

An Academic-Public Health Agency Partnership: Using MAPP to Assess a Community

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Presenter Disclosures

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(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose.

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Objectives

1. Describe the four assessments in the Mobilizing for Action through Planning and Partnerships (MAPP) community-driven strategic planning process.
2. Identify at least two opportunities for academic-community agency partnerships.

Partnerships

- Collaboration important to the future of public health. (Institute of Medicine)
- Siegrist, B. C. (2004). Partnering with public health: A model for baccalaureate nursing education. *Family & Community Health, 27*(4), 316-325.
- Livingood, W. C., Goldhagen, J., Little, W. L., Gornto, J., & Hou, T. (2007). Assessing the status of partnerships between academic institutions and public health agencies. *American Journal of Public Health, 97*(4), 659-666. doi: 10.2105/AJPH.2005.083188

Models

- Academic health department
 - Similar to relationship between teaching hospitals and medical schools in academic medical centers
- Contracts or memoranda of agreements
 - academic institutions provide services (e.g., CE for staff), research, capacity building (e.g., faculty serving on advisory committees)
 - health departments serve as sites for field experience or provide adjunct faculty.

Importance of Collaborations

- Improve the local public health system (LPHS)
- Increase LPHS capacity to serve
- Increase qualified and educated staff
- Leverage scarce resources

Mobilizing for Action through Planning and Partnerships (MAPP)

UNLV School of Nursing partnered with the Southern Nevada Health District (SNHD) to:

1. Assist with or conduct 3 assessments in the MAPP process, a strategic planning framework.
2. Assist with visioning.
3. Provide support for seeking SNHD accreditation by the Public Health Accreditation Board (PHAB).

National Association of County and City Health Officials (NACCHO) MAPP



Community Themes and Strengths Assessment (CTSA)

- Provides a deep understanding of the issues that residents feel are important.
- Answers: "What is important to our community?"; "How is quality of life perceived in our community?"; and "What assets do we have that can be used to improve community health?"

– <http://www.naccho.org/topics/infrastructure/mapp/framework/phase3.cfm>

Local Public Health System Assessment (LPHSA)

- Focuses on organizations and entities that contribute to the public's health.
- Answers: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

– <http://www.naccho.org/topics/infrastructure/mapp/framework/phase3.cfm>

Forces of Change Assessment

- Focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate.
- Answers: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

• <http://www.naccho.org/topics/infrastructure/mapp/framework/phase3.cfm>

Community Health Status Assessment

- Identifies priority community health and quality of life issues.
- Questions answered include: "How healthy are our residents?" and "What does the health status of our community look like?"

– <http://www.naccho.org/topics/infrastructure/mapp/framework/phase3.cfm>

Chapter 1

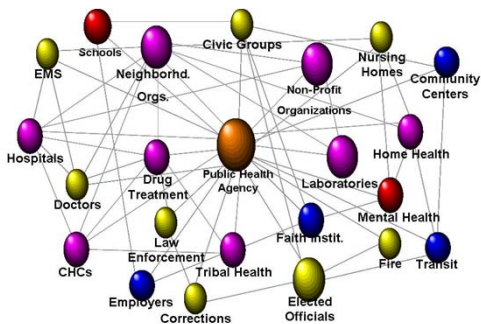


- Nevada at top of the “bad” lists and at bottom of “good” lists.
- Lincy Institute offered small grants to faculty who partnered with a Las Vegas community agency to improve quality of life and attract outside funding.
- SNHD Director of nursing and medical director had no resources to complete MAPP (which I had never heard of).
- Identified the CTSA as the best place to start.

Methods

- Convened representatives from a broad base of community residents to achieve consensus on the issues important to Southern Nevada.
- Two Town Hall style meetings using Technology of Participation (ToP) facilitator
- Additional focus groups with under-represented community segments.

Town Hall Invitees



“What’s Right with Our Community?”

- About 350 people/agencies invited
- 62 attended meetings; 4 focus groups held.
- SNHD secretarial staff assisted (big help)



CTSA Assessment Conclusions

- Southern Nevada needs to improve in several hallmarks of healthy communities.
- Many assets available
- Must build community engagement to effect change.
- SNHD should complete visioning and remaining three assessments.

A Vision for an Engaged, Educated, and Healthy Community

- A healthy community is one whose residents are knowledgeable and involved in improving quality of life through informed leadership and healthy public policy. Residents in a healthy community have access to resources and services they need, such as high quality health care, an effective public education system, and a safe and supportive environment.

Advantages of Initial Partnership

- | SNHD | UNLV SON/Researcher |
|--|--|
| <ul style="list-style-type: none"> • One assessment done • Research talents • Possible collaboration with Lincy Institute to gain more funding • Knowledge transfer • College campus location • Tapped into different networks • Educated the community | <ul style="list-style-type: none"> • Grant money • Research experience for PhD students • Knowledge transfer • Publication possibilities • Access to SNHD resources • Tapped into different networks |


Proven compatibility and potential for future projects. Evidence for next grant application.

Chapter 2



- Help arrived from a state public health foundation consultant and a grant from NACCHO to SNHD to complete the remaining assessments.
- Short completion time (6 months)
- SNHD made a sub-award to UNLV SON to assist with completing the LPHSA and FoC assessment.

LPHSA

- Two approaches: one broad, one focused.
- Broad: on line survey using National Public Health Performance Standards Program (NPHPSP) local instrument, developed collaboratively by seven national public health organizations 
- Focused: half-day retreat based on analysis of survey data

Broad

- Divided into sections based on the 10 Essential Public Health Services
- Asked to rate how well the LPHS was providing the essential service: No (0%) to Optimal (100%)
- Invited respondents to complete sections most relevant to them.
- 760 survey invitations e-mailed; 440 submissions.
- SNHD had resources SON did not.

Narrow

- Half day consensus retreat: 86 attendees, 70% not from SNHD.
- SON analyzed data to identify Essential Services with the largest range or fewest responses.
- Used small groups, then convened to get consensus.

Conclusions

- The LPHS is not at Optimum Activity (at 55%).
- General lack of knowledge among the community that they were part of the LPHS.
- For Essential Service 4, Mobilize Partnerships, consensus retreat ranked this as Minimal Activity, indicating a need for improvement.
Agencies/institutions functioning in silos.

Forces of Change Assessment

- Large brainstorming session with Accreditation Steering Committee, a smaller focus group, and four interviews with key informants ($n=48$)
- Major forces:
 - Access to Care (Affordable Care Act uncertainties)
 - Economics (high unemployment)
 - Education (inadequate state budget, low achievement)
 - Health Care/Providers (shortages, hospital quality), and
 - Government (people want services but no taxes).
- All posed threats to community health, but some also provided opportunities.

Advantages of Chapter 2 Partnership

- | SNHD | UNLV SON/Researcher |
|---|---|
| <ul style="list-style-type: none"> • Rapid completion • Research capabilities • Neutral person collecting/analyzing data • Increased prestige • Knowledge transfer • Inter-professional collaboration • Data for future grant applications | <ul style="list-style-type: none"> • Grant money • Research experience for PhD students • Access to SNHD support services and facilities • Knowledge transfer • Inter-professional collaboration • Data for future grant applications |

Challenges

- University Institutional Review Board approval
- Control over data and reports
 - Conclusions
 - Authorship
 - Publication
- Conflicting schedules (academic vs agency)

Conclusions and Recommendations

- Academic–public health agency partnership mutually beneficial.
- Increased knowledge of the other partner's assets and needs.
- Should address challenges early in the partnership.
- Opportunities exist in grants, either as co-directors or through sub-awards.
- Look for small grants to establish a track record.
 - AACN & CDC partnership to advance the public health nursing workforce
- Put faculty members at local agencies: strategic planning, project completion, provide CE, or facilitate student learning.

Questions?



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