

Date: November 20, 2024, 2:15 p.m. – 4:15 p.m.

Sierra Health Foundation

1321 Garden Highway, Sacramento, CA 95833

Meeting Summary Note

Meeting Attendance

Steering Committee Members Present: Stephanie Hopkins, Linda Fong-Somera, Dr. Ethan Cutts, Robert Davis, Marlon Yarber, Paris Dye, Tina Roberts, Kim Pearson, Ryan Quist

Steering Committee Members Not Present: Chet P. Hewitt, Dr. Olivia Kasirye, Shannon Shaw, Julie Davis-Jaffe, Kim Williams, Pastor Roberts Jones, Debra Cummings, Keith Herron, Gina Roberson

The Center staff: Erica Allen, EdDrianna Marshall, Jedida Gomes

Guests: (Applied Survey Research), Maurice Samuels, Antony Maikuri (SHF Evaluation), Franschelle Brown, Jasmine Brosnan

Meeting Summary

Meeting started at 2:32pm

Welcome and Updates

Stephanie Hopkins, Co-Chair, RAACD Steering Committee

- I. No updates

Steering Committee: New Member Voting

Erica Allen, Senior Program Officer

- I. Quorum Present
- II. Parent Representative Advocate:
 - a. Shani Sanders: 3 Yays
 - b. Michelle McCladdie: 6 Yays
- III. Advocate:
 - a. Janine Cooper: 9 Unanimous Nays
 - b. Brandi Missouri: 9 Unanimous Yays
- IV. Department of Health: Dr. Kasirye's replacement
 - a. Leesa Hooks

ASR Presentation of New BCLC Goals

ASR Representative: Alyssa Mullins

I. Objective:

- Potential Strategy to update RAACD the goals for 2030
- Looking at current reduction status based on most current data

- Review strategies ASR used to update goals

II. ASR 20-year child death review team found disproportionate disparities using a replicable and consistent approach

Blue Ribbon Commission was formed, and the following goals were created:

- *Reduce overall AA child death rate by 10-20%*
- *Decrease the AA infant death rate due to Prenatal conditions by at least 23%*
- *Decrease the AA infant death rate due to infant sleep related deaths by at least 33%*
- *Decrease the AA infant death rate due to abuse and neglect by at least 25%*
- *Decrease the AA infant death rate due to third party homicide by at least 48%*

III. Annually Program level impact and county wide trends compared with the BRC goals measured by three-year increments to help with stability and confidentiality

- *2020 benchmark 3 goals met*
- *2021 data fluctuate from the benchmark*
- *Assumption with the leading causes being the same*

IV. Method in setting new goals

- *Healthy People 2030 Trend Analysis Tool*
 - *Projections with challenges that could not be applied consistently*
 - *It is unclear if the changes were statistically significant*
- *Iterative One-Sample t-Test*

V. ASR Recommendations

- *Using single year rates*
- *Use 2015-2021 Model Data*
- *Use the iterative One Sample t-Test Method*
- *Compare Goal Percent Decreases to 2020 Baseline*
 - *Replicable and consistent*

VI. Proposed for 2030 (Based on 7-year model)

Method leans on historical data; this is a quantitative look of the Four Leading Causes and goals

- *18% overall reduction*
- *Infant Sleep Related Deaths 40% Reduction*
- *Perinatal Conditions 37% Reduction*
- *Third- Party Homicide 65% Reduction (in addition to the missed reduction rate from 2020)*

Discussion:

Stephanie Hopkins Co-Chair

After reviewing the presentation what are your thoughts?

Jedida Gomes, Program Officer BCLC

What is the difference between overall leading and overall, four leading causes

- The language in the initial report was unclear and sounded like it was focused on the four causes alone so the extra measurable (Overall any) was added to differentiate.
- Initially RAACD was to reduce the 20% of death in AA children (overall any)

Dr. Ethan Cutts, Health Care Systems

The discussion at the time was to pick the top 4, but we are now pulling the 4 leading causes in.

- *There may have been a misunderstanding when these goals were established. So when ASR took them on, they added the 4 leading row to get at what was originally intended while also showing consistency*

Stephanie Hopkins, Co-Chair

Our initial initiative has always been the four, we aren't using the overall category because that would throw us completely off

- *ASR recommended that if the RAACD SC said they don't want to present on all the unpreventable topics then we can eliminate that row in the report and in future anyone working on the evaluation would make a note that it may not be comparable to prior research*

Jedida Gomes, Program Officer BCLC

A clarifying question for third-party homicide is 65% encompassing what was not achieved and then some? Or is it 65% in addition to the already identified goal?

- It eliminates the did not achieve, we are saying 65% from 2020. It's a constant statistical analysis that would need to be achieved from the goals of 2020-2021.
- Between 2015 and 2021 there was an average of 5.3 deaths per 1000 children. In order to reach a significant reduction from the combined average from 2015-2021 it would need to be 1.85 compared to the most recent value is 65%
- Maybe we split the difference or maybe we refer to the value.

Dr. Ethan Cutts, Health Care Systems

I appreciate the difficulty of juggling small numbers. Why is the rolling average switched as 2020 being the base line and not the 7 years. The fear is

that the numbers will go up in 2021. Is there an advantage to use the 7 years mean before the pandemic rather than the 2020 snapshot?

- The 2020 baseline was to calculate a percentage because it was seemingly more feasible than the 7 years mean for all the options. This is the most achievable and stable number.
- The First 5 has been going for a revisiting of a goal

Stephani Hopkins, Co-Chair

Understanding how we got the original numbers before we throw the 7 years mean. But if I did not meet the TPH goal, why would I not stick with the same goal until I met it? If my goal were 20%, I would still want to see that instead of 65% Trying to understand how this can look better. When we go in front of a board, we want these numbers to make sense to all of us.

Paris Dye, Parent Representative

We can realign our goals to be more positive to be in representation of work. When we first started CAN and TPH were together because one is when a family member ends your life and the other is when an outsider ends your life. My concern is whether we have an option to put them back together after the committee separated the two.

ASR

Past work included expert and community insight. For the ones we achieve this is what we achieved and would like to take this further with this recommended approach. As long as that is clearly documented that would make total sense.

Linda Fong-Somera, First 5 Commission

Please walk us through how you got to the third-party homicide

- Calculation for % change (new-old)/old $26.36-36.63/36.63+ 28\%$ decrease
- Compared the value that compared the value that would show minimum statistical to the baseline

Linda Fong-Somera, First 5 Commission

Do we have an opportunity to look at other measures of other risk factors? And is that something we should build into the goals?

- Unsure of what that would look like, but I would refer back to the BRC report by replicating the longer report that led to this conversation would be the recommended first step.

Tina Roberts, Advocate

Speaking to Paris's comment

- The change in how third-party homicide was represented changed the percentage

- Clarity on the TPH is sourced by Child Death Review team and they do not use the 0-25 but they cap the 0-17
- What ASR is looking at is based off the initial goal
- Numbers should reflect what we are responsible for, but we should see the numbers that impact
 - Needing a centralized database to JUST measure BCLC's progress

Kim Pearson, Child Protective Services

Continue to keep them separate because it allows for the purposeful strategies for the 4 leading causes.

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Follow- Up Discussion: 8th Site

Maurice Samuels Sierra Health Evaluations Team

- From a data perspective the recommendations are to increase services in a current neighborhood, increase BCLC footprint or both
 - Neighborhood in question: Rancho Cordova
 - Increasing services is not an option

Kim Pearson

- Is it beneficial to walk through this and discuss why an 8th site is beneficial?
- *Maurice*
 - Indicators: poverty and disparity
 - 12 factors that affected these numbers

Ron Parker, Law Enforcement

- Lifting that Valley High, Meadowview have top scores, but children reside in the Elk Grove Unified School District
- Elk Grove is the biggest district and has the biggest influx of county and city folks
- *SHF Evaluation Option/Recommendations:*
 - Valley High
 - The closest to Elk Grove
 - Leveraging our relationship with Pat Hume
 - Rancho Cordova (ranked 10/12 measures)
 - 3 of 4 indicators places high
 - Census estimate was 17% for youth
 - The census AA population jumped to 10.7%
 - Potential nonprofits: [Rancho Cordova Sites 24.docx](#)
 - Stephanie Hopkins: Adding Next Move as a centralized place
 - Center of Praise
- *Eval Considerations:*
 - Information is based on the Child Death Report in 2016
 - Conduct Meetings/Focus Groups with Community
 - Identify key informants from each neighborhood to speak with in neighborhoods and leveraging the current BCLC
 - Rancho Specific:
 - Study to identify additional nonprofits and identify and interview potential CBO
- Lifting the buy in for the other sites
- Is there still an 8th option to see if we can expand on the Valley high area to reach the Elk Grove area
- *Following up with Rancho to see if we can expand to their area*
- *Jedida*
 - *A lot of folks have been going to Arden and Meadowview seeking services*

Kim Pearson

- *Including the voice of the CILs*
- *If we were to expand, how could we still expand and pour into the sites that are already doing the work*

Ethan Cutts:

- *If so, we definitely beef up Valley High more*

4:00 p.m. *Public Comment and Announcements*

- *Female agrees that there is a need for services in the Elk Grove Area*
- *CDRT 5-year report is presented on the 10th*

4:15 p.m. *Adjourn: 4:33pm*