

FIRST 5 SACRAMENTO COMMISSION

2750 Gateway Oaks Dr., Suite 330
Sacramento, CA 95833

Computer Link:

<https://saccounty-net.zoomgov.com/j/1604409198?pwd=SGQweVo4UjhidFZlcUFCEVNZTmdFUT09>

Meeting ID: 160 440 9198

Passcode: 084155

Call-in: 1-669-254-5252

EVALUATION COMMITTEE

AGENDA

Monday, July 18, 2022 – 1:00 PM to 3:00 PM



Members: Steve Wirtz (Chair), David Gordon (Vice Chair), Olivia Kasirye

Advisory Committee Member(s): Emily Bowen, Robin Blanks, Tony Smith (Alt.)

Staff: Julie Gallelo, Carmen Garcia-Gomez

Consultant: Applied Survey Research



1. Call to order and Roll Call
2. Public Comments on Off-Agenda Items
3. Approve Draft Action Summary of April 18, 2022
4. Staff Update
5. General Evaluation Update - Applied Survey Research
6. Receive: Persimmony User Satisfaction Survey
7. Receive: Cross Systems Racial Equity Snapshot
8. Committee Member Comments
 - a. Miscellaneous
 - b. Future Agenda Items/Presentations

FIRST 5 SACRAMENTO COMMISSION

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EVALUATION COMMITTEE

DRAFT ACTION SUMMARY

Monday, April 18, 2022 – 1:00 PM - 3:00 PM



Members: Steve Wirtz (Chair), David Gordon (Vice Chair), Olivia Kasirye

Advisory Committee Member(s): Emily Bowen, Robin Blanks

Alternate Member: Tony Smith

Staff: Julie Gallelo, Carmen Garcia-Gomez

Absent: David Gordon, Tony Smith

Consultant: Applied Survey Research



This meeting took place via Zoom due to Covid-19 restrictions and to adhere to the County's policy on social distancing.

1. Call to order and Roll Call

Action: Meeting was called to order at 1:07 PM. A quorum was established.

2. Public Comments on Off-Agenda Items

Action: None.

3. Approve Draft Action Summary of March 21, 2022

Action: Approved Blanks/Wirtz.

4. Staff Update

Action: None.

1) Persimmony and Applied Survey Research Contracts: The Commission will receive funds through the American Rescue Plan Act (ARPA) to implement the Building Strong Families Together. In order to evaluate this program, both contracts will be augmented.

2) Tableau Dashboards: ASR staff updated the Tableau Dashboards to reflect the last evaluation report. The Dashboards can be found on the Commission's website.

3) Disparities Dashboard: First 5, the Department of Child, Family and Adult Services, Public Health Department, Sierra Health Foundation and ASR held an initial planning meeting to discuss an approach for creating the dashboard.

J. Gallelo provided additional information on the process for accepting ARPA funds as well as information on the Building Strong Families services to the contracted out.

5. General Evaluation Update – Applied Survey Research
Action: None.

ASR provided an update on the evaluation activities that took place during the month of April.

6. Review and Discuss: Systems Optimization & Sustainability Evaluation Plan
Action: Reviewed and Discussed. Committee members provided input and discussed in detail. ASR staff will present it to the Systems Optimization & Sustainability Committee and seek their input.

7. Committee Member Comments
- a. Miscellaneous
 - b. Future Agenda Items/Presentations
 - a. Disparities Dashboard
 - b. Mental Health Initiative – How to build measurements

Adjourned: 2:33 p.m.

Respectfully submitted,

Carmen Garcia-Gomez, Evaluation Manager
First 5 Sacramento Commission

Summary of Evaluation Activities for First 5 Sacramento

May, June, July 2022

Strategy	Task
Racial Equity Snapshot	– Presenting to Commission in August
Birth & Beyond	– Presenting to Commission in August
Community Trends Report	– Presenting to Commission in August
Persimmony	– Continuing work: <ul style="list-style-type: none"> ○ User survey preview ○ Updating and streamlining assessments ○ Post-FIFs

Timeline

	Aug	Sept	Oct	Nov	Dec
B&B report	PREZ				
Community Trends	PREZ				
Racial Equity Snapshot	PREZ				
RAACD	Data	Write	Eval Comm Review	PREZ	
Core Eval		Data	Write		Eval Comm Review



Persimmony User Survey

1. In your current role, how often do you typically access Persimmony?
 - a. At least once a day
 - b. A few times a week
 - c. Less than once a week, but at least once or twice a month
 - d. Less than once a month
2. Which of the following tools do you use in Persimmony (select all that apply)?
 - a. Creating and/or updating client records
 - b. Running client level reports
 - c. Performance measure reports
 - d. Case management
 - e. Entering Service and Assessment Data
 - f. Other _____

Please indicate your level of agreement with each of the following:	Strongly Disagree	Disagree	Agree	Strongly Agree
3. The database is user friendly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I find the database easy to navigate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Overall, I am satisfied with the Persimmony database system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The Persimmony training(s) provided by First 5 are informative and thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The Persimmony training(s) provided by First 5 are relevant to my use of the database.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. What do you find most useful about the Persimmony database?

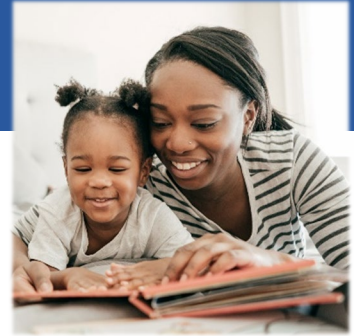
9. What do you find challenging or the least useful about the Persimmony database?

10. Do you have any specific needs or access to reports that are not currently available in Persimmony?

11. Are there any barriers that prevent you from attending the monthly Evaluation Open Meetings to discuss any questions/needs related to Persimmony? (Select all that apply)
 - a. Schedule conflicts
 - b. Too busy to attend
 - c. I don't have any new questions/concerns
 - d. I do not think my questions/concerns will be answered
 - e. Other _____
12. Are there any other comments/information you would like us to know about your Persimmony experience?

RACIAL EQUITY SNAPSHOT 2022

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 working to increase racial equity to support a cross-systems approach to addressing disparities in Sacramento County. This inaugural snapshot, funded by First 5 Sacramento, focuses on select initiatives impacting younger children and their families.

Shared Vision



Actionable Insights



Targeted Resources



Systems Change

IDENTIFIED DISPARITIES



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

At respective project baselines, Black/African Americans had:

- ▶ **9.3** times higher **substantiated allegation** rates (ages 0-5) (2012)
- ▶ **8.4** times higher **critical injury** rates (2009-2018)
- ▶ **5.7** times higher **child abuse related death** rates (2009-2018)
- ▶ **5.3** times higher **removal** rates (2019)
- ▶ **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 barriers to services and supports for Black/African American families:

- ▶ **First 5 Sacramento Reduction of African American Child Deaths (RAACD)**
 - Pregnancy Peer Advocates
 - Family Resource Centers
 - Safe Sleep Baby
 - Public Education Campaign
- ▶ **Child Abuse Prevention Center (CAPC)**
 - Birth & Beyond
 - Child Safety Forward
- ▶ **Sacramento County Department of Public Health**
 - African American Perinatal Home Visiting
 - Black Infant Health
 - Nurse Family Partnership
- ▶ **Department of Child, Family, and Adult Services & Black Child Legacy Campaign**
 - Child Protective Services Cultural Broker Program

* Select initiatives, does not represent all county efforts

SACRAMENTO COUNTY STAKEHOLDERS AND COMMUNITY MEMBERS ARE WORKING TO ADDRESS THE PREVENTABLE HEALTH INEQUITIES AND DISPARITIES CAUSED BY RACIAL BIAS AND DISCRIMINATION

THE SELECTED INITIATIVES 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



Community Impact

“Because of [this program], I’m a better me,
which makes me a better mother, daughter, and friend.”
– Kentisha, Black Infant Health participant

The selected initiatives have contributed to countywide trends in the following key areas:

	Countywide	Program Highlight								
Infant Mortality	<p>Rates of infant mortality among Black/African Americans have decreased overall and for all focus areas.</p> <p>By 2017-2019, the disparity between Black/African Americans and all others in Sacramento County decreased 32%.</p> <p>Countywide Infant Mortality Disparity Decreases, by Cause</p> <table><tr><td>Sleep Related</td><td>Perinatal Causes</td><td>Child Abuse/Neglect</td></tr><tr><td>↓ 65%</td><td>↓ 10%</td><td>↓ 79%</td></tr></table>	Sleep Related	Perinatal Causes	Child Abuse/Neglect	↓ 65%	↓ 10%	↓ 79%	<p>RAACD Pregnancy Peer Support Program participants served in 2016-2018 had lower infant mortality rates (3.5) than countywide (9.0).</p> 		
Sleep Related	Perinatal Causes	Child Abuse/Neglect								
↓ 65%	↓ 10%	↓ 79%								
Child Welfare	<p>Substantiated allegations among Black/African American children ages 0-5 decreased between 2012 and 2020.</p> <table><tr><td>AA Substantiations</td><td>Substantiations Disparity</td></tr><tr><td>↓ 17%</td><td>↓ 18%</td></tr></table> <p>Between 2019 and 2021, CPS removal rates decreased for Black/African Americans ages 0-5.</p> <table><tr><td>AA Removal Rates</td><td>Removal Disparity</td></tr><tr><td>↓ 27%</td><td>↓ 28%</td></tr></table>	AA Substantiations	Substantiations Disparity	↓ 17%	↓ 18%	AA Removal Rates	Removal Disparity	↓ 27%	↓ 28%	<p>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 longer participation in home visiting may decrease racial disparities in CPS recurrence.</p> 
AA Substantiations	Substantiations Disparity									
↓ 17%	↓ 18%									
AA Removal Rates	Removal Disparity									
↓ 27%	↓ 28%									
Birth Outcomes	<p>Since 2012-2014, healthy birth outcomes for Black/African Americans have slightly decreased (-1%) countywide.</p> <p>The disparity between Black/African Americans and all others increased for each measure.</p> <p>Countywide Birth Outcomes Disparity Increases</p> <table><tr><td>Healthy Birthweight</td><td>Full Term Birth</td><td>Any Breastfeeding</td></tr><tr><td>↑ 29%</td><td>↑ 27%</td><td>↑ 5% (2016 to 2019)</td></tr></table>	Healthy Birthweight	Full Term Birth	Any Breastfeeding	↑ 29%	↑ 27%	↑ 5% (2016 to 2019)	<p>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.</p> <p>About 9 out of 10 Black/African American program participants initiated breastfeeding in FY 2021-22.</p> 		
Healthy Birthweight	Full Term Birth	Any Breastfeeding								
↑ 29%	↑ 27%	↑ 5% (2016 to 2019)								

ROADMAP TO RACIAL EQUITY

Actionable Insights

1. Maintain an ongoing commitment to **culturally responsive programming** rather than “one-size-fits-all” approaches
2. 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)



CROSS-SYSTEMS RACIAL EQUITY SNAPSHOT 2022

A CROSS-SECTOR DATA REVIEW OF SELECT CHILD AND FAMILY
INITIATIVES THROUGH A RACIAL EQUITY LENS

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Introduction

PURPOSE OF THE RACIAL EQUITY SNAPSHOT

Racial Equity is “a reality in which a person is no more or less likely to experience society’s benefits or burdens just because of the color of their skin, holding society to a higher standard, and demanding that we pay attention not just to individual-level discrimination, but to overall social outcomes.”

- Racial Equity Glossary [Excerpt from] The Aspen Institute — Roundtable on Community Change

Racial inequality is often viewed as the result of systemic or institutional racism, defined as “policies and practices that exist throughout a whole society or organization, and that result in and support a continued unfair advantage to some people and unfair or harmful treatment of others based on race” (Cambridge Dictionary). In order to change these systems, it is imperative to review data on where disproportionate outcomes are occurring and identify which **promising practices** appear to be dismantling barriers. And yet, in working with various Sacramento County stakeholders for over 10 years, Applied Survey Research (ASR) recognized that key data on disparities was often not shared widely across sectors/systems. Therefore, the purpose of this document is to **synthesize key findings** from several community organizations working to increase racial equity to support a cross-systems approach to addressing disparities.

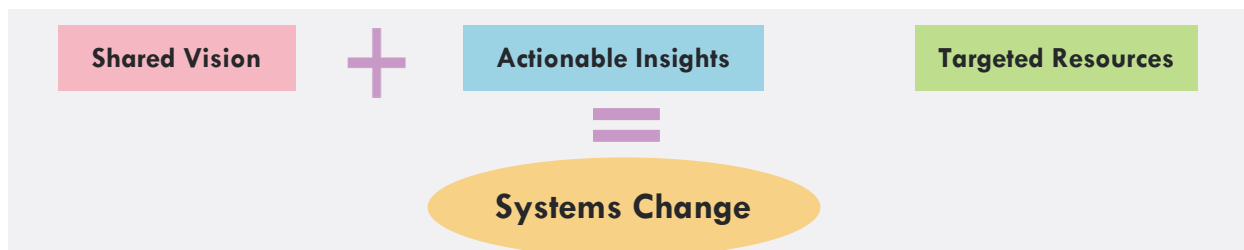
This inaugural Snapshot, funded by First 5 Sacramento, focuses on younger children and their families. Future snapshots will focus on older children and other sectors in the county.

By creating the Racial Equity Snapshot, ASR and First 5 Sacramento hope to:

- Align with the Sacramento County Board of Supervisors’ goal of dismantling racism and their resolution that racism is a public health crisis.
- Provide a template to highlight promising practices, common obstacles, and strategies to evaluate their progress towards racial equity.
- Empower and build the capacity of Sacramento County child and family initiatives.

INCREASING EQUITY THROUGH SYSTEMS CHANGE

Systems change requires collaboration across agencies and organizations to develop a shared vision, identify actionable insights, and invest targeted resources to address community needs. This report gathers initiatives with a shared vision of reducing racial disparities and provides actionable insights so that programs can target resources more effectively to evoke systems change.



CONSTELLATION OF KEY INITIATIVES BY AGENCY

Sacramento County systems are comprised of a dynamic, wide array of community, family, and child-serving agencies/organizations. All of these have a role to play in helping to improve racial equity. The constellation depicted below is not inclusive of *all* child and family agencies or initiatives in the County that are prioritizing racial equity. This snapshot will highlight a sample of the racial equity work being conducted by some of these initiatives (bolded in the constellation below).



Reduction of African American Child Deaths (RAACD)

First 5 Sacramento

Identified Inequity:

In 2011, the Sacramento County Child Death Review Team released a 20-year report revealing that African American children were dying at twice the rate of any other ethnic group in the county.

Infant Death Rates before RAACD Were Substantially Higher for African American Children Compared to All Other Races

In 2012-2014, the African American infant death rate was **substantially higher** for the top causes of death compared to all other races.

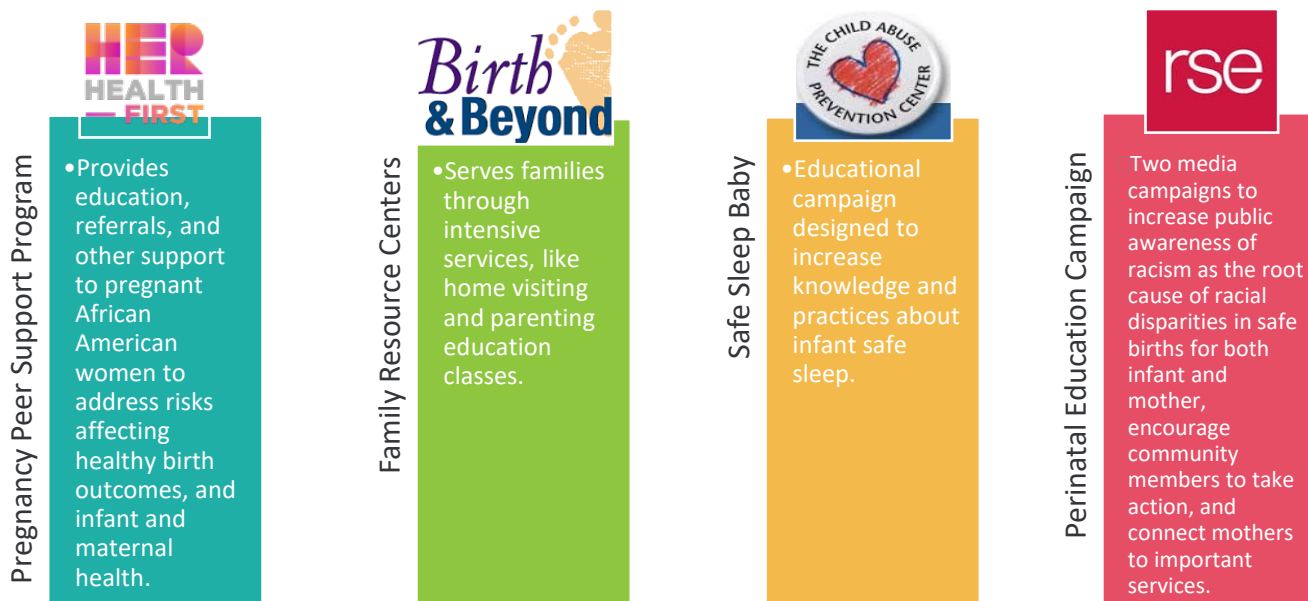


Efforts Taken:

In response to the stunning racial disparities in infant mortality, a 2015 Blue Ribbon commission of the Sacramento County Board of Supervisors sparked the launch of the Reducing African American Child Death campaign to:

1. Reduce the African American child death rate by **10-20%**
2. Decrease the African American infant death rate due to infant perinatal conditions by at least **23%**
3. Decrease the African American infant death rate due to infant safe sleep issues by at least **33%**
4. Decrease the African American child death rate due to abuse and neglect by at least **25%**

RAACD includes a four-pronged strategy, including the Pregnancy Peer Support Program, Family Resource Centers, Safe Sleep Baby, and the Perinatal Education Campaign.



Program

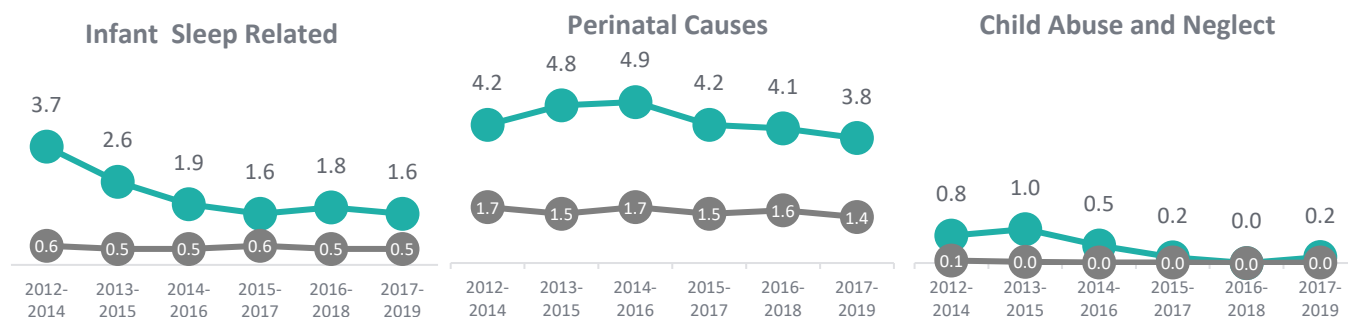
Impact:

- In FY 2020-21, 76% of infants born to mothers in the **Pregnancy Peer Support Program** had a healthy birth (healthy birthweight and full term). There were zero stillbirths or infant deaths prior to the mother exiting the program for the second consecutive year.
- Parents/caregivers in **Birth & Beyond's** home visiting and parenting education programs decreased their risk for child maltreatment, measured by the Adult Adolescent Parenting Inventory.
- Over 200 African American parents received **Safe Sleep Baby** training. At follow-up, nearly 90% reported never having blankets around their sleeping baby (88%), and 85% reported always sleeping their baby on their back.
- The **Unequal Birth** public education campaign garnered 1.6 million social media impressions, almost 15,000 visitors to their website, and over 24,000 clicks on social media posts (Instagram and Facebook).

Pregnancy Peer Support Program participants' infant mortality rates (3.5 per 1,000) were **lower** than countywide rates (9.0 per 1,000)

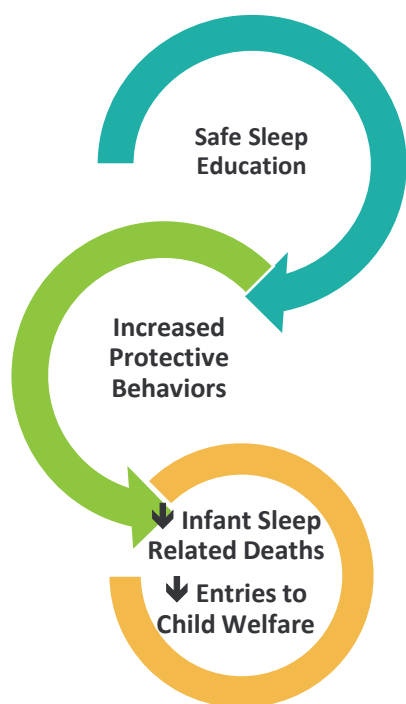
Rate of African American and All Other infant deaths per 1,000 births

Rates for all three causes of death have declined since RAACD began, with the rate of African American infant sleep-related deaths decreasing 57%.



What's Next:

In February 2021, the First 5 Sacramento Commission unanimously passed its **Resolution on Racial Equity and Social Justice**. This resolution includes reviewing and revising all policies, procedures, practices, protocols, and publications to ensure that racial equity is a core value of First 5 Sacramento. Additionally, First 5 Sacramento will offer ongoing professional development on implicit bias and an anti-racist framework regarding racial, economic, and social justice.



In partnership with the Child Abuse Prevention Center (CAPC), the Department of Child and Family Services (DCFAS), and the Black Child Legacy Campaign (BCLC), First 5 Sacramento launched **Safe Sleep Baby 2.0**. This innovative, integrated, culturally-responsive child abuse prevention model identifies, through referrals to child welfare, families most at-risk of their infant dying from a sleep-related death. It also intentionally focuses on African American/Black families with children ages 1-5 in need of community-based family strengthening services. The SSB 2.0 model seeks to triage Evaluated Out CPS Hotline calls and calls for African American/Black families that open for investigation by focusing on infants most at-risk of a sleep related death and their families. SSB 2.0's Theory of Change posits that **if prevention partners, social workers, and parents are educated on infant safe sleep practices and parents receive culturally responsive services, then their protective behaviors will increase so that infant sleep related deaths decrease and entries to child welfare are reduced**. SSB 2.0 is intended to be a model for other California counties to implement so that the impact of SSB 2.0 reaches beyond Sacramento County.

Child Safety Forward

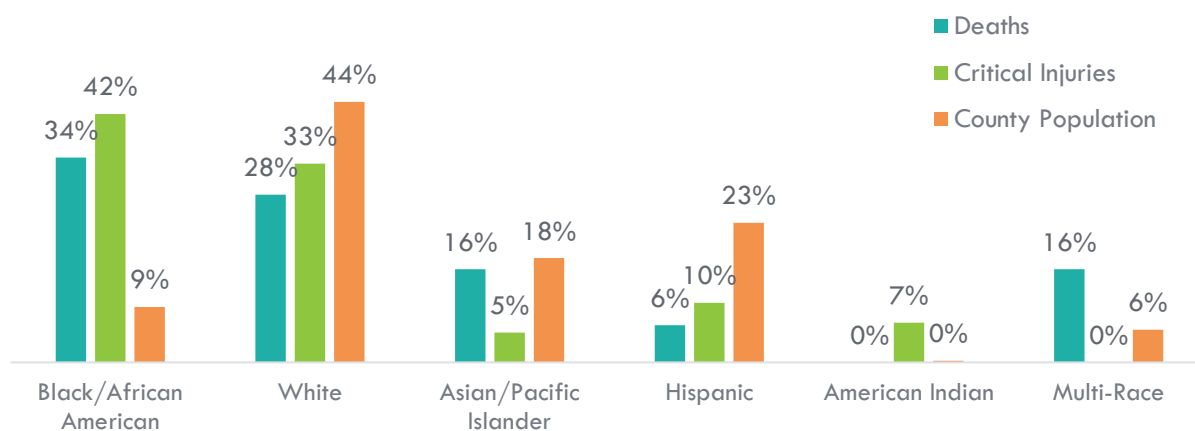
Child Abuse Prevention Center (CAPC)

Identified Inequity:

The Sacramento County Prevention Cabinet, in partnership with the Child Death Review Team and the Department of Child, Family and Adult Services, analyzed 10 years of child-level incident data for child abuse and neglect deaths and critical injuries. This analysis found that African American children 0-5 were vastly overrepresented; they were only 9% of the county population but made up 34% of child abuse and neglect deaths and 42% of critical injuries.

From 2009 to 2018, African American children were **5.7 times** more likely to have a child abuse death than Latinos and **8.4 times** more likely to have a critical injury than Asians

Race of Child Abuse Victims (ages 0-5) compared to County Population Statistics, 2009-2018



Efforts Taken:

To reduce child abuse deaths and near fatalities among children ages 0-5, the Child Abuse Prevention Center (CAPC) was awarded a 10-year grant from the Department of Justice. The initiative is spearheaded by the Sacramento County Prevention Cabinet, which engages key leaders from across the service systems and parents with lived experience in prevention planning for systems change.

For the Child Safety Forward Initiative, the Prevention Cabinet is analyzing child fatality/near-fatality data, collecting data on social determinants of health, reviewing current screening and investigative policies, and is using this information to implement a strategic plan.

The Sacramento County Prevention Cabinet intends to conduct all activities with a commitment to Diversity, Equity, and Inclusion. The Child Safety Forward Initiative will work to address elements of systemic racism that produce disparities among Black or African American families. The Plan includes four key strategy areas: Community, Parent, and Youth Voice, Racial Equity, Trauma-Informed Systems/Practices, and Building and Implementing a System of Care. The Racial Equity strategy includes the following activities:

- Promote and support community, child, and family-serving agencies/organizations' efforts to conduct organizational assessments of equity policies and practices by providing best practice guidance and resources.
- Invite the community and families to respond to data on racial/ethnic (and other) disparities to help identify barriers/gaps in services and broad community supports, and to make recommendations on community priorities and systems change to address disparities.
- Identify and promote anti-racism social justice policies, actionable strategies and practices across all systems to address gaps in racial equity.
- Educate, engage, and mobilize underserved and diverse communities to identify community priorities, influence governmental decision-making, and expand and enhance services that can better protect children and increase family safety and well-being.



What's Next:

The Prevention Cabinet will operationalize the Strategic Plan by creating six-month Action Plans for the priority activities.

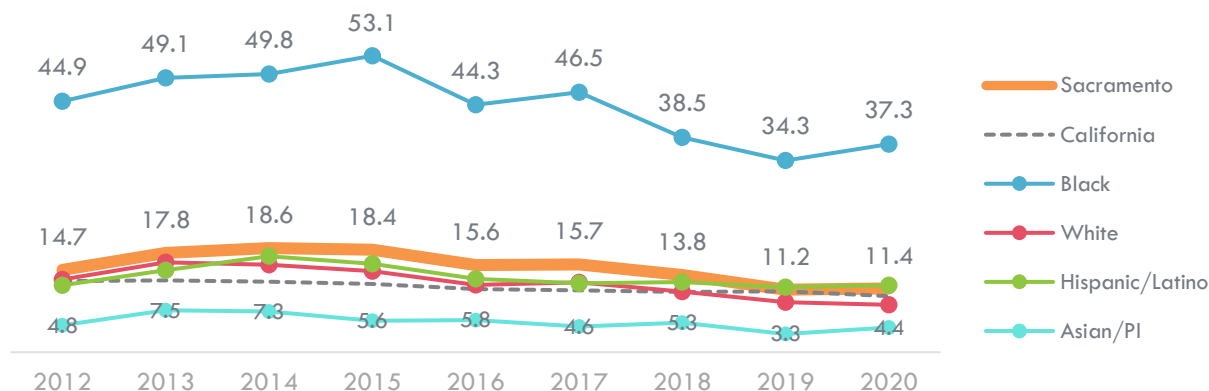
Birth & Beyond Home Visiting

Child Abuse Prevention Center (CAPC)

Identified Inequity:

Black/African American children are disproportionately represented among substantiated child abuse allegations.

Substantiated Allegations of Child Abuse per 1,000 Children Ages 0 to 5, by Race/Ethnicity



In 2012, the rate of substantiated child abuse for African American children was **8 times higher** than the rate for Asian children.

Efforts Taken:

Beginning in 1999, Birth & Beyond (B&B), a network of family resource centers across Sacramento County, has worked to provide quality community-based programs and services to prevent child abuse and neglect. Evidence-based home visiting services are provided to families with children ages 0-17 and are provided at least weekly, with a minimum of two months of visiting services.

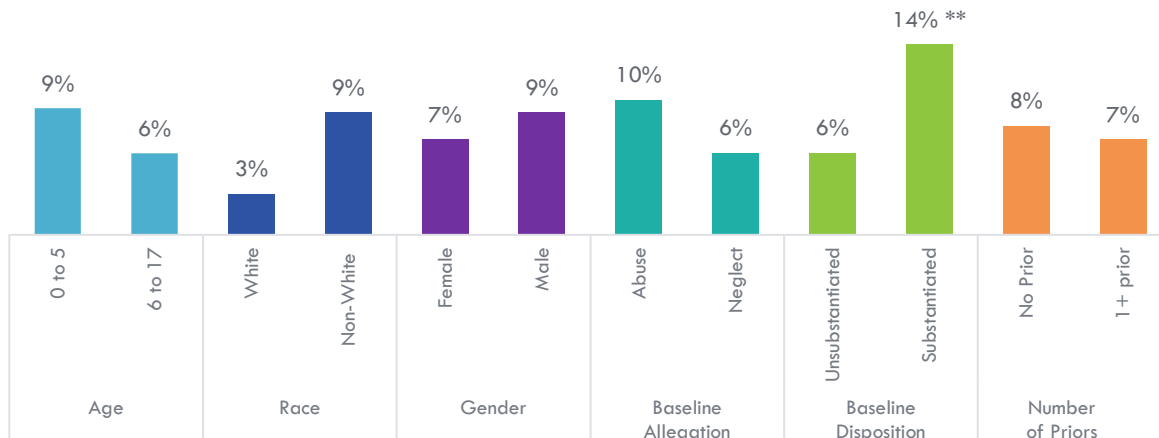
Program Impact:

Several years of analysis using CPS data has revealed that families in Birth & Beyond's evidence-based home visiting are less likely than matched peers to experience new allegations of child abuse. Yet, among home visiting participants with CPS history, race was a significant predictor of substantiated recurrence of maltreatment (non-White children were 2.6 times more likely to experience recurrence than White children).¹ However, when analyses were limited to children whose families received eight or more hours of Birth & Beyond home visiting, race was no longer a statistically significant predictor. This demonstrates that **longer participation** in the Birth & Beyond home visiting program may **decrease racial disparities** in recurrence of maltreatment.

Between 2012 and 2020, the **disparity gap** in substantiated CPS allegations between Black/African American and Asian/PI children **reduced 18%**

¹ Includes children ages 0-17 as there was no independent significant difference between children ages 0-5 and 6-17

Predicted Probabilities of Substantiated Recurrence within Birth & Beyond Home Visiting Children (8+ Hours of Service)



Source: B&B 2018-2020 Program Data and CPS 2018-2020 Data; N=838 (B&B participants with a baseline CPS allegation); Statistical significance indicated as **p < 0.01

What's Next:

To provide more culturally responsive services to Sacramento County, the Birth & Beyond network of family resource centers developed the **Culturally Responsive Initiative (CRI)**. The overall desired outcomes of this initiative are to:

- Increase **recruitment** of African Americans in B&B services
- Increase **retention** of African Americans in B&B services
- Improve **outcomes** for African Americans in B&B services

Birth & Beyond created a CRI action plan with five goals. These goals are based on Culturally and Linguistically Appropriate Services (CLAS), a nationally recognized set of standards intended to promote health equity and help eliminate health care disparities. The progress on each of the goals is being tracked by a B&B workgroup. The five CLAS interlocking goal areas are:

1. Policies and Implementation Practices
2. Culturally Responsive Programs and Services
3. Workforce Composition
4. Workforce Quality and Training
5. Data, Metrics and Continuous Quality Improvement

The CRI's theory of change is that by implementing activities in the 5 CLAS areas noted above, clients in the B&B network will receive more culturally responsive services, have longer, more meaningful engagement in such services and have better outcomes. B&B specifically intends to close service and outcome disparities for their African American clients

African American Perinatal Home Visiting Program

Sacramento County Department of Public Health

Identified Inequity:

The African American Perinatal Health Program (AAPHP) was established to improve birth outcomes and reduce disproportional African American maternal and infant mortality rates in Sacramento County.

In 2012-2014, African American infants were born preterm at rates

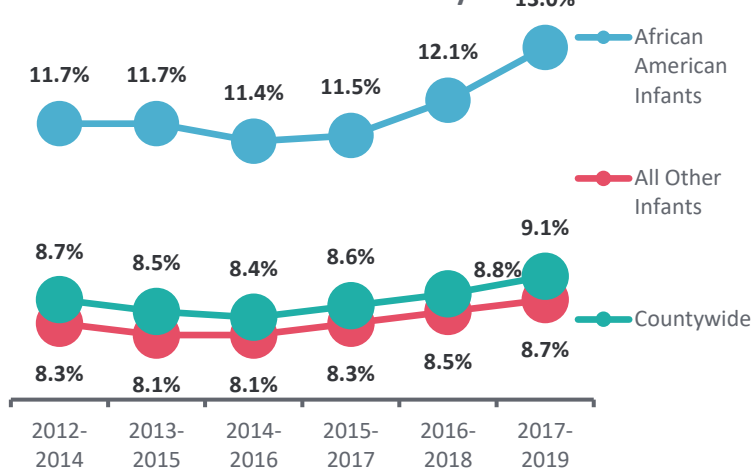
1.4 times higher

than all other races and born low birthweight at rates

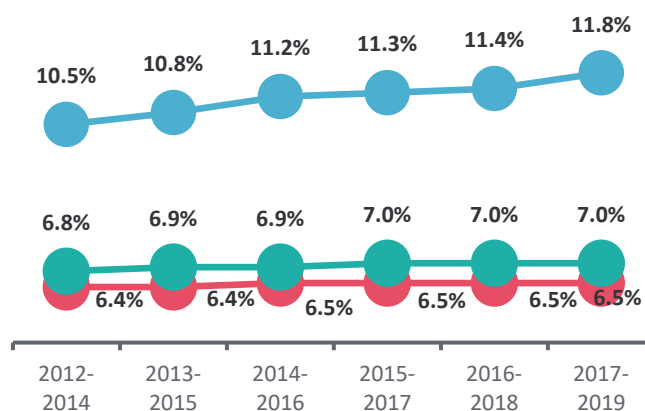
1.6 times higher

than all other races

Percentage of Preterm Infants Born in Sacramento County



Percentage of Low Birthweight Babies Born in Sacramento County



Efforts Taken:

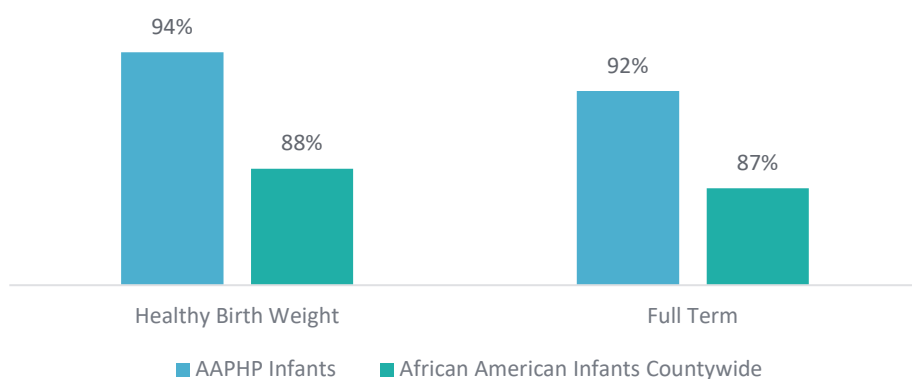
This program serves African American women and their infants up to 1 year of age. The African American Perinatal Health program provides culturally specific home visitation including case management and care coordination. This pregnancy and early childhood intervention program promotes improved pregnancy outcomes, child health and development, and family self-sufficiency.

The Public Health Nurses (PHNs) in this program understand that **the health of individuals and communities directly relates to access to care as well as the social determinants of health** such as housing, income, employment, education, sanitation, and safety. PHN practice aims to improve the health and minimize health differences among populations by addressing all determinants of health, understanding that equity is a key aspect.

Program Impact:

There were 523 visits completed in FY 2021-22. There were stellar outcomes for infants whose families participated in the African American Perinatal Health Program, including higher-than-county rates of infants born at a healthy birth weight and gestational age. Additionally, 91% of mothers initiated breastfeeding and 85% of infants were up to date on immunizations at 12 months.

**AAPHP Infant Outcomes (FY 2021-22),
Compared to Sacramento County (2017-2019)**



AAPHP infants were **more likely** to be born at a healthy weight (94%) and gestational age (92%) than African American infants countywide (88% and 87%, respectively)

What's Next:

African American Perinatal Health is committed to being a program where all participants feel valued and respected. As we continue our work on diversity, equity and inclusion, our nurses will provide client centered, strength-based care, using the most current medical research as guidance. Priorities include sustaining and expanding the program as well as hiring staff who are reflective of the population being served.

Black Infant Health

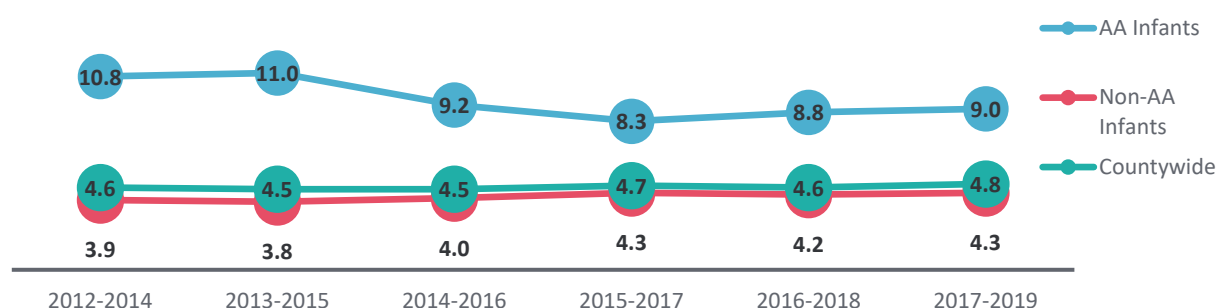
Sacramento County Department of Public Health

Identified Inequity:

The Black Infant Health Program provides services to African American women for the purpose of improving birth outcomes and eliminating the disproportionate rate of African American infant mortality in the Sacramento County community. African American women experience two-and-a-half times the rate of infant deaths compared to other racial and ethnic groups in our community.

In 2012-2014,
Black/African American
infants died at a rate
that was
2.8 times
higher than all other
races

Three-Year Rolling Average Rate of Total Infant Death in Sacramento County



Efforts Taken:

The Black Infant Health Program provides a support group that encourages empowerment and social support in the context of a life course perspective. In addition, social service case management is provided to ensure access to community and health-related services. The services provided by the Black Infant Health Program are done in a culturally relevant manner that respects the woman's beliefs and cultural values while promoting overall health and wellness.

Racism, as well as social and economic stressors, play a major role in poor birth outcomes—babies born too early and too small—for Black women. Within a client centered, culturally supportive environment, and honoring the uniqueness of history of Black women, Black Infant Health aims to help moms have healthy babies.

Program Impact:

In FY 2021-22, 308 participants were enrolled in the program. Of these, 86% infants were born at a healthy weight, 83% were born full term, and 88% of mothers initiated breastfeeding in the hospital.

Between 2012-2014
and 2017-2019, the
disparity gap
in total infant death
between African
American infants and
all other races
reduced 32%

“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

What's Next:

Seeing health through a health equity lens means listening to those we serve and acknowledging their experiences. It means looking deep inside ourselves and our institutions, no matter how uncomfortable the journey. The march toward health equity will be a long one, requiring the support of players across private and public sectors. At the end of the day, health and race equity are the ultimate goals for the Black Infant Health program.

Nurse Family Partnership

Sacramento County Department of Public Health

Identified Inequity:

Racism and bias continue to permeate every aspect and system of our society- in access to health care, employment, housing, education and more. At Nurse Family Partnership, we see the detrimental and life-threatening impacts that structural racism has on the women in our program. When Black women are three times more likely to die in our country from pregnancy-related causes than white women, there is a real and urgent problem. This is a matter of public health. It is also a matter of equity and justice.

Black women are
**3 times
more likely**
to die from pregnancy-
related causes than
white women.

Efforts Taken:

The Nurse Family Partnership is a highly-acclaimed, evidence-based early childhood intervention program using the nurse home visitation model. Public Health nurses make home visits during the women's pregnancy and first two years of the child's life. Nurse home visitors follow a visitor schedule keyed to the developmental stages of pregnancy and childhood.

Program Impact:

Evidence from randomized, controlled trials proves that the Nurse Family Partnership is effective and yields consistently good outcomes for parents and their children. Evaluation results indicate that the nurse home visitation model yields savings to the community four times greater than program costs. Race-specific outcomes include:

- 24.8% of newly enrolled participants self-identified as Black or African American
- 89% of Black infants born at healthy weight
- 93% of Black infants born at appropriate gestational age (full term)
- 96% of Black mothers had initiated breastfeeding
- 18.7% of Black moms were involved with the Child Welfare System, none of the referrals were initiated by NFP Nurses

What's Next:

At the National Service Office, there is an effort to make significant investments to ensure Diversity, Equity, Inclusion and Anti-Racism are embedded in how each nurse does their work, ensuring every family receives equitable and respectful care, resources, and support. To do this, several things are currently in the works. The NFP Education Team has been revising core education content to include model enhancements based on recent research. In 2023, an NFP Cultural Consciousness Pathway will be introduced. This is being offered as a support for delivering culturally conscious care to clients and interacting in a culturally conscious manner with teams. Finally, a Cultural Consciousness Innovations Advisory Committee is forming and is looking for participants to share their experiences so the NSO can build on current and evolving knowledge to improve nursing practice.

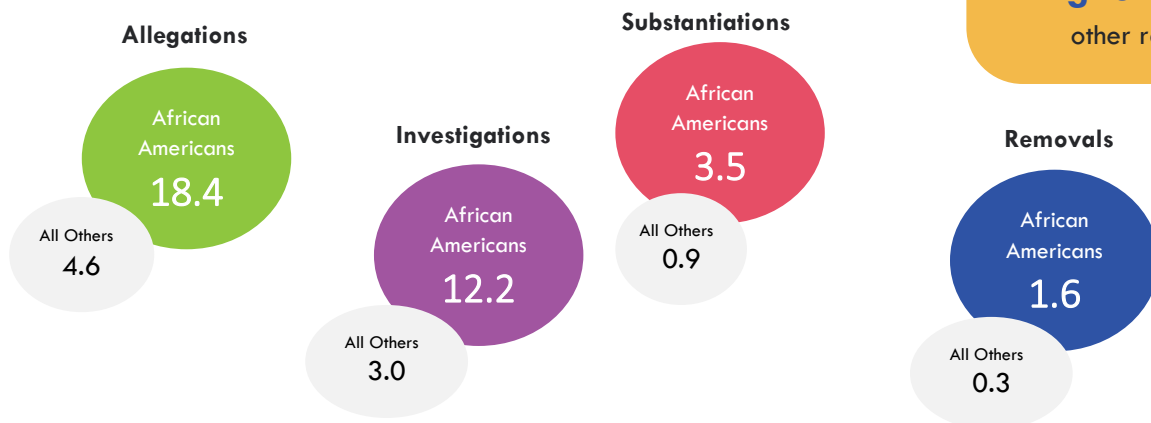
Child Protective Services Cultural Broker Program

Department of Child, Family, and Adult Services & Black Child Legacy Campaign

Identified Inequity:

- Black/African American children are disproportionately represented in the CPS system (allegations, investigations, substantiations, and removals), compared to all other races.

2019 CPS 0-5 involvement rates, per 100



In 2019, Black/African American children ages 0-5 received CPS removals at rates **5.3 times higher** than all other races.

Efforts Taken:

Within the Black Child Legacy Campaign (BCLC) umbrella, the Child Protective Services (CPS) Cultural Broker Program was created through a partnership between the BCLC Community Incubator Leads and CPS. This program is specifically designed to work collaboratively with families, social workers, the court, foster parents, and the community to decrease the disproportionate number of African American children in foster care. Key features of this program include:

- Cultural Brokers live in the neighborhoods in which they work, and their life experiences and racial backgrounds echo those of the families they are trained to support. These Cultural Brokers leverage their established community relationships to help families successfully navigate CPS, serving as a bridge to mitigate the power dynamics between CPS caseworkers and families.
- Cultural Brokers provide advocacy and support to families involved (or at risk of involvement) with CPS by connecting them to community resources and offering support with identified case plans and court appearances.

Program Impact:

Through one-on-one support and connections to community resources, the CPS Cultural Broker Program has contributed to the reduction in disparities in CPS removal rates and empowered families through interpersonal connections.

- "[My cultural broker] got me in ways deeper than can be expressed in a written court document... This program should be available for every mother!" - Dominique, Cultural Broker participant

Between 2019 and 2021, the **disparity gap** between the group with the highest removal rates (Black) and the lowest removal rates (Asian/PI) **reduced 28%.**

Roadmap to Racial Equity:

HOW TO INCORPORATE AN EQUITY LENS INTO OTHER INITIATIVES

One goal of this effort is to provide “lessons learned” and promising practices from implementing these various initiatives with a racial equity lens. The following list describes important factors to keep in mind when creating or improving initiatives to increase racial equity. These recommendations provide actionable insights, which, when combined with targeted resources and a shared vision, begin to impact meaningful and long-lasting systems change.



1. INCLUDE COMMUNITY VOICE IN PROGRAM PLANNING/DEVELOPMENT AND DECISION MAKING PROCESSES.

- Make authentic and intentional efforts to involve community members and those with lived experience in ways that are accessible to all (e.g., holding meetings outside typical work hours, offering child care).
- Institute community/parent leader advisory committees and peer support
- Include community voice in reporting/media/events (e.g., success stories, “Parent Corner” section in reports)

2. IMPLEMENT CULTURALLY RESPONSIVE PROGRAMMING THAT IS CUSTOMIZED TO SPECIFIC CLIENT NEEDS.

- Hire a diverse, multicultural staff that reflects and empowers members of the community served.
- Conduct **ongoing** trainings for staff on systemic racism, implicit bias, and how to be culturally sensitive. Culturally responsive trainings should be given to every staff member, no matter their role at the agency, to establish an anti-racist culture at all levels of the organization.
- Recognize the unique cultural and linguistic backgrounds of clients and tailor services accordingly. Even evidence-based models have room to be responsive to different cultures while maintaining fidelity (e.g., staff-to-client match, language spoken, books chosen for read aloud, foods used).

3. MONITOR POPULATION-LEVEL DATA ON RACE/ETHNICITY TO GUIDE CURRENT AND FUTURE NEEDS AND TO COMPARE TO AGENCY/ORGANIZATION-SPECIFIC OUTCOME DATA.

- Collect, analyze, and evaluate meaningful client-level race/ethnicity data to analyze and identify the effectiveness of your program, existing disparities, and trends over time. Use evaluation data to perform continuous quality improvement efforts to increase efficacy of your program and increase sustainability for the future.

- Compare agency-specific data to population data including nationwide, statewide, countywide, and even zip code-level. Questions to consider include:
 - i. Are patterns at your agency similar to population level? Trending better? Needs improvement?
 - ii. Are local and program trends similar to nationwide trends/benchmarks?
 - iii. Are there any strategies/lessons learned/high impact opportunities from other regions that we can learn from?

4. SHARE DATA ABOUT WHAT WORKS IN A WAY THAT IS ACCESSIBLE TO A WIDE RANGE OF STAKEHOLDERS AND COMMUNITY MEMBERS.

- Prepare reports/media for different perspectives and audiences ranging from racial equity advocates, economic, faith/community leaders, and families to encourage a well-rounded network of support.
- Create program reports in welcoming/understandable language for the full range of skill levels, so that findings are accessible.
- Make sure to share results for purposes of:
 - Marketing your program
 - Increasing awareness of racial inequities and ways to address them
 - Increasing knowledge (and funding) about the value of prevention, as opposed to only reactive/responsive (intervention) services
 - Building a groundswell of support within the community for racial equity issues

5. FORM MULTI-SECTOR COLLABORATIVES WITH EXPERTS FROM DIFFERENT SYSTEMS TO CREATE LONG-LASTING SYSTEMS CHANGE.

- Create collaboratives to include a variety of perspectives from different systems to increase impact. Make sure to include community members in these collaboratives to provide their unique perspective.
- Utilize the Collective Impact model to learn how to create a shared goal, build trust and communication, create a structure for collaboration, understand that change takes time, and be willing to make changes if things are not working. If possible, have a backbone agency that is responsible for keeping the collaborative on track and who have funded staff to do the daily work.

6. UTILIZE THE KNOWLEDGE AND EXPERIENCE GLEANED FROM OTHER INITIATIVES, INCLUDING PROMISING PRACTICES, COMMON CHALLENGES, AND LESSONS LEARNED.

- Prevent “reinventing the wheel” by understanding the experiences of past or current initiatives. Build upon what worked in other initiatives.

7. ESTABLISH RELATIONSHIPS WITH POLICYMAKERS AND/OR ADVOCATES TO SHARE ORGANIZATION-LEVEL OUTCOMES AND “SCALE UP” SUCCESSFUL PILOTS TO SYSTEMIC POLICY.

- One common obstacle for individual-serving agencies is that the number of clients they are able to serve is nowhere close to the number of families in need. Observing population-level change takes significant time and there are many factors out of the control of some agencies (i.e., systemic racism). Therefore, systems and policy changes are needed to make broad scale, lasting changes that can impact the wider community.