



## Legislation Details (With Text)

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**File created:** 1/19/2022 **In control:** Health Services  
**On agenda:** 5/3/2022 **Final action:** 5/3/2022  
**Title:** Health Action Council Dissolution  
**Sponsors:** Health Services

**Indexes:**

**Attachments:** 1. Summary Report, 2. Attachment 1 - Resolution, 3. Attachment 2 - Community Health Improvement Action Council Summary Report, 4. Presentation - Health Action Redesign

Date	Ver.	Action By	Action	Result
5/3/2022	1	Board of Supervisors	Approved as amended	Pass

**To:** Board of Supervisors of Sonoma County  
**Department or Agency Name(s):** Department of Health Services  
**Staff Name and Phone Number:** Tina Rivera, (707) 565-4774  
**Vote Requirement:** Majority  
**Supervisory District(s):** Countywide

**Title:**  
Health Action Council Dissolution

**Recommended Action:**

Adopt a resolution dissolving the Health Action Council effective May 3, 2022; as supported by the Health Action Council to support the transition to Health Action 2.0 - a Collaborative Action Network and public/private partnership between the County of Sonoma and community leaders across the County; and to endorse and champion the work of Health Action 2.0.

**Executive Summary:**

On February 4, 2022 the Health Action Council voted in favor of transitioning Health Action to an independent public/private partnership with non-profit status. The new Health Action (currently called Health Action 2.0) will be leading the development of an equity-centered and community-driven Agenda for Action to address the greatest inequities in our county, as indicated in the Portrait of Sonoma County Update 2021. Health Action 2.0 will support grassroots and systems-change efforts to help increase and align the county's efforts to address these inequities.

This item asks the Board of Supervisors to adopt the Health Action Council's recommendation to dissolve the Health Action Council as an Advisory Body to the Board of Supervisors. It asks that the Board endorse the transition to Health Action 2.0 as a public/private partnership.

**Discussion:**

In 2008, the County of Sonoma took the bold step of establishing Health Action, a cross-sector collaboration of stakeholder leaders committed to addressing health disparities. Since then, Health Action has been a local catalyst for breaking down silos and collaborating across sectors to improve health and well-being in Sonoma

County. Today Sonoma County is facing both new and historical intersecting challenges: COVID-19, compounding natural disasters and climate crisis, poor health outcomes, increasing mental health needs, and housing insecurity. Health Action has played a critical role in daylighting inequities perpetuated by these crises in Sonoma County. Although our county has gained greater understanding of the profoundly systemic, interconnected, and inequitable nature of these challenges, a chasm still exists between the magnitude of the inequities and the scope and scale of responses implemented. The community needs new paradigms to rectify the policies, processes, relationships, power structures, and norms that produce and reinforce systemic inequities.

The launch of Health Action 2.0 is the culmination of a year-long redesign effort that engaged leaders in health, education, philanthropy, community organizing, and public service. In 2020, Health Action community members and Department of Health Services (DHS) staff supporting the current Health Action initiative, came together as the Transition Team to redesign Health Action. The process included an assessment of Health Action 1.0 and analysis of gaps and needs; research on models, approaches, and practices to multi-stakeholder collaborations; development of five potential scenarios for Health Action 2.0; intensive design and decision-making to select a final outline of Health Action 2.0.

Through this process, it became evident there was a need for a local, collaborative entity to:

- Galvanize action to change policies, processes, and practices that produce inequities;
- Build the political and public will and resources necessary to drive systemic change;
- Uplift communities most impacted by inequities and trust they are closest to solutions;
- Support and bridge system-level and grassroots level change efforts;
- Prioritize focused action on a high-impact areas where collective action is imperative;
- Establish an infrastructure that is fluid, adaptable, supports self-organizing, and can change to meet evolving needs and focus areas.

Too often institutions make decisions without the critical input of impacted communities because they lack the mechanisms to solicit and listen to the experiences and recommendations of people with lived experience. On top of that, there are many community-based groups doing impactful work that are trusted in their communities, understand the need, and can address the gaps but are not usually included in institutional and government efforts to improve health, well-being, and equity. Health Action 2.0 seeks to help bridge this gap between on-the-ground trusted groups and institutions.

### **The Aspiration of a Reimagined Health Action**

The aspiration for Health Action 2.0 is: **A Sonoma County where a person’s skin color, zip code, or place of birth does not determine their health, education, or income.** Our work will be grounded in shared values of equity at the center, upstream focus, community-led, integration and collaboration, and striving for shared outcomes.

Health Action 2.0 will embody this aspiration and our values by creating a collaborative action network

focused on changing systemic inequities. We will serve as a catalyst to:

1. Align public and political will, financial resources, and partners in implementing a shared Agenda for Action that centers equity and is driven by community partners.
2. Implement system-level focused interventions around a limited set of high-impact areas in the Agenda for Action requiring collaborative action.
3. Support and empower collaborative local action at the grassroots level around key priorities identified in an Agenda for Action.

The following section describes these activities in detail.

**Aligning Public and Political Will through an Agenda for Action:** Health Action 2.0 will begin by implementing a community- and equity-centered design process to develop an Agenda for Action aimed at fundamentally closing gaps that prevent equitable health and social well-being. This process will be tied to Human Development Index (HDI) data from the *Portrait of Sonoma* <<https://measureofamerica.org/california2021-22/>> *County 2021 Update (January 2022)* <<https://measureofamerica.org/california2021-22/>>, and data gathered from impacted communities.

The Agenda for Action, a set of priority areas for investment and attention, will leverage resources and focus collective efforts on addressing challenges that create the most harm in our community. Recognizing that those closest to the problem are closest to the solution, we will develop an Agenda for Action in partnership with impacted communities. This process will include the following design elements:

- **Linguistic, racial, and geographic diversity:** *Ground the Agenda for Action in the voices of those usually overlooked or excluded from community planning processes.*
- **Engagement strategies:** *Engage trusted partners and build relationships to move from “communication at” to “engagement with” communities.*
- **Communication strategies:** *Develop strategies that address how we are shifting decision-making away from our current status quo.*
- **Engagement and advocacy to policymakers:** *Support policymakers in executing and sharing accountability for the Agenda for Action.*

**Developing System-Level Interventions for High-Impact:** In addition to developing the Agenda for Action, we will focus on building a collaborative response to a limited number of the most pressing systems-level changes identified. We will help align community members, institutions, policy- and decision-makers around areas that will have the most impact on inequities. This will entail focusing on policies, practices, resources, and power dynamics to transform systems. The areas of focus will be determined by data, existing or emerging local action, and the potential to impact a component of the Human Development Index and benefit from cross-sector collaboration. The aim will be to influence systemic, institutional, and policy change.

**Supporting and Empowering Collaborative Action at Grassroots Levels:** Essential to our approach is the support and cultivation of collaborative, grassroots efforts to drive local change. We will engender local action to inform policies, systems intervention, resource allocation, and institutional collaboration. Building on our history with local Health Action Chapters, we will cultivate a network of self-organizing local action groups to implement strategies related to the Agenda for Action. We will shine a light on existing work to help resource,

scale, and expand those efforts; accelerate innovation to address emerging needs; and provide support such as data analysis, evaluation, fundraising, and networking. This approach will enable more expansive work with impacted communities and greater geographic reach, cultural awareness, and racial/ethnic diversity to address issues. Health Action 2.0 will be driven by community voice while holding a systems and policy level view.

Health Action 2.0 will target some of Sonoma County's most entrenched, systemic challenges and largest disparities in outcomes. Using information from the *Portrait of Sonoma* [<https://measureofamerica.org/california2021-22/>](https://measureofamerica.org/california2021-22/) County 2021 Update [<https://measureofamerica.org/california2021-22/>](https://measureofamerica.org/california2021-22/) and data gathered from impacted communities, we will support a process to identify the top issues leading to the greatest disparities in health, education, and financial outcomes. This report reveals striking levels of persistent inequities: Latinos in Sonoma County have significantly lower educational attainment rates than whites and earn \$15,000 a year less; Black residents have a lifespan 10 years shorter than any other racial group in and lower education attainment rates than the countywide average; 69.3 percent of Black youth are enrolled in school compared to 77.1 percent of Latino youth and 87.8 percent of Asian youth. Health Action 2.0 will focus on changing the systems that create these inequities.

### **Honoring the Strengths of our Community**

The COVID-19 pandemic has exacerbated inequities and held a mirror up to the systems and structures that serve to perpetuate them. But it also raised awareness that communities most impacted by inequities are closest to solutions. Locally this was evidenced by grassroots work around universal sick leave, rental assistance, eviction moratoria, the right to health care, and access to healthy, culturally appropriate food. There is an opportunity to leverage this equity focused-momentum through building and coalescing public power and political commitment.

The County of Sonoma has taken steps to move from awareness into action to improve equity, establishing the Office of Equity and adopting a racial equity toolkit. The Department of Health Services (DHS) hired a Healthy Equity Manager and established a community work group to focus on equity in its pandemic response.

The pandemic also highlighted the many trusted community organizations and grassroots efforts mobilizing to support impacted communities. These groups understand needs, fill gaps, and provide services to communities that others do not reach. Recognizing the significant value of these efforts, Health Action and the County accelerated partnerships during the COVID-19 response to address gaps and ensure the community is supported by people they trust most.

Efforts implemented during the pandemic demonstrate the effectiveness of including impacted communities in the design and implementation of solutions. This included: listening to the most impacted communities, partnering with and compensating trusted messengers and community organizations, and involving communities in design and decision-making processes. Born out of community input, a key County response strategy was supporting and resourcing [a network of trusted community](https://www.laplazanc.org/en/cura-project)

[providers](https://www.laplazanc.org/en/cura-project) who could bring holistic and culturally appropriate support and resources to individuals disproportionately impacted by the pandemic.

### **Funding**

To date, Health Action 2.0 has garnered a number of financial commitments from private and public sectors. This includes:

- \$200,000 initial investment from the Peter E Haas Jr Family Fund
- \$200,000 initial investment from the Community Foundation Sonoma County

- \$10,000 initial investment from the Sonoma County Office of Education
- \$44,000 initial investment from the Department of Health Services

Health Action 2.0 is developing an ambitious funding strategy that includes reaching out other local funders, other systems including our health care partners, and seeking out large state and national grant opportunities.

### Action Items

This item asks the Board of Supervisors to adopt the Health Action Council's February 2022 recommendation to dissolve the Health Action Council as an Advisory Body to the Board of Supervisors in order for Health Action 2.0 to be established as a public/private partnership. By dissolving the Health Action Council, the Board of Supervisors will end the appointments of current Health Action Council members. The current DHS staff who support Health Action and its committees already support a variety of other department and county priority projects. They will be re-assigned to support additional projects.

This item also asks the Board of Supervisors to confirm its ongoing commitment to Health Action 2.0 as a public-private partnership through ongoing investment in the new initiative. This investment will include the following:

- The Department of Health Services will retain 1.0 FTE to act as a liaison between Health Action 2.0 and DHS programs and commits ongoing leadership engagement in the new entity.
- The Human Services Department (HSD) and Office of Equity (OoE) commit to advancing the work of Health Action 2.0, and the Agenda for Action, through in-kind staff time and through participation in the governance structure of Health Action 2.0.
- Ongoing commitment of in-kind staff time from DHS, HSD, and OoE as members of the Interim governance structure of Health Action 2.0 until a new Board is established.
- Ongoing commitment of in-kind staff time from DHS, HSD, and OoE to develop the Agenda for Action.
- Fiscal commitment from the Department of Health Services, through a contract with the new Health Action 2.0, to invest approximately \$44,000 in ensuring equitable participation of community members in the development of the Agenda for Action.
- Commitment from the Board of Supervisors to help resource the new initiative and consider the Community Budget Request during the fiscal year 2022-23 Budget Hearings in June of a multi-year commitment of \$500,000 to \$750,000 annually.
- Commitment from the Board of Supervisors to ongoing partnership and leadership in Health Action 2.0 by designating a representative to participate in the new governance structure, to help achieve the aspiration of a Sonoma County where a person's skin color, zip code, or place of birth does not determine their health, education, or income.

Community leaders have already begun the work to transition Health Action 2.0 and design the new way we will work together. Starting with fiscal sponsorship, an interim board and seed funding, this work is underway.

Today's public commitment from your Board will signify the County's continued partnership with our community, and celebrate Health Action's long history and reputation for innovative and passionate leadership. It is going to take financial resources as well as political will to shift our dialogue; and city and county governments, health institutions, and business leaders alike will all be called on to activate our Agenda for Action. To achieve a healthier Sonoma County, we must confront the systems and policies that have led to generational injustice and racial and ethnic health inequities. We will do this together, by listening, learning, and activating community-driven solutions.

**Strategic Plan:**

This item directly supports the County's Five-year Strategic Plan and is aligned with the following pillar, goal, and objective.

**Pillar:** Racial Equity and Social Justice

**Goal:** Goal 4: Engage community members and stakeholder groups to develop priorities and to advance racial equity.

**Objective:** Objective 2: Collaborate with community members and stakeholder groups to develop racial equity strategies for County emergency response, economic recovery and resiliency planning efforts.

One of Health Action 2.0's first tasks is to launch an equity-centered community engagement process to identify priority actions that will address the inequities laid out in the Portrait of Sonoma. This "Agenda for Action" will be the catalyst for driving collaborated and coordinated efforts that move the needle for our communities. This process is being designed by the Office of Equity with support from DHS and HSD. It will center the input of those community's most impacted by inequities. This Agenda will focus on areas of need at the policy and systems level and can be used to inform the planning outlined in this Strategic Plan Objective.

**Pillar:** Healthy and Safe Communities

**Goal:** Goal 2: Establish equitable and data-driven distribution of services

**Objective:** Objective 3: Identify and eliminate data gaps for underrepresented groups, and collaborate with the community to implement measures to mitigate the negative impacts caused by the lack of access to services by racial and ethnic groups that are disproportion

The Agenda for Action will build on the Portrait of Sonoma which made intentional efforts to collect additional data from underrepresented groups. The process will continue to uncover and highlight issues in the community that are not surfaced through traditional data collection and reporting mechanisms (census data, community surveys, etc.). It will help elevate the areas of concern and the actions our community can take to mitigate them. Board members will be called upon to listen, and lead in areas of policy and prevention.

**Prior Board Actions:**

On December 5, 2017 the Board approved the Health Action: Framework for Action and its priority strategies to improve the health and well-being of all Sonoma County residents through partnerships and planning with community partners and residents.

On May 20, 2014 the Board accepted the Sonoma County community health assessment report: A Portrait of Sonoma County.

On March 15, 2011 the Board approved Health Action's 2020 Vision Action Plan and bylaws.

On August 14, 2007 the Board of Supervisors accepted DHS preliminary plan to convene Health Action.

**FISCAL SUMMARY**

<b>Expenditures</b>	<b>FY 21-22 Adopted</b>	<b>FY 22-23 Projected</b>	<b>FY 23-24 Projected</b>
Budgeted Expenses			
Additional Appropriation Requested			
<b>Total Expenditures</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Funding Sources</b>			
General Fund/WA GF			
State/Federal			
Fees/Other			
Use of Fund Balance			
Contingencies			
<b>Total Sources</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Narrative Explanation of Fiscal Impacts:**

Positions previously dedicated to Health Action and funded through realignment will be funded through a mix of realignment and other program and grant funding sources. Four positions currently budgeted to Health Action are supported through Realignment and other program funding sources including the Community Development Commission, Measure O, Whole Person Care, and other Public and Behavioral Health programs. One position is funded through the California Accountable Communities for Health Grant. For the next budget year, the positions will continue to be budgeted through Realignment and other known sources (Community Development Commission, Measure O) as well as other sources that will be determined. These positions work on a variety of types of projects including facilitation, community partnerships and planning, strategic planning, equity, evaluation and program design among others.

<b>Staffing Impacts:</b>			
<b>Position Title (Payroll Classification)</b>	<b>Monthly Salary Range (A-I Step)</b>	<b>Additions (Number)</b>	<b>Deletions (Number)</b>

**Narrative Explanation of Staffing Impacts (If Required):**

There are no staffing impacts. Current staff supporting Health Action will be redirected to other projects, continuing a path of decreasing staff time on Health Action and increasing their time on other work that has occurred over the last 5 years (as described above).

**Attachments:**

Attachment 1 - Resolution

Attachment 2 - Community Health Improvement Action Council Agenda Item Summary Report; August 14, 2007

**Related Items "On File" with the Clerk of the Board:**

None