

HEALTHACTION

A 2020 VISION FOR SONOMA COUNTY



ACTION PLAN **2013-2016**

sonoma



SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES
www.sonomahealthaction.org

action plan 2013–2016

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background

For many people in Sonoma County, the basic conditions that support health and well-being seem to be out of reach. Families struggle to make ends meet and many of our youth do not graduate from high school, thus reducing their chances of becoming productive and healthy adults. Sedentary lifestyles and unhealthy eating contribute to increasing levels of obesity and overweight, yet many residents lack access to affordable healthy foods and opportunities for physical activity. Other unhealthy behaviors, such as tobacco use and substance abuse, unhealthy community conditions, and lack of access to health and support services further contribute to preventable illness and are barriers to a healthy community.

Health Action is a partnership of local leaders, organizations and individuals committed to creating a healthier community through collective action. The Sonoma County Department of Health Services (DHS) convened Health Action in 2007 as a catalyst to improve the health of the community. Recognizing that large-scale social change would require significant cross-sector coordination and collaboration, DHS set out with the following goals:

- **Engage a broad spectrum of stakeholders** to lead a community dialogue about community health issues;
- **Enrich the collective understanding** of local health issues and solutions;
- **Create a shared vision** for community health improvement based on the multiple determinants of health; and.
- **Offer leadership** to develop and implement initiatives and policies to create a healthy community.

2020 Vision

In November 2008, the Health Action Council created a 2020 Vision for Sonoma County:

“By the year 2020, we envision that Sonoma County will be the healthiest county in California... It will be a healthy place to live, work and play..... a place where people thrive and achieve their life potential.”

To achieve this vision, Health Action takes a broad

approach to community health. The research is clear that shortfalls in medical care are responsible for just a small fraction of illness and death in this country. Far more important are the social, economic, and environmental conditions that shape the lives of Sonoma County residents. To achieve the 2020 Vision for Sonoma County, the Health Action Council recognized the need to address these key determinants of health and well-being (see Table 1).

TABLE 1: Key Determinants of Health and Well-Being

KEY DETERMINANTS	SUCH AS...
Social and Economic Opportunities and Resources	<ul style="list-style-type: none"> • Economic development. • Job opportunities. • Educational attainment. • Reducing poverty. • Child and youth development. • Civic and community engagement.
Living and Working Conditions in Homes and Communities	<ul style="list-style-type: none"> • Built environment. • Natural environment. • Healthy schools. • Healthy worksites. • Healthy homes and neighborhoods. • Healthy systems: food, transportation, housing.
Medical and Social Services/ Personal Behavior	<ul style="list-style-type: none"> • Access to prevention-focused medical and social services. • Health literacy. • Healthy lifestyles.

Guiding Principles

Health Action uses a set of principles to guide its action agenda for the 2020 Vision. These principles focus on prevention and removal of the root causes of complex social, economic, and environmental issues. They call for targeting efforts and resources “upstream” where they have the greatest potential for impact. They recognize the need to support the health and healthy development for people of all ages over their lifespan, promote evidence-based interventions, prioritize populations in greatest need, and address policy barriers to create lasting, systemic change in community conditions.

Recognize that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Our efforts must embrace the multiple determinants of health and support the health and healthy development for people of all ages over their lifespan. This includes nurturing vital connections between community members to reduce stigma and isolation.

Maximize impact by focusing on prevention and primary care. Taking action to avoid or remove the root causes of health problems will help us focus our efforts and resources “upstream” where they have the greatest potential for community health promotion and improvement.

Identify and build partnerships The entire community shares responsibility for improving the health and health care of Sonoma County. Long-term improvements in community health will require the involvement of individuals, employers, local government, health care providers, health insurers, community-based organizations, schools, faith community, and others.

Promote evidence-based interventions and evaluation. We base our interventions on what has been proven to work. Health Action is designed to promote best practices known to improve health, based upon the best available scientific evidence. For each health priority, we will create a series of benchmarks for measuring and tracking improvements in the health of the county.

Prioritize populations in greatest need. Many health problems are experienced in varying degrees among people in different neighborhoods, income levels, age groups, and racial/ethnic groups. Recognizing that some communities and populations are in greater need and potentially have the most to gain from public health and health care services than others, the Health Action Council prioritizes its efforts where there is greatest potential to increase quality and years of healthy life and eliminate health disparities.

Address policy barriers. A wide range of community and health care system conditions are barriers to health, health care access, and optimal use of preventive services. To address those, Health Action provides a framework for the development of legislative, regulatory, and administrative proposals to improve health.

Identify adequate and sustainable resources for community health improvement. A dedicated and sustainable effort toward community health improvement will require a paradigm shift in how health system resources are invested. Stable

guiding principles to achieve our **2020 VISION**

- **Recognize that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.**
- **Maximize impact by focusing on prevention and primary care.**
- **Identify and build partnerships.**
- **Promote evidence-based interventions and evaluation.**
- **Prioritize populations in greatest need.**
- **Address policy barriers.**
- **Identify adequate and sustainable resources for community health improvement.**

funding for health improvement initiatives is needed to support lasting, systemic changes that can address the broad determinants of health. The Health Action Council provides leadership to identify strategies and mechanisms for meaningful and sustainable investments in community health promotion and improvement.

Goals

Health Action drew upon these guiding principles and existing research to develop the following ten high-level goals that reflect key determinants of a healthy community:

- Sonoma County youth graduate from high school and are prepared to succeed.
- Sonoma County families have the economic resources to make ends meet.



- . Sonoma County residents are connected to their communities and participate in community life.
- . Sonoma County residents eat healthy food.
- . Sonoma County residents are physically active.
- . Sonoma County residents do not abuse alcohol or prescription drugs and do not use tobacco or illicit drugs.
- . Sonoma County residents enjoy good mental health.
- . Sonoma County residents take steps to prevent injury.
- . Sonoma County residents have health care coverage.
- . Sonoma County residents are connected with a trusted source of prevention-focused primary care.

Indicators

Health Action identifies 22 indicators and sets countywide targets to facilitate cross-sector alignment (Table 2) Health Action tracks progress on these indicators on the HealthySonoma.org website, which is a nationally-recognized

internet-based platform established by DHS in coordination with the Healthy Communities Institute to help community members learn about community issues, identify opportunities for improvements, and collaborate for effective change See Appendix 1 for information on the methodology for selecting indicators and data sources.

Action Plan

Health Action's first *Action Plan (2009–2012)* was accepted by the Sonoma County Board of Supervisors in November 2008 and recommended first steps for focused local action to 1) strengthen and support a culture of healthy, active living; 2) increase consumption of healthy food; 3) increase physical activity; and 4) connect all residents to a trusted source of prevention-focused primary care Over the past three years, Health Action has been successful in bringing together the skills and experience of a diverse group of key Sonoma County leaders and partners to implement the priorities identified in its initial *Action Plan (2009–2012)*¹.

Current Health Action Council members represent the health professions, insurers, and hospitals, city and county government, social service agencies, educators, employers and labor, workers, and consumers Beyond this critical leadership, Health Action nurtures an expanding network of community partners and participants at all levels who are committed to the 2020 Vision for Sonoma County and who have been actively engaged in the planning and implementation of seven initial health improvement projects: iWALK, iGROW, Food System Alliance, Patient-Centered Medical Home Learning Collaborative, Healthy Students Initiative, Safe Routes to School, and a Worksite Wellness Initiative

TABLE 2: **Goals, Indicators and 2020 Targets**

GOALS	INDICATOR	BASELINE 2008	STATUS 2012	TARGET 2020
Sonoma County youth graduate from high school and are prepared to succeed	Percent of 9th graders who graduate from high school 4 years later.	72%.	81%.	90%.
	Percent of Sonoma County 3rd graders who are proficient or advanced in English language arts.	46%.	46%.	80%.
Sonoma County families have the economic resources to make ends meet	Percent of Sonoma County residents that live in households above 300% of the federal . poverty level.	61%.	57%.	75%.
	Percent of renters who spend 30% or more of household income on rent.	52%.	59%.	25%.
Sonoma County residents are connected to their communities and participate in community life	Percent of eligible voters who are registered to vote.	74%.	76%.	90%.
	Percent of residents who volunteer each year.	--	36%.	50%.
Sonoma County residents eat healthy food	Percent of Sonoma County residents who eat 5 or more fruits and vegetables per day .	56% . (adults).	*.	75%.
	Percent of Sonoma County adults who are obese.	24%.	19%.	15%.
Sonoma County residents are physically active	Percent of adults who reported getting no leisure time physical activity in the past 30 days.	--	15%.	0%.
	Percent of 7th graders that achieve the Healthy Fitness Zone for all 6 areas of the annual California Physical Fitness Test.	35%.	29%.	75%.
	Percent of commuters who use active . transportation (walk, bike or public transit) to travel to work.	7.2%.	4.7%.	20%.

TABLE 2: **Goals, Indicators and 2020 Targets, continued**

GOALS	INDICATOR	BASELINE 2008	STATUS 2012	TARGET 2020
Sonoma County residents do not abuse alcohol or prescription drugs and do not use tobacco or illicit drugs	Percent of adolescents (12-17 years) not using alcohol or any illicit drug during the past 30 days.	55%.	73%.	90%.
	Percent of adults binge drinking alcoholic beverages during the past 30 days.	20%.	*.	6%.
	Percent of adults smoking a cigarette in the past 30 days.	13%.	14%.	10%.
Sonoma County residents enjoy good mental health	Percent of adults who report needing help for mental/emotional problems who saw a mental health professional.	50%.	59%.	75%.
	Suicide deaths for Sonoma County youth ages 10-24 (annual number).	6.	4.	0.
Sonoma County residents take steps to prevent injury	Rate of deaths due to motor vehicle collisions (deaths per 100,000).	11.7.	9.4.	9.2.
	Rate of pedestrian deaths (per 100,000).	1.4.	1.1.	1.
	Rate of hip fractures for women ages 65+ (hospitalizations per 100,000).	811.	759.9.	700.
Sonoma County residents have health care coverage	Percent of persons under age 65 with health insurance.	85%.	80%.	100%.
Sonoma County residents are connected with a trusted source of prevention-focused primary care	Percent of Sonoma County residents with a usual source of care.	92.3%.	86%.	96%.
	Percent of Sonoma County children who have had a dental visit in past year.	83%.	93.1%**.	90%.

*No new data available

**Response option changed from "1 year [or more]" to "More than 1 year" in 2009

This updated *Action Plan (2013–2016)* builds on the initial success of Health Action’s Priorities for Action and provides an expanded list of evidence-based recommendations. Section 2 presents key recommendations to support local action for each of the 10 Health Action goal areas. Health Action’s 2020 Vision and 10 goals are closely aligned with the National Prevention Council’s *National Prevention Strategy (NPS)* published in June 2011,² and many of the recommendations in this Action Plan are based on the NPS. This national framework is informed by a thorough review of the evidence for prevention-focused policies and programs and provides useful guidance for local efforts. In addition to the NPS, recommendations for Sonoma County were developed through the review of local, state and national research and local strategic plans, including the County of Sonoma’s Strategic Plan and Upstream Investments Policy.³ Appendix 2 provides a listing of the references used to develop the recommendations, and Appendix 3 acknowledges the community stakeholders and organizations that reviewed and provided input on the recommendations.



1 Sonoma County Department of Health Services, Health Action, *Working Together for a Healthy Sonoma County: Report to the Community*, June 2012.

2 National Prevention Council, *National Prevention Strategy*, Washington, D C.: US Department of Health and Human Services, Office of the Surgeon General, June 2011.

3 County of Sonoma, *Strategic Plan Update*, November 9, 2011; Upstream Investments, Indicators of Success, January 19, 2011, www.SonomaUpstream.org.



goals and recommendations for action 2013–2016

This section describes Health Action’s goals and recommendations for making Sonoma County the healthiest county in California by 2020.

Goal 1: Sonoma County youth graduate from high school and are prepared to succeed

Goal 2: Sonoma County families have the economic resources to make ends meet

Goal 3: Sonoma County residents are connected to their communities and participate in community life

Goal 4: Sonoma County residents eat healthy food

Goal 5: Sonoma County residents are physically active

Goal 6: Sonoma County residents do not abuse alcohol or prescription drugs and do not use tobacco or illicit drugs

Goal 7: Sonoma County residents enjoy good mental health

Goal 8: Sonoma County residents take steps to prevent injury

Goal 9: Sonoma County residents have health care coverage

Goal 10: Connect all residents with a trusted source of prevention-focused primary care that coordinates patient care across the continuum of health care and community-based services

Goal 1: Sonoma County youth graduate from high school and are prepared to succeed

1.1: Every child enters kindergarten ready to succeed

Recommendations

- 1 . Improve health and healthy development of children .
- 2 . Provide resources and support for families and caregivers .
- 3 . Improve quality and availability of early care and education.

1.2: Every child succeeds academically

Recommendations

- 1 . Make curricula more hands-on, relevant, . and engaging .
- 2 . Provide academic and social support, especially during key transition years .
- 3 . Develop and use early warning systems to prevent failure and help at-risk students .
- 4 . Enhance professional development to build effective teaching skills.
- 5 . Re-engage dropouts in school .

1.3: Every child is supported in and out of school

Recommendations

- 1 . Improve early grade reading proficiency .
- 2 . Increase family involvement and connections .
- 3 . Align school and out-of-school time (OST) programs to reinforce and enhance learning.

- 4 . Engage and mobilize community to create safe environments, support families, and promote youth achievement .

- 5 . Connect youth to extra-curricular and volunteer activities that contribute to the community.

1.4: Every young adult is prepared to achieve life and career goals

Recommendations

- 1 . Promote better coordination and alignment between the pre K-12 and postsecondary education systems .
- 2 . Help students begin to connect to careers and develop career-ready skills .
- 3 . Help students plan for, access, and pay for college or other postsecondary training .
- 4 . Provide support to help students succeed in college or other postsecondary training.
- 5 . Provide alternative pathways to graduation and postsecondary training for disconnected youth and those with special needs.





1.5: Every young adult thrives and becomes a contributing member of the community

Recommendations

- 1 . Increase number of young adults who are work-ready at 18.
- 2 . Expand training and work-linked learning opportunities for students and youth, beginning with age-appropriate options for secondary students and culminating in paid internships and “education-friendly” job opportunities for postsecondary students .
- 3 . Align training opportunities with identified workforce development needs to assure the skilled and nimble workforce needed to . support the Sonoma County economy.
- 4 . Support education, employment and employment training for special needs populations (e.g., older youth, foster youth, probation, disadvantaged, developmentally disabled, those with mental illness).

Goal 2: Sonoma County families have the economic resources to make ends meet

Recommendations

- 1 . Identify and support opportunities to retain and expand quality jobs in Sonoma County .
- 2 . Support opportunities for mid-career retraining.
- 3 . Design and promote affordable, accessible, safe and healthy housing .
- 4 . Provide support to promote financial stability and independence.

Goal 3: Sonoma County residents are connected to their communities and participate in community life

Recommendations

- 1 . Facilitate social connectedness and community engagement across the lifespan .
- 2 . Promote positive social interactions and support healthy decision making.
- 3 . Engage and empower people and communities to plan and implement prevention policies and . programs .

Goal 4: Sonoma County residents eat healthy food

Recommendations

- 1 . Increase access to healthy and affordable food in communities.
- 2 . Implement organizational and programmatic nutrition standards and policies.

- 3 . Improve nutritional quality of the food supply.
- 4 . Help people recognize and make healthy food and beverage choices.
- 6 . Support policies and programs that promote breastfeeding.
- 7 . Enhance food safety.

Goal 5: Sonoma County residents are physically active

Recommendations

- 1 . Encourage community design and development that supports physical activity.
- 2 . Promote and strengthen school and early learning policies and programs that increase physical activity.
- 3 . Facilitate access to safe, accessible, and . affordable places for physical activity.
- 4 . Support workplace policies and programs that increase physical activity.
- 5 . Assess physical activity levels and provide education, counseling, and referrals.

Goal 6: Sonoma County residents do not abuse alcohol or prescription drugs and do not use tobacco or illicit drugs

Recommendations

- 1 . Support implementation and enforcement of alcohol, tobacco, and other drug control policies.
- 2 . Create environments that empower young people to not drink, smoke or use other drugs.
- 3 . Identify alcohol and other drug abuse disorders early and provide brief intervention, referral and treatment.



- 4 . Expand access to and use of tobacco cessation services.
- 5 . Reduce inappropriate access to and use of prescription drugs .

Goal 7: Sonoma County residents enjoy good mental health

Recommendations

- 1 . Promote positive early childhood development, including positive parenting and violence-free homes.
- 2 . Facilitate social connectedness and community engagement across the lifespan .
- 3 . Provide individuals and families with the . support necessary to maintain positive mental well-being.
- 4 . Promote early identification of mental health needs and access to quality services.

Goal 8: Sonoma County residents take steps to prevent injury

Recommendations

- 1 . Implement and strengthen policies and programs to enhance transportation safety.
- 2 . Support community and streetscape design .

that promotes safety and prevents injuries.

- 3 . Promote and strengthen policies and programs to prevent falls, especially among older adults.
- 4 . Promote and enhance policies and programs to increase safety and prevent injury in the workplace.
- 5 . Strengthen policies and programs to prevent violence.
- 6 . Provide individuals and families with . knowledge, skills and tools to make safe choices that prevent violence and injuries.

Goal 9: Sonoma County residents have health care coverage

Recommendations

- 1 . Increase awareness of and enrollment in public health insurance assistance programs for those who are eligible.
- 2 . Connect the uninsured to health insurance . exchanges and other available private insurance products.
- 3 . Assist employers to identify and offer high-quality and affordable health insurance for their employees.

Goal 10: Connect all residents with a trusted source of prevention-focused primary care that coordinates patient care across the continuum of health care and community-based services

Recommendations

- 1 . Identify and support opportunities to strengthen primary care capacity and expand access to a health home .
- 2 . Optimize the coordination of patient care across the continuum of health care and . community-based services .
- 3 . Ensure that each person and family is engaged as partners in their care.
- 4 . Engage employers, payers, and policymakers to build demand and support for prevention-focused primary care that coordinates care across the continuum of health care and . community-based services.
- 5 . Develop data and performance measurement to track countywide progress on patient care and population outcomes.



achieving the goals by 2020 using collective impact approach

Health Action's goals create the path for achieving the 2020 Vision

for Sonoma County Reaching these goals will require significant cross-sector coordination and collaboration. Building on our success in engaging a broad range of leaders and community members, Health Action has adopted the “collective impact” approach as a framework for the large-scale social change envisioned for Sonoma County.¹ Health Action, with key organizational support from the Sonoma County Department of Health Services, will provide the five conditions needed for collective success and impact:

Common agenda: 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 are differentiated while still being coordinated through a mutually reinforcing plan of action.

Continuous communication: Consistent and open communication is needed across many players to build trust, assure mutual objectives, and appreciate common motivation.

Support from a backbone organization: Creating and managing collective impact requires a separate organization with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations.

Using this collective impact approach, this updated *Action Plan (2013-2016)* is designed to be a catalyst for collaboration and to foster alignment with community resources to support the goals, subgoals, and recommendations outlined in Section 2.

five conditions needed for

collective impact

- **Common agenda**
- **Shared measurement**
- **Mutually reinforcing activities**
- **Continuous communication**
- **Support from a backbone organization**

Addressing Health Disparities

While progress has been made in some countywide indicators identified by Health Action, there are significant disparities in the key determinants of health across different populations in the County (see Appendix 4 for a summary of disparities in Sonoma County).

Key findings identified in Appendix 4 include:

- Lower life expectancy for residents living in areas with higher concentrations of poverty.
- Significantly lower earnings for those with less education and for women.
- Significantly lower educational attainment among Latinos and those with lower income.
- Some indicators of worse health outcomes and increased risk behaviors for Latinos and those with lower income.
- Less access to health care services for Latinos and those with lower income.

- A strong correlation between adverse childhood experiences (ACEs) and the likelihood of experiencing chronic disease and disability in adulthood.

Moving forward, Health Action and the Department of Health Services will expand efforts to monitor health disparities and support strategic investments to reduce the gap in outcomes between populations and neighborhoods in Sonoma County. Of particular concern is the lower level of educational attainment for Latino and lower income students. Investing in opportunities to assure that every young person in Sonoma County succeeds in school is one of the best ways to improve earning potential, living standards, and health outcomes in Sonoma County.

Health Action's vision is that all Sonoma County residents have opportunities to thrive and achieve their life potential. As a community we will need to address these inequalities through a variety of programs, policies, and changes in community conditions. Health Action will work with our network of community partners to:

1. Standardize and collect data to better identify and address disparities and to increase understanding of the multiple determinants of health.
2. Ensure a focus on communities at greatest risk. This will require a strategic investment of resources where there is greatest need to create the physical and institutional infrastructure needed for health and well-

being and to reduce disparities in access to quality services, support, and community resources. As recommended in the National Prevention Strategy, this will also require increased capacity of the public health and health care workforce to identify and address disparities.

- 3 . Build the long-term capacity of Sonoma County residents and community organizations to lead sustainable efforts to improve health and well being. Using Health Action's influence and networks, we can work toward greater responsiveness by community institutions, while building residents' capacity to advocate for and achieve positive change in their neighborhoods.
- 4 . Increase involvement of vulnerable populations in reducing health disparities and improving health equity in Sonoma County. Increase participation and representation of vulnerable populations in community institutions and organizations, including Health Action, congruent with Goal #2 of the *National Stakeholder Strategy for Achieving Health Equity*².



1 For more information on the Collective Impact approach, see John Kania and Mark Kramer, "Collective Impact," *Stanford Social Innovation Review*, Winter 2011, pp 36-41.

2 US Department of Health and Human Services, *National Stakeholder Strategy for Achieving Health Equity*, <http://minorityhealth.hhs.gov/npa/files/Plans/NSS/NSSExecSum.pdf>.



focus areas

Recommendations for action in all 10 goal areas are presented in this Action Plan (2013–2016). Using the criteria listed in Appendix 5, Health Action identified three areas of focus to help align our work with existing momentum and opportunities in Sonoma County during 2013 through 2016. This plan proposes focused attention and action in the following three areas:

- **Educational Attainment and Workforce Development:** Accelerated collaboration to leverage existing momentum to improve educational outcomes and workforce development in Sonoma County.
- **Strengthening Primary Care and Coordination of Care across the continuum of local providers:** A continuation and expansion of the work of the Primary Care Workgroup, to strengthen primary care in Sonoma County and build systems to optimize the coordination of care across the continuum of local providers.
- **Economic Security:** Strategic support of current efforts to ensure that every Sonoma County resident has the economic resources to make ends meet.

This section describes the plans for collaborative action in each of these areas.

Educational Attainment

To provide every Sonoma County child with ample opportunities to succeed and achieve his or her life potential, Health Action recognizes the need to address barriers and challenges to educational attainment and workforce development. Students who get off to a strong educational start are more likely to graduate from high school, are more likely to attend college, have dramatically higher earning potential over a lifetime, have better health outcomes, and are better able to contribute to the economic, social, and cultural life of the community.

Health Action is supporting a cross-sector initiative called “Cradle to Career Sonoma County” to leverage the power of collective impact to improve educational outcomes and workforce development in Sonoma County. Cradle to Career is a historic partnership that connects all segments of the educational pipeline—early childhood, K-12, college/technical training, careers—with broad community support to improve the educational, economic, and health outcomes for all Sonoma County youth. This initiative will leverage existing momentum in Sonoma County (e.g., Innovation Action Council, Upstream Investments, First 5 Sonoma County, United Way, Workforce Investment Board, Sonoma County BEST, Sonoma County Job Link, Sonoma County Youth Ecology Corps, the Sonoma County Office of Education’s Middle School Career Exploration Program) to create a common vision and action agenda for educational attainment and workforce development. Health Action will deploy the collective impact approach to facilitate coordinated action and align resources toward this common agenda.

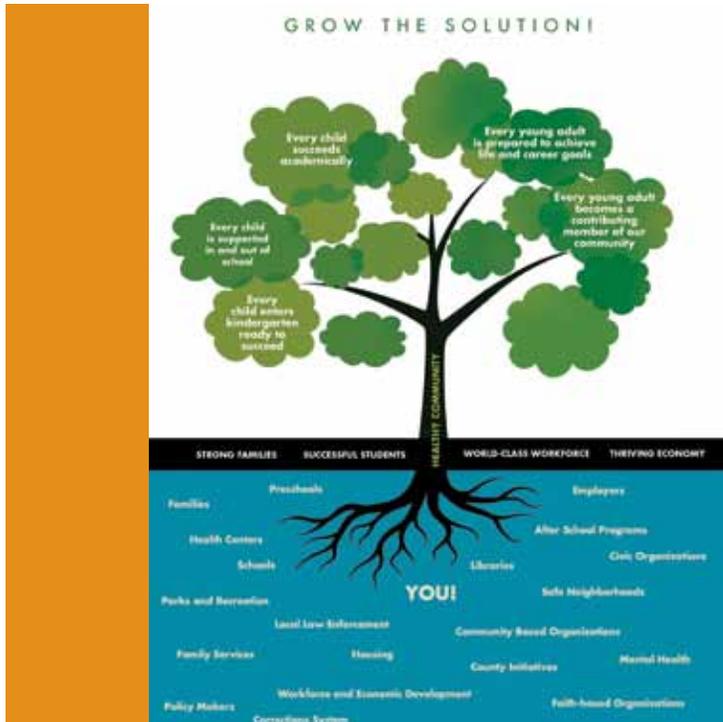
In fall of 2011, the Sonoma County Office of Education convened an Ad Hoc Cradle to Career Planning Committee with stakeholders along the Cradle to Career continuum to develop consensus on an approach for collective impact and on goals and indicators across the educational pipeline. The Ad Hoc Committee arose out of work led by the SCOE over the past five years to build a comprehensive career development system from elementary school through postsecondary. This effort caught the attention of the Forum for Youth Investment and led to Sonoma County being selected as one of four counties in the

nation to participate in the Forum’s *Ready by 21, Credentialed by 26 Challenge*. Through its work with the Forum, SCOE was encouraged to broaden its cross-sector approach. This led to alignment with Health Action’s emerging efforts to address educational attainment as a key determinant of community health. The draft goals, indicators, and evidence-based recommendations developed by the Ad Hoc Committee were reviewed with key community stakeholders during early 2012 and presented to Health Action in March 2012 as a framework for the Cradle to Career initiative. The Ad Hoc Cradle to Career Planning Committee was re-convened in April 2012 and is working to identify and support specific opportunities for action within this Cradle to Career framework.

The overarching goal for this focus area is: Sonoma County youth graduate from high school and are prepared to succeed. As indicated in Section 2, subgoals identified by the Ad Hoc Cradle to Career Planning Committee include:

- Every child enters kindergarten ready to succeed.
- Every child succeeds academically.
- Every child is supported in and out of school.
- Every young adult is prepared to achieve life and career goals.
- Every young adult thrives and becomes a contributing member of the community.

Health Action strives to build commitment to this common agenda. It will engage parents, families, business, local government, and the broader community to align their work and resources toward common goals, indicators, and priority



strategies Health Action, with DHS as a backbone organization, will compile and report indicator data and progress toward these goals .

For more information on Cradle to Career . Sonoma County visit: www.C2CSonomaCounty.org.

Primary Care and Health Care Improvement

Work in this area has been guided by a white paper titled *A Framework for Collaboration in Sonoma County: Improving Patient Care and Community Health through Improved Coordination of Care Across the Continuum of Health Care Services* developed as a collaborative project of the Primary Care Workgroup, an ad hoc workgroup of Health Action The white paper proposes a collaborative approach to the county health system that aligns and supports the collective interests of .

the community (including health care providers, employers, consumers, and others) to strengthen primary care and optimize the coordination of patient care across the continuum of local health care providers (e.g., primary care, specialists, hospitals, support services) It outlines strategies that build on those in the *Action Plan (2009–2012)* to improve the health outcomes in Sonoma County, enhance the patient experience of care (including quality, access, and reliability) and reduce per capita cost of care .

This initiative is in line with the direction of . national health care reform and the increased . emphasis on building a national prevention-focused primary care infrastructure As health care reform begins to unfold over the coming years, Sonoma County will benefit from this initiative’s efforts to strengthen primary care in Sonoma County and build systems to optimize the coordination of care across the continuum of local . providers Although national health care reform efforts have raised hopes for broad improvements to our health system, it is increasingly recognized that efforts to improve care and reduce overall spending must include collaboration and coordination at the local level.¹ .

A Committee for Health Care Improvement, a subcommittee of Health Action, was convened . in December 2011 to foster organizational collaboration within the local health system The Committee for Health Care Improvement is using the *Framework for Collaboration* . as a starting point to convene key health system stakeholders to define a common vision for the local health system, identify opportunities for action, and develop metrics to measure countywide performance Initial recommendations developed by the Committee are included in Section 2 under Goal 10 .

In early 2012, the Committee developed guiding principles and identified an initial focus area for collaboration: improving systems of care for those with serious illness, including palliative care. The committee is reaching out to community experts and those interested in this issue to research existing practices in the county, learn about promising practices, and identify opportunities for local action.

A key part of this work will be to identify and develop data and performance measures to track countywide progress on patient care and population outcomes in Sonoma County. Performance measures for this focus area will be broadly discussed and tested to ensure feasibility, trust, and ability to effectively measure progress on optimization of patient care and population health outcomes. The Triple Aim framework developed by the Institute for Healthcare Improvement will be a guide for this work. The Triple Aim framework suggests that system-level metrics should capture information on the following dimensions: population health (e.g. health/functional status, risk status, disease burden, life expectancy, years of potential life lost, standardized mortality); patient experience (e.g., standardized patient survey questions regarding care being patient-centered, safe, effective, timely, efficient, and equitable); and, per capita costs (e.g., total cost per member of a population, hospital and ED utilization rates).²

For more information on the Committee for Health Care Improvement visit: <http://www.sonomahealthaction.org/mh>.

Economic Security

Economic security isn't just associated with poor health outcomes; it has a direct impact on physical health. The lower people are on the socioeconomic ladder, the more likely they are to be exposed to



chronically stressful situations such as insecure or low-paying jobs, debt, or no healthcare. They are also less likely to have access to the money, power, knowledge, and social connections to help them cope and gain control in their lives. And the stress response, chronically over time, takes a toll on people's bodies.

Community members that have sufficient income and the ability to have control over their life situation will be happier, healthier, and more engaged. Health Action is committed to address the root causes of health, and therefore supports efforts to ensure that every resident in Sonoma County has the economic resources to make ends meet. Cradle To Career's focus on educational attainment and career development for youth addresses part of the problem, but is not the entire solution.

There are many efforts underway to address economic security in Sonoma County. County and community programs work on the multiple facets of economic security such as workforce development and training, earned income tax credit assistance, food access, and assurance of affordable and healthy housing. Health Action, with DHS as a backbone, is already supporting the Sonoma County Food System Alliance (FSA) and the Food Access Workgroup (FAW). The FSA recently completed a food system assessment and

is creating an action plan to create a stronger, more local food system. The FAW provides resources to grow, eat, and share healthy food.

Health Action is committed to helping further economic security efforts in Sonoma County. Health Action will strategize for how to best acknowledge and support the current endeavors. Potential ways that Health Action can help move this work forward include providing continuous communication support and coordinating data collection and tracking.

For more information on Economic Security visit: www.sonomahealthaction.org.

1 The Commonwealth Fund, *Rising to the Challenge: Results from a Scorecard on Local Health System Performance*, March 2012.

2 Institute for Healthcare Improvement, Triple Aim—Concept Design, June 29, 2009, <http://www.ihio.org/NR/rdonlyres/86BB36CC-CCBB-48D1-9E9E-02D4E3C1585E/0/ConceptDesign.pdf>.



the road to 2020 starts here..

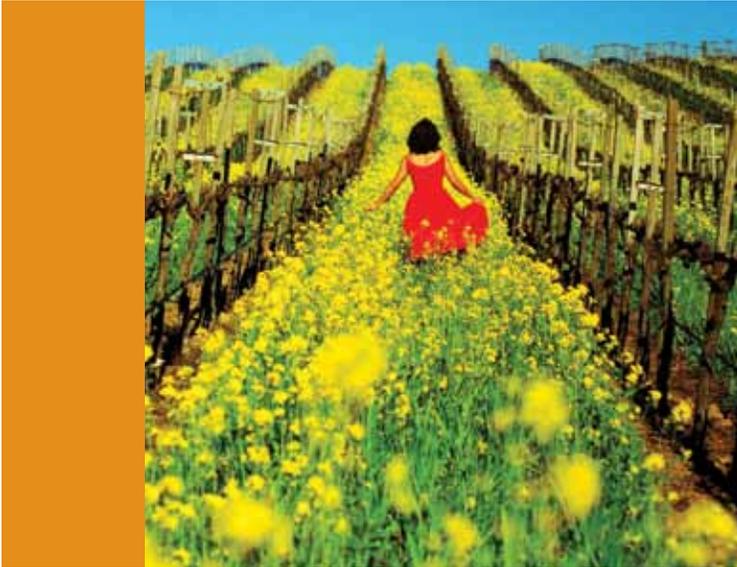
Achieving the 2020 Vision for Sonoma County will require significant cross-sector coordination and collaboration. This *Action Plan (2013–2016)* presents a framework for increased organizational collaboration and community mobilization for the large-scale social change envisioned for Sonoma County Health Action is committed to the long-term process of social change and will continue to serve as a catalyst to leverage partnerships and strategic opportunities to improve health of all Sonoma County residents .

Moving forward, Health Action will focus its energy on: .

- . Facilitating cross-sector engagement, coordination and collaboration on the 2020 Vision, goals, and opportunities for action; .
- . Tracking and reporting progress on identified indicators to keep the community focused on our vision and goals, and developing ways to monitor and address disparities; .
- . Building systems and networks for consistent and open communication to foster strong relationships and partnerships; and .
- . Aligning funds and resources to support our community’s health improvement initiatives .

Here’s what you can do:.

- 1 . **Read the Action Plan.** The entire Action Plan can be downloaded from the . Health Action website at www.sonomahealthaction.org.
- 2 . **Track our Progress.** Visit the Health Action website to learn about our . progress and to see how Sonoma County is measuring up to the ambitious targets set by Health Action.
- 3 . **Get Connected and Get Involved.** Visit the Health Action website to .



become a Health Action Partner and to .
connect with groups or organizations in the
county or in your neighborhood who are
working on issues that you care about
Get involved .

- 4 . **Engage Others.** Talk to your neighbors, colleagues, teachers, friends, and family about Health Action and encourage them to get involved .
- 5 . **Take Action.** Look for ways to create changes in your neighborhood, school, workplace or own home that support the 2020 Vision for Sonoma County
.



appendices

Appendix 1: Selected Indicators and Targets

**Appendix 2: Key Reference Documents for
Recommendations by Goal Area**

Appendix 3: Community Stakeholder Participation

Appendix 4: Health Disparities in Sonoma County

**Appendix 5: Criteria for Prioritizing
Community Health Issues**

appendix 1: Selected Indicators and Targets

Many organizations concerned about health improvement have identified indicators to measure community health and well-being. Most notable is the U.S. Department of Health and Human Services (DHHS), in its publications Healthy People 2010 (HP2010) and Healthy People 2020 (HP2020). HP2010 and HP2020 established national health improvement goals and challenge individuals, communities, and professionals to take specific steps to ensure that good health is enjoyed by all. They specify a wide range of health improvement objectives and indicators that can be used to assess the effectiveness of health improvement efforts across the country.¹ Many of the indicators and targets selected in the 2020 Vision for Sonoma County are linked to the HP2010 or HP2020 objectives and are noted as such in the table on the following page. An additional group of indicators were included to address the growing body of research that documents the significant impact of key socioeconomic determinants on health status.²

Ultimately, three criteria were used in identifying indicators and targets for the 2020 Vision for Sonoma County:

Communication Power: Does the indicator communicate to a broad range of audiences?

Proxy Power: Does the indicator say something of central importance about the desired goal or result?

Data Power: Can we get quality data on a timely basis?

1 For information on Healthy People 2020 objectives and targets and guidance for achieving the new 10-year targets, see <http://www.healthypeople.gov/hp2020/>.

2 The John D. and Catherine T. MacArthur Foundation Research Network on Socioeconomic Status and Health, Reaching for a Healthier Life: Facts on Socioeconomic Status and Health in the U.S., 2008.

TABLE 1-1: Selected Indicators and Targets

INDICATORS	DATA SOURCE	RATIONALE FOR INDICATOR AND TARGET
Percent of ninth graders who graduate from high school 4 years later	California Department of Education, DataQuest, http://dq.cde.ca.gov/dataquest/ . Data for Sonoma County class of 2011, high school completion .	Key socioeconomic determinant of health; also included in United Way Goals for the Common Good.
Percent of Sonoma County 3rd graders who are proficient or advanced in English language arts	California Department of Education, California Standardized Testing and Reporting (STAR), Test scores for Sonoma County, 2011. http://dq.cde.ca.gov/dataquest/ .	Key socioeconomic determinant of health; also included in Sonoma County Dept Human Services Upstream Indicators Report.
Percent of Sonoma County residents who live in households above 300% of the federal poverty level	U.S Census Bureau, 2010 American Community Survey 1-year estimates.	Key socioeconomic determinant of health; similar indicator in United Way Goals for the Common Good.
Percent of renters spending 30% or more of household income on rent	U.S Census Bureau, 2010 American Community Survey 1-year estimates.	Key socioeconomic determinant of health; similar indicator in United Way Goals for the Common Good.
Percent of eligible voters who are registered to vote	California Secretary of State, September 5, 2011 Report of Registration . http://www.sos.ca.gov/elections/ror/60day_presgen_08/county.xls .	Social isolation is associated with . poor health outcomes Indicator is a rough measure of participation in community life.
Percent of residents who volunteer each year	Volunteering in America report Annual survey through the Current Population Survey's (CPS) Supplement on Volunteering Data for Sonoma County (2006-2010) were collected within the Santa Rosa Metropolitan Statistical Area (MSA) Major cities in this MSA include Santa Rosa, CA and Petaluma, CA. http://www.volunteeringinamerica.gov/CA/Santa-Rosa .	Measure of participation in community life.
Percent of Sonoma County residents who eat 5 or more fruits or vegetables per day	California Health Interview Survey, 2005. (CHIS will ask again in 2011/2012).	HP2020 target: Increase contribution to diets of population 2 yrs and older. Fruits: 0.9 c/1000 calories. Vegetables: 1.1 c/1000 calories.

TABLE 1-1: **Selected Indicators and Targets** *continued*

INDICATORS	DATA SOURCE	RATIONALE FOR INDICATOR AND TARGET
Percent of Sonoma County adults who are obese	California Health Interview Survey, 2009.	HP2020 target: 30.6% (Objective NWS-9). HP2010 target: 15% (Objective 19-2).
Percent of adults who reported getting no leisure time physical activity in the past 30 days	2012 County Health Rankings based on 2009 Behavioral Risk Factor Survey.	HP2020, target not comparable due to different definition of HP2020 . indicator.
Proportion of 7th graders who achieve the Healthy Fitness Zone for all 6 areas of the annual California physical fitness test	California Department of Education, 2010-2011 California Physical Fitness Report.	HP2020, target not comparable due to different definition of HP2020 . indicator.
Percent of commuters who use active transportation (walk, bike or public transit) to travel to work	U.S Census Bureau, 2010 American Community Survey 1-year estimates, Table B08006 .	National Prevention Strategy 10-year target is 20%.
Proportion of adolescents (ages 12-17) not using alcohol or any illicit drug during the past the past 30 days	California Healthy Kids Survey (average of 7th, 9th, and 11th grade rates), 2007-2009 .	Better than HP2010 target = 89% . (Objective 26-10a). HP2020 target = 83.5% . (Objective SA-13.1) .
Proportion of adults engaging in binge drinking of alcoholic beverages during past 30 days	California Health Interview Survey, 2005. (CHIS will ask again in 2011/2012).	HP2010 target = 6% . (Objective 26-11c). HP2020 target = 24.3% . (Objective SA-14.3).
Proportion of adults smoking a cigarette in past 30 days	California Health Interview Survey, 2009.	Better than HP2010 goal of 12% (Objective 27-1a). Better than HP2020 goal of 12% (Objective TU-1.1).

TABLE 1-1: Selected Indicators and Targets *continued*

INDICATORS	DATA SOURCE	RATIONALE FOR INDICATOR AND TARGET
Proportion of adults who report needing help for mental/emotional problems who saw a mental health professional	California Health Interview Survey, 2009.	HP2020, target not comparable due to different definition of HP2020 . indicator.
Suicide deaths for Sonoma County youth, age 10-24 (annual number)	California Department of Public Health, Center for Health Statistics, Death Records, 2009.	HP2020 target = 10.2 per 100,000; due to small numbers, local target set using annual number (Objective MHMD-1).
Rate of deaths due to motor vehicle collisions (deaths per 100,000)	California Department of Health Services, County Health Status Profiles 2007-2009 .	HP2010 target = 9.2 . (Objective 15-15a). HP2020 target = 12.4 per 100,000 (Objective IVP-13.1).
Rate of pedestrian deaths (per 100,000)	California Department of Public Health, Center for Health Statistics, Death Records, 2007-2009.	HP2010 target = 1. (Objective15-16). HP2020 target = 1.3 . (Objective IVP-18).
Rate of hip fractures due to falls for women ages 65+ (per 100,000)	Office of Statewide Health Planning and Development, Patient discharge data, 2007-2009.	HP2010 target = 416 . (Objective 15-28a). Better than HP2020 target = 741.2 . (Objective AOCBC-11.1).
Proportion of persons under age 65 with health insurance	California Health Interview Survey, 2009 .	HP2010 target = 100% . (Objective 1-1). HP2020 target = 100% . (Objective AHS-1.1).
Proportion of persons with a usual source of health care	California Health Interview Survey, 2009.	HP2010 target = 96% . (Objective 1-4a). HP2020 target = 95% . (Objective AHS-5.1).
Proportion of Sonoma County children who had a dental visit within the past year	California Health Interview Survey, 2009.	Better than HP2010 target of 56% (Objective 21-10). Better than HP2020 target of 49% (Objective OH-7).

appendix 2: key reference documents for recommendations by goal area

Goals 1 and 2

County of Sonoma, Strategic Plan Update, November 9, 2011 .

First 5 Sonoma County, First 5 Sonoma County Strategic Plan 2011-2015, November 2010 .

Sonoma County BEST (Building Economic Success Together), 5-Year Strategic Action Plan, http://www.sonomacountybest.com/frontpage_article1/.

Sonoma County Department of Health Services, Health Action, Cradle to Career Sonoma County: Summary of Literature and Best Practices, March 2012 .

Sonoma County Economic Development Board, Comprehensive Economic Development Strategy 2011-2016, 2012 .

Sonoma County Economic Development Board, Economic Development Strategy and Jobs Plan, November 2011 .

Sonoma County Human Services Department, Upstream Investments, Indicators of Success, January 19, 2011 .

Sonoma County Innovation Council, Strategic Economic Plan for Sonoma County, Final Report, January 2009 .

Sonoma County Workforce Investment Board, Strategic Plan Elements for 2012-2013, February 2012 .

United Way Worldwide, Education Research Overview, Alexandria, Virginia, April 2011 .

United Way Worldwide, United Way's Income . Strategies and Approaches, Alexandria, Virginia, 2010 .

United Way of the Wine Country, Community Benefit Roadmap .

Goals 3, 4, 5, 6, 7 and 8

National Prevention Council, National Prevention . Strategy, Washington, D C.: US Department of Health and Human Services, Office of the Surgeon General, June 2011 .

Sonoma County Department of Health Services, Health Action: A 2020 Vision for Sonoma County, Action Plan (2009-2012), November 2008 .

Sonoma County Department of Health Services, Mental Health Services Act Prevention and Early Intervention Plan, March 16, 2008 .

Sonoma County Department of Health Services, Sonoma County Strategic Plan for Alcohol and Other Drug Prevention 2011-2015, September 2011 .

Goals 9 and 10

Health Action Primary Care Workgroup, A Framework for Collaboration in Sonoma County: Improving Patient Care and Community Health Through Improved Coordination of Care Across the Continuum of Health Care Services, . August 12, 2011 .

National Prevention Council, National Prevention . Strategy, Washington, D C.: US Department of Health and Human Services, Office of the Surgeon General, June 2011 .

Sonoma County Department of Health Services, Sonoma County Maternal, Child & Adolescent Health, Annual Report for FY 2009-2010.

appendix 3: **Community Stakeholder Participation**

Thank you to the many individuals and organizations listed below who reviewed and provided comments on all or part of this Action Plan and supporting documents and/ or participated in discussions over the past years to help develop and refine the recommendations contained in this Action Plan (2013-2016).

Ad Hoc Cradle to Career Planning Committee

Contact: Kellie Noe at Kellie.No@sonoma-county.org or 565-6615.

Kelly Bass, *Santa Rosa Chamber of Commerce*

Ellen Bauer, *Sonoma County Department of Health Services*

Dan Blake, *Sonoma County Office of Education*

Cindy Butner, *The Press Democrat*

Oscar Chavez, *Sonoma County Community Action Partnership*

Tony Crabb, *Community Volunteer*

Karin Demarest, *Sonoma County Community Foundation*

Shaydra Ennis, *Sonoma County Human Services Department*

Karen Fies, *Sonoma County Human Services Department*

Darlene Fiscus, *United Way of the Wine Country*

Tammy Gabel, *Windsor Unified School District*

Kathy Halloran, *Sonoma County Human Services Department*

Stephen Jackson, *Sonoma County Office of Education*

Jenny Kidd, *Representative, Sonoma County Supervisor Mike McGuire*

Kellie Noe, *Sonoma County Department of Health Services, W.S.C.U.H.S.D Trustee*

Matt Martin, *Social Advocates for Youth*

Bill Nordskog, *United Way Board of Directors, Workforce Investment Board*

Julie Sabbag-Maskey, *Sonoma County Department of Health Services, First 5 Sonoma County*

Carol Simmons, *Child Care Planning Council of Sonoma County*

Marla Stuart, *Sonoma County Human Services Department*

Jennie Tasheff, *Sonoma County Department of Health Services, First 5 Sonoma County*

Lisa Wittke Schaffner, *John Jordan Foundation*

Cradle to Career Community Conversations

During March through May 2012, the following presentations and small focus groups were conducted to receive input on the goals, objectives and opportunities for action within the Cradle to Career framework:

Group Presentations

Health Action, *March 2nd*

Community Foundation Board of Directors, *March 6th*

Aiming High, *March 7th*

Sonoma County Youth Council, *March 15th*

California Regional Environmental Education
Community, *March 22nd*

Innovation Council, *March 26th*

SR Chamber of Commerce Workforce Leadership
Committee, *April 13th*

United Way of the Wine Country Board,
May 25th

Child Care Planning Council, *May 4th*

SR Mayor's Gang Prevention Task Force
Operational Team, *April 25th*

SR Mayor's Gang Prevention Task Force Policy .
Team, *June 13th*

North Coast Builders Exchange Workforce
Development Committee, *May 9th*

Santa Rosa Chamber Business Education .
Leadership Committee, *May 8th*

Focus Groups

Sonoma County WIB Youth Provider Meeting,
March 27th

Schools of Hope Advisory Committee, *April 9th*

Schools of Hope Operational Team, *April 10th*

California Parenting Institute Parent Educators,
April 17th

Sonoma County Office of Education Counselor
Network, *May 1st*

Analy High School ELAC Meeting, *May 1st*

San Antonio High School Teen Parent Group,
May 4th

River to Coast Children's Services, *May 8th*

Community and Family Services Agency
SonomaWORKS, *May 9th*

Rohnert Park Library, *May 9th*

Accountable Development Coalition, *May 17th*

Committee for Health Care Improvement

Contact: Trayce Beards at Trayce.Beards@sonoma-
county.org or 565-6625.

Bo Greaves MD, *Chair*

Mary Maddux-González, MD, *Vice-Chair*

Dave Anderson, MD, *retired physician*

Ellen Barnett, MD, *Integrative Medical Clinic
Foundation*

Laura Cepoi, *North Bay Regional Center*

Jason Cunningham, DO, *West County
Health Centers*

Rob de Bara, MD, *Sutter Medical Group*

James DeVore, MD, *Annadel Medical Group*

Paul Duranczyk, *Creekside Rehabilitation and
Behavioral Health*

Bill Esselstein, *Northern California HealthCare
Authority*

Kathy Ficco, *St. Joseph Health System—Sonoma County*

Naomi Fuchs, *Santa Rosa Community Health Centers*

Gary Greensweig, MD, *St. Joseph Health System—
Sonoma County*

Scott Hadley, *Sonoma County Human Resources
Department*

Judy House, *PsychStrategies*

Diane Kaljian, *Sonoma County Human Services Department*

Suzy Marzalek, *Community Volunteer*

Walt Mills, MD, *Kaiser Permanente and Santa Rosa Family Medicine Residency*

Bob Moore, MD, *Partnership HealthPlan of California*

Patricia Padilla, MD, *Permanente Medical Group*

Kathie Powell, MA, *MSHA, Petaluma Health Center*

Mike Purvis, *Sutter Medical Center of Santa Rosa*

Lynn Scuri, *Partnership HealthPlan of California*

Lynn Silver Chalfin, MD, *Sonoma County Department of Health Services*

Jeff Sugarman, MD, *Sonoma County Medical Association*

Alena Wall, *Northern California Center for Well-Being*

Sonoma County Prevention Partnership

Contact: Donna Newman-Fields at Donna.Newman-Fields@sonoma-county.org or 565-6617.

The following individuals provided guidance and advice in the development of the Sonoma County Strategic Plan for Alcohol and Other Drug Use Prevention 2011-2015):.

John Abrahams, *Sonoma County Public Defender*

Steve Bair, *Santa Rosa Police Department*

Lynn Campanario, *Drug Abuse Alternatives Center*

Oscar Chavez, *Community Action Partnership*

Bob Curry, *Marin County Tobacco Control Program*

Diane Davis, *West County Community Services*

Maureen Donaghue, *Sonoma County Department of Health Services (retired)*

Pam Granger, *American Lung Association*

Cory Guy, *Community Member*

Susie McGavin, *Social Advocates for Youth*

Susan Quinn, *Santa Rosa Junior College*

Megan Rooney, *West County Community Services*

Bret Sackett, *Sonoma Police Department*

Dave Sears, *Petaluma Police Department*

Katrina Thurman, *West County Community Services*

Coalition for a Tobacco-Free Sonoma County

Contact: Kerry Andrade at Kerry.Andrade@sonoma-county.org or 565-6613.

First 5 Sonoma County

Contact: Shelley Caviness at Shelley.Caviness@sonoma-county.org or 565-6686.

The following people made significant contributions to the development of First 5 Sonoma County's Strategic Plan for the period 7/1/2010—6/30/2015:

Commissioners

Joel Gordon, *Santa Rosa Junior College*

Oscar Chavez, *Community Action Partnership of Sonoma County*

Efren Carrillo, *Sonoma County Board of Supervisors*

Jane Escobedo, *Sonoma County Office of Education*

Katherine Foster, *Pediatrician*

Tamah Hulett, *Parent Commissioner*

Rita Scardaci, *Sonoma County Department of Health Services*

Jo Weber, *Sonoma County Human Services Department*

Professional Advisory Committee

Michele Rogers, *Early Learning Institute*

Roben Bowen, *California Parenting Institute*

Elisabeth Chicoine, *Sonoma County Department of Health Services*

Melanie Dodson, *Community Child Care Council of Sonoma County*

Katie Greaves, *Sonoma County Human Services Department*

Grace Harris, *California Parenting Institute*

Diana Klein, *Jewish Family and Children's Services*

Rebecca Munger, *Sonoma County Department of Health Services*

Kai Nissley, *Community Action Partnership of Sonoma County*

Donna Roper, *River to Coast Children's Services*

Carol Simmons, *Child Care Planning Council of Sonoma County*

Pedro Toledo, *Redwood Community Health Coalition*

Mental Health Services Act (MHSA) Prevention and Early Intervention Planning

For more information contact: MHSA@sonoma-county.org or visit the MHSA website at: http://www.sonoma-county.org/health/about/behavioralhealth_mhsa.asp.

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA) MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California. Sonoma County's public planning process for implementation of the MHSA began in the fall of 2004 and continues today .

Sonoma County Human Services Department Staff

Karen Fies.

Marion Deeds.

Marla Stuart.

Sonoma County Department of Health Services Staff

Kerry Andrade.

Susan Castillo.

Elisabeth Chicoine.

Kelly Elder.

Jana Hill.

Michael Kennedy.

Mark Netherda.

Lynn Silver Chalfin.

Anthony Taylor.

Jennie Tasheff.

Christine Sosko.

Lynn Walton.

appendix 4: Health Disparities in Sonoma County

The overarching goal of the National Prevention Strategy is to increase the health and well-being of Americans at every stage of life. Despite improvements in some health indicators for Sonoma County, there are significant differences in certain risk factors, community conditions, and health outcomes between different population groups throughout the county. This Appendix presents a series of tables and charts with preliminary data on disparities in Sonoma County for selected indicators that allow for analysis by subgroup. Depending on the data source, this section presents data by gender, race/ethnicity, and by income level. Data for race/ethnicity are presented only for White (66% of population) or Latino (24% of population) subgroups, which have large enough populations to allow statistically valid comparisons.

Life expectancy is a measure that is often used as a proxy for the ability to live a long and healthy life. In Sonoma County, the average life expectancy is 80.6 years (Table 4.1), which is similar to the California average of 80.1 years and slightly higher than the national average of 78.6 years. In Sonoma County, women and Latinos have higher than average life expectancies, 82.1 years and 91.0 years respectively.

The phenomenon of Latinos living longer than Whites despite having lower educational levels, income and less access to health care services is known as the “Latino Paradox,” and has been noted across the state and nation. Researchers hypothesize that social factors like family cohesion and strong support networks, coupled with lower incidence of risk behaviors like smoking and heavy drinking, may offer a protective health benefit to Latinos.¹

Many studies have shown the impact of poverty on life expectancy and other health outcomes. A recent analysis in Marin County found that 51 percent in the variation in life expectancy among Census tracts could be explained by neighborhood income.² In Sonoma County, there is a general trend of decreasing life expectancy as the level of neighborhood poverty increases (Figure 4.1).

1 American Human Development Project, A Portrait of Marin: Marin County Human Development Report, 2012.

2 American Human Development Project, A Portrait of Marin: Marin County Human Development Report, 2012.

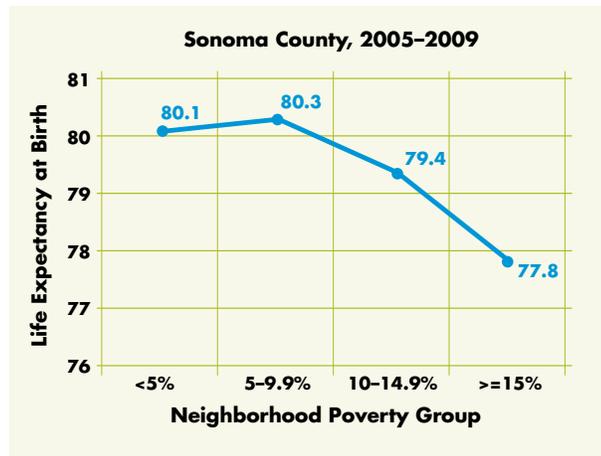
Research shows that education and income are .

TABLE 4.1: Life Expectancy at Birth, Sonoma County 2000–2009 and comparison with Marin County, State of California and United States.

	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	MARIN COUNTY	CALIFORNIA	US
Total	79.2	79.2	79.6	79.8	80.2	80.2	80.5	80.6	83.7	80.1	78.6
Male	76.8	76.7	77.1	77.5	78.0	78.0	78.1	78.4	81.7	77.5	76.0
Female	81.3	81.5	81.9	81.9	81.6	81.2	81.7	82.1	85.4	82.5	81.2
White	78.7	78.9	79.2	79.4	79.8	79.7	79.9	79.9	83.5	79.3	78.7
Latino	85.1	84.5	86.1	85.5	89.5	90.1	91.3	91.0	88.2	83.1	83.5

Source: For Sonoma County: CA Dept of Public Health, Death Statistical Master Files 2000–2009 and CA Dept of Finance, Population by Race with Age and Sex Detail, Jul 2007. Used National Centers for Health Statistics Methodology for calculation. For Marin County, California and US data: American Human Development Project, A Portrait of Marin: Marin County Human Development Report, 2012.

Figure 4.1: Life Expectancy at Birth, by Neighborhood Poverty Group



Source: CDPH, Death Statistical Master Files, 2005-2009 and US Census Bureau, American Fact Finder, Population by Age Sex and Census Tract, Sonoma County 5-year estimates 2005-2009.

two of the biggest drivers of health outcomes. More education is strongly related to higher income. Table 4.2 shows median annual earnings for Sonoma County adults age 25 and over for the period 2006-2010. Those who did not complete high school have significantly lower median earnings than those who complete college (\$22,396, compared with \$50,217 for college graduates and \$67,035 for those with a graduate degree). Table 4.2 also shows that women have lower earnings than men (\$31,960 compared with \$44,973 for men). This lower level of earnings for women exists at each level of educational attainment.

Table 4.3, Figure 4.2, and Figure 4.3 on the following pages show educational attainment by gender and race/ethnicity. While women and men have achieved fairly similar levels of education in Sonoma County, Latinos have much lower levels of education.

Figure 4.4 shows median annual earnings for Sonoma County for the population 16 years and over.

Table 4.2: Median Earnings in Past 12 Months, by Level of Educational Attainment, Sonoma County 2006-2010

LEVEL OF EDUCATIONAL ATTAINMENT	MEDIAN EARNINGS
Total	\$38,129
Less than high school graduate.	22,396.
High school graduate (includes equivalency).	32,287.
Some college or associate's degree.	37,906.
Bachelor's degree.	50,217.
Graduate or professional degree.	67,035.
Male	\$44,973
Less than high school graduate.	25,562.
High school graduate (includes equivalency).	40,693.
Some college or associate's degree.	46,513.
Bachelor's degree.	63,750.
Graduate or professional degree.	85,470.
Female	\$31,960
Less than high school graduate.	16,690.
High school graduate (includes equivalency).	25,968.
Some college or associate's degree.	32,317.
Bachelor's degree.	41,359.
Graduate or professional degree.	55,272.

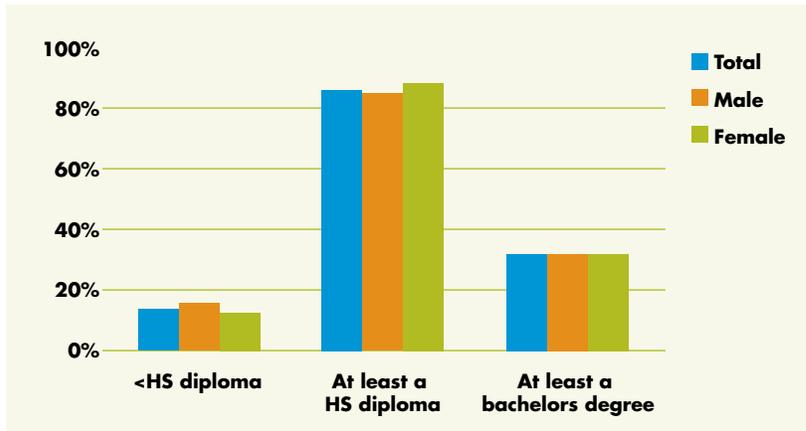
Source: U.S. Census Bureau, 2006-2010 American Community Survey. Reported in 2010 inflation adjusted dollars for the population 25 years and over with earnings.

Table 4.3: **Educational Attainment by Gender and Race/Ethnicity, Sonoma County**

EDUCATIONAL ATTAINMENT	TOTAL	MALE	FEMALE	WHITE	LATINO
< High School (HS) diploma	13.8%.	15.8%.	12.0%.	6.1%.	45.9%.
At least a HS diploma	86.2%.	84.2%.	88.0%.	93.9%.	54.1%.
At least a bachelors degree	31.5%.	31.4%.	31.5%.	36.5%.	9.9%.
Graduate or professional degree	11.1%.	11.4%.	10.8%.	n/a.	n/a.

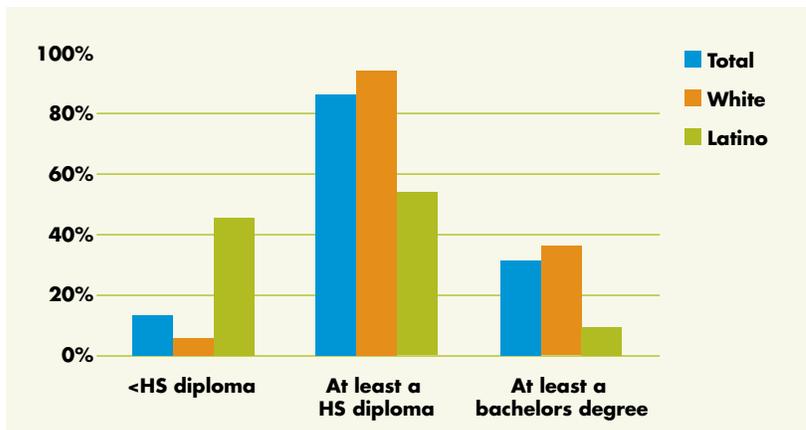
Source: American Community Survey 2006–2010, 5-year estimates.

Figure 4.2: **Educational Attainment by Gender, Sonoma County**



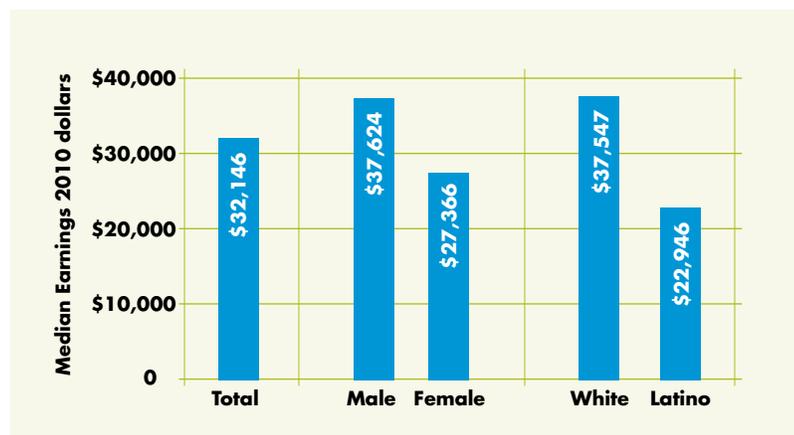
Source: American Community Survey 2006–2010, 5-year estimates.

Figure 4.3: **Educational Attainment by Race/Ethnicity, Sonoma County**



Source: American Community Survey 2006–2010, 5-year estimates.

Figure 4.4: Median Earnings in Past 12 Months by Gender and Race/Ethnicity for Population 16+ Years with Earnings in the Past 12 Months, Sonoma County 2006-2010



Source: American Community Survey 2006–2010, 5 year estimate. Reported in 2010 inflation adjusted dollars for the population 16 years and over with earnings.

over for the period 2006–2010 (Note: The data to compare earnings by race/ethnicity are only available for the 16 and older population. As a result, median earnings in Figure 4.4 are slightly lower than those reported in Table 2.2, which includes an older population group). Although women in Sonoma County have similar levels of education as men, the earnings they receive are significantly lower. Figure 4.4 shows that Latinos have significantly lower median earnings than Whites, which is most likely the result of the lower levels of educational attainment reported previously.

Tables 4.4 through 4.7 on the following pages present disparities for selected Health Action indicators where data are available for subgroup analysis. Overall, these tables show lower levels of educational achievement, income, physical fitness, and access to health care services for Latino and for lower income residents. Table 4.6 shows significantly higher levels of obesity for Latino adults and higher levels of cigarette smoking for low-income adults.

Adverse childhood experiences (ACEs), such as physical or emotional abuse, drug abuse in the

home, parental incarceration, neglect or other traumatic childhood experiences are more common among the general population than is typically recognized and also are shown to impact health outcomes. The ACE Study showed a powerful and compelling correlation between harmful experiences in childhood and poor adult health status decades later. Given 100 American adults, 33% report zero ACEs, 51% report one to three ACEs, and 16% report four to eight ACEs. Among adults with zero ACEs, one in 69 is an alcoholic, one in 14 has heart disease and one in 96 attempts suicide. For those with one to three ACEs, one in 9 is an alcoholic, one in 7 has heart disease and one in 10 attempts suicide. With four to eight ACEs, one in 6 is an alcoholic, one in 6 has heart disease and one in 5 attempts suicide. Health Action recognizes the importance of thriving families to improved community health. This preliminary analysis of health disparities in Sonoma County is part of Health Action's effort to understand the social, economic, and environmental conditions that shape the lives of Sonoma County residents. Recognizing that some communities and populations are in greater need and potentially have the most to gain

from public health and health care services than others, Health Action seeks to prioritize its efforts where there is greatest potential to increase quality and years of healthy life and eliminate health disparities. Moving forward, the Department of Health Services will work to standardize and collect

data to better identify and address disparities and to increase understanding of the multiple determinants of health. This information will help Health Action identify strategies and target investments where they are most likely to have greatest impact to improve the health of the community.

Table 4.4: **Disparities in Educational Achievement, Sonoma County**

INDICATOR	YEAR	WHITE	LATINO	NOT ECONOMIC DISADVANTAGED	ECONOMIC DISADVANTAGED	SONOMA COUNTY OVERALL
Percent of 9th graders who graduate 4 years later	2010-2011.	93.6.	64.4*.	n/a.	n/a.	80.8.
Percent of 3rd graders who are proficient or advanced in English language arts	2011.	61.	27*.	62.	30*.	46.

Source: California Department of Education, DataQuest, data for Sonoma County class of 2011, high school completion; California Department of Education, California Standardized Testing and Reporting (STAR), Test scores for Sonoma County, 2011.

n/a = data not available.

*Statistically significant difference between subgroups ($p \leq 5\%$), indicating a 95% probability that the difference is real.

Table 4.5: **Disparities in Income**

INDICATOR	YEAR	WHITE	LATINO	HIGH SCHOOL OR LESS	SOME COLLEGE OR AA	BA OR HIGHER	SONOMA COUNTY OVERALL
Percent of Sonoma County residents who live in households above 300% of the federal poverty level	2007-2009.	68.6.	34.5*.	42.9.	52.8.	80.0*.	57.2.

Source: U.S. Census Bureau, 2010 American Community Survey 1-year estimates.

*Statistically significant difference between subgroups ($p \leq 5\%$), indicating a 95% probability that the difference is real.

Table 4.6: Disparities in Health Risk Factors and Behaviors

INDICATOR	YEAR	WHITE	LATINO	LOWER INCOME+	HIGHER INCOME+	SONOMA COUNTY OVERALL
Percent of adults who are obese	2007-2009.	20.2 .	38.5*.	28.0.	22.6.	23.4.
Percent of adults who engage in regular physical activity	2007.	42.9.	32.3.	28.0 .	22.6*.	39.1.
Percent of 7th graders who achieve the Healthy Fitness Zone for all 6 areas of the annual California physical fitness test	2010-2011.	35.8 .	21.8*.	22.0 .	36.0*.	28.6.
Percent of adults who report smoking cigarettes in the past 30 days	2007-2009.	++.	++.	20.1.	8.9*.	12.9.

Source: California Health Interview Survey, 2007, 2009; California Department of Education, 2010–2011 California Physical Fitness Report.

+ For adult obesity, physical activity and smoking indicators, low-income is determined by < or + 200% of FPL.

For 7th graders meeting fitness test, students are identified as economically disadvantaged (ED) or not ED by the school according to state criteria.

++ Data unstable due to small numbers

*Statistically significant difference between subgroups ($p \leq 5\%$), indicating a 95% probability that the difference is real.

Table 4.7: Disparities in Access to Health Care

INDICATOR	YEAR	WHITE	LATINO	<200% FPL	200+% FPL	SONOMA COUNTY OVERALL
Percent of persons under 65 years with health insurance coverage	2007-2009.	88.9.	68.5*.	64.4.	90.0*.	85.9.
Percent of residents with a usual source of care	2005-2009.	91.8.	++.	79.2.	92.6*.	88.9.

Source: California Health Interview Survey, 2009.

++ Data unstable due to small numbers

*Statistically significant difference between subgroups ($p \leq 5\%$), indicating a 95% probability that the difference is real.

appendix 5: **Criteria for Prioritizing Community Health Issues**

Prioritizing Community Health Issues

The following criteria are used to help identify focus areas in Sonoma County; .

Significant impact. The issue has a significant impact on the community's health as well as the health care delivery system .

Requires a comprehensive approach. Long-term solutions to this issue must address both the . community conditions that contribute to the issue and needed improvements to the health care system.

Realistic scope and scale. The scope and scale of the issue offer opportunities for feasible and effective local solutions.

Mobilizes community resources. Working on this issue can leverage partnerships and strategic opportunities to align community resources for action .

Community commitment to system change. This . issue generates a high level of community interest, engagement, and commitment to create lasting, systemic change .

Policy impact. This issue creates opportunities for local, statewide, or national advocacy for policy and systems change to support local health improvement efforts.

Health Action Council Members (as of June 2012)

Bob Anderson, *United Winegrowers
for Sonoma County*

Valerie Brown, *Sonoma County Board
of Supervisors*

Tom Chambers, *Healdsburg City Council*

Oscar Chavez, *Community Action Partnership
Sonoma County*

Don Chigazola, *Medtronic Cardio Vascular*

Judy Coffey, *Kaiser Permanente*

Terry Davis, *North Valley Bank*

Nancy Dobbs, *KRCB Television and Radio*

Naomi Fuchs, *Santa Rosa Community Health
Centers*

Bo Greaves, *Santa Rosa Community
Health Centers*

Gary Greensweig, *St. Joseph Health System
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Sarah Glade Gurney, *Sebastopol City Council*

Caryl Hart, *Sonoma County Regional Parks*

Susan Harvey, *Cotati City Council*

Herman Hernandez, *Real Estate Broker*

Steve Herrington, *Sonoma County Office
of Education*

Judy House, *Psych Strategies*

Mike Kallhoff, *United Way of the
Wine Country*

Gabe Kearney, *Petaluma City Council*

Pat Kilkenny, *Kilkenny Advisors*

Lisa Maldonado, *North Bay Labor
Council, AFL-CIO*

Suzy Marzalek, *Community Volunteer*

Marriane McBride, *Council on Aging*

Walter Mills, *Kaiser Permanente/Santa Rosa
Family Medicine Residency Consortium*

Cynthia Murray, *North Bay Leadership Council*

Ernesto Olivares, *Santa Rosa City Council*

Mike Purvis, *Sutter Medical Center*

Carol Russell, *Cloverdale City Council*

Rita Scardaci, *Sonoma County Department
of Health Services*

Lisa Wittke Schaffner, *John Jordan Foundation*

Cheryl Scholar, *Windsor Town Council*

Bill Schrader, *Exchange Bank*

Lynn Silver Chalfin, *Sonoma County
Health Officer*

Pam Stafford, *Rohnert Park City Council*

Ben Stone, *Sonoma County Economic
Development Board*

Marla Stuart, *Sonoma County Human
Services Department*

Mary Szecsey, *West County Health Centers*

Pat Talbot, *Sonoma City Council—
Representative*

Willie Tamayo, *La Tortilla Factory*

Lee Turner, *Community Baptist Church*

Eunice Valentine, *Volunteer Center
of Sonoma County*

Alena Wall, *Northern California Center
for Well Being*

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