

Steering Committee on Reduction of African American Child Death

July 16, 2014

2:15 p.m. – 4:15 p.m.

Sierra Health Foundation

1321 Garden Highway

Meeting Outcomes:

- To discuss the workgroup updates and progress
- To understand logic models and their purpose
- To understand how logic models will be developed within workgroups
- To understand how logic models will contribute to the greater strategic plan

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

Evaluation Work Group Members

Leslie Cooksy

Evaluation Director, Sierra Health Foundation

- *Introduction to logic models*
- *Discuss how logic models will be developed in workgroups*
- *Discuss how logic models will add to the strategic plan*

4:00 p.m.

SC Feedback on Having a Strategy Retreat

4:15 p.m.

Adjourn

Steering Committee on the Reduction of African American Child Deaths

July 16, 2014

2:15 pm – 4:15pm

Sierra Health Foundation

1321 Garden Highway

Meeting Summary Notes

Attendees:

Steering Committee Members: Debra Cummings, Dr. Ethan Cutts, Addie Ellis, Linda Fong-Somera, Grantland Johnson, Representative (for Dr. Kasirye), Judge Barry Loncke, Gina Roberson, Darcel Lee, Pastor Robert Jones, Dr. Robert Moynihan, Tina Roberts, Tyrone Netters (Chair), Essence Webb, Natalie Woods Andrews, Leslie Moore

Center Staff: Robert Phillips, Leslie Cooksy, Madeline Sabatoni,

Guests: Toni Moore

Not Present:

Steering Committee Members: Gladys Deloney, Diane Galanti, Chet Hewitt, James Shelby, Paris Dye (Vice-Chair), Keith Herron, Kim Pearson, Wendy Petko, Cary Trzcinski, Dr. Olivia Kasirye

Meeting called to order:

2:25pm

Welcome and Introduction

Tyrone Netters

Chair, *Steering Committee on Reduction of African American Child Death*

- Previous meeting minutes were reviewed. Leslie Moore motioned to approve the minutes. Dr. Cutts seconded the motion, and the minutes were unanimously approved.

Workgroup Report Out- Third Party Homicide

Presenter: Tyrone Netters

Key Discussion points:

- The workgroup met twice in June, including a meeting at James Shelby's office to discuss strategies for policy development
 - The workgroup identified five areas to focus on: del Paso, North Highlands, Maack Road, Oak Park and Arden Arcade
- The workgroup plans to reach out to apartment complex owners and management to brainstorm their ideas for solutions to the violence in their areas, as well as inform them about the Steering Committee and its work

Comments:

- Grantland Johnson asked how the apartment complexes are managed. Tyrone noted that the question of management is among the questions the workgroup has.

Action Item: *No action items at this time.*

Workgroup Report Out- Infant Sleep Related Deaths

The Infant Sleep Related Deaths Workgroup had nothing to report at this time.

Workgroup Report Out- CAN Homicide

Presenter: Debra Cummings

Key Discussion points:

- This workgroup recently held a meeting with community leaders on cultural brokers. This meeting included a presentation on child abuse and neglect, the definition of a cultural broker and workgroups to get feedback from the community.
- The meeting had 30 people from over 20 areas. The workgroup specifically targeted the areas listed in the BRC report.
- The meeting gave an opportunity for the workgroup to share information about the Steering Committee, get feedback on how people could fill those roles, exchange contact information and outreach with those who may be interested in becoming cultural brokers.
- The meeting was a good way to build off of the BRC recommendation of using cultural brokers.
- The next meeting will be on August 7 at CPS North.

Action Item: *There were no action items at this time.*

Workgroup Report Out- Perinatal

Presenter: Tina Roberts

Key Discussion points:

- This workgroup met twice in June. The first meeting focused on policy change and how to impact it. The workgroup is looking to understand what others are doing and will follow up with those who are working on policy change. Additionally, the group discussed group functions related to those who are funded.
- The second meeting included guests: Dr. Moynihan, Sharon Saffel, Hill & Co. and the Infant Sleep team.
- The Infant Sleep team gave a presentation and asked for feedback on their marketing piece.
- Dr. Moynihan went over his role and where he sees gaps. This included a discussion on the Infant Death Review team and their process.
- Sharon presented on the County Black Infant Health team, their roles and policy recommendations.
- Jim Hill presented their marketing plan.
- Additionally, they have heard from the Nurse Family Partnership and how they could support them, as well as discussion on other sources of funding.
- Darcel Lee reported that the state effort for restoring funding for Black Infant health was successful.
- Tina Roberts reported that she had a great meeting with Willie Bloat and he would like to offer his help in outreach.

Action Item: *There are no action items at this time.*

Logic Model Presentation

Presenters: Leslie Moore and Linda Fong-Somera

Please reference slides in Power Point presentation.

- Leslie Moore presented what a logic model is, its characteristics and what it will add to the Steering Committee's work, including:
 - Simplifies information
 - Helps document and communicate strategies
 - Serves as the basis of a workplan that will help with the development of the strategic plan
- Linda presented a simple logic model, the pitfalls of a logic model and guiding questions.
 - Logic model is built from strategy, immediate goals, intermediate goals and outcomes
 - Logic models need to be kept up-to-date, which will be the responsibility of workgroups
 - Leslie Moore noted that you should try not to get "stuck in the weeds"
- Linda presented an example using perinatal conditions
 - Included in the packet was this example, as well as a blank template. The purpose of this template is consistency so each workgroup is doing the same thing.
 - Strategy categories of the logic model are based on what was broken down by the BRC
 - The logic model helps connect the dots. It helps everyone get on the same page and make connections between strategies and activities. If you pick a specific action, why are you picking that action?
 - The logic model helps you think ahead and plan
 - Assumptions refer to what conditions need to exist to be successful. External influences note what can hinder progress.

Comments:

- Madeline asked if indicators should be measurable and Linda noted that when possible, they should.
- Gina asked how we will determine indicators. Additionally, how do we measure change in broader systems? Leslie Cooksy noted that the evaluation workgroup will put together all logic models so that we can see the big picture across the board.
- Grantland asked who our audience is. He noted that one is the Board of Supervisors and they need to see clearly and quickly the return on investment. Sub-audiences include hospitals, parents, etc. We have to be able to express concrete terms of how there has been success. How can we change how the county works in these areas systematically?
- Leslie Cooksy noted that you don't measure everything, but you measure what will have the most impact. The logic model allows you to see everything you could measure and then choose the measurements that will have impact.
- It was noted that all workgroups will submit logic models to the committee.
- Addie noted that we need to have SMART goals under the logic model. Darcel noted that there needs to be a balance between what needs to be measured and what is anecdotal. She mentioned that logic models are wonderful for tracking.
- Linda noted that the template has space for multiple strategies which could include policy, communications, etc.

- Essence asked how we work with government agencies who may not be willing to give accurate information on how well their programs work if we have suggestions that do not show them in a positive light. Or how do you respond when an agency says they are already doing what you recommend? Tyrone noted that the work that the CAN group with next steps – how are they going to incorporate that into a system that is so large?
- Dr. Cutts noted that we need a strategy of how we're going to push this through. We can say "we know what's happening in the community" We need a global strategy that starts with low-hanging fruit and work up. Start with what we can accomplish easily first.
- Robert noted that we need to know how to ask the right questions to get the answers we need. And how do we get the rigor to do what we need to do this? We have two tools: the logic model and the strategy template. This will help us choose what strategy we'll pick. With these two tools we can sort through what are the short term outcome (what the the low-hanging fruit is; what can we do in 6 months?), what the intermediate outcomes are in 2-3 years? And along the way, if we see impact and if we don't, and then what we can do to adjust our strategies and approaches. In the long-term, we can see where we're going wrong. The logic model allows us to say "if we do this, then that will happen". This gives a process to say how and what.
- Linda noted that this is an opportunity to map out what we think should happen, not just evaluate what is funded. This is a living breathing document that can be adjusted accordingly.
- Darcel noted that this is a framework for change – a visual that distills down the information that we've been working on.
- Judge Loncke asked if it's in our power to ask for a recommendation from the board? Essence asked if that was our goal – to go to the Board of Supervisors to change policy?
- Robert noted that the group wanted a focused agenda. Gina noted that the power is also in the process of who the messengers are.
- Natalie said that it is important not to try to fit what exists into the framework. We need to think outside the box and put in what has impacts.
- Dr. Cutts said that we need an overall strategy that is realistic. We need to parcel out a little at a time, but we need an overarching strategy for that. We might all have pet-projects. We need to have traction. We might need to start working on what's easiest.
- Addie noted that we each have our own belief system of what's happening in our community. We have to start with systems change. We're going to keep having conversations because we have different belief systems.
- Grantland commented that when it comes to the county, cultural change doesn't take place in bureaucracy. We have to identify people who are open – who the leaders are to impact cultural change within bureaucracy. Long-term we should seek where we should be going through an evolving strategy.
- Gina motioned for the evaluation committee and executive committee to prioritize strategies.
- Tina said it would be really different or interesting to have Board of Supervisors members sit here and fill out the logic model. Natalie requested that Supervisor Serna come back.
- Leslie Cooksy noted that when looking at the tables, start in the middle at intermediate goals. Addie reminded people to not forget the assumptions column.

Action Items: Each workgroup should complete the logic model template and email it to Madeline (msabatoni@sierrahealth.org) by August 31.

Strategic Retreat

Presenter: Robert Phillips

Robert Phillips proposed a strategic retreat to get away and have structured conversations regarding:

- 1) Unevenness in how groups are making progress
- 2) Expectations, roles and responsibilities
- 3) Unevenness in leadership roles, both in workgroups and broader leadership.

During this day and a half retreat, we could come to resolution around assumptions we bring to the room and our expectations and roles. The retreat would be held in September and Sierra Health would provide logistical support and funding. Products to have before and would include:

- 1) Logic models
- 2) Blue Sky Consulting report on fiscal/budget analysis
- 3) Jim Hill's initial communication scan and recommendations

Comments

- Leslie Moore asked if we would discuss the strategic plan and Robert noted that we would. The strategic plan needs to be submitted by the end of 2014.
- Tina asked if we could challenge the charter. Robert said that we could discuss that in leadership expectations.
- The group voted to spend a day and a half (versus one day) on retreat.

Action Items: Sierra Health will send a survey with potential dates

Meeting adjourned:

4:15pm

Reduction of African American Child Deaths in Sacramento County

Steering Committee Meeting

July 16, 2014

Workgroups

1. Third-Party Homicide;
2. Infant Sleep-Related Deaths;
3. CAN/Homicide;
4. Perinatal Conditions
5. Evaluation and Assessment

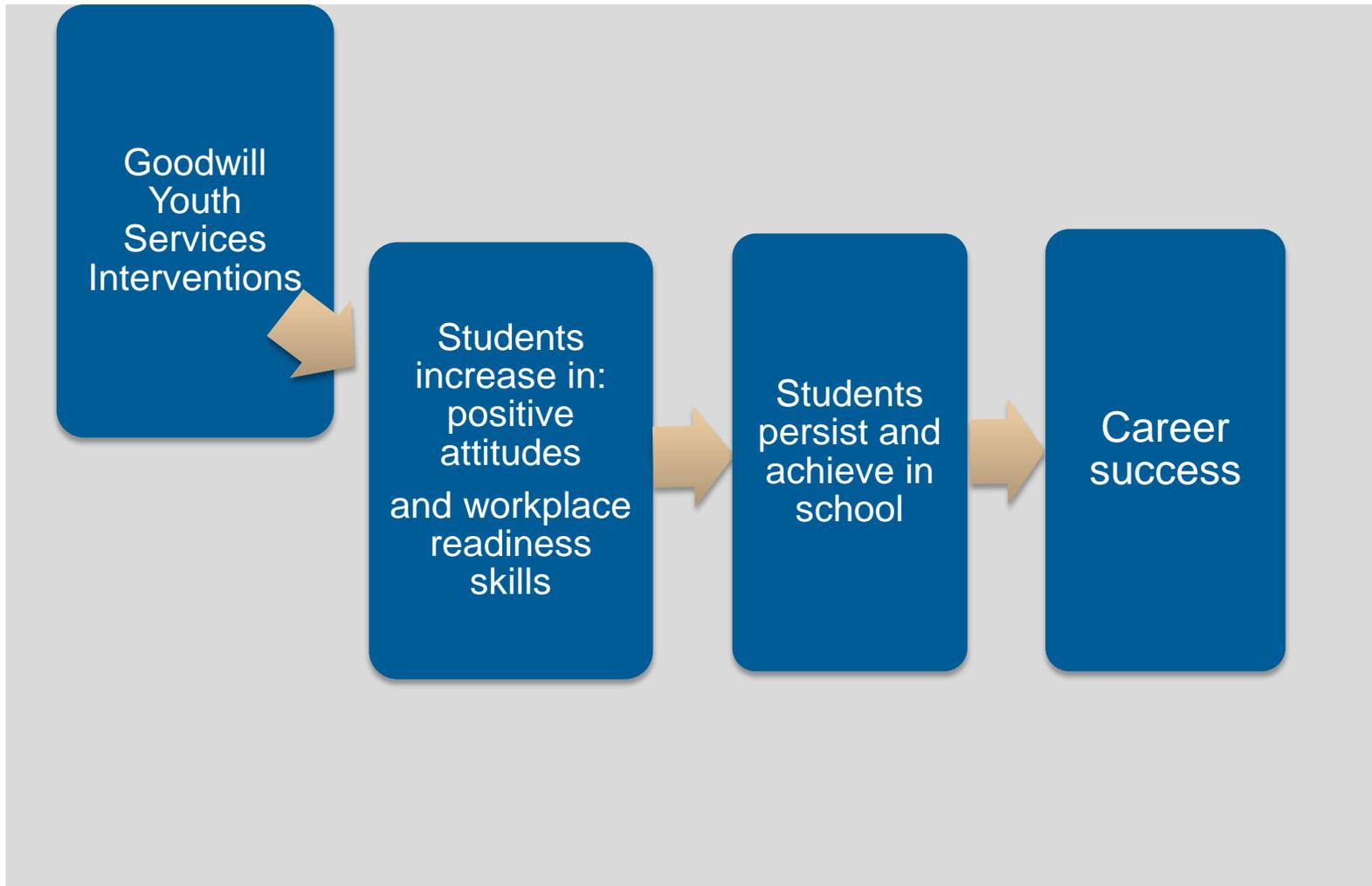
What is a logic model?

- A simple presentation of how **planned work** is expected to bring about change and achieve **results**
 - A way to start a conversation about how our actions get us to what we want to achieve
 - A basis for a work plan for implementation
 - A framework for evaluation and communication
-

Logic Model Characteristics

- Identifies key activities related to an overall strategy
 - Breaks out:
 - Short-term (attitudes, knowledge)
 - Intermediate (behaviors)
 - Long-term/ultimate (change in social norms, conditions)
 - Includes other information:
 - Assumptions
 - External factors
-

Simple Logic Model



Source: Conner, Challender, & Schloes. "Building a super logic model". Presented at the American Evaluation Association meetings, 2011.

Logic Model Pitfalls

- Programs/initiatives evolve
 - *logic models need to be kept up-to-date*
 - The “logic” of programs is not always linear
 - *logic models need to be culturally and contextually appropriate*
 - Different stakeholders have different perspectives about the way the program works
 - *logic models can be used to develop a common understanding of the program*
 - Does not tell you whether you are doing the right thing
 - *Logic models do not stand alone – monitoring and evaluation are also needed*
-

Workgroup Logic Models – Guiding Questions

Strategies	Core Activities	Short-term Indicators	Intermediate Indicators	Long-term Outcomes
<p>What are the general approaches? <u>Example:</u></p> <ul style="list-style-type: none"> Cultural broker programs 	<p>For each strategy, what key activities are needed? <u>Example:</u></p> <ul style="list-style-type: none"> Provide information and support to pregnant moms 	<p>What will the activity bring about? <u>Example:</u></p> <ul style="list-style-type: none"> Regular contact with clients Increased knowledge of prenatal and postnatal care 	<p>If the short-term outcomes are achieved, what will happen next? <u>Examples:</u></p> <ul style="list-style-type: none"> Increased # of at risk pregnant women receiving prenatal care Improved healthy behaviors 	<p>Over time, what will the intermediate outcomes achieve? <u>Goal:</u></p> <ul style="list-style-type: none"> Decrease in African American child deaths

Perinatal Conditions Example

- **Goal:** Within five years, decrease the number of African American (AA) child deaths due to perinatal conditions by at least 23%
 - **Strategy categories:**
 - Public awareness
 - Direct service
 - Policy
-

Perinatal Conditions Example

STRATEGY = Broad statement of approach	CORE ACTIVITIES = Key activities that lead to the outcome	SHORT TERM INDICATOR(S) = changes in knowledge, skills, attitudes, and opinions
Cultural brokers provide culturally appropriate information and support	<ul style="list-style-type: none">• Regular contacts using face-to-face, home visitation, telephone and social media• Support and mentoring to identify strengths and address life challenges• Assistance in identifying and facilitate resource, referrals and access to culturally appropriate health and social services• Ensure warm hand off to resources and services (e.g., pregnancy education classes, home visitation)	<ul style="list-style-type: none">• # of regular contacts per client• # of referrals completed successfully to the service• Positive client outlook and satisfaction indicators• # of clients maintained throughout the pregnancy• # of clients with increased knowledge of prenatal and postnatal care

Perinatal Conditions Example

INTERMEDIATE INDICATOR(S) =
changes in behavior or action that
result from the participants' new
knowledge, skills, attitudes

- Increased # of at risk AA pregnant women receiving pre-natal services
- # of clients with knowledge, motivation & skills to improve healthy behaviors, nutrition, stress reduction, and abstinence from drug and alcohol use

LONG TERM OUTCOME(S) =
Meaningful changes in condition or
status as identified in the Report on
Disproportionate African American
Child Deaths Report (2013).

- Decreased # of AA perinatal conditions deaths by at least 23%
- AA perinatal death rate is no higher than county average

Perinatal Conditions Example

ASSUMPTIONS = Beliefs about the program, the people involved, the context and the way the strategy may be effected

- Messages reach intended audiences and women are willing to use programs; once enrolled women stay in programs
- Culturally appropriate services offered (including health and social services) are available to respond to increased demand

EXTERNAL INFLUENCES = external factors that interact with and influence the strategies/activities and can affect the ability to achieve the outcome(s)

- Access to culturally appropriate services are readily available
- Messaging and practices from other organizations are consistent with what programs promote

Goals- Within 5 years:

- Decrease the number of African American **perinatal conditions** deaths by at least 23%
 - Decrease the number of African American **third-party** homicide deaths by at least 48%
 - Decrease the number of African American **child abuse and neglect** homicide deaths by at least 48%
 - Decrease the number of African American **infant sleep** related deaths by at least 33%
-

Contact Information

Robert Phillips

Sierra Health Foundation

rphillips@sierrahealth.org

(916) 922-4755 ext. 3317

Madeline Sabatoni

Sierra Health Foundation

msabatoni@sierrahealth.org

916-922-4755 x3328

Center for
Health Program
Management

SIERRA HEALTH FOUNDATION

STEERING COMMITTEE FOR THE REDUCTION OF AFRICAN AMERICAN CHILD DEATHS LOGIC MODEL

WORKGROUP: _____

Goal: _____

STRATEGIES = Broad statement of approach	CORE ACTIVITIES = Key activities that lead to the outcome	SHORT TERM INDICATOR(S) = changes in knowledge, skills, attitudes, and opinions	INTERMEDIATE INDICATOR(S) = changes in behavior or action that result from the participants' new knowledge	LONG TERM OUTCOME(S) = Meaningful changes in condition or status
	▪	▪	▪	▪
	▪	▪	▪	▪

ASSUMPTIONS: 	EXTERNAL INFLUENCES:
-----------------------------	-------------------------------------

STEERING COMMITTEE FOR THE REDUCTION OF AFRICAN AMERICAN CHILD DEATHS LOGIC MODEL

WORKGROUP: Perinatal Conditions Deaths

Goal: Within five years, decrease the number of African American (AA) child deaths due to perinatal conditions by at least 23%

STRATEGIES = Broad statement of approach	CORE ACTIVITIES = Key activities that lead to the outcome	SHORT TERM INDICATOR(S) = changes in knowledge, skills, attitudes, and opinions	INTERMEDIATE INDICATOR(S) = changes in behavior or action that result from the participants' new knowledge	LONG TERM OUTCOME(S) = Meaningful changes in condition or status as identified in the Report on Disproportionate African American Child Deaths Report (2013).
<p>Using trained “cultural brokers” to provide culturally appropriate wrap around supports to at risk AA pregnant women throughout pregnancy and perinatal period</p>	<ul style="list-style-type: none"> • Regular contacts using face-to-face, home visitation, telephone and social media • Support and mentoring to identify strengths and address life challenges • Assistance in identifying and facilitate resource, referrals and access to culturally appropriate health and social services ▪ Ensure warm hand off to resources and services (e.g., pregnancy education classes, home visitation) 	<ul style="list-style-type: none"> ▪ # of regular contacts per client ▪ # of referrals completed successfully to the service ▪ Positive client outlook and satisfaction indicators ▪ # of clients maintained throughout the pregnancy ▪ # of clients with increased knowledge of prenatal and postnatal care 	<ul style="list-style-type: none"> ▪ Increased # of at risk AA pregnant women receiving pre-natal services ▪ # of clients with, knowledge, motivation & skills to improve healthy behaviors, nutrition, stress reduction, and abstinence from drug and alcohol use 	<ul style="list-style-type: none"> ▪ Decreased # of AA perinatal conditions deaths by at least 23%. ▪ AA perinatal death rate is no higher than county average

ASSUMPTIONS = Beliefs about the program, the people involved, the context and the way the strategy may be effected
 Messages reach intended audiences and women are willing to use programs; once enrolled women stay in programs
 Culturally appropriate services offered (including health and social services) are available to respond to increased demand

EXTERNAL INFLUENCES = external factors that interact with and influence the strategies/activities and can affect the ability to achieve the outcome(s)
 Access to culturally appropriate services are readily available
 Messaging and practices from other organizations are consistent with what programs promote