



VENTURES

Health Action Case Study

About This Case Study

These case studies were authored as a part of the evaluation of ReThink Health Ventures, a three-year project of The Rippel Foundation, conducted with support from the Robert Wood Johnson Foundation, to explore what could accelerate the progress of ambitious multisector partnerships working to transform health in their regions, and what often stands in the way of that progress. Through the project, Rippel's ReThink Health initiative supported multisector partnerships in six regions across the country as they worked to build practices that are essential for transforming a regional health ecosystem, including broad stewardship, sound strategy, sustainable financing, and a shared vision. Each participating partnership selected a handful of members to participate on the Ventures Team for their region. Those teams collaborated with ReThink Health and their broader partnerships throughout the project. Mount Auburn Associates served as the project's learning and evaluation partners.

We have authored case studies about each of the six partnerships to highlight their unique journeys toward health transformation, with a particular focus on their work in Ventures, as well as insights that can be applicable to a wide range of stewards working to transform regional health ecosystems across the United States. You can find the other case studies, along with a detailed evaluation report about ReThink Health Ventures, at www.rethinkhealth.org/ventures.

We are grateful for the time and energy that so many people contributed to support the development of these case studies. Most importantly, the authors would like to thank the leaders who participated in Ventures for their tireless dedication to transforming health and well-being in their communities.

Health Action Case Study

Sonoma County, CA

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Overview

In 2007, Sonoma County's Department of Health Services established Health Action, a cross-sector partnership to address local health issues and improve the health and well-being of residents. Over the next decade, Health Action's work included implementing campaigns to promote health, creating an education partnership, establishing local Health Action chapters, and developing a collaborative approach to addressing cardiovascular disease in the county.

The relationships built over the years through Health Action made it easier for various groups to band together and respond to community needs during and following the devastating 2017 wildfires known as the Sonoma Complex Fires. Health care and human services delivery professionals were able to draw on the relationships they built through Health Action to manage shelters and address emergency medical needs. The fires also caused leadership to recommit to Health Action and further strengthen its ability to be a transformational change agent.

The valuable relationships and trust built over the 11-year history of Health Action have been critical as the partnership works to deepen its impact in the county. In the year following the fires, with assistance from The Rippel Foundation's ReThink Health Ventures project, Health Action leveraged its solid relationships and made further progress in revamping its leadership team; in designing a more intentional community engagement approach; and in distributing leadership responsibilities. The alignment of the Ventures work in Sonoma County with the county's work as part of the California Accountable Communities of Health Initiative (CACHI) created new synergies in efforts to maximize the use of scarce resources and build an integrated approach.

The work of Health Action conveys lessons to the field about the need to step back and reconsider some elements of a mature community health transformation partnership, particularly after a major crisis, to further accelerate the types of changes needed to become a stronger and more impactful partnership in the community.

Context

Sonoma County, part of California's wine country, has a population of 504,000 people and is a major tourist destination. Along with a growing population and fairly strong economy, the county has disparities

VENTURES TEAM, GEOGRAPHIC SCOPE

- **Ventures Team:** Leaders from the Sonoma County Department of Health Services; and Health Action leadership team members, including leaders from the Sonoma County Office of Education, Northern California Center for Well-Being, Santa Rosa Community Health, and Community Action Partnership of Sonoma County
- **Geographic Scope:** Sonoma County

sonomahealthaction.org

by race, ethnicity, and class. While only 9.3 percent of people live below the poverty line, across individual neighborhoods, the poverty rate can be as high as 18.7 percent.¹ Educational outcomes for the county are higher than the averages in California, with only 12.3 percent of residents having less than a high school degree (compared to the state's 17.9 percent), and 33.8 percent having at least a bachelor's degree (compared to the state's 32 percent).² However, the percentage of those having less than a high school degree ranges from 0.4 percent to 26 percent, depending on the census tract. There are also significant gaps in projected life expectancies across racial and ethnic groups.³

Political and Institutional Context: County and statewide efforts to transform the health system have been underway for nearly a decade.

Sonoma County Health Action: Health Action is a cross-sector partnership established by the Sonoma County Board of Supervisors in 2007. Health Action consists of a diverse group of community members and representatives from county and city governments, health centers, local hospitals, schools, and nonprofits. The Sonoma County Department of Health Services is the backbone agency for the initiative, meaning it helps to coordinate and manage the efforts of Health Action.

Under its initial action plan, prior to 2013, Health Action had 10 goals addressing education, economic

1 <https://insight.livestories.com/s/place-matters-health-action-chapters/55fc790ea750b31c83358e2e/>

2 U.S. Census Bureau, QuickFacts, Sonoma County, based on 2013-2017 ACS

3 Burd-Sharps, S., & Lewis, K. A Portrait of Sonoma County, Sonoma County Human Development Report 2014. Measure of America: Copyright: 2014. "Asian Americans in Sonoma County live the longest compared to other major racial and ethnic groups (86.2 years), followed by Latinos (85.3 years), whites (80.5 years), and African Americans (77.7 years)."

resources, community engagement, and other needs related to health. Its early work, beginning in 2007, included community campaigns around healthy eating and active living. As part of its second action plan, for the 2013-2016 period, three priority areas emerged—health system improvement, educational attainment, and economic security. After the release of *A Portrait of Sonoma County* in 2014, a data-driven look at the disparities experienced by Sonoma County residents, Health Action transitioned a third time, adopting the report as a guide for its work. Health Action is still using the report as a guide today. Its committees now include:

- The Committee for Healthcare Improvement (CHI), focused on health system improvement. It has multiple work groups focused on different health care priorities. Hearts of Sonoma County, a cardiovascular disease risk reduction initiative, is a major part of this work.
- The Cradle to Career (C2C) Committee, focused on the following educational priorities: supporting every child entering kindergarten to be ready for success, promoting the academic success of every child in and out of school, and supporting every young adult to be prepared for and complete the highest level of post-secondary education or training needed to achieve their career goals.

In addition to its three priority areas, Health Action includes nine place-based Health Action Chapters. Each of the Chapters is a cross-sector partnership of its own focusing on health and well-being in a sub-section of the county. Health Action designed these groups as a platform for community engagement and broader stakeholder involvement in its work and to address disparities.

Finally, in 2016, at the time it began its engagement in Ventures, Sonoma County, represented by Health Action, was one of six California communities chosen to receive an \$850,000 grant as part of CACHI to implement the Accountable Communities for Health Model. As part of this work, there is also a renewed focus on the design and implementation of a wellness fund. ReThink Health, as a technical assistance provider to CACHI focused primarily on helping the CACHI sites to enable broad and accountable stewardship, was able to support the Sonoma team from multiple angles.

Sonoma Complex Fires: In the fall of 2017, wildfires spread across Sonoma County and beyond, causing extensive damage and exacerbating an already tight housing market. The fires also impacted the county budget, as property taxes comprise more than half

of the county's general fund. The county lost approximately \$1.8 billion assessed value due to the fires.⁴ Approximately 5,300 homes were destroyed in the fires.⁵

Advancing Health Transformation with ReThink Health Ventures

For a variety of reasons, after the fires, a new team from Health Action assembled for the final year of Ventures work. The new Sonoma Ventures team was comprised of individuals who were (and still are) part of the Health Action Leadership Team, which also reconfigured after the fires. Members of the new Ventures team represented the various committees, local chapters, and Health Action more broadly, as well as staff from the Sonoma County Department of Health Services that support multisector collaborative efforts through what are often referred to as “backbone” services. The new team focused on reenergizing Health Action through further strengthening its governance structure to distribute leadership across Health Action; engaging residents as leaders; and better aligning and integrating the existing work of Health Action, Ventures, and CACHI.

The wildfires helped to create a renewed commitment among Health Action members to strengthen the partnership's stewardship approach. Many of those involved in Health Action had come to believe that the partnership's change efforts were not fully yielding the desired results, in part because Health Action members and local chapter leaders were not deeply engaged in advancing Health Action's agenda. To address this, key Health Action members and staff at the Sonoma County Department of Health Services that were providing backbone support to the partnership decided to establish a new leadership team for Health Action. The prior leadership group (called the Health Action Steering Committee) was dissolved, new members were recruited, and new charter and role was created for the team. The new leadership team intentionally included individuals who were closely involved in the day-to-day work of the committees and who were open to playing a stronger leadership role, a shift from the past when the leadership involved members who were more removed. Importantly, these shifts were, in part, enabled by the backbone staff at the County Department of Health Services being intentional about playing a supportive role, ensuring that the new leadership team felt empowered to drive change, rather than taking a leadership role in this regard themselves.

How leaders are working differently

1. Increasing engagement of cross-sector leaders:

The leadership team is now more nimble and responsive because its members are more

4 [http://sonomacounty.ca.gov/CRA/Property-Tax-Assessment-Roll-Moderately-Increases-to-\\$88-98-Billion/](http://sonomacounty.ca.gov/CRA/Property-Tax-Assessment-Roll-Moderately-Increases-to-$88-98-Billion/)

5 <https://www.pressdemocrat.com/news/8638644-181/sonoma-county-property-tax-roll>

connected to Health Action's efforts and are empowered by the county backbone staff to lead change. This has better positioned them to think more strategically about the entire partnership and how its work is implemented. In addition to rethinking its leadership team and approach and engaging new members in the leadership team, Health Action is now meeting more frequently and with an action-oriented focus. The leadership team is more willing to distribute leadership functions across members, rather than relying on county staff to drive the strategy and implementation of Health Action's agenda.

2. Enhancing community voices: With a goal of elevating community voices in Health Action's strategy and implementation efforts, the new leadership team includes representation from the local chapters. The team has shifted from viewing the chapters as siloed entities to increasingly seeing them as part of the leadership structure of Health Action. Efforts to bolster the capacities of the chapters began prior to the engagement with Ventures. The intent is to ensure the chapters inform Health Action about community needs so any solutions created are community-driven and therefore more likely to be sustainable.

Learning from Health Action

Following the wildfires, the work with Ventures helped Health Action accelerate its progress on its pathway toward health transformation. In this context, there were some identifiable factors that proved to advance its progress, and some challenges that the team had to confront directly. These insights may be especially helpful for regional leaders looking to strengthen their stewardship approach to cross-sector collaboration.

Ways to advance progress

Aligning initiatives: Both CACHI and Ventures are reinforcing the same message about collectively moving toward greater sustainability and accountability, using distributed leadership and resident leadership, which has helped drive these key concepts home. Leadership at the Sonoma County Department of Health Services decided to assign a single person to handle their management of both the CACHI and Ventures initiatives, which helped to move work forward in a more efficient and streamlined manner because both initiatives were supporting the Health Action partnership in similar ways. This is the same staff member who leads backbone work for Health Action more broadly, and who approaches the work with an intention to empower and support Health Action members, while also effectively coordinating key initiatives. This approach helps to ensure that

Health Action members are fully engaged in the work of various initiatives, while also enabling them to stay focused on the strategic leadership of the partnership.

Contributing to community resilience: There is general consensus that Sonoma County's health care system was better poised to respond quickly to the wildfire crisis because relationships had been built across institutions that were involved with Health Action for many years prior. For example, doctors from one clinic that was evacuated went to another institution and, according to a Health Action member: "just dug in . . . I think people having worked together for a long time on Health Action really supported cooperation and coordination while the fires were still active."

"I think people having worked together for a long time on Health Action really supported cooperation and coordination while the fires were still active."

Learning from the crisis: Even before the fires, it was clear that Health Action needed to evolve its leadership structure. The fires, in effect, created new momentum to address that need quickly. For example, there was a renewed sense of community, a willingness to recommit and strengthen the health transformation work, and a point of reflection to examine how to best carry work forward. In nature, wildfires allow sunlight to reach the forest floor, enabling a new generation of seedlings to grow. In this case, there was generation of an enhanced learning orientation and willingness to take the risks critical to making progress on health transformation.

Driving change through cross-sector leaders, not backbone staff: The county has been fundamental to the sustainability of Health Action; it provides important authority to stimulate action on certain issues. Challenges inherent in county leadership, however, include staff turnover and changing political priorities. The new Health Action leadership team has an enhanced appreciation for the need to drive the overall strategy and implementation of the partnership's work, rather than rely on county staff for this role. Such an approach can create increased engagement and buy-in from a broad range of Health Action partners, which can enhance the quality and sustainability of their work. It also requires that the county staff be comfortable stepping back to let others assume prominent ongoing leadership positions.

Ways that progress can be derailed

Missing leadership in the day-to-day work: Prior to the intentional change in the leadership of Health Action, many Health Action members were less engaged in its committee and chapter work. While the prior leadership—consisting of CEOs and other influential stakeholders—had influence to advance change, work did not move significantly forward due to lack of engagement. The changes in leadership structure over the last two years are an attempt to overcome this pitfall.

Relying too much on county staff: As noted above, a key way to build momentum is for the organizational members of a multisector partnership to step fully into leadership roles with respect to strategy and implementation. An over-reliance on backbone (in this case, county) staff to lead work can contribute to the disengagement of other stakeholders who may perceive that the backbone is driving the agenda. Finally, competing interests across departments and individuals within county government can also impact team dynamics. For long-term success and sustainability, county staff should continue encouraging members to lead in the new Health Action stewardship structure.

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