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**Narrative Charter Statement**

**Project Name: Livable Communities (LC) - Community Health Assessment (CHA)**

**Department:** Health and Human Services Agency (HHSA)

**Division:** Public Health (PH)

**Prepared By**

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| --- | --- |
| **Document Owner(s)** | **Project/Organization Role** |
| Bria Schlottman | Project Manager |


# Project Purpose

**The Napa County Health and Human Services Agency (HHSA) Public Health (PH) division is conducting the Napa County Community Health Assessment (CHA). The 2018 CHA includes Livable Communities (LC) as a new element because the Live Healthy Napa County (LHNC) collaborative identified LC (formerly called All Age Friendly Communities) as a priority.**

**The purpose of this project is to incorporate Livable Communities data into the CHA. The PH team will collect data, analyze data, and share data throughout the community. The data will describe the community’s assets and areas for improvement related to the World Health Organization’s eight domains of livability:**

* **Outdoor spaces and buildings**
* **Transportation**
* **Housing**
* **Social participation**
* **Respect and social inclusion**
* **Civic participation and employment**
* **Communication and information**
* **Community and health services**

**This data will drive future decision making, policy, and improvement plans.**


# High Level Project Scope

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| --- | --- |
| **In Scope**  | **Out of Scope**  |
| The Livable Communities portion of the 2018 Community Health Assessment (CHA) | Remaining sections of CHA |
| Identify a core set of LC indicators | Create and implement action plans based on the results of this project |
| Work with partners to engage community | Budget for entirety of CHA |


# Objectives & Success Criteria

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| **Objective** | **Success Criteria** |
| The LC CHA process is participative.  | 1. The process engages a variety of community stakeholders, including LHNC members.
2. Stakeholders provide input into selecting indicators and deciding what will be measured.
3. LC CHA activities and results are communicated with partners.
4. Interactive results are made available through use of Live Stories webpages, ESRI products and other communication channels.
5. PH team coordinates with stakeholders to tie into the larger CHA and avoid duplication of effort.
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| Develop a set of LC indicators.  | 1. Stakeholders view indicators as meaningful
2. Indicators are sustainable, meaning they can be tracked over time
3. The number of indicators are sustainable, meaning it’s a realistic workload for PH staff to track over time
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| Collect LC data.  | 1. Data is both qualitative and quantitative.
2. Publically available data is utilized.
3. Primary data collected as resources allow
4. Data meets PH quality standards.
5. Aim to publish data by June 2018.
6. Data assists with PH Accreditation.
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# High Level Requirements

# The LC section is coordinated with the broader CHA.

# Use existing indicators available for Napa County.

1. Select data from the smallest geography available, if applicable.


# Assumptions and Constraints

# The Public Health team is ultimately responsible for the LC data and this project is one of three top priority areas for the CHA.

# The community partners want to be actively engaged in the process.

# The LC portion of the CHA needs to be completed on time, so the CHA can be published in September 2018.

# High cost data sources will not be incorporated into the LC portion of the CHA.

# Quantitative data included in the assessment should meet the following requirements:

* From a reliable source, using a method of data collection that has attempted to minimize the introduction of bias
* Available at the county (local) level
* Broadly related to health and well being
1. Data that also meets the following criteria are preferred:
* Precise (i.e. statistically stable – will not show large variations from year to year)
* Timely (2013 or newer) and updated on a regular basis
1. The ITS team’s time and support will be limited.


# High Level Risks

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| **Project Risk** | **Potential Impact** | **Possible Mitigation** |
| Technical:* Completing the contracting and procurement processes for Live Stories and GIS add-ins.
* Publication requires coordination with internal IT unit
* Software interface is limited
 | * Delay in completing CHA
* Cannot use these tools to publish CHA
 | * Start contracts early
* Coordinate with IT early
* Have a back-up plan in place for data display
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| PH team is pulled away from the project to handle an emergent situation.  | * Delay in completing CHA
* Loss of momentum/community engagement
* Loss of trust – Public Health seen as having poor follow-through
 | * Communicate regularly with stakeholders
* Be transparent with stakeholders about reasons for any delays
* Investigate other staffing resources as needed
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| PH team unknowingly crosses a political boundary that stops or delays their work. | * Unable to proceed with full scope of work
* Loss of trust (from external or internal stakeholders)
 | * Relate focus of LC and the 8 domains of livability back to health and role of Public Health and LHNC in promoting community health
* Communicate regularly with stakeholders
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# Summary Milestone Schedule

# Confirm core set of LC indicators

# Complete data collection

# Complete data analysis

# Incorporate LC data into 2018 CHA

# Share 2018 CHA


# Project Authorization

**The project team is authorized to proceed with the project as outlined in this project charter.**

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Karen Relucio, MD, Napa County Health Officer Date

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Kris Brown, Director of Comprehensive Services for Older Adults ` Date