

Sonoma County Department of Health Services

Health Equity Award Winner
for a Medium County Practice

*A case study of health equity practice in one of
four award-winning California health departments*

by **Heather Gehlert**, Berkeley Media Studies Group
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About this case study

This case study is part of a series developed by the Berkeley Media Studies Group and supported by The California Endowment (TCE) that highlights the innovative work local health departments in California are doing to advance health equity. The Sonoma County Department of Health Services was one of four health departments in the state honored by TCE for its equity-oriented efforts at an awards gala in December 2014. The winning departments received grants of \$25,000, with a grand prize of \$100,000 going to the Alameda County Public Health Department. The awards and case studies, along with a suite of companion videos, were created to inform and inspire other health departments looking to embark upon similar work.

To access the full series on BMSG's website, visit:

<http://www.bmsg.org/resources/publications/health-equity-case-studies-california>

To access the full series on The California Endowment's website, visit:

<http://www.calendow.org/wp-content/uploads/Health-Equity-Case-Studies-V7-web-optimized.pdf>

To see the award-winning health departments in action, or to view highlights from the health equity practices of other California-based health departments, visit:

<https://www.youtube.com/playlist?list=PLLwLn83VLbvwk1C0u1jca3yxqulq6MUd->



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Introduction

For many, the word “Sonoma” is synonymous with wine. A tourist hot spot and foodie paradise, it conjures up images of lush vineyards, high-end dining and an upper-middle-class lifestyle. Located less than an hour north of San Francisco and just 30 minutes west of Napa, it’s a common weekend destination for California’s Bay Area residents who want to visit one of the county’s more than 400 wineries or take a hike amid its towering redwood forests.

As a whole, Sonoma County also boasts some impressive numbers when it comes to health. At 81 years, its life expectancy is two years longer than the United States’ average, and its residents’ education levels and median income—both of which are powerful predictors of health—are higher than the state’s.

Initially, then, it’s surprising to hear Brian Vaughn, who directs the Health Policy, Planning and Evaluation Division for the Sonoma County Department of Health Services, say that he and other leaders in the community share a goal of making Sonoma the healthiest county in California. But Vaughn, who grew up in nearby Marin County, knows another side to the region that its picture-perfect image belies: Many of its families struggle to make ends meet, and the county has significant disparities in health outcomes from one neighborhood to the next.

Though its disparities are less severe than the state’s overall, Vaughn says there is still plenty of room to improve. For example, residents in Sonoma County’s highest-ranked census tract can expect to live 10 years longer than those in the bottom tract. And the American Human Development Index value, a measure of health and well-being, for Sonoma County’s Roseland Creek area falls below that of Mississippi, the lowest-ranked state in the U.S.¹

Underlying the county’s health disparities are big divides in annual median income—which ranges from nearly \$69,000 in the county’s well-to-do East Bennett Valley to only about \$20,000 in the Springs area of Sonoma Valley—and educational attainment, with high school graduation rates as high as 99.5% in the same East Bennett Valley neighborhood and as low as 53.9% in Roseland Creek. Sonoma County also struggles with pockets of child poverty, and the region overall has a high cost of living, making basics like food and rent hard to afford. In fact, nearly half of Sonoma County households spend 30% or more of their income each month on housing.²

Sonoma County has significant disparities from one neighborhood to the next.

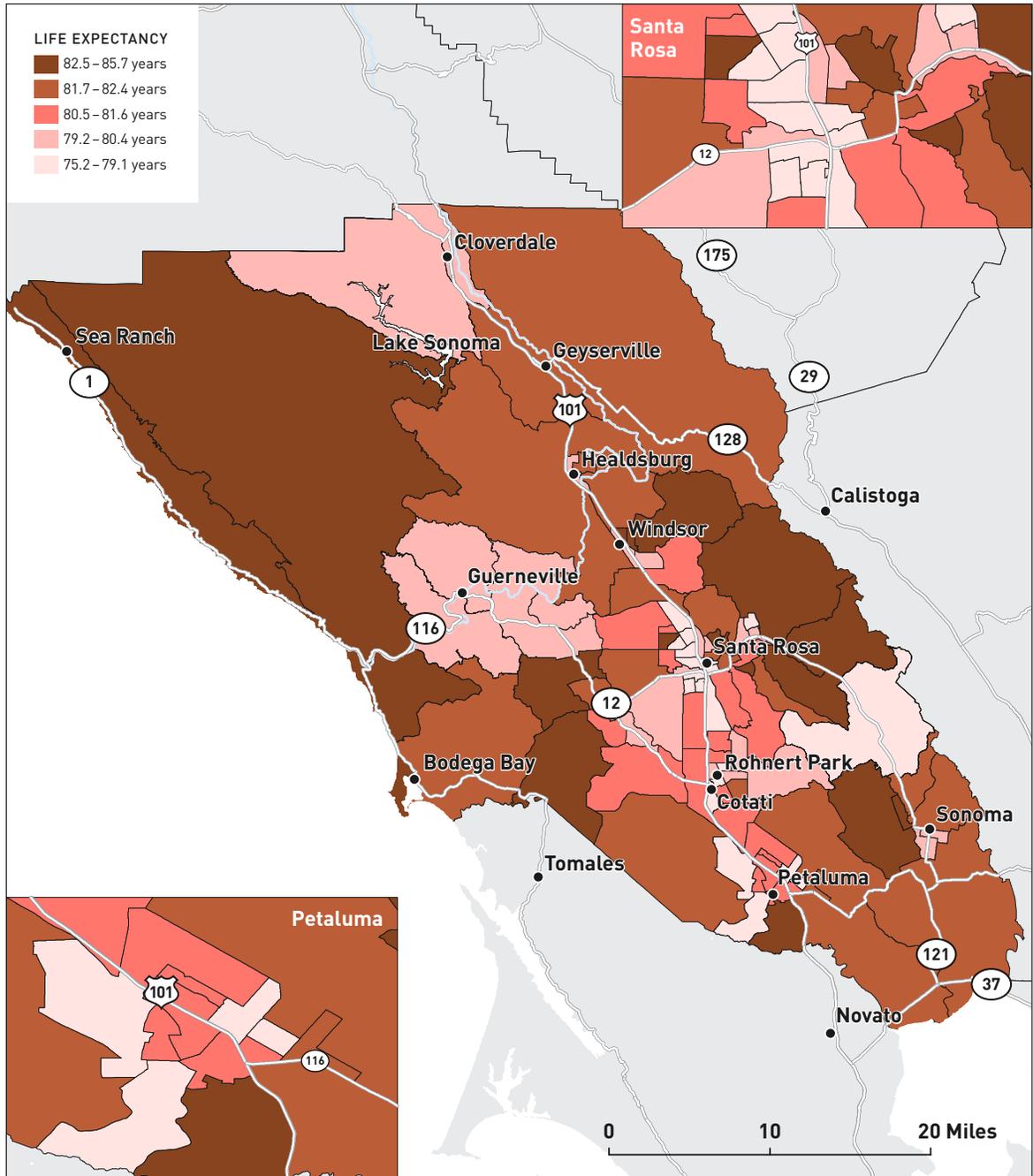
Median Income:

East Bennett Valley	\$69K
Springs	\$20K

High School Graduation Rate:

East Bennett Valley	99.5%
Roseland Creek	53.9%

MAP 2 Life Expectancy in Sonoma County by Census Tract



Source: *A Portrait of Sonoma County—Sonoma County Human Development Report, 2015, p.35*

The Department of Health Services is eight years into a plan to change these conditions so that all of the county’s neighborhoods foster health. This case study explores how the department is going about advancing health equity, some of the challenges it faces, and keys to success.

“Everyone has the right to be healthy and meet their full potential,” Vaughn says. “It’s just a matter of giving them real opportunities to make that happen.”

PLAN OF ACTION

Building infrastructure for collaboration

The Sonoma County Department of Health Services began its efforts to reduce disparities and advance health equity in 2007, with the creation of a framework called Health Action, which, drawing on health services data, outlines 10 goals for improving key indicators of health and tracks progress on a website available to the public. The goals range from increasing graduation rates to decreasing substance abuse, and to make them happen, the department formed the Health Action Council, a coalition of 47 leaders from various sectors of the community who work closely alongside other community partners from local nonprofits, clinics, faith-based organizations, neighborhood associations and youth representatives. The council uses what's known as a "collective impact" approach to coordinate and carry out this cross-sector work: The group operates under a common agenda, its leadership is collaborative, and decisions are made by consensus.

That's not always easy to do in a county as large as Sonoma, which has many diverse communities and a whopping 40 school districts. To be successful requires understanding the bigger picture of health in the county but tailoring solutions to fit the needs of individual neighborhoods. To that end, in 2010, Health Action established six place-based chapters throughout the county to further localize its work.

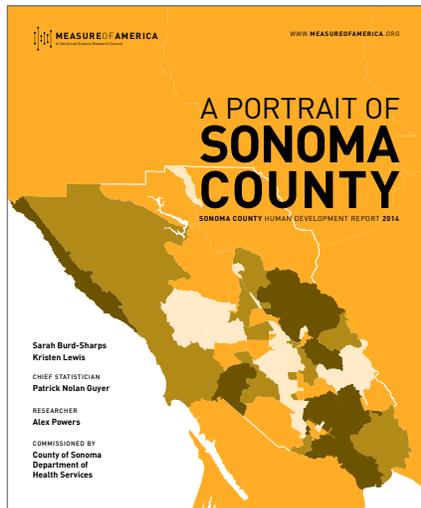


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Health Action Council identified three priority areas to focus its energy:

- educational attainment and workforce development
- primary care and health care improvement
- economic security

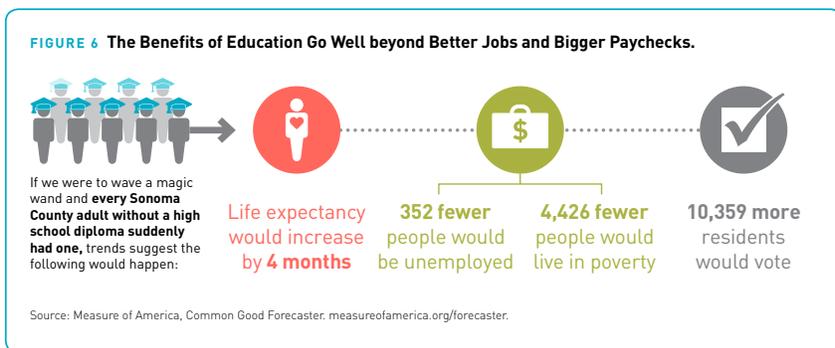
Several health-oriented initiatives have grown out of Health Action, including iWalk, iGrow and iWorkWell, which are focused on physical activity, healthy eating, and workplace wellness. Then, in 2012, wanting to build upon these smaller initiatives and take its efforts to the next level, the Health Action Council revised its action plan, identifying three priority areas for the group to focus its energy: educational attainment and workforce development; primary care and health care improvement; and economic security. For each of these priority areas, Health Action has established a subcommittee—Cradle to Career, Committee for Health Care Improvement, and Economic Wellness, respectively—to work toward achieving the goals outlined in the action plan.



Using data as a roadmap

Around the same time, the Department of Health Services updated its own strategic plan and began developing a report, *A Portrait of Sonoma County*,³ which backs up Health Action’s focus areas with data and now acts as a roadmap, showing what health issues need attention and in what neighborhoods. Released in 2014, it takes an in-depth look at the county’s inequities in health, education and income, broken out by race, ethnicity and gender, and has revealed that education is the biggest predictor of income for Sonoma’s racial and ethnic groups, with a strong link to life expectancy. The report also highlights some key complexities in the data. For example, Sonoma County’s Latino populations live longer than their white counterparts in spite of education- and income-based disparities.

The Department of Health Services’ Vaughn thinks of the *Portrait* as a way of getting everyone on the same page regarding Sonoma County’s challenges so that the community can move forward more quickly—and strategically—with solutions. It took data that had previously been in the hands of only the department and a few other community organizations and made them widely accessible. The numbers are presented in easy-to-understand charts and infographics and woven together with an engaging narrative. Only the second county-level report of its kind in the nation, the *Portrait* has essentially given both organizations and individual community members a shared language and shared knowledge to inform and propel their work.



A Portrait of Sonoma County—Sonoma County Human Development Report, 2014, p.48

For some, the data have been eye-opening; for others who were already anecdotally aware of the county’s disparities, the *Portrait* backed up those anecdotes with hard numbers. To Socorro Shiels, superintendent of Santa Rosa City Schools and a representative on the Health Action Council, the data aren’t surprising, but she says the *Portrait* and the

work of Health Action have brought a wide variety of people, positions and rich perspectives to the table to brainstorm solutions and think in a more innovative way than they might otherwise. The *Portrait* has led Shiels and other Santa Rosa educators to reflect on what the data mean for the policies the schools have, as well as how they can better serve students and interact with parents, especially in Santa Rosa’s northwest and southwest regions, which are predominantly low-income and English-learner populations who struggle with issues of food scarcity, trauma and financial instability.

Additionally, the *Portrait* has increased conversations about the importance of preschool as a predictive and protective factor when it comes to income and health. Shiels says the school system is now asking how there can be better connections and communication between the preschools and K-12 system, how they can ensure that students' preschool experiences are preparing them well for kindergarten, and how the community can increase preschool affordability so that more children can attend in the first place.

"We know that in the county, if you want to send your child to preschool for full-time preschool days, it's almost \$10,000 a year," Vaughn says. "And yet, the average income for, say, our Latino population or others is around \$20-25,000 per adult. It just becomes unsustainable, and then even with that, we don't even have enough slots."

In spite of the complexity of these issues, Shiels is hopeful about the county's capacity to make progress. She says it's refreshing to see how the *Portrait* and Health Action are helping Sonoma County intentionally move forward on shared concerns, noting that collaboration is vital, and partnering with the Department of Health Services has been mutually beneficial: "It helps open doors of possibility and opportunity because if we're problem-solving in isolation, we're not really being completely open to what could change and what could be transformational for our entire community."

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Framing the conversation

As important as the *Portrait* data are in guiding Sonoma County's efforts to advance health equity, the Department of Health Services knows that the numbers don't always speak for themselves. Just as important is the way the data are portrayed. Wanting to avoid framing the county's health disparities as deficits or a matter of "us vs. them," which would risk pitting one community against another, the department brainstormed alternative ways to discuss the issue during the development of the *Portrait*. The goal was to use language that would frame the conversation not just in terms of gaps, but in terms of opportunities, focusing on the county's ability to bring out strengths, rather than dwell on weaknesses. The phrase they came up with is "unmet potential."

"It's an opportunity for us to frame the discussion around assets and return on investment," says Department of Health Services Health Action Program Manager Jen Lewis. "This idea of unmet potential, we think, bridges the deficit and asset conversation in a really intentional way. We can examine disparities to assess needs in our community but then transition immediately to building on what is working in our communities."

Since creating opportunity is a well-accepted value in the United States, fulfilling unmet potential becomes an easier case to make. "Opportunity is not everything, but it's fundamental," Vaughn says. "You can't have any change without at least having opportunity."

Lewis says using "unmet potential" as a starting point helps focus the conversation on how investing in those areas strengthens the entire county. This approach has helped to minimize divisiveness, given that the benefits can be realized for all residents.

So far, the community has embraced the *Portrait*, which is a testament not only to how it's framed but also to the Department of Health Services' efforts to actively engage the community throughout its development, a process that took nearly two years. To create the *Portrait*, the department convened a leadership group of 43 community members, including representatives from several county agencies, the Health Action chapters, local philanthropic organizations, community organizing groups, K-12 schools and Santa Rosa Junior College, hospitals and health care providers, and the media. The group met monthly and gave feedback on the data used and the way the numbers were interpreted.

Prior to the *Portrait's* publication, the Department of Health Services also created a pledge of support for the report, which is a commitment that more than 70 organizations and elected officials have signed onto, with the promise that they will review the report and use it to guide their own work in ways that contribute to health equity. The pledge made it easier for the *Portrait* to gain traction and has brought out a friendly competitive spirit, with organizations wanting to make sure that they aren't left off the list. It has also opened the door to the department being able to meet with those groups and identify areas of mutual interest and partnership possibilities: Since the release of the *Portrait*, the Department of Health Services has given more than 100 presentations, discussing the report's data, their implications, and how the *Portrait* can be used as a planning tool for moving the county forward.

PROGRESS ON THE GROUND

The formation of Health Action and the development of the *Portrait* have translated into many early signs of success on the ground, with a variety of groups actively using the *Portrait* to inform their work. For example, the North Bay Organizing Project is leveraging the data to improve its community organizing efforts around universal preschool, transportation, immigration reform and voting registration in Roseland Creek, the county's neighborhood with the greatest disparities in income and education; the Regional Climate Protection Authority is using the report to identify communities vulnerable to climate change; local businesses and philanthropies are making investment decisions based on the areas of need identified in the *Portrait*; and the Community Child Care Council (4Cs) of Sonoma County, a nonprofit that contributed some of its own data to the *Portrait*, is now using the report to inform its strategic planning regarding where to locate services and open new centers.

Community Child Care Council (4Cs) works to engage parents, inviting them to visit classrooms and ask questions, and it sends early care and education coaches out into the community to work with preschool providers and to connect with families.



The Department of Health Services and 4Cs have also partnered for a program called READY, the Road to Early Achievement and Development of Youth. Its goal is to foster connections between Sonoma's school districts and the 4Cs preschool program and to build relationships between early care providers and the area's kindergarten teachers, principals and superintendents. 4Cs

also works to engage parents, inviting them to visit classrooms and ask questions, and it sends early care and education coaches out into the community to work with preschool providers and to connect with families. Once the connection to families has been made, 4Cs helps to link parents to other services they're eligible for, whether it's related to housing, nutrition or even dental care.

In the same education-oriented vein is Health Action's Cradle to Career subcommittee, which provides a framework aimed not only at strengthening early childhood education but also at supporting students throughout their elementary, middle and high school years, and improving opportunities for adult education and work skills development. Cradle to Career's goals are extensive and include making school curricula more hands-on, relevant and engaging; providing alternative pathways to graduation for disconnected youth and those with special needs; and providing resources to help young adults and their families become more financially literate and stable.

The Cradle to Career framework has also influenced other health services operations, such as the creation of a schools partnership team, which is working to develop a database of all of the department's work with local schools, as well as to map the health and funding assets of local school districts so that services can be better coordinated.

DEPARTMENT OF HEALTH SERVICES' ROLE

Collaboration is the driving factor behind each of these efforts, and the Department of Health Services sees its role in these partnerships as fourfold: One, the department is a convener and a conversation-starter, bringing together many community voices toward the development of common goals. Two, it offers technical assistance, bringing the data, resources and capacity to do evidence-based programming. Three, it evaluates various efforts to make sure they're having the intended effect. And, four, the department works to figure out what community organizations do well and then helps to support them and set them up for even greater success than they might have alone. The department must "lead but also get out of our own way," Vaughn says.

For example, the Department of Health Services isn't well equipped to do community engagement, but staff know it's critically important. That's where department partnerships with groups like La Luz come in. La Luz, which means "the light," is a resource center for the Latino community and low-income families in Sonoma Valley's Springs area, an unincorporated region where many farm workers and day laborers live. La Luz provides nutrition classes, educational forums, ESL programs, computer literacy and GED trainings in Spanish, and other resources to local families.



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The Department of Health Services has invested in La Luz, providing funding for capacity-building, a new database and additional staff. And La Luz Executive Director Juan Hernandez sits on the Health Action Council, bringing his deep knowledge of the community to its meetings. Hernandez describes the partnership with health services as a "natural collaboration"—one that is truly two-way. Rather than the health department deciding goals and giving groups like La Luz instructions to follow, both groups inform each other's work.

Although La Luz's origins are service-oriented, it now is aligning its efforts with the goals of Health Action and developing more of an emphasis on advocacy and systems change. For instance, regarding systems-level change, La Luz works closely with parents in the community, many of whom work long hours and need support but might lack the time to seek it out. To make it easier for these busy parents to get the help they need, La Luz has started collaborating with the school system and is now co-locating its services at local schools. Since parents often must pick up their kids from school, having La Luz programs located there makes the most of existing resources.

For Vaughn, collaborative efforts like this aren't just desirable; they are necessary. "There isn't an infinite pot to make change," he says, noting that long-term systems change isn't amenable to foundation funding cycles, which are often in 3-5-year increments. Doing core prevention work requires creativity in seeking out funding; it also means that Sonoma County must take stock of its existing resources and then use community partnerships to maximize them to the fullest.

VISION FOR THE FUTURE

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What’s happening in Sonoma County really is a gift for our community. We really have to make sure we capitalize on it.

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If *A Portrait of Sonoma County* were rewritten in 10 years, Vaughn says he’d like to see significant changes in the opportunities that Sonoma community members have available to them, like equal access to quality preschool and effective services to support Sonoma’s students both inside and outside the school setting. He would also like to see evidence that the county has made significant strides toward reducing health disparities and is confident and hopeful that the county will realize these dreams.

Besides Sonoma’s goal to become the healthiest county in California, Vaughn says the Department of Health Services would like to become a model for other departments looking to do similar work. Superintendent Shiels shares this sentiment about the county’s schools, noting that health and education are deeply intertwined, and improvements to an area’s schools “ripple through the larger community.”

“What’s happening in Sonoma County really is a gift for our community,” Shiels says. “We really have to make sure we capitalize on it.”

See more of the Sonoma County Department of Health Services’ efforts to combat health inequities at <https://youtu.be/ZUIMsQb5Q28>.



References

1. Burd-Sharps S., & Lewis K. (2014). *A Portrait of Sonoma County: Sonoma County human development report*. Measure of America. Available at <http://www.measureofamerica.org/sonoma/>. Last accessed June 12, 2015.
2. Ibid.
3. Ibid.