

Steering Committee on the Reduction of African American Child Deaths

May 20, 2015
2:15 p.m. – 4:15 p.m.
Sierra Health Foundation

Meeting Outcomes:

- Update and input on community engagement plans in the follow-up to the Board of Supervisors meeting
- Update and input on Evaluation Workgroup activities and evaluation framework
- Update on recruitment of new members

- 2:15 p.m.** **Welcome and Report Out**
Wendy Petko and Chet Hewitt
Co-Chairs, Steering Committee on Reduction of African American Child Death
- Review Previous Meeting Minutes
- 2:30 p.m.** **Preparing For the Board of Supervisors Budget Meeting**
Wendy Petko and Chet Hewitt
- Update On the Current Status of the Strategic Plan and Budget
 - Community Engagement Activities Strategy
 - Talking Points and Fact Sheets
- 3:00 p.m.** **Quality Dimensions and Indicators**
Gina Roberson
Evaluation Workgroup Chair
- Budget Preparation and Process
- 3:30 p.m.** **Updates and Next Steps**
Kindra Montgomery-Block
Program Officer, Sierra Health Foundation
- Member Interviews and Current Recruitment
 - Join Us Tonight for Dinner at Ella's 5:30pm
 - Meeting Feedback Form
- 4:15 p.m.** **Adjourn**

Steering Committee of Reduction of African American Child Deaths

May 20, 2015

2:15-4:15

Sierra Health Foundation

1321 Garden Highway

Meeting Summary Notes

Attendees:

Steering Committee Members: Pastor Alice Baber-Banks, Debra Cummings, Ethan Cutts, Gladys Deloney, Paris Dye, Addie Ellis, Linda Fong-Somera, Diane Galati, Chet Hewitt, Barry Loncke, Wendy Petko, Gina Roberson, Natalie Woods Andrews, Marlon Yarber, Essence Webb

Center Staff: Robert Phillips, Madeline Sabatoni, Kindra Montgomery-Block

Guests: Pamela Harris, Public Health for Olivia Kasirye, Stephanie Bray, Nancy Erbstein

Not Present:

Steering Committee Members:

Excused Absence: Keith Herron Darcel Lee, Robert Moynihan, Kim Pearson, Leslie Moore, Olivia Kasirye, Tina Roberts, James Shelby, Pastor Robert Jones

Meeting called to order:

2:24 pm

Wendy Petko opened the meeting and members reviewed April's meeting minutes. There were no comments or questions. Members introduced themselves for new people in the room.

Preparing for the Board of Supervisors Budget Hearing:

Kindra Montgomery-Block gave an update on the Law Enforcement Budget Hearing workshop held at the Board of Supervisors chamber the previous afternoon. Debra Cummings, Paris Dye and Pastor Baber-Banks all provided public comment. Advocates supporting the reduction of African American child deaths were mentioned in an article on the hearing in the Sacramento Bee.

Comments/Thoughts on the hearing:

Pastor Banks: Law enforcement referred to problem-oriented cops (POCs) and the DA was on point in her comments. Pastor Banks was surprised to learn that children were being sent out of state (for out-of-home placements). She was able to mention that education was key in her comments.

Debra: Our main focus should be the children and a lot of the focus was actually on dealing with the community.

Paris: The plan/direction that they want to go is dependent on community support. It seems like law enforcement's plan our plan work hand-in-hand. I do see a need for increased resources, but this also can mean a need for increased law enforcement. Education is key, but if you don't have healthy relationships in your life, you may not care about any education that you receive.

Marlon: Regarding out-of-home placements, the easy way out is to not talk about the ugliness in the system, but the Chief didn't do that. The Probation department is still wrestling with the idea/look at the Title IV-E Waiver as a way to deal with that. By talking about it publicly, it gives the issue an opportunity.

Pastor Banks: My main point is to start education earlier.

Gina Roberson: I watched the telecast and thought that Paris made good points – that if you invest in law enforcement, you also need to invest in community to build trust

Judge Loncke asked if there was any mention of Baltimore. Kindra said that both the Sheriff and the DA mentioned it lightly. Kindra and Paris approached the Sheriff about getting someone around the table (to join the RAACD Steering Committee). Paris reported that there were two Deputy Sheriffs at a community meeting this morning at the church and that the Youth Services Unit is down to four people. Judge Loncke asked if there has been any estimate of the costs in Baltimore (in relation to investment) and Kindra thought she had seen it reported at \$9 million.

Kindra gave a thank you to everyone who came and showed support at the hearing.

Thinking about implementation and structure, the next step is to think about how to operationalize the strategic plan. The Sierra Health Center for Health Program Management (the Center) staff is working to start building an implementation plan. The County COO has said to build the implementation plan around the full requested amount.

For examples of strategic plans and implementation plans, Chet suggested looking at previous Sierra Health Foundation Center for Health Program Management plans for the Sacramento Region Health Care Partnership. Two publications were produced: a Strategic plan for the Sacramento region and a Market Analysis. You can access these reports at: <http://www.sierrahealth.org/healthcarepartnership>

Gina noted that it was really good that members of the Steering Committee were there for the law enforcement workshop to make the connection that it's not just a health and human services issue.

Quality Dimensions and Indicators

Presenter: Gina Roberson

Gina gave an overview of the work of the Evaluation committee, which is asking the question "how do we assess that work is being done at a high quality standard and how do we measure it?" The committee reviewed two handouts on focus areas and indicators.

Discussion based on question: are these the right quality dimensions/categories to be measuring?

Natalie Woods Andrews asked about the section on Public Sector Commitment to Change – it seems very specific to commitment and the public sector, when change is a component to all areas. Wondering why the specification on the public sector.

Dr. Cutts noted that there seem to be a lot of overlap and back and forth from broad to specific. For example community engagement and community capacity building.

Natalie suggested bringing sections together. Dr. Cutts noted that some seem disjointed, since the plan to the Board is in five areas.

Paris asked who the document was intended for. Gina said that it will be used as an internal tool.

Linda Fong-Somera noted that the committee needs to be conscious of how content is organized, even though all of it is important.

Essence Webb asked how some of these things are measured. Gina said that the framework (provided on the tables) may provide more helpful measures. The two documents under review are broader.

Kindra noted that the public sector section is in reference to the ICPC and we're still tweaking the documents. The committee needs to be able to translate this to the community. Dr. Cutts noted that the committee needs to go back to the report and how it was said there and then fill in the details into our plan.

Linda said that it needs to be understandable to the community and demonstrate results to the Board of Supervisors.

Judge Loncke asked if there was any way the Steering Committee can train the staff of the Board of Supervisors to monitor this, so that they would be more willing to accommodate the request of the Steering Committee and get them into the community. Gina said that it was a good point that the Steering Committee needs to engage our policymakers and the public sector, as well as the community.

Kindra said this is the first draft and the goal today is to take back comments. Steering Committee members are encouraged to keep sending comments.

Dr. Cutts asked if there was a place to add in indicators of success and how they will be measured in an easy format, such as textboxes. Indicators would include reduction of deaths by a certain percentage among other things.

Chet said we need to know more details – how do you know that you build capacity, for example.

Leslie Cooksy said that she appreciates everyone's feedback after this first look.

Updates and Next Steps

Kindra noted that there have been four prospective members interviewed and hope to have results back by the end of the month. The hope is to have the civic and advocacy seats filled. The foundation seats are almost filled. Still need members in youth and Sheriff's categories.

No Announcements

Meeting adjourned:

4:00 p.m.

African American Lives Matter, All Lives Matter

Reduction of African American Child Deaths Strategic Plan Factsheet

Tragically, in Sacramento County African American children die at very disproportional rates, two times the rate of other children. In 2013, following the Blue Ribbon Commission report, the Sacramento County Board of Supervisors established the Steering Committee on Reduction of African American Child Deaths (RAACD), a community-driven body, to reduce deaths among African American children by between 10 percent and 20 percent by 2020.

The Blue Ribbon Commission found that these disproportionate deaths were occurring most prevalently due to four causes of death and in six Sacramento communities:

Four Leading Causes of Death:

- Infant sleep related deaths
- Perinatal conditions
- Child abuse and neglect homicides
- Third-party homicide

Targeted Communities:

- Valley Hi/ Meadowview
- Arden-Arcade
- North Sacramento/Del Paso Heights
- Oak Park
- North Highlands/Foothill
- Fruitridge/Stockton Boulevard

**Top Six Neighborhoods and Top Four Causes of Child Death with the Greatest Disproportion
Sacramento County Resident Child Deaths 1990 - 2009**

	# AA Third-Party Child Homicide	# AA Infant Sleep-Related Deaths	# AA CAN Homicides	# AA Perinatal Deaths	# Total AA Deaths Among Four Categories	# Total Deaths in All Races Among Four Categories	AA Child Deaths as % of All Child Deaths Among Four Categories	AA Children as % Total Child Population In Each Neighborhood
Meadowview/ Valley Hi	19	32	15	116	182	446	41%	16%
Arden-Arcade	1	6	7	19	33	95	35%	8%
North Sacramento/ Del Paso Heights	9	17	3	34	63	212	30%	16%
Oak Park	1	7	4	11	23	84	27%	9%
North Highlands/ Foothill	5	11	7	22	45	188	24%	9%
Fruitridge/ Stockton Blvd.	4	11	6	25	46	194	24%	8%

The Steering Committee is funded by the County of Sacramento and First 5 Sacramento, and is managed by the Center for Health Program Management.

Proposed Strategic Plan

The proposed strategic plan, which was presented during a safety net workshop to the Sacramento County Board of Supervisors, recommends five interdependent strategies.

Five Interdependent Strategies:

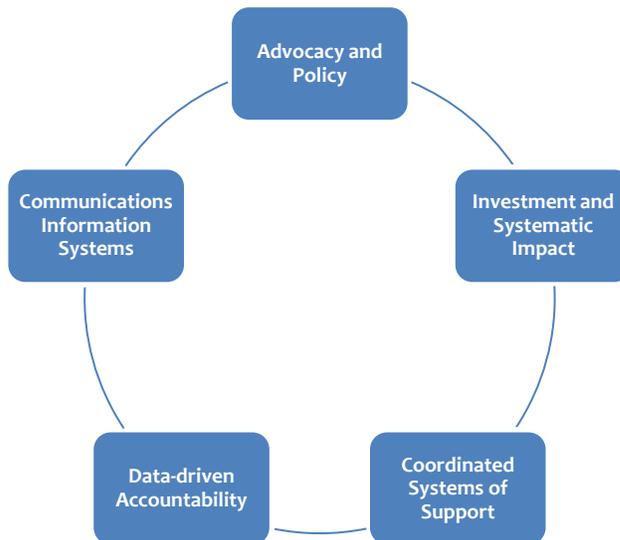
Advocacy and Policy - Form and convene a community-based Leadership Roundtable

Equitable Investment and Systematic Impact - Establish the Sacramento County's Interagency Children's Policy Council (ICPC) as a public partner to the steering committee accountable to the Board of Supervisors.

Coordinated Systems of Support - Launch a Technical Assistance Resource Center (TARC) that is overseen by the Steering Committee and is supportive of Interagency Children's Policy Council (ICPC) strategies and investments.

Data-driven Accountability and Collective Impact - Design a monitoring and reporting system to document and report progress to the community and Board of Supervisors on established benchmarks for reducing African American child deaths.

Communications and Information Systems - Develop a retail communications strategy (grassroots media campaign) focused on the prevention and reduction of African American child deaths.



Next steps:

The RAACD Steering Committee requests the Sacramento County Board of Supervisors commit \$1.75 million per year over 5 years to support the implementation of the strategic plan.

For more information:

Please visit www.shfcenter.org/raacd or join the discussion on Facebook at Black Lives Matter Sacramento.

The Steering Committee is funded by the County of Sacramento and First 5 Sacramento, and is managed by the Center for Health Program Management.

Get On the Bus!

Black Lives Matter Sacramento Campaign



Get on The Bus – Black Lives Matter Sacramento Campaign, is an effort organized by local community leaders to reduce deaths among African American Children. Tragically, in Sacramento County African American children die at very disproportional rates, two times the rate of other children. In 2013, following the Blue Ribbon Commission report, the Sacramento County Board of Supervisors established the Steering Committee on Reduction of African American Child Deaths (RAACD), a community-driven body, to reduce deaths among African American children by between 10 percent and 20 percent by 2020.

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Focus Communities:

- Valley Hi/ Meadowview
- Arden-Arcade
- North Sacramento/Del Paso Heights
- Oak Park
- North Highlands/Foothill
- Fruitridge/Stockton Boulevard

Get Involved

Working with more than 30 local organizations we will gather in support of the [budget and Strategic Plan to Reduce African American Child Deaths](#) which will result in multi-year initiatives to create stronger communities in Sacramento County. Please join us on June 16, 2015 at a bus pick up location in one of our six focus communities. Together we will rally during the 1st budget hearing of the year on the steps of the Sacramento County Government Administration building 700 H. Street.

How You Can Help

Get on The Bus – Black Lives Matter Sacramento Campaign depends on personal involvement from civic-minded people like you. Here are some ways you can help:

1. Meet us! On June 16, 2015 plan to **Get on The Bus!** 2pm pick-up /6pm drop-off. (pick-up and drop-off locations will be coordinated with neighborhood leaders)
2. Encourage your local organization, church, or business to become a designated “bus pick up spot”.
3. Volunteer – Help organize and assemble community bus riders - children, youth and families are welcomed.
4. Donate snacks and supplies for the June 16 event at a designated bus pick-up site.

To get involved or donate, call or email: (916) 410-9770 - blacklivesmatterssacramento@gmail.com

Evaluation Framework for SCRAACD Strategic Actions [DRAFT for discussion]

Mission: Eliminate preventable African American child deaths in Sacramento County

Target Goals:

- Decrease the number of African American child abuse and neglect homicide deaths by at least 25%
- Decrease the number of African American child deaths due to 3rd party homicides by at least 48%
- Decrease the number of African American child deaths due to perinatal conditions by at least 25%
- Decrease the number of African American sleep-related deaths by at least 33%

Purpose of Framework:

- 1) Demonstrate commitment to holding all stakeholders accountable for action
- 2) Demonstrate commitment to community and youth engagement in all aspects of work
- 3) Begin process of identifying cross-cutting dimensions of quality (part of Strategy 4 – Data-driven accountability and collective impact). Potential sources include:
 - a. **Promise Neighborhoods Initiative:** Children are healthy and prepared for school entry; children and youth are healthy and succeed in school; youth graduate from high school and college; families and neighborhoods support the healthy development, academic success, and well-being of their children. From *A Results Focus for the Promise Neighborhoods Initiative*; a companion document provides specific indicators for the dimensions. <http://www.cssp.org/publications/neighborhood-investment>
 - b. **Black Administrators in Child Welfare:** Innovative, creative and flexible; parent and community engagement; effective and appropriate use of kinship care; youth development focus; collaboration/partnership with education; health care access and quality; culturally-informed and competent legal services [specific to child welfare]; culturally competent leadership; and child-centered/family-focused policies, practices, review and analysis. From: *Reducing Disparities: 10 Racial Equity Strategy Areas for Improving Outcomes for African American Children in Child Welfare*. <http://www.blackadministrators.org/publications.cfm>

1) **Advocacy and Policy:** Promote, advocate and empower target neighborhoods so they play a key role in ensuring that children are safe socially, emotionally, physically and educationally from infancy to adulthood

Actions	Process Indicators	Quality Indicators	Outcome Indicators
<p>Create a community-based roundtable</p>	<ul style="list-style-type: none"> • 20 organizations engaged as partners of the SC • Key advocacy messages developed • Partnerships leveraged to support “echo chamber” through conferences, publications, etc. • Financial and nonfinancial support leveraged from private sector (business, philanthropy) to connect RAACD efforts to economic development and other initiatives 	<ul style="list-style-type: none"> • Organizations recruited are: <ul style="list-style-type: none"> ○ Community-based ○ Able to advocate for target neighborhoods ○ Children and youth focused ○ Targeting 4 areas of disproportionate death • Advocacy messages are: <ul style="list-style-type: none"> ○ Consistent ○ Strengths-based ○ Delivered by appropriate messenger for specific audiences • Support from private sector is <ul style="list-style-type: none"> ○ Not duplicating or supplanting existing efforts ○ Connecting AA child death reduction to social determinants of health (employment, education) ○ Contributing to effective interventions 	<ul style="list-style-type: none"> • Increased community attention to the 4 target areas • Increased community participation in advocacy for children and their families • Increased public awareness of issues and opportunities • Increased resources to support effective interventions • Increased opportunities for youth and families
<p>Evaluation Strategies</p>	<ul style="list-style-type: none"> • Documentation of nature and extent of engagement of organizations • Documentation of how roundtable receives and transmits communications • Documentation of strategies to gain financial and nonfinancial support, including who and what agencies are being recruited 	<ul style="list-style-type: none"> • Qualitative methods: <ul style="list-style-type: none"> ○ Describe stakeholder perspectives on what organizations are needed: Compare to the organizations that are recruited ○ Review advocacy messages and how they are disseminated: Compare to best practices ○ Describe the form and amount of the private sector resources: Compare to previously existing resources • Quantitative methods: <ul style="list-style-type: none"> ○ Reach of advocacy messages (# of outlets, # of people) ○ Amount of support from private sector 	<ul style="list-style-type: none"> • Participatory Action Research (PAR): <ul style="list-style-type: none"> ○ Community awareness of messages ○ Community participation in advocacy • Monitoring of general public media for messaging • Evaluation of interventions leveraged with private resources for cultural appropriateness, consistency with best practices, achievement of intended outcomes
<p>Learning/Reflection Questions</p>	<ul style="list-style-type: none"> • If the number or kinds of organizations are not being engaged, why not? • What other strategies can the “echo 	<ul style="list-style-type: none"> • What strategies have been effective for recruiting organizations? For recruitment of private sector partners? Which have not been effective? • How can messages be disseminated to increase their power and/or reach 	<ul style="list-style-type: none"> • What supports are needed to sustain community engagement? • In what ways, if any, is the PAR building

Actions	Process Indicators	Quality Indicators	Outcome Indicators
	chamber” use to transmit messages <ul style="list-style-type: none"> • What kinds of support are most needed? Are the right kinds of partners being engaged? 	for the intended audiences?	community capacity?

2) **Equitable Investment and Systematic Impact:** Engage key public and private institutional stakeholders so they invest resources to support long-term system change initiatives that increase efforts around, and awareness for, reducing African American child deaths as a key component of achieving overall health for children and families in Sacramento County.

Actions	Process Indicators	Quality Indicators	Outcome Indicators
Create the Interagency Children’s Policy Council made up of at least 10 executive level county decision makers and elected policymakers	<ul style="list-style-type: none"> • ICPC established and accountable to the BoS • Comprehensive, collaborative integrated services delivery system strategy, which includes reducing AA child deaths as a key initiative, developed • Children’s budget that increases investments in the prevention and reduction of AA child deaths adopted • Additional public, private, and philanthropic resources leveraged • Community-based, youth-led leadership incorporated in ICPC efforts • Backbone structure to support the SC established 	<ul style="list-style-type: none"> • Involvement of all relevant agencies in the ICPC • Engagement of high-level decision makers and policymakers • Service and budget plans that: <ul style="list-style-type: none"> ○ Are timely ○ Establish the 6 neighborhoods as priorities for resources and services ○ Increase investments in the prevention and reduction of AA child deaths ○ Include sufficient resources to implement plan ○ Data-driven • Increased resources from public, private and philanthropic sources • Authentic youth engagement in the development of the plan 	<ul style="list-style-type: none"> • Sustained commitment of County executives and elected officials to reducing AA child deaths through the institutionalization of the ICPC • Increased county and city resources focused on reducing AA child deaths, particularly in the 6 communities • Cost savings as a result of better outcomes for children and youth • Explicit priority given to reducing AA child deaths in agency policies and practices (e.g., hospital programs to support safe infant sleep practices) • Increased coordination and alignment of policies and services across agencies • Increased leadership and advocacy skills of participating youth
Evaluation Strategies	<ul style="list-style-type: none"> • Document review: <ul style="list-style-type: none"> ○ BoS direction on creation of ICPC ○ Integrated services delivery system and budget plans ○ Resources provided to support ICPC • Description of efforts to leverage additional resources • Description of strategies used to engage community, especially youth, as leaders in ICPC 	<ul style="list-style-type: none"> • Review of ICPC meeting participation, frequency, topics and decisions (sign-in sheets, agendas, minutes): Compare to expectations • Review of plans against quality criteria (e.g., increase in resources to neighborhoods compared to before the strategic plan and compared to change in resources for other neighborhoods) • Amount of resources dedicated to effort by source 	<ul style="list-style-type: none"> • Review of BoS actions related to ICPC • Evidence of ICPC continuation after leadership changes, over time • Monitoring of budget allocations to communities • Cost-benefit analysis • Review of agency policy documents for statements related to AA child deaths as a priority • Review of agency plans and budgets and updating of

	<ul style="list-style-type: none"> • Description of backbone structure 	<ul style="list-style-type: none"> • Primary data from youth on nature and quality of their engagement 	<ul style="list-style-type: none"> services delivery and budget plans • Primary data from youth about leadership and advocacy skills
Learning/Reflection Questions	<ul style="list-style-type: none"> • What resources (staff, other) are needed to support the ICPC? • What advocacy/TA is needed to steer/support ICPC activities? • How will the backbone structure be evaluated? 	<ul style="list-style-type: none"> • Are there other criteria for assessing the quality of the plans and their implementation? • What advocacy/TA is needed to ensure plans meet quality criteria? 	<ul style="list-style-type: none"> • What data/advocacy/TA are needed to ensure continuation of ICPC and its continued attention to reducing AA child deaths? • How can youth be supported to continue advocacy for their neighborhoods and youth wellbeing in general?

3) **Coordinated Systems of Support:** Develop high-quality coordinated systems of integrated support services that are easily accessible, culturally responsive and meaningful with a supportive policy and management infrastructure

Actions	Process Indicators	Quality Indicators	Outcome Indicators
Establish the Training and TA Network	<ul style="list-style-type: none"> • Resources allocated to create and maintain a TARC, which: <ul style="list-style-type: none"> ○ Creates an information exchange network ○ Connects partners in the 6 targeted areas to best practices, research and knowledge related to reducing AA child deaths ○ Links public agency staff to the expertise of residents, CBO experience, evaluation findings and other knowledge resources ○ Trains neighborhood residents to provide technical assistance ○ Creates TA partnerships with health and community partner agencies ○ Fosters community engagement and leadership development in all TA approaches 	<ul style="list-style-type: none"> • Information and training that are empowerment, strengths-based and culturally appropriate for the communities • Information and training that explicitly target the 4 areas of disproportionate AA child death • Best practices used for service delivery • Clear roles for public agency and community partners • Diverse set of CBO partners (e.g., faith-based, schools, clinics, neighborhood groups) • Fair process for selecting CBO partners (especially for resource distribution) 	<ul style="list-style-type: none"> • Increased access to and use of effective, culturally responsive services for children and their families • Sustained system of service delivery that relies on partnerships between public agencies and community expertise • Institutionalized public agency policy and practices that demonstrate culturally responsive services • Increased engagement of community residents in activities that support the wellbeing of children and their families
Evaluation Strategies	<ul style="list-style-type: none"> • Documentation of nature and extent of engagement of organizations • Documentation of resources and how they are distributed to organizations and neighborhoods 	<ul style="list-style-type: none"> • PAR to assess existing resources/assets, training needs and strategies • Review of the nature and focus of information and training: Compare to best practices, similar efforts in other cities • Review of documents that establish partnerships and specify training needs and strategies: Compare to CBO perceptions of fairness; compare to PAR results on training needs 	<ul style="list-style-type: none"> • PAR to assess effectiveness of TARC • PAR to assess cultural responsiveness and effectiveness of services • Pre/post and other evaluation strategies for effectiveness of services • Community multi-method case studies on change in resident engagement, community assets
Learning/Reflection Questions	<ul style="list-style-type: none"> • If the number or kinds of partners are not being engaged, why not? • What challenges are faced in establishing the TARC and how are these being overcome? 	<ul style="list-style-type: none"> • How do the partnerships evolve – do roles get more or less distinct over time? 	<ul style="list-style-type: none"> • How can culturally responsive interventions be sustained? • In what ways, if any, is the PAR building community capacity?

4) **Data-driven Accountability and Collective Impact:** Use data-driven strategies to inform ongoing improvement efforts to reduce the disproportionate number of African American child deaths

Actions	Process Indicators	Quality Indicators	Outcome Indicators
Develop and implement an evaluation and accountability system	<ul style="list-style-type: none"> • Cross-cutting quality indicators developed • Plans for monitoring program-specific outcomes established • Data collection tools identified and/or developed • Reductions in AA child deaths by causes of death monitored • Data sharing needs identified and agreements formalized • Data reporting and use plans in place • Staff and other resources dedicated to monitoring and evaluation activities 	<ul style="list-style-type: none"> • Quality indicators are based on best practices and community input • Program-specific outcome evaluations use common indicators (to the extent possible) • Data collection tools are technically sound and feasible to implement in community settings • Public agency data can be disaggregated by race and neighborhood • Program-specific data can be aggregated across programs and communities • Data are credible and available at appropriate intervals 	<ul style="list-style-type: none"> • Increased use of data by public agencies and service providers to inform strategic and programmatic decisions • Increased use of data by community members and CBOs to inform advocacy and action decisions • Ongoing quality improvements to interventions • Increased public agency coordination of data and programming • Increased public awareness of quality programs and impacts on child death • Increased knowledge about effective interventions for reducing AA child deaths
Evaluation Strategies	<ul style="list-style-type: none"> • Documentation of: <ul style="list-style-type: none"> ○ Quality assessment tool and basis for its content and structure ○ Program-specific evaluation plans ○ MOUs for data sharing ○ Data reporting and use plans 	<ul style="list-style-type: none"> • Measurement expert and community reviews of data collection measures • Feasible and utilization-focused framework for cross-program synthesis of process monitoring and outcome evaluation data • Public agency and community reviews of reporting formats 	<ul style="list-style-type: none"> • Documentation of agency use of data (presentations at meetings, data presented in reports to BoS) • PAR: Youth and community use of data in advocacy • Qualitative/quantitative evidence of changes (quality improvements, policy changes) that are data-driven • Accuracy of data reports to the public (newspaper, radio) • Publications reporting on Sacramento County activities to reduce AA child deaths
Learning/Reflection Questions	<ul style="list-style-type: none"> • Given the variety of interventions, can a single quality assessment tool be developed? • How can data sharing across agencies be facilitated? 	<ul style="list-style-type: none"> • Knowing that the Child Death Review Team will monitor changes in AA child death rates, what are priorities for data collection? • How can monitoring and evaluation be organized to be useful to community residents and CBOs, in addition to serving county accountability expectations? 	<ul style="list-style-type: none"> • How will potential misuse of the data be addressed (e.g., newspaper reports of less than excellent quality programs)?

5) **Communications and Information Systems:** Develop a social marketing plan that will favorably impact the prevention and reduction of African American child deaths in the six targeted neighborhoods

Actions	Process Indicators	Quality Indicators	Outcome Indicators
Develop and disseminate media materials	<ul style="list-style-type: none"> • Social marketing campaign plan developed based on: <ul style="list-style-type: none"> ○ Understanding of community awareness ○ Community input ○ Research and evaluation findings • Social marketing campaign implemented that: <ul style="list-style-type: none"> ○ Uses multiple media strategies ○ Engages youth in implementation 	<ul style="list-style-type: none"> • Social marketing/media materials that are: <ul style="list-style-type: none"> ○ Community-responsive and culturally appropriate ○ Reflective of best practices in research ○ Appropriately targeted for different audiences • Implementation strategies that: <ul style="list-style-type: none"> ○ Authentically engage youth, including providing technical and other kinds of support ○ Include positive messages (celebrations) with educational messages ○ Reach intended audiences 	<ul style="list-style-type: none"> • Increased community awareness of how best to support healthy development • Increased community and family supports for children and youth that maximize the likelihood of healthy development • Increased leadership and advocacy skills of participating youth
Evaluation Strategies	<ul style="list-style-type: none"> • Participatory Action Research (PAR) to: <ul style="list-style-type: none"> ○ assess awareness ○ gather community input ○ inform campaign/message development • Documentation of campaign development process 	<ul style="list-style-type: none"> • PAR to assess quality and reach of media messages (and recommend improvements if needed) • Youth-specific PAR to: <ul style="list-style-type: none"> ○ Assess how they can best contribute to the campaign ○ Assess what resources (training, stipends, etc.) they need to support their participation ○ Assess the extent to which their engagement was authentic and supported (and recommend improvements if needed) • Quantitative assessment of extent to which messages reach intended audiences 	<ul style="list-style-type: none"> • PAR to assess community awareness and behavior change • Qualitative assessment of youth perceptions of their role in the process
Learning/Reflection Questions	<ul style="list-style-type: none"> • How effectively has the PAR been implemented? • In what ways was the community input incorporated? 	<ul style="list-style-type: none"> • What innovative strategies (if any) are being used? 	<ul style="list-style-type: none"> • In what ways (if any) is the PAR building community capacity?

Quality Assessment for SCRAACD Priority Areas and Strategies

[DRAFT for discussion]

What is this and how can it be used?

- This is a list of dimensions and indicators for evaluating the quality of the implementation of the strategies identified in the strategic plan
- They are the starting point for an assessment tool that can be used by the Steering Committee and the community to
 - assess how well the strategies are implemented and
 - provide feedback on how to improve how the strategies are working on the ground.

What assumptions underlie the quality assessment component of the *Data-driven accountability and collective impact* priority area?

- To reduce disproportionate African American child deaths and sustain the changes that support the wellbeing of African American children and their families, the strategies need to be fully implemented in ways that meet high standards of quality.
- The quality assessment is one piece of an overall evaluation plan. The overall plan includes evaluation of strategic outcomes and monitoring progress toward the long-range goals of reductions in African American child deaths.

What are next steps?

- Finalize the 10 dimensions and indicators
- Select the dimensions and indicators that are *most* relevant for each strategy. For example:
 - “Engaged leadership: Leaders are focused on community wellbeing” may be essential to the quality of the ICPC strategy but may be less central to the success of the Collective Impact strategy
 - “Data collection and sharing: Community members participate in the interpretation of results” may be more relevant to the Collective Impact strategy, but less central to the ICPC strategy.
- Describe in detail what we would expect to see if the strategy is implemented exceptionally well. For example:
 - For the ICPC strategy, how would we know if the leaders are focused on community wellbeing? What specific ways would we see that focus?
 - For the Collective Impact strategy, how would we know if the community had a genuine voice in the interpretation of evaluation results?
 - Continue to refine the dimensions and indicators as needed

Quality Assessment for SCRAACD Priority Areas and Strategies

The 10 dimensions and the associated indicators are the starting point for the quality assessment tool. They are stated in general terms because the indicators might look somewhat different depending on which strategy is being assessed. Before tailoring the indicators to each strategy, the dimensions and indicators should be reviewed to get input on the following questions:

1. Do the dimensions have the right focus?
2. Are the labels for the dimensions the best labels?
3. Are there indicators missing that should be added, or indicators that are listed that can be revised or removed?

Quality Dimensions	Indicators
Mission-focus	<ul style="list-style-type: none"> – Neighborhoods experiencing greatest disparities receive greatest resources, are established as priorities. – Interventions are demonstrated to reduce deaths caused by the conditions identified in the BRC report. – Resources and resource management are coordinated to support a systemic response to issue.
Community engagement	<ul style="list-style-type: none"> – Community residents’ knowledge and views drive decisions. – Practical barriers (transportation, dependent care, meeting times, loss of earnings, information format) to community participation are removed. – Community engagement is supported by staff and budget. – Community engagement is supported by technical assistance. – Community engagement practices are culturally-responsive.
Public sector commitment to change	<ul style="list-style-type: none"> – Public sector actions target root causes of AACD. – Public sector identifies reducing African American child death as a priority. – Public sector institutionalizes priorities in the form of policy and practice change. – Public sector commits resources to the shared goal.
Engaged leadership	<ul style="list-style-type: none"> – Decision-makers (not just their representatives) are part of the process. – Leaders are focused on community wellbeing (not agency territory). – Leaders actively engage with the community and promote the involvement of people who experience barriers to participation.
Partnerships (with CBOs, private sector, philanthropy, etc.)	<ul style="list-style-type: none"> – Representatives from relevant communities and organizations are at the table. – Partners demonstrate their commitment to collaboration. – Partners are legitimate/recognized representatives of their constituencies. – Organizational and community partners communicate information back to their constituencies. – Multiple sectors collaborate to achieve a shared mission.

Data collection and sharing	<ul style="list-style-type: none"> – Indicators have credibility to the community (i.e., are culturally responsive), other stakeholders and external audiences. – To the extent possible, common quality and outcome indicators are used to support cross-cutting conclusions. – Community members participate in the interpretation of results. – Results are shared with the community, other stakeholders and external audiences. – Results are used to inform improvements to process. – Public agency data can be disaggregated by race and neighborhood.
Community capacity-building	<ul style="list-style-type: none"> – Community engagement and leadership is maximized by offering supportive training and resources. – Capacity-building activities are empowering, strengths-based and culturally appropriate. – Capacity-building is based on best practices. – Organizations participating in community capacity-building are culturally competent.
Youth-centered	<ul style="list-style-type: none"> – Youth are represented in decision-making bodies. – Youth voice is solicited, supported and listened to. – Opportunities for youth leadership are created and youth leadership is nurtured.
Transparency and fairness	<ul style="list-style-type: none"> – Procedures and criteria for decision-making, including distribution of resources, are clear and fair. – Explanations for decisions and actions are shared along with details of any future activity. – Information (about processes, actions, decisions, plans, etc.) is accessible, clear, understandable and relevant.
Communications	<ul style="list-style-type: none"> – Communications are coordinated and consistent. – Communications are delivered by sources recognized as credible by the community (or other audiences). – Communications are delivered using appropriate media (newspapers, twitter, etc.) for the intended audiences. – Communications are culturally responsive/appropriate. – Communications are community-informed/developed – Communications are multi-directional (e.g., from Steering Committee to Roundtable, from Roundtable to SC, from Roundtable to community, etc.) – Communications include positive messages (celebrations) with educational messages.