Steering Committee on Reduction of African American Child Death

August 20, 2014
2:15 p.m. – 4:15 p.m.
Nonprofit Innovation Center
1331 Garden Highway

Meeting Outcomes:
• To discuss the workgroup updates and progress
• To use meeting time to further develop logic models
• To set objectives for Strategic Retreat

2:15 p.m. Welcome and Workgroup Report Out
Tyrone Netters  
Chair, Steering Committee on Reduction of African American Child Death
  ▪ Review previous meeting minutes
  ▪ Workgroup report on workgroup progress

2:45 p.m. Developing Logic Models
Workgroups
  ▪ Dedicated time for workgroups to review and develop logic models using a logic model worksheet

3:45 p.m. Planning for Strategic Retreat
  ▪ Identifying priority issues for the Steering Committee to address
  ▪ Define the objectives that clearly state what the Steering Committee must achieve to address the priorities outlined in the Blue Ribbon Commission process.
  ▪ Determine how accountable the Steering Committee members are willing to be to one another.

4:15 p.m. Adjourn
Steering Committee of Reduction of African American Child Deaths

August 20, 2014
2:15-4:15
Nonprofit Innovation Center
1331 Garden Highway
Meeting Summary Notes

Attendees:
Steering Committee Members: Tyrone Netters, Chet Hewitt, Tina Roberts, Gina Roberson, Leslie Moore, Judge Barry Loncke, Quinn Wells (Dr. Olivia Kasirye), Diane Galati, Linda Fong-Somera, Dr. Addie Ellis, Paris Dye, Gladys Deloney Dr. Ethan Cutts, Debra Cummings, Pastor Alice Baber-Banks
Center Staff: Robert Phillips, Leslie Cooksy, Diane Littlefield, Madeline Sabatoni, Brian Fitzgerald
The Pivotal Group: Lyn Corbett, Alyssa Strickling
Guests: Toni Moore, Alma Caravarin, Anna Vakulchik, Karen Nichols, Emily Jones

Not Present:

Meeting called to order:
2:18pm

Welcome and Introductions
Tyrone Netters
Chair, Steering Committee of Reduction of African American Child Death

Pastor Alice Baber-Banks opened the meeting in prayer. The Meeting was dedicated to the memory of Grantland Johnson. Individual committee members shared how much of an influence he was in our community and how he impacted them personally.

Workgroup Report Out - Perinatal Workgroup
Presenter: Dr. Addie Ellis
Key Discussion Points
  • The workgroup met last week to discuss the development of the logic model. The two main strategies they will be focus on will be Policy and Outreach & Education.
  • They have begun to see and overlap of the two strategies. They are currently working on completing the logic model.
Action Items: There were no action items at this time.
Workgroup Report Out – Third Party Homicide Workgroup
Presenter: Paris Dye
Key Discussion Points

• The Workgroup did not meet this month. Group numbers have started to dwindle.
• Cary Trzcinski is new to the group. Paris Dye plans on meeting with Cary to bring him up to speed on what is happening with the group.
• Paris has been working on developing the Logic Model for the group.

Comments:
• Judge Barry Loncke mentioned a program called Friday Night Lights. They have a good idea about how to get people out to discuss the issues in their communities (food, open house music.) They try to get the community together on issues related to stopping violence. This model was taken form the LA area and has proven effective. He has been in conversation with Cassandra Jennings of the Mayors office on the effectiveness of programs of this nature.

Action Items: There were no action items at this time.

Workgroup Report Out – Safe Sleep Workgroup
Presenter: Diane Galati & Dr. Ethan Cutts
Key Discussion Points

• Sacramento County infant safe sleep group has finished research with the focus groups. They were able to gather information directly from families regarding how to best get their attention and where they would be most likely to see advertisements.
  • From this information a brochure and video has been developed
• Updated video to get the families attention will be previewed on Sept 5.
  • Video contains locals specifically a family that had a loss, mother, father, and local physician. All have different situations/circumstances that add to their credibility to speak on the issue of safe sleeping among infants.
• A provider survey was completed with 200+ responses. Surveys contain information about discrepancies between assumptions about what is being assumed and what is actually happening in the community.
• Last week the hospital subgroup met at First 5 to talk about what information is getting out to young families. Questions included: What does the information look like? Was it helpful? What discrepancies were found?
• Did not get to the Logic Model, but they were able to find out that there is a large gap regarding consistent education, knowledge and understanding.
• The group was able to connect with people from Dignity Health and UCD in order to stretch the reach.
• At the Northern California Perinatal outreach group Linda Fong- Somera from First 5 presented the study and data that came from the focus group that has been developed. This was powerful because much of this is info people do not know.
• The most influential contact would be being able to meet where the babies are born. At the hospitals they would be able to have conversations about safe sleep. The group
believes these conversations have the potential to decrease the number of deaths from 25 to 2 or 3 and hopefully 0 annually.

Comments:
• Linda Fong-Somera - The hope is that all hospitals would be able to consistently be able to ask if the babies have a safe place to sleep and follow up.

Action Items: There were no action items at this time.

**Workgroup Report Out – Child Abuse and Neglect Workgroup**
Presenter: Gina Roberson

Key Discussion Points
• The workgroup met this month to discuss the logic model what strategies would be most important to include. They have identified strategies and are competing the template.
• A Google drive folder was created so everyone can access the document and make edits.
• The workgroup also had a discussion regarding communication between workgroup members, the Steering Committee and the Sierra Health Foundation. They identified the level of support necessary to be successful.

Action Items: There were no action items at this time.

**Workgroup Report Out – Evaluation**
Presenter: Linda Fong-Somera

Key Discussion Points
• The Evaluation workgroup presented on Logic Models at the last meeting. They met this month to discuss the Steering committee meeting and ways to further support the workgroups in the development of their logic models. They developed a worksheet exercise to help with the process.

Action Items: There were no action items at this time.

**Logic Model Worksheet Exercise**
Presenter: Linda Fong-Somera

• The Goal of the logic model worksheet exercise was to move groups towards the development of their logic models.
• The worksheet exercise will:
  o Help groups take the next step in thinking about outcomes.
  o Connect the dots between activity and what they want to see.
  o Answer the questions: Why does this work? Why this is important?

The Logic Model Worksheet exercise lasted for 45 minutes

Action Items: There were no action items at this time.

**Strategic Planning Retreat**
Presenter: Robert Phillips

Key Discussion Points
• The Proposed Dates are September 26-27
• Due to scheduling conflicts other options for the retreat have been presented:
  o Option 1: Stay local and have a one-day retreat to garner more participation.
Option 2: Keep the two-day format and pick a location that is remote enough that people will stay to and participate.

- With a one-day retreat, attendance has the potential to be higher, however since it is close to home there is the temptation to leave halfway through the day
- With a two-day retreat that is further from home there is a risk that less people will come. The benefit to this is those people who come will be dedicated to getting work done.
- Suggestions on how to make a two-day retreat beneficial for everyone:
  - Nominate someone from each group to represent those who cannot be present
  - This person can act as proxy for group members. They should have the entire groups best interest at heart not just their own agenda.
  - Dedicate time for committee members to get to know each other.

Comments:
- Chet Hewitt stated that the retreat will be fully funded by the Sierra Health Foundation. He emphasized that Sierra Health will not use any of the funds dedicated to the contract for this work. He also stated the importance of fully committing to this issue due to our limited time frame. He further stated that the retreat is essential to moving this important work forward.

The group unanimously decided to have the two-day retreat outside of Sacramento

Action Items:
- The Sierra Health Foundation will send out correspondence stressing the importance of committee member participation at the retreat.
- Group Members will reach out to each other to stress importance of attending the retreat.
- Correspondence confirming dates, time and location will be distributed to the group as soon as soon as a location is secured.

Meeting adjourned:
4:15pm
STEERING COMMITTEE FOR THE REDUCTION OF AFRICAN AMERICAN CHILD DEATHS
Logic Model Worksheet

WORKGROUP: 3rd Party Homicides
1) Edit examples of Blue Ribbon Commission core activities by revising or adding new activities, based on Workgroup discussions
2) Prioritize the broad core activities
3) Fill in the remaining columns for the broad activities that are the highest priority

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>BROAD CORE ACTIVITIES FROM BLUE RIBBON REPORT</th>
<th>DETAILED CORE ACTIVITIES</th>
<th>WHY</th>
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</thead>
<tbody>
<tr>
<td>Public Awareness</td>
<td>Examples of Core Activities from the BRC Recommendations:</td>
<td>Fill in the activities, answering the questions: Who? What? Where?</td>
<td>Why will this work? How does this move us forward to the reduction of African American child deaths?</td>
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<td></td>
<td>▪ Target youth within specific places (light rail, churches, malls, etc.)</td>
<td>▪ Example: Target youth at Arden-Arcade high schools with poster campaign depicting trauma-informed messages</td>
<td>▪ Example: Youth will receive messages at a place where they will be visible to them. Messages of trauma-informed care will help youth identify needs around trauma and seek assistance.</td>
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<td>Direct Service</td>
<td>• Implement activities targeting school completion</td>
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<td>• Expand after-school youth programs</td>
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<td>• Fund youth employment programs for youth who have intersected with law enforcement [See report for specific kinds of programs]</td>
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<td>• Develop partnerships to ensure intended youth are reached and messages are reinforced</td>
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<td>• Promote mentoring programs</td>
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<td>• Expand or replicate existing effective youth and violence prevention programs</td>
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<tr>
<td>Policy</td>
<td>Engage youth in planning, design and implementation of policy activities</td>
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<td>Engage school systems to:</td>
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<td>o Hire African American teachers and other staff</td>
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<td>o Offer/promote programs that engage students and parents</td>
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<td>o Incorporate anti-violence curriculum</td>
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<td>o Engage higher education students as part of their college requirements</td>
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<td>Engage law enforcement systems to:</td>
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<td></td>
<td>o Participate in community-oriented policing programs</td>
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<td>o Target law enforcement response to those most at risk</td>
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<td>Require affordable housing developers to underwrite social/safety programs in targeted communities</td>
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<td>Align federal funding requests to ensure resources are directed to targeted communities</td>
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WORKGROUP: Child Abuse and Neglect Homicide Deaths

1) Edit examples of Blue Ribbon Commission core activities by revising or adding new activities, based on Workgroup discussions
2) Prioritize the broad core activities
3) Fill in the remaining columns for the broad activities that are the highest priority

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<td>Public Awareness:</td>
<td>Examples of Core Activities from the BRC Recommendations:</td>
<td>Fill in the activities, answering the questions: Who? What? Where?</td>
<td>Why will this work? How does this move us forward to the reduction of African American child deaths? Example: Youth will receive messages at a place where they will be visible to them. Messages of trauma-informed care will help youth identify needs around trauma and seek assistance.</td>
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<tr>
<td>Develop and fund a community-wide culturally appropriate primary prevention campaign using all forms of social media and targeted outreach strategies delivered by trusted messengers to address child abuse and neglect homicides</td>
<td>§ Target parents within specific neighborhoods and places § Use tools and messages that are trauma-informed and normalize the need for parenting support § Train faith-based sector, service providers and community members to include trauma informed care, impacts of adverse childhood experiences, parenting skills and resources § Identify mandated reporters and expand training to all mandated reporters providing tools and resources for identifying and reporting suspected child abuse</td>
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<td>§ Example: Target youth at Arden-Arcade high schools with poster campaign depicting trauma-informed messages</td>
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| Direct Service | • Support/develop/promote evidence-based community-based prevention programs that promote safe, stable, nurturing environments for children addressing impacts of trauma and parental stress  
• Develop/expand the use of trained “cultural brokers” in existing programs within targeted communities  
• Investigate match funding for “cultural brokers”  
• Expand existing prevention/intervention services for children ages 6 and older using trained cultural brokers  
• Declare Arden Arcade and Valley Hi as highest need to provide and target resources and education  
• Leverage all contact points with families as opportunities for prevention/intervention such as employers, faith-based sector, elders, probation, hospitals, child care  
• Develop a standardized hospital assessment tool, given at birth, that triages referrals based on need and tracks parent follow-up | • | • |
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| Policy     | ▪ Recruit/train/retain a diverse workforce of service providers, including Child Protective Services, with full representation of people of color to match those served  
▪ Develop public and private commitments to promote safe, stable and nurturing parenting practices by:  
  o educating public/private policymakers on the impact of trauma on children and impact of stress on parents  
  o targeting interventions to families with known child abuse and neglect risk factors  
  o strengthening the community approach to prevention/intervention  
▪ Use standardized screening tools to identify families most at risk; refer and prioritize their access to:  
  o culturally competent mental health services  
  o prevention and treatment services  
  o community/economic development initiatives  
▪ Ensure quality childcare is available, affordable and accessible | ▪ | ▪ |
STEERING COMMITTEE FOR THE REDUCTION OF AFRICAN AMERICAN CHILD DEATHS
Logic Model Worksheet

WORKGROUP: Infant Sleep Related Deaths
1) Edit examples of Blue Ribbon Commission core activities by revising or adding new activities, based on Workgroup discussions
2) Prioritize the broad core activities
3) Fill in the remaining columns for the broad activities that are the highest priority

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<td>▪ Mobilize public/private agencies to raise public awareness, including but not limited to Child Protective Services, corrections, childcare licensing, first responders, community based service providers, faith-based sector, retail outlets and Red Cross</td>
<td>Why? Where?</td>
<td>Example: Youth will receive messages at a place where they will be visible to them. Messages of trauma-informed care will help youth identify needs around trauma and seek assistance.</td>
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<td>▪ Promote effective policies and procedures in hospitals, clinics, and community-based services to ensure parents are educated about infant safe sleep practices in all prenatal encounters</td>
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<td>▪ Utilize testimonials of parents whose infants have died</td>
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Develop and fund a coordinated community-wide campaign using all forms of social media and targeted outreach strategies delivered by trusted messengers on appropriate infant safe sleep behaviors.
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| Direct Service  
Ensure parents leaving delivery have access to a crib, are educated on how to safely sleep their infant, and agree to comply with infant safe sleep practices. | ▪ Fund the coordination of an infant safe sleep campaign, in the next budget cycle, including resources to purchase cribs and education materials  
▪ Obtain long-term commitments of resources with yearly increases as needed to provide families with cribs  
▪ Develop standardized assessment tool to identify risk factors that are used by several partners, including hospitals, Child Protective Services, Women, Infants and Children program, home visitation services and parenting groups, and others  
▪ Increase opportunities for infant safe sleep education through trained “cultural brokers” in existing services within neighborhoods, such as home visitation, family resource centers, clinics and Women, Infant and Children program. | ▪ | ▪ |
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| Policy     | - Promote school district policies to include infant safe sleep information in all high school health classes  
- Promote the integration of infant safe sleep protocols into all public safety trainings to Child Protective Services, foster parents, alcohol and other drugs programs, home visitation, child care licensing and other service providers  
- Promote policies within birthing hospitals that all children born leave with infant safe sleep education and as needed, a crib to safely sleep their infant | - | - |
### Logic Model Worksheet

**WORKGROUP: Perinatal Conditions Deaths**

1) Edit examples of Blue Ribbon Commission core activities by revising or adding new activities, based on Workgroup discussions
2) Prioritize the broad core activities
3) Fill in the remaining columns for the broad activities that are the highest priority

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| Public Awareness: | Develop and fund a community-wide culturally appropriate primary prevention campaign using all forms of social media and targeted outreach strategies delivered by trusted messengers to address pre-conception health, prematurity, low birth weight and substance abuse. | Examples of Core Activities from the BRC Recommendations:  
- Target specific demographic of women and neighborhoods  
- Use specific, consistent and coordinated messages for public and private service providers, service recipients and community members | Why will this work? How does this move us forward to the reduction of African American child deaths?  
- Example: Youth will receive messages at a place where they will be visible to them. Messages of trauma-informed care will help youth identify needs around trauma and seek assistance. |

**Examples of Core Activities from the BRC Recommendations:**
- Target specific demographic of women and neighborhoods
- Use specific, consistent and coordinated messages for public and private service providers, service recipients and community members

**Fill in the activities, answering the questions:**
- Who?
- What?
- Where?

**Example:** Target youth at Arden-Arcade high schools with poster campaign depicting trauma-informed messages
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| Direct Service | ▪ Build capacity (including funding of programs) of community based organizations in targeted neighborhoods that (1) value women/girls and the role of fathers and (2) emphasize importance of health across lifespans  
▪ Direct education and messages towards fathers  
▪ Train youth health ambassadors via youth leadership programs (such as annual youth summit with follow-up)  
▪ Ensure access to employment and education opportunities  
▪ Focus programs in all schools within the 10 highest risk communities  
▪ Increase access to care by supporting the use of trained cultural brokers  
  o Engage faith-based sector and other points of gathering  
  o Expand home visitation programs by Cultural Brokers  
▪ Provide interventions that address the social determinants of health | ▪ | ▪ |
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| Policy     | ▪ Develop and initiate pre-conception, pre-natal and post-natal health policy and standards that address disparities  
▪ Encourage all four health systems to coordinate community benefit funding and prioritize interventions, including:  
  o 3-5 year funding cycles  
  o Data sharing  
  o Expand definition of health/wellness parameters for grant funded programs  
  o Incorporate recommendations in health systems’ strategic plans  
▪ Incorporate ACA Prevention services summary and look for flexible funding opportunities | ▪ | ▪ |