

## Collective Impact Work Group

**Function:** The Collective Impact Work Group will work collaboratively to make recommendations for strategies that support:

Heart Health: The SFHN will join PHD in implementing **Health Hearts SF**—an enhanced CDC Million Hearts Initiative that will focus on primary prevention and management of the ABCDS: Aspirin when appropriate, Alcohol in moderation, Blood pressure control, Cholesterol control, Diabetes management, and Smoking cessation

Behavioral Health: Through the integration of behavioral health and primary care and through partnerships with Community Providers, the SFDPH will address the mental well-being among Black males and develop strategies to decrease the misuse of alcohol.

Women's Health: The SFDPH is committed to advancing Black women's health in SF. The efforts will begin by supporting efforts to decrease the time between diagnosis and treatment and increasing efforts to ensure that women who are diagnosed with breast cancer achieve optimal health outcomes.

Sexual Health: This priority areas will focus on increasing good reproductive and sexual health for young Black females, including good communication about sex, decrease rates of STDs, increase rates of condom use with culturally-specific sexual health programs and services.

**Structure:** 4 interrelated subgroups that will develop individual work plans

**Commitment:** Initial recommendations will be provided to Department leadership within 6 months of the initial meeting of the Work Group.

# WHAT IS COLLECTIVE IMPACT?

BLACK / AFRICAN AMERICAN HEALTH INITIATIVE  
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

July 23, 2014

*“Collective Impact is the commitment of a group of actors from different sectors to a common agenda for solving a complex social problem.”* [www.FSG.org](http://www.FSG.org)

## 1 INTRODUCTION

Collective impact has captured the imagination of public health practitioners worldwide because its approach to solving complex problems through community transformation “just makes sense.” At SFDPH, we are deploying collective impact using five components (Table 1).<sup>1</sup> Although the term collective impact was coined in 2011 [1, 2, 3], we can see that collective impact is just continuous quality improvement applied to mutually reinforcing activities focused on a common goal with well-defined measures of progress and success. Collective impact is conducted with diverse partners whose efforts are aligned, coordinated, measured, and improving.

Because the problems we propose to tackle are complex (e.g., Black/African American health disparities), collective impact requires focus, passion, patience, humility, creativity, discipline, and unrelenting optimism. Probably the most important quality is humility. We must be prepared to fail often but learn. We must balance well-intentioned advocacy with humble inquiry and genuine curiosity [4].

Although collective impact is commonly conducted with cross-sectoral organizational partners, its principles can be applied in any setting, including a large health system like ours. The simplest example of a collective impact approach is a coordinated case manager that aligns

<sup>1</sup> For the 5th component FSG lists “Backbone Organization: Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.”

Table 1: Collective impact components (adapted from: [www.FSG.org](http://www.FSG.org))

Component	Description
Common Agenda:	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions
Shared Measurement:	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable
Mutually Reinforcing Activities:	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action
Continuous Communication:	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation
Continuous Improvement:	Continuous quality improvement methods applied to mutually reinforcing activities

and coordinates the care of a complex patient with a multidisciplinary team of professionals (providers, therapists, social worker, etc.). Therefore, we are already familiar with the collective impact approach.

SFDPH staff will be invited to serve on **Collective Impact Work Groups** to participate in planning and to provide guidance and recommendations. Technical leadership will come from the Ambulatory Care and Primary Care quality improvement programs.

## 2 BLACK / AFRICAN AMERICAN HEALTH INITIATIVE

For Black / African American Health Initiative we are focusing on four high-priority health areas (Table 2) within the San Francisco Health Network (SFHN) that represent significant population health and health care disparities, and align with the Population Health Division (PHD) Strategic Plan.

Our initial major focus will be to improve cardiovascular health using an enhanced version of the CDC Million Hearts Initiative that we are calling **Healthy Hearts San Francisco (HHSF)**. HHSF will focus on primary prevention and/or management of the ABCDS: Aspirin when appropriate, Alcohol in moderation, Blood pressure control, Cholesterol control, Diabetes management, and Smoking cessation

Table 2: Black / African American Health Initiative focus areas

Component	Description
Heart Health	The SFHN will join PHD in implementing <b>Health Hearts SF</b> —an enhanced CDC Million Hearts Initiative that will focus on primary prevention and management of the ABCDS: Aspirin when appropriate, Alcohol in moderation, Blood pressure control, Cholesterol control, Diabetes management, and Smoking cessation
Behavioral Health	Through the integration of behavioral health and primary care and through partnerships with Community Providers, the SFDPH will address the mental well-being among Black male patients and develop strategies to decrease the misuse of alcohol.
Women’s Health	The SFDPH is committed to advancing Black women’s health in SF. The efforts will begin by supporting efforts to decrease the time between diagnosis and treatment and increasing efforts to ensure that women who are diagnosed with breast cancer achieve optimal health outcomes.
Sexual Health	This priority areas will focus on increasing good reproductive and sexual health for young Black females, including good communication about sex, decrease rates of STDs, increase rates of condom use with culturally-specific sexual health programs and services.

## REFERENCES

- [1] Kania J, Kramer M. Collective Impact. Stanford Social Innovation Review. 2011 Winter; Available from: [http://www.ssireview.org/articles/entry/collective\\_impact](http://www.ssireview.org/articles/entry/collective_impact).
- [2] Hanleybrown F, Kania J, Kramer M. Channeling Change: Making Collective Impact Work. Stanford Social Innovation Review. 2012;
- [3] Kania J, Kramer M. Embracing Emergence: How Collective Impact Addresses Complexity. Stanford Social Innovation Review. 2013;
- [4] Schein EH. Humble Inquiry: The Gentle Art of Asking Instead of Telling (BK Business). Berrett-Koehler Publishers; 2013.

## Cultural Humility Work Group

**Function:** The Cultural Humility Work Group will work collaboratively to make recommendations for strategies that will achieve:

- A better understanding of the patient/client and workforce experience department wide
- Incorporation of Cultural Humility in
  1. Leadership
  2. Hiring
  3. Supervision
  4. Within different Sections

**Structure:** The Work Group will develop a work plan

**Commitment:** Initial recommendations will be provided to Department leadership within 6 months of the initial meeting of the Work Group.

# What Is Cultural Humility?

BLACK / AFRICAN AMERICAN HEALTH INITIATIVE

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

July 25, 2014

## 1 INTRODUCTION

Cultural humility is a concept that was conceived by doctors Melanie Tervalon and Jann Murray-Garcia after the Rodney King incident/riot. The idea was to have medical professionals have a discussion around social justice issues through a multicultural framework. For many cultures health care is a cultural construct, arising from beliefs about the nature of disease and the human body, therefore looking at cultural issues are actually central in the delivery of health services treatment and preventative interventions.

Cultural Humility was introduced as an alternative to cultural competence, which assumes that cultures are monolithic and that one can actually reach a full understanding of a culture to which they do not belong. In general, Cultural Humility encompasses 3 objectives: Lifelong learning and Critical Self Reflection, the mitigation of power imbalances, and Institutional Accountability. Cultural Humility requests that people make a consistent commitment to understanding different cultures and focuses on self-humility rather than achieving a state of knowledge or awareness. It is the ability to maintain an openness of someone else's cultural identity. We as providers bring our own belief/value systems, biases, and privileges to our work and the idea of cultural humility emphasis the impact of these beliefs on consumers with which we work.

## 2 BLACK / AFRICAN AMERICAN HEALTH INITIATIVE

Our major focus will be to start a dialogue across divisions about the topic of Cultural Humility and how the ideal of Cultural Humility can be achieved across the different sections within DPH.

Our initial objectives will be to explore ways that Cultural Humility can be incorporated into DPH practices to better understand the patient and workforce experience department wide in the work that different sections are doing; and, to look at ways to incorporate Cultural Humility in leadership, hiring's, supervision, with staff from the different sections.

We will launch our work with the following questions:

- Given our common understanding of Cultural Humility how do you see the definition working at SFDPH?
- How do you see this definition working with your individual unit?
- How do you see the definition working with the leadership within your program?
- How do you see this definition being applied with co-workers?

## Workforce Development Work Group

**Function:** The Workforce Development Work Group will work collaboratively to make recommendations to support high quality staffing by:

- Developing and supporting strategies
  - a) to promote interest in pursuing a career in public health and
  - b) to recruit Black and African American interested applicants, students, and volunteers for open positions
- Developing and supporting strategies for retaining, motivating, and showing value towards current African American staff
- Working with DPH Administration, Human Resources and Unions to support continuing education and learning opportunities pathways for existing African American staff

**Structure:** The Work Group will develop a work plan

**Commitment:** Initial recommendations will be provided to Department leadership within 6 months of the initial meeting of the Work Group.

# What Is Workforce Development?

BLACK / AFRICAN AMERICAN HEALTH INITIATIVE

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

July 25, 2014

## 1 INTRODUCTION

The Department of Public Health's Mission is to protect and promote the health of all San Franciscans. A highly competent workforce is key to achieving this mission. To recruit and retain a talented and diverse workforce requires our organization to implement thoughtful hiring practices, offer continuing education, technical assistance and networking opportunities for staff. Ultimately, the goal is to have a workforce that is able to be culturally proficient and able to effectively work with African American staff and patients and clients to reduce the disproportionate number who have adverse, chronic health conditions.

To support this need, DPH has developed an integrated and aligned Workforce Development Plan which includes both Divisions within DPH (San Francisco Health Network and Population Health Division) as well as Administrative Support. The Training and Workforce Development Committee (TWDC) has been instituted and is working to design a plan that meets the challenges of the public health department of the 21st Century as well as the stated expectations of our SFDPH Leadership. One of those DPH expectations is ensuring that African American staff have their priority workforce needs addressed and have the information and supports to access continuous learning and development and employment mobility opportunities in DPH.

## 2 BLACK / AFRICAN AMERICAN HEALTH INITIATIVE

Our focus will be on identifying strategies to support the Training and Workforce Development Committee (TWDC) recommendations in the following areas:

- Developing and supporting strategies to recruit interested African American applicants, students, and volunteer
- Developing and supporting strategies for retaining, motivating, and showing value towards current African American staff
- Working with DPH Administration, Human Resources and Unions to support continuing education and learning opportunities pathways for existing African American staff
- Developing conflict, grievance, and possible resolution process for African American staff, before Union involvement