BACKGROUND ON THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT
The San Antonio Metropolitan Health District (SAMHD) is responsible for public health programs in the city of San Antonio and the unincorporated areas of Bexar County. Even though SAMHD is a city/county organization, the city of San Antonio has administrative control over SAMHD. SAMHD’s jurisdiction spans 1,258 square miles and includes 1.4 million residents. The agency employs approximately 700 employees and has an annual budget of approximately $39.5 million.

Initiating the MAPP Process
In April 2001, representatives from NACCHO and the Centers for Disease Control and Prevention (CDC) visited SAMHD to provide guidance on the MAPP process and to meet some of the community leaders who would be engaged in the process. At the conclusion of this visit:

- SAMHD planning staff learned that MAPP is not just another project; rather it is a framework for practicing public health.
- Planning staff began to realize the full scope of implementing the MAPP process. It became clear that resources would have to be redirected in order for the process to be successful.

STAFFING RESOURCES
- From April 2001 to December 2002 SAMHD dedicated a portion of three existing staff members’ time to begin implementing the MAPP process. General administrative staff time was estimated to cost $5000.
- SAMHD hired a full-time Special Projects Manager with expertise in community collaboration and meeting facilitation, as well as with planning, implementing, and evaluating community-based health programs.
- Since December 2002, staffing for MAPP has cost approximately $130,000.

CORE PLANNING TEAM
SAMHD invited representatives from eight local health and social service organizations to become part of the MAPP Core Planning Team. Representatives from these organizations already had a long history of collaboration with SAMHD. The Core Planning Team included representatives from:

- Annie E. Casey Foundation
- Barrio Comprehensive Community Health Center
- Bexar County Community Health Collaborative (BCCHC)
- City of San Antonio Department of Community Initiatives
- El Centro Del Barrio Community Health Center
- San Antonio Independent School District
- University Health System
- United Way of San Antonio and Bexar County
Case Study
2001-2004 San Antonio, Texas

PHASE 1: Organizing for Success and Community Health Status Assessment
The Community Health Status Assessment (CHSA) was completed during the Organizing for Success Phase of MAPP in collaboration with BCCHC, an organization that was planning to conduct a community health assessment even before the implementation of San Antonio’s MAPP process. SAMHD and BCCHC collected CHSA data using a telephone survey, focus groups, and existing data sources. A contractor was also hired to complete some of the assessment activities. Two local charitable organizations and the United Way provided a total of $140,000 to support the completion of this assessment.

Telephone Survey
• A Community Health Status Assessment Steering Committee was convened to draft a survey to assess the community’s health status. The survey was similar to previous community health assessment surveys used in San Antonio and the Behavioral Risk Factor Surveillance Survey.
• The survey was administered through telephone interviews. The contractor trained students, who were fluent in both English and Spanish. The trained students called community members from a telephone-equipped university laboratory.

LESSON LEARNED: When the phone surveys were first conducted, up to 90% of residents contacted refused to participate. In response, BCCHC and MAPP organizers began a public relations campaign to inform community members about how their participation would assist in resource allocation decisions. As a result, one in every four calls resulted in a survey response. In total, 1016 residents were interviewed.

Focus Groups
• The CHSA steering committee met with approximately 40 individuals from a variety of governmental and non-profit agencies in order to determine community values. (The meeting also introduced members of these other agencies to the MAPP process. These new participants were eventually invited to become involved in the larger MAPP effort.)
• The contractor conducted focus groups, which included 100 community residents.

Existing Data Sources
• The contractor compiled extant data on births, deaths, rates of communicable diseases, and hospital discharges for the years 1992, 1996, and 2000. Information included statewide data and information from Bexar and Harris Counties.

A technical advisory team was formed to assist the contractor with the compilation and summary of survey results. The team consisted mostly of analysts, demographers, and epidemiologists.

CHSA results were presented to the community in October through a series of meetings with the local newspaper’s editorial board, during a breakfast gathering of the Bexar County Medical Society, and through presentations to the San Antonio City Council and the Bexar County Commissioners’ Court.

PHASE 2: Visioning
The Core Planning Team was expanded after the completion of the CHSA because organizational representatives who participated in CHSA focus groups joined San Antonio’s greater MAPP effort. A subcommittee of Core Planning Team members was convened to develop a community health vision, value statements, and a mission for the local public health system. While completing the Visioning Phase, the subcommittee met several times.
• Subcommittee members engaged in brainstorming about what they perceived to be their community’s vision and values. These ideas were recorded on flipcharts.
• After each meeting, a member of the subcommittee summarized their discussions.
• The subcommittee’s final vision and value statements were presented to the entire Core Planning Team for approval.
**PHASE 3: Four Assessments**

As discussed above, the Community Health Status Assessment was conducted in conjunction with Phase 1 of the MAPP process.

**Community Themes and Strengths Assessment**

A subcommittee of Core Planning Team members was convened to obtain input from local residents on quality of life and community health issues.

- Subcommittee members created a survey instrument, which was distributed to SAMHD offices for use at neighborhood meetings.
- The survey was also mailed to contacts from over 300 neighborhood associations and community groups.

**LESSON LEARNED:** Unfortunately, a Spanish version of the survey was never developed. The planning team reported that, had sufficient funds been available, they would have conducted a more extensive and scientific process.

**Forces of Change Assessment**

Members of the Core Planning Team brainstormed about potential forces of change in their community. The identified forces of change were organized into a matrix that outlined the external forces affecting the community and the threats and opportunities associated with those forces. The matrix was distributed to the Core Planning Team and feedback was solicited and incorporated into later versions of the matrix.

**Local Public Health System Assessment**

San Antonio’s MAPP process used the National Public Health Performance Standards local instrument to complete the Local Public Health System Assessment (LPHSA). The instrument was downloaded from the CDC website. Segments addressing each of the ten Essential Public Health Services was completed separately in in-person meetings with key informants. Before each meeting, the questions and the applicable portion of the instrument were emailed to the invited respondents. The decision to divide the LPHSA proved beneficial because the key informants were more willing to participate in a one-hour meeting rather than a full-day meeting. Two SAMHD staff members spearheaded the process.

**PHASE 4: Identifying Strategic Issues**

In addition to the Core Planning Team, over 100 individuals were invited to complete the Identifying Strategic Issues Phase. At this stage, San Antonio’s MAPP effort was renamed the Alliance for Community Health in San Antonio and Bexar County in order to develop more local interest and to indicate that the process was moving quickly toward a collaborative action cycle. Invited participants represented a variety of agencies such as hospitals, clinics, community-based organizations, schools, churches, and many other entities that contribute significantly to preventing disease, prolonging life, and promoting physical and mental health.

- Before identifying strategic issues, SAMHD staff organized a meeting of Alliance members to present the results of the four MAPP assessments. Participants received copies of all four assessment results. SAMHD staff also displayed several posters summarizing the findings of each of the assessments and delivered detailed presentations on the findings from each assessment.
- The Alliance reconvened in two subsequent meetings to identify strategic issues.
  - SAMHD staff invited facilitators from the United Way of San Antonio and Bexar County to help develop agenda activities and lead the meeting.
  - During the first meeting, facilitators assisted the Alliance in compiling a list of key challenges to overcome in order for any community health planning effort to succeed.
  - During the second meeting, Alliance members met with United Way facilitators for a five-hour work session. In the morning, participants compiled a list of assets that the Alliance could access in order to accomplish the community’s vision and values. In the afternoon, participants developed a list of strategic issues that should be addressed in their community health improvement plan. In order to remain focused on the assessment findings, the summary posters were displayed throughout the room at both meetings.
United Way facilitators used the ToP® (Technology of Participation) facilitation method, www.ica-usa.org/top/coptrn.html. ToP® techniques helped Alliance members build consensus around the most important strategic issues, key challenges, and assets.

The Alliance identified the following strategic issues.

1. How do we affect public policy?
2. How do we track change?
3. How do we encourage healthy lifestyles?
4. How do we promote a sense of community?
5. How do we assure access to care?
6. How do we provide a safe environment?

PHASE 5: Formulating Goals and Strategies
Subcommittees were formed for each of the six strategic issues identified in the previous MAPP phase. Each strategic issue subcommittee met monthly for two hours to develop goals and strategies for improvement. SAMHD staff planned and facilitated the meetings, which included scheduling, preparing agendas, recording minutes, and sending the minutes to all subcommittee members. During this time, SAMHD staff continued to recruit new subcommittee members.

- SAMHD staff attended two ToP® trainings entitled Group Facilitation Methods – Effective Methods for Participation, and ToP Secrets of Implementation. Using these methods, SAMHD staff worked with each subcommittee to identify and complete activities that ensured progress on goals and strategies.
- MAPP staff also guided some of the subcommittees through Focused Conversations and through Consensus Workshops. Through skillful use of questions, Focused Conversation is a technique that provides an environment for collective thinking to take place within a limited time frame. It provides for meaningful dialogue, broadens a group’s perspectives, elicits clear ideas and conclusions, and allows the entire group to participate. Consensus Workshop is a way to reach consensus in a short period of time through a collective, integrated thinking process. It allows a group to generate creativity in a short amount of time; become infused with a sense of responsibility; catalyze integrated, rational, and intuitive thinking; and build practical team consensus.

PHASE 6: The Action Cycle
The strategic issue subcommittees started meeting on a monthly basis, led by community member chairs and co-chairs.

- The Public Policy subcommittee was tasked to:
  - Develop a process for identifying and advocating important health policy issues.
  - Determine if public health partners need trainings on communicating important policy issues.

  This committee also organized an event entitled “Symposium on the State of Health Care and Legislation in Texas” that highlighted the impact of state legislative decisions on health care in San Antonio.

- The Track Change subcommittee was tasked to:
  - Conduct an inventory of existing health data tracking systems in order to develop a comprehensive index of relevant health indicators searchable by geography.
  - Build an on-line data warehouse to house the index of indicators.
  - Seek out resources to develop an on-line, interactive community health report card. This data might be useful in helping the community procure funding, evaluate program outcomes, and market the successful work of SAMHD and the local public health system.
The Healthy Lifestyles subcommittee was tasked to:
- Facilitate infrastructure improvement and environmental change in support of physical activity by working collaboratively with existing local programs.
- Establish a working relationship with the County Metropolitan Planning Organization (MPO) in order to work toward improvements.
  - A Steps to a Healthier US grant has since provided funding to both SAMHD and MPO to work on these improvements.

The Sense of Community subcommittee was tasked to:
- Identify the components of a supportive community.
- Develop methods for promoting a sense of community among Alliance members and ultimately within the community.

The Access to Care subcommittee was tasked to:
- Define issues concerning access to health care in San Antonio and Bexar County.
- Better understand the delivery system for health services in the community.
- Identify the gaps in health care services.
- Seek out resources to collaboratively fill the gaps.

The Safe Environment subcommittee was tasked to:
- Create a community-based and environmentally concerned coalition to carry out NACCHO’s Protocol for Assessing Community Excellence in Environmental Health (PACE EH) process.

The Alliance continues to meet on a quarterly basis to receive updates on the progress of the subcommittees.

LESSON LEARNED: SAMHD staff did not refer to NACCHO’s guidance for this phase of the MAPP process, and would have liked more guidance on how to evaluate MAPP outcomes and processes.

MAPP OUTCOMES
- San Antonio’s MAPP experience has been successful in bringing public health system partners together and in establishing public health priorities collectively.
- The MAPP process has resulted in the development of many new initiatives, such as an interactive online community health data warehouse for Bexar County, a Community Health Environmental Coalition, and a partnership of public policy experts that will educate public health system partners about advocacy and health policy.
- SAMHD MAPP staff has been trying to institutionalize MAPP throughout SAMHD. MAPP has been moved from its former home within the Director’s Office to reside in the Environmental Health Division of SAMHD. One of the community’s MAPP strategic issues complements SAMHD’s focus on encouraging healthy lifestyles, so MAPP may serve as a bridge between the community’s concerns and the work of the Environmental Health Division in the future.
- SAMHD MAPP staff led a team of grant writers in preparing an application for funding from the Steps to a Healthier US Initiative. The Steps proposal capitalized on many of the partnerships established through MAPP, and intentionally included activities that would support the MAPP process. In 2004, San Antonio received five-year program funding to be a Steps to a Healthier US community.
- MAPP brought greater visibility to the many community health challenges facing the community, and highlighted important community assets that are often overlooked.
- Community-based organizations have found it easier to collaborate on projects and to write grants together since collaborating on MAPP. MAPP introduced a new technique for public health planning that allowed for enlisting the support of the many partners within the public health system.
Case Study
2001-2004 San Antonio, Texas

CHALLENGES THROUGHOUT THE PROCESS

- While many of the agencies that contribute to public health work within this community supported the goals of the MAPP process, the effort was launched while a community health improvement plan from 1998 was still being implemented. It was challenging to persuade local agencies of the necessity of improving, focusing, and re-directing the work already being done.

- It was difficult for some Alliance member to fully understand the concept of the local public health system. To limit the confusion, SAMHD staff tried to stay somewhat disconnected from the strategic planning process in order to reinforce the roles of the system partners.

- Alliance members had difficulty identifying strategic issues. For each subcommittee, it took several brainstorming sessions to determine direction and focus. SAMHD staff recommended from the start establishing a well-defined structure for each subcommittee, possibly including a plan for identifying and securing leadership. It was also difficult to set reasonable goals for each strategic issue, given the resources available to the Alliance.

- SAMHD staff felt burdened by the facilitation and planning of subcommittee meetings and had hoped for more community ownership of the process.

- While community ownership was sometimes weak, community visibility was not. In fact, it soon became a problem. As MAPP became more visible within the community, an already existing local coalition became threatened by MAPP's early successes and accused the Core Planning Team of duplicating their efforts. SAMHD staff worked very hard to explain the MAPP process to the coalition and to assure them that each group’s work complemented rather than conflicted with other efforts.

REFERENCES

For tools and resources SAMHD developed for the MAPP Process, visit the MAPP Clearinghouse at www.naccho.org/topics/infrastructure/MAPP/clearinghouse.cfm.

ENDNOTES

1 For more information about Behavioral Risk Factor Surveillance Survey, visit www.cdc.gov/BRFSS/about.htm.