



**METROPOLITAN
HEALTH DISTRICT**

2022

RESILIENCE CATALYSTS

**Activities, Evolution, and Outcomes of
the San Antonio COVID-19 Community
Response & Equity Coalition**



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EXECUTIVE SUMMARY

BACKGROUND

In December 2019, a virus with unknown origins began to quickly spread across Wuhan, China. Unbeknownst to the rest of the world's population, this virus would quickly be classified by the World Health Organization (WHO) as a global pandemic. With the rapid onset of the COVID-19 pandemic, public health departments nationwide were forced to stretch limited public health services and resources beyond measure. Historically, funding to support the full spectrum of essential public health service delivery had been scarce. Funding allocation is often tied to specific public health endeavors, creating an unfortunate rigidity to realigning the fiscal and organizational structures to meet a sudden and specific need.

Through the years, the San Antonio Metropolitan Health District (Metro Health) has responded to new and emerging health threats. Metro Health benefits from strong partnerships with the county health system (University Health), regional trauma and emergency healthcare system (South Texas Regional Advisory Council), and key community and academic partners.

In this context, the COVID-19 pandemic tested the strength, resilience, and adaptability of the public health workforce. Metro Health used public health best practices of community engagement to forge a coalition of diverse partnerships, innovate public-facing technology practices, and adapt outreach efforts.

At the early stages of the pandemic, Metro Health convened a community coalition to support response to the COVID-19 pandemic. The coalition effort embodied the core functions of public health through education, outreach, enhanced data visualization, quality improvement measures, policy development, mobilizing partnerships, and improving access to resources among the citizens of Bexar County. This document describes the evolution of the coalition from its original focus on COVID-19 testing to the current broad scope of the goals and partnerships within the COVID-19 Community Response and Equity Coalition (CREC)

METHODS

A report-writing task force was convened to author this report, consisting of Metro Health staff and the coalition's community co-chair. The goal was to review coalition activities and evolution over the past two years to identify best practices, lessons learned, and recommendations to guide the current pandemic response and future public health threats.

Two primary sources of information were used:

1) Materials created during the local pandemic response

These materials include the minutes from coalition meetings and workgroups between March 2020 and January 2022, internal and community-facing presentations of coalition work, and documents from in-person planning sessions held in 2021.

2) Specific partner feedback

To solicit partner feedback, internal and external partners who served on varying iterations of the coalition were selected to provide input based on their involvement in coalition activities throughout the process, with a heightened emphasis on including those who were fixtures during the earliest days of the pandemic response. A modified after-action tool was developed to solicit partner feedback. A total of ten external partners and eight internal partners provided feedback to support this exercise. Thematic analysis identified important themes using topic areas defined in Public Health Forward, a national public health modernization initiative. The themes were presented to the CREC members for feedback and internal validation.

The report-writing task force reviewed data from both sources and drafted a technical report that was circulated to the CREC steering committee, members, and other key community stakeholders for feedback. Input from all stakeholders was reviewed and used to develop a set of evidence informed actions to guide future community engagement efforts.

RESULTS

This report provides a detailed description of the coalition's journey, including evolution of its structure, membership and response to the changing needs of the pandemic. Milestone accomplishments of each phase are highlighted along with specific actions to incorporate health equity in the coalition's response including guiding principles for health equity, incorporation of a geographic equity atlas, and promotion of community-partnered work.

Partner feedback included perspectives from ten external and eight internal partners including city and school leadership, physicians, community health workers, and Metro Health staff from myriad programs.

Thematic analysis demonstrated the need for capacity building, enhanced transparency practices, well-defined leadership roles, opportunities for embedding relationship cultivation, and a celebration of partner collaboration. These themes resonate with many principles and recommended actions of Public Health Forward - particularly regarding partnerships, community engagement, data and information technology, and workforce development.

The review of partner feedback and coalition experiences, using the Public Health Forward framework identified six core actions necessary for informing future coalition work within the San Antonio community. The Six Core Community-Informed Actions informed by the Public Health Forward framework are:

- Establish and sustain diverse community partnerships
- Foster and incentivize purposeful community engagement
- Support data information and technology to guide timely action and address health disparities
- Expand public health workforce through community capacity building
- Develop community-informed public health laws and governance
- Build community partnerships to expand opportunities for public health financing

CONCLUSION

The core actions described in this report align with policy recommendations set forth by Trust for America's Health's (TFAH) COVID-19 Health Equity Task Force Report. The TFAH reports provide evidence-based policies and programs that guide populations nationwide to achieve better health outcomes. Such outcomes are possible by integrating equitable practices into the public health system.

In 2021, Metro Health embarked on its own five-year transformation and realignment through the SA Forward initiative. SA Forward builds on Metro Health's previous strategic plan, which utilized a community-informed approach to identify the most pressing health needs. This report responds to pandemic-related "lessons learned" around health disparities, social justice, public health capacity, and the public health workforce. Metro Health takes the concerns facing San Antonio and Bexar County seriously and is committed to engaging and addressing these issues with a coordinated and strategic approach.

Building on Metro Health's prior priority areas of Access to Care, Adverse Childhood Experiences, Trauma-Informed Care, Nutrition, and Violence Prevention, the following realms have been added: Mental Health, Technology and Infrastructure, and Health Equity and Social Justice.

These priorities build on Metro Health's core strengths, identify areas of improvement, and address external trends. Just as leadership-driven top-down approaches to equity and policy are necessary, ground-up approaches are vital to mobilizing communities to dismantle structural racism. The six core community informed actions emerging from this evaluation can guide Metro Health and other public health practitioners to meet future challenges.

DISSEMINATION PLAN

To ensure the report findings are accessible to a variety of stakeholders, this report is organized into three, distinct output frameworks. This comprehensive, technical report captures the detailed processes that informed best practices and lessons learned.

This report's target audience includes external partners, internal coalition partners, and other stakeholders interested in a systematic overview of coalition activities and outcomes.

A second report, The Community Report, was developed as an abbreviated summary of this report's data to share with the greater San Antonio community.

A final, academic report will disseminate the findings and contribute to the growing body of knowledge related to public health coalition formation and pandemic response.

The Coalition's Journey

BACKGROUND

To understand the evolution of the COVID-19 Community Response and Equity Coalition as described in this technical report, it is important to understand the San Antonio community context. As one of the fastest-growing regions in the United States, the San Antonio Metropolitan Area, including Bexar County, grew from 1.3 million in 2000 to 2.3 million in 2020. Among Bexar County residents, 59.3% are Hispanic and 7.4% are African American. Historically, such minority groups have been excluded from social practices and policies that improve health outcomes and quality of life.

Population growth has increased underlying inequities among marginalized communities. The community experiences significant structural challenges including unemployment, low access to health care, and poverty - with 50% of Bexar County families living at or below the poverty line (2019). These preexisting structural health barriers caused pre-pandemic vulnerabilities and repercussions for much of the community. From the pandemic's inception, the virus disproportionately affected Hispanic and African American communities, placing the majority of San Antonio and Bexar County at higher risk of morbidity and mortality. While there has been a movement to better examine and address health inequities in recent years, representation of BIPOC communities continues to be a challenge, and the generational marginalization of these groups persists. Leaders within the health department, city, county, and community all recognized the disproportionate threat that COVID-19 posed to the most marginalized.

San Antonio Metropolitan Health District (Metro Health) serves as the public health agency for the City of San Antonio and unincorporated Bexar County, with strong existing community collaborations and disease monitoring structures. Metro Health employed over 600 employees (at the time) to serve community needs and provide critical services such as immunizations, clinical services, disease control, and emergency preparedness. Additionally, the department is a nationally accredited agency, recognized by the Public Health Accreditation Board (PHAB), a voluntary designation which has established standards and measures adopted by local, territorial, state, and tribal health departments across the nation.

In this context, the COVID-19 pandemic arrived in San Antonio earlier than the rest of the country. US citizens quarantined after COVID-19 exposure abroad were housed at Lackland Airforce Base late in January 2020. This experience prompted early activation of robust local disaster response mechanisms, including an Emergency Operations Center where city, county, healthcare, public health, police, fire, and emergency medical services leadership convened. The first COVID-19 case identified in Bexar County was on March 13, 2020. At that time, the pandemic response was organized under the joint leadership of the Director of Metro Health, the Executive Director of the Southwest Texas Regional Advisory Council, and the Chief of the San Antonio Fire Department, which includes emergency medical services.

The leadership of the City and County, led by the Mayor of San Antonio and the Bexar County Judge, established an unprecedented level of collaboration on the pandemic response, working together and holding nightly joint press briefings to update the entire community. They convened a combined city and county Health Transition Team (HTT), comprised of public health experts from both Metro Health and other local institutions and community members, to provide formal guidance on the pandemic response.

Equity was an essential component of the Health Transition Team's work. The City of San Antonio's Office of Equity (now known as the Diversity, Equity, Inclusion, and Accessibility Department) worked with other members of the HTT to include a focus on marginalized populations and health equity as a guiding principle. The HTT's recommendations were presented to City and County officials as the COVID-19 Health Transition Report in April 2020 and played an important role in framing the subsequent COVID-19 response.

San Antonio's culture of collaboration has served us well during the COVID-19 pandemic and improved overall response efforts. Local leadership set a precedent for addressing future public health outbreaks by leaning on the expertise of local public health professionals, allowing data to drive decision-making, and incorporating evidence-based practices to model the response.

These efforts can serve as a model for future disasters. The overarching goal of this report is to describe the collective experience in developing community-health department partnerships to address COVID-19, including accomplishments, challenges, and lessons learned. This report is framed in the context of Metro Health and the community's focus on health equity and knowledge of the challenges facing public health, as framed by Public Health Forward.

METHODS

The larger COVID-19 Community Response and Equity Coalition convened a specific report-writing task force to generate this technical report, consisting of Metro Health staff and the coalition's community co-chair. The task force's goal was to review the coalition's evolution since its inception in March of 2020, to identify best practices, lessons learned, and recommendations to guide the pandemic response, assist recovery efforts, and prepare for future public health threats.

The intended audience for this report is coalition partners and others interested in a systematic overview of coalition activities and outcomes. Two subsequent reports for additional audiences will be published:

- CREC Community Report: This report will serve as a more approachable, easily-understood version for the greater San Antonio community.
- Academic Report: This will aid the dissemination of findings to the larger, national public health community.

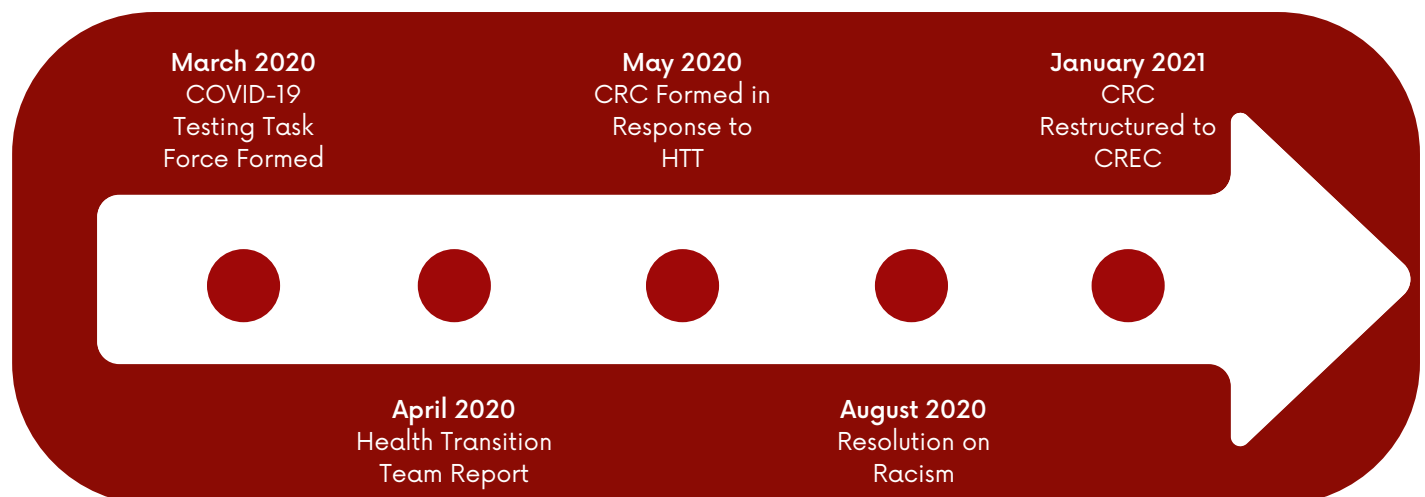
The report writing task force used two primary sources of information to compile data for the report.

First, task force members gathered and reviewed materials generated throughout the local pandemic response. These included minutes from the coalition and workgroups meetings between March 2020 and January 2022, internal and community-facing presentations or documents describing coalition work, and synthesis documents and notes from in-person planning sessions with CREC partners held in 2021. The goal of these in-person planning sessions was to solicit partner input on the coalition's future. These data were used to identify three distinct phases of coalition action and the specific outcomes and milestones achieved at each phase.

Second, the report-writing task force solicited feedback from past and current coalition partners. Partners who served on varying iterations of the coalition provided input based on their involvement in coalition activities. A modified after-action tool was developed to solicit feedback from community partners. An adaptation of this tool was circulated to members of the coalition leadership to provide specific insights into leadership decisions regarding coalition evolution.

Once partner feedback was obtained, thematic analysis identified important themes using topic areas defined in Public Health Forward. Internal review of themes identified was discussed among eight internal reviewers and report contributors. The themes were presented to the CREC membership for feedback and internal validation.

Data from all sources were reviewed by the report-writing task force and a draft technical report was developed by task force members with input from both CREC co-chairs. The draft was then circulated to the CREC steering committee, CREC membership at large, and key community stakeholders for feedback. Input from all stakeholders was considered by the report-writing task force and incorporated into the final document.



COALITION'S PHASES

Development, Evolution, Challenges, and Accomplishments

Phase
01

Accomplishments
for the Testing
Task Force

As COVID-19 cases soared globally and domestically, Metro Health convened a Testing Task Force to address the urgencies born of the pandemic.

The Testing Task Force brought together laboratories, hospital systems, healthcare providers, community-based clinics, and Emergency Operations Center representatives to assess the COVID-19 testing capacity at the city and county level.

Over 60 partners mobilized for this mission critical effort belonged to organizations conducting COVID-19 testing as well as specimen collection and processing. The Task Force identified five priorities that would guide overall response efforts.

Testing Task Force's Milestone Accomplishments



Developed and launched the COVID-19 self-screening tool



Established guidance for COVID-19 specimen collection and laboratory testing



Fostered partnerships with laboratories to increase free testing



Expanded testing to more marginalized communities



The Task Force's Five Priorities to Guide Response Efforts

The Testing Task Force worked to identify testing sites across the county. Metro Health, with the city's Information Technology Service Department, created a website that listed and mapped new testing sites that Metro Health vetted. A survey was developed to gather pertinent information from these new testing sites.

All local laboratories conducting PCR tests and clinics conducting rapid tests - once approved - were initially asked to submit their aggregate test results to Metro Health daily. Once the number of positive tests started declining regularly, aggregate test results were reported on a weekly basis. A Metro Health staff member was tasked with the collection of all aggregate COVID-19 test results to estimate the local percent positivity. Collection of this data was eventually assigned to the epidemiology team.

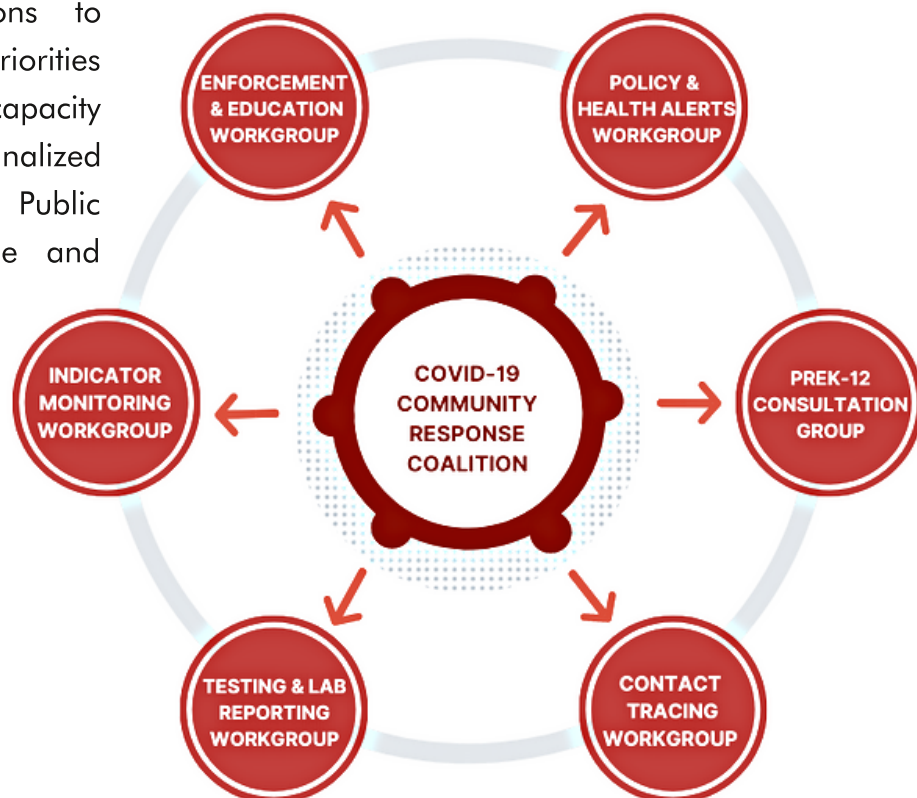
The Testing Task Force, convened by Metro Health, united frontline organizations to synergistically address these five priorities during a time that expanding testing capacity was urgent - particularly in marginalized communities. These efforts align with Public Health Forward's call for sustainable and diverse community partnerships.

Phase 02

COVID-19 Community Response Coalition

The City of San Antonio and Bexar County Health Transition Team's (HTT) April 2020 Report called for community-informed action, a recommendation which received broad support from city, county, and health department leadership. Metro Health responded to the recommendations by transitioning the Testing Task Force to the COVID-19 Community Response Coalition (CRC) in May of 2020.

The CRC continued to expand on the successes of the original task force by creating community workgroups to support the various aspects of the COVID-19 response.



Using an evidence-informed approach for coalition operations, five workgroups and one ad hoc consultation group were created, each with a specific charge. This cross-sectoral collaboration permitted swift responses to counteract the most critical aspects of the pandemic's devastation.

The CRC was co-chaired by a community-based public health leader and the Metro Health Director, and supported by three Metro Health staff members. The CRC steering committee was comprised of the CRC co-chairs and support staff.

Each workgroup's two co-chairs were comprised of one Metro Health employee and one community partner. Co-chairs were recruited based on their experience, community credibility, and knowledge of the workgroup subject matter.

Representatives from City Council and County Commissioners Court were included for broader support. This created a space for bi-directional discussions of new developments and workgroup challenges. The CRC membership included key partners with expertise relevant to each of the workgroup charges.

All members reviewed and approved rules of engagement and adherence to conflict of interest principles. The following pages provide a short description of each workgroup, their efforts, and accomplishments.

Collectively, membership reviewed and approved principles of partnership and agreed to the following:

- Constructive and respectful engagement with all coalition members, including a commitment to listening to alternative viewpoints
- Development and fostering of a safe space within which to discuss difficult issues facing the community
- Valued transparency regarding conflict of interest

Indicator Monitoring Workgroup

The Health Transition Team Report (HTT) recommended monitoring specific progress and warning indicators to gauge the state of COVID-19 in the community. The Indicator Monitoring Work Group was charged with operationalizing the indicators from the HTT report into metrics that could be monitored by public health officials and the community. Once developed, their task was to monitor and share with local and state policy makers and develop community education and communication strategies to help either slow or stop the spread of COVID-19.

The indicator monitoring workgroup was co-chaired by Dr. Golareh Agha, Chief of Informatics with Metro Health, and Eric Epley, Executive Director and CEO of the Southwest Texas Regional Advisory Committee (STRAC).

This workgroup of 12 members met weekly to monitor public health (progress/warning) indicators and share developments with local and state elected officials and create community education and related strategies to help slow the spread of COVID-19.

Indicator Monitoring Workgroup's Milestone Accomplishments



Surveillance Dashboard

Provided daily updates on morbidity and mortality rates



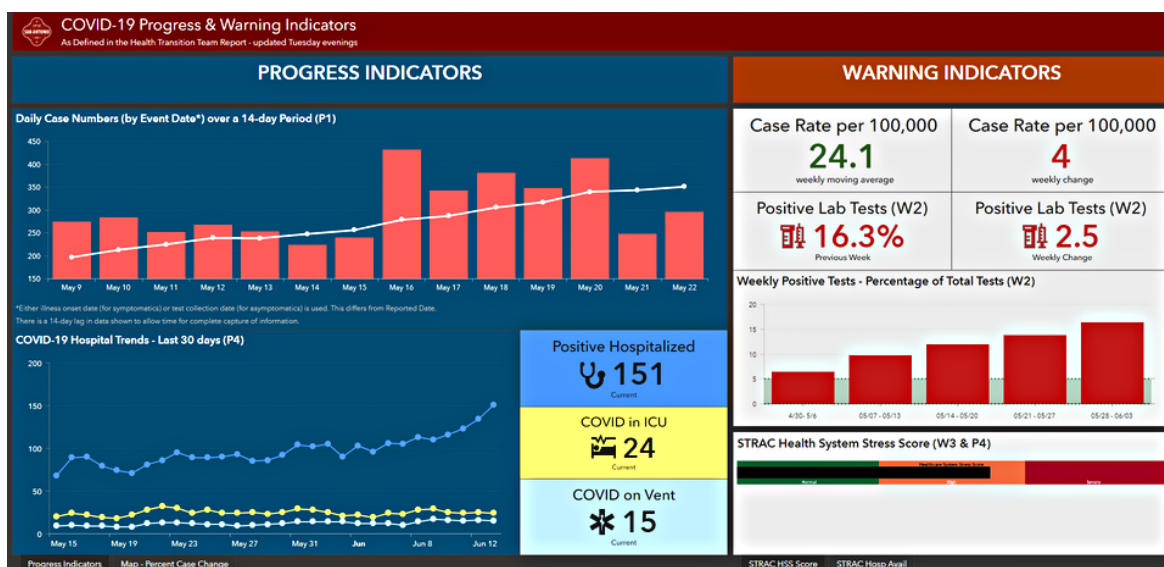
Key Indicators Dashboard

Monitored disease indicators and recommended prevention measures to limit community spread



Self-Screening Tool & Hotline

Implemented bilingual platform to increase understanding among potentially infected individuals; provided testing guidance to public



The Progress & Warning Indicators Dashboard provided key health indicators that the City of San Antonio monitored as the COVID-19 situation evolved. Dashboard data was updated daily. (Graphic May - June 2022)

Testing and Lab Reporting Workgroup

This workgroup was the continuance of the original Testing Task Force. It was tasked with coordinating and supporting testing throughout San Antonio, with a specific focus on the most marginalized communities. The workgroup met bi-weekly, co-chaired by Clinical Services University Health System's Senior Vice President, Dr. Emily Volk, and Claryssa Cortez-Esquivel, Performance Improvement Manager with Metro Health, and consisted of 80 members.

Activities included collecting biweekly surveys related to specimen collection capacity. The survey assessed whether testing capacity met testing demand during the height of the pandemic in early 2020. A workgroup priority was to expand testing across communities, particularly those medically at risk or within marginalized populations. The workgroup shared new testing sites that Metro Health vetted and added to the city's website.

Testing & Lab Reporting Workgroup's Milestone Accomplishments



Supported the City's COVID-19 testing webpage with verified public testing sites



Established COVID-19 testing guidance for the community healthcare providers



Created and maintained daily test result reports to estimate the testing percent positivity rates from local and private labs



Expanded testing efforts among clinics, hospitals, and testing sites for specimen collection and processing



Dr. Tsai and UT School of Public Health Contact Tracing & Case Investigations Team

Contact Tracing Workgroup

The Contact Tracing Workgroup's charge was to ensure the contact tracing workforce continuously met the ever-changing demand of positive cases identified along with their associated contacts and to support community messaging about contact tracing activities. The workgroup was formerly co-chaired by Dr. Peter Stranges, Paid Sick Leave Program Manager with The City of San Antonio and Dr. Cherise Rohr-Allegrini, Epidemiologist & CEO for the San Antonio AIDS Foundation.

Dr. Adelita Cantu, Associate Professor at UT Health San Antonio, and Dr. Jack Tsai, Dean of the UT School of Public Health, assumed co-chairs positions as their predecessors stepped down. This 16-member workgroup met weekly and collaborated with the contact tracers of the UTHHealth School of Public Health and Metro Health about community messaging regarding contact tracing and responses to different types of COVID-19 tests.

Contact Tracing Workgroup's Milestone Accomplishments



Collaborated on community messaging to improve community response to contact tracers and case investigators



Incorporated community feedback to strengthen contact tracers' communication



Developed graphics for Answer the Call campaign to increase community cooperation with contact tracing, with support of Education Workgroup

Education & Enforcement Workgroup

The Education and Enforcement Workgroup, later renamed the Education Workgroup, was charged with educating businesses and community members on COVID-19 prevention strategies. This workgroup was co-chaired by Dr. Jason Rosenfeld, Assistant Professor, UT Health San Antonio, and Wendell Hardin, Program Manager, Metro Health, and included representation from over 100 organizations.

Their initial focus was on educating businesses on the importance of abiding by City, County and State Public Health Emergency Orders through resource offerings, carefully focusing on COVID-19 education and prevention strategies, with a heightened focus on underserved communities. As the epidemic evolved, the workgroup expanded their scope to encompass broader community-wide educational initiatives.

Education & Enforcement Workgroup's Milestone Accomplishments



Connected with local businesses to address COVID-19 misinformation and internet literacy among community members



Created community messaging to improve COVID-19 health outcomes, including the "3P" campaign to prevent, protect, and provide



Developed social media influencer campaign

Policy & Health Alerts Workgroups

The Policy & Advocacy workgroups (formerly known as the Policy & Health Alerts workgroup) was initially charged with providing stakeholder input for health alerts, position statements, and testing criteria. Led by Sean Greene, Administrator for the Office of Policy & Civic Engagement, and Dr. Peter Wald, USAA Medical Director, this eighty-member workgroup included representation from business leaders, public health experts, community members, and advocates.

They met bi-weekly to make policy recommendations to public health professionals, healthcare providers, laboratories, and stakeholders. Their efforts mirrored evolving CDC guidance and created space for stakeholder input in their output. On multiple occasions, this workgroup was convened on an emergent basis at the behest of city and county leadership to provide guidance on health alerts. The labor-intensive activities surrounding producing this level of guidance represent an impressive collaborative effort.

Policy & Health Alerts Workgroup's Milestone Accomplishments



Provided guidance to city and county leadership on multiple issues, including reopening restaurants and bars, outlining capacity determinations, and implementing curfews on holidays



Created health advisories for evolving pandemic conditions



Supported dissemination of city and county resolutions

PreK–12 Consultation Group

Though not a workgroup in the original plan for the CRC, the PreK-12 Consultation Group was formed in response to stakeholder demand for guidance on school reopening and to provide a framework for community feedback for the Metro Health Medical Director's orders regarding school reopening.

Dr. Junda Woo, Metro Health Medical Director & Bexar County Local Health Authority, and David Nungaray, former Principal of Bonham Academy, chaired this group of 70 community stakeholders including students, teachers, parents, school administrators, school nurses, and pediatricians. The group was convened on an ad hoc basis to provide guidance and feedback on schools' response to the COVID-19 pandemic.

PreK-12 Consultation Group's Milestone Accomplishments



Initiated Virtual Community Forum model to discuss issues facing PreK through 12th grade educational institutions



Provided input to inform health orders issued by the Health Authority

Phase 03

Community Response & Equity Coalition

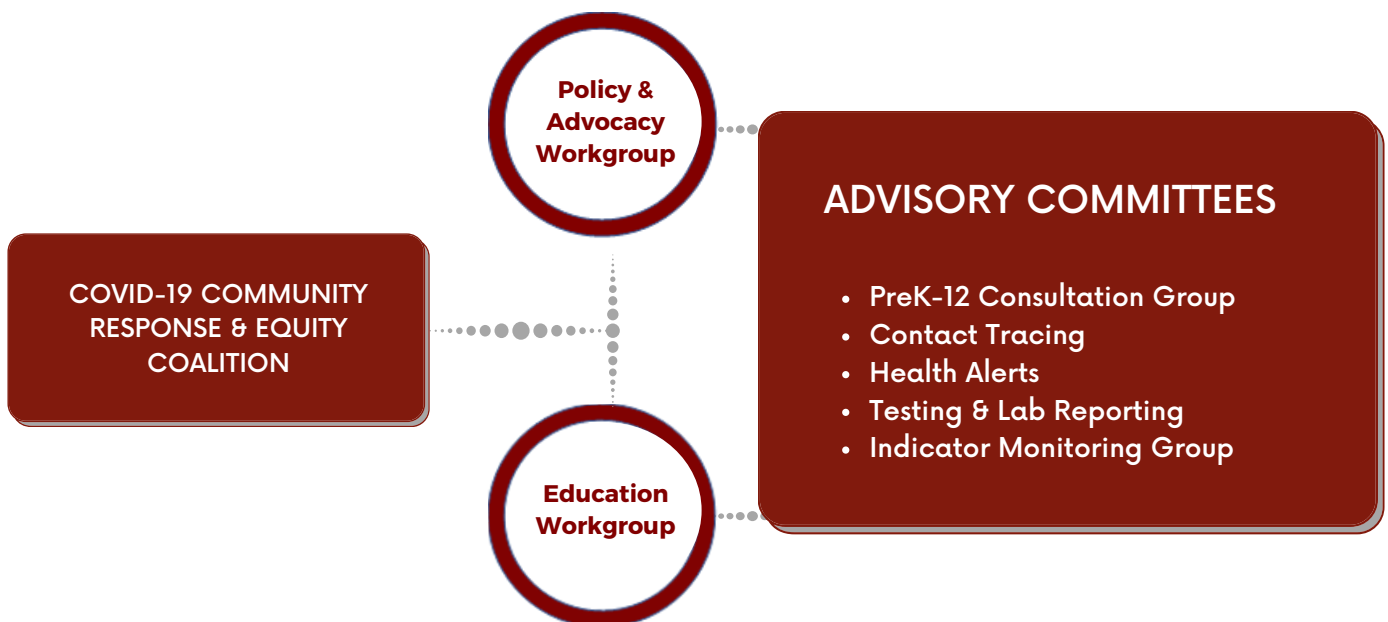
In January 2021, as Bexar County case counts surpassed the peak experienced during the earlier months of the pandemic, marginalized populations were overburdened with active cases, high positivity rates, and hospitalizations.

The need to improve health messaging among marginalized populations in Bexar County became increasingly urgent as a pandemic of misinformation regarding COVID vaccines circulated across the nation. Gaps in resource distribution and access to care were apparent in the lived experiences of community members and frontline public health professionals.

The consequences of pre-existing disparities observed during this period of the pandemic and the civil unrest happening across the nation served as the catalyst for City Council to declare racism as a public health crisis in August 2020. This proclamation committed the City of San Antonio to address social injustices and address the root causes of health disparities that perpetuate poor health outcomes.

In November 2020, the CRC became the COVID-19 Community Response and Equity Coalition (CREC). By incorporating equity as a fundamental component, standard operating procedures ensured all future efforts and interventions elevated equitable practices to the forefront of the coalition's collective decision making.

COALITION STRUCTURE



In response to the new phases of the pandemic and to make the best use of talent and resources convened through the various workgroups, transition of three work groups to ad hoc advisory committees allowed members to redirect their focus to the most pressing needs at that time: Education and Policy & Advocacy.

All partners were encouraged to align themselves with the workgroup(s) that best reflected the mission of their respective organizations. The CRC leadership and support team remained at the helm for the new CREC. This included the two co-chairs Claude Jacob (Metro Health Director) and Dr. Barbara Taylor (Asst. Dean for the MD/MPH program and Professor with UT Health San Antonio) and eight Metro Health support staff.

CREC Education Workgroup

The education workgroup is currently co-chaired by Dr. Jason Rosenfeld, Assistant Professor, UT Health San Antonio, and Guadalupe Cornejo, Professor at Northwest Vista College and of San Antonio Community Health Workers Association. This group is tasked with creating educational messaging, materials and trainings for the community utilizing a peer influencer model.

The workgroup has a diverse membership with representation from local hospital systems, faith-based organizations, community-based and grassroots organizations, and Metro Health representatives from various programs. This effort has overseen the peer influencer campaign and created a storytelling series for members to share their successes, challenges, and lessons learned over the course of the pandemic with other participating members. In early 2021, the availability of funding to support the workgroup's efforts was limited. The workgroup, in collaboration with Metro Health, pursued funding to support coalition activities and began developing a plan for coalition sustainability.

In July 2021, Metro Health received the US Health and Human Services' Advancing Health Literacy Grant (HHS AHL) to launch Health Confianza, a multidisciplinary, community-wide health literacy effort, and appointed the CREC as the advisory committee.

Inspired by the Equity Atlas (See pg. 24) and COVID-19 Equity Index, Health Confianza will focus on twenty-two zip codes within Bexar County identified as high risk for COVID-19 based on unfavorable outcomes related to COVID-19 positive case rate, active case rate, and death rate.

The HHS AHL initiative developed strategies to enhance health literacy among socially vulnerable populations. Strategies were created with culturally and linguistically appropriate services' (CLAS) standards for healthcare settings. These strategies will be expanded creatively through innovative adaptations to share among varying levels of healthcare providers, community leaders, school-based ambassadors, and community health workers.

Through tailored public health measures and improved media communications, Health Confianza serves as an empowerment campaign for providers and community members. It enables populations living within the target zip codes to develop the tools needed to identify misleading health information related to COVID-19 and enable them to make more informed healthcare decisions for themselves and their families.

Social Media Peer Influencer Campaign

- Sharing of peer influencer posts to @cosagov official channels
- Instagram/Facebook Stories & Highlight
- July 8 - Ongoing
- Combined post reach: **89,582**
- Combined post engagement: **11,519**
- Combined story reach: **67,047**
- Combined story engagement: **1,479**

Social Media Peer Influencer Campaign Results

Health Confianza Strategies



- Enhance communication among providers and their patients
- Increase organizational health literacy
- Form community health clubs
- Empower natural community leaders
- Develop community-campus collaborations to support health literacy projects
- Create culturally and linguistically appropriate messaging campaigns

Health Confianza's innovative approach to combatting misinformation and building trust is a collaboration among Metro Health, UT Health San Antonio, and the University of Texas at San Antonio. Dr. Jason Rosenfeld, Assistant Professor at UT Health San Antonio, leads the program delivery and Dr. Erica Sosa, Associate Dean for Research at UTSA, oversees the evaluation component. Health Confianza lays the foundation for improved health and well-being beyond COVID-19 by increasing the availability, acceptability, and use of COVID-19 health information and services among Hispanics and African Americans living in 22 zip codes in Bexar County, Texas.

CREC Policy and Advocacy Workgroup

The policy and advocacy workgroup was previously chaired by Juany Torres, Senior Policy Advisor and Director of Community Engagement at City of San Antonio, and is currently chaired by Metro Health's Public Health Administrator for the Office of Policy and Civic Engagement, Sean Greene, and is focused on identifying policy priorities that create equitable opportunities to ameliorate the devastating impacts of COVID-19 on marginalized communities, and ultimately secure funding sources that support addressing the systemic practices that exacerbate health disparities. Like the education workgroup, the policy and advocacy workgroup has attracted a diverse membership roster with cross-sectoral representation.



People wait in their cars at Traders Village for the San Antonio Food Bank to begin food distribution.
William Luther/The San Antonio Express News

To date, the workgroup has identified nine policy priorities including access to healthcare services, improving housing security, improving food security, support for fair policing and justice system, safe spaces for physical activities, addressing the digital disparity, improving social support, support of equity-driven approaches to economic security, and supporting the expansion of transportation access.

The first Policy and Advocacy workgroup virtual community forum hosted in June 2021 invited community members to share input related to policy suggestions. During this session, 20 workgroup and community members stressed the undeniable ramifications imposed by food insecurity, housing security, and limited digital access.

Members of the session further discussed COVID-19 challenges and brainstormed solutions. Participants emphasized the interrelated nature of the workgroup's policy priorities and underscored the growing need to prioritize domestic violence, substance use, and mental health.

Community Health Worker Summit: Promoting Peer to Peer Support and Advocacy

Early victories celebrated by the CREC included the first Bexar County Community Health Worker Summit hosted in January 2021. The summit itself resulted from Community Health Worker (CHW) feedback regarding consistent messaging challenges surrounding COVID-19 and widespread staff fatigue felt by CHWs.

The CHW Summit has since been rebranded as the Bexar County CHW Partnership (BCCP) and dwells within the new Community Health Worker Hub founded by Metro Health. The BCCP has also recently assumed the role of steering committee for Metro Health CHW Hub activities. As part of the vision of SA Forward, the coalition will continue to offer trainings and evidence-based learning opportunities to continue broadening and honing expertise.

Additionally, Metro Health is considering the integration of a career ladder within job titles to honor the years of experience held by some of the most influential and trusted public health CHWs. These actions from Metro were informed by feedback from CHWs in the summit and at the hub.

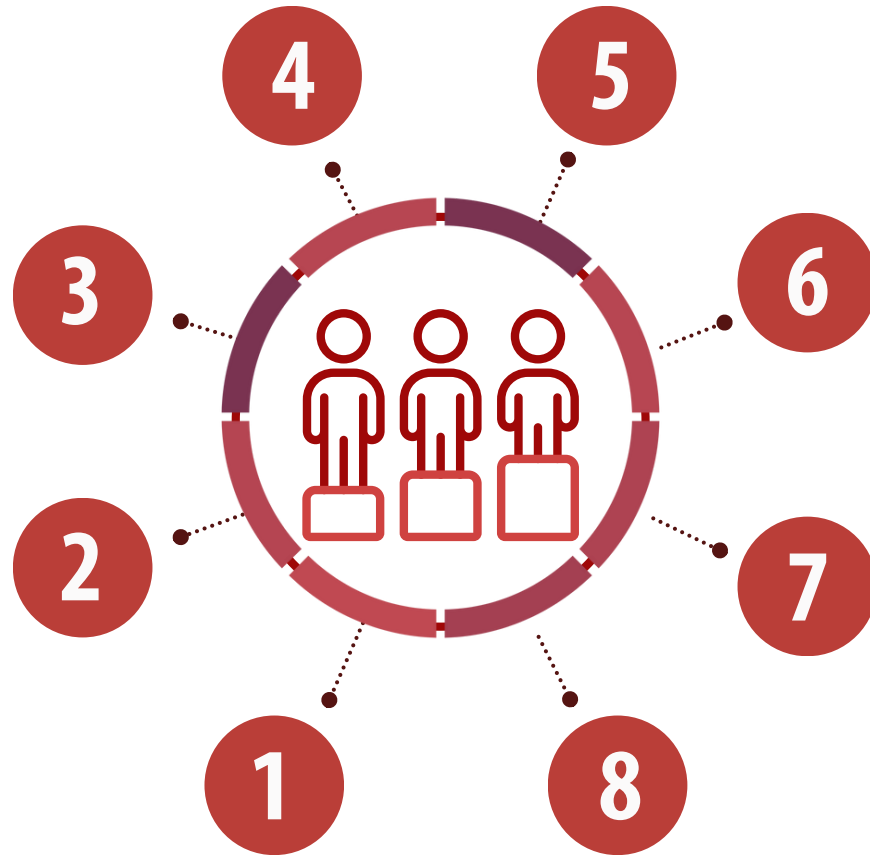
Reflections of the Response

Establishment of the Guiding Principles for Equity

In November 2020, at the behest of City Council's request to ensure equity measures were embedded within the ongoing COVID-19 response, Kathy Shields, Public Health Administrator at Metro Health, convened internal leadership to brainstorm an equity framework that would guide future coalition efforts. As this organic process unfolded overtime, intentionality ensured priority populations:

- Had a platform focused on community driven needs
- Would be included in the decision-making process
- Could seek out funding allocated to support equity initiatives

CREC Guiding Principles for Equity



1. Be intentional about being inclusive – make getting the right people involved a high priority from the start! Who are the real experts?
2. Create space and opportunity to identify and focus on community-driven needs.
3. Center Black, Indigenous, People of Color (BIPOC) and honor their historical and lived experiences.
4. Identify priority populations and associated racial, economic, social and health disparities.
5. Include individuals from priority population in all processes and give them decision making power. Create space for them to tell their story, and identify their needs and solutions.
6. Priority populations include individuals from all marginalized populations, who often experience intersectionality. Priority populations include, but are not limited to: LGBTQIA+ individuals, veterans, homeless, and individuals with disabilities.
7. Prioritize funds to support equity initiatives such as compensation for community member involvement, supporting BIPOC vendors and contractors, and personnel.
8. Honor the time needed to be authentically inclusive and don't rush the process.

Incorporating the Health Equity Atlas into Coalition Actions

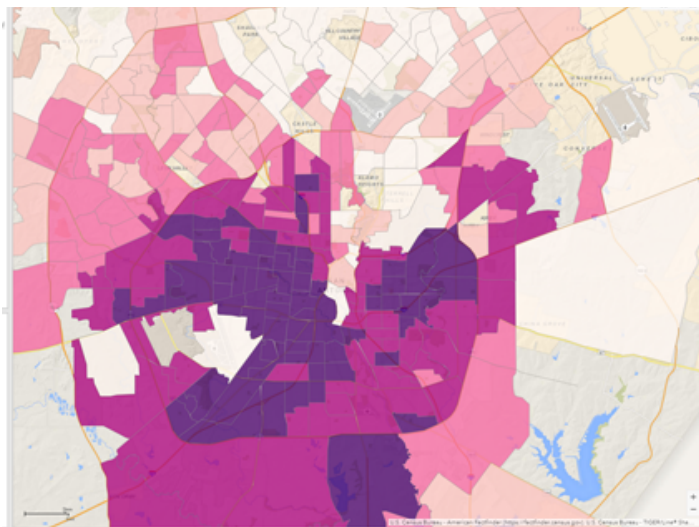
From the onset of the pandemic in March 2020, the testing task force strived to expand access to COVID-19 testing within socially vulnerable communities within San Antonio and Bexar County. To determine the most disadvantaged areas within Bexar County, Metro Health utilized several innovative tools, including the Equity Atlas developed by the Office of Equity.

[Click Here for Equity Atlas](#)

The Equity Atlas illustrates county demographics, socioeconomics, and areas challenged by limited infrastructure. It is an invaluable tool to guide outreach efforts and target educational interventions within these marginalized pockets throughout Bexar County. The equity atlas introduced a new approach to assess resource gaps by highlighting disparities and quantifying demographics in those areas. The atlas also allowed public health professionals and community partners to guide outreach in the most marginalized communities including the Community Health and Prevention (CHP) Team that targeted their services to city council districts disproportionately impacted by the pandemic.

Of the 10 San Antonio City Council Districts that provide equitable governmental representation to their constituents, Districts 1-5 were plagued with substantial social vulnerabilities, only to be exacerbated by COVID-19.

Equity Atlas



The Equity Atlas is an interactive tool that highlights the demographics, disparities, and some infrastructure distribution within the city. This Equity Atlas informed Health Confiianza's innovations and strategies.

These five Council Districts were found to have the highest number of COVID-19 cases and deaths, as well as the highest overall equity scores city-wide.

Through the work of Community Health Workers (CHW) of the CHP team, thousands of contacts were made by visiting businesses, apartment complexes, medical facilities, faith-based organizations, and other local areas frequented by residents, with a conscious effort to connect with those members residing in health disparate zip codes, elderly individuals, disabled residents, and minority groups.

During these encounters, educators distributed materials that described proper personal hygiene practices to slow the spread of the virus, best practices to adopt as a business owner operating during a pandemic, and a Resources Handout that identified assistance with rent, mortgage, utilities, and food.

Promoting Community: Partnered Work with an Equity Lens

At the direction of Metro Health leadership, Carlos V. Rodriguez, Public Health Administrator, and Dr. Peter Stranges, Paid Sick Leave Program Manager, were assigned to coordinate bilingual town halls to educate organizations and citizens on the latest COVID-19 mitigation measures. This process involved connecting with various organizations to market efforts and create culturally and linguistically sound material to supplement town hall teachings.

The Coalition began this community collaboration by establishing the group norms and signing a conflict-of-interest statement described in Phase II, which made the rules of engagement explicit and promoted transparency. The group norms also promoted stakeholders' ability to share thoughts and discuss challenges in a supportive environment, with each stakeholder holding an equal seat at the table.

Throughout all phases of the coalition, a purposeful effort was made to recruit community members into work groups.

The importance of diverse representation ensured community messaging would be well received by the public. Creating an environment that nurtures feedback from a diverse group of stakeholders was critical to making a profound impact at the population level and advancing the group's objectives to implement COVID-19 mitigation measures and continue working towards virus eradication.

At the time of this report, CREC membership includes over 250 members representing over 100 organizations across Bexar County and San Antonio. Members include Metro Health staff, academic professionals, medical personnel, school representatives, public health professionals, community health workers, community-based organizations, business owners, elected officials, and advocacy groups.

The CREC remains committed to recruiting organizations and devoted community members who represent BIPOC and marginalized groups. Additionally, the intentional recruitment of faith-based institutions and non-traditional public health organizations has brought to light concerns and obstacles faced by vulnerable groups and has produced a voice for those populations in dire need of advocates.

Partner Feedback: Successes, Challenges & Recommendations

In an effort to produce an honest reflection of the coalition for this report, a report task force was created to aptly describe the journey of the CREC and capture newly implemented processes in place. The report task force designed a hybrid after action questionnaire that requested partners to describe their motivation for joining the CREC, the strengths of the coalition, as well as opportunities for improvement. An adaptation of these questions was also developed to solicit feedback from leaders who directly oversaw coalition efforts. Feedback from 10 external and 8 internal partners was gathered and analyzed as described in the Methods section.. Following thematic analysis using the Public Health Forward framework, a series of themes were identified in response to the feedback received.

Although the pandemic response had some flaws, the valuable feedback received can create a feedback loop that informs future efforts to proactively address ongoing concerns in real-time and improve partner experiences. The following themes were highlighted by partners as key takeaways from their experience with the coalition and lessons learned for future responses.

Partner Engagement & Collaboration

The cross-sectoral collaborations observed during this time of crisis were unprecedented in San Antonio. The crisis response surrounding this intervention better protected against political agendas being pursued and instead focused attention on protecting the health of the community. The ability to have a diverse group of members, each having an equal voice and seat at the table, enriched dialogue and explored untapped resources available within the community. Further, the varying levels of expertise and unique experiences created an environment that permitted rich and spirited conversations. Partners had the added benefit of meeting weekly with the lead public health professionals overseeing the city/county response efforts and receiving new, critical information to share with their networks in real-time.

By merging efforts and coordinating resource distribution in conjunction with individual stakeholder efforts, valuable insight uncovered the ongoing challenges faced by community partners that often remain unheard.

It is challenging to survey community-based organizations to discuss the obstacles their community is facing, but through the formation of the coalition, a forum was created to give a voice to such challenges. While Metro Health was viewed as the enterprise spearheading this effort, creating an advisory body with diverse representation from all sectors and zip codes within Bexar County created shared accountability among agency partners as opposed to Metro Health directing the effort in isolation. This heightened sense of ownership empowered partners to approach each obstacle observed through the pandemic via a public health lens and constructively scrutinize efforts to improve outcomes.

Build Community Capacity

Apart from the collective response, the most impressive attribute of the coalition was the ability to continue recruiting groups and entities to join forces with the response in progress. Following the Health Transition Team report, the coalition was able to operationalize the guidance outlined in the report. There were several specific suggestions from partners on how to improve these efforts in the future.

During the coalition's incorporation of equity principles, partners completed an inventory to assess the organizational limitations and needs of the community. Secondly, a partner suggested the establishment of health equity neighborhood coalitions, beginning in the 22 priority zip codes of the Health Confianza project, to build capacity to activate a resident-driven response in preparation for future emergencies.



Transparency

A recurring theme spoke to the need for Metro Health to engage in practices that are transparent in nature. The community facing dashboard was a needed olive branch to extend to the community during a time of stress and turmoil. Partners appreciated the townhalls that took place to explain new pandemic developments and the ongoing attempt to allay community concerns regarding new mandates and directives that altered normal community operations.

However, to accommodate a Spanish speaking audience, offering more townhalls in Spanish was a missed opportunity. In this manner, while the intent was for everyone to share an equal voice, at times, voices went unheard.

Likewise, a greater emphasis could have been placed on hosting virtual forums to better explain recommendations to school teachers and restaurant owners during the phased reopening. An emphasis on transparent practices must remain at the forefront of activities to create trust among stakeholders.

Outline Leadership Roles, Responsibilities & Transitions

Initially, multiple agencies sought to oversee the response to the pandemic. However, the ability of the Testing Task Force to model efforts based on a public health systems framework cemented an equity focused response as opposed to adopting an emergency responder framework. Cross-sectoral communication was a challenge in that Bexar County leadership was on the periphery of the response. Enhanced integration of city and county response could have helped prioritize needs of hospitals and provided support during rapid changes in hospital directives and supply chain issues.

Multiple changes in leadership within the public health response led to additional challenges as each transition required orientation of the new leader and alignment of the work with their priorities. There were four Metro Health co-chairs of the coalition over two years, as the Metro Health Director role changed hands. The pandemic itself came with many unknowns, but staff and leadership worked tirelessly to create stability and provide reassurance during this time of crisis.

Relationship—Building

During the initial response, the need to identify critical partners was a priority. Before efforts could begin, healing previous interdepartmental and external relationships where strife existed was essential. While there was an initial resistance to including certain partners and undertaking specific ventures, these relationships were restored over time. Furthermore, there exists an undeniable need to unify resources to plan for future public health disasters, including needs assessment studies and continued planning efforts at a community level.

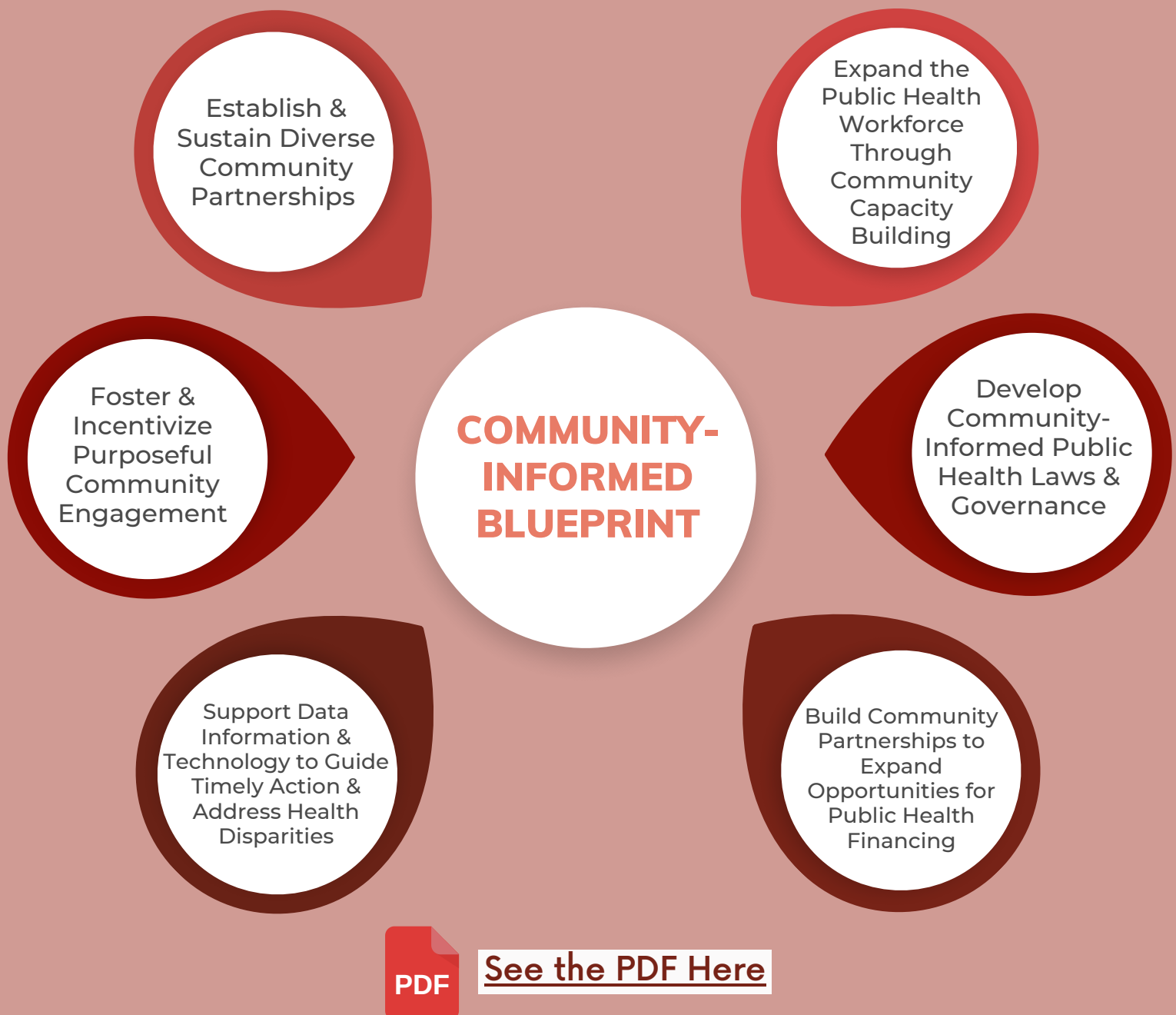
A WAY FORWARD

Aligning Coalition Experience with Models of Public Health Engagement

The findings of this report describe the coalition's journey to adapt and respond during each phase of the pandemic and the challenges and accomplishments highlighted by partners. The results point to the need for active community collaboration, both in the continued response to the COVID-19 pandemic and for future public health challenges and disaster response. The Public Health Forward framework allows us to align the findings and lessons learned in the context of an evidence-based plan for transformation of public health systems.

Locally, the SA Forward plan incorporates many lessons learned from COVID-19 response in general and coalition activities. This section provides a crosswalk of key lessons learned and recommendations garnered from the CREC's collective experience, incorporating the coalition's journey and partner feedback, and the recommended actions of the Public Health Forward guidance.

Crosswalk of the Coalition's Journey & Partner Feedback with Public Health Forward



Public Health Forward (PHF) specifically calls for investments in long-term relationship building and partnership development. This aligns with a theme from the partner feedback regarding the need to maintain relationships to activate stakeholders for future emergency response. This recommendation reflects essential public health services and will emphasize ongoing support to developing and maintaining community partnerships. Improvements in transparency within community-facing activities can be used to ensure equitable access to resources and information among partners and community members, expanding the local public health infrastructure.

Establish & Sustain Diverse Community Partnerships

A core recommendation of Public Health Forward (PHF) is the creation of sustainable community partnerships. From its inception, the coalition created new public and private partnerships to expand testing and, now in Phase 3, continues to grow.

However, internal and external partners note that understanding the motivations for diverse partners to either join or leave is essential. To foster equitable, longitudinal partnerships, incentives must be present on all sides to form coalitions and collaborative relationships. Continuous work to ensure diverse representation within the coalition and workgroups will contribute to the longevity of the local public health infrastructure.

Support for partnership management, including staff within the health department and specific institutions that focus on community engagement, such as the new Office for Policy and Community Engagement at Metro Health, can ensure that partners feel valued, that communication is bidirectional, and that coalition actions support community health.

Foster & Incentivize Purposeful Community Engagement

PHF specifically calls for investments in long-term relationship-building and partnership development. This aligns with a theme from the partner feedback regarding the need to maintain relationships to activate stakeholders for future emergency response.

This recommendation reflects essential public health services and will emphasize ongoing support to develop and maintain community partnerships. Improvements in transparency within community-facing activities can be used to ensure equitable access to resources and information among partners and community members, expanding the local public health infrastructure.

This ongoing engagement can support community health, not just during emergency response but also to address health disparities and other health threats. Investments in the capacity of community-based organizations and individual community members are essential for this effort. Programs such as the COVID-19 Community Research Grants offered by Metro Health in partnership with the Health Collaborative to CBOs and academic partners using the Cares Act funding are an excellent framework for support.

Support Data Information & Technology to Guide Timely Action and Address Health Inequity

Throughout the coalition's journey, the public facing dashboards developed by Metro Health and the Community Response Coalition in Phase 2 provided a framework to assess the current status of the pandemic, guide response activities to communities in need, and aid policy members in demonstrating the evidence behind public health guidance.

PHF calls for data and information technology systems to support high-quality data in a timely fashion. Coalition efforts in this realm are already an outstanding example of the utility of these efforts. The powerful combination of the public-facing COVID-19 dashboards with the equity atlas allows for ongoing assessment of evolving trends impacting population health among the most socially vulnerable residents. Community input, through the coalition, made these dashboards more understandable to the public in English and Spanish. Coalition partners were able to disseminate this information to the community.

The provision of timely public health data supports essential evaluation activities, before, during, and after responses, such as was seen in the expansion of testing and vaccination efforts, to document measures, strategies, and opportunities for improvement, and generate an after-action report that can be accessed by stakeholders. These efforts will remain a priority, with Metro Health and its partners continuing to investigate and work methodically to address the root causes of health disparities.

Expand the Public Health Workforce Through Community Capacity Building

Coalition activities align closely with PHF's call to invest in a diverse and inclusive public health workforce. Though the Public Health Forward framework focuses on these actions within public health departments, the coalition's experience over the past two years supports the expansion of these efforts into the community.

By forming and maintaining relationships with community partners and academic institutions, the public health workforce can expand quickly beyond the traditional boundaries of the health department to respond to community needs.

Coalition efforts to support community health workers, who became essential components of the pandemic response but were also under-resourced and over tasked, were critical. The Community Health Worker summit organized by the CREC in Phase 3 is an example and framework for future action in this realm. Coalition partners propose the creation of a partner resource inventory to assess the unique needs of each organization and purposefully seek out technical assistance opportunities to promote capacity building among community-based organizations.

Building capacity among grassroots organizations and community-based organizations will enhance the skills among the current public health workforce. Future undertakings by the Office of Health Equity and the Office of Policy and Civic Engagement (PACE) will further these efforts by advocating for social justice measures and equitable practices that connect marginalized populations with resources to improve health outcomes.

Develop Community–Informed Public Health Laws & Governance

The Public Health Forward guidance calls for health departments to, “review, evaluate, and modernize public health governance structures.” Local coalition experience demonstrates that these actions are strengthened by community involvement.

Specific examples include:

- The CRC Policy and Advocacy Workgroup’s provision of evidence and support for city and county decision-making on health advisories
- The CRC Contact Tracing Workgroup’s efforts to communicate the role of Metro Health in contact tracing and investigations to the community
- The CREC’s current role as an advisory board for grant activities, which includes the review of plans to ensure equity and responsiveness to community needs

The lessons learned from coalition experience can inform future actions. Specific partner feedback calls for an alignment of the existing Metro Health emergency preparedness plan with an equity framework. Community input into these efforts is necessary to ensure that actions are responsive to community needs and promote the health of the most marginalized.

Build Community Partnerships to Expand Opportunities for Public Health Financing

The need for sufficient, predictable, and flexible funding to support public health efforts is emphasized by Public Health Forward. Coalition experience demonstrates that community partnerships can play a key role in support for federal grants.

A clear success of the coalition is how its actions and outcomes were incorporated into federal grants received in the past year by Metro Health, including the CDC National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities, the HHS Health Literacy Grant- Advancing Health Literacy to Enhance Equitable Community Responses to COVID-19, and the CDC Community Health Workers for COVID-19 Response and Resilient Communities.

As described above, the Health Literacy Grant, Health Confianza, includes two academic partners within the coalition. These partners play essential roles in the implementation and impact assessment of grant activities. These efforts can serve as a model for how community coalition building can be leveraged to provide sustainable, flexible funding for public health work.

Looking to the Future

The review of this coalition's evolution and analysis of partner feedback sheds light on the essential role that community partnership and collaboration can play in San Antonio's continuing response to the COVID-19 pandemic and in future public health efforts.

The COVID-19 Community Response and Equity Coalition's collective vision for the future is to bring together community and partners from various sectors to share thoughts, understand challenges, amplify efforts to reduce health inequities, and celebrate wins. Partners strongly believe that the coalition's involvement has led to effective community-focused pandemic response strategies, as well as funding from federal grants, particularly in the areas of health literacy and community outreach. Coalition building has been challenging and not without conflict, but the persistence of the coalition speaks to the deep commitment that partners have to the health of San Antonio's community.

The CREC is fortunate that Metro Health and its community partners remain committed to these efforts and to the essential role community partnerships play in addressing public health. Metro Health's version of the Public Health Forward framework, SA Forward, will act as the department's strategic growth plan and serve as the roadmap of new undertakings over the next five years.

Many of the action items outlined above are already embodied in this innovative plan. This vision of the future will address health equity from a holistic standpoint and confront the challenges related to housing, food, and transportation as a means to create an equitable playing field for all residents to achieve greater health and well-being.

With the lasting power of the pandemic and a heightened focus on current and future public health mitigation measures, the San Antonio City Council allocated \$18 million to expand current programming, add new health initiatives, and augment the public health workforce. The partnerships established through the CREC will evolve and expand as Metro Health moves into this next phase of growth.

While the COVID-19 pandemic will forever serve as a reminder of the disproportionate impact of public health disasters on communities, there is a silver lining as health departments across the nation amend current practices to proactively respond to inevitable health threats using an equity lens. In a targeted effort to move health equity forward, the CREC will remain focused on addressing the disproportionate impacts on marginalized communities and allow for bi-directional feedback and collaboration of community voices, in coordination with Metro Health.

Public Health as a Team Sport: COVID–19 Community Response & Equity Coalition

The COVID-19 Community Response and Equity Coalition was chosen as a 2022 Innovative Practice Gold Awardee by the National Association of County and City Health Officials (NACCHO) for their submission entitled Public Health as a Team Sport: COVID-19 Community Response & Equity Coalition.

The CREC is one of four local health department programs to receive this recognition. The CREC was honored with this award and presented during the 2022 Award-Winning Best Practices from Local Health Departments Panel during the 2022 NACCHO360 Annual Conference in Atlanta on July 20, 2022.

Current CREC membership includes over 300 members representing more than 100 organizations from traditional and non-traditional public health sectors. Metro Health has served as the convener and facilitator of the CREC since its inception and thrives in this ongoing relationship to collaborate effectively to improve the health of the community and combat COVID-19.



Left Photo: Desiree Bellicini, CREC Sr. Management Analyst



Right Photo: 1st row L to R: Elisabeth Clymer Hockersmith, Desiree Bellicini, Kathy Shields , Antonio Cruz; 2nd row L to R: Carlos Rodriguez, Michaela Schneider, Len Trevino, Claude Jacob, Illeana Tiemann, Olivia Johnson

Acknowledgments

COMMUNITY PARTNERS

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Alamo Area of Council Governments
Alamo City Urgent Care
Amerigroup
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Baylor College of Medicine
Bexar County Emergency Management
Bexar County Medical Society
Bexar County School Boards Coalition
Bexar Health Coalition City of San Antonio
Boys & Girls Clubs San Antonio
Center for Health Care Services
Centro San Antonio
CentroMed
CHRISTUS Health System
City of San Antonio
Clinical Pathology Laboratories
CommuniCare Health Centers
Convergent Diagnostic Laboratory
COVID Testing Station
Direct Med Clinic
Disability Access Office
Domesticas Unidas
Dominion Primary Care
Ecocentro
Edgewood ISD
Education Service Center Region 20
esd marketing
FastMed Urgent Care
Food Policy Council of San Antonio
Fuerza Unida
Geneus Health
Harlandale ISD
Haven for Hope
Health Collaborative
Healthy Futures of Texas Women's Healthcare Coalition
HEB Pharmacy
iGenomeDx Inc.

Inpatient Healthcare of America (IPHA)
Japhet Media
Joint Base San Antonio
KIPP Texas Public Schools
Labcorp
Laso Health
LatinxVoces
LIFTFund US
Lutheran Immigration and Refugee Service
Little Spurs Pediatric Urgent Care
Madonna Center
March of Dimes
Martinez Street Women's Center
Mayors LGBTQ Council
Methodist Healthcare Ministries
Methodist Healthcare System
New Creation Christian Fellowship
Northwest Vista College, SACHWA
Paramount Healthcare
Pride Center
Public Works Department
Quest Diagnostics
Razakaar Foundation
Reliable Revolutionaries
ReNue RX
River Walk SA
SA Clubhouse
SA Southwest ISD
SA Stands
Saint Mary's Hall
Salud America
San Antonio Area Foundation
San Antonio Food Bank
San Antonio Hispanic Chamber of Commerce
San Antonio ISD
San Antonio Sports

SanArte Healing & Cultura Clinic
Military Medical Precise Pathology Lab
South Texas Allergy and Asthma
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