



Center for Outcomes  
Research and Education



HEALTHCARE-RELATED  
WRITING, RESEARCH &  
EVALUATION PROJECTS

## Evaluation Findings

### Snapshots of Five ACHs: Partners, ACH Role, Strengths

#### I. East San Jose PEACE Partnership

**Backbone Organization:** Santa Clara Public Health Department (Public Health Department)

**Geography:** East San Jose

**CACHI Target Condition:** Trauma/Violence Prevention

**Strategies:** Intimate Partner Violence (IPV) education and screening; affordable housing; anti-displacement; youth leadership

**ESJ PEACE Role:** PEACE operates with a strong equity lens, centering projects that will improve the health and wellbeing of marginalized residents, such as combatting lead exposure and increasing city funding for underserved children and families. They facilitate community dialogue around responding to and preventing violence, including police violence and violence around the country. By facilitating strong working relationships between residents and a variety of agencies and organizations, PEACE assists the community in building and implementing a unified, equity-oriented approach to violence and trauma prevention.

**Primary Organizational Partners:** Alum Rock-Santa Clara St. Business Association, Alum Rock Counseling Center, Alum Rock School District, Asian Americans for Community Involvement, Catholic Charities of Santa Clara County: Franklin-McKinley Children's Initiative, City of San Jose City Manager's Office, City of San Jose Mayor's Gang Prevention Task Force, City of San Jose Housing Department and City of San Jose Parks, Recreation & Neighborhood Services, Community Health Partnership, District 5 United Neighborhood Group (Lyndale), East Side Union High School District, First 5 of Santa Clara County, Foothill Community Health Clinics, The Health Trust, National Compadres Network, Next Door Solutions to Domestic Violence, People Acting in Community Together (PACT), Santa Clara County District Attorney's Office, Santa Clara County Probation Department, Santa Clara County Parks and Recreation Commission, Santa Clara County Public Health Santa Clara Valley Health & Hospital System, Valley Health Plan Valley Medical Center, Somos Mayfair, Valley Medical Center Foundation, Youth Connections Foundation

**Key Strengths/Assets as Identified by ACH:** Public Health in backbone role supports stability and efficiency in advancing collective action among partners; effectively prioritizes and centers community trust building and transparency in their work; financially supports community driven initiatives; facilitates cross-sector collaboration to support community-clinical linkages with community clinics and CBOs focused on IPV; and maintains strong racial equity focus.

## II. Fresno Community Health Improvement Partnership

**Backbone Organization:** Fresno Metro Ministry (Community Non-Profit)

**Geography:** Fresno County

**CACHI Target Condition:** Trauma Informed Nutrition/Food Insecurity

**Strategies:** Improving access to healthy food; trauma-informed training

**FCHIP Role:** FCHIP is the leading multi-sector network addressing health outcomes and inequities in Fresno County. FCHIP leaders and partners prioritized a Resilience Based Trauma-Informed approach to building community resilience and addressing health-related social needs including access to healthy food. FCHIP leverages capacity, resources and relationships with cross-sector partners to collaborate around prevention-oriented actions that engage the community in building a culture of health.

**Primary Organizational Partners:** CalViva health plan, Department of Public Health, Fresno Metro Ministry, Trauma & Resilience Network, hospitals and community-based orgs.

**Key Strengths/Assets:** Strong governance structure with distributed leadership, commitment to diversity, equity and inclusion, creates synergy and alignment between health care partners and CBOs to educate, share resources and leverage collaborative funding opportunities.

## III. Health Action of Sonoma County

**Backbone Organization:** Sonoma County Public Health (Public Health Department)

**Geography:** Sonoma County

**CACHI Target Condition:** Cardiovascular Disease

**Strategies:** Aligned and coordinated prevention and management programs for cardiovascular disease risk factors; community-based screening and referrals to services through community and resident engagement

**Health Action Role:** Over a decade ago, Health Action (HA) was formed as an advisory council to the Sonoma Board of Supervisors and administered through the Public Health Department. Currently, HA is in the process of separating from the county with the launch of Health Action 2.0. HA 2.0 will continue HA's commitment to authentic community engagement, prioritizing equity and marginalized communities when crafting and implementing solutions to address cardiovascular health and community health and wellbeing in Sonoma County. HA 2.0 intends to be data driven and to spearhead and coordinate community information efforts. They aim to actively shift Sonoma County's systems toward community leadership through breaking down the practices that marginalized community voice.

**Primary Organizational Partners:** Over 150 organizations that represent the education, health care, philanthropy, government, business, and nonprofit sectors are involved in the work of Health Action. Some of these partners are West County Health Centers, Sonoma County Human Services Department, Ceres Community Project, Center for Well-Being, Santa Rosa Community Health, Kaiser Permanente Santa Rosa, St. Joseph Health Medical Group, Petaluma Health Center, Community Foundation of Sonoma County, and Sonoma County Office of Education.

**Key Strengths/Assets:** Organizational resiliency (successful planning and implementation of transition from county to 501c3 for backbone function), well established presence in the service landscape with high levels of engagement and buy in from partners, strong equity focus, ability to bring together grassroots and systems level strategies, clear Portfolio of Actions and outcome tracking, data driven.

#### **IV. Humboldt Community Health Trust**

**Backbone Organization:** North Coast Health Improvement and Information Network (Nonprofit Organization)

**Geography:** Humboldt County

**CACHI Target Condition:** Substance Use Disorders

**Strategies:** Cross-sector information and data sharing; improving and expanding SUD screening and treatment

**HCHT Backbone Role:** Functions as a community convener and facilitator of collaborative work in a county that was previously extremely siloed, thus reducing duplication and increasing efficiency. They began with an SUD focus but have evolved to focus on system level strategies that impact a variety of need areas. HCHT elevates equity concepts in community and systems work. To break down silos, HCHT has focused on building infrastructure to support information and resource exchange and improve referrals with research, CIE work, and the launch of North Coast Care Connect and Activate Care for care coordination. HCHT helps identify and fill care gaps and educates partners about a broad range of SUD topics to find and implement innovative upstream solutions, earning HCHT the reputation of a community care leader.

**Primary Organizational Partners:** Governance Committee is composed of 17 members: DHHS Mental Health, Humboldt County Board of Supervisors, Open Door Community Health, First 5 Humboldt, Yurok Tribe, St Joseph Health, Partnership Health Plan, DHHS Public Health, DHHS Behavioral Health, DHHS Directors, McKinleyville Family Resource Centers, California Center for Rural Policy, Humboldt IPA, Transition Aged Youth Program, and community members

**Key Strengths/Assets:** HCHT is able to hone in on identifying and leveraging available resources and community capacity, has brought new partners into collaboration such as the cannabis industry and Native leaders, has proven to partners and residents that such collaborative work is

possible and effective, and is able to effectively triage community issues and work to create systems level changes.

## V. San Diego Accountable Community for Health

**Backbone Organization:** Be There San Diego (Nonprofit Organization)/San Diego Wellness Collaborative

**Geography:** San Diego County; North Inland San Diego

**CACHI Target Condition:** Cardiovascular Disease

**Strategies:** Nutrition services; care coordination infrastructure and system (Neighborhood Networks); ACEs programs

**SD ACH Role:** The SD ACH is a data-driven collaborative that covers two geographies and has developed the reputation in the community and among partners as an innovative and trusted community leader through pioneering racial justice and equity conversations and trainings among care networks, effectively leveraging funding to fund community-driven efforts, and maintaining focus on root causes and upstream solutions to address cardiovascular disease and nutrition security and improve the care landscape overall. Their work is community guided with multiple avenues for input and participation. The Neighborhood Networks program ensures broader access to the health related social needs supports by enabling CBOs employing CHWs and Promotoras to bill MediCal for services and is focused on improving health outcomes of MediCal beneficiaries.

**Primary Organizational Partners:** Over 50 partners from various sectors involved in ACEs Network of Care Learning Collaborative which SD ACH launched including foster system, justice system, healthcare and health technology, early childhood education, residents with lived experience, and more. Key partners listed in POI are San Diego Food Bank, Feeding America, Vista Community Clinic, TrueCare, Neighborhood Healthcare, Fallbrook Family Health Center, Leah's Pantry, North County Food Policy Council, American Heart Association, County of San Diego/Live Well San Diego, 2-1-1 San Diego, and Jewish Family Service.

**Key Strengths/Assets:** Broadened the alignment and reach of partners through network building; established Neighborhood Networks -- the Medicaid Managed Care community health network that facilitates contracting with CBOs and effectively disrupts silos (particularly through facilitating communication and collaboration between medical providers, care plans, and CBOs who were not in contact before); strong quantitative data focus and commitment to metrics tracking, including publishing public Data Dashboard on their website; piloting programs on small geographic scales before scaling them up.

## VI. West Sacramento ACH Initiative

**Backbone Organization:** Health Education Council

**Geography:** West Sacramento

**CACHI Target Condition:** Heart disease among low-income communities

**Strategies:** Increase access to healthy food, walkability, community connection, and collaboration with residents

**W-SACHI Role:** W-SACHI works in collaboration with resident stakeholders to find real, community-based solutions to the epidemic of cardiovascular disease in West Sacramento's low income communities. By focusing upstream on root causes such as education, housing, food access, and social connectedness, they influence and improve long-term health outcomes. W-SACHI utilizes the resources of their multi-sector coalition, putting residents and health providers at the same table to maximize impact.

**Primary Organizational Partners:** Sutter Health, CommuniCare, Yolo Food Bank, West Sacramento Urban Farm Program, HEC, Center for Land Based Learning, Yolo Health and Human Services, Yolo County Children's Alliance, Partnership Health Plan, Bryte and Broderick Community Action Network, Iris Health Medical Group, Yolo Community Foundation, Mercy Coalition of West Sacramento, River City Medical Group, International Rescue Committee, Washington Unified School District, City of West Sacramento, Kaiser Permanente, Elica Health Centers

**Key Strengths/Assets:** Strong resident engagement in activity and strategy development and implementation, maintained equity as a core value in all ACH work; focused on underinvested areas of the city and promoting "seamless" service delivery through alignment and coordination among partners (e.g., vaccine pop-ups at food bank distribution sites); increased resource flow to low-income neighborhoods.

***For additional information on the 13 current ACHs, please see [Profiles](#) page on the CACHI website.***