically designed to serve people with disabilities
d. Unsure

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

a. Yes. i. If yes, please list these groups:

_____

b. No
c. Unsure

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

a. Yes. i. If yes, please list these groups:

_____

b. No

c. Unsure

d. Not applicable

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

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

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

c. We support leadership development in our target populations

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

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

f. We receive many clients from our target populations

g. We receive many referrals from our target populations

h. We work closely with community organizations from our target populations

i. We have done extensive outreach to our target populations

j. Other: _____

16. Does the leadership/management levels of your organization reflect the demographics of the community you serve?

a. Yes

b. No

c. Unsure

d. Not applicable

17. Do the administrative/frontline staff and others in your organization reflect the demographics of the community you serve?

a. Yes

b. No

c. Unsure

d. Not applicable

18. What languages do staff at your organization speak? (Check all that apply)

a. English
b. Spanish
c. Chinese (Mandarin, Cantonese, Hokkien, etc.)
d. Tagalog (Filipino)
e. Vietnamese
f. French and French Creole
g. Arabic
h. Sign language
i. Other: _____

Topic Area Focus

19. How much does your organization focus on each of these topics ? For each one, select a) A lot, b) A little, c) Not at all, or d) Unsure.

	A lot	A little	Not at all	Unsure
i. Economic Stability: The connection between people's financial resources—income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.	○	○	○	○
ii. Education Access and Services: The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.	○	○	○	○
iii. Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.	○	○	○	○
iv. Neighborhood and Built Environment: The connection between where a person lives—housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.	○	○	○	○
v. Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.	○	○	○	○

20. Which of the following categories does your organization work on/with? (Check all that apply)

a. Arts and culture
b. Businesses and for-profit organizations
c. Criminal legal system
d. Disability/independent living
e. Early childhood development/childcare
f. Education
g. Community economic development
h. Economic security
i. Environmental justice/climate change
j. Faith communities
k. Family well-being
l. Financial institutions (e.g., banks, credit unions)
m. Food access and affordability (e.g., food bank)
n. Food service/restaurants
o. Gender discrimination/equity
p. Government accountability
q. Healthcare access/utilization
r. Housing
s. Human services
t. Immigration
u. Jobs/labor conditions/wages and income
v. Land use planning/development
w. LGBTQIA+ discrimination/equity
x. Parks, recreation, and open space
y. Public health
z. Public safety/violence
aa. Racial justice
bb. Seniors/elder care
cc. Transportation
dd. Utilities
ee. Veterans' issues
ff. Violence
gg. Youth development and leadership
hh. Other: _____

21. Which of the following health topics does your organization work on? (Check all that apply)

a. Cancer
b. Chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease)
c. Family/maternal health
d. Immunizations and screenings
e. Infectious disease
f. Injury and violence prevention
g. HIV/STD prevention
h. Healthcare access/utilization
i. Health equity
j. Health insurance/Medicare/Medicaid
k. Mental or behavioral health (e.g., PTSD, anxiety, trauma)
l. Physical activity
m. Tobacco and substance use and prevention
n. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)/food stamps
o. None of the above/Not applicable
p. Other: _____

Organizational Commitment to Equity

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

_____

23. Please review the following statements. For each one, select a) Agree, b) Disagree, or c) Unsure.

	Agree	Disagree	Unsure
i. We have at least one person in our organization dedicated to addressing diversity, equity, and inclusion *internally* in our organization.	○	○	○
ii. We have at least one person in our organization dedicated to addressing inequities *externally* in our community.	○	○	○
iii. We have a team dedicated to advancing equity/addressing inequities in our organization.	○	○	○
iv. Advancing equity/addressing inequities is included in all or most staff job requirements.	○	○	○

Organizational Accountability

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

_____

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

a. Yes i. If yes, what is that advisory board and what powers do they have? _____

b. No

c. Unsure

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

a. Mayor, governor, or other elected executive official

b. City council, board of supervisors/commissioners, or other elected legislative officials

c. State government

d. Federal government

e. Tribal government

f. Foundation

g. Community members

h. Members of the organization/association

i. Customers/clients

j. Board of directors/trustees

k. Shareholders

l. Voters

m. Voting members

n. National/parent organization

o. Other government agencies

p. Other: _____

B. Organizational Capacities

Organizational Capacities Related to the 10 Essential Public Health Services

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

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

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

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

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

27. Please indicate how often your organization regularly does the following activities. For each one select, a) A lot, b) A little, c) Not at all, or d) Unsure.

	A lot	A little	Not at all	Unsure
a. **Assessment:** My organization conducts assessments of living and working conditions and community needs and assets.	○	○	○	○
b. **Investigation of Hazards:** My organization investigates, diagnoses, and addresses health problems and hazards affecting the population.	○	○	○	○
c. **Communication and Education:** My organization works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it.	○	○	○	○
d. **Community Engagement and Partnerships:** My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.	○	○	○	○
e**. Policies, Plans, Laws:** My organization works to create, champion, and apply policies, plans, and laws that impact health and well-being.	○	○	○	○
f. **Legal and Regulatory Authority:** My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.	○	○	○	○
g. **Access to Care:** My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.	○	○	○	○
h. **Workforce:** My organization supports workforce development and can help build and support a diverse, skilled workforce.	○	○	○	○
i. **Evaluation And Research:** My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.	○	○	○	○
j. **Organizational Infrastructure:** My organization is helping build and maintain a strong organizational infrastructure for health and well-being.	○	○	○	○
k. **Unsure**	○	○	○	○

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

a. Yes i. If yes, please list these core competencies/strengths:

_____

b. No

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

a. Yes

b. No

c. Unsure i. Please elaborate: _____

General Capacities and Strategies

30. Which of the following strategies does your organization use to do your work? (Check all that apply)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

p. Other: _____

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

C. Capacities to Support Community Health Improvement The following questions ask about your organization's experience collecting data, engaging community members, advocating for policy change, and communicating with the public. Please let us know if your organization does

Data Access and Systems

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

a. Yes i. If yes, please describe what they assess.

_____

b. No

c. Unsure

33. What data does your organization collect? (Check all that apply)

a. Demographic information about clients or members

b. Access and utilization data about services provided and to whom

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

d. Data about health status

e. Data about health behaviors

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

g. Data about systems of power, privilege, and oppression

h. We don't collect data

i. Other: _____

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

a. Yes, already being shared

b. Yes, can share

c. No

d. Unsure

35. How does your organization collect data? (Check all that apply)

a. Surveys

b. Focus groups

c. Interviews

d. Feedback forms

e. Photovoice or other participatory research

f. Notes from community meetings

g. Videos

h. Secondary data sources
i. Electronic health records
j. Data tracking systems
k. Other: _____

36. What data skills does your organization have? (Check all that apply)

a. Survey design and analysis
b. Secondary data analysis
c. Needs assessment
d. Focus group facilitation
e. Interviewing
f. Detailed note-taking or transcription
g. Participatory research
h. Facilitators of community or town hall meetings
i. Asset mapping
j. Mapping/visualization skills
k. Other quantitative or qualitative methods:
_____

37. Does your organization analyze data with a health equity lens or health equity in mind? If Yes or Unsure, please describe:

a. Yes
b. No
c. Unsure

Community-Engagement Practices

38. What type of community-engagement practices does your organization do most often (check one):
Note: We will explore this more deeply in the CPA partner discussion.

a. **Inform:** Provide the community with relevant information.
b. **Consult:** Gather input from the community.
c. **Involve:** Ensure community needs and assets are integrated into process and inform planning.
d. **Collaborate**: Ensure community capacity to play a leadership role in implementation of decisions.
e. **Defer to:** Foster democratic participation and equity through community-driven decision-making. Bridge divide between community and governance.
f. **Unsure**

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

a. Customer/patient satisfaction surveys
b. Fact sheets
c. Open houses
d. Presentations

e. Billboards
f. Videos
g. Public comment
h. Focus groups
i. Community forums/events
j. Surveys
k. Community organizing
l. Advocacy
m. House meetings
n. Interactive workshops
o. Polling
p. Memorandums of understanding (MOUs) with community-based organizations
q. Citizen advisory committees
r. Open planning forums with citizen polling
s. Community-driven planning
t. Consensus building
u. Participatory action research
v. Participatory budgeting
w. Social media
x. Other: _____

40. When you host community meetings, do you offer: (Check all that apply)

a. Stipends or gift cards for participation
b. Interpretation/translation to other languages including sign language
c. Food/snacks
d. Transportation vouchers if needed
e. Childcare if needed
f. Accessible materials for low literacy populations
g. Virtual ways to participate
h. Not applicable
i. Other: _____

Policy, Advocacy, and Communications

41. What policy/advocacy work does your organization do? (Check all that apply)

a. Develop close relationships with elected officials
b. Educate decision-makers and respond to their questions
c. Respond to requests from decision-makers
d. Use relationships to access decision-makers
e. Write or develop policy
f. Advocate for policy change
g. Build capacity of impacted individuals/communities to advocate for policy change
h. Lobby for policy change
i. Mobilize public opinion on policies via media/communications

j. Contribute to political campaigns/political action committees (PACs)
k. Voter outreach and education
l. Legal advocacy
m. Not applicable
n. Unsure
o. Other: _____

42. Please review the following statements. For each one, select a) Strongly agree, b) Agree, c) Disagree, d) Strongly disagree, or e) Unsure

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure
i. Our organization has a strong presence in local earned media (print/radio/TV).	○	○	○	○	○
ii. Our organization has strong communications infrastructure and capacity.	○	○	○	○	○
iii. Or organization has a clear communications strategy.	○	○	○	○	○
iv. Our organization has good relationships with other organizations who can help share information.	○	○	○	○	○
v. Our organization has a clear equity lens that we use for our external communications and engagement work.	○	○	○	○	○

43. What communications work does your organization do most often? (Check all that apply)
a. Internal newsletters to staff
b. External newsletters to members/the public
c. Ongoing and active relationships with local journalists and earned media organizations
d. Media contact list for press advisories/releases
e. Social media outreach (e.g., on Facebook, Twitter, Instagram)
f. Ethnicity-specific outreach in non-English language
g. Press releases/press conferences
h. Data dashboard
i. Meet to discuss narrative and messaging to the public
j. Other: _____

44. If your organization has publicly available materials, are they translated into other languages?

a. All publicly available materials are translated into other languages
b. Most publicly available materials are translated into other languages (e.g., when conducting outreach to various populations or when hosting events for various populations)
c. Few publicly available materials are translated into other languages (e.g., only when requested)
d. No publicly available materials are translated into other languages
e. Not applicable (we do not have publicly available materials)

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

_____

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

_____