



ADVISORY COMMITTEE

Members:

Silvia Rodriguez (Chair), Robin Blanks, Emily Bowen, Carolyn Curtis, Jose Goris (Vice Chair), Rebecca Gross, Heidi Keiser, Edward Lewis, Megan Masten, Pooja Mittal, Tanya Morgan, Alexandria Paige, Tony Smith, Ricki Townsend, Walter Wyniarczuk

MEETING AGENDA

August 12, 2022

2:00-3:30PM

**THIS MEETING IS HELD
VIA TELECONFERENCE
WEBINAR DUE TO
COVID RESTRICTIONS**

Join Zoom Meeting:

<https://saccounty-net.zoomgov.com/j/1618137893?pwd=S2UzVkhuQ0R0SDVUakR6NUZneGVROT09>

Meeting ID: 161 813 7893

Passcode: 569066

Call-in: 1 669 254 5252

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|--|------------|
| 1. Call to Order/Roll Call | 2 minutes |
| 2. Welcome & Introductions | 5 minutes |
| 3. Public Comments on Off-Agenda Items | 2 minutes |
| 4. Approve Minutes from June 10, 2022 | 2 minutes |
| 5. Commissioner Meet & Greet
<i>David Gordon, Sacramento County Superintendent of Schools</i> | 15 minutes |
| 6. Executive Director Update | 10 minutes |
| 7. 2024 First 5 Strategic Planning <ul style="list-style-type: none">• Overview & Timeline• Data Review: Countywide Trends/Disparities• Community Voice Survey Outreach | 30 minutes |
| 8. Refugee Family Support Grant | 10 minutes |
| 9. Member Announcements/Comments | 2 minutes |



ADVISORY COMMITTEE
DRAFT ACTION SUMMARY

June 10, 2022 - 2:00 PM

Members: Silvia Rodriguez (Chair), Robin Blanks, Emily Bowen, Carolyn Curtis, Junir Goris (Vice Chair), Rebecca Gross, Heidi Keiser, Megan Masten, Pooja Mittal, Tanya Morgan, Alexxandria Paige, Tony Smith, Ricki Townsend, Walter Wyniarczuk

Staff: Julie Gallelo, Executive Director
Stephanie Wills, Clerk of Commission
Erin Maurie, Communications and Policy Director

Absent: Emily Bowen, Megan Masten, Pooja Mittal, Tanya Morgan, Alexxandria Paige, Tony Smith

1. Call to Order/Roll Call

ACTION: The Zoom Meeting was called to order at 2:03 PM. A quorum was established.

2. Welcome and Introductions

The Advisory Committee's new Chair Silvia Rodriguez welcomed and introduced members and the public.

3. Public Comments on Off-Agenda Items
None at this time.

4. Commissioner Meet & Greet: Donna Sneerigner, Chief Strategy Officer, Child Care Resource Center

Donna has been a leader in the child care field for over 30 years. Prior to being the Chief Strategy Officer at Child Care Resource Center, Donna worked at Child Action Inc., as a First 5 funded partner. She has served on the Commission for 7 years and also chairs the Systems Optimization and Sustainability Committee. She was instrumental in the creation and development of the Quality Child Care Collaborative, a First 5 funded program with SCOE and Child Action, Inc. Donna is a political advisor at the state on federal level to improve the child care system, advocate for providers and parents to ensure affordable and quality child care. Some challenges she foresees in the future are securing more funded programs for infants, toddler, maternal mental health and child mental health.

5. Membership Updates:

- Advisory Committee Chair- Silvia Rodriguez
- Elect Vice Chair

Junior Goris and Robin Blanks were both nominated for the Vice-Chair position. Five members voted for Junior and four members for Robin. The Committee made a motion to nominate Jose Goris as the Advisory Committee Vice-Chair.

ACTION: Motion to approve from Robin Blanks, seconded by Carolyn Curtis. Motion passes.

6. Approval of the Draft Action Summary from March 30 (special joint meeting) and April 8, 2022

ACTION: Motion to approve from Carolyn Curtis, seconded by Jose Goris. Motion passes.

7. Executive Director's Report

Erin Maurie, First 5 staff, gave the report highlighting the accomplishments from the May Commission Meeting. Other items discussed were strategic planning, ARPA funding, Afghan Refugee Services and REDI work. Members were concerned about future in-person meetings and keeping them hybrid.

8. Review REDI+CR Assessment Report/Action Plan

RJA shared the summary including key themes, highlights and takeaways from the Joint meeting discussion that will inform the final report and next steps for the Commission.

Committee members had the opportunity to review and reflect on the meeting outcomes and provide insights into next steps. An additional Special Joint Meeting is planned for July 8, 2022 at 2 p.m. This meeting will provide time for more input and insights for the final report and next steps.

Members suggestions included the need to spell out agencies and terms along with their acronyms. There was also discussion about doing an external survey. The Committee was tasked with a homework assignment to review the summary and provide feedback directly to April Jean, REDI consultant, on or before July 6th.

9. Bylaws Discussion:

- Create Additional Seat for Representative of the Sacramento County Women & Girls Commission
- Other Potential Seats

Chair Rodriguez lead the discussion to create additional seats for the Advisory Committee to increase our community representation.

The Executive Director noted that the bylaws have a restriction to membership and that we might need to make some changes in order to bring on new community slots.

Discussion started with creating an Advisory Committee representative criteria, re-examine the current seats/categories and review the purpose of each seat and how that represents our REDI work. Potential seat suggestions included LGBT, Women and Girls Commission, Maternal Mental Health, housing representative and geographic representation, economic health/poverty, and a couple faith based seats.

10. Member Announcements/Comments

- Silva shared the new alternative to 911 for mental health calls and the committee is in the process to brand and name this new hotline.

Adjourned: 3:30 p.m.

Respectfully submitted,

Erin Maurie
First 5 Sacramento Commission



SPECIAL JOINT MEETING: SOS and ADVISORY COMMITTEES

DRAFT ACTION SUMMARY

Friday, July 8, 2022

Advisory Committee Members:

Silvia Rodriguez (Advisory Chair), Robin Blanks Guster, Carolyn Curtis, Junior Goris (Advisory Vice-Chair), Heidi Keiser, Edward Lewis, Pooja Mittal, Tanya Morgan, Tony Smith, Ricki Townsend, Walter Wyniarczuk,

Commissioners: Aiyana Evans

Staff: Kris Clinton, Effective Parenting Manager; Troy Coronado, Contract Analyst; Eric Harrold, Chief of Administration; Alejandra Labrado, Home Visiting and Parent Liaison Manager; Erin Maurie, Communications and Policy Director ; LaTina Price, Systems Optimization & Sustainability Manager
Stephanie Wills, Clerk of the Commission

1. Call to Order/Roll Call
ACTION: The Zoom Meeting was called to order at 2:07 PM.
2. Welcome and Introductions
3. Public Comments on Off-Agenda Items
No Comment.
4. REDI +CR Strategic Themes: Assessing Existing and New Opportunities
April Jean, Pure Jeanius

April Jean, the Commissions lead REDI Consultant provided a presentation and facilitated discussions around the REDI+CR strategic themes that emerged during the initial review of recommendations. After a brief introduction and agenda review, committee members were asked to self-select a theme to discuss in breakout groups. Themes identified were Purpose & Vision, Roles & Responsibilities, Communications Infrastructure and Ongoing Learning & Capacity Building. A. Jean provided members with an overview of each theme and previously identified opportunities.

In breakout groups, Committee members were asked to discuss existing opportunities around the selected theme and to identify what opportunities need to be created within the organization to continue to move the REDI work forward.

Once reconvened, A. Jean facilitated the sharing of emerging ideas by theme to the larger group. Committee members were informed that their feedback will be included in the phase 1 report to be finalized early August. A presentation to the Commission will be given in October around the REDI+CR survey recommendations and actionable next steps for the upcoming years.

5. Adjourned: 3:30 p.m.

Respectfully submitted,

LaTina Price, Systems Optimization & Sustainability Manager
First 5 Sacramento Commission

**FIRST 5 SACRAMENTO COMMISSION
Advisory Committee Update
August 2022**

HIGHLIGHTS OF LAST COMMISSION MEETING – August 1, 2022

- Appoint Edward Lewis to Advisory Committee
- Approval of Final Budget for FY22/23 and the 10-Year Financial Plan
- 2024 Strategic Planning:
 - Overview, Timeline, Decision Points
 - Data Review- 2022 Community Trends Report and Racial Equity Snapshot
- Presentation: Birth & Beyond FY21-22 Evaluation Report

UPCOMING AGENDA ITEMS- October 3, 2022

- Strategic Planning Retreat!

FIRST 5 SACRAMENTO GENERAL UPDATES

Commissioner Updates

Chevon Kothari replaces Bruce Wagstaff in the Deputy County Executive seat. We will also welcome two new Commissioners joining us for their first meeting:

- Michelle Callejas, Director of the Department of Child, Family and Adult Services (Alternate to Chevon Kothari)
- Rebecca Gross, a mother of four children and a previous member of the First 5 Advisory Committee (Alternate to Dr. Kasirye)

Strategic Planning Update

Commissioners have begun discussions around Strategic Planning for the 2024 funding cycle, which includes a \$44.6 million spending plan. This strategic planning process will differ from those previously and aims to incorporate a Racial Equity framework for decision making. A community needs assessment is underway, with focus groups recently conducted with service provider, parents, and child/family serving systems leaders with a goal of strengthening our understanding of child & family assets and needs. We will be reaching out to all partners to promote an on-line needs assessment survey in August. Our goal is to reach at least 2,000 parents and get their input on what's important/helpful in raising happy, healthy children who reach their full potential.

Afghan Refugee Services Funding Awarded

First 5 Sacramento was awarded \$570,351 from First 5 CA to launch new services for recently arrived refugee families with children ages birth through 5. The funding will be distributed to five local agencies that will hire bilingual, culturally responsive navigators to help families access local services and provide them with support. Additionally, funding will allow for workshops, access to mental health support, and the distribution of basic needs. The

program will begin on October 1, 2022 and continue for 12 months. Staff are negotiating contracts with the following five agencies to provide direct services to refugee families: Refugee Enrichment Development Association, Muslim American Society Social Services Foundation, Mutual Assistance Network, Public Health Institute and NorCal Resist.

Baby Formula Shortage

As the nation continues to struggle with supply shortages of infant formula, the California Department of Public Health's Women, Infants and Children (WIC) program is continuing to help families by greatly expanding the list of formula brands eligible for purchase with WIC benefits. Thank you to our local WIC partners: Sacramento County and Community Resource Project for taking the lead to ensure families have the latest information and access to formula. Included in this report is a fact sheet on how to find formula.

Building Strong Families Program

In partnership with the Department of Child, Family and Adult Services (DCFAS), Building Strong Families (BSF) will officially begin in September. During the first quarter, First 5 will coordinate with DCFAS to develop a cohort training schedule, finalize the Family Needs Assessment form and the Referral Resource Guide. This program is navigator based and targets families hardest hit by COVID. The Family Support Navigators (from Black Child Legacy Campaign and Birth & Beyond) will connect stressed families to critical services such as home visiting, health and mental health services, transportation, housing and basic needs, with a goal of building stronger families.

Seed Collaborative

First 5 Sacramento Project Team



Dr. Nina Moreno
Sr. Consultant &
Project Lead
nina@seedcollab.com

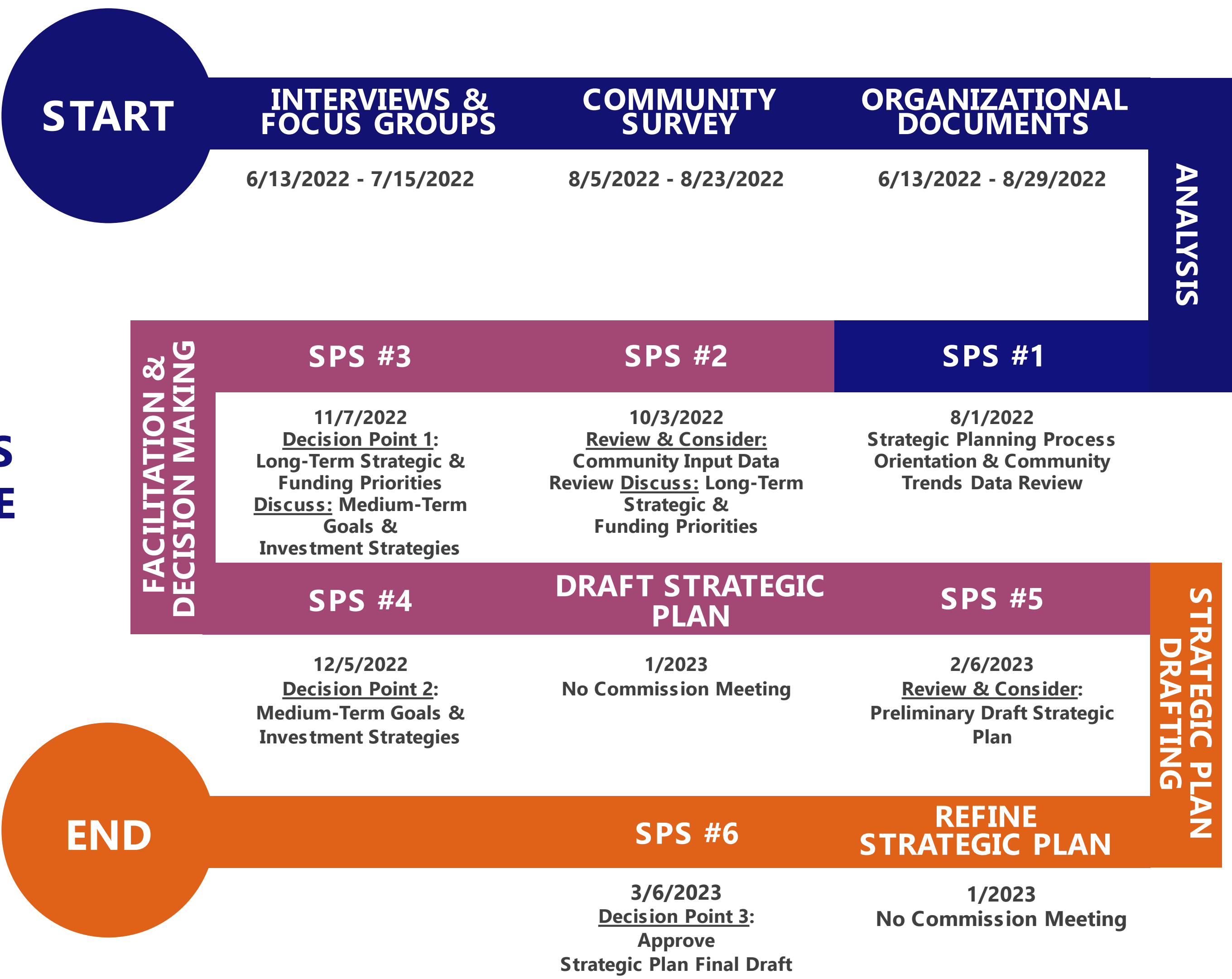


Evan Holland
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PROCESS
TIMELINE





Sacramento County Trend Report

First 5 Sacramento: Trends in Well-Being Dashboard

This trend dashboard displays Sacramento County's progress toward the early childhood outcomes sought by First 5. Each strategic result is measured by a community-level indicator, based upon multiple years of data for the overall community, as well as ethnic subgroups, where available. Trends are presented as either positive, negative, or stable. The county's status on each indicator is compared to California statewide, when available. Data are then evaluated on three categories: State Comparison, Sacramento County Trend, and the size of Disparity between racial/ethnic groups, using the criteria described below.

The following sections present **countywide** trends and are not intended to suggest that First 5 Sacramento's funded programs solely contribute to these indicators. There are many programs in the County working to improve the lives of children and families and many factors outside the reach of these services that can impact countywide trends. These indicators should be viewed as a starting point for First 5 Sacramento's program efforts. However, **future work should also explore additional social determinants of health** within the First 5 Sacramento and countywide populations. These social determinants can impact a wide range of outcomes, including health, well-being, and quality of life and can further inform First 5 Sacramento's expanding efforts toward racial equity, diversity, and inclusion (REDI) and mental health.

Note: data are presented for the last five years (baseline year is 2017) unless otherwise specified.

Additionally, please note that COVID-related health and safety restrictions, including stay-at-home orders began in March 2020 and may have severely impacted many of the indicators presented. Please read the report with this caveat in mind.

County Trend Criterion:

Calculation: (Most Recent Value - Baseline Value)/Baseline Value



Trending in the right direction by more than 3 percent, conveying low need.



Stable trend, with variance of less than 3 percent, conveying moderate need.



Trending in the wrong direction by more than 3 percent, conveying high need.

State Comparison Criterion:

Calculation: County Value / State Value (Most Recent Year only)



County rate is meeting or surpassing the state rate.



County rate is slightly worse than the state rate (e.g., if higher is better, the county's rate is within 95-100% of the state's rate; if lower is better, the county rate is within 100-105% of the state's rate).



County rate is substantially worse than the state (e.g., if higher is better, the county's rate is 95% or less than the state's rate; if lower is better, the county rate is 105% or more of the state's rate).

Size of Disparity Criterion:

Calculation: Group with highest value / Group with lowest value (Most Recent Year only)



A small disparity gap between 1.0 (no difference) to 1.25 between the subpopulations with the best and worst outcomes.



A moderate disparity gap greater than 1.25 but less than two times the difference between the subpopulations with the best and worst outcomes.



A large disparity gap of two times the difference, or more, between the subpopulations with the best and worst outcomes.

The size of disparity is measured by comparing the subgroup faring the worst to the subgroup faring the best in the most recent year (excluding the Native American subgroup, which consistently has a very low total population by which to compare).

Goal 1: All Children are Born Healthy and Access Preventive Services to Maintain Optimal Health

Result 1: Improve Perinatal Conditions and Reduce Infant Death		Sacramento County Trend	State Comparison	Disparity
Infant Mortality	# deaths per 1,000 live births (birth-12 months)	—	—	—
Low Birthweight	% born with low birthweight (< 2,500 grams)	↔	+	↔
Preterm Births	% born premature (before 37 weeks)	—	↔	↔
Access to Prenatal Care	% of pregnant women who received prenatal care in first trimester (Medi-Cal)	↔	+	+
Maternal Health - Morbidity	% of mothers with 1+ morbidity resulting from or aggravated by pregnancy	—	—	—
Result 2: Increase Prevalence and Duration of Breastfeeding		Sacramento County Trend	State Comparison	Disparity
Exclusive Breastfeeding (in-hospital)	% of infants who were exclusively fed breast milk in-hospital	↔	+	↔
Exclusive Breastfeeding (3 months)	% of infants who exclusively fed breastmilk at 3 months	+	+	↔
Result 3: Increase Utilization of Medical, Dental, and Mental Health Services		Sacramento County Trend	State Comparison	Disparity
Oral Health (Dental Visit)	% of children 0-5 with a dental visit in the previous year (Medi-Cal)	+	—	⊗
Oral Health (Untreated Decay)	% of pre-k children with untreated decay	—	—	⊗
Oral Health - Kindergarten Oral Health Assessment (KOHA)	% of Sacramento County school districts in compliance with KOHA mandate	+	⊗	⊗
Children Covered by Health Insurance	% of children 0-5 covered by some type of insurance	+	+	+
Well-Child Visits (6+ visits, 0-15 months)	% of children with 6+ well-child visits in first 15-months of life (Medi-Cal)	●	—	⊗
Well-Child Visits (2+ visits, 15-30 months)	% of children with 2+ well-child visits for age 15 to 30 months (Medi-Cal)	●	—	⊗
Well-Care Visits (Child & Adolescent Total)	Children 3–21 who received one or more well-care visit in past year	●	+	⊗
Immunization Rate (Kindergarteners)	% of Kindergarteners up-to-date on required immunizations	↔	↔	⊗
Mental Health (prenatal depression)	% of mothers experiencing prenatal depression	—	—	↔
Mental Health (postnatal depression)	% of mothers experiencing postnatal depression	—	—	—
ACEs (children with 2 or more)	% of children ages 0-17 with 2 or more Adverse Childhood Experiences (ACEs)	●	—	⊗
ACEs (adults with 4 or more)	% of adults in households with children who experienced 4 or more ACEs before age 18	●	—	⊗
Mental Health Needs	% of adults needing help for emotional/mental health or alcohol/drug use	—	—	⊗
Maternal Health - Postpartum Visit	% of women who had a postpartum visit 21-56 days after delivery (Medi-Cal)	+	—	⊗
Experiences of Racism	% of mothers who "often experienced racism over her lifetime"	●	+	—

Goal 2: All Children have Access to Quality Early Learning Experiences and are Ready for Kindergarten

Result 4: Increase Access to Affordable Child Care		Sacramento County Trend	State Comparison	Disparity
Capacity of Child Care System	% of children (0-5) who can be accommodated in a licensed child care facility	↔	+	×
Preschool Enrollment (3-4)	% of children (ages 3-4) enrolled in preschool	↔	-	×

Result 5: Increase the Quality of Early Childhood Settings to Meet Social-Emotional, Physical, and Cognitive Needs of Young Children		Sacramento County Trend	State Comparison	Disparity
Child Care Quality (children)	% of Sacramento County children attending a quality preschool (QCC)	-	×	×
Child Care Quality (providers)	# of licensed child care providers who participate in Quality Counts California (QCC)	+	×	×

Result 6: Increase Children's, Families', and Schools' Readiness for Kindergarten		Sacramento County Trend	State Comparison	Disparity
Developmental Screenings (Medi-Cal)	% of children who received a developmental screening in first three years of life (Medi-Cal)	-	+	×
Developmental Screenings (Help Me Grow)	% of children screened by Help Me Grow who met developmental milestones	+	×	×
Special Education Enrollment (ages 4-5)	% of children ages 4-5 enrolled in special education	-	+	×
Early Literacy (First 5)	% of children who are read to at least 5 days/week (at First 5 intake)	-	×	×

Goal 3: All Families have Access to Resources and Opportunities that Support their Children's Development and Safety

Result 7: Increase Use of Effective Parenting to Decrease Trauma and Child Maltreatment		Sacramento County Trend	State Comparison	Disparity
Effective Parenting (CPS Allegations)	Rate (per 1,000) of child abuse allegations (age 0-5)	+	-	-
Effective Parenting (CPS Substantiated)	Rate (per 1,000) substantiated maltreatment (age 0-5)	+	-	-
Effective Parenting (CPS Recurrence)	% with substantiated recurrence within 12 months	+	+	↔

Note: The trends reported here do not intend to suggest First 5 Sacramento's funded programs solely contribute to these countywide indicators. These indicators were selected based on First 5 Sacramento's goal areas and should be viewed as a starting point for program efforts in addition to other social determinants of health not measured here.

Goal 1: All Children are Born Healthy and Access Preventive Services to Maintain Optimal Health

Result 1 Infant Mortality

County Trend The 2017-2019 rolling average rate of infant mortality in Sacramento County (4.8 per 1,000 births) increased 7.6% compared with the 2014-2016 rolling average (4.5).



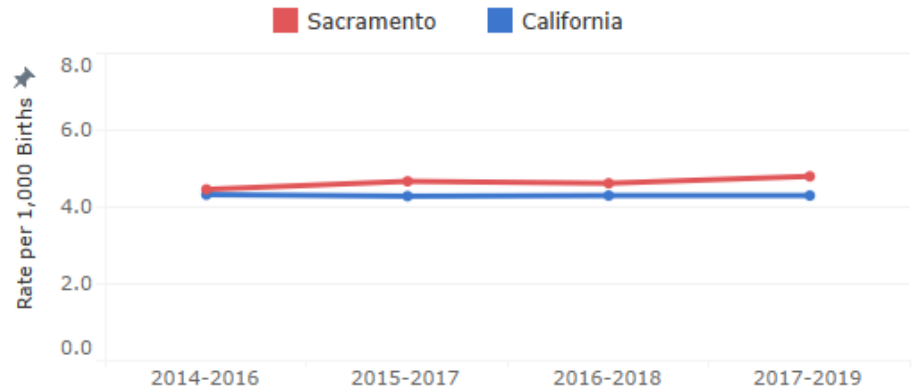
State Comparison Sacramento County has higher rates of infant mortality (4.8 per 1,000 births) compared to 4.3 per 1,000 births statewide.



Disparity The rate of infant mortality among African Americans (9.0 per 1,000 births) was 2.1 times the rate of all other racial groups (4.3).



deaths per 1,000 live births (birth-12 months)



Detail by Race/Ethnicity in Sacramento County

	2014-2016	2015-2017	2016-2018	2017-2019
Black/African American	9.2	8.3	8.8	9.0
All Others	4.0	4.3	4.2	4.3
Total	4.5	4.7	4.6	4.8

Result 1 Low Birthweight

County Trend Between 2014-2016 and 2017-2019, the proportion of babies born with low birthweight increased 1.4%.



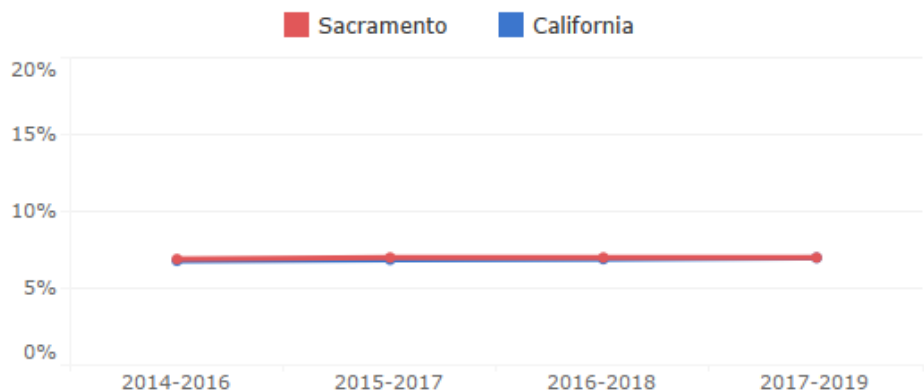
State Comparison Sacramento County low birthweight births (7.0%) is equivalent to statewide (7.0%).



Disparity The rate of low birthweight among African Americans (11.8%) increased slightly since 2014-2016 (11.2%) and remains 1.8 times the rate of all other racial groups combined (6.5%).



% born with low birthweight (< 2,500 grams)



Detail by Race/Ethnicity in Sacramento County

	2014-2016	2015-2017	2016-2018	2017-2019
Black/African American	11.2%	11.3%	11.4%	11.8%
All Others	6.5%	6.5%	6.5%	6.5%
Total	6.9%	7.0%	7.0%	7.0%

Note: The trends reported here do not intend to suggest First 5 Sacramento's funded programs solely contribute to these countywide indicators. These indicators were selected based on First 5 Sacramento's goal areas and should be viewed as a starting point for program efforts in addition to other social determinants of health not measured here.

Result 1 Preterm Births

County Trend

Compared with 2014-2016 (8.4%), the countywide rate of pre-term births increased 5% in 2017-2019 (9.1%).



State Comparison

Sacramento County had a slightly lower rate of preterm births (9.1%) compared with statewide rates (9.4%) (97% of the statewide rate).

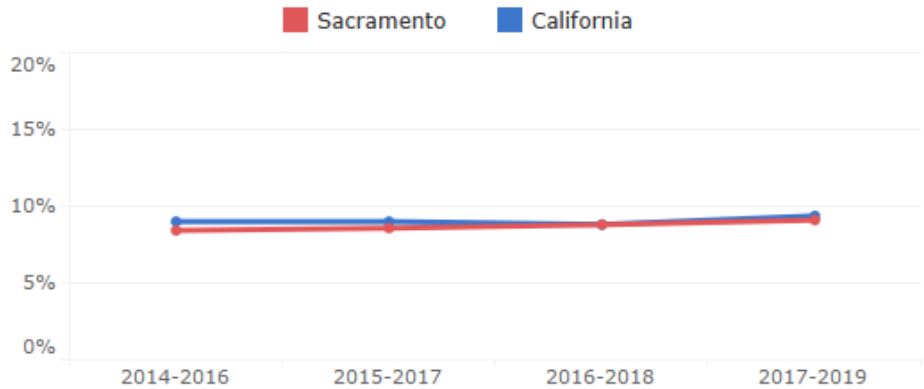


Disparity

The proportion of babies born preterm has worsened for all groups. In 2017-2019, African Americans had 1.5 times the rate (13.0%) of all other racial groups combined (8.7%).



% born premature (before 37 weeks)



Detail by Race/Ethnicity in Sacramento County

	2014-2016	2015-2017	2016-2018	2017-2019
Black/African American	11.4%	11.5%	12.1%	13.0%
All Others	8.1%	8.3%	8.5%	8.7%
Total	8.4%	8.6%	8.8%	9.1%

Result 1 Access to Prenatal Care

County Trend

The proportion of women receiving prenatal care in the first trimester remained stable between 2017 (84.7%) and 2020 (84.6%). However, 2020 rates are slightly lower than 2019 (85.9%).



State Comparison

In 2020, Sacramento County mothers had a rate of receiving prenatal care during the first trimester (84.6%) comparable to statewide rates (84.5%).

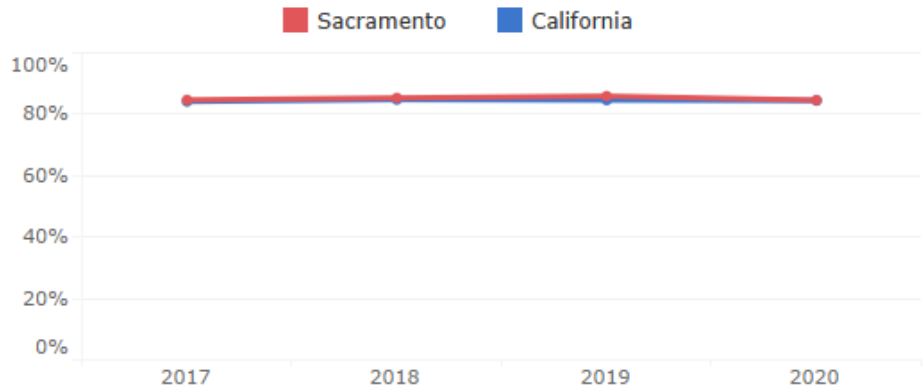


Disparity

African American women had the lowest rate of first-trimester prenatal care (81.0%), while Asian women had the highest rate (86.7%) - a difference of about 7%.



% of pregnant women who received prenatal care in first trimester (Medi-Cal)



Detail by Race/Ethnicity in Sacramento County

	2017	2018	2019	2020
Asian	86.0%	87.7%	87.7%	86.7%
Black/African American	80.4%	82.4%	82.6%	81.0%
Hispanic/Latino	85.2%	85.3%	87.0%	84.4%
White (Non-Hispanic)	86.3%	86.1%	86.6%	86.6%
Total	84.7%	85.4%	85.9%	84.6%

Note: The trends reported here do not intend to suggest First 5 Sacramento's funded programs solely contribute to these countywide indicators. These indicators were selected based on First 5 Sacramento's goal areas and should be viewed as a starting point for program efforts in addition to other social determinants of health not measured here.

Result 1 Maternal Health - Morbidity

County Trend

The proportion of women with at least one morbidity at delivery in 2020 (1.9%) has worsened compared to 2017 (1.3%), a 44.6% increase.



State Comparison

The proportion of women in Sacramento County with at least one morbidity at delivery (1.9%) was 169.5% higher than the statewide rate (1.1%).

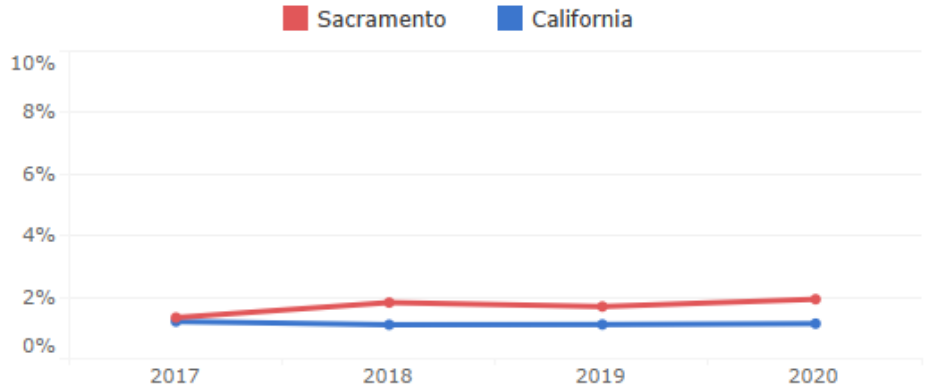


Disparity

The rate for Asian women (3.0%) was 2.3 times that of Black/African Americans (1.3%). However, this measure has limited reliability due to large amounts of suppressed data.



% of mothers with 1+ morbidity resulting from or aggravated by pregnancy



Detail by Race/Ethnicity in Sacramento County

	2017	2018	2019	2020
Asian	1.4%	2.7%	2.6%	3.0%
Black/African American	0.8%	1.4%	1.1%	1.3%
Hispanic/Latino	1.2%	1.4%	1.3%	1.4%
White (Non-Hispanic)	1.5%	1.9%	1.7%	2.0%
Total	1.3%	1.8%	1.7%	1.9%

Note: The trends reported here do not intend to suggest First 5 Sacramento's funded programs solely contribute to these countywide indicators. These indicators were selected based on First 5 Sacramento's goal areas and should be viewed as a starting point for program efforts in addition to other social determinants of health not measured here.

Goal 1: All Children are Born Healthy and Access Preventive Services to Maintain Optimal Health

Result 2 Exclusive Breastfeeding (in-hospital)

County Trend

In 2017, 73.6% of infants were exclusively breastfed in-hospital. In 2019, this rate decreased to 71.5%.



State Comparison

Sacramento County's exclusive breastfeeding rates in-hospital (71.5%) was 102% the statewide rate (70.2%).

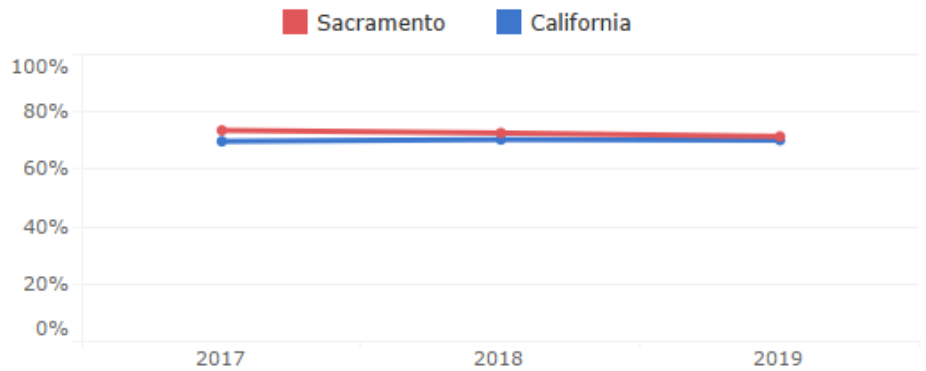


Disparity

The rate of exclusive breastfeeding in-hospital for infants whose mothers were White (80.2%) was 1.3 times the rate among African American mothers (61.7%).



% of infants who were exclusively fed breast milk in-hospital



Detail by Race/Ethnicity in Sacramento County

	2017	2018	2019
Asian	67.6%	65.7%	63.7%
Black/African American	68.0%	64.6%	61.7%
Hispanic/Latino	73.9%	72.6%	72.8%
White	81.5%	81.5%	80.2%
Total	73.6%	72.7%	71.5%

Result 2 Exclusive Breastfeeding (3 months)

County Trend

Compared with 2013-2015 (33.9%), the 2016-2018 rate of exclusive breastfeeding at three months in Sacramento County increased 15.9%.



State Comparison

The 2016-2018 exclusive breastfeeding rate at three months in Sacramento County (39.3%) was 117% that of the statewide rate (33.5%).

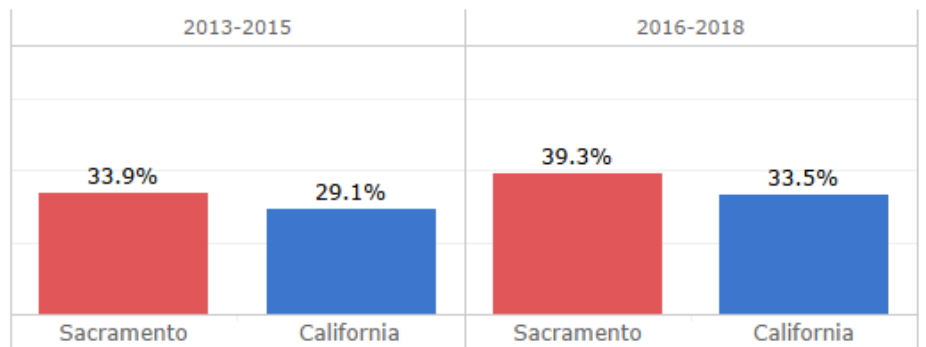


Disparity

In 2016-2018, Asian mothers had the lowest rate of exclusive breastfeeding at three months (28.0%). White mothers had the highest rate (53.5%), reflecting a disparity rate of 1.91.



% of infants who exclusively fed breastmilk at 3 months



Detail by Race/Ethnicity in Sacramento County

	2013-2015	2016-2018
Asian	26.5%	28.0%
Black/African American	26.8%	38.1%
Hispanic/Latino	23.4%	33.2%
White	47.5%	53.5%
Total	33.9%	39.3%

Note: The trends reported here do not intend to suggest First 5 Sacramento's funded programs solely contribute to these countywide indicators. These indicators were selected based on First 5 Sacramento's goal areas and should be viewed as a starting point for program efforts in addition to other social determinants of health not measured here.

Goal 1: All Children are Born Healthy and Access Preventive Services to Maintain Optimal Health

Result 3 Oral Health (Dental Visit)

County Trend Between 2017 and 2019, the proportion of children attending a dental appointment in the year prior increased 32%. The 2017 rate was 27.1% compared to 35.7% in 2019.



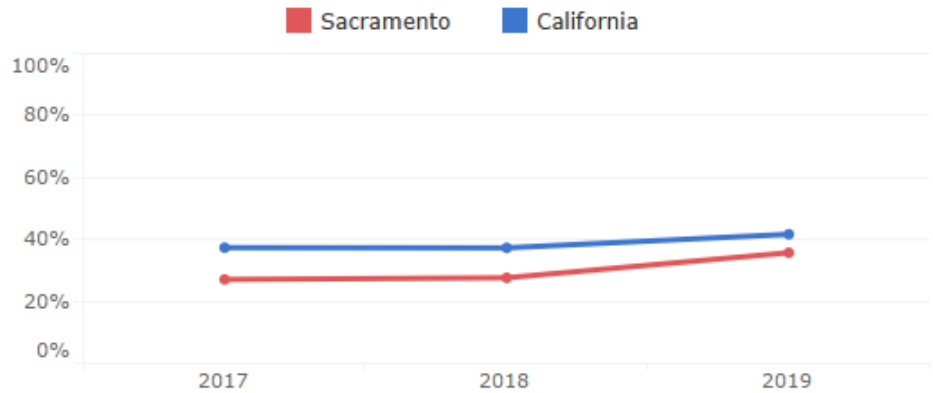
State Comparison In 2019, the proportion of children ages 0-5 in Sacramento County that attended a dental visit in the last year (35.7%) was 86% of the statewide rate (41.7%).



Disparity Data not available by race/ethnicity.



% of children 0-5 with a dental visit in the previous year (Medi-Cal)



Result 3 Oral Health (Untreated Decay)

County Trend The rate of untreated decay among preschoolers in Sacramento County increased 21% between 2016-17 (21.0%) and 2020-21 (25.3%).



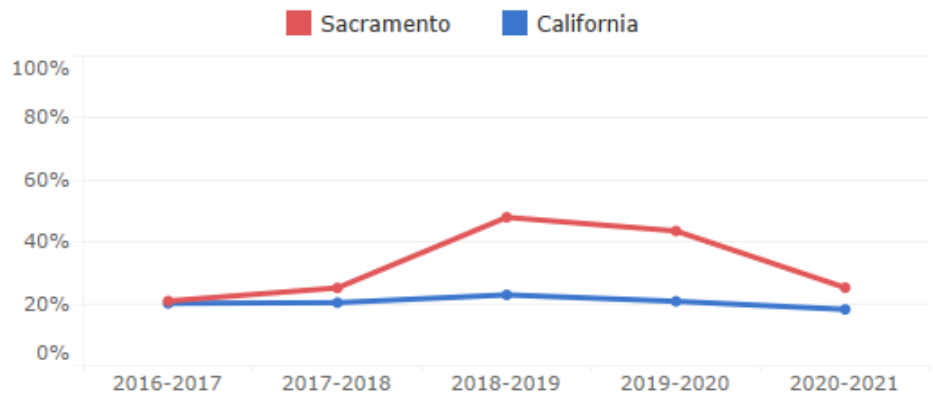
State Comparison In 2020-21, the rate of preschool children with untreated decay in Sacramento County (25.3%) was 138% that of the statewide rate of untreated decay (18.2%).



Disparity Data not available by race/ethnicity.



% of pre-k children with untreated decay



Note: The trends reported here do not intend to suggest First 5 Sacramento's funded programs solely contribute to these countywide indicators. These indicators were selected based on First 5 Sacramento's goal areas and should be viewed as a starting point for program efforts in addition to other social determinants of health not measured here.

Result 3 Oral Health - Kindergarten Oral Health Assessment (KOHA)

County Trend

In 2020-21, 11 out of 12 Sacramento County school districts complied with the Kindergarten Oral Health Assessment (KOHA) requirement. Compliance has increased 102% since 2016-17 (5 of 11 districts).



State Comparison

Comparisons to state rates not available.

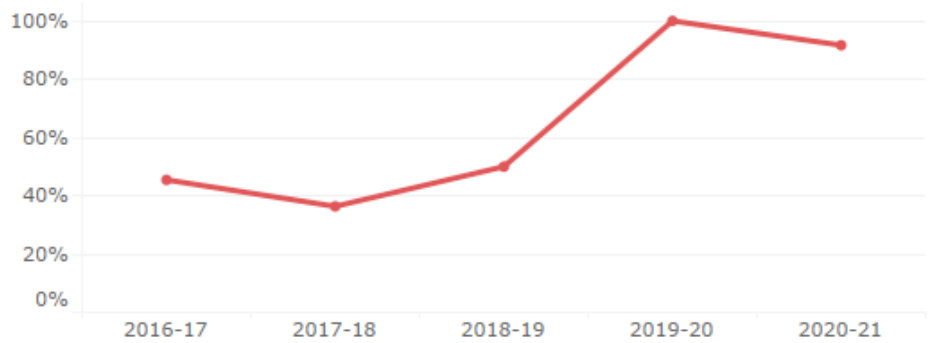


Disparity

Data not available by race/ethnicity.



% of Sacramento County school districts in compliance with KOHA mandate



Result 3 Children Covered by Health Insurance

County Trend

Nearly all children in Sacramento County have some form of insurance coverage. Coverage increased from 98.2% in 2017 to 99.2% in 2020.



State Comparison

In 2020, 99.2% of Sacramento County children ages 0-5 had insurance coverage, slightly higher than statewide rates (97.5%).

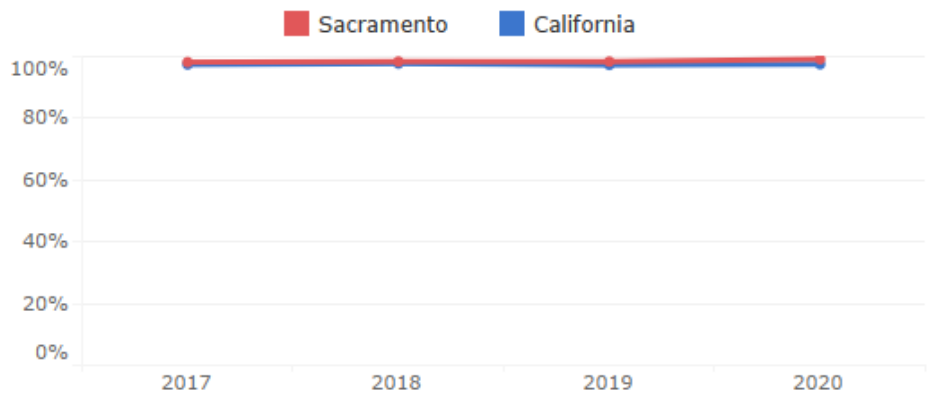


Disparity

In 2019, 99.2% of Asian children had insurance coverage, compared with 98.1% of Hispanic/Latino children. Note, data by race/ethnicity are not available for 2020 due to COVID data limitations.



% of children 0-5 covered by some type of insurance



Detail by Race/Ethnicity in Sacramento County

	2017	2018	2019
Asian	98.0%	97.9%	99.2%
Black/African American	99.7%	100.0%	98.3%
Hispanic/Latino	98.4%	98.8%	98.1%
White	97.7%	98.0%	98.8%
Total	98.2%	98.4%	98.4%

Note: The trends reported here do not intend to suggest First 5 Sacramento's funded programs solely contribute to these countywide indicators. These indicators were selected based on First 5 Sacramento's goal areas and should be viewed as a starting point for program efforts in addition to other social determinants of health not measured here.

Result 3 Well-Child Visits (6+ visits, 0-15 months)

County Trend

Trend data are not available as this is a newly reported measure.

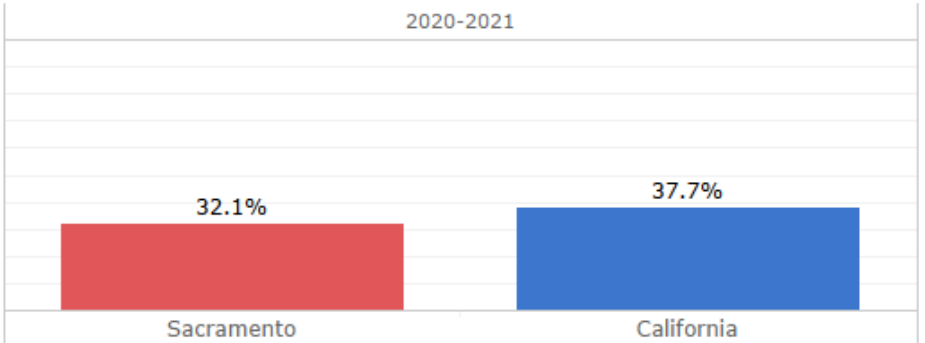


State Comparison

In the 2021 reporting year, 32.1% of Sacramento County children had six or more well-child visits in the first 15 months of life, which is 85% of the statewide rate (37.7%).



% of children with 6+ well-child visits in first 15-months of life (Medi-Cal)



Disparity

Data not available by race/ethnicity.



Result 3 Well-Child Visits (2+ visits, 15-30 months)

County Trend

Trend data are not available as this is a new measure as of the 2021 reporting year.

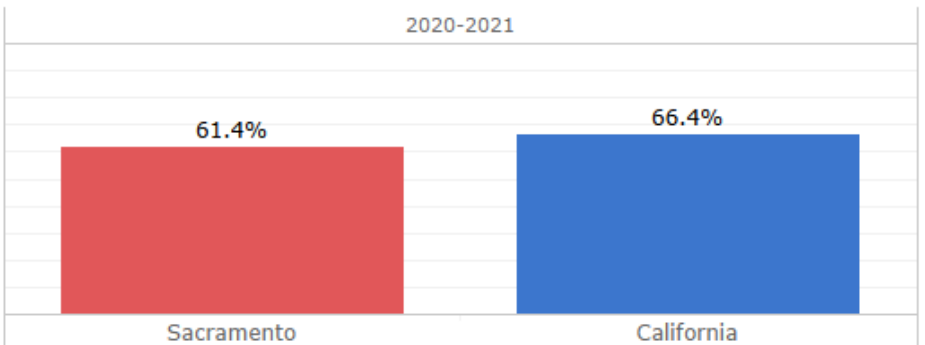


State Comparison

In the 2021 reporting year, 61.4% of Sacramento County children had two or more well-child visits between the ages of 15 months and 30 months, which is 92% of the statewide rate (66.4%).



% of children with 2+ well-child visits for age 15 to 30 months (Medi-Cal)



Disparity

Data not available by race/ethnicity.



Note: The trends reported here do not intend to suggest First 5 Sacramento's funded programs solely contribute to these countywide indicators. These indicators were selected based on First 5 Sacramento's goal areas and should be viewed as a starting point for program efforts in addition to other social determinants of health not measured here.

Result 3 Well-Care Visits (Child & Adolescent Total)

County Trend Trend data are not yet available for this new measure. However, the rate of well-child visits (ages 3-6) increased from 66% in 2017 to 69% in 2020 (last year of available data).



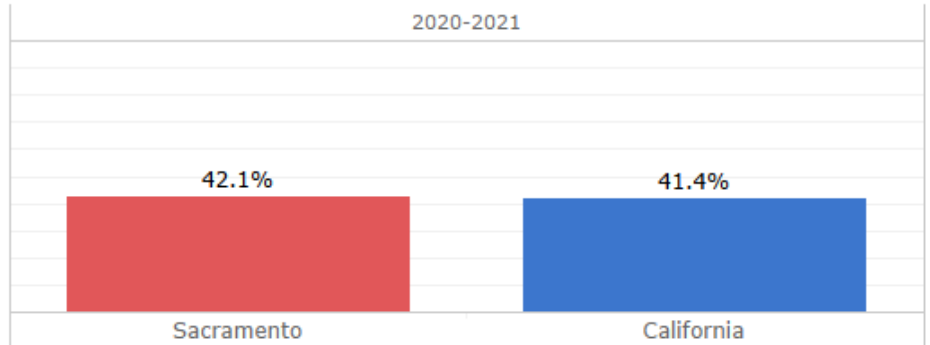
State Comparison In the 2021 reporting year, the rate of child and adolescent well-care visits was 42.1% in Sacramento County, slightly higher than the statewide rate (41.4%).



Disparity Data not available by race/ethnicity.



Children 3-21 who received one or more well-care visit in past year



Result 3 Immunization Rate (Kindergarteners)

County Trend The proportion of Kindergarteners up-to-date on required immunizations has remained stable in Sacramento between 2017 (93.5%), 2018 (93.4%), and 2019-20 (93.3%).



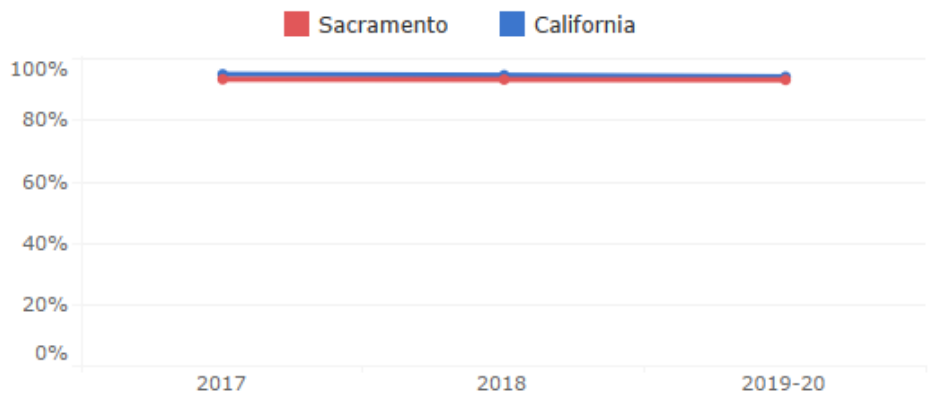
State Comparison In the 2019-20 reporting period 93.3% of Kindergarteners were up-to-date on required immunizations, which is slightly lower than the statewide rate (94.3%).



Disparity Data not available by race/ethnicity.



% of Kindergarteners up-to-date on required immunizations



Note: The trends reported here do not intend to suggest First 5 Sacramento's funded programs solely contribute to these countywide indicators. These indicators were selected based on First 5 Sacramento's goal areas and should be viewed as a starting point for program efforts in addition to other social determinants of health not measured here.

Result 3 Mental Health (prenatal depression)

County Trend

In Sacramento County, the rate of prenatal depression increased from 13.1% of mothers in 2013-2015 to 16.0% in 2016-2018.



State Comparison

The 2016-2018 rate of prenatal depression in Sacramento County (16%) was slightly worse than the statewide rate (15%).

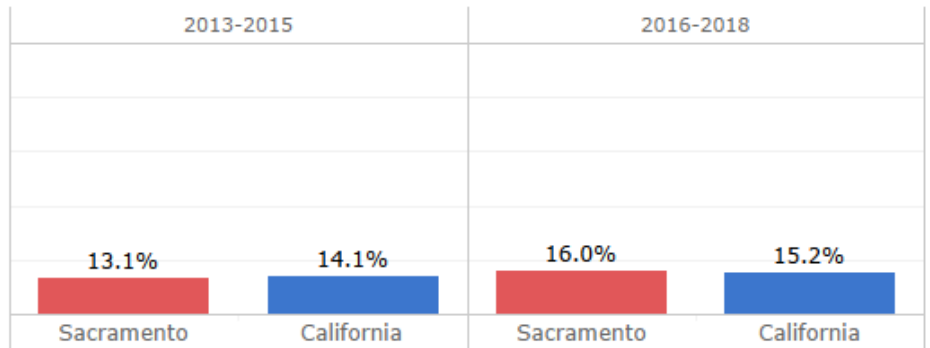


Disparity

The rate of prenatal depression for Black/African American mothers (21.8%) was 1.9 times greater than mothers who were Asian/Pacific Islander (11.3%).



% of mothers experiencing prenatal depression



Detail by Race/Ethnicity in Sacramento County

	2013-2015	2016-2018
Asian/PI	11.2%	11.3%
Black/African American	22.4%	21.8%
Hispanic/Latino	16.0%	21.5%
White	9.6%	12.9%
Total	13.1%	16.0%

Result 3 Mental Health (postnatal depression)

County Trend

In Sacramento County, the rate of postnatal depression increased from 11.5% of mothers in 2013-2015 to 16.5% in 2016-2018.



State Comparison

The 2016-2018 rate of postnatal depression in Sacramento County (16.5%) was 134% that of the statewide rate (12.3%).

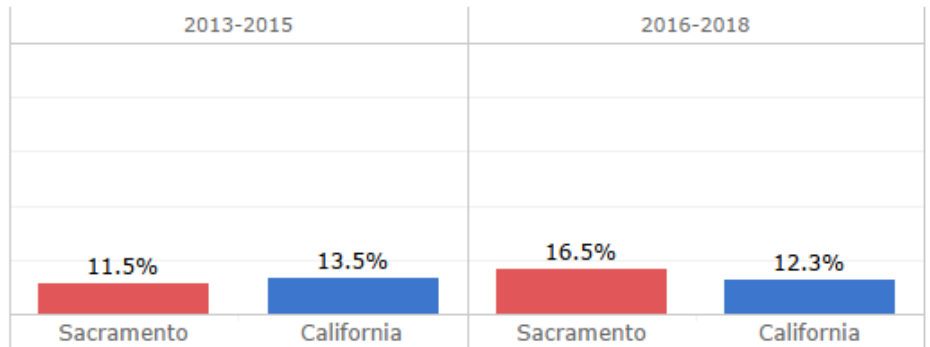


Disparity

The rate of postnatal depression for Hispanic/Latino mothers (24.5%) was 2.3 times greater than white mothers (10.6%).



% of mothers experiencing postnatal depression



Detail by Race/Ethnicity in Sacramento County

	2013-2015	2016-2018
Asian/PI	5.7%	15.8%
Black/African American	12.4%	17.8%
Hispanic/Latino	17.5%	24.5%
White	10.0%	10.6%
Total	11.5%	16.5%

Note: The trends reported here do not intend to suggest First 5 Sacramento's funded programs solely contribute to these countywide indicators. These indicators were selected based on First 5 Sacramento's goal areas and should be viewed as a starting point for program efforts in addition to other social determinants of health not measured here.

Result 3 ACEs (children with 2 or more)

% of children ages 0-17 with 2 or more Adverse Childhood Experiences (ACEs)

2016-2019

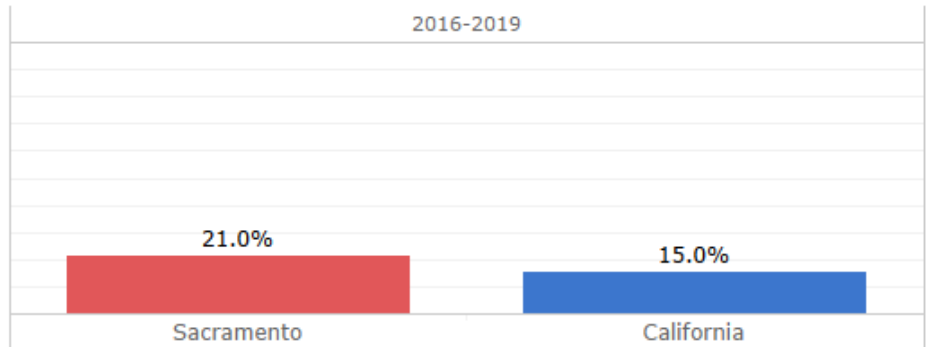
County Trend

Trend data are not available as data are only provided for 2016-2019 as an aggregate value.



State Comparison

In Sacramento County 21% of children ages 0-17 experienced two or more ACEs, compared with 15% statewide.



Disparity

Data not available by race/ethnicity.



Result 3 ACEs (adults with 4 or more)

% of adults in households with children who experienced 4 or more ACEs before age 18

2011-2017

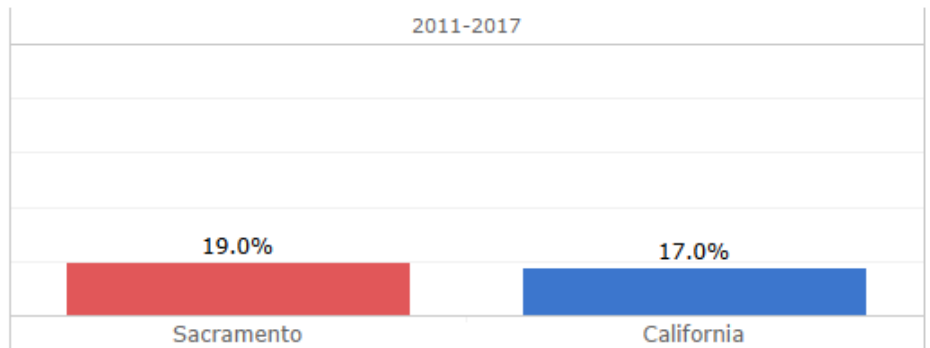
County Trend

Trend data are not available as data are only provided for 2011-2017 as an aggregate value.



State Comparison

In Sacramento County, 19% of adults in households with children reported experiencing four or more ACEs before the age of 18. This rate is higher than the statewide rate (17%).



Disparity

Data not available by race/ethnicity.



Note: The trends reported here do not intend to suggest First 5 Sacramento's funded programs solely contribute to these countywide indicators. These indicators were selected based on First 5 Sacramento's goal areas and should be viewed as a starting point for program efforts in addition to other social determinants of health not measured here.

Result 3 Mental Health Needs

County Trend The proportion of adults reporting needing help for emotional/mental health problems or use of alcohol/drugs increased 15% between 2017 (19.6%) and 2020 (22.6%).



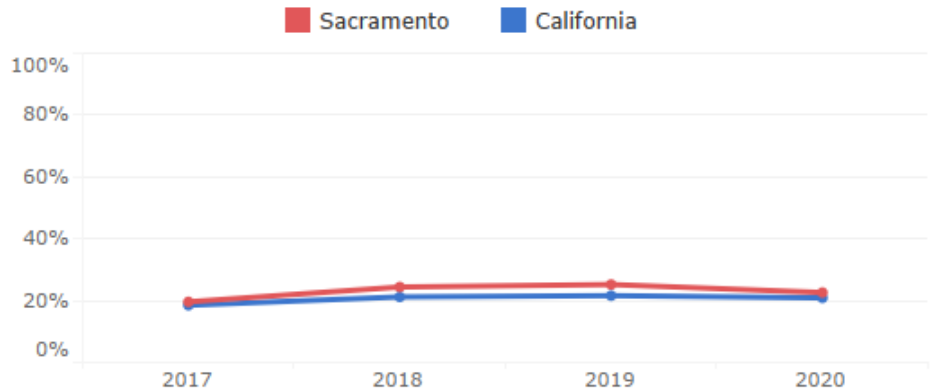
State Comparison A higher proportion of adults in Sacramento County (22.6%) reported needing help for emotional/mental health problems or the use of alcohol/drugs, compared with statewide (20.9%).



Disparity Disparity data not available due to suppressed values by race/ethnicity.



% of adults needing help for emotional/mental health or alcohol/drug use



Result 3 Maternal Health - Postpartum Visit

County Trend The proportion of women with a postpartum visit 21-56 days after delivery improved 29% between 2017 (56.7%) and 2021 (73.1%).



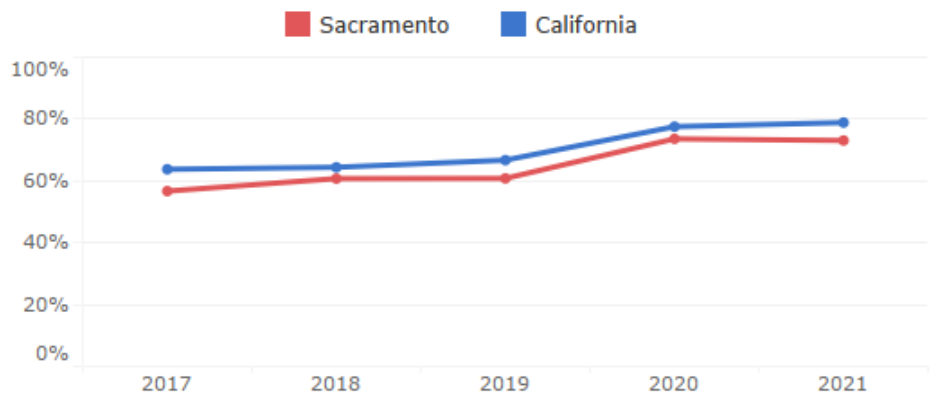
State Comparison The proportion of women with a postpartum visit 21-56 days after delivery in Sacramento County (73.1%) was 93% of the statewide rate (78.9%) in 2021.



Disparity Data not available by race/ethnicity.



% of women who had a postpartum visit 21-56 days after delivery (Medi-Cal)



Note: The trends reported here do not intend to suggest First 5 Sacramento's funded programs solely contribute to these countywide indicators. These indicators were selected based on First 5 Sacramento's goal areas and should be viewed as a starting point for program efforts in addition to other social determinants of health not measured here.

Result 3 Experiences of Racism

County Trend

Trend data are not available as this is a newly reported measure.



State Comparison

In 2016-2018, 7.7% of mothers in Sacramento County reported "often experiencing racism" over her lifetime. This proportion is lower than statewide rates (9.1%).

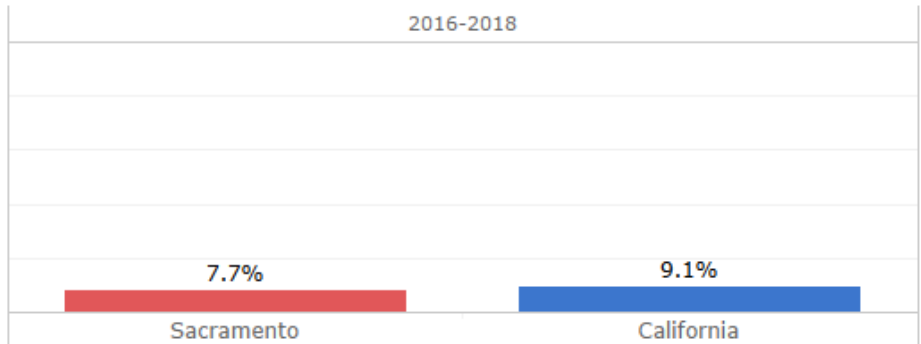


Disparity

The proportion of Black/African American mothers who "often experienced racism" over her life (28.8%), was 2.6 times greater than Hispanic/Latino mothers (11.0%). Data not available for other races.



% of mothers who "often experienced racism over her lifetime"



Detail by Race/Ethnicity in Sacramento County

2016-2018	
Asian	
Black/African American	28.8%
Hispanic/Latino	11.0%
White	
Total	7.7%

Note: The trends reported here do not intend to suggest First 5 Sacramento's funded programs solely contribute to these countywide indicators. These indicators were selected based on First 5 Sacramento's goal areas and should be viewed as a starting point for program efforts in addition to other social determinants of health not measured here.

Goal 2: All Children have Access to Quality Early Learning Experiences and are Ready for Kindergarten

Result 4 Capacity of Child Care System

County Trend The proportion of children 0-5 who could be accommodated by a licensed child care center or family child care home in Sacramento County decreased slightly from 29.9% in 2017 to 29.2% in 2019.



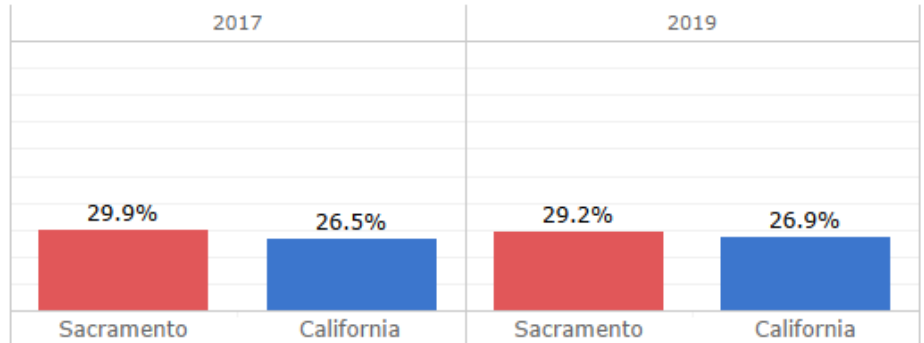
State Comparison In 2019, Sacramento County had the capacity to accommodate 29.2% of children (0-5) in a licensed child care center or family child care home, compared with 26.9% statewide.



Disparity Data not available by race/ethnicity.



% of children (0-5) who can be accommodated in a licensed child care facility



Result 4 Preschool Enrollment (3-4)

County Trend The proportion of children ages 3-4 enrolled in preschool in Sacramento County decreased one percentage point between 2017 (44.1%) and 2020 (43.1%).



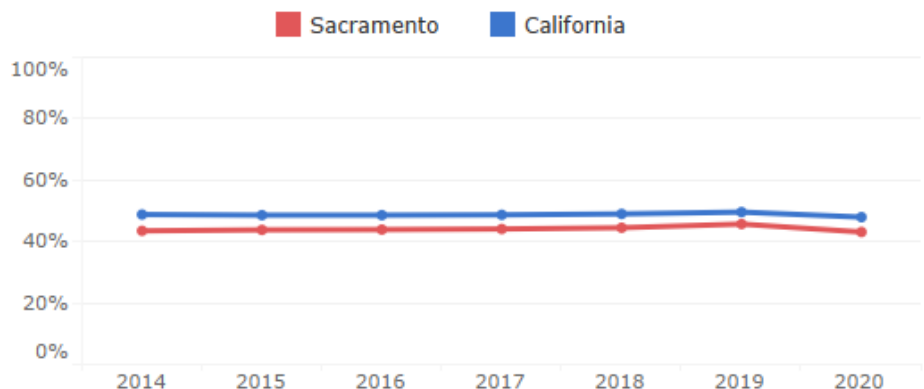
State Comparison In 2020, the proportion of Sacramento County children ages 3-4 enrolled in preschool (43.1%) was 90% of the statewide rate of enrollment (48.0%).



Disparity Data not available by race/ethnicity.



% of children (ages 3-4) enrolled in preschool



Note: The trends reported here do not intend to suggest First 5 Sacramento's funded programs solely contribute to these countywide indicators. These indicators were selected based on First 5 Sacramento's goal areas and should be viewed as a starting point for program efforts in addition to other social determinants of health not measured here.

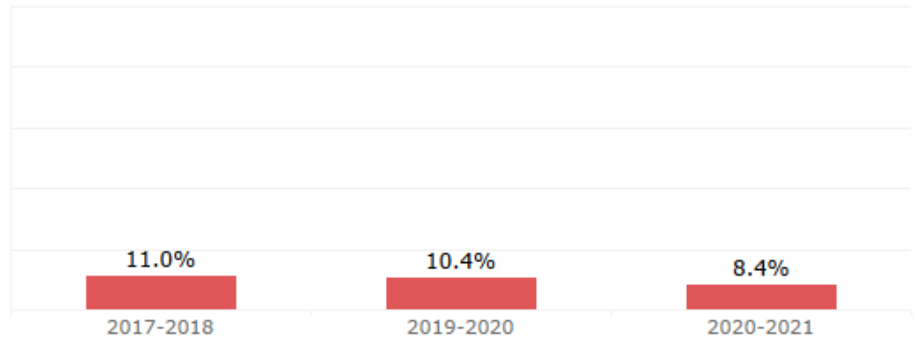
Goal 2: All Children have Access to Quality Early Learning Experiences and are Ready for Kindergarten

Result 5 Child Care Quality (children)

County Trend
Children attending a QCC-rated preschool in Sacramento County decreased 24% between 2017-18 (11%) and 2020-21 (8.4%) (likely due to COVID-19).



% of Sacramento County children attending a quality preschool (QCC)



State Comparison
Comparisons to state rates not available.



Disparity
Data not available by race/ethnicity.

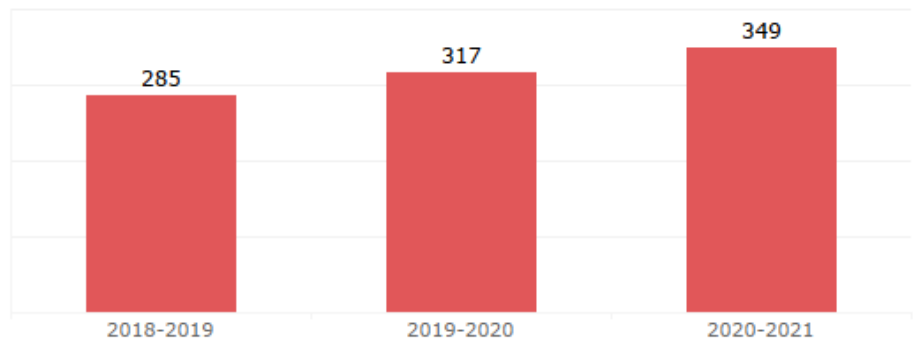


Result 5 Child Care Quality (providers)

County Trend
In FY 2020-21, 349 licensed child care sites countywide participated in Raising Quality Together (RQT), Sacramento County's Quality Counts California (QCC) program, compared with 285 in FY 2018-19.



of licensed child care providers who participate in Quality Counts California (QCC)



State Comparison
Comparisons to state rates not available.



Disparity
Data not available by race/ethnicity.



Note: The trends reported here do not intend to suggest First 5 Sacramento's funded programs solely contribute to these countywide indicators. These indicators were selected based on First 5 Sacramento's goal areas and should be viewed as a starting point for program efforts in addition to other social determinants of health not measured here.

Result 6 Developmental Screenings (Medi-Cal)

County Trend The proportion of children in Sacramento County receiving a developmental screening in the first three years of life decreased 13% between 2020 (42.6%) and 2021 (36.9%).



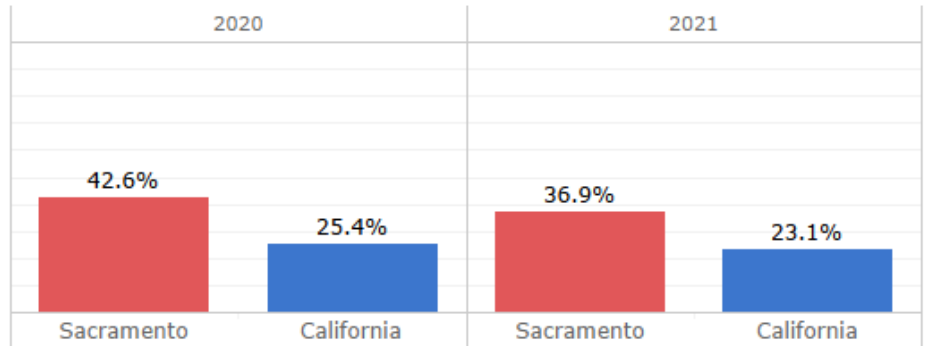
State Comparison In 2021, 60% more children in Sacramento County had a developmental screening in the first three years of life (36.9%) compared with statewide rates (23.1%).



Disparity Data not available by race/ethnicity.



% of children who received a developmental screening in first three years of life (Medi-Cal)



Result 6 Developmental Screenings (Help Me Grow)

County Trend In 2020-21, 31% of developmental screenings completed by Help Me Grow indicated the children were meeting all developmental milestones, compared with 29% meeting all milestones in FY 2018-19.



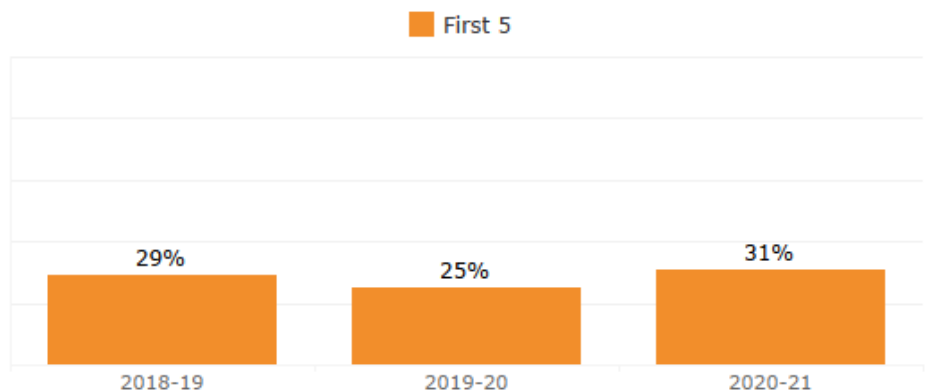
State Comparison Comparisons to state rates not available.



Disparity Data not available by race/ethnicity.



% of children screened by Help Me Grow who met developmental milestones



Note: The trends reported here do not intend to suggest First 5 Sacramento's funded programs solely contribute to these countywide indicators. These indicators were selected based on First 5 Sacramento's goal areas and should be viewed as a starting point for program efforts in addition to other social determinants of health not measured here.

Result 6 Special Education Enrollment (ages 4-5)

County Trend
The proportion of students enrolled in Sacramento County schools that were students with disabilities increased 30% from 2016-17 (5.6%) to 2020-21 (7.3%).



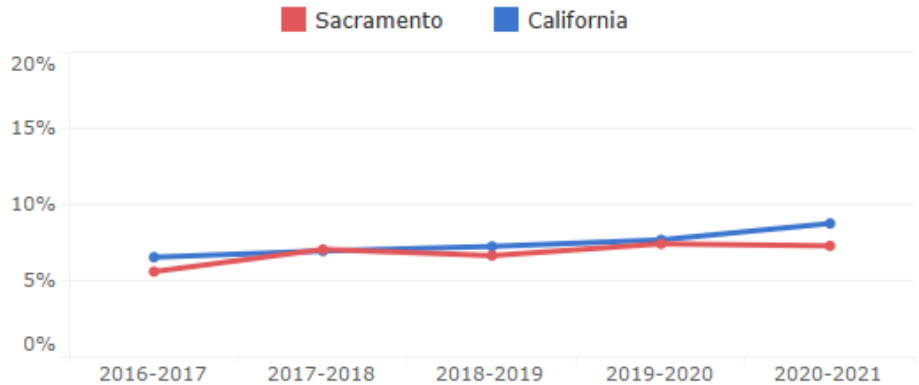
State Comparison
In 2020-21, 7.3% of students enrolled in Sacramento County schools were students with disabilities, compared with 8.8% statewide.



Disparity
Data not available by race/ethnicity.



% of children ages 4-5 enrolled in special education



Result 6 Early Literacy (First 5)

County Trend
Among children served by First 5 Sacramento, the proportion who were read to at least 5 days per week (at intake) decreased 16% between 2017-18 (53%) to 2020-21 (45%).



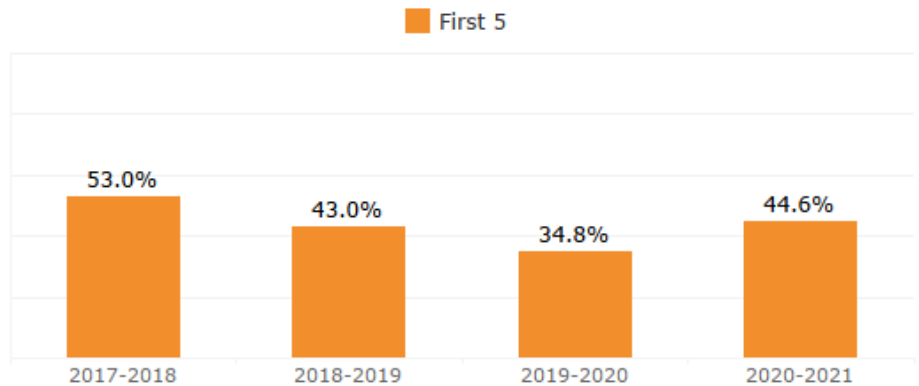
State Comparison
Comparisons to state rates not available.



Disparity
Data not available by race/ethnicity.



% of children who are read to at least 5 days/week (at First 5 intake)



Note: The trends reported here do not intend to suggest First 5 Sacramento's funded programs solely contribute to these countywide indicators. These indicators were selected based on First 5 Sacramento's goal areas and should be viewed as a starting point for program efforts in addition to other social determinants of health not measured here.

Goal 3: All Families have Access to Resources and Opportunities that Support their Children's Development and Safety

Result 7 Effective Parenting (CPS Allegations)

County Trend

Countywide rates of child abuse allegations decreased 15% from 2017 (64.9 per 1,000) to 2020 (55.1 per 1,000).



State Comparison

In 2020, the rate of child abuse allegations among children ages 0-5 (55.1 per 1,000 children) was 23% higher than statewide (44.8 per 1,000 children).

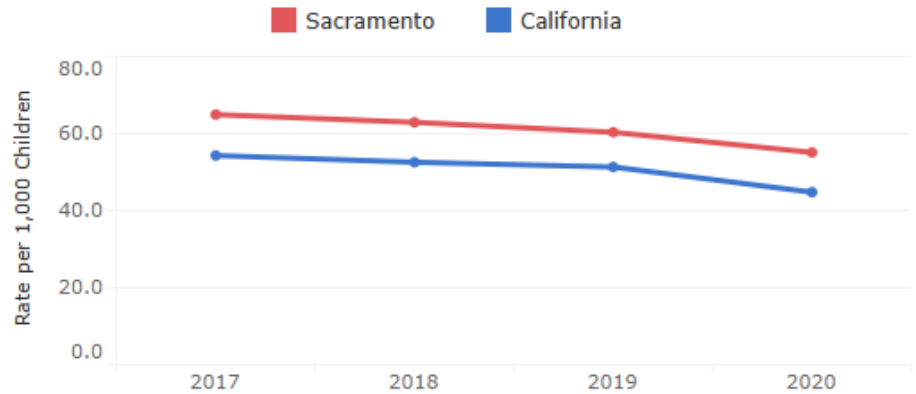


Disparity

The rate of child abuse allegations were 7.6 times greater for Black/African American children (174.3 per 1,000) compared with Asian/Pacific Islander children (22.9 per 1,000).



Rate (per 1,000) of child abuse allegations (age 0-5)



Detail by Race/Ethnicity in Sacramento County

	2017	2018	2019	2020
Asian/PI	20.0	20.9	22.7	22.9
Black/African American	180.0	181.0	181.2	174.3
Hispanic/Latino	47.0	48.5	54.6	51.5
Nat. American	112.3	82.1	114.3	83.3
White	44.6	44.9	45.9	41.3
Other/Unknown	146.4	159.2	178.8	162.9
Total	64.9	62.9	60.4	55.1

Result 7 Effective Parenting (CPS Substantiated)

County Trend

The countywide rate of substantiated maltreatment decreased 27% from 2017 (15.7 per 1,000) to 2020 (11.4 per 1,000).



State Comparison

In 2020, the rate of substantiated maltreatment among children ages 0-5 (11.4 per 1,000 children) was 14% higher statewide (10.0 per 1,000 children).

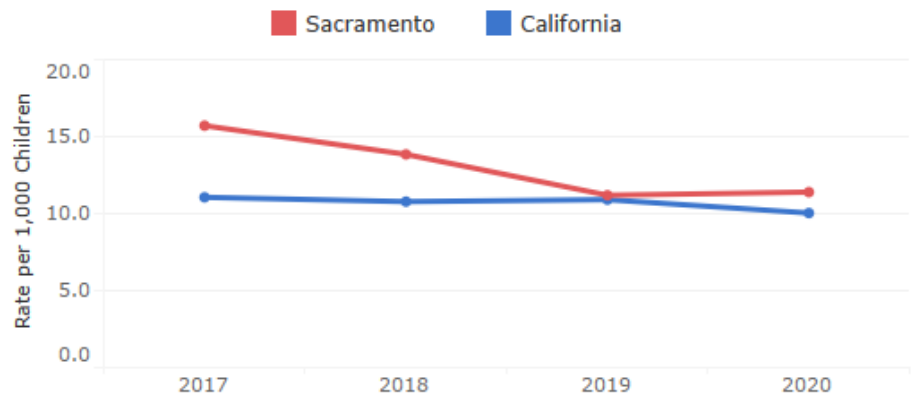


Disparity

The rate of substantiated child abuse allegations were 8.5 times greater for Black/African American children (37.3 per 1,000) compared with Asian/Pacific Islander children (4.4 per 1,000).



Rate (per 1,000) substantiated maltreatment (age 0-5)



Detail by Race/Ethnicity in Sacramento County

	2017	2018	2019	2020
Asian/PI	4.6	5.3	3.3	4.4
Black/African American	46.5	38.5	34.3	37.3
Hispanic/Latino	12.3	12.6	11.6	12.0
Nat. American	35.4	31.6	20.9	25.2
White	12.5	10.9	9.0	8.5
Other/Unknown	25.4	17.7	5.4	1.9
Total	15.7	13.8	11.2	11.4

Note: The trends reported here do not intend to suggest First 5 Sacramento's funded programs solely contribute to these countywide indicators. These indicators were selected based on First 5 Sacramento's goal areas and should be viewed as a starting point for program efforts in addition to other social determinants of health not measured here.

Result 7 Effective Parenting (CPS Recurrence)

County Trend

9.3% of children with a substantiated baseline in 2017 experienced substantiated recurrence within 12 months. This rate decreased 20% in 2019 (7.4% recurrence).



State Comparison

Substantiated recurrence among children ages 0-5 with a substantiated baseline in 2019 (7.4%) was 85% the statewide rate of 8.8% recurrence.

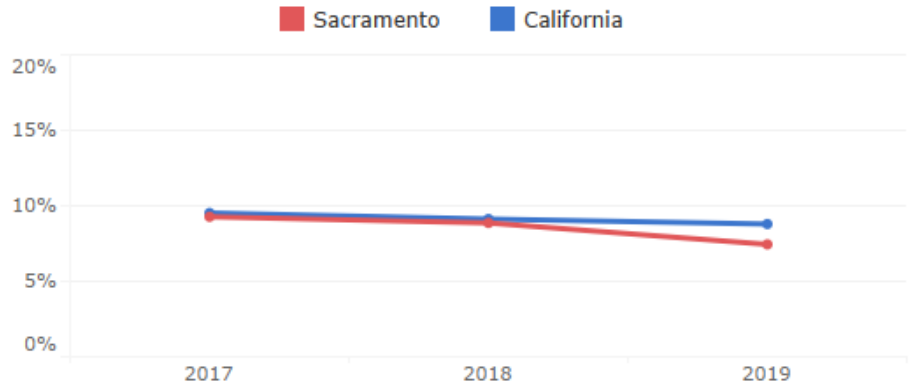


Disparity

Substantiated recurrence among Asian/Pacific Islanders (10.7%) was 1.5 times the rate of substantiated recurrence among Hispanic/Latino children (7.1%).



% with substantiated recurrence within 12 months



Detail by Race/Ethnicity in Sacramento County

	2017	2018	2019
Asian/PI	8.2%	5.7%	10.7%
Black/African American	10.9%	9.8%	7.6%
Hispanic/Latino	10.4%	9.1%	7.1%
Nat. American	8.2%	5.7%	10.7%
White	10.8%	9.5%	7.4%
Other/Unknown	3.0%	3.1%	3.5%
Total	9.3%	8.9%	7.4%

Note: Year indicates occurrence of baseline substantiated allegation. Value reflects percent with substantiated recurrence within 12 months.

Note: The trends reported here do not intend to suggest First 5 Sacramento's funded programs solely contribute to these countywide indicators. These indicators were selected based on First 5 Sacramento's goal areas and should be viewed as a starting point for program efforts in addition to other social determinants of health not measured here.

Result	Indicator	Source
Result 1	Infant Mortality	CA Dept. of Public Health (CDRT Data Request) CDC National Center for Health Statistics
	Low Birthweight	CA Dept. of Public Health CDC Wonder
	Preterm Births	CA Dept. of Public Health CDC Wonder
	Access to Prenatal Care	CDC Wonder: Natality 2016-2019 Expanded Results
	Maternal Health - Morbidity	CDC Wonder
Result 2	Exclusive Breastfeeding (in-hospital)	CA Dept. of Public Health In-Hospital Breastfeeding Initiation Data
	Exclusive Breastfeeding (3 months)	CA Maternal Infant Health Assessment (MIHA)
Result 3	Oral Health (Dental Visit)	CHHS - Dental Utilization Measures and Sealant Data by County and Age
	Oral Health (Untreated Decay)	CDA - Kindergarten Oral Health Assessment Results
	Oral Health (KOHA)	CDA - Kindergarten Oral Health Assessment
	Children Covered by Health Insurance	US Census - American Community Survey
	Well-Child Visits (6+ visits, 0-15 months)	Medi-Cal Managed Care Quality Improvement Reports
	Well-Child Visits (2+ visits, 15-30 months)	Medi-Cal Managed Care Quality Improvement Reports
	Well-Care Visits (Child & Adolescent Total)	Medi-Cal Managed Care Quality Improvement Reports
	Immunization Rate (Kindergarteners)	CA Dept. of Public Health via BeHealthySacramento
	Mental Health (prenatal depression)	CA Maternal Infant Health Assessment (MIHA)
	Mental Health (postnatal depression)	CA Maternal Infant Health Assessment (MIHA)
	ACEs (children with 2 or more)	Let's Get Healthy California
	ACEs (adults with 4 or more)	Let's Get Healthy California
	Mental Health Needs	California Health Interview Survey (CHIS)
	Maternal Health - Postpartum Visit	Medi-Cal Managed Care Quality Improvement Reports
	Experiences of Racism	CA Maternal Infant Health Assessment (MIHA)
Result 4	Capacity of Child Care System	CA Child Care Resource & Referral Network Child Care Portfolio
	Preschool Enrollment (3-4)	US Census - American Community Survey
Result 5	Child Care Quality (children)	Sacramento County Office of Education (SCOE)
	Child Care Quality (providers)	Sacramento County Office of Education (SCOE)
Result 6	Developmental Screenings (Medi-Cal)	Medi-Cal Managed Care Quality Improvement Reports
	Developmental Screenings (Help Me Grow)	First 5 Help Me Grow ASQ Screening Results
	Special Education Enrollment (ages 4-5)	California Dept. of Education DataQuest
	Early Literacy (First 5)	First 5 Family Information Form
Result 7	Effective Parenting (CPS Allegations)	UC Berkeley CCWIP; Sacramento County CPS Data Request
	Effective Parenting (CPS Substantiated)	UC Berkeley CCWIP; Sacramento County CPS Data Request
	Effective Parenting (CPS Recurrence)	UC Berkeley CCWIP; Sacramento County CPS Data Request

Racial Equity Snapshot 2022

#9 Att3

A Cross-Sector Data Review of Select Initiatives in Sacramento County

The purpose of this document is to synthesize key findings, identify promising practices, and lessons learned from community organizations and support a cross-systems approach to addressing disparities in Sacramento County. This snapshot, funded by First 5 Sacramento, focuses on select initiatives impacting younger children and their families.

Shared Vision



Actionable
Insights



Targeted
Resources



Systems
Change

Sacramento County stakeholders and community members are working to address the preventable health inequities and disparities caused by racial bias and discrimination.



The initiatives selected for this snapshot aim to reduce racial disparities by:

- Embedding **Diversity, Equity, Inclusion and Anti-Racism** into program design and delivery
- Focusing on **culturally conscious and responsive** support
- Using available **data** to inform program focus and guide improvements
- Including, empowering, and **mobilizing community** members to advocate for change

Baseline Disparities Across Systems

The following disparities reflect some of the pervasive systemic barriers that Black/African American families experience.

Compared to children in other ethnic groups at respective project baselines, Black African American children had:

- ▶ **9.3** times higher **substantiated allegation** rates (ages 0-5) (2012)
- ▶ **5.3** times higher rates of CPS removals from home due to maltreatment (2019)
- ▶ **8.4** times higher **critical injury** rates (2009-2018)
- ▶ **5.7** times higher **child abuse related death** rates (2009-2018)
- ▶ **2.8** times higher **infant mortality** rates (2012-2014)

These disparities (among others) were the drivers for cross-systems racial equity work.

Comparison groups vary based on available data. Please see full report for details.

County Initiatives (0-5)*

The following initiatives aim to reduce barrier so services and supports for Black/African American families:

First 5 Sacramento Reduction of African American Child Deaths (RAACD)

- ▶ Pregnancy Peer Advocates
- ▶ Safe Sleep Baby
- ▶ Birth & Beyond Family Resource Centers
- ▶ Public Education Campaign

Child Abuse Prevention Center (CAPC)

- ▶ Birth & Beyond Home Visiting Program
- ▶ Child Safety Forward

Sacramento County Department of Public Health

- ▶ Black Infant Health
- ▶ African American Perinatal Home Visiting
- ▶ Nurse Family Partnership

Department of Child, Family, and Adult Services

- ▶ Child Protective Services Cultural Broker Program

* Select initiatives, does not represent all county efforts.

"Because of the Black Infant Health Program, I'm a better me, which makes me a better mother, daughter, and friend." - Kentisha, Black Infant Health participant

Countywide (% change)

Initiative Highlight

Birth Outcomes

Sacramento County still faces persistent gaps in birth outcomes.

Since 2012-2014, healthy birth outcomes for Black/African Americans have **slightly decreased** (-1%) countywide. Furthermore, the disparity gap between Black/African Americans and all others **increased** for each measure below.



Healthy Birthweight Disparity Gap 29%



Full Term Birth Disparity Gap 27%



Any Breastfeeding Disparity Gap 5%
(2016 to 2019)

Participants in the African American Perinatal Home Visiting and Nurse Family Partnership programs were **more likely to have a healthy birth** than the most recent countywide estimates. About **9 out of 10** Black/African American program participants initiated **breastfeeding** in FY 2021-22.

Infant Mortality

Rates of infant mortality for African Americans have decreased.

Rates of infant mortality among Black/African Americans have **decreased** overall and for leading causes of death. By 2017-2019, the disparity gap between Black/African Americans and all others in Sacramento County decreased 32%.



Sleep Related Disparity Gap 65%



Perinatal Causes Disparity Gap 10%



Child Abuse & Neglect Disparity Gap 79%

RAACD Pregnancy Peer Support Program participants served in 2016-2018 had **lower infant mortality rates (3.5) than countywide (9.0).**

Child Welfare

CPS involvement is decreasing for African American children.

Substantiated allegations among Black/African American children ages 0-5 **decreased** between 2012 and 2020.



Substantiated Allegations 17%



Disparity Gap 18%

Between 2019 and 2021, CPS removal rates **decreased** for Black/African Americans ages 0-5.



Removals from Home 27%



Disparity Gap 28%

Race/ethnicity was not a significant predictor of substantiated recurrence among children who received at least eight hours of Birth & Beyond home visiting demonstrating that **receiving the minimum amount of home visiting dosage may decrease racial disparities in CPS recurrence.**

How to Improve Racial Equity Across Systems

The following includes promising practices and lessons learned from the Sacramento County initiatives profiled above. Our hope is that these insights can provide a roadmap for other initiatives seeking to improve racial equity.

1. Maintain an ongoing commitment to culturally responsive programming rather than “one-size-fits-all” approaches
2. Conduct authentic and intentional efforts to include community voice in planning/development and decision making
3. Ensure accessibility of program information and reporting to wide range of stakeholders and community members
4. Share organization-level outcomes with policymakers and advocates to “scale up” successful initiatives
5. Monitor population and organization-level data by race/ethnicity to identify disparities and guide current/future needs
6. Form multi-sector collaboratives with experts from different systems to create long-lasting systems change
7. Utilize knowledge and experience gleaned from other initiatives (e.g., lessons learned, challenges, promising practices)

REFUGEE FAMILY SUPPORT PROGRAM

Advisory Committee Meeting

August 12, 2022

MEET THE CONTRACTORS

- Refugee Enrichment & Development Agency (REDA)
- Muslim American Society- Social Services Foundation (MAS-SSF)
- Mutual Assistance Network
- Nor-Cal Resist
- Public Health Institute



BACKGROUND

- \$3 Million in Funding from First 5 CA for 8 Counties
- First 5 Sacramento Received \$570,000
- Program Timeframe is October 1, 2022 through Sept 30, 2023
- **F5 CA Funding Priorities:**
 - System Navigation: Access to translation, healthcare, mental health, basic needs, transportation, etc.
 - Short-term Emergency Childcare : Time-limited vouchers to assist with emergency childcare costs.
 - Emergency Housing: Vouchers to be distributed by housing entities, resettlement agencies or other refugee support agencies.



OVERVIEW- 5 KEY SERVICES

- Family Support Navigators to connect families to services
 - Application assistance, interpretation, referrals, warm hand-offs
- Mental Health screening and referrals
- Basic Needs
 - diapers, books, car seats, cribs
- Emergency Hotel Vouchers
- Educational Workshops
 - Assimilating to US cultural norms
 - Parenting education & support



FAMILY SUPPORT NAVIGATORS

- Navigators will complete a Family Needs Assessment and connect parents and children to critical services:
 - Home Visiting
 - Developmental & ACEs Screenings
 - Parenting Classes
 - Health, Dental & Mental Health Services
 - Childhood Injury Prevention
 - Emergency, Transitional and Permanent Housing
 - Employment Services
 - Childcare & Early Learning Programs
 - Legal Services



DESIRED OUTCOMES

- Navigators will work with families to complete a Needs Assessment form to determine appropriate referrals and follow up with families to confirm that they connected to and accessed the referrals provided.
- Navigators will conduct a follow up assessment with families served, with the goal to determine how families benefited from the referral and subsequent service.
- Navigators will ask parents to participate in a self-assessment of their parental stress levels, parenting efficacy, whether the services met their needs, any new needs identified and rate their overall family functioning level.
- 450 unduplicated families will be served; 225 parents will receive a mental health assessment; 170 parents will participate in educational workshops.

NEXT STEPS

- Finalize Scope of Work & Deliverables
- Create Evaluation Plan, Assessment Tools/Surveys, RBAs
- Staff Recruitment & Onboarding
- Execute Contracts

Services Launch Oct 1, 2022!





ADVISORY COMMITTEE

Members:

Silvia Rodriguez (Chair), Robin Blanks, Emily Bowen, Carolyn Curtis, Jose Goris (Vice Chair), Rebecca Gross, Heidi Keiser, Edward Lewis, Megan Masten, Pooja Mittal, Tanya Morgan, Alexandria Paige, Tony Smith, Ricki Townsend, Walter Wyniarczuk

MEETING AGENDA

August 12, 2022

2:00-3:30PM

**THIS MEETING IS HELD
VIA TELECONFERENCE
WEBINAR DUE TO
COVID RESTRICTIONS**

Join Zoom Meeting:

<https://saccounty-net.zoomgov.com/j/1618137893?pwd=S2UzVkhuQ0R0SDVUakR6NUZneGVROT09>

Meeting ID: 161 813 7893

Passcode: 569066

Call-in: 1 669 254 5252

- | | |
|--|------------|
| 1. Call to Order/Roll Call | 2 minutes |
| 2. Welcome & Introductions | 5 minutes |
| 3. Public Comments on Off-Agenda Items | 2 minutes |
| 4. Approve Minutes from June 10, 2022 | 2 minutes |
| 5. Commissioner Meet & Greet
<i>David Gordon, Sacramento County
Superintendent of Schools</i> | 15 minutes |
| 6. Executive Director Update | 10 minutes |
| 7. 2024 First 5 Strategic Planning <ul style="list-style-type: none">• Overview & Timeline• Data Review: Countywide Trends/Disparities• Community Voice Survey Outreach | 30 minutes |
| 8. Refugee Family Support Grant | 10 minutes |
| 9. Member Announcements/Comments | 2 minutes |