

# Sacramento County Public Health Advisory Board

## Meeting Minutes

December 4, 2019 (12:00 - 1:30 PM)

## Meeting Location

Primary Care Center  
4600 Broadway  
Sacramento, CA 95820  
Conference Room 2020

## Moderator:

Dr. Steven Orkand

## Scribe:

Dr. Steven Orkand

## Board Attendees:

Sandy Damiano (Ex-officio), Paula Green, Steve Heath, Farla Kaufman, Barbara Law, Steven Orkand, Jeff Rabinovitz, Christina Slee, Kathleen Wright

## Guests:

Shani Buggs, Steve Girdlestone, Nicole Kravitz-Wirtz, Jamie White

## Board Members Excused:

Jennifer Anderson, Jofil Borja, Olivia Kasirye (Ex-officio), Emanuel Petrisor, Phillip Summers, Annie Tat, Jack Zwald

## Board Members Absent:

## Guest Speakers:

Shani Buggs, PhD, MPH  
Violence Prevention Research Program - UC Davis  
Nicole Kravitz-Wirtz, PhD  
Violence Prevention Research Program - UC Davis

## Meet Opened:

12:05 PM

## **Welcome and Introductions**

Dr. Orkand welcomed all PHAB members, speakers, guests. Introductions were made.

## **Review of Minutes**

The minutes of the November 2019 meeting were approved with a single correction.

## **PHAB Vacancies and Appointments**

Dr. Orkand announced that there is one PHAB vacancy.

## **Distribution of Ballots for Officers and Discussion Topics for 2020**

Dr. Orkand explained the election process and distributed ballots. Officers will be announced at the end of the meeting. Dr. Orkand will tabulate the result of topic choices and announce them in January. He announced the speakers already arranged for January and February.

## **HIV Health Services Planning Council Nominees**

The following candidates were nominated for appointment:

Tebnii Barrington to Seat Number 27  
Matias Castro to Seat Number 38

The following candidates were nominated for reappointment:

Kane Ortega to Seat Number 19  
Michael Wofford to Seat Number 29

There were no objections, and the nominations were accepted unanimously.

## **Public Health Update**

There was no update, as Dr. Kasirye was excused from the meeting.

## **Primary Health Update**

In anticipation of a busy agenda, Dr. Damiano deferred her report. At a future meeting, she will address changes in Correctional Health, particularly with regard to proposed changes at the Rio Cosumnes Correctional Center. She will be meeting with the County Executive at the end of December to discuss how they will address current legal requirements.

## **Research on Strategies to Control Gun Violence Nationally and Locally**

Dr. Orkand introduced: **Shani Buggs, PhD, MPH and  
Nicole Kravitz-Wirtz, PhD  
Violence Prevention Research Program - UC Davis**

Data was presented which described the age-adjusted homicide and suicide rates in California from 1981-2017. The suicide rate is down about a third from its peak in 1981, but has been slowly increasing in the last decade. In 2017, it was 10.7 suicides per 100,000 population. The homicide rate has decreased about 60% since its peak in 1993, and is now 5.4 homicides per 100,000 population. However, there is considerable variation across counties. Sacramento County has the 14th highest rate in California. Within the County, the homicide rate is driven primarily by 4 medical service communities. They include the following population areas: Florin, Fruitridge, Oak Park, South Sacramento, Freeport,

Antelope, Citrus Heights, Del Paso Heights, and Downtown. Homicide violence often occurs near where people live, but the perpetrators may be from a different locale.

The State suicide rate for California is 10.7 suicides per 100,000 residents, and this is most pronounced in Northern California. Sacramento County's rate is 13.2 per 100,000, and this ranks 17th highest in the State. It was pointed out that these numbers, reported by the California Department of Public Health, may be influenced by County size and other statistical factors.

Consistent with national trends, homicides and suicides most often involve males. In California the ratio was 8.7M/1.9F for homicide, and 16.9M/4.7F for suicide. Divided by age, homicides and suicides are similar until age 25-29, where homicides begin to fall, but, with some fluctuation, suicides begin to rise. Regarding sex and age group differences, most pronounced is the increase in suicide rate for males after age 69.

Race and ethnic group data may be difficult to interpret because of difficulties with definition. In California, the homicide rate for Blacks (22.7/100,000) is over 4x higher than the State rate (5.4/100,000). Frequencies are Black>American Indian>Hawaiian and Pacific Islander>Hispanic, any race>multi race>White>Asian. For suicide, the rate is highest for Whites (17.1/100,000). American Indian>Hawaiian and Pacific Islander>Multi race>Black>Asian>Hispanic, any race.

There is new data regarding gun ownership and the occurrence of gun violence by county. Sacramento County has a rate of gun ownership of 8/1,000 residents. In California in 2017, 1 in 2 violent deaths in California were firearm related. In the State, 14% of residents have firearms, resulting in 25% of homes having firearms. Much of this is based on registration, but the research team tried to incorporate incomplete data about illegal firearms as well.

Firearms are involved with 72% of homicides. Firearms are involved with 37% of suicides, followed by 32% hanging and suffocation, 16% poisoning, 14% all others. Firearms are by far the most prominent mechanism for homicides. They are also the most common mechanism for suicide, especially in males. When firearms are available, they are the method of choice when there is serious homicidal or suicidal intent. Information was provided comparing suicide and homicide rates by mechanism in different racial and ethnic groups.

Recent data from the City of Sacramento and the County indicate that homicide deaths from the City represent about 40% of the total. This is where arrests are made. The raw numbers have fallen slightly. The average age of the victim has risen to almost 40 years. The percentage of victims who are White has increased to almost 50%.

Some data has been difficult to obtain. It was pointed out, however, that many of the homicide cases take months to years to fully solve, and data may be preliminary for a long time. Also, some of the information comes from death certificates, which are often inaccurate.

Gun violence concentrates in cities. In most cities, about 4% of city blocks account for ~50% of violence. The “hot spots” can be narrowed to particular street corners, bars, etc. Likewise, even in communities with high rates of gun violence, this violence is committed by a tiny fraction of the residents. In these communities, there are structural drivers of violence (lack of government accountability, disenfranchised community, lack of prevention infrastructure, etc.), aggravated by contributors & consequences of violence (family deterioration, lack of economic opportunity, failing schools, etc.), which lead to long term negative health and social consequences. Baltimore, which is highly segregated, is a good example of this problem. There are similar problems in Sacramento.

What are the drivers of violence? Most people in gangs, crews, etc. are not violent. People join for social reasons. The most common drug associated with gun violence is alcohol, with a smaller input from illicit drugs.

Most people who commit violence have been victims themselves. They frequently come from impoverished and difficult backgrounds, have substance abuse problems, and have had extensive trauma in their own lives.

Successful community-level gun violence prevention programs include: focusing on individuals at greatest risk for violence victimization and perpetration; provide support to those individuals at greatest risk; have well-functioning and just systems to hold individuals accountable for violent behavior; address system inequities. There was a question about this approach vs trying to remove guns from the population. It was pointed out that the Supreme Court has supported private gun ownership. Also, Sgt. Girdlestone noted that violent offenders can obtain guns that are illegal.

Model prevention programs are being developed. UC Davis sponsors a hospital-based violence intervention program (HVIP). Violent injury patients are identified while in hospital. Much of gun violence is retaliatory. It is thought that following injury, however, victims may be more receptive to interventions. Efforts are made to transition them from hospital to long term community support. The program addresses social determinants of violence. It is culturally competent and depends on strengthening relationships and providing support throughout the continuum of recovery.

The program at UCD was started in 2018. The target population is 13-26 year olds who have experienced violence, including gunshot wounds, stabbings, and assault. There are certain exclusions, including prisoners, child abuse cases, some mental illness, and others. Care is provided by a multidisciplinary team. There is a violence intervention specialist

who follows the victims after discharge. They address critical needs, identify goals, connect to resources, identify community and natural support, and finally transition to natural support. Currently, the program is supported by grant funding, but funding limitations are a barrier. There are a variety of community partners in this program, including the Department of Human Assistance, the Probation Department, the School District, and a number of non-profits.

Another area of interest is **the gun violence restraining order (GVRO)**. Interest in this started after a mass shooting in Isla Vista in 2014. The California GVRO law went into effect on Jan 1, 2016. It allows family, household members, and law enforcement to petition for a GVRO, which temporarily removes firearms and ammunition from individuals who pose significant danger to themselves or others. The petitions are typically triggered after a gun owner makes a very specific and explicit threat against others or themselves. The orders also prevent the purchase of firearms and ammunition. Emergency temporary orders are continually available to law enforcement. They last for 21 days. Ex parte orders are available to law enforcement and family/household petitioners. They also last for 21 days. After notice and hearing, the orders may last 1 year.

Since inception, there have been 414 GVROs instituted. 54% have been emergency, 22 % ex parte, and 23.2% after a hearing. There has been a marked increase in cases in the last few years. Use of these orders has varied around the state. Some counties are aggressive. San Diego leads the state from 2016-2018 with 117 cases, followed by Los Angeles (53) and Santa Barbara (34). 19 of 58 counties did not issue any GVROs in the first 3 years. Different counties appear to have law enforcement officers who are “champions” of GVROs. The attitude of the county sheriff has a lot to do with utilization. Most of the respondents were white (60.9%), and males (91.1%). The petitioners were mostly law enforcement (95.7%), with only 3.9% from families. Only 69.4% of orders were served in 2018, a decline. Understanding of the law appears to be uneven, and further education is necessary.

Researchers from UCD are investigating the results of 414 orders from California. The review, in the *Annals of Internal Medicine* doi: 10.7626/M19-2162, suggests “that this urgent, individualized intervention can play a role in efforts to prevent mass shootings, in health care settings and elsewhere.”

There are similar laws in other states, such as Connecticut and Indiana, which seem to confirm the effectiveness in preventing some suicides. Awareness in Sacramento County is low, and more education might be helpful. It was suggested that the County might look more carefully at addressing some of the inequities and social determinants that promote violence.

## **Announcements**

Theresa Vinson reported the new officers for 2020:

Farla Kaufman, Chair  
Christina Slee, Vice-Chair  
Steven Orkand, Executive Committee  
Emanuel Petrisor, Executive Committee

Dr. Orkand reminded the Board that the next meeting would be on January 8. He also thanked his Executive Committee and Theresa Vinson for their support during his tenure as Chair.

## **Adjourn**

The meeting was adjourned at 1:35 PM.