



Glenn County Community Partners Assessment

Glenn County Public Health | June 2024



Acknowledgments

Glenn County Public Health would like to acknowledge the individuals and community partners that contributed their time and subject matter expertise to this assessment.

Participating Partners:

- Ampla Health
- Butte College
- Community Action Department
- Glenn County Behavioral Health Department
- Glenn County Planning & Community Development Services Agency
- Glenn County Public Health Department
- Glenn Medical Center
- Joanne E. Reid, M.D., Inc.
- Northern Valley Indian Health
- PneumaCare Health & Wellness
- Tri Counties Community Action Partnership

Lea Eddy and the University of California Agriculture and Natural Resources Cooperative Extension for providing the local photograph of Glenn County to incorporate into this report.

Background

On June 14th, 2023, Glenn County Public Health sent out a survey to all community partners/champions that have been involved in the Community Health Assessment Process. Local non profit, Tri-Counties Community Action Partnership introduced the Community Partners Assessment during a CHA Steering Committee meeting on June 8th, 2023. Eleven community partners/organizations completed the Community Partner Assessment, which followed the Mobilizing for Action through Planning and Partnership (MAPP) Framework. The Community Partner Assessment is one of four assessments that are required to complete a Community Health Assessment (CHA) and a Community Health improvement plan (CHIP). These assessments allow communities to prioritize public health issues and identify where current resources might be located to address them.

What is a Community Partner Assessment?

The goals/intention of the Community Partner Assessment is to:

- Assess each MAPP partner's capacities, skills, and strengths to improve community health.
- Document the landscape of MAPP community partners, including grassroots and community power-building organizations, to summarize collective strengths and opportunities for improvement.
- Identify whom else to involve in MAPP and ways to improve community partnerships, engagement, and power-building.

Assessment methodology

Glenn County Public Health conducted the Community Partner Assessment from June 14, 2023 to August 3rd, 2023. The assessment was conducted through a 25-to-30-minute electronic survey on SurveyMonkey (an online survey tool) and was open for seven weeks. The survey was emailed out to community partners/champions that have been involved in the Community Health Assessment process and we asked that only one survey per organization be submitted. The assessment questions were adapted from the "NACCHO Community Partner Assessment Partner Assessment Tool for Mobilizing for Action through Planning and Partnerships (MAPP) 2.0."¹ The questions were selected based on what we felt was meaningful and relevant to the steering committee (Appendix). Once the survey was closed, the Public Health Program Coordinator analyzed the results and presented the findings to community partners/champions at the Identifying Strategic Issues CHA Steering Committee meetings on August 7th and 8th, 2023.

¹ Gaydos, Megan and Davis, Victoria A., "Community Partner Assessment - Partner Assessment Tool for Mobilizing for Action through Planning and Partnerships (MAPP) 2.0" (Washington, DC: The National Association of County and City Health Officials (NACCHO), n.d.).

Findings

About our MAPP Partner Organizations

The organizations below are the organizations that participated in the Community Partner Assessment. They categorized themselves as at least one or more of the following organization types: non-profit organizations, county government agencies, a local tribal health clinic, a local private hospital, private clinics, a college, a mental health provider, a faith-based organization, and a substance use treatment provider.

Organizations that participated:

- Glenn Medical Center
- Glenn County Behavioral Health Department
- Community Action Department
- PneumaCare Health and Wellness
- Butte College
- Northern Valley Indian Health
- Joanne E. Reid, M.D., Inc.
- Ampla Health
- Glenn County Public Health Department
- Tri Counties Community Action Partnership
- Glenn County Planning and Community Development Services Agency

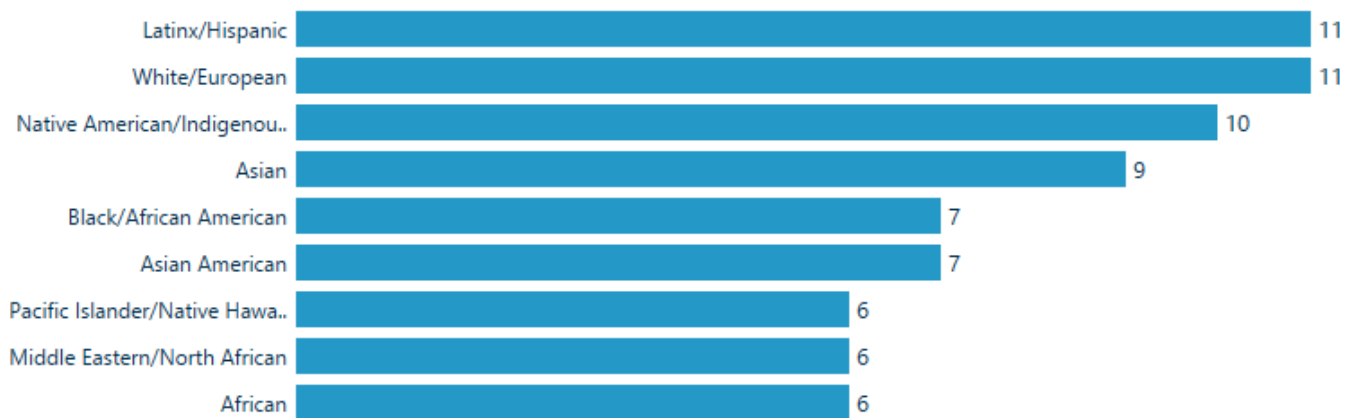
Note: This does not list all of the community partners/champions that have been involved in the Community Health Assessment process. This is a list of organizations that completed the community partner assessment.

Demographics of populations served

The graph below (Figure 1) displays the survey question that was asked to participants regarding what racial/ethnic populations their organizations work with. The racial/ethnic groups that the community partners indicated that they work with the most are Latinx/Hispanic, White/European, Native American/Indigenous/Alaska Native, Asian, Black/African American, African, Pacific Islander/Native Hawaiian, and Middle Eastern/North African (respectively).

Figure 1

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

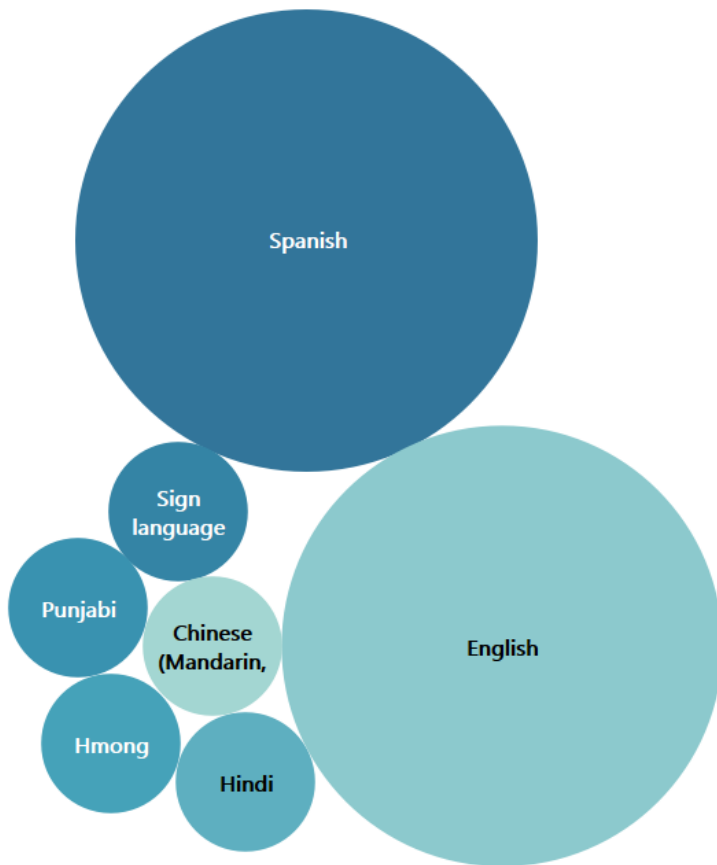


Nine of eleven participants indicated that they work with populations or groups that have been historically marginalized or made vulnerable based on gender, socioeconomic status, education, disability, immigration status, religion, insurance status, housing status, occupation, age, neighborhood, and involvement in the criminal system. There were two participants who selected “unsure,” which could have been due to the complexity of the question being asked. The list below are direct responses that were provided by participants:

- All groups
- Low economic status, medically fragile children, no medical insurance/under insured, populations affected by a declared emergency, pregnant populations, foster care youth
- Native American/ Alaskan Native
- Hispanic, rural community
- All of the above
- LGBTQIA+, low-income, undocumented persons, persons experiencing homelessness, justice-involved, persons with SMI
- Those experiencing homelessness, substance use disorders, and high utilizers for emergency services
- Immigrants, farm workers, low income

All organizations indicated they have access to interpretation and translation services. 92% indicated that they offer services in Spanish, and 45% indicated that they offer services in many languages through a language service (i.e., LanguageLine Solutions and Cyracom).

Figure 2



Nine of eleven participants indicated their administrative/frontline staff and others in their organization reflect the demographics of the community they serve. The chart above (Figure 2) shows the languages that staff speak at their organization. Frequency at which participants selected a language option corresponds to circle size in the chart above. All participants indicated that their staff speaks Spanish, frequency corresponds to circle size in the chart above. The other languages that were listed by participants were: Punjabi, Hmong, Chinese (Mandarin, Cantonese, Hokkien, etc.), Sign language, and Hindi.

Topic areas of focus

The table below (Table 1) shows the categories that the organizations who participated in this assessment work with. The percentages in bold indicate categories where more than half of the respondents indicated that they work on those topic areas. The focus areas that are currently being worked on the most or that organizations are working with are as follows: healthcare access/utilization, public health, education, human services, family well-being, food access and affordability (e.g., food bank), disability/independent living, early childhood development/childcare, housing, and LGBTQIA+ discrimination/equity.

Table 1: Categories that organizations work on/with

Answer Choices	Responses
Healthcare access/utilization	91%
Public health	82%
Education	73%
Human services	73%
Family well-being	64%
Food access and affordability (e.g., food bank)	64%
Disability/independent living	55%
Early childhood development/childcare	55%
Housing	55%
LGBTQIA+ discrimination/equity	55%
Transportation	55%
Businesses and for-profit organizations	45%
Community economic development	45%
Gender discrimination/equity	45%
Public safety/violence	45%
Criminal legal system	36%
Faith communities	36%
Immigration	36%
Jobs/labor conditions/wages and income	36%
Seniors/elder care	36%
Utilities	36%
Government accountability	27%
Land use planning/development	27%
Racial justice	27%
Youth development and leadership	27%
Veterans' issues	18%
Violence	18%
Arts and culture	9%
Economic security	9%
Environmental justice/climate change	9%
Financial institutions (e.g., banks, credit unions)	9%
Parks, recreation, and open space	9%
Environmental Health	9%

The table below (Table 2) shows the health topics that participants indicated they are working on. The health topics that more than half of respondents are working on are as follows: healthcare access/utilization, mental or behavioral health (e.g., PTSD, anxiety, trauma), health equity, health insurance/Medicare/Medicaid, substance use and prevention, chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease), tobacco use and prevention, family/maternal health, immunizations and screenings, infectious disease, injury and violence prevention, physical activity, and dental care.

Table 2: Health topics that organizations are working on

Answer Choices	Responses
Healthcare access/utilization	82%
Mental or behavioral health (e.g., PTSD, anxiety, trauma)	82%
Health equity	73%
Health insurance/Medicare/Medicaid	73%
Substance use and prevention	73%
Chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease)	64%
Tobacco use and prevention	64%
Family/maternal health	55%
Immunizations and screenings	55%
Infectious disease	55%
Injury and violence prevention	55%
Physical activity	55%
Dental care	55%
HIV/STD prevention	45%
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)/food stamps	45%
Cancer	36%
Emergency Preparedness	9%
Transportation for non-emergency medical purposes	9%

Types of services/engagement offered

Participants were given an optional question where they were able to expand on the services their organization provides. Here are the services that were indicated:

- Crisis intervention
- Individual and group therapy
- Assistance with insurance enrollment
- Drug Medi-Cal substance use services
- Serve the moderate to severe population
- Collateral work with families and support persons
- Arrange for inpatient psychiatric and residential care
- Individual and group counseling/skill building/rehabilitation
- Door-to-door transportation for non-emergency medical trips
- Community health and outreach department that connects patients to any resources not offered
- Care coordination through a whole person approach
- Healthcare
- SUD
- MAT
- Dental
- Pediatrics
- Maternal care
- Podiatry
- Pain management
- Behavioral health
- Specialty mental health
- Some specialty services
- Pediatric rural health clinic

Capacities organizations can offer to support MAPP and improve community health moving forward

One of the goals of this assessment is to help describe how each partner organization contributes to our local public health system. A local public health system includes public, private, and voluntary entities that contribute to the delivery of essential public health services.² This encompasses organizations working to improve the well-being of individuals, families, and communities through improving housing, education, childcare, workforce development, or other conditions that have an impact on the public's health. The following graph shows how partner organizations are working on activities that align with the 10 Essential Public Health Services (EPHS). The 10 Essential Public Health Services provides a framework for public health to protect and promote the health of all people in all communities by actively promoting policies, systems, and services that enable good health and seek to remove obstacles that prevent someone from achieving good health and well-being.³

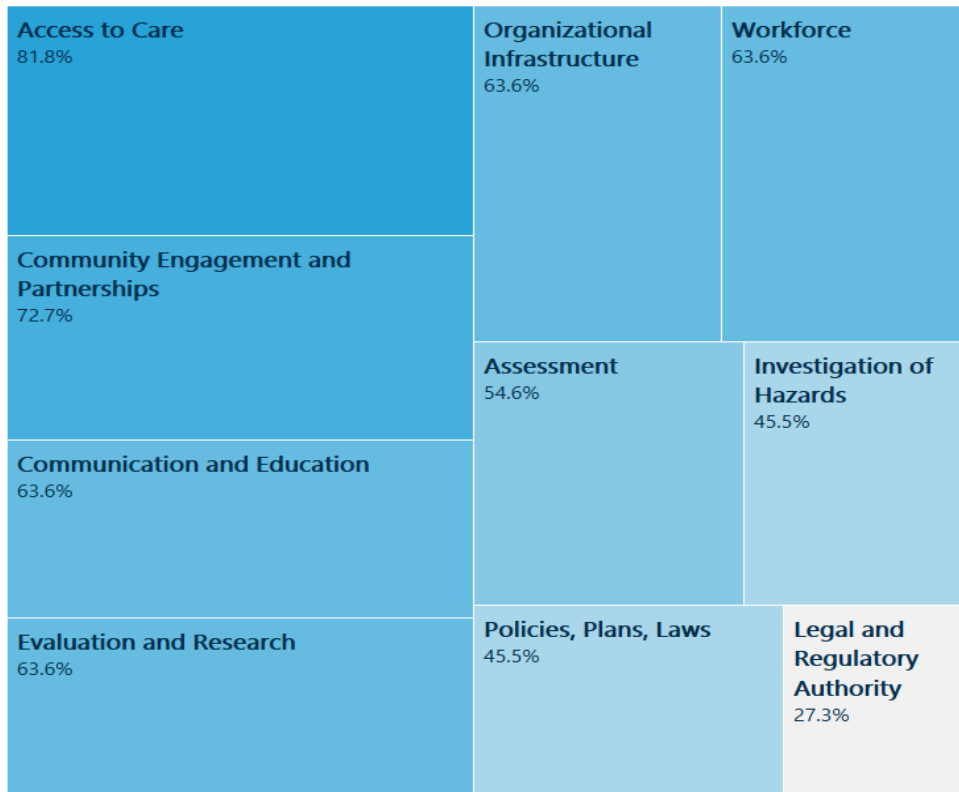
Participants were asked to indicate whether their organization regularly does any of the 10 EPHS. The chart below (Figure 3) shows the EPHS that partner organizations are working on regularly. The EPHS worked on the most are as follows: Access to Care, Community Engagement and Partnerships, Communication and Education, Workforce, Evaluation and Research, Organizational Infrastructure, and Assessment.

² Gaydos, Megan and Davis, Victoria A.

³ CDC, "10 Essential Public Health Services," Public Health Professionals Gateway, May 31, 2024, <https://www.cdc.gov/public-health-gateway/php/about/index.html>.

Figure 3

10 Essential Services: Activities Done Regularly



Partner organizations were asked if they have sufficient capacity to meet the needs of their clients/members. 55% of respondents indicated “No,” while 45% indicated that they do have the capacity to meet the needs of their clients/members. When asked to elaborate, partner organizations indicated:

- Needing flexible funding
- Funding for office space so that more staff can be hired
- Having workforce and capacity needs
- Needing more administrative staff
- They are looking for qualified medical assistants
- Needing additional staffing to allow the pursuit of additional funding and programs
- Needing more doctors and mid-level staff

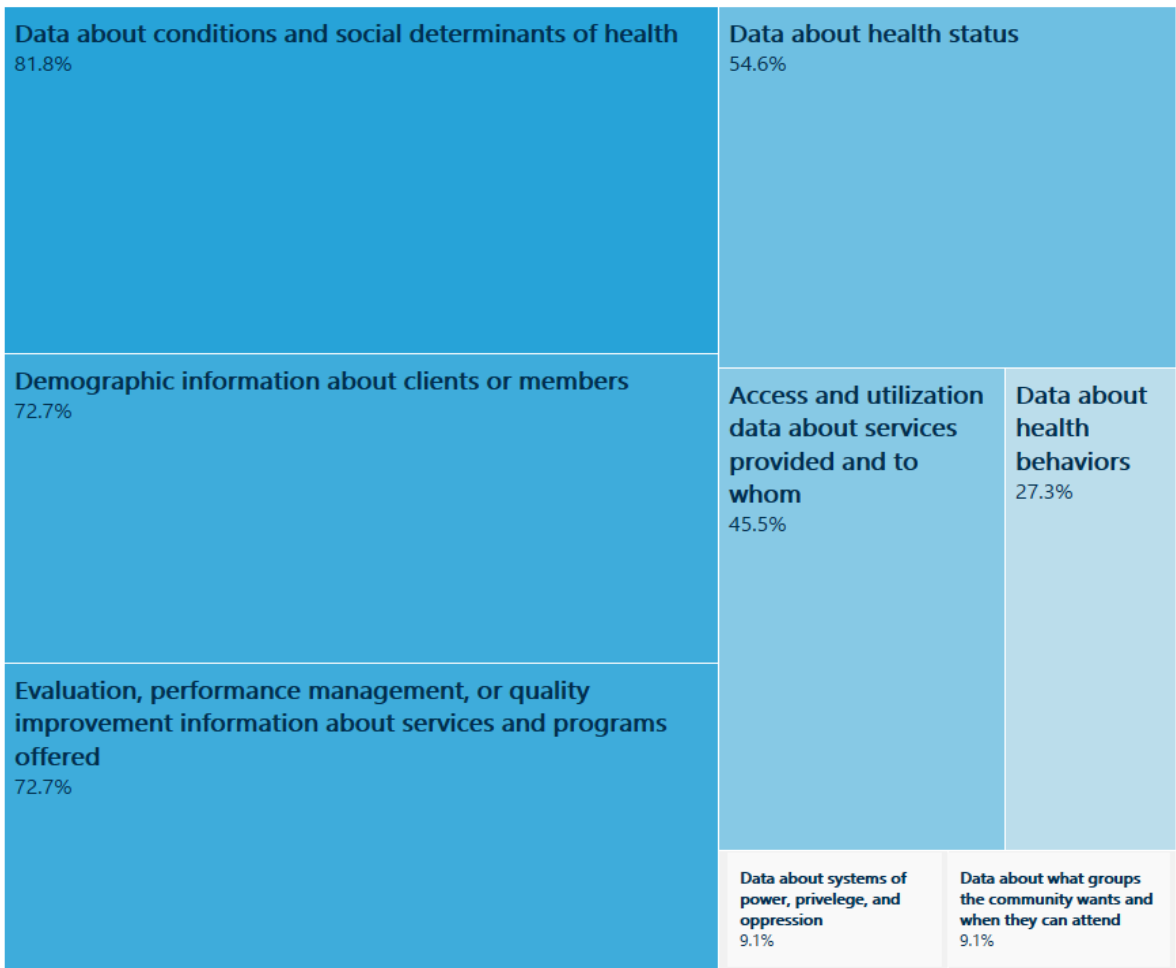
64% of partner organizations indicated that they conduct assessments. These assessments assess:

- Community needs
- Type of specialties that are needed (i.e. cardiology, rheumatologist)
- Barriers to housing
- Care needs
- Access to behavioral health care
- Timeliness of services
- Underserved areas in the community
- Needs assessments to assist with grants, funding, and projects
- Gaps and barriers to services and/or needs
- Demographics
- Services and resources as part of goals
- Services received
- Care coordination
- Telehealth
- Transportation
- Community member needs and wants
- Programs and times that work best for patients
- Various public health programs (i.e. MCAH, Oral Health, Tobacco, FoPH, etc.)

The assessments indicated by partner organizations vary in information type and the level of sensitive information that they contain. For that reason, there were mixed responses if partner organizations would be able to share the assessments with the MAPP collaborative. 39% of respondents indicated they would be able to share their assessments, while another 36% indicated that they were unsure if they would be able to share their assessments. There were a small number of organizational partners that indicated they either do not conduct assessments, or that they would not be able to share the assessments described above with the MAPP collaborative.

Figure 4

What data is being collected?



What we are learning

The partner organizations that participated in this assessment have many strengths. Figure 5 below shows some of the valuable resources and strongest assets that participants indicated.

Figure 5

Valuable Resources and Strongest Assets

Emergency Department	Primary Care	Specialty Care
Funding with capable staff	An active and engaging County Health Officer	A strong social media presence
Trauma Informed Approach	Bilingual Staff	Flexible partners
Innovation for positive system change	Resourceful and promotes integrated collaboration	Dedicated to serve the community
Collaboration	Data-informed decisions	Focus on consumer choice and voice
Provide Pediatric care to over 100 patients per day	Community based	Member advocacy based
	Employees are all part of the communities we serve	Faith based

55% of partner organizations that participated in this assessment feel that they cannot meet the needs of their clients/members. With the information provided through this assessment it shows that Glenn County partner organizations are doing their best to meet the needs of Glenn County residents, while facing limited staffing, funding, and resources. Some of our community partner organizations strengths are: providing pediatric care to over 100 patients per day, being flexible, providing specialty care, leveraging data-informed decision making, having an emergency department, having bilingual staff at their organization, an active and engaging county health officer, and that they are dedicated to serve the community.

Through this assessment, we also learned that community partners were interested in participating in a community health assessment or community health improvement plan for several different reasons, but the three that were highly selected were: wanting to make connections to other organizations (72.7%), improving conditions for members/constituents (54.6%), and getting access to data (45.5%). As one of the goals of the MAPP is to help build the collective capacity of our network and connect partners to help build their capacities, we asked partners what areas they would like to grow in as an organization. They would like to increase/grow social and health services, research and analysis, organizing, alliance and coalition building, movement building, and staying informed in areas where collaboration is possible. We also learned that many of our partner organizations collect data and conduct their own assessments, which if they can be shared, can create collaborative work across partners with similar initiatives.

Next Steps

The information collected through the CPA helps identify the organization's experience working on community health assessments, shows what organizations expect to gain from participating in the MAPP process, how they can support the MAPP, who our partner organizations serve, where there are gaps in SDOH and health outcome data, and where there are opportunities to grow in meeting the 10 public health essential services. It helps us identify capacity-building interests and alignment that could be used or developed with MAPP partners. TCCAP and Glenn County Public Health put in great effort to engage partners in a meaningful way that can benefit all partners. The information collected through this assessment shows us where we can leverage each other's strengths, resources, and assets to see how organizations can support each other and support the MAPP.

Appendix

Community Partner Assessment (CPA) Survey

Introduction

Note: Please submit only one completed survey per organization.

Thank you 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[1] 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.

[1] The Centers for Disease Control and Prevention defines the local public health system as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction."

Community Partner Assessment (CPA) Survey

This survey should take 25-30 minutes.

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?

- Administrative staff
- Front line staff
- Supervisor (not senior management)
- Senior management level/unit or program lead
- Leadership team
- Community member
- Community leader
- Other (please specify)

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

- Yes
- No
- Unsure

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

- Yes
- No
- Unsure

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

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

Organizational Interest in Participating in and Supporting MAPP

6. Why is your organization interested in participating in a Community Health Assessment or Community Health Improvement Plan?

- Access to data
- Connections to communities with lived experience
- Connections to other organizations
- Connections to decision-makers
- Connections to potential funders
- Positive publicity (e.g., our organization supports community health)
- Helps achieve requirements for public health accreditation
- Helps achieve requirements for IRS non-profit tax status
- Helps achieve requirements for Federally Qualified Health Center (FQHC) status
- Helps achieve other requirements
- Improving conditions for members/constituents

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

1

2

3

Demographics and Characteristics of Clients/Members Served/Engaged

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

- Black/African American
- African
- Native American/Indigenous/Alaska Native
- Latinx/Hispanic
- Asian
- Asian American
- Pacific Islander/Native Hawaiian
- Middle Eastern/North African
- White/European
- Other (please specify)

9. Does your organization work with populations or groups that have been historically marginalized or made vulnerable based on gender, socioeconomic status, education, disability, immigration status, religion, insurance status, housing status, occupation, age, neighborhood, and involvement in the criminal legal system?

- Yes
- No
- Unsure

10. If yes, please list these groups below

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

- Yes
- No
- Unsure
- Not applicable

12. If yes, please list what languages are offered

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

- We hire staff from specific racial/ethnic groups that mirror our target populations
- We hire staff/interpreters who speak the language/s of our target populations
- We support leadership development in our target populations
- We have leadership who speak the language/s of our target populations
- Our organization is physically located in neighborhood/s of our target populations
- We receive many clients from our target populations
- We receive many referrals from our target populations
- We work closely with community organizations from our target populations
- We have done extensive outreach to our target populations
- Other (please specify)

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

- Yes
- No
- Unsure
- Not applicable

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

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

Topic Area Focus

16. How much does your organization focus on each of these topics?

	A lot	A little	Not at all	Unsure
<p>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.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>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</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

19. **Optional:** Please expand on what services your organization provides.

Organizational Accountability

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

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

- Yes
- No
- Unsure

22. (Optional) If yes, what is that advisory board and what powers do they have?

23. Who is the decision maker and determines priorities in your organization? By decision maker, we mean who determines or oversees your organization's funding, priorities, etc. This could be who has power over your organization's decision-making—for example, city government agencies may report to the mayor or city council; a business may report to its shareholders; and an organizing group may report to its members. (check all that apply)

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

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

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

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

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

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

- Assessment:** My organization conducts assessments of living and working conditions and community needs and assets.
- Investigation of Hazards:** My organization investigates, diagnoses, and addresses health problems and hazards affecting the population.
- Communication and Education:** My organization works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it.
- Community Engagement and Partnerships:** My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.
- Policies, Plans, Laws:** My organization works to create, champion, and apply policies, plans, and laws that impact health and well-being.
- Legal and Regulatory Authority:** My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.
- Access to Care:** My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.
- Workforce:** My organization supports workforce development and can help build and support a diverse, skilled workforce.
- Evaluation And Research:** My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.
- Organizational Infrastructure:** My organization is helping build and maintain a strong organizational infrastructure for health and well-being.
- Unsure**

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

- Yes
- No

26. If yes, please list these core competencies/strengths:

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

- Yes
- No
- Unsure

28. Please elaborate

General Capacities and Strategies

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

- Research and Policy Analysis:** Gathering and analyzing data to create credibility and inform policies, projects, programs, or coalitions.
- Social and Health Services:** Providing services that reach clients and meet their needs (including clinical and healthcare services).
- Organizing:** Involving people in efforts to change their circumstances by changing the underlying structures, decision-making processes, policies, and priorities that produce inequities.
- Communications:** Messaging that resonates with communities, connects them to an issue, or inspires them to act.
- Leadership Development:** Equipping leaders with the skills, knowledge, and experiences to play a greater role within their organization or movement.
- Litigation:** Using legal resources to reach outcomes that further long-term goals.
- Advocacy and Grassroots Lobbying:** Targeting public officials either by speaking to them or mobilizing constituents to influence legislative or executive policy decisions.
- Alliance and Coalition-Building:** Building collaboration among groups with shared values and interest.
- Arts and Culture:** Nurturing the multiple skills of an individual through the arts and encouraging connection through shared experiences.
- Campaigns:** Using organized actions that address a specific purpose, policy, or change.
- Healing:** Addressing personal and community trauma and how they connect to larger social and economic inequalities.
- Inside-Outside Strategies:** Coordinating support from organizations on the "outside" with a team of like-minded policymakers on the "inside" to achieve common goals.
- Integrated Voter Engagement:** Connecting organizing and voter-engagement strategies to build a strong base over multiple election cycles.
- Movement-Building:** Scaling up from single organizations and issues to long-term initiatives, perspectives, and narratives that seek to change systems.
- Narrative Change:** Harnessing arts and expression to replace dominant assumptions about a community or issue with dignified narratives and values.
- Other:** (please specify)

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

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 the following tasks and whether your organization could support MAPP by doing that task. Following the set of questions is space for comments or questions.

Data Access and Systems

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

- Yes
- No
- Unsure

32. If yes, please describe what they assess.

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

- Yes
- No
- Unsure
- Not applicable—My organization does not conduct assessments.

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

- Demographic information about clients or members
- Access and utilization data about services provided and to whom
- Evaluation, performance management, or quality improvement information about services and programs offered
- Data about health status
- Data about health behaviors
- Data about conditions and social determinants of health (e.g., housing, education, or other conditions)
- Data about systems of power, privilege, and oppression
- We don't collect data
- Other (please specify)

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

- Yes, already being shared
- Yes, can share
- No
- Unsure

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

- Surveys
- Focus Groups
- Interviews
- Feedback forms
- Photovoice or other participatory research
- Notes from community meetings
- Videos
- Secondary data sources
- Electronic health records
- Data tracking systems
- Other (please specify)

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

- Survey design and analysis
- Secondary data analysis
- Needs assessment
- Focus group facilitation
- Interviewing
- Detailed note-taking or transcription
- Participatory research
- Facilitators of community or town hall meetings
- Asset mapping
- Mapping/visualization skills
- Other quantitative or qualitative methods:

38. Does your organization analyze data to determine who is being impacted and who might not be reached (i.e. looking at disproportionately impacted populations)? If Yes or Unsure, please describe:

- Yes
- No
- Unsure

If Yes or Unsure please describe:

Community-Engagement Practices

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

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

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

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

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

- Stipends or gift cards for participation
- Interpretation/translation to other languages including sign language
- Food/snacks
- Transportation vouchers if needed
- Childcare if needed
- Accessible materials for low literacy populations
- Virtual ways to participate
- Not applicable
- Other (please specify)

Policy, Advocacy, and Communications

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

- Develop close relationships with elected officials
- Educate decision-makers and respond to their questions
- Respond to requests from decision-makers
- Use relationships to access decision-makers
- Write or develop policy
- Advocate for policy change
- Build capacity of impacted individuals/communities to advocate for policy change
- Lobby for policy change
- Mobilize public opinion on policies via media/communications
- Contribute to political campaigns/political action committees (PACs)
- Voter outreach and education
- Legal advocacy
- Not applicable
- Unsure
- Other (please specify)

43. Please review the following statements.

	Agree	Disagree	Strongly disagree	Unsure
Our organization has a strong presence in local earned media (print/radio/TV).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our organization has strong communications infrastructure and capacity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our organization has a clear communications strategy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our organization has good relationships with other organizations who can help share information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our organization has a clear equity lens that we use for our external communications and engagement work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Internal newsletters to staff
- External newsletters to members/the public
- Ongoing and active relationships with local journalists and earned media organizations
- Media contact list for press advisories/releases
- Social media outreach (e.g., on Facebook, Twitter, Instagram)
- Ethnicity-specific outreach in non-English language
- Press releases/press conferences
- Data dashboard
- Meet to discuss narrative and messaging to the public
- Other (please specify)

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

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

Community Partner Assessment (CPA) Survey

Thank You for Completing the CPA Survey!

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



Glenn County Community Partners Assessment | June 2024

Glenn County Department of Public Health

240 North Villa Ave, Willows, CA 95963

(530) 934-6588