




FIRST 5 SACRAMENTO

Reduction of African American Child Deaths

Executive Summary FY 2021-2022





The RAACD Strategic Plan outlines strategies to address the top four causes of disproportionate African American child deaths.

Background & Goals

In 2011, the Sacramento County Child Death Review Team (CDRT) released a 20-Year Report revealing that African American children were dying at twice the rate (102 per 100,000) of any other ethnic group in the county. The four leading causes of death for African American children were perinatal conditions, infant sleep-related (ISR), child abuse and neglect (CAN) homicide, and third-party homicide. In response to these alarming findings, the Sacramento County Board of Supervisors created the Blue Ribbon Commission on Disproportionate African American Child Deaths, which in 2013 released a report with goals and recommendations to reduce African American child mortality.

The Blue Ribbon Commission Goals Included:

- Reduce the African American child death rate by **10-20%**
- Decrease the African American infant death rate due to infant **perinatal conditions** by at least **23%**
- Decrease the African American infant death rate due to **infant safe sleep** issues by at least **33%**
- Decrease the African American child death rate due to **abuse and neglect** by at least **25%**
- Decrease the African American child death rate due to **third-party homicide** by at least **48%**

Several communities were found to have the highest rates of African American child deaths: Arden-Arcade, Fruitridge/Stockton Boulevard, Meadowview, Valley Hi, North Sacramento/Del Paso Heights, North Highlands, and Oak Park. Planning efforts and coalition-building began in 2013-2014 and 2014-2015, resulting in two broad integrated initiatives across Sacramento County, with a particular focus on the neighborhoods most affected:

- **The Black Child Legacy Campaign (BCLC):** Led by the Sierra Health Foundation, Community Incubator Lead (CIL) organizations are located in each of the targeted neighborhoods and lead prevention and intervention efforts to reduce disproportionate African American child deaths.
- **Reduction of African American Child Deaths:** Led by First 5 Sacramento, this strategy complements and contributes to BCLC, and includes four programs focused on preventing deaths due to Perinatal Conditions, Child Abuse and Neglect, and Infant Sleep-Related causes.

PROGRESS TOWARD BLUE RIBBON COMMISSION GOALS

This report provides evidence that the RAACD Initiative likely contributed to substantial progress on BRC goals. Three of the four mortality reduction goals were fully met, when looking at changes among the 0-5 population: 1) all-cause child death 2) infant safe sleep, and 3) child abuse and neglect homicide (given that ~80% of CAN deaths are under 6 years of age). The death rate from perinatal conditions declined but did not reach the BRC goal level. Even with these successes, there is still work to be done in each of these areas to reduce disparities and improve the overall well-being of children in Sacramento County.

This report provides a summary of First 5 Sacramento's efforts to reduce perinatal and infant deaths in FY 2021-22, including the Pregnancy Peer Support Program, Family Resource Centers, Safe Sleep Baby Education Campaign, and the Public Perinatal Education Campaign.

SUMMARY OF RAACD ACHIEVEMENTS



Pregnancy Peer Support Program provides education, referrals and other support needed to address risks to healthy birth and promote healthy infant and maternal outcomes.



Family Resource Centers aim to serve families through intensive services, like home visiting, parenting education classes, crisis intervention, and light-touch services, such as enhanced core.



Safe Sleep Baby Education Campaign is an educational campaign designed to increase knowledge about infant safe sleeping practices.



Public Perinatal Education Campaign to raise public awareness about the fact that racism is the root cause of the racial disparities in safe births for both infant and mother.



For the third consecutive year, there were **zero newborn deaths** among infants born to BMU participants.

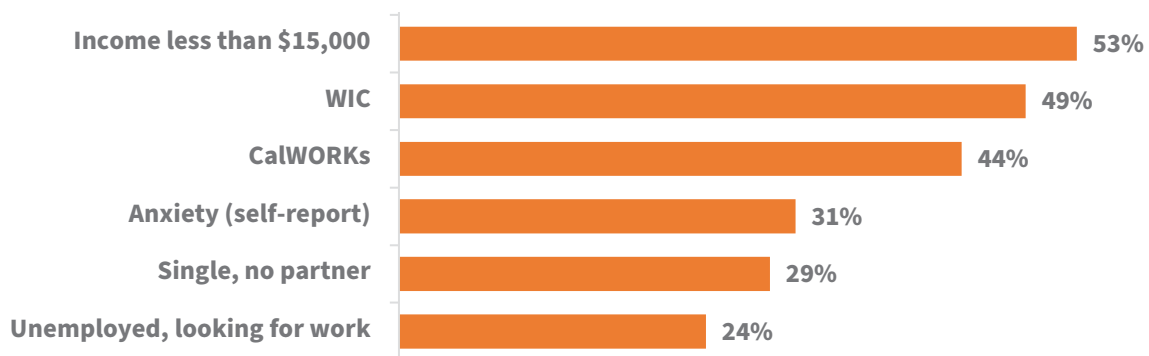
Pregnancy Peer Support Program

The Pregnancy Peer Support Program is implemented by Her Health First's Black Mothers United (BMU) program. BMU provides a community-based network of support to empower Black mothers during their pregnancy and the transition into motherhood through culturally relevant outreach, education, and individualized support.

The BMU program includes weekly check-ins with **pregnancy coaches, doula care, lactation support, health resources, and social/educational gatherings**, in addition to referrals for additional services and support in the community.

Between July 1, 2021 and June 30, 2022, BMU served 162 pregnant African American women. Two-thirds (66%) resided in one of the seven RAACD target neighborhoods in Sacramento County. Most participants (62%) entered the program during their second trimester, with about one in five joining during their first trimester (20%). **Nearly nine out of ten (87%) BMU clients served had at least one health and/or socioeconomic risk factor** at intake.

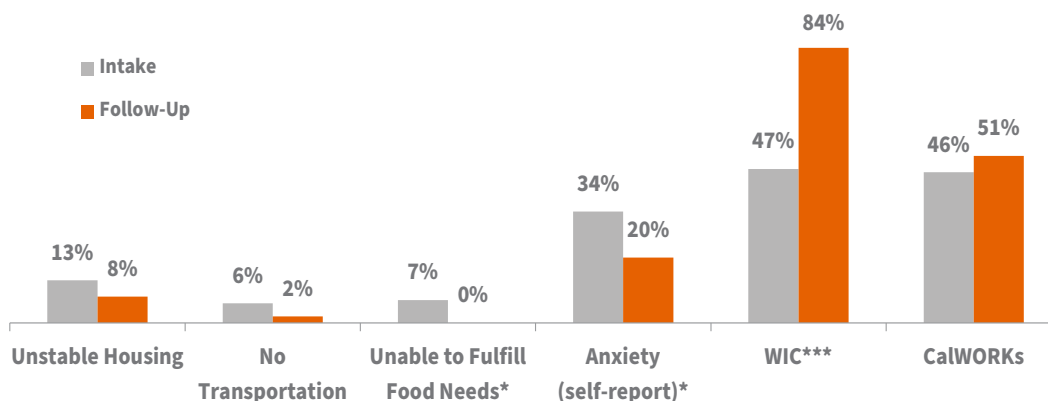
Figure 1 — Most Common Socioeconomic and Health Characteristics Reported at Intake



Through referrals and intensive case management, **mothers had significantly fewer risk factors by the end of the program.**¹

¹ Proportions include clients who delivered in FY 2021-22 and may have had their intake during FY 2020-21.

Figure 2 — Change in Reported Socioeconomic and Health Characteristics from Intake to Follow-up






Source: Statistically significant change (indicated on column names) reported as * $p < .05$, ** $p < .01$, *** $p < .001$.

In FY 2021-22, there were 71 live births to mothers in the BMU program, including 65 singletons and three set of twins. Of these, 90% were born at a healthy birthweight, 96% were born full term, and combined, **79% were both a healthy weight and full term**. This fiscal year, all twins were born full-term and a healthy birthweight. Among singleton births, 77% had a fully healthy birth. **Importantly, there were no infant deaths prior to the mother exiting the program for the third consecutive year**. Unfortunately, there was one stillbirth.

79% of infants were born full term and had a healthy birthweight.

Figure 3 — Birth and Perinatal Outcomes of BMU Clients

	 All Infants (n=71)	 Twins (n=6)	 Singletons (n=65)
Healthy Birth	79%	100%	77%
Healthy Birthweight	90%	100%	84%
Full Term	86%	100%	85%
Preterm Birth	11%	0%	12%
Low Birth Weight	10%	0%	11%

Source: BMU Pregnancy Outcomes. Note: categories are not mutually exclusive and do not sum to equal 100%.

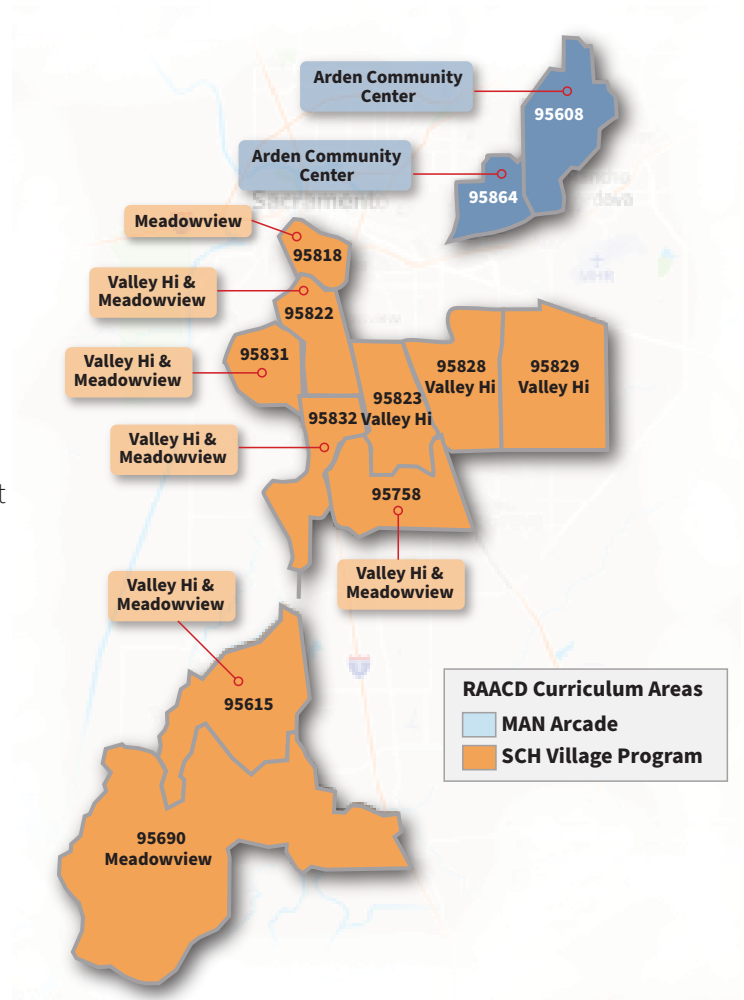


Birth & Beyond supports a strengths-based approach, with a goal of decreasing child abuse and neglect through prevention and early intervention.

Family Resource Centers

First 5 Sacramento provides funding for Birth & Beyond Family Resource Centers (FRCs) with the goal of decreasing child abuse and neglect through prevention and early intervention. FRCs are strategically located in neighborhoods characterized by high birth rates, low income, and above average referrals to the child welfare system for child abuse and neglect. The locations of the FRCs tend to coincide with neighborhoods identified by the Blue Ribbon Commission as the focal areas for the RAACD initiative.

While all nine Birth & Beyond FRCs provide crucial support to Sacramento families with the intention of decreasing child abuse and neglect, **the following sections describe efforts from the two FRCs that received RAACD-funding**, Mutual Assistance Network Arcade Community Center (MAN Arcade) and the Sacramento Children’s Home Village Program (serving Valley Hi and Meadowview).

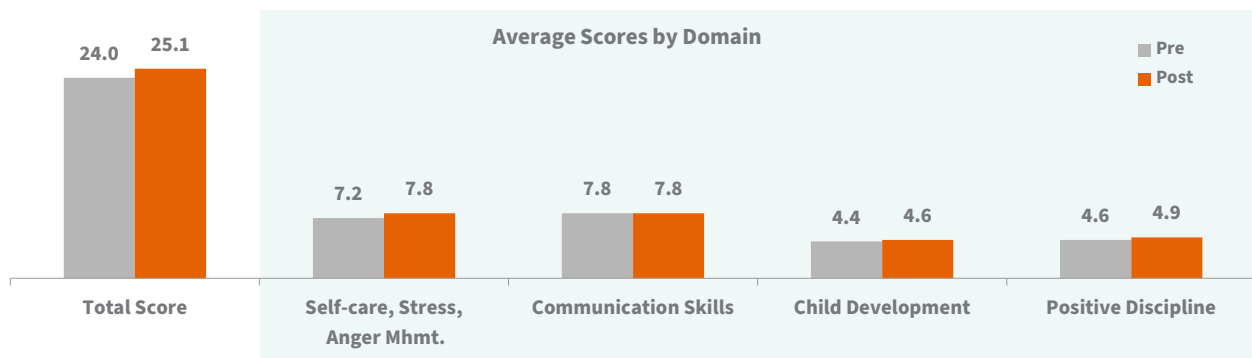


In total, **355 adults and 128 children** participated in RAACD-funded activities at these locations.² RAACD-funded services reached a **high need, high risk population**. For instance, about half (48%) of the participants reported a family income of \$25,000 or less and more than one-third (34%) had accessed food/nutrition services in the six months prior to intake.

In FY 2021-22, MAN Arcade and the SCH Village Program provided:

- **664 Social and Emotional Learning and Support “light touch” activities** (e.g., support groups, diaper distributions, anger management courses)
- **216 crisis intervention services** to 170 adults (e.g., short-term crisis support and/or case management)
- **215 parenting education workshops³** to 30 adults using the Make Parenting A Pleasure (MPAP) and Effective Black Parenting (EBPP) curricula. On average, MPAP participants improved their self-care, stress, anger management, child development, and positive discipline scores.

Figure 4 — Average Scores for Make Parenting A Pleasure Curriculum, Pre and Post Tests



Source: MPAP Pre and Post Test Scores. N = 10. Scores for each domain range from 1 (high risk) to 10 (low risk). Total score represents group average for the sum score for each domain for each participant. Due to small sample sizes, significance levels not calculated.

- **507 home visits** to 72 African American or multiracial parents/caregivers using the EBPP, Parents as Teachers (PAT), Nurturing Parenting Program (NPP), and Beautiful Beginnings curricula.⁴ All ten **EBPP participants had reductions in the severity of their crisis** according to the Family Development Matrix (FDM) assessment.⁵

² 97% were either Black/African American or Multiracial while 3% were some other race/ethnicity as no one is turned away from participating in light touch or parenting education activities targeting communities of color. Multiracial participants may include those that are not Black/African American but a more detailed breakdown of racial/ethnic composition of multiracial families are not available.

³ Reflects duplicated number of sessions attended by all participants (e.g., one person may attend several sessions)

⁴ FY 2021-22 was largely an implementation year for RAACD-funded home visiting curricula. Families were transitioning or graduating from curriculum, staff were being trained on curriculum, and recruitment efforts were in progress. Families also continued to be impacted by the COVID-19 pandemic

⁵ Ten EBPP participants had a completed FDM assessment at two or more points in time. Crisis levels are rated on a four-point scale from Red (In Crisis) to Green (Self-Sufficient). curriculum, staff were being trained on curriculum, and recruitment efforts were in progress. Families also continued to be impacted by the COVID-19 pandemic




SSB has likely been a major contributor to the large decrease in African American sleep-related deaths in Sacramento County, which decreased 54% from 2012-2020.

Safe Sleep Baby

Safe Sleep Baby (SSB) is an education campaign managed by the Child Abuse Prevention Council (CAPC) to increase knowledge and change behaviors about infant safe sleeping practices. The overarching goal is to decrease infant sleep-related deaths in Sacramento County, especially among African American infants. Specific strategies include a public education campaign, direct education for parents and community professionals, providing education and cribs to caregivers who do not have a safe place to sleep their baby, and systems change efforts. Although SSB is a universal program that is offered to parents of all races, there is a special focus on reaching African American families.

In FY 2021-22, **535 caregivers received Safe Sleep Baby training**, 30% of whom were African American, and 68% resided in RAACD's targeted zip codes.

Pre- and post-training data showed statistically significant safe sleep knowledge improvements, including *babies should NOT be tightly swaddled when sleeping for the first six weeks, babies placed on their backs to sleep are NOT more likely to choke on their own spit up, and NO items are safe to have in a baby's sleeping area.*



"... It doesn't matter how many kids I have, I am still learning and growing as a mother.

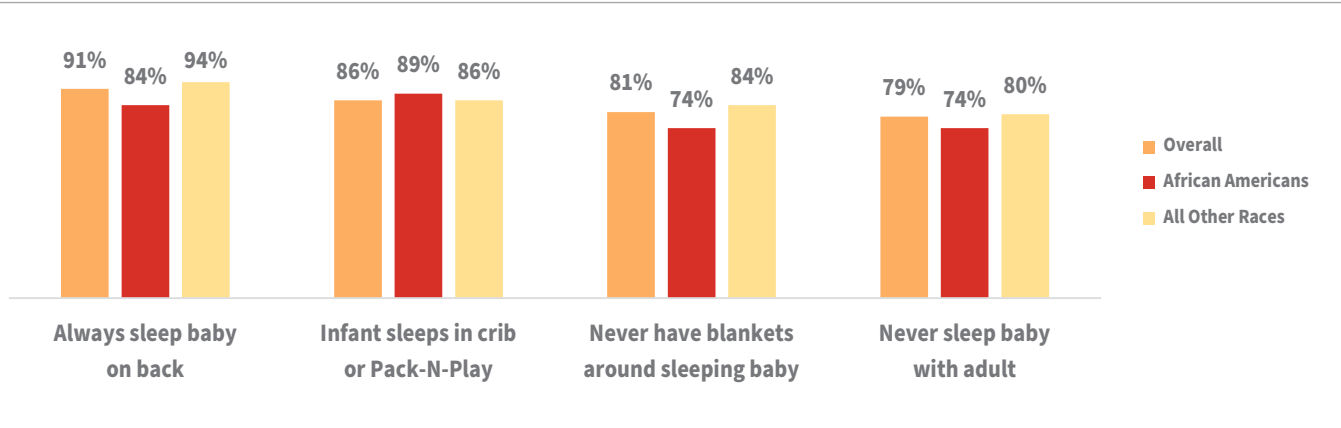
... keeping my baby safe is the priority and this workshop has taught me how to do just that." - Deja, SSB Participant*

*Names used for clients/participants are fictitious and images that are used are stock photos that are posed by models.

Additionally, SSB staff reached 70 participants with a follow-up assessment to understand the extent to which they were using infant safe sleep practices 3-4 weeks after taking the SSB course. Most parents reported *always sleeping their baby on their back* (91%; 64/70) and *sleeping baby in a crib or Pack-N-Play* (86%; 60/70), followed by never sleeping baby with blankets (81%; 57/70) or with *an adult* (79%; 55/70).

At follow up, 86% of all participants were only sleeping their child in a crib or Pack-N-Play.

Figure 5 — Percent of SSB Participants Practicing Infant Safe Sleep Behaviors at Follow-Up, by Race

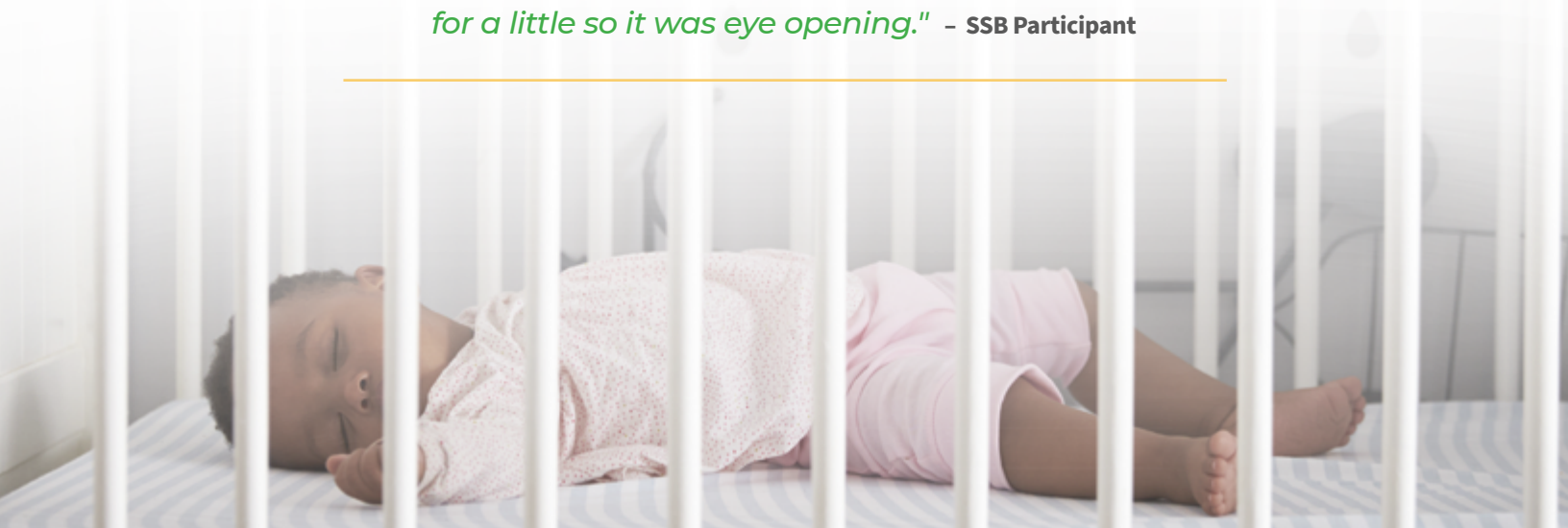


Source: CAPC, SSB Follow up Survey. N = 70 (African American N = 19; All Other Races N = 51).

In addition to direct education for parents and caregivers, the Safe Sleep Baby Campaign provided:

- **“Train the Trainer” workshops to 131 community-based service providers** and 64 healthcare workers. These trainings help providers convey safe sleep knowledge to clients and patients.
- **358 cribs to parents and caregivers** through the Cribs4Kids program. One-third of cribs (33%, 117/358) were distributed to African American caregivers.

“[The Safe Sleep Baby training] was very helpful. I took the workshop and received the crib after co-sleeping for a little so it was eye opening.” - SSB Participant





Black mothers and babies deserve to live and prosper. Systemic racism impacts maternal health outcomes. It's time to change this.

Public Perinatal Education Campaign

The fourth strategy funded by First 5 are public education campaigns on perinatal causes of death. In this new funding cycle, Her Health First (HHF) was selected to review, enhance/update, and manage the two education campaigns: Sac Healthy Baby and Unequal Birth.

Sac Healthy Baby includes a website, social media, blogs, and learning modules targeting to provide African American expecting and new parents and families with information and to connect them to local resources. The **Unequal Birth** campaign aims to raise public awareness of institutionalized racism as the root cause of the racial disparities in safe births for both infant and mother through education and advocacy opportunities via website, social media, and outreach.

The Perinatal Education Campaign (PEC) team recognized the importance of community voice and Black representation in content creation. The PEC team created an Advisory Team comprised of Black and non-Black pregnant and parenting families, caregivers, and community partners, audited and refreshed both campaign websites, and conducted focus groups and surveys with community members and partners for feedback on the revitalized messages. The PEC team continued work to balance sharing the sobering realities of disparities and offering hopeful solutions, inspiring calls to action, and highlighting the beauty, strength, and resilience of Black families.

JUNETEENTH PHOTO GALLERY

One key outreach activity for the PEC team in FY 2021-22 included hosting a **photo gallery at the annual Juneteenth celebration**. This event welcomed 300-500 community members including families, advocates, healthcare providers, and politicians, including the mayor of Sacramento. The innovative photo gallery emphasized the importance of holding space and an intentional juxtaposition of beautiful images of Black families with the harsh realities of maternal and infant health disparities.

The photo gallery consisted of a 10x20 event booth set up like an art gallery with 14 banners and three yard signs each featuring Black moms from the Sacramento community and information about maternal health disparities. The gallery was well-received and was viewed by participants and other vendors as “the thing to see” at the Juneteenth event. Although PEC efforts primarily use technology, websites, and social media as important drivers of knowledge change, the success of the Juneteenth photo gallery underscored the importance of grassroots efforts and in-person conversations.

FY 2021-22, the PEC project team implemented two paid and one organic media campaigns on Facebook and Instagram. The campaigns generated over 1.6 million impressions



Black mothers and babies deserve to live and prosper. Systemic racism impacts maternal health outcomes. It's time to change this.

www.UnequalBirth.com



Since 2012-2014, Sacramento County has seen a 6% decrease in the rate of infant death among African Americans, and a 19% decrease in disparity between the rates of African Americans and other ethnic groups.

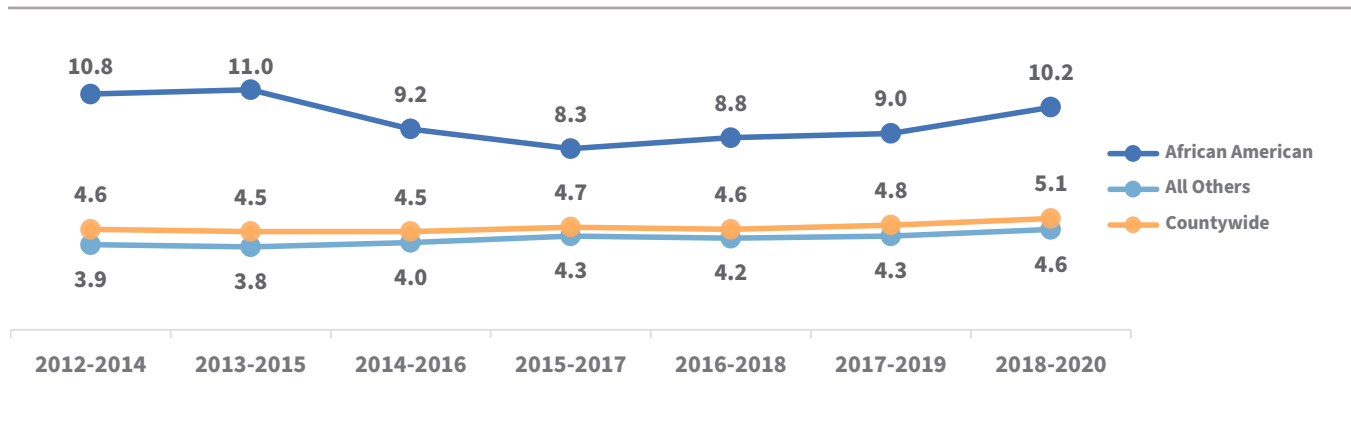
Countywide Trends

The four programs funded by First 5 Sacramento (Pregnancy Peer Support Program, Safe Sleep Baby Initiative, Family Resource Centers, and Public Perinatal Education Campaign) aim to help reduce the rate of African American perinatal, child abuse and neglect, and infant sleep-related deaths across Sacramento County.

OVERALL INFANT MORTALITY

Sacramento County Public Health (SCPH) and Child Death Review Team (CDRT) data are monitored using three-year rolling rates to measure progress toward these goals and inform future efforts. SCPH defines infant death as any death that occurs before one year of age (both preventable and unpreventable deaths are included). During the 2012-2014 baseline, African American infants died at a rate of 10.8 per 1,000 births. The 2018-2020 (most current data) rate of 10.2 per 1,000 births remains lower than the baseline but has been increasing in recent years. Despite improvements since 2012-2014, **African American infants remained two times as likely to die compared to all other race/ethnic groups combined.**

Figure 6 — Three-Year Rolling Rates of Total Infant Death in Sacramento County



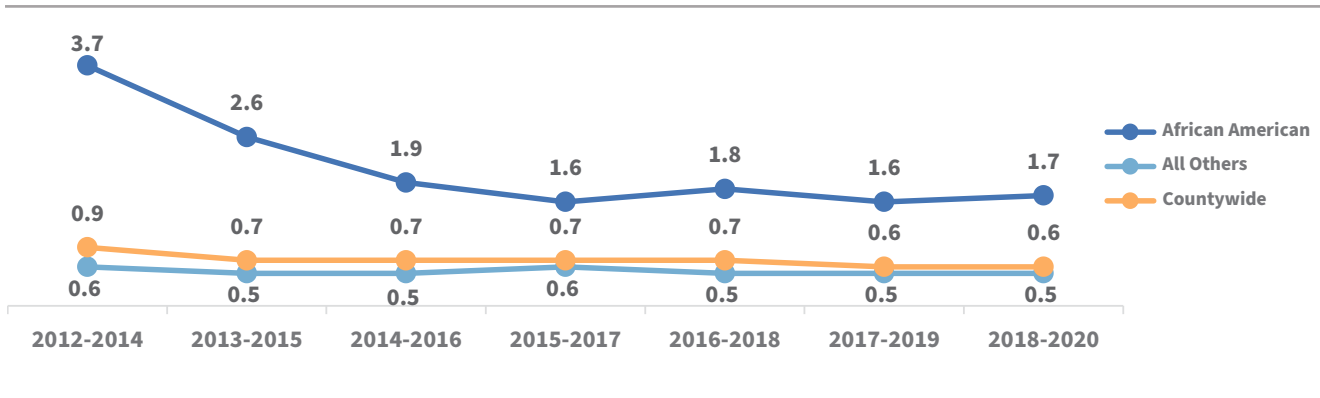
Source: Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files. Rate is per 1,000 infants.

INFANT SLEEP RELATED DEATHS

Between 2012-2014 and 2018-2020, African American **infant sleep related (ISR) deaths** decreased 54%, exceeding the Blue Ribbon Commission’s targeted reduction of 33% by 2020. Additionally, the disparity gap between African American ISR deaths and all other ethnic groups also decreased 60% since 2012-2014.

Since 2012-2014, Sacramento County infant sleep related deaths decreased 54% among African Americans and the disparity gap between African Americans and all other races decreased 60%.

Figure 7 — Three-Year Rolling Rates of Infant Sleep Related Deaths in Sacramento County



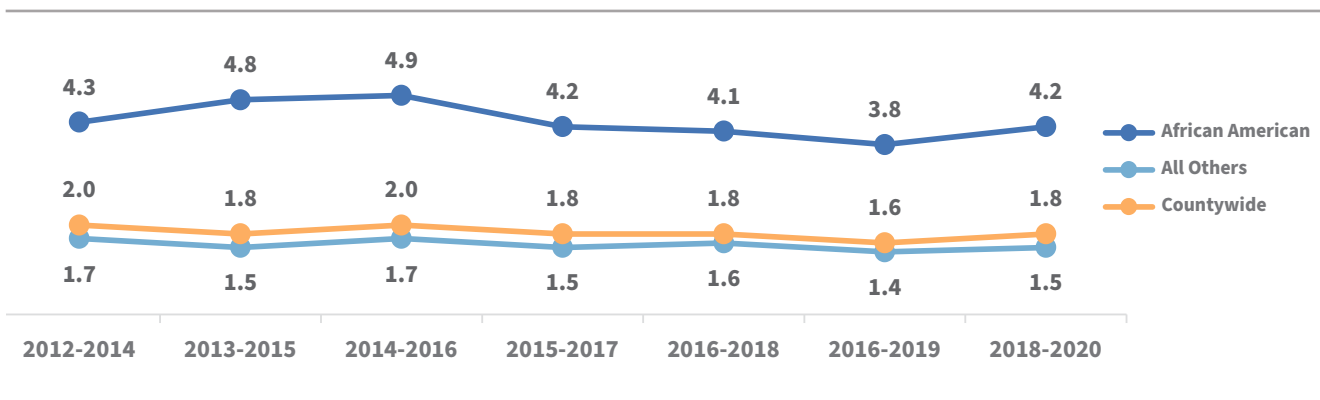
Source: Sacramento County Child Death Review Team Report 2012, 2013, 2014, 2015, 2016, 2017, 2018, and 2019. Rate is per 1,000 infants.

INFANT DEATHS DUE TO PERINATAL CAUSES

During the 2012-2014 baseline period, African American infants died from **perinatal causes** at a rate of 4.2 per 1,000 births. Although there were steady declines in three-year rates since 2014-2016, the 2018-2020 rolling rate increased and is approaching the baseline level. This increase is primarily due to a high number of African American perinatal deaths in 2018 (11), as there were a comparatively lower number of African American perinatal deaths in 2019 (4). However, an increase in 2020 (7) also contributed to the rolling rate increase.

Since 2012-2014, Sacramento County has had a 4% decrease in infant perinatal deaths among African Americans

Figure 8 — Three-Year Rolling Rates of Infant Death Due to Perinatal Causes in Sacramento County

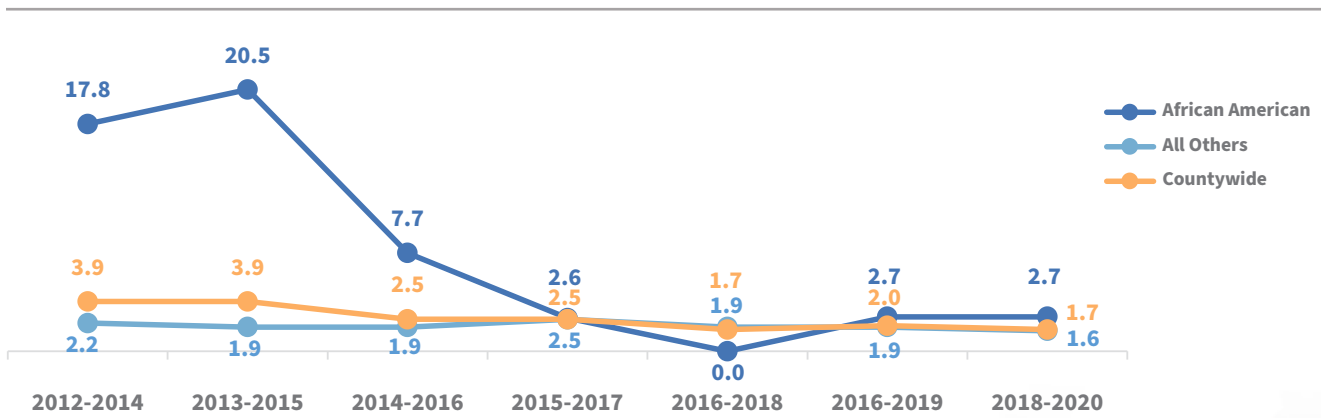


Source: Sacramento County Child Death Review Team Report 2012, 2013, 2014, 2015, 2016, 2017, 2018, and 2019. Rate is per 1,000 infants.

DEATHS DUE TO CHILD ABUSE AND NEGLECT (0-5)

During the baseline period of 2012-2014, African American children (0-5) died from **Child Abuse and Neglect (CAN)** at a rate of 17.8 per 100,000 children. Due in large part to the broad RAACD initiative efforts throughout Sacramento County (including the Birth & Beyond Family Resource Centers and the cultural broker program through the Department of Child, Family, and Adult Services (DCFAS)), this rate has since drastically declined. The 2018-2020 rate of African American CAN homicides remained consistent with the 2017-2019 rate (2.7). In 2020, there were zero African American child deaths among children ages 0-5 indicating that the stable rate is due to one CAN death in 2019.

Figure 9 — Three-Year Rolling Rates of Child (0-5) Death due to Child Abuse and Neglect in Sacramento County



Source: Sacramento County Child Death Review Team Report 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019. Rate is per 100,000 children.

Since 2012-2014, Sacramento County has seen an 85% decrease in 0-5-year-old child deaths due to child abuse and neglect death among African Americans and a 93% decrease in the disparity gap between African Americans and all other races.

COUNTYWIDE TRENDS

Overall, countywide rates continue to show reductions in African American child deaths, likely in large part due to the RAACD initiative. However, some trends are moving in undesired directions across the county, likely due, in part, to economic and public health shifts related to the COVID-19 pandemic, as well as ongoing structural, systemic, and institutional racial discrimination. The RAACD programs are appropriately positioned to explore the larger patterns in these trends and “scale up” efforts to address them at a county level and reach even more Sacramento families. Because of especially alarming trends for African American infants born preterm and low birth weight, it might be prudent to organize a committee including those involved in related fields (e.g., medical teams, OBGYNs, community-based organizations) to create a call to action to reverse these alarming trends.

In addition to direct services and public education, policy/systems change are also needed to effect real and lasting change. It is prudent for First 5 Sacramento to continue to advocate for policy and systems change across Sacramento County and the state of California as a whole. Additionally, now that the Blue Ribbon Commission’s target year of 2020 has passed, it is important to revisit the long term goals and re-commit to the reduction of African American child deaths, utilizing the insights gained since the last goals were set.

Figure 10 — Progress Made on Blue Ribbon Commission Goals to Reduce African American Child Deaths

Leading Preventable Causes of African American Child Death:	2020 Goal	% Change 2012-2014 to 2018-2020	BRC Goal Status	% Change in Disparity Gap 2012-2014 to 2018-2020
Overall African American child deaths (ages 0-17)	10% to 20% reduction	30% Reduction (ages 0-5)	Goal Met*	40% Reduction (ages 0-5)
Infant perinatal conditions (ages < 1 month)	At least 23% reduction	4% Reduction (ages 0-1)	Goal Unmet	2% Increase (ages 0-1)
Infant sleep related (ISR) deaths (ages 0-1)	At least 33% reduction	54% Reduction (ages 0-1)	Goal Met	60% Reduction (ages 0-5)
Child abuse and neglect (CAN) (ages 0-17)	At least 25% reduction	85% Reduction (ages 0-5)	Goal Met*	93% Reduction (ages 0-5)
Third-party homicide (ages 0-17)	At least 48% reduction	Not measured in RAACD report – see BCLC report		

* Not intended to be a direct comparison to the BRC goals as these were intended to reflect change among all children ages 0-17 and the values presented here are for children ages 0-5.

RAACD Resources

If you would like to learn more about the Reduction of African American Child Deaths initiative, please contact one of the following partners:

First 5 Sacramento
(916) 876-5865

Black Mothers United and Public Education Campaign
Her Health First
(916) 558-4812

Safe Sleep Baby and Birth & Beyond
Child Abuse and Prevention Council
(916) 244-1900

Black Child Legacy Campaign
(916) 993-7701



All photographs in this Executive Summary are stock photos that are posed by models.