Black/African American Health Initiative Project – Phase I
Project Charter
San Francisco Department of Public Health
March 26, 2014

# **Project Charter Approval**

The undersigned acknowledge they have reviewed the project charter and authorize and fund the *Black/African American Health Initiative Project – Phase I.* Changes to this project charter will be coordinated with and approved by the undersigned or their designated representatives.

Signature:

Print Name: Barbara A. Garcia, MPA

Title: Director, San Francisco Department of

Public Health (SFDPH)

Role: Project Sponsor

### Section 1 - Project Overview

### 1.1 Project Background

The mission of the San Francisco Department of Public Health (SFDPH) is to protect and promote the health of all San Franciscans. The SFDPH strives to assess and research the health of the community, provide comprehensive, quality, and culturally competent health services, educate the public, train health care providers and ensure equal access to all. The SFDPH leadership has made a commitment to the Black and African American residents in San Francisco by making their health a priority through this collaborative health initiative.

### Strategic Planning Process

The SFDPH has engaged in a strategic planning process to develop a comprehensive plan that focuses on the adoption of a continuous quality improvement approach to improve the community-centered delivery of public health essential services.

First, a 14-month process was conducted that resulted in creation of a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP) for San Francisco. This community-driven CHIP development process included engagement of more than 160 community residents and local public health system partners to identify the following key health priorities for action:

- · Ensure Safe + Healthy Living Environments
- · Increase Healthy Eating + Physical Activity
- · Increase Access to Quality Health Care + Services

SFDPH and its partners developed goals and objectives for each priority area as well as related measures and strategies that comprise the current CHIP. Included in the CHIP are commitments from partners to be responsible as the lead on specific strategies that were identified. SFDPH then reviewed the CHIP indicators and determined which strategies SFDPH should provide additional leadership on because they directly affect our client population. Seventeen "headline indicators" were identified for development of specific goals and strategies to plan, implement and evaluate in order to make an impact to "turn the curve" in a positive direction.

#### Black/African American Health Indicators

Despite incremental forward steps to improve the health of San Franciscans, many disparities still exist among Black/African American residents. As a result, four health indicators that affect Black and African American health issues in San Francisco were

identified and prioritized. These included:

- Percent of Blacks/African Americans with heart disease
- Mortality rate of Black/African American women with breast cancer
- Rates of Chlamydia among young Black/African American women
- Mortality rates among Black/African American men due to alcohol

### 1.2 Purpose – What are we trying to accomplish and why?

SFDPH Leadership Commitment

The San Francisco Department of Public Health (SFDPH) leadership has recognized that in order to adequately address and make a significant impact on the health disparities among the Black/African American population in San Francisco, a focused and deliberate process must be prioritized across the Department so that appropriate staffing and resources can be assigned to key strategic activities. This project charter will provide a high-level overview of the Phase I project activities to coordinate an advisory committee to determine initiative goals, objectives, and activities; develop and gain approval of the recommendations for an implementation plan to address the four headline indicators that affect Black and African American health issues in San Francisco.

### 1.2.1 Project Description

The purpose of the *Black/African American Health Initiative Project – Phase I* is to provide direction about the project initiation and planning phase. The Black/African American Health Initiative Project will facilitate the planning process through three (3) main strategies during the 2014 calendar year:

# 1) Establish a Black/African American Health Initiative Project Advisory Committee

- · Identify key stakeholders to be involved
- Coordinate Advisory Committee (AC) meetings to determine initiative goals, objectives, and activities
- Coordinate resources amongst SFDPH branches, programs, and staff
- Identify Champions for Headline Indicators

### 2) Develop an Implementation Plan

- Plan AT training schedule on RBA process (1-2 day training)
- Incorporate feedback into summary report
- Develop a project plan for execution with actions steps for the implementation phase

### 3) Disseminate Black/African American Health Initiative Recommendations Report

- Gain approval of recommendations report for implementation of action steps
- Disseminate findings from the report to Department directors, managers, and key stakeholders
- Prepare for implementation Phase

### 1.2.2 Project Exclusions

The Black/African American Health Initiative Project – Phase I is a directive from the Health Director, who will approve the project charter and activities. This project charter defines activities for the Black/African American Health Initiative Project – Phase I, which is the initiation and planning phase of the initiative. A separate project charter will be developed for Phase II which will detail the implementation steps.

Considerations of scope or objectives to be excluded from this project or the deliverables are other activities independent or not tied to this strategic health initiative.

### 1.3 Phase I: Project Planning Overview

- 1. Initiate & Plan Phase (February June)
  - 1.1. Develop Project Charter (February March)1.1.1. 4SQ and Initial Goals and Objectives
  - 1.2. Identify key stakeholders (March)
    - 1.2.1. Identify internal representatives (SFDPH)
    - 1.2.2. Identify key external representatives

- 1.3. Form AC committee (March April)
  - 1.3.1. Plan AC meeting schedule (2-4 sessions)
  - 1.3.2. Plan AC training schedule on RBA process (1-2 day training with Deitre Epps)
- 1.4. Coordinate resources (March May)
  - 1.4.1. Identify staff resources
  - 1.4.2. Identify external resources (partners)
  - 1.4.3. Allocate funds to cover meeting costs, travel reimbursement, etc.
  - 1.4.4. Allocate funds for execution, monitor and control, and closing phases of the project
- 1.5. Provide meeting coordination support (April May)
  - 1.5.1. Send out invitations 2-4 weeks in advance
  - 1.5.2. Coordinate meeting logistics
  - 1.5.3. Develop presentation slides and onsite materials (handouts, table tents, sign-in sheets)
  - 1.5.4. Work with Accreditation & QI coordinators regarding process and documentation
  - 1.5.5. Provide onsite support
  - 1.5.6. Disseminate post-meeting minutes and compile results for recommendations report
- 1.6. Develop implementation plan (April May)
  - 1.6.1. Develop project plan for execution
  - 1.6.2. Prioritize recommendations provided at meetings
  - 1.6.3. Create action steps for Black / African American Health Initiative
- 1.7. Draft Black/AA Health Initiative recommendations report (May June)
  - 1.7.1. Gain approval of recommendations report for implementation of action steps (next phase in project planning)

#### 1.4 Authorization

Please provide your complete cooperation to the Black/African American Health Initiative Team (see Project Organization and Team Matrix). The team is hereby authorized to interface with management as required, negotiate for resources, delegate responsibilities within the framework of the project, and to communicate with management, as required, to ensure successful and timely completion of the project. The team is responsible for developing the project plan, monitoring the schedule, cost, and scope of the project during implementation, and maintaining control over the project by measuring performance and taking corrective action.

#### 1.5 Value Statement

The Black/African American Health Initiative Project Implementation Team will ensure that the values listed are kept throughout the project life cycle:

- Open communication of methods, processes & results
- Collaborative
- High credibility, trust, and competency
- Accurate, relevant, and informative
- Practical use of existing communication vehicles and tools
- Methods for measuring results and feedback loop

#### 1.5 Critical Success Factors

Success of this project will be dependent on the following:

- · Health Director's input and approval
- Staffing and resources allocated to support Health Initiative activities
- Project Plan, Scope and Schedule
- Metrics/Feedback Plan
- Feedback summary report with recommendations

### 1.6 Assumptions

- AC Committee members will participate and provide information on a timely basis.
- Leadership and staff will be available to coordinate project planning and execution.
- Collaborative process will facilitate open communication and dialogue about Black/African American Health.
- Project Phase I will progress well and lead to successful planning the implementation phase.

### 1.7 Constraints

- Scope possible conflicts with other project deadlines
- Time possible time constraints for Directors, Branch Directors, Advisory
   Committee members, RBA trainer, and Implementation team
- Budget and resources possible funding constraints
- Quality content of recommendations report are high quality and reader friendly

### Section 2 - Project Organization

### 2.1 Project Structure

The primary stakeholders of the Black/African American Health Initiative include the Black/African American residents in San Francisco, as well as the project implementation team, which includes:

- Sponsor Team
- Advisory Committee members
- Branch Directors
- Project Management Team members

# 2.2 Project Facilities and Equipment

The main facilities for project implementation are the SFDPH office spaces. Team members have dedicated office spaces, meetings spaces, access to computers and other office equipment. Other materials and resources are available based on project requirements as needed.

### 2.3 Project Implementation Team

See below for Potential Advisory Committee Members and Project Team Matrix.

## 2.3.1 Champions

Barbara A. Garcia, Project Sponsor and Lead Champion

### SF Health Network Champions

Roland Pickens, SF Health Network (SFHN)
Marcelina Ogbu, SFHN
Iman Nazeeri-Simmons, SFGH, SFHN
Kirsten Bibbins-Domingo, SFGH, SFHN
Maggie Rykowski, Laguna Honda, SFHN
Madonna Valencia, Laguna Honda, SFHN
Loretta Cecconi, Laguna Honda, SFHN
Albert Yu, Ambulatory Care, SFHN
Hali Hammer, Ambulatory Care, SFHN
Lisa Golden, Ambulatory Care, SFHN

Toni Rucker, Ambulatory Care, SFHN

John Grimes, Ambulatory Care, SFHN

Mary Hansel, Maternal Child and Adolescent Health, SFHN

Population Health Division Champions
Tomás Aragón, Population Health Division (PHD)
Christine Siador, PHD
Israel Nieves-Rivera, Office of Equity and Quality Improvement, PHD
Karen Pierce, Office of Equity and Quality Improvement, PHD
Tracey Packer, Community Health Equity and Promotion, PHD
Jacque McCright, Community Health Equity and Promotion, PHD
Vincent Fuqua, Community Health Equity and Promotion, PHD
Brandon Ivory, Community Health Equity and Promotion, PHD
Susan Philip, Disease Prevention and Control, PHD

# 2.3.2 Key SFDPH that should also be engaged (listed alphabetically by last name)

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