

MAP (Map | Add | Prompt)

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You don't need to become an AI expert. You need to get clearer about your own work.

That's what this worksheet is for. We are not going to teach you every AI tool. We are going to walk you through one workflow you already do, slow enough that you can see where AI fits, where it doesn't, and where you would have been better off with a checklist.

The frame: MAP

- **M — Map** the work before you automate it.
- **A — Add** the context AI doesn't have.
- **P — Prompt** with intent, not vibes.

By the end of the hour you'll have one real workflow mapped, one piece of context AI has been missing, and one prompt you could send today. Bring all three (even the messy version) to Session 3.

Start here: pick a real workflow

Pick something you actually do, not something hypothetical. CD investigation. Grant report. Inspection follow-up. Weekly dashboard refresh. Council brief.

The workflow I want to fix:

Why this one (one sentence):

M: Map first

The PB&J test

We ask people to map something simple, like making a peanut butter and jelly sandwich. People laugh. Then we count the steps. Ten. For a sandwich. If a sandwich takes ten steps, the workflow you just wrote has more than you think. You can't fix what you haven't named.

Three steps of your workflow, written before AI touches anything:

Want the full method? [Process Map Training](#) is a 45-minute on-demand training, free and NNPHI-supported. For the case behind why mapping matters, see [Why Process Mapping Is Your Secret Weapon](#).

Is AI even the right tool? Ask in this order.

Automation isn't always AI. AI isn't always the answer. For the longer version of this thinking, see [12 Things to Ask Before You Let AI Into Your Health Department](#).

- 1. Can we eliminate this step?** Sometimes nobody needs it anymore. Free time, no tool required.
- 2. Can we simplify it?** A better template, a different routing path, a pre-filled form.
- 3. Can we automate without AI?** A scheduled email, a shared inbox, a checklist, a phone reminder. Most “AI use cases” we hear are actually this.

Only if steps 1-3 don't solve it does AI even come into the picture.

And before you pick a tool, one more question:

- Does our AI policy cover this tool and this data?** If your department doesn't have a policy yet, that's the gap to flag to leadership before you pick a tool. Start with [12 Things Your Public Health AI Policy Needs](#).

A: Add the context

Context is everything you know about your work that AI doesn't.

Your jurisdiction. Your protocols. Your team's tone. Your reader's literacy level. Your community's history. The reason this report has to land before Friday's board meeting.

Without context, AI gives you the average answer. Generic letter. Generic summary. Recommendations that sound like a textbook. It looks fine until you read it carefully and realize editing it took longer than writing from scratch would have.

With context, AI gives you *your* answer. One that sounds like your department, fits your protocol, and respects what your community actually needs.

Three pieces carry most of the weight. For your workflow above, fill in all three:

Documents AI needs to see:

Your CD protocol, food code, CHA, prior grant narrative, style guide. The references this workflow already reaches for.

Role I'll ask AI to play:

"Act as our CD program coordinator at a county of 80,000." Who AI should be, so it speaks at the right level for the right reader.

Constraints (what AI should NOT do):

"No medical jargon." "Under 200 words." "Don't speculate beyond my data." The guardrails that keep AI from being confidently wrong.

You may already be using these without naming them.

ChatGPT's Custom Instructions, Claude's Projects, and PH360's custom agents are all ways tools let you save documents, role, and constraints so you don't re-type them every session. The three pieces are the same. The interface changes.

PH360 custom agents go one step further by also enforcing your policy and jurisdiction at the platform layer, so the context can't accidentally leak.

P: Prompt with APE

Letter	What it means	Example
A – Action	The verb. What you want done.	<i>Draft. Summarize. Compare. Rewrite. Translate. Extract.</i>
P – Purpose	Why. Who it's for. What "good" looks like.	<i>"So my CD director can decide whether to escalate."</i>
E – Expectation	Length, tone, format, what to include or skip.	<i>"Under 400 words, professional but warm, three action items."</i>

Now write one. For your workflow above:

Action:

Purpose:

Expectation:

Two polish moves you should not skip

1. Ask it to ask you. Before AI drafts anything substantial, type: *“Before you draft this, ask me up to 5 clarifying questions.”* Stop. Answer them. Then let it draft.

2. Tell it what's wrong. “Too long.” “Too formal.” “You assumed I'm in a city. I'm not.” AI doesn't get its feelings hurt.

Want to go deeper on prompting? Read our [AI CoP: Prompt Engineering recap](#).

Which tool? Match the work to the tier.

Tier	What it's for	Watch out for
Free (ChatGPT, Claude, Gemini)	Brainstorming. Personal productivity. Public info only.	No PHI. No internal documents. No “just this once.”
Paid enterprise (M365 Copilot)	Internal drafting. Copilot keeps prompts and outputs inside your tenant.	Confirm your AI policy covers it. No PHI in consumer versions without a Business Associate Agreement (BAA).
Public-health-specific (PH360)	CD investigations, grant reporting, protocol-driven work, anything touching PHI or jurisdiction-specific data.	HIPAA-compliant. Built by former health department staff. Trained on real public health workflows.

For my workflow above, the right tier is: Free Paid enterprise Public-health-specific (PH360)

One rule that doesn't move: if you wouldn't put it on a billboard, don't put it in a free AI tool.

The third tier is the gap most public health departments hit. Free tools can't touch the work that fills your day. Enterprise tools weren't built knowing what a CD investigation or a CHA actually looks like. [PH360](#) is our answer to that gap. Sauk County WI used it to cut the workload on one investigation type by **83%**.



Keep going (pick where you are)

New to AI in public health? [AI for Public Health Glossary](#) so the rest of the conversation lands.

Want to map more workflows? [Process Map Training](#) is the full 45-minute on-demand training, free and NNPHI-supported.

Building an AI policy for your department? [Public Health AI Policy Template](#) walks through what to include.

Want monthly company? [AI Community of Practice](#) is free, monthly, and vendor-neutral.

Ready to see PH360 with your data? fandtlabs.com/ph360 walks through what it handles, or [book 30 minutes with us](#).

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