

NOVEMBER 2012

# ahead of the curve

**SONOMA COUNTY  
DEPARTMENT OF HEALTH SERVICES  
STRATEGIC PLAN**

*prepared by*

MIG, Inc.

Harder + Company Community Research



**sonoma county**  
DEPARTMENT OF HEALTH SERVICES

## ACKNOWLEDGMENTS

The Strategic Planning process succeeded through the contributions and effort of many people. Thank you for your commitment of time and ideas.

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Finally, we acknowledge and appreciate the participation of the Department of Health Services staff, including managers, supervisors and front-line personnel.

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November 2012





## message from the director

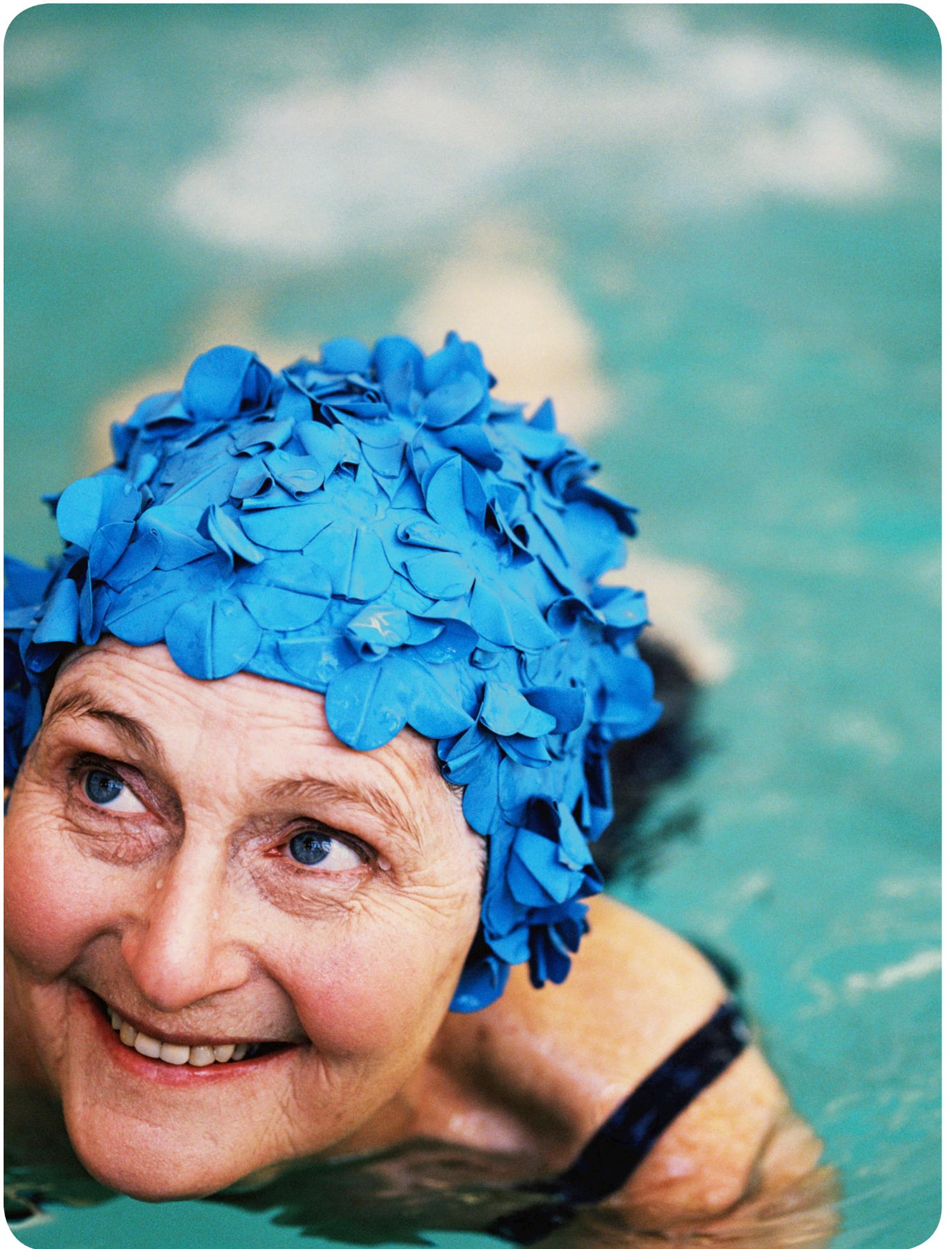
The Department of Health Services has charted a steady course since 2007, navigating through layers of change to position the county for current and future opportunities. Change in the County organization as well as at the State and Federal levels continues to provide opportunities and uncertainty, and the Department must continue to adapt to meet the challenges of the dramatically changing health care environment. During this time, we have been highly successful in community engagement, leading to the development and implementation of innovative, best-practice efforts such as the Mental Health Services Act Community Plan, Health Action 2013–2016 Plan, First 5 Sonoma, and Food Systems Action Plan to name just a few.

The passage of the Affordable Care Act and the development of the National Prevention Strategy has provided local health jurisdictions with a clear mandate to focus on three main areas; strong service models that improve access to quality, affordable, prevention focused health care; address local health inequities and create healthy communities for all to live, work, learn and play; and improve local public health practice including leadership and skills in community health assessments, health policy, planning and evaluation, seek national accreditation, and develop and support the public health workforce of the future.

This Strategic and Communications Plan provides common threads from our successful program work to Departmental goals and the County's Strategic Plan, to the National Prevention Strategy. The views of Department and other County staff are reflected in this work along with the views of our valued community partners and those we serve. Over the coming years, this plan will help us capture and communicate our contributions to the community as well as help guide us through emerging challenges to continued success. Together, we will make Sonoma County the healthiest County in California by 2020.

I am deeply grateful for the energy, passion, and commitment of all our staff and leadership team, a pro-active Board of Supervisors, the partnership of County Department Heads and County Administrator. Collectively, our focus and dedication we will help create Safe, Healthy, Caring Communities; ensure Economic and Environmental Stewardship; Invest in the Future; and encourage Civic Services and Engagement throughout Sonoma County.

Rita Scardaci, Director of Health Services



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## chapter 1 introduction

The role of the Sonoma County Department of Health Services (the Department) is to coordinate and deliver health services and to support the programs and services that promote and protect the health of all residents. In the day to day, the Department provides direct services, builds and manages strategic partnerships, and develops and advocates for sound policies that help meet community health needs.

### **A Changing Community**

Sonoma County's population has three predominant trends of growth: in its senior population, Hispanic/Latino population, and low-income population. Meanwhile, the divide between urban, suburban and rural cultures is a continuing influence in public services, economic opportunity and politics. The County's cultural and linguistic differences and the diverse character of its many communities are important and defining assets. At the same time, they can also create challenges in reaching residents and visitors with the information and health-related services they need most.

### **A Growing Need**

There is a great and growing need to raise general public awareness about the many factors and decisions that influence health outcomes so that the problems that afflict our communities may be prevented and appropriately addressed. While clinical care and services for those needing medical support are critical to individual health, increasingly health care practitioners, community advocates, and many others recognize that the way we build and design our neighborhoods, protect our local food supply, and preserve our natural environment affect the lifestyle choices we make; and that these choices impact not only the health of the individual, but that of whole families and communities. Many other factors, both societal and environmental, affect health in significant ways.

## An Evolving System

The Department recognizes the importance of engaging all communities so that local needs are better understood and met. The Department is responding to the call to create new service delivery systems that address the County's changing health needs, particularly those of the growing older adult, low-income and Latino populations. The Department's new Strategic Plan places high priority on health equity, as well as prevention-oriented and place-based policies and investments.<sup>1</sup>

The breadth and diversity of the Department's work, its developing organizational structure, and its ever-evolving responsibility to the public create challenges in succinctly explaining the Department's organization, roles and responsibilities to both Department staff and to the broader community. The Department recognizes that promoting understanding of its mission and work ("branding") and more effective internal and external communications are critical to overcoming this challenge and to positioning the Department as the trusted, "go-to" convener and partner in addressing

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<sup>1</sup>"Health equity" is generally defined as when all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance. "Health inequity" therefore is a difference or disparity in health outcomes that is systematic, avoidable and unjust.

"Place-based" is a recognition that there is a significant connection between health and place, that maintaining good health is easier when people are surrounded by healthy choices in their schools, workplaces and neighborhoods, and that building healthy surroundings for people is a collaborative effort that must involve the whole community.

the County's health-related needs. In order to stay ahead of the curve in this regard, the Department has developed a Communications Plan to complement this Strategic Plan. The Communications Plan is summarized in Chapter 5 and is available in its entirety as a separate document. Because communications is a strategic priority, both plans should be regarded as a complete package.

## Organizational Overview

The Sonoma County Department of Health Services is charged with protecting the health of the public by administering state and federal programs, developing and implementing local programs and policies, convening various community coalitions, and supporting the local health system. The Department accomplishes its mission through promoting upstream practices, prevention, recovery, and wellness; developing policy and services; building community capacity; and promoting advocacy and education. The Department receives funding from various sources, including state and federal allocations, state realignment sales tax allocation, grants, fees for services, and disbursements from the County General Fund. The Department is comprised of an Administrative Services unit and three operating divisions: Public Health; Behavioral Health; and Health Policy, Planning, and Evaluation.

Supported by the Administrative Services unit, these operating divisions provide a wide range of community health services. The Department provides direct public health services through the areas of Environmental Health, Family Health, Sonoma First 5, Coastal Valleys Emergency Medical Services Agency, Emergency

Preparedness, Disease Control, Juvenile Hall, Sexual Assault Response Team, Regional Public Health Laboratory and Animal Care and Control. Responsibilities also include a variety of commissions and committees including Maternal, Child and Adolescent Health Advisory Board, Emergency Medical Coordinating Council, and the Sonoma First 5 Commission. It also serves participants in the Sonoma County Commission on AIDS, Healthy Kids, the Infectious Disease Task Force, the Oral Health task force and many others.

In addition, the Department provides a wide variety of direct health services in mental health and alcohol and drug programs, many of which are in partnership with local and specialty providers, community based organizations, and in collaboration with clients and families. Responsibilities include a variety of commissions including the Mental Health Board and the Sonoma County Advisory Board on Alcohol and Drug Problems. Additional programs include 24-hour psychiatric emergency, forensic and adult rehabilitation services, substance use treatment and recovery programs primarily through community-based contracts, consumer programs and services, family treatment and support programs for high-risk youth, a mobile crisis response team, prevention and early intervention programs, case management, and technical assistance, quality assurance and compliance monitoring of the network of treatment provider agencies.

Department-wide efforts focus on health policy, planning and evaluation to support the community in eliminating health disparities, and empowering our community to be the healthiest county



in California by 2020. To achieve this, the Department is increasing its efforts in place-based approaches to health, communications, policy development, and community investments, and providing staff “backbone” support to Health Action.<sup>2</sup> In addition, these Department-wide efforts include coordination of the legislative platform, support for policy development, advancement in technology systems, and development of a data infrastructure to support the work of the Department.

### **Purpose of Strategic Plan**

The Department’s current mission is to work with individuals and communities to achieve and preserve health and well-being. The Department has recently undergone a reorganization process and, as part of the effort to refresh and renew its commitment to this mission, began a project to develop a strategic and communications plan.

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<sup>2</sup> “Backbone” support is one of the five critical components of Collective Impact, an approach to large scale systemic change to improve social issues. For more information on Collective Impact, see: [www.fsg.org/tabid/191/ArticleId/211/Default.aspx?srpush=true](http://www.fsg.org/tabid/191/ArticleId/211/Default.aspx?srpush=true)

The Department is moving toward national accreditation, and this Strategic Plan is a prerequisite. The Public Health Accreditation Board (PHAB) is a nonprofit organization working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the United States through national public health department accreditation. While accreditation is provided through the PHAB, the Department is positioning itself to incorporate the standards and continuous improvement framework provided through accreditation across the entire organization.

After a lengthy review process, the *PHAB Accreditation Standards and Measures* and the *Guide to National Public Health Department Accreditation* were released in 2011. Standard 5.3 defines the Strategic Plan as follows:

***"Standard 5.3: Develop and implement a health department organizational strategic plan.***

*Strategic planning is a process for defining and determining an organization's roles, priorities, and direction over three to five years. A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it. The strategic plan provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities. A health department's strategic plan focuses on the entire health department. Health department programs may have program-specific strategic plans that complement and support the health department's organizational strategic plan."*

The Strategic Plan will be complemented by annual implementation action plans, which will "unpack" the strategies in this

plan into specific actions with assigned champions and timeframes for completion. In many cases, individual programs have existing plans in place that align with the Department's Strategic Plan. Moving forward, future implementation planning will build on existing efforts to strengthen this alignment. As such, this Strategic Plan does not provide detailed programmatic planning. Instead, this Strategic Plan solidifies the direction and focus of the Department, aligns that direction with the County's Strategic Plan, and thus provides a link between the Department's day-to-day programmatic efforts and the County's broad strategic vision.

The combined efforts of many elected leaders, staff, community partners and members of the public will help achieve improved health and a transformed health system in Sonoma County. The Department is fully committed to implementing this Strategic Plan to build on the many excellent and effective initiatives currently underway, and to take the next step to stay "ahead of the curve."

### **Related and On-Going Priorities**

The Department of Health Services Strategic Plan must be seen in the context of many other related and on-going priorities, and, with the County's Strategic Plan, serves to knit these together into one integrated, consistent, collaborative commitment to health and well-being for all who live, work, and play in Sonoma County. The many efforts of other County Departments and Divisions, in addition to the programs, services and support provided by partner organizations extend and complement the work of the

Department. The diagram below shows the relationship among major Department plans and to the County Strategic Plan, and illustrates the mutually reinforcing nature of these efforts.

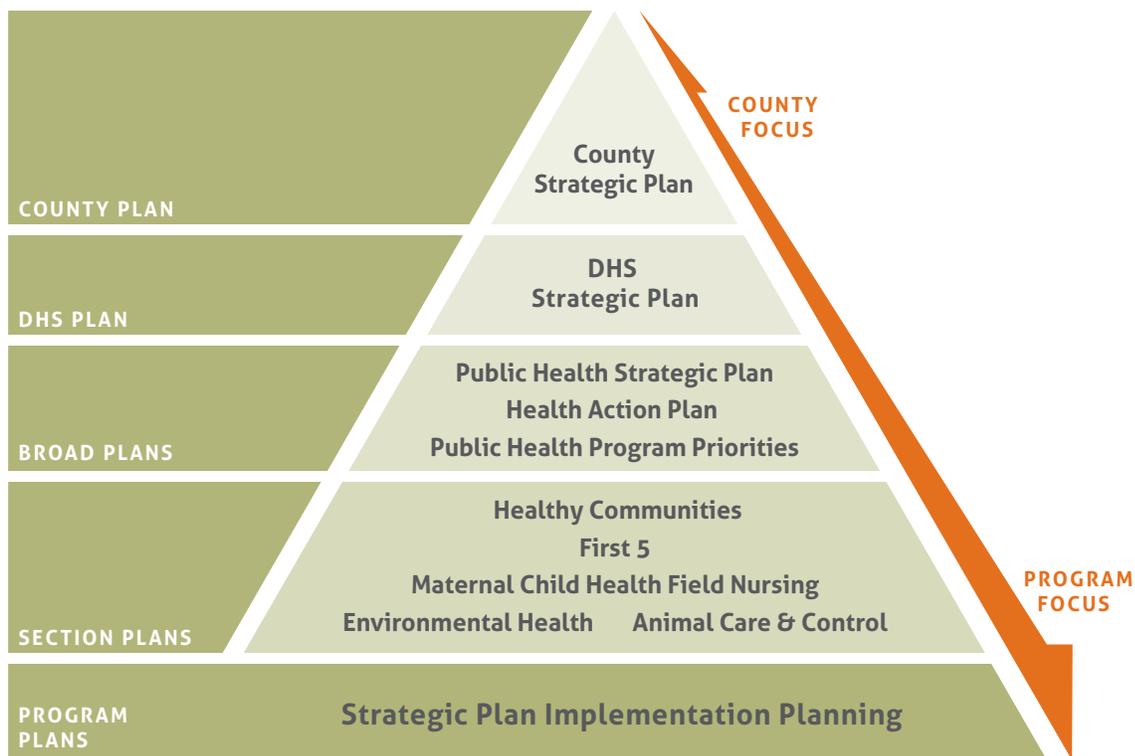
In the diagram, the County Strategic Plan identifies the broadest goals for the County organization as a whole.<sup>3</sup> This includes the overall vision for the County of “Investing in Beautiful, Thriving and Sustainable Communities for All,” and the four major Goal Areas of:

- **Goal 1: Safe, Healthy, and Caring Communities**
- **Goal 2: Economic and Environmental Stewardship**

- **Goal 3: Invest in the Future**
- **Goal 4: Civic Services and Engagement**

All departments in the County support these goals by providing services internally and to the public. Many departments are developing strategic plans to demonstrate this alignment and to tie individual programs and services together with departmental goals and outcomes that provide a pathway for understanding how daily programmatic work, detailed project work plans, and individual performance support the County’s overall Goals and Vision.

Relationship Among Mutually Reinforcing Plans and Initiatives



<sup>3</sup> For more information on the County’s Strategic Plan, see: <http://www.sonoma-county.org/strategic/>



### **DHS Timeline: A Continuing Transformation**

The graphic on the facing page shows the major events, initiatives and other milestones that have impacted the Department of the prior decade. These milestones are part of a transformation from a relatively traditional health department to one that is more collaborative, responsive, open, connected and bold in efforts and outcomes.

The timeline of key events reflects the shifting landscape of health care as well as financial pressures experienced by most local governments throughout the country. Economic drivers, particularly contraction of Federal and State funding for health programs have forced local government agencies tied to these funding sources to evaluate how to provide services more efficiently, including significant organizational restructuring. In the case of health

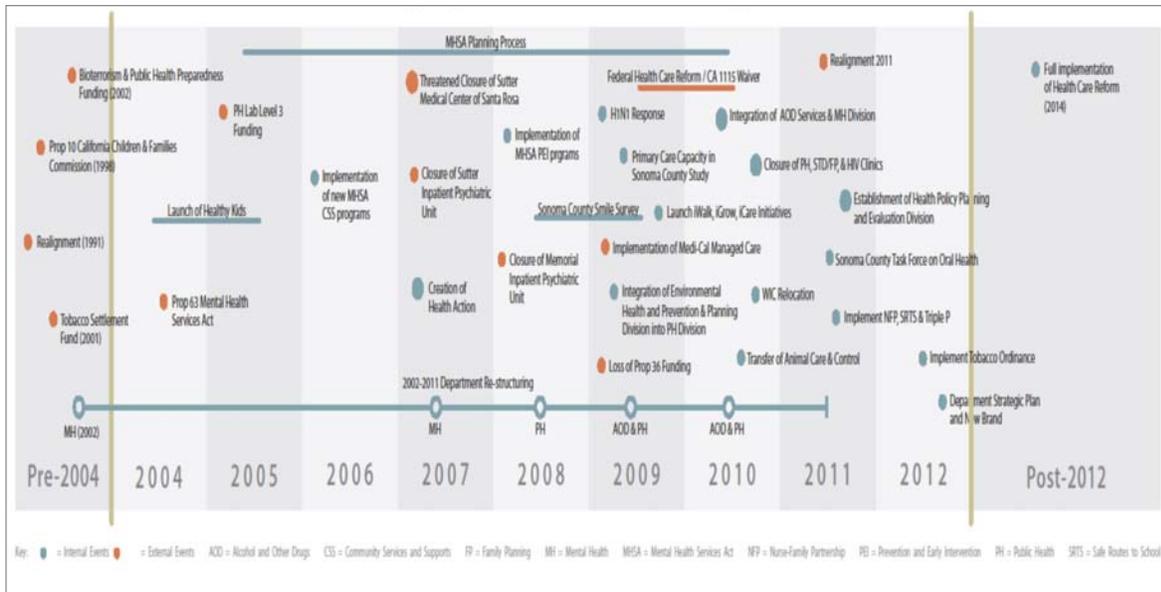
agencies, this financial pressure has been coupled with major health trends, such as the increasing rate of obesity, and a growing number of people without health insurance coverage. More recently, the development of the National Prevention Strategy and implementation of the early provisions of the Affordable Care Act have encouraged health jurisdictions to evaluate how best to support the health of the community and effectively deliver services.

While the Department's organization and some of its direct services have shifted in recent years, the focus on promoting, protecting and improving the lives of individuals and the community as a whole has ultimately not changed. Through organizational restructuring, addressing financial pressures, and in anticipation of health care reform, the Department has strengthened and expanded its network of partnership with community organizations. In this vein, the Department is engaging in more efforts aimed at systems change that influence health, such as education, income/economic development, and the physical environment, in addition to ongoing efforts to improve the local health system. The future will continue to present new opportunities and external pressures that stimulate further evolution and innovation in the Department's service delivery model, network of partnerships, and role in ensuring the health of the community.

### **The Strategic Planning Process**

The Sonoma County Department of Health Services, in conducting the strategic and communications planning effort, sought to:

## Sonoma County Department of Health Services Key Events Timeline



- Develop a strategic plan that articulates the Department’s vision, goals and focused strategic directions for the next five years;
- Implement a process that involves staff and key stakeholders in thinking about the opportunities and challenges facing the Department; and
- Create a brand identity and communications plan to better position the Department with a fresh and engaging presence in the community.

The Department procured assistance for the strategic planning and communications effort, hiring the consultant team of MIG, Inc., Harder + Company Community Research, and Common Knowledge, which began work in December 2011.

Plan development proceeded with the participation, support and oversight of an Executive Planning Committee—comprised

of the Department Director and management team members—and a Planning Group, consisting of representatives from the Department’s staff and a cross-section of community partners. The Planning Group was carefully crafted by the Executive Committee to include “usual and unusual suspects” representing a variety of sectors, including community-based organizations, city and county agencies, education, law enforcement, media and public information, private and nonprofit health services, and business. The Planning Group was responsible for clarifying planning questions, refining goals and developing strategy recommendations. A set of Goal Area Workgroups was formed to provide input into the strategies.

Following a project initiation meeting with the Executive Planning Committee, the consultants began reviewing background

materials and relevant data and working with staff to develop preliminary vision, mission and goal statements. Discussions with the Executive Planning Committee and the Planning Group regarding the data and a “Strengths, Weaknesses, Opportunities, Threats” (SWOT) analysis revealed some far-reaching questions to be answered in the Strategic Plan:

- How can a systematic approach to coordination and integration of behavioral and public health services be developed with a focus on prevention and early intervention?
- What are the most effective place-based approaches to community health improvement?



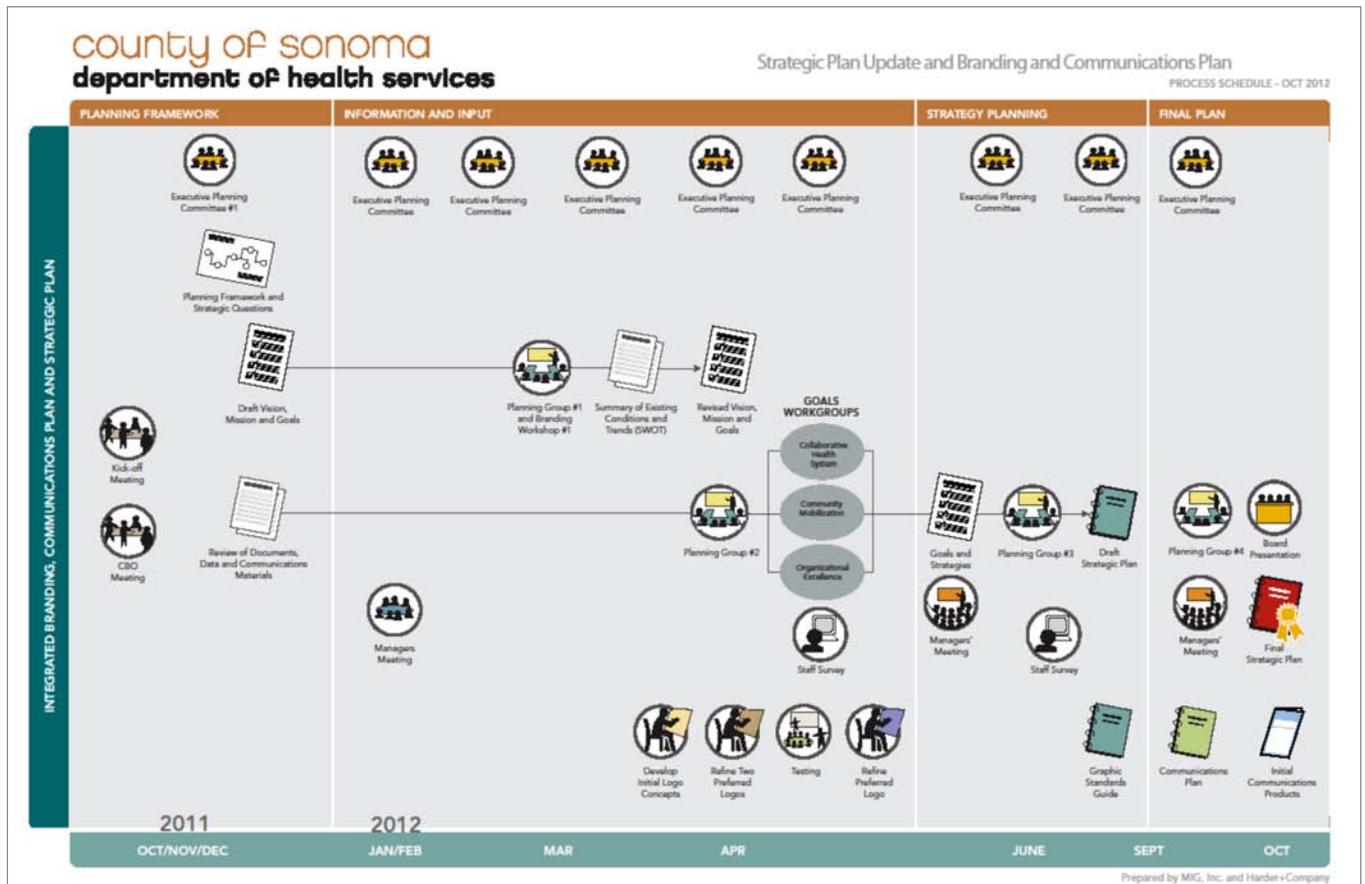
- How can the Department lead and build outreach and community education efforts to help Sonoma County residents understand the connection between behavior and lifestyle choices and preventable chronic disease as well as the importance of environmental change?

The Planning Group convened in three working sessions to consider these questions, review and refine the environmental scan (or SWOT analysis), articulate and explore goal areas, and develop preliminary goal statements and strategies. These were vetted and refined further in several Executive Planning Committee meetings and a Department’s Managers meeting, in addition to more informal conversations at the division level.

On a parallel track, MIG also designed and conducted a process to develop a communications plan to support and extend the strategic plan. This effort included the following tasks:

- Interview Executive Team members;
- Analyze the Department’s strengths, weaknesses, opportunities and threats (SWOT);
- Review existing communications materials;
- Facilitate a branding and communications workshop with a diverse set of agency partners and stakeholders;
- Convene meetings with a Communications and Branding Work Group with representatives from both within and outside the Department; and

Sonoma County Department of Health Services Planning Process



- Develop, test, refine and finalize a strategic communications plan and brand identity for the Department.

and the full Plan is available as a separate document. It serves as an action plan for one of the strategies in the Strategic Plan.

The resulting Communications Plan reflects the perspectives and contributions of many, and, paired with the Strategic Plan, is intended to guide the Department’s communications for the next three to five years. The Communications Plan is summarized in Chapter 5 of this document,

The planning process, including major activities and products, is illustrated above.



## chapter 2 building on a solid foundation

The Sonoma County Department of Health Services has undergone major transformation over recent years, and continues to evolve. At the same time, as stated previously, Sonoma County's population is changing. Through this transformation, the Department must ensure the development of new health promotion, education and service delivery systems to address the health care needs all resident's with particular attention devoted to the County's major demographic groups: the growing older adult, Latino, and low-income populations.

Within this context, myriad pressures external to the Department impact resources and services, including high expectations for quality services, increasing public skepticism of government, pockets of resentment toward public-sector employees, a perceived lessening of civility, state-level budget gridlock, aging infrastructures, a flagging economic recovery, and more. There are also positive indicators in the state and County related to a new focus on health, broadly defined, and prevention, food security, environmental sustainability, social equity, smart growth, active living, and a celebration of cultural diversity and ethnic tradition.

In addition, federal and state health care reforms is causing responsibility for health care is fluctuating between state to county governments, all while a lingering recession creates difficulty in balancing budgets locally and at the state and federal levels. Moreover, big changes are underway as a result of federal health care reform (the Affordable Care Act) and the California "Bridge to Reform" 1115 Medicaid waiver.

Nationwide, as a result of the Affordable Care Act and other federal policy initiatives, the focus on investing in prevention is increasing. To accomplish the goal of health at every stage of life, the National Prevention Strategy identifies four strategic priorities:

- Healthy and safe community environments
- Clinical and community preventative services

- Empowering people with knowledge, ability, resources and motivation
- Elimination of health disparities

In addition to this national framework, the “Spectrum of Prevention” approach guides many aspects of the Department’s work. It identifies multiple levels of intervention and helps people move beyond the perception that prevention is merely education, a strategy that alone has limited effectiveness. It provides a more comprehensive framework for prevention with six levels for strategy development. These levels, delineated in the table below, are complementary and when used together produce a synergy that results in greater effectiveness than would be possible by implementing any single activity or linear initiative.

The Department is using the National Prevention Strategy as a guide for developing and implementing services, focusing on both improving key underlying determinants of health and on supporting a more responsive health care system. And, through Health Action, staffed and convened by the Department, is working to align community efforts with the National Prevention Strategy as well. Together, the work of the Department and the efforts of Health Action, with the County’s Upstream Investments Policy, provide a framework for influencing the underlying systems in the community that affect health.

The Department has already positioned itself to respond to the developments in health care reform by making structural changes through reorganization and

**The Spectrum of Prevention**



service integration, and making investments in pilot programs such as the Patient Centered Medical Home (PCMH) Learning Collaborative aimed at helping primary care practices in Sonoma County transform into patient-centered models of health care delivery.

In addition to many recent and anticipated changes in health care, the compelling evidence related to the social determinants of health is an important reality and key driver of this Plan. The Department promotes a broad and deep understanding of the determinants of health and approaches to its improvement that includes multiple factors that combine in unique ways for each individual and community. The diagram below shows this complexity in relation to the range of

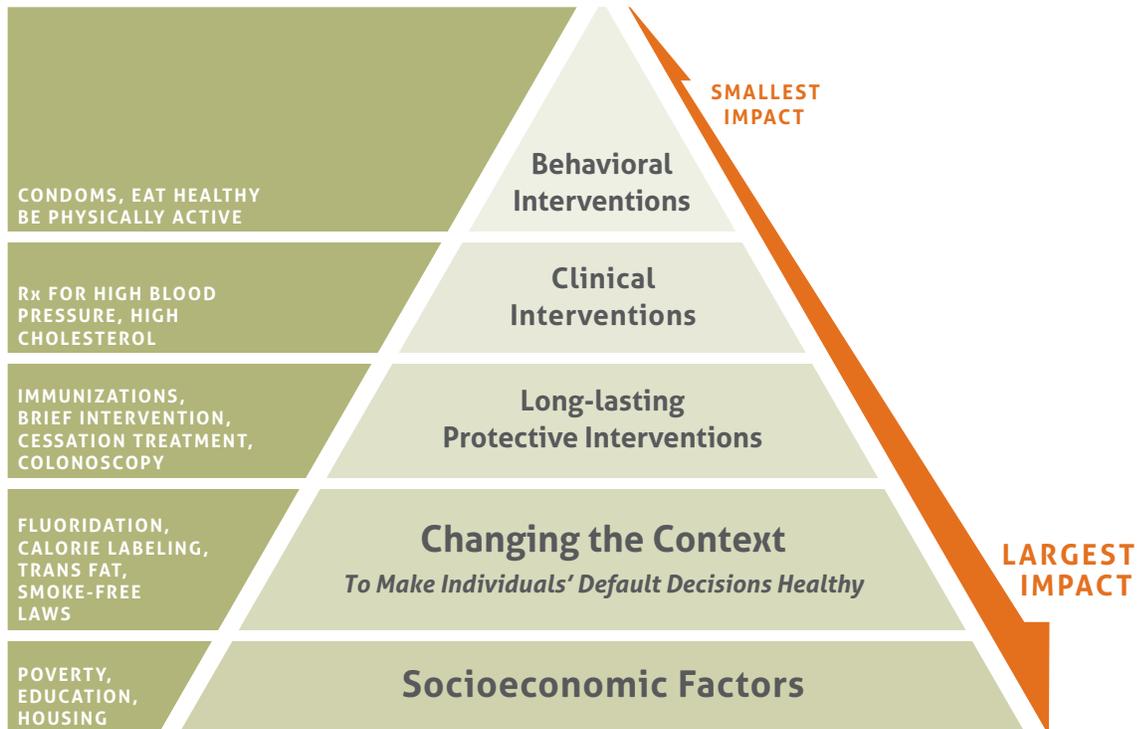
interventions that can affect health, with an associated range of impacts.

### A Snapshot of Sonoma County

Good planning always starts with an understanding of local conditions, trends, pressures and possibilities. The demographic data summarized below presents a snapshot of population characteristics, and, along with selected health status data shown in the Appendix, provides context for the Strategic Plan.

- The racial/ethnic composition of the Sonoma County population continues to shift. The proportion of Hispanic/Latino population has increased over time and is projected to account for 31% of the overall population by 2020. The proportion of the White, non-Hispanic population has decreased

#### Interventions to Affect Health





over time and is projected to account for 57% of the overall population by 2020. (Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050, Sacramento, CA)

- Sonoma County residents have a higher level of educational attainment relative to California as a whole. 65% of the county population reported having more than a high school education, compared to 59% statewide. However, there are significant disparities by race and income in Sonoma County. (Source: American Community Survey, 2006–2010)
- The Sonoma County population aged from 2000 to 2010: The median age in Sonoma County rose from 37.5 years

to 39.9 years. The older adult population (ages 60+) in Sonoma County experienced a 200% increase from 2000 to 2010. (Source: U.S. Census Bureau, 2000 and 2010). Projections show that this trend continues now and will into the foreseeable future. However, the fastest growing population sector is young Hispanic or Latino individuals.

- The proportion of Sonoma County residents living below 200% of the Federal Poverty Level (FPL)<sup>1</sup> increased, from 24% in 2006 to 30% in 2010. Adults ages 18–64 experienced a 26% increase in 200% FPL from 2006 to

<sup>1</sup> 2006: 200% FPL for a family of four equaled \$40,000; 2010: 200% FPL for a family of four equaled \$44,100.)

2010. While this trend began prior to the recession of 2009–2011, the recession has undoubtedly exacerbated these conditions. (Source: 2006 and 2010 American Community Survey 1-year Estimates.

### Strengths, Weaknesses, Opportunities and Threats (SWOT)

As part of preparing to set long-range goals and develop a focused set of strategies to guide decision-making and action, the Department engaged their community organization and agency partners to determine perceptions of the Department's strengths and challenges, as well as external opportunities and threats. The Department also sought input from the Planning Group and the staff in two workshops with Department Managers.

The following presents the major findings of these efforts, further illustrating all that the Strategic Plan should address, build on, and anticipate. As with all organizations, the Department of Health Services has a mix of strengths and weaknesses, affected by significant external pressures and internal factors. The information shown below is the result of a highly participatory process, and thus contains contradictory views, or differences of opinion and perception about the Department's current strengths, weaknesses, opportunities and threats. The SWOT information is essentially a snapshot in time that is most useful as a short term reflection of perceptions and opinions, which served to inform development of the Strategic and Communications Plan, along with other factors considered, such as demographics,

successful current programs, evidence-based practices, and leadership's preferred direction.

### Strengths

Participants cited a number of organizational strengths, including:

- **Leadership.** The Department has solid leadership and a great passion for the work. The Department employs a strong collaborative approach in working with CBOs and other partners and a commitment to transparency, inclusivity, forward-thinking planning, coordination and innovation. The Department does a great job in adapting to changing conditions and in working with the Sonoma County Board of Supervisors.
- **Human Resources/Staff.** The Department has knowledgeable and passionate staff. Its workforce is diverse.
- **Programs.** There is a commitment to field-based programs, best practices and to community engagement in program design and implementation. There has been a dramatic increase in community contracts and a willingness to take on new initiatives. Participants value the Department's support for programs in diverse communities and the strong relationship between Behavioral Health and the community. Of particular note are the teen parenting program and case management, as well as the initiatives that are mindful of good communications, such as, iWALK and iGROW.
- **Finance.** Participants value the community participation in programmatic funding decisions and the Department's ability to identify and secure new resources and grants.

- **Data and Outcomes.** The Department has a strong commitment to and alignment with health outcomes articulated by First 5 Sonoma County, Health Action and Maternal Child Health.

### **Weaknesses**

Participants identified the following internal weaknesses, including:

- Inadequate internal communications
- Inadequate strategic direction to improve impact
- Need for more internal collaboration, addressing silos
- Need for better recruitment to increase diversity at all levels
- Need for increased attention to staff retention
- Need for better, more frequent and consistent external communications
- Inadequate funding and budget cuts
- **Leadership.** Participants had concerns about leadership changes, about the County's process, and about the Department's ability to respond to the changing conditions stemming from health care reform and engage all regions of Sonoma County. They feel there needs to be more leadership and engagement in the hospital care system, and greater attention paid to licensing requirements. They also cited the need for increased focus on staff retention, increased collaboration to address internal silos and a more robust strategic direction to enhance impact.
- **Human Resources/Staff.** Participants cited an overall lack of staff awareness of progress that has been made in the Department. They are interested in recruiting a more diverse, culturally and linguistically competent workforce, and feel there is a need for cultural sensitivity training for managers and supervisors.
- **Programs.** Participants cited the lack of sustainability and continuity of programmatic initiatives as a major organizational weakness. They believe there is a need to improve access to health care, to improve coordination and information regarding emergency preparedness and to build community capacity for health literacy. They would like to see the Department work more closely with faith groups, as well as with K-12 and higher education.
- **Data and Outcomes.** Participants want to see the Department enhance its information technology and make data available, understandable, usable, and meaningful. They suggest that current data doesn't help staff understand what the Department does well.
- **External Communications.** Participants see a need for more proactive external public relations, for greater and broader public and consumer education, and for social marketing initiatives to articulate and promote community health goals, needed environmental changes and outcomes.

### **Opportunities**

Planning Group members identified the following external opportunities; i.e., those changes in the environment that might allow the Department to better achieve its vision and mission:

- Economic downturn has created new partners in education and workforce development
- Federal health care reform provides for additional access to services among other major changes

- The size of Sonoma County makes the Department’s goals and vision attainable
- New talent coming into the workforce will energize and extend Department capabilities
- The innovations of prior leaders need to be institutionalized
- Creating an inclusive framework in the system can ensure everyone has a role; i.e., “all hands on deck”
- Social media can improve communications and access to information
- Scaling down in direct service delivery (in some areas) places a focus on health promotion and prevention
- Streamlining at the state level offers greater efficiency
- Acknowledging mutual dependencies can foster an environment of working jointly to meet needs
- Exchanges created under health care reform have implications for those with low incomes
- Big changes at state level; e.g., MHSA will split up, and it’s uncertain who will provide oversight
- Realignment 1991 and 2011/AB 109
- Significant turnover in senior staff creates a loss of institutional knowledge
- Risk management
- Expectations for engagement through social media; the Department is falling behind.

### Threats

Planning Group members identified the following external threats or challenges (changes in the environment that might create barriers to achieving the Department’s vision and mission):

- Fiscal and political uncertainty at the federal level
- Significant federal and state funding cuts
- The Department’s partners are under great economic strain





## chapter 3 staying ahead of the curve

The discussion of overall context, including current data and trends, and the assessment of the Department's strengths, weaknesses, opportunities and threats ensured that the strategic plan would be tailored to the Department's specific time and place. The planning process addressed all the classic elements of a strategic plan, with participants developing initial concepts and then responding to draft wording through an iterative process.

The framework for the strategic plan is built upon the organization's stated mission and the core values it embraces in pursuit of a positive vision for the future. Goals guide the strategies and actions that help achieve the vision, consistent with the values and mission.

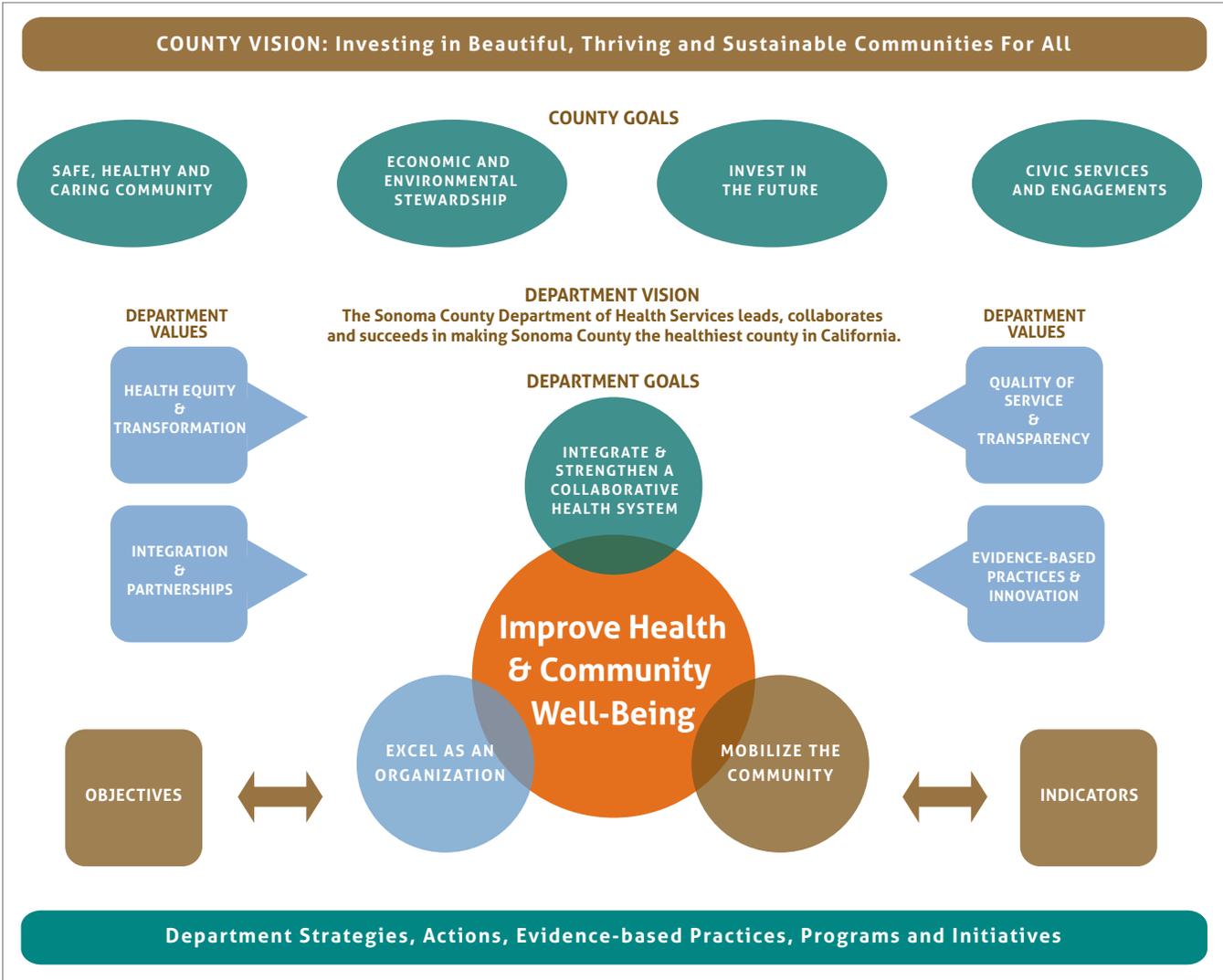
- The **Mission** states the purpose of our organization; in effect, it is the role we play to achieve the Vision. It tells us and others what business we are in.
- **Values** represent the beliefs and principles that guide all Department staff in their day-to-day work. They define what it is that gives meaning to our work.
- The **Vision** describes the ideal future the Department is striving to create. It explains where we are going.
- **Goals** are broad statements of direction that the Department will pursue in order to fulfill our Mission. They describe what we want to achieve.

### Strategic Plan Framework

The diagram below provides a one-page visual overview of the Strategic Plan Framework, with the full text of each element following. This graphic shows the

interrelation of the Department's Strategic and Communications Plan components, including the Department's Vision, Values, and Goals, in the context of supporting the County's strategic direction.

#### Sonoma County Department of Health Services Strategic Plan Framework



## Updated Vision, Mission and Values

The Vision, Mission and Values statements are newly crafted as part of this planning effort.

### Vision

The Department's vision is:  
*The Sonoma County Department of Health Services leads, collaborates and succeeds in making Sonoma County the healthiest county in California.*

### Mission

The mission of the Sonoma County DHS is to:  
*Promote and protect the health and well-being of every member of the community.*

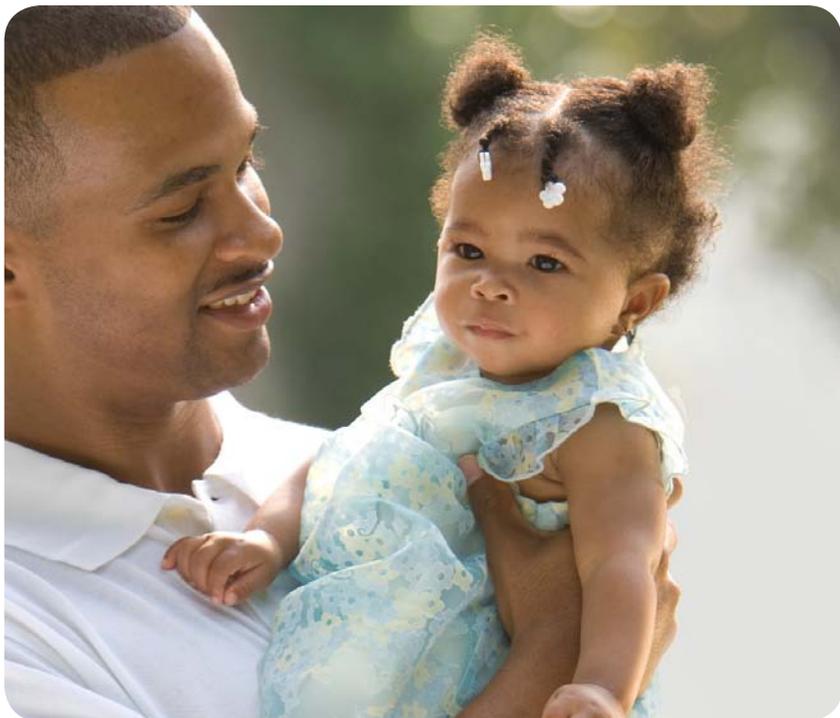
### Values

**Health Equity.** *We strive for all individuals and communities to have equal opportunity for health and well-being.*

**Transformation.** *We believe individual and community health cannot prosper without a transformed health system and community environment.*

**Integration.** *We understand health as an integrated, complex, dynamic state of being and we strive for an integrated approach in all that we do.*

**Partnerships.** *We collaborate with our many partners as necessary to achieve our goals and vision, which are shared by many in our county.*



**Quality of Service.** *We are committed to high quality in all of our direct services.*

**Transparency.** *We believe that we must be transparent in our processes and decisions and accountable to those we serve.*

**Evidence-Based Practices.** *We believe that data about real outcomes informs our practice, and we build on demonstrated success.*

**Innovation.** *We strive to create a culture of creativity among our staff and encourage innovation in partnership with other organizations and within the community.*

Vision, Mission and Goals Alignment

	Sonoma County Strategic Plan 2011	The Department of Health Services Strategic Plan 2012
VISION	Investing in beautiful, thriving and sustainable communities for all.	Sonoma County DHS leads, collaborates and succeeds in making Sonoma County the healthiest county in California.
MISSION	To enrich the quality of life in Sonoma County through superior public service.	Promote and protect the health and wellbeing of every member of the community.
GOALS	<ul style="list-style-type: none"> <li>• Safe, healthy and caring community</li> <li>• Economic and environmental stewardship</li> <li>• Invest in the future</li> <li>• Civic services and engagements</li> </ul>	<ul style="list-style-type: none"> <li>• Improve health and community well-being</li> <li>• Integrate and strengthen a collaborative health system</li> <li>• Mobilize the community</li> <li>• Excel as an organization</li> </ul>

**Alignment with County Strategic Plan**

The DHS Strategic Plan has been developed to align with and reflect the priorities of the County as a whole. The above table vividly demonstrates the linkage between the Department Strategic Plan and the core elements of the County Strategic Plan, which was adopted in 2011.

- **Indicators** are measures of progress toward the objectives and goals.
- **Strategies** describe how the Department will accomplish these goals and objectives, i.e. the methods, resources, processes, or systems they will carry out or utilize to achieve success.

**Department Direction**

The following pages describe the broad, overall directions the Department intends to pursue to carry out its Mission and achieve the desired future described in our Vision. These organizational priorities are defined by four Goals, which are broad aspirational statements for the Department. In turn, the nature and scope of each Goal is further defined and supported by the following elements:

**Goals**

The following four strategic goals were first conceived by the Department Director, and then modified in an iterative fashion over five meetings involving the Executive Planning Committee, the Department Managers and the Strategic Planning Group.

- **Objectives** represent expected results or measurable targets that the Department will need to achieve in order to make progress toward each Goal.

- **Integrate and strengthen a collaborative health system.** The Department will help to transform the way people access health services by providing leadership on the delivery of these services: promoting and offering equitable access to preventive and treatment services for everyone, with a priority for those with the highest need for intervention and treatment.

### Interrelationship of Strategic Goals



- **Mobilize the community.** The Department will engage with diverse cultural populations and other community stakeholders to improve health, and will integrate community engagement into the design, delivery and evaluation of health services.
- **Excel as an organization.** The Department will increase our capacity to meet our public health responsibility through continuous improvement in internal systems, communications, cultural competency, effective partnering and taking good care of our staff.
- **Improve health and community well-being.** The Department will work in partnership with the entire Sonoma County community to affect policy change, create responsive, nimble systems and make tangible changes in the environment to support health and well-being for all.

### Objectives and Indicators

The goals are supported by a set of objectives that state the specific outcomes to

be expected from implementation of the strategies over time. Each of the objectives below relates to two or more of the goals. The indicators associated with each objective present measures that can be tracked to show the degree of progress toward the stated outcome, and therefore toward the goals and ultimately the vision.

Some of the indicators will require analysis of existing data (e.g., epidemiological and school district data that are routinely collected) or primary data gathering, in the form of surveys (shown with an asterisk\*). Some indicators represent milestones to achieve, while others are specific measures to track. Together, they should provide a data- and fact-driven profile of how the Department is advancing toward our goals and objectives.

The objectives and indicators supporting the strategic goals are found in the table on the following pages.

Objectives and Indicators Supporting Strategic Goals

Objectives	Indicators
<p><b>A. Sonoma County residents, workers and visitors...</b></p> <ul style="list-style-type: none"> <li>• have access to and consume healthy food</li> <li>• are physically active</li> <li>• enjoy good mental health</li> <li>• have health care coverage</li> <li>• are connected to prevention-focused primary care</li> <li>• do not abuse alcohol or prescription drugs, and do not use tobacco or illicit drugs</li> </ul>	<p>Percent of Sonoma County residents who eat 5 or more fruits and vegetables per day*</p> <p>Percent of Sonoma county adults and children who consume 1 or more sugary drinks per day</p> <p>Percent of Sonoma County adults who are obese</p> <p>Percent of Sonoma County 5th graders who are obese</p> <p>Percent of Sonoma County residents with access to fluoridated water</p> <p>Percent of adults who reported getting no leisure time physical activity in the past 30 days*</p> <p>Percent of 7th graders that achieve the Healthy Fitness Zone for all 6 areas of the annual California Physical Fitness Test</p> <p>Percent of commuters who use active transportation (walk, bike or public transit) to travel to work</p> <p>Percent of adults who report needing help for mental/emotional problems who saw a mental health professional*</p> <p>Suicide deaths for Sonoma County youth ages 16–24 (annual number)</p> <p>Percent of persons under age 65 with health insurance</p> <p>Percent of Sonoma County residents with a usual source of care*</p> <p>Percent of Sonoma County children who have had a dental visit in the past year</p> <p>Percent of adolescents (12–17 years) not using alcohol or any illicit drug during the past 30 days</p> <p>Percent of binge drinking alcoholic beverages during the past 30 days</p> <p>Percent of adults smoking a cigarette in the past 30 days</p> <p>Percent of 11th graders smoking a cigarette in the last 30 days (check CHIS measure)</p>
<p><b>B. All sectors in the community are actively supporting health outcomes</b></p>	<p>Number and breadth of organizations signing onto policy guidelines or proposals</p> <p>Funding levels sustained for policies or programs</p> <p>Eligibility levels maintained or improved for key policies or programs</p>

Objectives and Indicators Supporting Strategic Goals *continued*

Objectives	Indicators
<p><b>C. Community is prepared and responds appropriately to emergencies and natural hazards</b></p>	<p>Existence of effective emergency planning</p> <p>Coordination of preparedness planning, efforts and regular training between and among DHS staff, other county emergency response leadership, private and community health providers, and community organizations</p>
<p><b>D. DHS makes strategic investments focused on prevention</b></p>	<p>Prioritization of health problems to be addressed</p> <p>Identification of interventions that can maximize impact, reach and sustainability</p> <p>Identification of prioritized populations/communities based on health disparities</p> <p>Funding invested in communities or populations subject to disparities</p> <p>Existence of a rigorous monitoring and evaluation framework</p>
<p><b>E. Health disparities are reduced</b></p>	<p>SOCIO-ECONOMIC FACTORS</p> <p><i>Educational attainment (by race and income)</i></p> <ul style="list-style-type: none"> <li>• Percent of ninth grade cohort that graduates in 4 years</li> <li>• Percent of adults aged 25–44 years with some post-secondary education</li> </ul> <p><i>Federal poverty level</i></p> <ul style="list-style-type: none"> <li>• Percent of adults in poverty (by race and place)</li> <li>• Percent of children under age 18 in poverty (by race and place)</li> </ul> <p><i>Employment status</i></p> <ul style="list-style-type: none"> <li>• Percent of population age 16+ unemployed but seeking work (by race and income)</li> </ul> <p>PHYSICAL ENVIRONMENT</p> <p><i>Land use (by community)</i></p> <ul style="list-style-type: none"> <li>• Percent of neighborhood/region that is open space</li> <li>• Rate of recreational facilities per 100,000 population</li> </ul> <p><i>Transportation (by community, race and income)</i></p> <ul style="list-style-type: none"> <li>• Use of alternative modes of transportation (trips made by bicycle, walking, mass transit, numbers who telecommute)</li> </ul> <p><i>Housing (by community race and income)</i></p> <ul style="list-style-type: none"> <li>• Percent of county residents with access to quality, integrated and location-efficient housing</li> </ul> <p>RISK FACTORS (see key determinants of health)</p> <p>DISEASE AND INJURY</p> <p><i>Infectious disease</i></p> <ul style="list-style-type: none"> <li>• Rate of cases of vaccine-preventable diseases</li> </ul>

Objectives and Indicators Supporting Strategic Goals *continued*

Objectives	Indicators
<b>E. Health disparities are reduced (continued)</b>	<p>DISEASE AND INJURY (continued)</p> <p><i>Chronic disease</i></p> <ul style="list-style-type: none"> <li>• Rates of obesity, sugar sweetened consumption, fruit and vegetable consumption, physical activity, tobacco and alcohol use, cancer mortality, controlled hypertension, diabetes prevalence and mortality by race, income and education.</li> <li>• Injury (by race, income and education)</li> <li>• Rate of fatal and nonfatal injuries (by race, income and education)</li> </ul> <p>MORTALITY</p> <p><i>Infant mortality</i></p> <ul style="list-style-type: none"> <li>• Rate of infant deaths.</li> </ul> <p><i>Life expectancy</i></p> <ul style="list-style-type: none"> <li>• Years of potential life lost before age 75 per 100,000 population (age-adjusted) (by race)</li> </ul>
<b>F. Community is aware of available services and resources</b>	<p>Percent of CalFresh eligible residents who are enrolled</p> <p>Percent of Medicaid eligible enrolled</p> <p>Percent of smokers who call quit-line or receive tobacco cessation support</p> <p>Percent of residents who say they are aware of health-related services and supports*</p> <p>Percent of residents who assign themselves and their families good or excellent health *</p>
<b>G. Community is able to access needed services and resources</b>	<p>Percent who adhere to a medication regime due to cost</p> <p>Percent of Spanish speaking residents obtaining key preventive services (mammography, blood pressure control)</p> <p>Percent of residents who say they have access to culturally and linguistically responsive services*</p> <p>Percent of residents who have access to programs with flexible hours*</p>
<b>H. DHS is fiscally responsible and accountable to the public</b>	<p>Response to informational requests in a timely manner</p> <p>Effective use of available budgetary resources</p> <p>Available and clear description of funding sources</p> <p>Publishing and wide distribution DHS Annual Report</p> <p>DHS achieves PHAB accreditation</p>

Objectives and Indicators Supporting Strategic Goals *continued*

Objectives	Indicators
<b>I. DHS has a high quality, diverse and productive workforce</b>	DHS achieves PHAB accreditation  Number (and nature) of education, training and workforce development opportunities available accessed by DHS staff  Percent of senior, mid and front-line level staff and volunteers and peer staff who reflect the racial and linguistic diversity of Sonoma County staff
<b>J. Community partnerships are strengthened</b>	Percent of community partners who report satisfaction with inter-agency relationships*  Number and breadth of new connections made between and among community partners*

**Strategies**

The Department Executive Committee asked for a limited set of strategic directions to pursue over the next three to five years, building on and expanding current efforts and extrapolated from the County’s new Strategic Plan. The Executive Committee requested a “high-level roadmap to guide the Department and a communication tool” that emphasized integration, transformation, and partnership.

The Planning Group initially developed the following strategies, followed by refinements made by the consultants along with the Executive Committee. The Department Managers group then evaluated them using three criteria:

- Ability to have a positive impact;
- Alignment with initiatives underway; and
- Relative ease of implementation.

The Managers also helped collapse some of the strategies with the idea that the strategies would be high-level in nature, providing overall direction for the next three to five years, building on existing efforts and successes.

These strategies came from a participatory process with the Department’s staff and partners, with familiarity of both Department and community initiatives and with the best practices and research within the field of health and community service. The next step, as outlined in Chapter 4, is for the Department to assess how our existing programs, plans and collaborations are aligned with the strategies (since most of the strategies are being partially implemented through existing efforts), and to augment our work with new actions to advance these strategies over at least the coming year. Appropriately composed action planning teams will convene to do this work, and will rely on evidence-based practices and other research findings to inform the selection of new programs and initiatives.

The strategies are cross-cutting in nature, in that each strategy will help to achieve two or more of the goals and several of the objectives. The strategies and this relationship are shown in the matrix following, along with preliminary assignments and timeframes for completion.

## Linkage of Strategies to Goals and Objectives (Efforts to Outcomes)

Strategies	GOAL: Strengthen collaborative health system	GOAL: Mobilize community
1. Mobilize and support a network of community partners and peers to focus on prevention and health promotion.	●	●
2. Prioritize prevention-focused, integrated behavioral health and primary care delivery systems.	●	
3. Advocate and partner with local government, community coalitions and public and private sector organizations for sustainable, and broad reaching policy, systems and environmental change to promote health in the community in general and in the places in which people live, work, study and visit.	●	●
4. Build awareness of and link residents to existing health resources.		●
5. Create and implement a care system for high users of multiple systems.	●	
6. Align and maximize funding sources to support a successful and more equitable health system and community transformation.	●	
7. Engage with the community to develop programs that address agreed-upon gaps.	●	●
8. Promote workforce diversity at every level of the collaborative health system.	●	
9. Create and enhance community capacity building efforts.		●
10. Ensure public health preparedness in order to protect the health and ensure the safety of county residents, visitors, and the environment in which they live, work and visit.		●
11. Lead and support efforts countywide to ensure the DHS workforce responds effectively to the needs of Sonoma County's changing demographics.	●	
12. Recruit and hire a diverse and skilled workforce.		
13. Implement and sustain a model of quality improvement across the Department.		
14. Implement the DHS Strategic and Communications Plan.	●	
15. Develop health information technology infrastructure to improve operational efficiencies and client and community health services.		
16. Strengthen the Department's evaluation efforts to monitor and evaluate program quality, policy impact, individual and community outcomes, and service and system efficiencies.		
17. Prioritize, select and disseminate evidence-based and promising practices throughout the Department and in the community.		

Linkage of Strategies to Goals and Objectives (Efforts to Outcomes) *continued*

GOAL: Excel as organization	GOAL: Improve health and well-being	Objectives	Completion Timeframe	Implementing Lead	Support
•	•	A, B, C, D, E, F, G, J			
	•	A, B, D, E, G, H, I, J			
•	•	All			
	•	All			
	•	A, B, D, E, F, G, H, J			
•	•	B, D, E, H			
•	•	A, B, C, D, E, F, G, H, J			
•	•	B, G, H, I, J			
	•	A, B, C, D, E, F, G, H, J			
•	•	All			
•	•	B, D, E, F, G, H, I, J			
•	•	H, I			
•	•	H, I			
•		All			
•		H, I, J			
•	•	H, I, J			
•	•	All			



## chapter 4 moving forward with momentum

The results of the effort described in this Plan represent a bold and integrated three to five-year Strategic and Communications Plan that articulates the Department's vision and goals, sets strategic direction to achieve those priorities, acknowledges recent restructuring and responds to a complex and dynamic landscape.

Successful implementation of the Strategic and Communications Plan is dependent upon translating its various strategies into detailed programs, budgets, and actions designed to achieve the Plan's goals. The following pages introduce the implementation process by presenting an overview of the following topics:

- The relationship between the Strategic Plan, Budget and Annual Implementation Action Plan
- Aligning the Budget with the Strategic Plan
- The Strategic Planning Cycle
- Links to Sonoma County Strategic Plan, Health Action and Other Relevant Plans
- Decision Making Criteria
- Summary

### **Relationship Between the Department Strategic Plan, Budget and Annual Implementation Action Plan**

All other planning processes undertaken by the Department, and the plans generated by these processes, should draw upon, reflect and align with the Strategic Plan, including the fiscal year budget and Annual Implementation Action Plan.

- The Strategic Plan establishes the long-term goals of the organization. It looks ahead three to five years and charts a course toward its ideal future as described by its Vision and Mission.

- The Budget looks ahead to the coming 12-month fiscal year. It provides a more detailed picture of the course first laid out in the Strategic Plan. It also explains how this course will be navigated by addressing in depth how the technical, financial, and human resources of the organization will be allocated to achieve the goals identified in the Strategic Plan.
- The Annual Implementation Action Plan encompasses all the strategies drawn from the Strategic Plan which can be achieved within the forthcoming 12 months, and which is funded in the Budget. It also includes more detailed action plans for each division within the organization, and shows how results from these individual staff plans collectively contribute to achieving the overall organizational goals identified in the Strategic Plan.

### Aligning the Budget with the Strategic Plan

The specific goals identified with the fiscal year budget for the Department should



correspond with the goals of the Strategic Plan. Following the adoption of a new strategic plan, a transition period may be necessary to move fully toward implementation. To ensure that the Strategic Plan becomes an operational reality for the Department, planning for the next fiscal year should be organized around the goals, objectives and strategies of the new Strategic Plan. Doing so will mean there is a clear connection between the goals of the Strategic Plan and the resources allocated by the Department for the achievement of those goals.

### The Department Strategic Planning Cycle

The relationship between the Strategic Plan, Fiscal Year Budget, and Annual Implementation Action Plan suggests a top-down approach moving from large general goals at the top to more specific implementable actions at the bottom. In reality this relationship is part of a larger ongoing and iterative planning cycle, in which results from implementation of the Strategic Plan will inform future updates of the Strategic Plan.

- The first two steps in the planning cycle—confirm values, visions, and goals; and identify strategic issues/priorities and concurrently lay out the milestones in the development of the Strategic Plan.
- Implementation of the Strategic Plan begins with an assessment of fiscal capacity and available resources, and is needed to program the Annual Implementation Action Plan and budget.



- This allocation of technical, financial and human resources is required for implementation of the Strategic Plan in the desired timeframe.
- Completion of the fiscal year budget sets the stage for work program development, as defined by the resulting Annual Implementation Action Plan.
- In turn, the Annual Implementation Action Plan enables the respective divisions and staff to translate the Strategic Plan into actions for the coming year.
- Action undertaken by the individual divisions and staffers will generate results that the Department will evaluate and monitor, determining the extent to which the organization is successfully following the direction established during strategic planning.
- Results generated by completion of these actions will impact both the external and internal environment of

the organization, setting the stage for a subsequent environmental scan and the updating of the Strategic Plan.

### Links to Sonoma County Strategic Plan, Health Action and Other Relevant Plans

The Department Strategic Plan must always be understood and implemented in the context of the complementing plans and efforts underway. In addition to these presented below, the Department Communications Plan, and all other action plans developed to implement the Strategic Plan, are part of the integrated, multi-objective and coordinated efforts of the Department to achieve its vision, mission and goals, contributing to the overall County vision, mission and goals. The Department Communications Plan is summarized in the next chapter.

Ongoing efforts by the Department will include linking various program plans and individual work plans across the organization to enforce cross-departmental alignment with the Strategic Plan. For example, each employee can strive to excel in providing public service, and programs can embrace leading practices in alignment with the Spectrum of Prevention and National Prevention Strategy. Similarly, the Department can better coordinate amongst its efforts to mobilize the community around various health topics in specific neighborhoods rather than carrying out multiple efforts specific to individual programs or services, and can structure services in such a way as to influence educational attainment, economic security, and improved health outcomes. Ensuring

this alignment at the programmatic level will help to establish clear links from the daily activity of the Department’s programs and the County’s overall Strategic Vision and Goals, as represented in the graphic below and previously in this plan.

**Decision Making Criteria**

The Strategic Plan is designed as a tool to facilitate decision-making, providing a framework for analysis of new opportunities, proposals or issues. Thinking strategically means that no programmatic choice or problem resolution should be made in isolation, but should be considered in light of the overall strategic direction of the Department organization. To facilitate a strategic decision-making

Relationship Among Mutually Reinforcing Plans and Initiatives



process when considering proposed programs, projects or initiatives, ask if they are consistent with, or aligned with, the following criteria:

- **The mission, values, and vision of the Department as expressed in the Strategic Plan.** The overall purpose of the Department and their ideal future as described by the vision laid out in the Strategic Plan can help clarify critical choices facing the organization. Which choice is more likely to help make that vision a reality?
- **The goals and objectives defined by the Strategic Plan.** Can the opportunity or proposal under consideration be directly linked to a goal or objective in the Strategic Plan? If not, will the pursuit of this new initiative require that resources be taken away from other initiatives that more directly serve strategic goals and objectives? Will the new initiative create effective, sustainable and broad reaching impact on improving health outcomes or other strategic objectives?
- **Current priorities and commitments.** Does the proposed initiative reflect a continuation of existing priorities and commitments, or does it represent a new agenda for the organization? Are past investments by the Department in technology and other assets compatible with this new commitment?

- **Cost effectiveness.** From the perspective of balancing impact and ensuring the financial sustainability of the Department, which choice is the most prudent in terms of high impact, costs, revenue generation, and funding potential?

Keeping these criteria in mind will help ensure a greater degree of congruence and consistency between critical decision opportunities and the long-term direction of the Department as established in the Strategic Plan.

### Summary

The immediate next step is to develop an Annual Action Plan consistent with the goals, objectives and strategies contained in this document, with assigned “champions” who are responsible for implementation of specific actions. These activities should be integrated into managers’ performance plans and resourced in the Department’s budget.

The Department staff, its agency partners and the community at large will share in implementing this strategic plan, both its spirit and its envisioned outcomes.



## chapter 5 reaching out and reaching in

The Sonoma County DHS Communications Plan supports the launch of the Department Strategic Plan and the move toward a stronger, more fully integrated and collaborative health system in Sonoma County. The purpose of the Communications Plan is to lay the groundwork for creating a culture of clear and inclusive internal communications, public relations, community engagement and customer service, system-wide and throughout the community.

The resulting document reflects the perspectives and contributions of many. Paired with the Strategic Plan, it is intended to guide the Department's communications and outreach for the next three years.

### Overarching Communications Principles

The Department's communications are guided by seven overarching principles. The Department strives to communicate with all audiences in a manner that is:

- **Consistent.** Occurring reliably and regularly
- **Transparent.** Clear, accurate, open and trustworthy
- **Inclusive.** Speaking to all people, including all the Department staff, those traditionally underserved or underrepresented communities, and new arrivals to the County
- **Accessible.** Reaching people where they are, including those who may have little time or access to traditional communication tools and media
- **Local.** Customized to reach distinct communities and neighborhoods throughout the County
- **Culturally and linguistically competent.** Demonstrating fluency in cultural and ethnic values
- **Cost-effective.** Valuable, thoughtful use of County resources



### Communications Goals and Strategies

Sonoma County's vision is to be the healthiest county in California by 2020. With this aspiration in mind, the Department has developed the following communications goals and strategies. Strategies are organized by goal. However, many will help to achieve a number of communications goals.

#### **GOAL 1** Reach all residents with transparent, inclusive communications.

##### Strategies

- Develop an implementation plan for communications that is based on the principles of frequent and consistent communications and proactive community and public relations.
- Tailor the Department communications and engagement strategies to increase and strengthen its reach to and within

specific communities of interest, including the Latino community, low-income populations and aging adults.

- Educate and train all staff about communications principles and ensure that cultural sensitivity is a primary consideration in all communications (strategies, messages and audiences alike).
- Reach people where they are, in part by utilizing trusted channels.

#### **GOAL 2** Build awareness of the multiple determinants of health and the role everyone can play in building healthy communities.

##### Strategies

- Build internal capacity to develop, test and disseminate key messages with multiple audiences about the "what's", "why's" and "how's" of healthy living.
- Broaden the topics and issues associated with "health" through public and consumer education. Create and share simple messaging that appeals to a broad variety of audiences.
- Build capacity among the Department partners to spread consistent messages related to health promotion, prevention, intervention and treatment, in addition to the role of policy in creating healthy environments and a health-supporting society.
- Develop specific messages that speak to local communities of interest, including high users of the existing system and communities with known disparities in health outcomes and access to care.

**GOAL 3**

**Create an internal culture and environment characterized by trust, consistent and open communications and information sharing within and across groups.**

**Strategies**

- Use existing reach methods and venues to facilitate and inspire collaboration and sharing across traditional Department silos and boundaries.
- Establish flexible venues for two-way information exchange that are inclusive, far reaching to all levels of staff and easy to access and use.
- Improve internal awareness and understanding of whom the Department is, how it is organized, what the Department does, what its varied programs and services do and how all can support one another.
- Actively engage all staff in different levels of program design and decision-making and provide information related to program designs and decisions in “real time.”

**GOAL 4**

**Increase internal and external understanding of the Department services and awareness of the Department’s unique and critical role in inspiring and supporting residents to live healthy lifestyles.**

**Strategies**

- Develop a strong brand identity reflective of the Department values, reach and impact.
- Inspire and empower all Department staff to act as brand ambassadors.

- Make data available, understandable, usable and meaningful to help Department staff and the community understand what the Department does well and progress made.
- Develop and share messages related to specific Department sections and health services whose work is less well known or understood.
- Create opportunities for internal staff and community to engage in two-way dialogue and participate in program planning, design and funding, and monitoring.
- Create opportunities for employees to learn from one another about Department programs and draw connections between Department services.

**GOAL 5**

**Increase participation in County health services (as needed) and build community capacity to create healthy environments and make healthy choices.**

**Strategies**

- Conduct active community outreach and education that generates interest in and provides essential information about the Department activities, programs and services.
- Share and gather information by way of existing, trusted venues, methods and channels.
- Target traditionally underserved communities, communities where health literacy is lacking, and high users of the existing system with messages and information focused on health promotion and prevention, and access to services.

**GOAL 6****Advocate and build political support for policies that improve health outcomes and create environments for healthy living.****Strategies**

- Strengthen and deepen existing partnerships and expand to collaborate even more broadly.
- Join with key partners to advocate at all levels of government for a broad understanding of health and the multiple determinants of health outcomes.
- Tailor focus of advocacy and messages to specific goal, audience, culture and circumstance.
- Strengthen internal and community capacity to develop and disseminate messaging and advocacy on policy, systems and environmental change.

**Audiences, Identity and Key Messages****Audiences**

The Communications Plan identifies the following seven unique audiences, each with different motivations for engaging with the Department:

- Community members
- Department staff
- Sonoma County health service providers
- Other partners and peers
- Policy makers
- Media
- Granting entities

The plan presents a series of messages for the Department as a whole that are both simple and appealing to this wide

variety of audiences. These are intended to establish common themes for all Department communications.

**Identity Statements**

All communications should answer a simple question: Does this specific communication reflect our unique identity? The identity statements are built from the mission and goals of the Department.

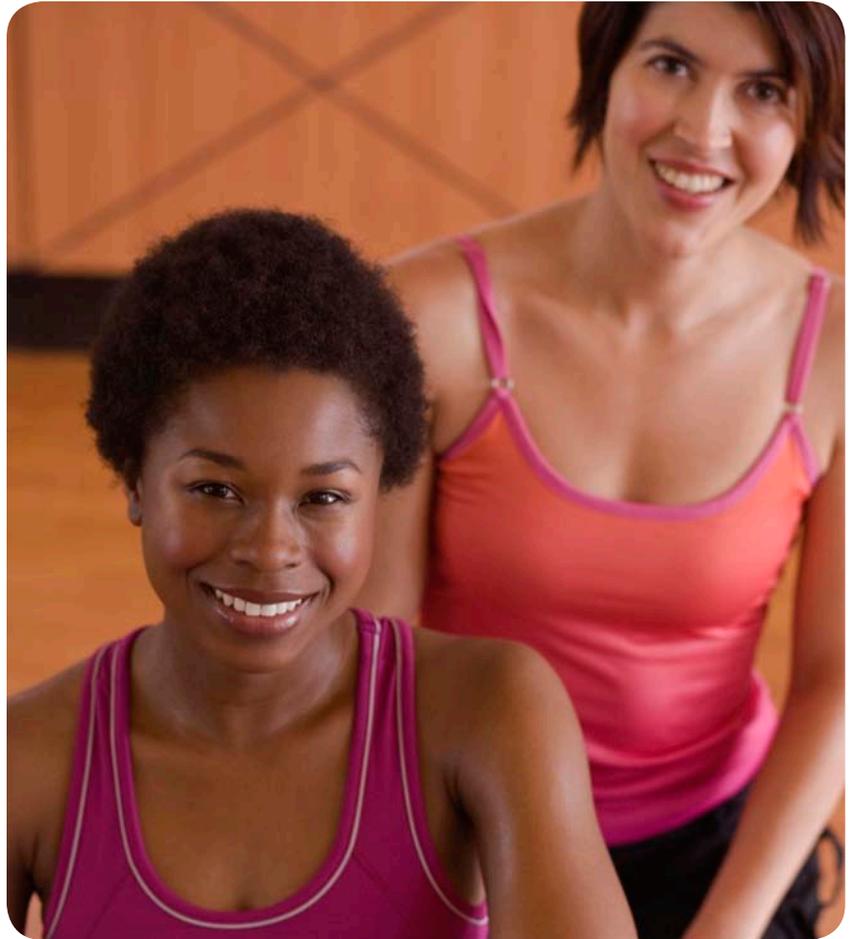
The Sonoma County DHS is:

- **Inclusive:** the Department helps all Sonoma County residents' live healthy lives.
- **Innovative:** the Department is passionate about finding new solutions and overcoming challenges.
- **High quality:** the Department's excellent staff and partners provide high quality services to help people live healthier lives and to help Sonoma County become the healthiest County in California.
- **Collaborative:** the Department collaborates with and listens to the community.
- **Universal:** the Department touches the lives of all community members everyday.

**Key Messages**

- Sonoma County aspires to make sustainable health improvements across all communities and become the healthiest county in California by 2020.
- Many factors, both social and environmental, affect health in significant ways. The way we build and design our neighborhoods affects the lifestyle choices we make; and our choices can impact not only our personal health, but the health of our families and neighbors.

- Health is a community-wide responsibility. We all have an important role to play in creating healthy communities and preparing for unexpected events and health emergencies.
- Together, we can do more to plan and design healthy places and places that inspire healthy, active living. The Department invites you to get involved in identifying and defining policies, environments and programs that meet the health needs of your community.
- As health department professionals, it is our responsibility to respond to and meet the needs of our growing and changing community.
- Workforce diversity is critical to improving our ability to reach and serve Sonoma County's many diverse communities.
- The Department is evolving to keep pace with national health care reform, while at the same time making great strides in transforming the collaborative system to improve local service delivery and health outcomes overall.



### Reach Methods

As with the Strategic Plan, implementation of the Communications Plan will largely be driven by an annual implementation action plan updated on an annual basis. As a starting point, the Communications Plan presents the following reach methods, specifically chosen to advance communications goals and objectives and reach target audiences. These can be selected and programmed into each year's budget and the appropriate manager's annual performance plan or assignment list.

### Website

**Priority: High**

**Level of effort: High**

With the Department's new brand and communications strategy comes a unique opportunity to recreate its website. The site will reflect the new brand in its look and feel and in the messages it conveys. Navigation should be easy and intuitive, consider the needs for internal and external communication, and encourage two-way, culturally competent communication.



### **Media Information Portal**

**Priority: Medium**

**Level of effort: Medium**

Creating a media information portal for the Department website will convey key information, messages and newsworthy announcements to members of the press. The aim is to attract positive news coverage and publicity to Department programs, services and events, sharing information of particular interest to the media.

### **Social Media**

**Priority: High-Medium**

**Level of effort: Medium**

Participants in the development of the Department Strategic Plan called for a Department social marketing campaign that articulates and promotes community health goals and outcomes. Social media

outlets are increasingly used among non-profits and agencies, including health advocates and providers, and are critical elements of a successful communications strategy. Effective social media to support change on critical issues such as nutrition and tobacco are also critical to success.

### **Ongoing Partnerships**

**Priority: High**

**Level of effort: High-Medium**

Building and maintaining partnerships with community groups and health organizations are instrumental to making sure messages are consistent throughout the county and across organizations. One goal is to tap into existing systems (i.e., local business employee newsletters, etc) to share information and announcements.

### **Collaboration with Local and Community-Focused Media**

**Priority: Medium**

**Level of effort: Medium**

Community and ethnic newspapers, local radio stations, and certain television stations are effective ways of reaching communities of interest. Investing in ongoing relationships with local media will help increase the Department's reach, improve understanding of what the Department does, and help in sharing critical information.

### **Frequent, Consistent Communications with Staff**

**Priority: High**

**Level of effort: Medium High**

The primary goal of improving regular communications is to build internal Department connections and understanding, especially across sections and programs.

The Department leaders and managers should model and promote transparent and consistent communications by both formal and informal means.

### **Department Dashboard and/or Intranet**

**Priority: High**

**Level of effort: Medium**

One recommended reach method is to establish a computer dashboard to share feature stories and messages, data, and milestones Department-wide. This recurring bulletin would provide a quick look at essential information relevant, or of potential interest to all staff. Content is intended to be timely and easy to read, and the interface would be simple to navigate. In lieu of the Department dashboard, consider broadening the focus of the current newsletter to help achieve a greater number of internal communications objectives.

### **Department Virtual Bulletin Board**

**Priority: High**

**Level of effort: Medium**

This tool would create a venue (possibly in the form of an in-house social networking site) that is open yet moderated, and could encourage informal exchange of information Department-wide. The bulletin board could include sections focused on varied topics such as Department best practices, community news, carpooling, etc.

### **Staff Events**

**Priority: Low**

**Level of effort: Medium-Low**

Staff events can take many forms and are key to strengthening both formal and informal internal communications and staff morale. Staff events could be a mix of on-site and off-site activities (like the

annual picnic), occurring during and outside of working hours. Focus on creating opportunities for cross-pollination and learning about other sections and programs.

### **Speaker's Kit**

**Priority: Medium-Low**

**Level of effort: Medium**

A speaker's kit is an excellent tool to help different speakers to accurately convey key messages to internal audiences, communities, partners and/or funders. The speaker's kit could include talking points, fact sheets, PowerPoint presentations, and a list of key communications and marketing contacts or spokespeople.

### **Community Events**

**Priority: High**

**Level of effort: Varies**

Events that incorporate culturally appropriate music, food, and art can make an event or program more inviting and can be an effective way to connect residents with important information and services. Accepting community invitations and engaging on the community's terms and in non-government, community focused venues is important to participation levels and creating meaningful rapport.

### **Print Collateral**

**Priority: Low**

**Level of effort: High-Medium**

Print collateral can take many forms. Customizable print flyers are recommended, specifically to reach consumers and families. Direct mail and distribution to students at schools (for delivery to parents) can be effective strategies for reaching urban, rural and suburban residents alike.



### Sonoma County Demographics

This Appendix to the Department of Health Services Strategic Plan presents key demographic and socioeconomic characteristics of Sonoma County residents. These are key characteristics that provide context for the Strategic and Communications Plan and to Sonoma County’s broader efforts to develop actionable priorities to improve health outcomes and community well-being.

#### *Population Change*

These data describe how Sonoma County’s population has changed over time. From 2000 to 2010 Sonoma County’s population grew from 458,614 to 483,878, representing a 6% increase.

#### Net Change in Sonoma County and California Populations, 2000 and 2010

Population	Sonoma County	California
2000	458,614	33,871,648
2010	483,878	37,253,956
Change	25,264	3,382,308
<b>Percent change</b>	<b>5.5%</b>	<b>10.0%</b>

Source: US Census Bureau 2000 and 2010

Over the past ten years, Santa Rosa experienced the greatest change in number of inhabitants, adding over 20,000 residents. Other local jurisdictions also experienced noteworthy increases including, Petaluma, Cloverdale, Windsor, Sonoma, and Cotati.

**Population Change by City, 2010**

Jurisdiction	Population 2000	Population 2010	Change in population	Percent change
Sebastopol	7,774	7,379	(395)	-5.1
Unincorporated	150,223	145,186	(5037)	-3.4
Rohnert Park	42,236	40,971	(1265)	-3.0
Healdsburg	10,915	11,254	339	3.1
Petaluma	54,550	57,941	3,391	6.2
Cotati	6,471	7,265	794	12.3
Santa Rosa	147,595	167,815	20,220	13.7
Sonoma	9,275	10,648	1,373	14.8
Windsor	22,744	26,801	4,057	17.8
Cloverdale	6,831	8,618	1,787	26.2

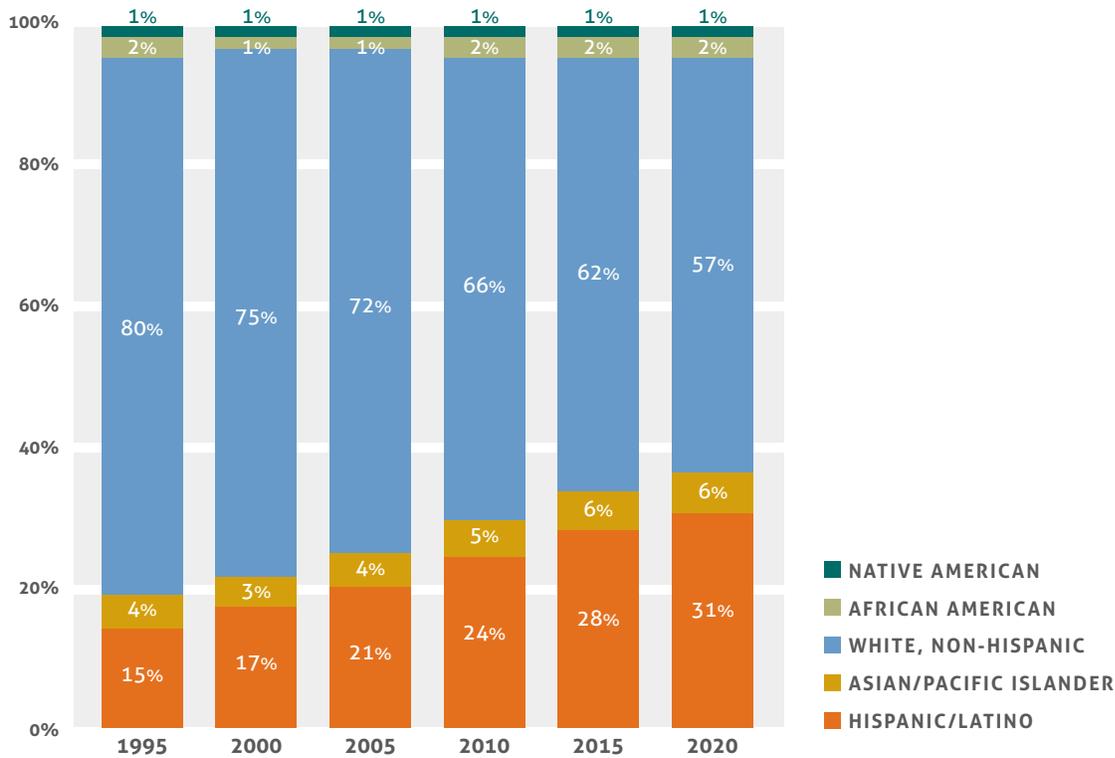
Source: State of California, Department of Finance, E-4 Population Estimates for Cities, Counties, and the State, with 2000 and 2010 U.S. Census Counts

**Race/Ethnicity**

Data on race and ethnicity can help determine whether the demographics of health care and wellness personnel are reflective of the population and also to help assess the need for culturally competent health care services. Race is also a social determinant of health, which can contribute to health inequities. The racial/ethnic composition continues to shift in Sonoma County. The proportion of the Hispanic/Latino population has increased since 1995 and is projected to account for nearly one third (31%) of the overall population by 2020. Conversely, the proportion of the White, non-Hispanic population has decreased since 1995 but is still projected to account for over half (57%) of the overall population by 2020.

While the majority of the county's ethnic populations are English-proficient, the 2010 Census estimates that 50,236 residents, age 5 and older, or 11.26% of total population, are "linguistically isolated" i.e., speaking a language other than English at home and speaking English less than "very well."

Population by Race/Ethnicity 1995–2020



Source: State of California Department of Finance. Race/Ethnic Population with Age and Sex Detail. 2000–2050. Sacramento, CA, July 2007

**Foreign Born**

In 2010, 17% of the County population was foreign born.<sup>1</sup> Of those who were foreign born, 60% spoke Spanish as their primary language, followed by English (15%), Asian and Pacific Islander languages (13%), and other languages (3%).<sup>2</sup>

**Income and Poverty**

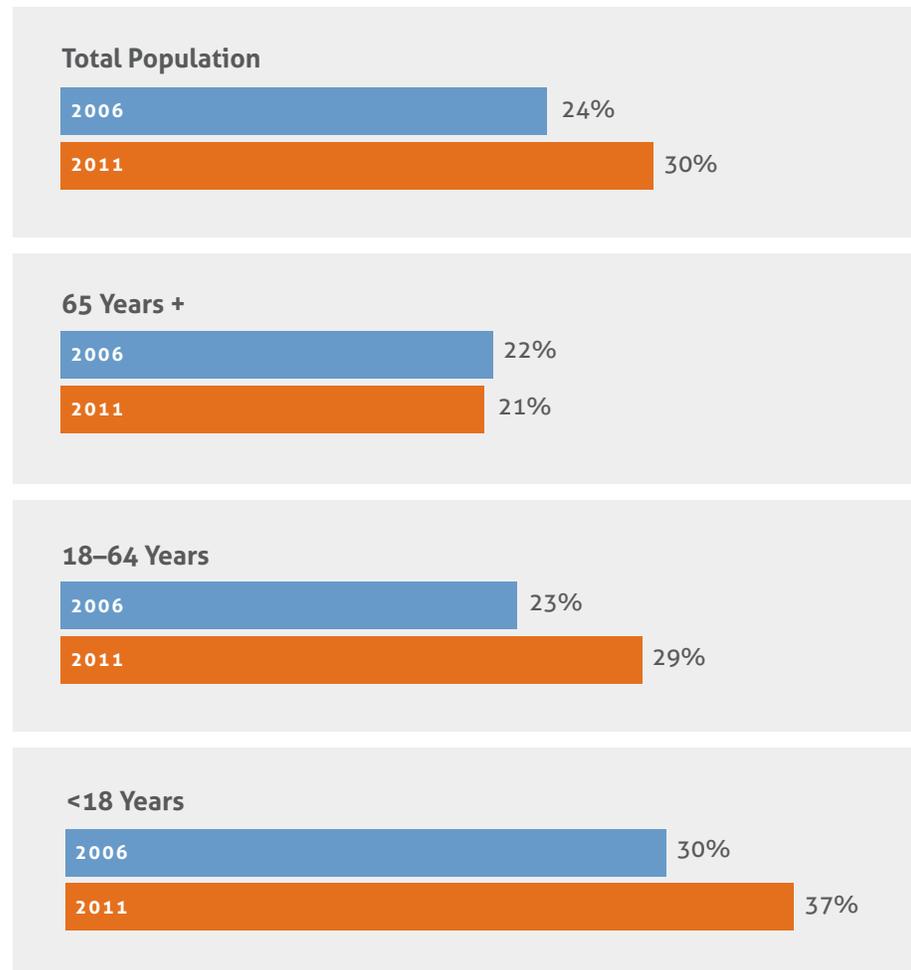
Household income and levels of poverty are key factors in determining health status. People with lower incomes are often found to have higher risks than people with higher incomes for giving birth to low weight babies, for suffering injuries, for getting most types of cancers, and for getting chronic conditions.

<sup>1</sup> 2010 American Community Survey, 1-Year Estimates

<sup>2</sup> Ibid 1.

In 2010, the median annual household income in Sonoma County was \$59,055 compared to \$57,708 statewide.<sup>3</sup> While the median annual household income is higher than the statewide, the proportion of Sonoma County residents living below 200% federal poverty level<sup>4</sup> grew from 24% in 2006 to 30% in 2010. Adults ages 18–64 experienced the highest percent increase (26% increase) in 200% federal poverty level from 2006 to 2010.

#### Percentage of Sonoma County Residents Living Below 200% Federal Poverty Level



Source: 2006 and 2010 American Community Survey 1-Year Estimates

<sup>3</sup> 2010 American Community Survey, 1-Year Estimates

<sup>4</sup> 200% federal poverty level for a family of four equaled \$40,000 in 2006, and equaled \$44,100 in 2010.

### Age

Data on age may be used to determine whether there are adequate services that meet the needs of particular age groups, particularly the health needs of the elderly. In Sonoma County, 13.9% of the population is 65 years or older. The older adult population aged appreciably from 2000 to 2010, with 59,100 more seniors living in Sonoma County. During the last decade, the median age in Sonoma County rose from 37.5 years to 39.9 years.

#### Sonoma County Population by Age, 2000 and 2010

Age Group	Sonoma County, 2000		Sonoma County, 2010		10-year Trend
	Number	Percent	Number	Percent	
Young children (0–5)	27,597	6.0	28,199	5.8	↓
Children (6–14)	64,879	14.1	58,987	12.2	↓
Teens and Youth (15–24)	60,225	13.2	65,366	13.5	↑
Adults (25–64)	297,659	65.0	263,962	54.6	↓
Seniors (65+)	8,254	1.8	67,364	13.9	↑
<b>Total Population</b>	<b>458,614</b>		<b>483,878</b>		<b>↑</b>

Source: US Census Bureau, 2000 and 2010

Sonoma County is slightly older than California as a whole, with a median age of 39.50 years, as compared with 34.90 years. Sonoma seniors, age 60 and over, represent 20.4% of total population as compared with a statewide figure of 16.9%. Of note is the disparity in age between the county's older White population and its more youthful Hispanic population. Over 30% of Sonoma County Hispanics are age 12 and under, as compared to 12% for Whites. At the other end of the spectrum, 26.6% of Whites are seniors (age 60 and above) as compared with 7.1% of Hispanics.

#### 2012 Population, Sonoma County (percent)

Age	White, Non-Hispanic	Hispanic	Asian/Pacific Islander	African-American	American Indian	Multi-Racial	Total
<1	1.0	2.1	1.5	1.3	1.0	1.5	1.3
1–12	11.1	28.7	16.4	16.0	11.2	28.0	16.4
13–17	5.0	10.1	6.6	7.9	6.1	9.3	6.5
18–59	56.3	51.9	60.0	62.0	63.7	49.7	55.4
60+	26.6	7.1	15.5	12.7	17.9	11.6	20.4
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: CA DOF, Population Estimates by City, 2011  
<http://www.dof.ca.gov/research/demographic/reports/estimates/e-1/view.php>



Seniors (age 60 and over) are the County's fastest growing population group. This population is projected to grow from 102,639 in 2012 to 128,589 in 2020, with the fastest growth in the 70–74 age group—the baby boom “age wave.” This age wave, combined with increased longevity, will continue to drive growth in senior populations, especially in the 75 and over age group. Seniors age 75 and over currently represent about 9% of total population at 44,813. Females significantly outnumber males in this age group (62%/38%).

Average life expectancy in Sonoma County is currently 80.6 years with considerable variation by population sub-groups. Females average 82.1 years while males average 78.4 years. Hispanic life expectancy (91.0 years) significantly exceeds that of Whites (79.9

years). Life expectancy also varies significantly by neighborhood poverty level. Neighborhoods with less than 5% of residents living in poverty experience lower mortality than neighborhoods with a population (in poverty) greater than 15%.

In 2010, Sonoma County reported 5,391 live births. Of these, 42.2% were to Hispanic mothers and 47.5% were to Non-Hispanic White mothers. Sonoma County's birth rate is lower than the statewide rate and has dropped from 12.1 live births per 100,000 population in 2000–2002 to 11.4 in 2008–2010. During this period, White births have declined 12.2% and the Hispanic rate has declined 13.0%. (Source: CDPH Birth Statistical Master Files, 2010 and CDHP Vital Statistics Query)

#### Birth by Ethnicity, Sonoma County and California, 2010

Race	Sonoma County		California	
White, Non Hispanic	2559	47.5%	149,922	29.4%
Hispanic	2277	42.2%	257,269	50.4%
Asian/Pacific Islander	227	4.2%	62,889	12.3%
African American	67	1.2%	27,704	5.4%
American Indian	49	0.9%	1,910	0.4%
two or more races	117	2.0%	10,285	2.0%
<b>TOTAL</b>	<b>5391</b>	<b>100%</b>	<b>50,9979</b>	<b>100%</b>

Source: CDPH Birth Statistical Master Files, 2010 and CDHP Vital Statistics Query  
<http://www.apps.cdph.ca.gov/vsq/default.asp>

**Education**

Education is a strong predictor of health outcomes, with higher levels of education associated with better health outcomes. Sonoma County’s residents have a slightly higher level of educational attainment relative to California as a whole. Nearly two-thirds (65%) of the population reported having more than a high school education, compared to 59% statewide. Twenty-one percent of County residents report completing high school (or equivalent) and 14% report less than a high school education.

**Educational Attainment for Residents Age 25 and Over, 2010**

<b>Educational Attainment</b>	<b>Sonoma County % (rate that exceeds the CA average is bold)</b>	<b>California % (rates that exceed the County average are bold)</b>
Did not complete high school	13.8	<b>19.4</b>
High school graduate (includes equivalency)	21.0	<b>21.5</b>
More than high school	<b>65.2</b>	59.2

Source: American Community Survey, 2006–2010

Levels of attainment, a key determinant of both income and health, vary modestly by gender but significantly by ethnicity, with Hispanics currently lagging behind their White counterparts in attainment at all levels. Just over 6% of Whites do not receive a high school diploma as compared with 45.9% of Hispanic youth.

**Educational Attainment for Residents by Gender and Ethnicity, 2006–2010**

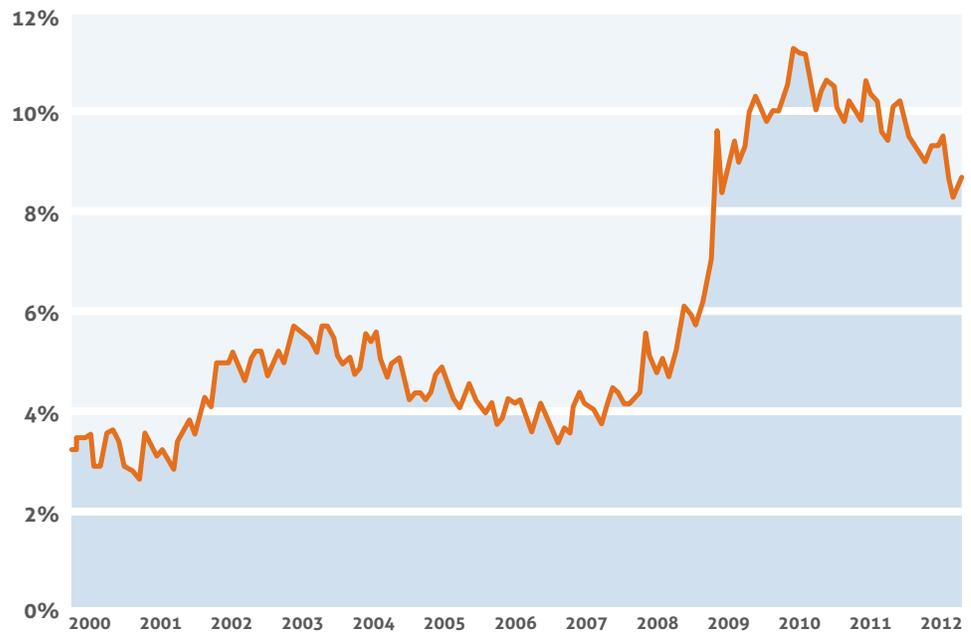
<b>Educational Attainment</b>	<b>Total %</b>	<b>Male %</b>	<b>Female %</b>	<b>White %</b>	<b>Hispanic %</b>
Less High School (HS) Diploma	13.8	15.8	12.0	6.1	45.9
At Least a HS Diploma	86.2	84.2	88.0	93.9	54.1
At Least a Bachelors Degree	31.5	31.4	31.5	36.5	9.9
Graduate or Professional Degree	11.1	11.4	10.8	Not Avail.	Not Avail.

Source: American Community Survey 2006–2010, 5-Year Estimates Tables S1501, C15002H, C15002I

### Employment

Employment data can highlight potential gaps in health insurance coverage and unemployment specific information can be associated with premature mortality, cardiovascular disease, hypertension, depression and suicide. As of June 2012, the not seasonally adjusted unemployment rate was 8.7%, and accounted for 22,800 unemployed individuals. Over the last twelve years, the unemployment has varied widely with a low of 2.8% in 2000 to a high of 11.2% in 2010.

### Unemployment Rate, 2000–2012



Source: State of California, Employment Development Department, Historical Data for Unemployment Rate and Labor Force (Not Seasonally Adjusted) in Sonoma County, August 2012

During the 2006–2010 period, 233,182 Sonoma County residents were employed full or part-time, representing 66.4% of the county’s total population age 16 and over. The County’s principal employment sectors, in order by estimated workforce size, are: government and public education (28,000); educational and health services (24,000); professional and business services (22,000); retail (22,000); manufacturing (20,000); leisure and hospitality (19,000); construction (9,000); and agriculture (6,000). Median hourly wages range from under \$15/hour for food services and general sales workers to over \$50/hour for legal, computer and management workers. (Source: Sonoma County Indicators, Sonoma County Economic Development Board 2012)

Employment in the County has decreased by 10.3% since the fourth quarter of 2008. The Sonoma County Economic Development Board estimates that, between 2007 and 2011, over 22,000 jobs had been lost in the recession. According to the State Employment Development Department, Sonoma County's unemployment rate in June 2012 was 8.7%, below the California average (10.7%).

#### Employment, Sonoma County, 2006–2010

Employment Status	Sonoma County	
	Estimate	%
Population 16 years and over (full and part time employment)	381,234	100
Civilian labor force	253,109	66.4
Employed	233,182	61.2
Unemployed	19,927	5.2
Source: US Census Bureau, ACS 5-Year Estimates 2006–2010, Table DP03 Selected Economic Characteristics		

From 2006–2010, the median income of Sonoma County's 184,000 households was \$63,274, slightly higher than the California average. During this period, 17.7% of Sonoma County households had incomes of less than \$25,000. At the upper end of the scale, 28% of households earned over \$100,000 annually. The impact of the recession on income and wealth has been significant. While local data are not available, a national survey of consumer finance showed that, between 2007 and 2010, the median net worth of American families plunged more than 38%. (Source: Federal Survey of Consumer Finances (SCF), 2010)

#### Household Income, Sonoma County, 2006–2010

Income 2010 Inflation-Adjusted	Sonoma County	
	Estimate	%
<\$25,000	32,660	17.7
\$25,000–\$74,999	73,998	40.2
\$75,000–\$99,999	25,851	14.0
\$100,000–\$199,999	41,067	22.3
\$200,000 or more	10,457	5.7
<b>Median household income</b>	<b>\$63,674</b>	<b>–</b>
Source: US Census Bureau, ACS 5-Year Estimates 2006–2010, Table DP03 Selected Economic Characteristics		

Income status varies significantly by gender. During 2006–2010, median income for Sonoma County males was \$44,973 as compared with \$31,960 for females. This differential expands with educational attainment; median income for males with graduate degrees (\$85,470) was significantly higher than for females at the same educational level (\$55,272). (Source: U.S. Census Bureau, 2006–2010 American Community Survey. Reported in 2010 inflation adjusted dollars)

Sonoma County household incomes also vary significantly by both educational attainment and ethnicity. Eighty percent of Sonoma County households with graduate education earned above \$66,150 annually as compared with only 42.9% of households with high school or less education. And, while 68.6% of White, non-Hispanics had annual household income in excess of \$66,150 only 34.5% of Hispanics did. (Source: U.S. Census Bureau, 2010 American Community Survey 1-year estimates)

**Poverty**

While many Sonoma County residents enjoy financial security, 10.27% of county residents (nearly 50,000 individuals) report annual incomes below Federal Poverty Level. The 2010 Federal Poverty Level (FPL) was \$10,830 in annual income for an individual or \$22,050 for a family of four. The Federal Poverty Guidelines are not scaled to reflect significant regional variations in the cost of living. Given the high cost of living in Sonoma County, it is generally accepted that an annual income under 200% of FPL (\$21,660 for an individual) is inadequate to meet basic needs for food, clothing, shelter, transportation, health care and other necessities.

Poverty rates vary significantly by ethnicity. Significant disparities exist, especially for Sonoma County Hispanics, who experience a much higher rate of poverty (21.8%) than Whites or Asians.

**Persons Below Federal Poverty Level, Sonoma County**

<b>Ethnicity</b>	<b>Estimate</b>	<b>%</b>
White, non-Hispanic	31,881	10
Hispanic	25,816	21.8
Asian	2,511	12.8
American Indian	797	10.7
2+ races	1,268	9.3

Source: US Census Bureau, ACS 5-Year Estimates 2006–2010

The county’s youngest and oldest residents are most significantly impacted by poverty, with nearly 17% of children under age 6 living below 100% Federal Poverty Level. Among Sonoma County seniors age 75 and over, over 2,000 live in households with household income below 100% FPL and an additional 6,000 have income under 200% of FPL.

### Ratio of Poverty to Income by Age, Sonoma County

Age		Below FPL (100%)	100–299% FPL	300–499% FPL	500+% FPL
Age Group	Estimate	<\$22,050	\$22,050–\$65,929	\$66,150–\$110,030	\$110,250+
<18 yrs	103,883	12.8%	37.4%	26.5%	25.3%
18–64 yrs	301,274	10.3%	27.7%	23.6%	36.7%
65+ yrs	62,172	5.8%	34.1%	24.5%	35.6%

Source: US Census Bureau, ACS 5-Year Estimates 2006–2010, Table B17024

Poverty status is also linked to family configuration. Among an estimated 116,699 Sonoma County families, those of married couples experience the lowest poverty rates (3.8%). The families of single, female householders experience the highest rates, with significant disparity by ethnicity. Among Hispanic families with a female single head-of-household, 29.2% are living below FPL as compared with 12.5% for Whites in this category. Among seniors, those who are married have a lower poverty rate (1.9%) than do female seniors living as single, heads-of-household (2.4%).

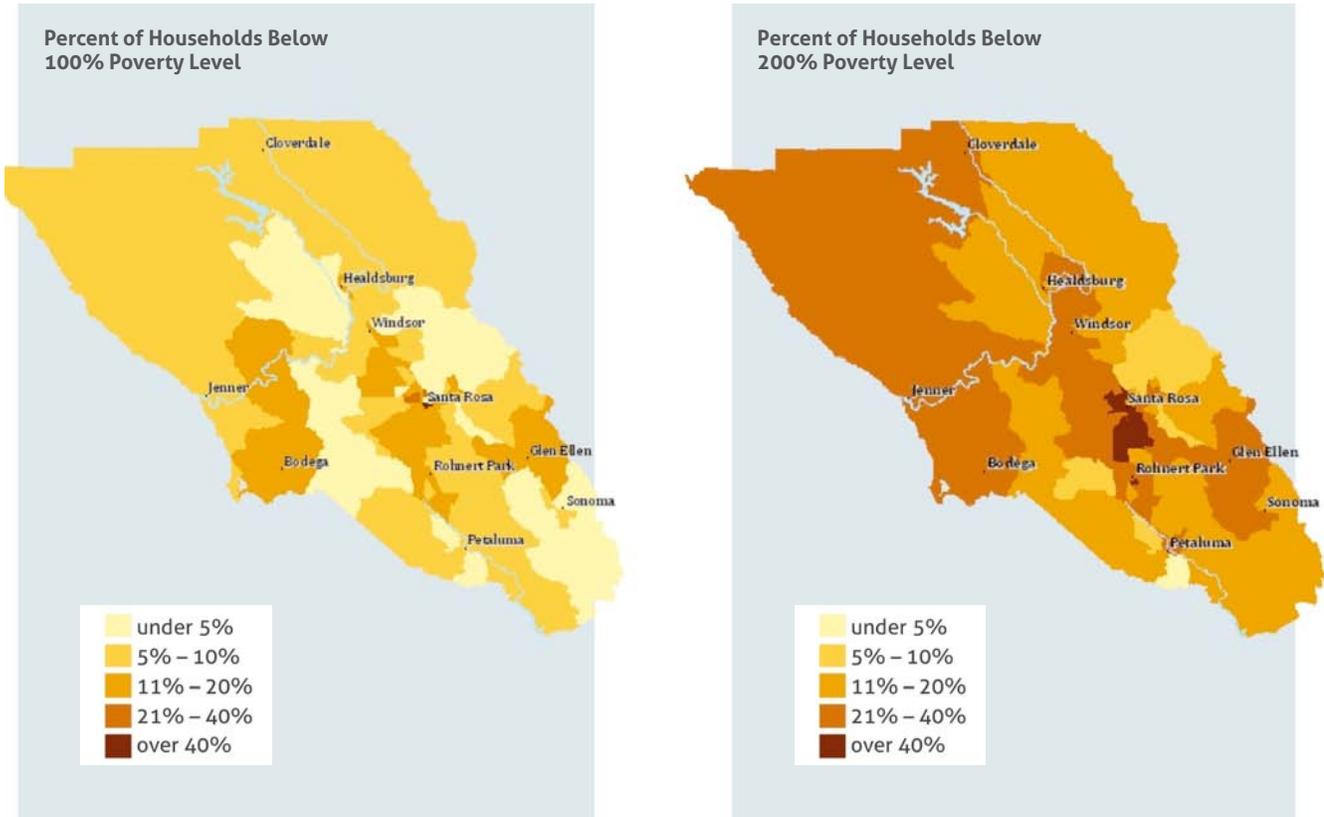
### Poverty Status in the Past 12 Months of Families, Sonoma County

Characteristics	All families		Married couple families		Female householder, no husband present	
	Estimate	% Below FPL	Estimate	% Below FPL	Estimate	% Below FPL
Families	116,699	6.3%	88,656	3.8%	18,622	16.9%
With related children under 18 years	57,144	9.8%	39,655	5.7%	12,054	21.7%
White, non-Hispanic	85,098	3.9%	66,500	2.1%	12,768	12.5%
Hispanic origin	22,833	13.7%	15,833	9.7%	4,222	29.2%
Householder worked	89,821	5.1%	67,554	3.1%	14,453	13.5%
Householder worked FT year round in past 12 months	56,376	2.1%	43,092	1.8%	8,091	3.2%
Householder 65 years and over	19,140	2.1%	15,981	1.9%	2,351	2.4%
Mean income deficit for families (dollars)	\$8,134	–	\$8,140	–	\$8,901	–

Source: US Census Bureau, ACS 5-Year Estimates 2006–2010, Table S1702

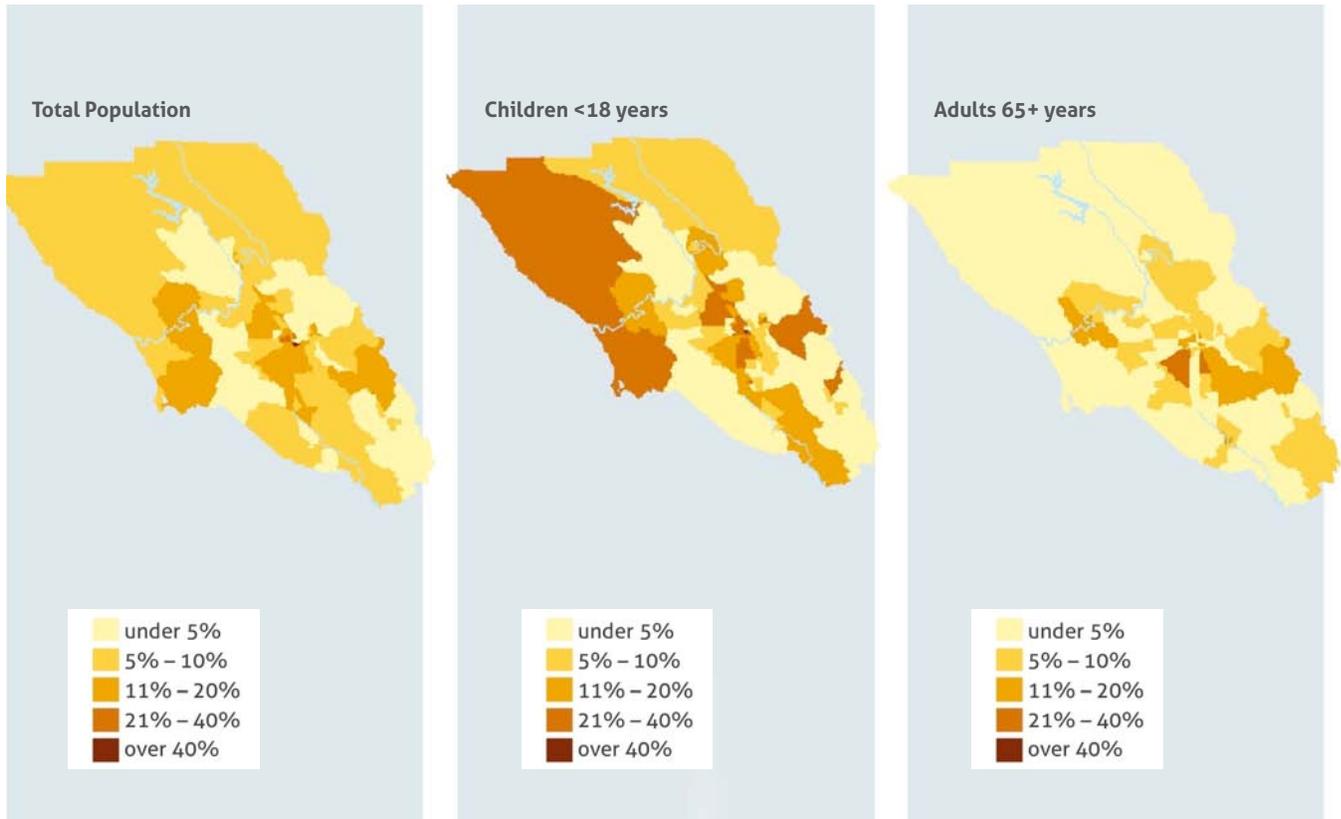
Sonoma County's poorest residents are dispersed throughout the region. Areas with the highest percentage of low-income residents are displayed in the two maps following.

### Poverty in Sonoma County (Household Income)



Source: 2005–2009 American Community Survey, 5-Year Estimates Table C17002.

Percent of Population Below 100% Poverty Level (Age)



Source: 2005–2009 American Community Survey, 5-Year Estimates Table B17001.



In some parts of Southwest Santa Rosa, the Russian River corridor, Sonoma Valley and unincorporated areas in the northwest and northeast, poverty rates for children under age 18 exceed 40%. Based on neighborhood conditions, children in these communities may have limited access to safe places to play, safe routes to school, grocery stores that offer affordable, fresh fruits and vegetables or prevention-focused health and dental services.

The County's poorest senior populations are clustered around Santa Rosa, the Sonoma Valley and the Russian River. Similarly, low-income seniors may face barriers in accessing affordable transportation, nutritious food, safe places to exercise and opportunities to socialize with others.

**Housing**

Sonoma County continues to be an expensive place to live with housing costs among the highest in the nation. Despite this, home

ownership rates are higher in Sonoma County than in California as a whole, with 62.4% of homes owner-occupied, as compared with a statewide rate of 57.4%. Significant ethnic disparities exist, however. Over 83% of homeowners are White, non-Hispanic while fewer than 11% of homeowners are Hispanics. This disparity is greater than for California as a whole, where 21.6% of homeowners are Hispanic.

**Housing Characteristics, Sonoma County and California**

Characteristics	Sonoma County	California
Owner-occupied	62.4%	57.4%
White, non-Hispanic	83.6%	59.8%
Hispanic	10.7%	21.6%
Other races	4.8%	17.5%
Renter-occupied	37.6%	42.6%
White, non-Hispanic	69.5%	42.3%
Hispanic	22.3%	33.5%
Other races	7.0%	22.7%
Gross rent >=30 of household income	55.8%	55.1%

Source: US Census Bureau, ACS 5-Year Estimates 2006–2010, Tables DP04 and S2502  
[http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_10\\_5YR\\_S2502&prodType=table](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_5YR_S2502&prodType=table)

Approximately 10% of Sonoma County residents (50,670) live alone. Among seniors aged 65 and older, 30% live alone; representing 38.4% of the women and 18.9% of the men in this age group. While data on residency in institutional settings are not available, Sonoma County skilled nursing facilities are currently licensed for 1,684 beds; residential care and assisted living facilities are licensed for 3,052 beds. The 2011 Homeless Census and Survey counted 4,539 individuals as homeless in Sonoma County. (Source: 2011 Sonoma County Homeless Census and Survey)

### **Food Security**

Food security is commonly defined as including both physical and economic access to food that meets people's dietary needs as well as their food preferences. Data from the 2009 California Health Interview Survey indicate that an estimated 51,000 Sonoma County adults (50.5%) with incomes 200% or less of FPL were not able to afford enough food (food insecure).





In 2010, the Redwood Empire Food Bank (REFB) reported that the number of food insecure people in the county was continuing to grow as evidenced by a 20% increase in the number of people seeking emergency food assistance in each of the preceding two years. REFB reports that 61% of its food recipients live at or below the federal poverty level.

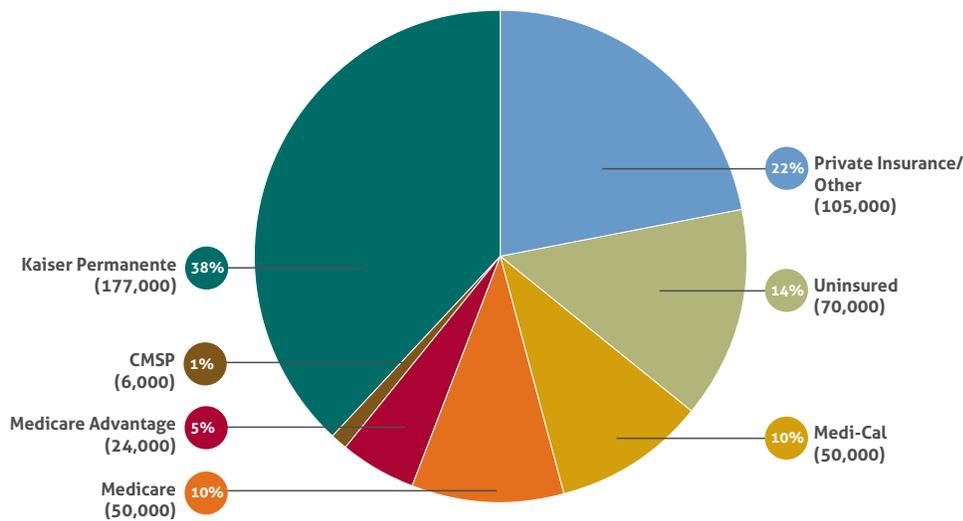
In addition to the REFB and its network of food pantries, a number of food assistance and charitable feeding programs focus on alleviating hunger and food insecurity both adults and children. These programs include the federal food stamp program (CalFresh in California), the National School Lunch and School Breakfast Program, the special supplemental program for Women, Infants and Children (WIC), and various nutrition and meal programs for low income seniors. However, enrollment in these programs is consistently lower than necessary to ensure communitywide food security for children and families. In 2008, it was estimated that of the over 54,000 Sonoma County residents who were

eligible for Food Stamps, the majority (71%) were not enrolled. For the National School Lunch Program, local data indicate that of the 21,362 students eligible, 12% were not enrolled and for the WIC program, of the 2,347 pregnant women eligible for services in 2009, 344 (15%) did not enroll. (Source: Sonoma County Community Food Assessment, July 2011)

### Health Insurance

Sonoma County residents obtain health insurance through a variety of public and private plans.

#### Health Insurance of the Population of Sonoma County by Payor 2010 (Estimates)



Sources:

- Kaiser Permanente: North Bay Business, Book of Lists 2011
- Uninsured: US Census, ACS 1 year estimates, Table DPO3, 2010
- Medi-Cal: CA Dept of Health Care Services, Medi-Cal Enrolment by County, 2010 (July)
- Medicare: Centers for Medicare and Medicaid Services, Medicare Enrolment Report, 2010 (July)
- Medicare Advantage: Centers for Medicare and Medicaid Services, Medicare Advantage Enrolment Data, 2009
- CMSP: County Medical Services Program, CMSP Eligibility by Aid Code by Month, FY 2009–2010

Of those who have some type of health insurance, approximately 68% are covered through private insurance plans while another 32% are covered through publicly funded programs such as Medi-Cal and Medicare. The majority of private plan enrollees obtain coverage through employer-sponsored programs. As has occurred nationally, the recession has forced many local employers to reduce workforce size and/or to scale back or discontinue the provision of health insurance benefits.

According to estimates compiled by the Sonoma County Department of Health Services, approximately 70,000 individuals (14% of total population) are currently uninsured for health care. Some individuals who have health care coverage are considered “under-insured”—lacking access to basic health care services such as dental, mental health or

specialty care—because their insurance does not cover needed services or does not pay at a level that local providers will accept. Estimates of this population are not available.

Passage of the Affordable Care Act (ACA) will have significant positive impact on un- and under-insured populations in Sonoma County, increasing coverage in both private and public plans. Based on projections, the ACA will reduce the number of uninsured in Sonoma County from 70,000 to 20,000 individuals and expand Medi-Cal by approximately 30,000 new enrollees.





 **sonoma county**  
DEPARTMENT OF HEALTH SERVICES