



FIRST 5 SACRAMENTO

Reduction of African American Child Deaths

FY 2020-2021 Executive Summary,
with Three-Year Trends





Executive Summary

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

BACKGROUND & GOALS

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

The Blue Ribbon Commission Goals Included:

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

Several communities were found to have the highest rates of African American child deaths: Arden-Arcade, Fruitridge/Stockton Boulevard, Meadowview, Valley Hi, North Sacramento/Del Paso Heights, North Highlands, and Oak Park. Planning efforts and coalition-building began in FYs 2013-14 and 2014-15, resulting in two broad integrated initiatives across Sacramento County, with a particular focus on the neighborhoods most affected:

- **The Black Child Legacy Campaign (BCLC):** Led by the Sierra Health Foundation, this collective impact strategy involves Community Incubator Lead (CIL) organizations in each of the targeted neighborhoods who coordinate culturally responsive prevention and intervention efforts to reduce disproportionate African American child deaths.
- **Reduction of African American Child Deaths:** Led by First 5 Sacramento, this strategy complements and feeds into BCLC goals. It includes four programs that focus on preventing deaths due to perinatal conditions, infant sleep-related (ISR), and child abuse and neglect causes: a Pregnancy Peer Support Program, Family Resource Centers, the Infant Safe Sleep Campaign, and a Public Perinatal Education Campaign.

This report provides a summary of First 5 Sacramento’s efforts to reduce perinatal and infant deaths in FY 2020-21, including the Pregnancy Peer Support Program, Family Resource Centers, Safe Sleep Baby Education Campaign, and the Public Perinatal Education Campaign.

Achievements of First 5-Funded Components

This Report Provides a Summary of First 5 Sacramento’s Efforts to Reduce Perinatal and Infant Deaths in FY 2020-2021. They Include:



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



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



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



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

PREGNANCY PEER SUPPORT PROGRAM



The Pregnancy Peer Support Program is delivered by Her Health First’s Black Mothers United (BMU) program. BMU provides outreach to identify pregnant women as early as possible in their pregnancy and assess health needs, risks, and assets. Through weekly contacts, BMU pregnancy coaches provide education, referrals, and any other support needed to address risks to healthy birth and promote healthy infant and maternal outcomes.

Between July 1, 2020 and June 30, 2021, BMU served 159 pregnant

85 babies were born to mothers in the Pregnancy Peer Support program; 84% were born at a healthy birth weight and 84% were delivered full term. There were zero infant deaths in this cohort.

African American women. Nearly two-thirds (64%) resided in one of the seven high-risk target neighborhoods in Sacramento County. Most participants (55%) entered the program during their second trimester, while the proportion entering during their first trimester (21%) increased compared to FY 2019-20 (15%). Intake assessments identified a variety of challenges faced by these women, including a lack of transportation (24%), unemployment (24%), and unstable housing (15%). More than one-third (39%) were on CalWORKs, and 57% used WIC services for nutritional support. About one in five experienced nutritional deficiencies (22%) and moderate to severe levels of depression (19%).

At intake, about four out of five participants (83%) did not have cribs to sleep their babies. Through referrals and intensive case management, **mothers had significantly fewer risk factors by the end of the program.** For instance, the percentage with unstable housing reduced by 50%, moderate to severe depression levels reduced from 18% of clients to 3%, and only 2% reported they did not have a crib at the time of follow up.¹

In FY 2020-21, there were 85 live births to mothers in the BMU program, including 83 singletons and one set of twins. Of these, 84% were born at a healthy birth weight, 84% were born full term, and combined, **76% had healthy birth outcome** (healthy weight and full term). Among singleton births only, 78% had a fully healthy birth.

Importantly, there were no stillbirths or infant deaths prior to the mother exiting the program for the second consecutive year.

Opportunities for improvement include expanding on efforts to measure and promote an understanding of structural racism as the root cause of adverse racial disparities impacting mothers and babies, as well as exploring opportunities to expand support for tobacco use, obesity, and other health risk factors correlated with adverse birth outcomes. In addition, BMU should also leverage funding and partnerships to enroll more mothers (and do so earlier in their pregnancies) and continue efforts centering BMU in trauma-informed practices including wellness and mindfulness practices.

Figure 1 — Birth and Perinatal Outcomes of BMU Clients

	All Infants (n=85)	Twins (n=2)	Singletons (n=83)
Healthy Birth	76%	0%	78%
Healthy Birth Weight	84%	50%	84%
Full Term	84%	0%	86%
Preterm Birth	15%	100%	13%
Low Birth Weight	16%	50%	16%

¹ Proportions represent those who exited the program in FY 20-21, many of which may have had their initial intake in the previous FY. As a result, intake percentages may vary from those specific to FY 20-21 intakes.

FRC Neighborhood Locations

- Arden Arcade
- Del Paso Heights
- Meadowview
- North Highlands
- North Sacramento
- Oak Park
- Rancho Cordova
- South Sacramento
- Valley Hi

FAMILY RESOURCE CENTERS

The nine Birth & Beyond Family Resource Centers (FRCs) are operated by seven organizations which aim to prepare staff with skills and competencies to serve families through home visiting, parenting education workshops, crisis intervention, and social-emotional learning and supports (enhanced core) in nine Sacramento County neighborhoods.

First 5 Sacramento funds FRCs with the goal of decreasing child abuse and neglect through prevention and early intervention. Birth & Beyond strategically locates their Family Resource Centers in neighborhoods characterized by high birth rates, low income, and higher than average Child Protective Services (CPS) referrals and substantiated reports, the greatest connection of referrals to the child welfare system for child abuse and neglect. FRCs are located in the neighborhoods listed on the left, many of which were also identified by the Blue Ribbon Commission as the focal areas for the RAACD initiative.

Although the focus is reducing child death across all of Sacramento County, one FRC was expanded (Valley Hi) and one FRC was re-established (Arden Arcade) with First 5 funding with the specific target of serving African Americans and reducing the African American child death rate. All services that FRCs provide contribute to decreasing

child abuse and neglect, however the current report focuses on home visiting and parenting education outcomes.

The Birth & Beyond Home Visiting program used the Nurturing Parenting Program (NPP), an evidence-based home visiting curriculum provided at least weekly, with a minimum of two months of visitation services. In FY 2020-21, 978 parents engaged in home visiting services funded by First 5 Sacramento. Among them, 296 received eight or more hours of home visiting.² Of those with eight or more hours, 37 (13%) identified as Black/African American. Participants engaging in home visiting and parenting education programs were screened using the Adult Adolescent Parenting Inventory (AAPI),³ a tool that measures risk for child maltreatment. The AAPI considers five domains: Expectations of Children, Parental Empathy Towards Children's Needs, Use of Corporal Punishment, Parent-Child Role, and Children's Power. Each item is scored on a scale of 1 (high risk) to 10 (low risk).

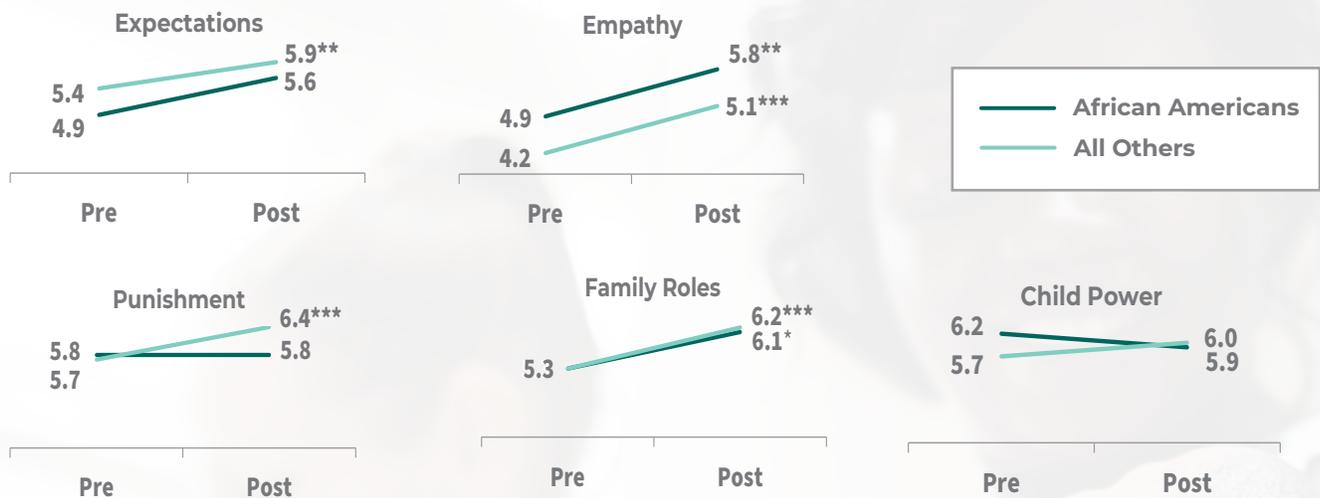
In total, 203 parents had both a pre- and post- assessment after completing the NPP home visitation program. Of these, 32 were African American. The figure below displays mean scores on each AAPI domain, separated by African Americans and All Other Races. Overall, African Americans performed similarly to those of other racial backgrounds, and in general scores on the AAPI tended to increase from pre- to post-assessment. However, for African Americans, the average Children's Power score decreased from pre- to post-test (although this change was not statistically significant).

² Birth & Beyond considers eight hours of home visiting to be the minimum needed for program impact.

³ FY 2020-21 is the last fiscal year where Birth & Beyond utilized the AAPI assessment as this tool may have limited cultural/ethnic inclusiveness.



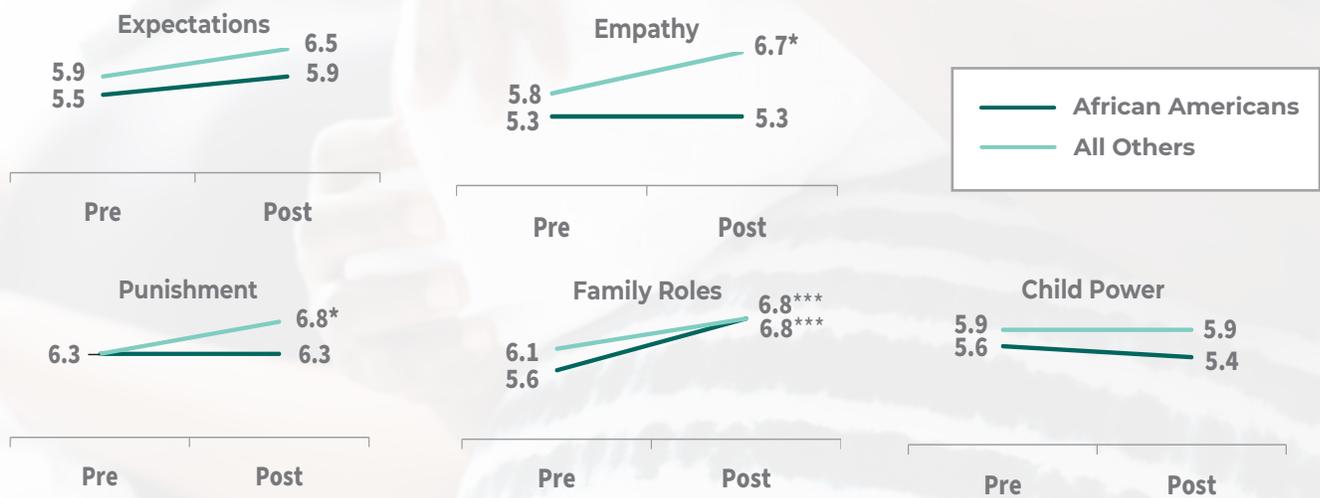
Figure 2 — Change in Mean Scores on AAPI in Pre- and Post-Test for Home Visiting Clients



Source: AAPI pre- and post-assessment scores, Birth & Beyond 2020-21. Note: African American N = 32. All Other Races N = 171. Statistical significance reported at post-test value as * p < .05, ** p < .01, and *** p < .001.

Among the 531 parents attending parenting workshops funded by First 5 Sacramento (27% African American), 214 parents had both a pre- and post- test (28% African American). African American participants were less likely to show statistically significant increases on the domains of the AAPI, compared to all other races.⁴

Figure 3 — Change in Mean Scores on AAPI in Pre- and Post-Test for Parenting Education Clients



Source: AAPI pre- and post-assessment scores, Birth & Beyond FY 2020-21. Note: African American N = 60. All Other Races N = 154. Statistical significance reported at post-test value as * p < .05, ** p < .01, and *** p < .001.

⁴AAPI assessments may not be culturally/ethnically inclusive. As of FY 2021-22, B&B will be utilizing a new tool.

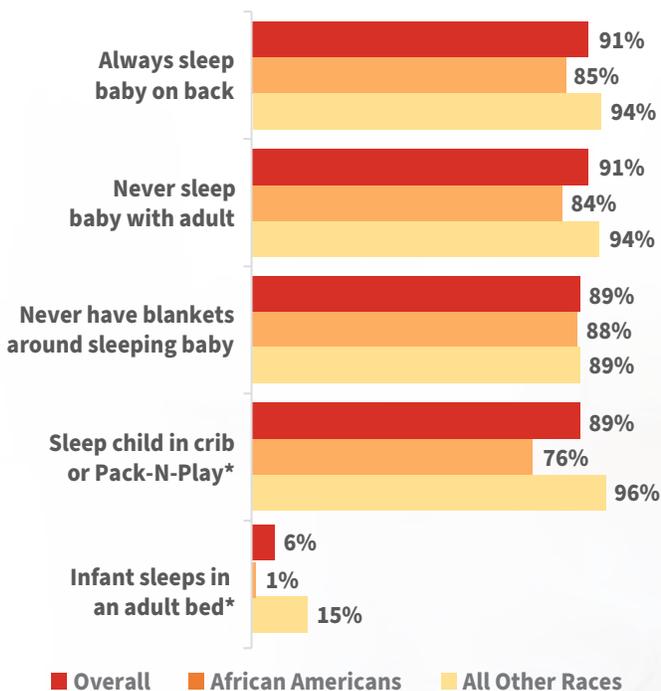
SAFE SLEEP BABY

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

In FY 2020-21, 691 parents received Safe Sleep Baby training, 31% (213) of whom were African American, and 56% resided in RAACD’s targeted zip codes. Pre- and post-training data showed statistically significant increases in the knowledge that *babies should NOT be tightly swaddled when sleeping for the first six weeks*, *babies placed on their backs to sleep are NOT more likely to choke on their own spit up*, and *breastfeeding helps to reduce the risk of SIDS*. Within 3-4 weeks of the SSB training, 101 parents completed a follow-up assessment to understand the extent to which they were using infant safe sleep practices. Most parents reported *always sleeping their baby on their back* (91%; 90/99) and *never sleeping baby with an adult* (91%; 88/97), closely followed by *sleeping child in crib or Pack-N-Play* (89%; 90/101) and *never having blankets around their sleeping baby* (89%; 88/99).

The Child Abuse Prevention Council Safe Sleep Baby campaign has consistently shown that most parents trained on safe sleep practices go on to follow those practices with their infants. At follow up, 89% of new parents were only sleeping their child in a crib or Pack-N-Play.

Figure 4 — Percent of SSB Participants Practicing Infant Safe Sleep Behaviors at Follow-Up, by Race



Source: CAPC, SSB Follow up Survey. Overall N = 101, not limited to matched sample highlighted above; African American N = 34; All Other Races N = 67. *indicates that African American percentages statistically significantly differ from all other races at $p < .05$.

In addition to safe sleep education for parents, the Safe Sleep Baby Campaign provided:

- **“Train the Trainer” workshops to 280 community-based service providers** and three medical providers. These trainings help providers convey safe sleep knowledge to clients and patients.
- **331 cribs** to parents and caregivers through the Cribs4Kids program. Approximately 35% (116) of cribs were distributed to African American parents.

Opportunities for improvement include engaging African American expectant and new parents to determine barriers to not sleeping their infant in a crib or Pack-N-Play after program participation and adjusting the SSB campaign message according to parent input. Additionally, SSB should explore the five years of CDRT⁵ data overlapping the SSB campaign implementation to identify infant sleep-related deaths and neighborhoods where infants are most at-risk to prioritize these areas for education.

⁵ Child Death Review Team

PUBLIC PERINATAL EDUCATION CAMPAIGN



The fourth strategy funded by First 5 Sacramento to reduce African American infant deaths was a public education campaign. In a groundbreaking partnership with Sacramento County Public Health Department, the campaign's purpose was to raise public awareness about institutionalized racism as the root cause of racial disparities in safe births for both infant and mother. This comprehensive media campaign, titled the Unequal Birth Campaign, initially launched in February 2020 and included radio advertisements, social media advertisements, LED billboards around the county, and the creation of a new website (UnequalBirth.com).

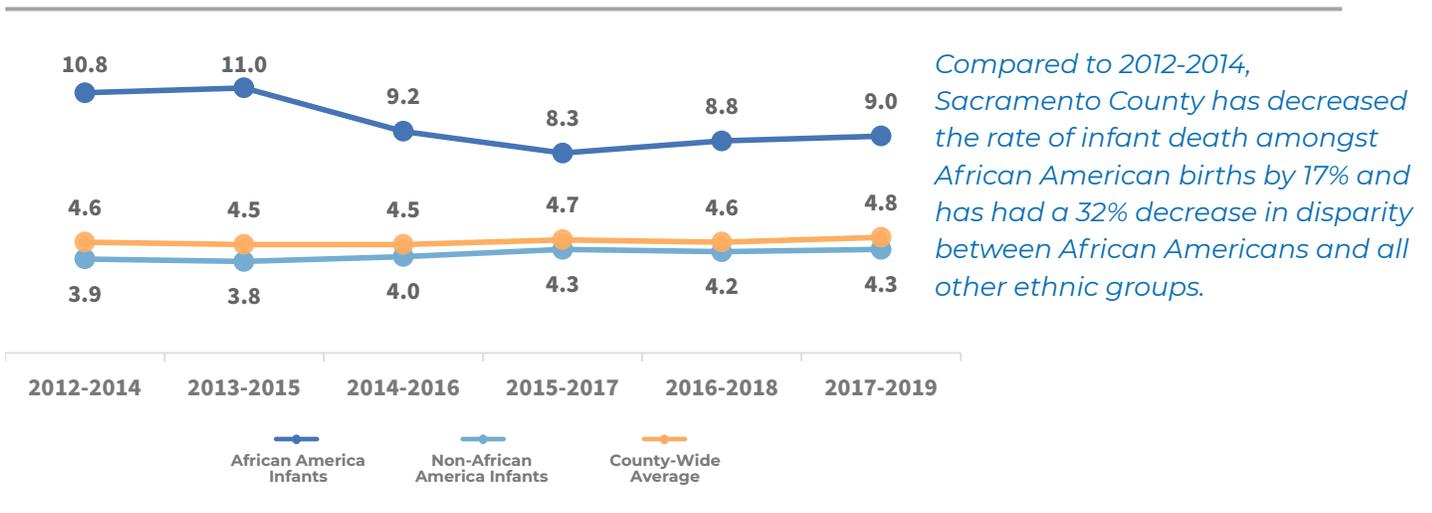
In FY 2020-21, the campaign expanded to include two new social media videos and revised website content to be effective, engaging, and encourage content-sharing and discussions around birth inequities. Social media ads received more than 1.6 million impressions and over 24,000 clicks on links/posts provided across Instagram and Facebook. The click-through rate for the 2021 campaign (1.46%) exceeded the 0.60% industry benchmark. Almost 15,000 users visited the Unequal Birth website for a total of 19,411 sessions. About 200 users clicked the "Take Action" button after visiting the landing page.

Opportunities for improvement include expanding efforts to text- or phone-call campaigns, identify partnership opportunities with other community programs and influencers, incorporating additional social media strategies to target an intergenerational audience, and expand "Call to Action" opportunities.

COUNTYWIDE TREND DATA

Data from Sacramento County’s Department of Public Health and the Child Death Review Team (CDRT) were utilized to measure the impact of RAACD efforts countywide. Public Health defines infant death as any death that occurs before one year of age. During the 2012-2014 baseline, African American infants died at a rate of 10.8 per 1,000 births. This rate reduced to 9.0 per 1,000 births in 2017-2019. These data indicate a 32% reduction in the disparity gap between African American infant death and all other races in Sacramento County.

Figure 5 — Three-Year Rolling Average Rate of Infant Death in Sacramento County

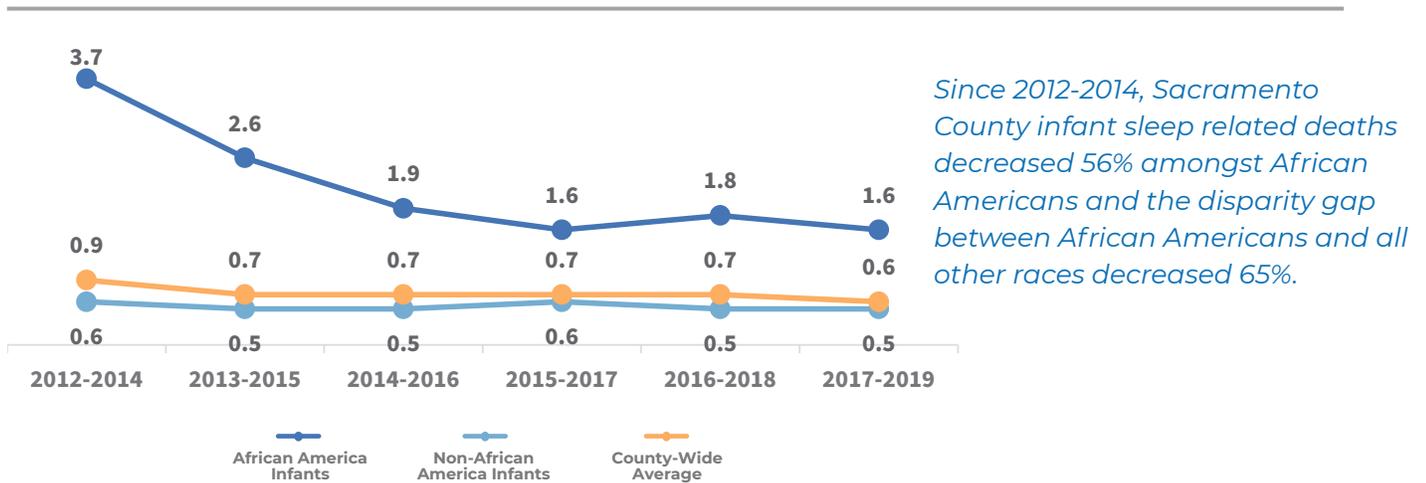


Source: Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files. Rate is per 1,000 infants.

From 2012-2014 to 2017-2019, the rate of **infant sleep related (ISR) deaths** decreased 56%, exceeding the Blue Ribbon Commission’s targeted reduction of 33% by 2020. Additionally, the disparity gap between African American ISR deaths and all other ethnic groups also decreased 65% since 2012-2014.



Figure 6 — Three-Year Rolling Average Rates of Infant Sleep Related Deaths in Sacramento County

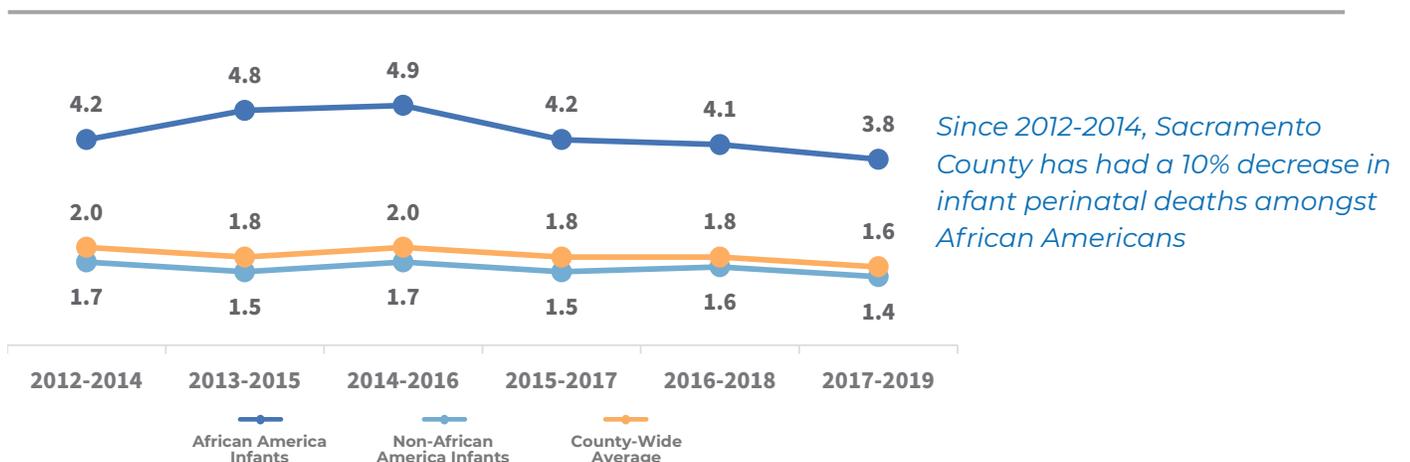


Source: Sacramento County Child Death Review Team Report 2012, 2013, 2014, 2015, 2016, 2017, 2018, and 2019. Rate is per 1,000 infants.

During the 2012-2014 baseline period, African American infants died from **perinatal causes** at a rate of 4.2 per 1,000 births. Unfortunately, there were slight increases in perinatal deaths during the 2013-2015 and 2014-2016 periods. However, rates have been decreasing since 2015-2017 for all groups, including African Americans. The 2017-2019 rolling average for African American infants (3.8 per 1,000) is 10% lower than the 2012-2014 baseline.

Additionally, while African American infants remain more than twice as likely to die from perinatal causes compared to all other race/ethnicities, the disparity gap has decreased about 5% since the 2012-2014 baseline and is slightly lower than the 2016-2018 rolling average

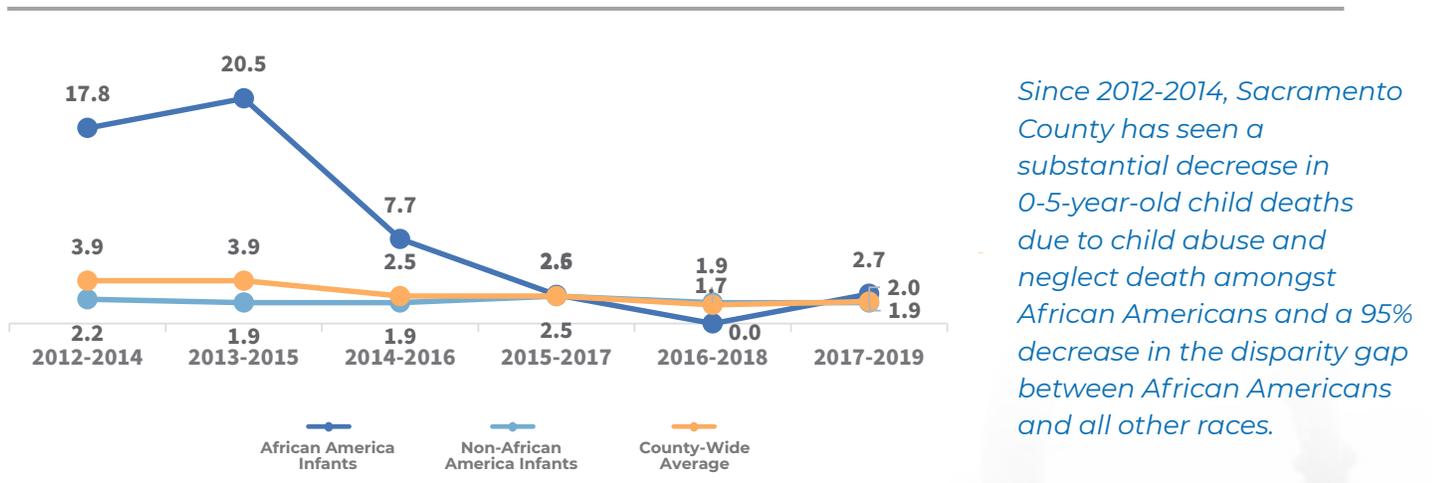
Figure 7 — Three-Year Rolling Average Rates of Infant Death Due to Perinatal Causes in Sacramento County



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

During the baseline period of 2012-2014, African American children (0-5) died from **Child Abuse and Neglect (CAN)** at a rate of 17.8 per 100,000 children. Due in part to the efforts of the Family Resource Centers, this rate has drastically declined. Unfortunately, between 2016-2018 and 2017-2019, there has been a slight uptick in CAN deaths among 0-5-year-old children. In 2016-2018, there were zero CAN deaths among African American children, while the 2017-2019 rate is 2.7 per 100,000. However, this reflects only one individual death during the three-year period and remains 85% lower than the 2012-2014 baseline period.

Figure 8 — Three-Year Rolling Average Rates of Child (0-5) Death Due to Child Abuse and Neglect in Sacramento County



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

LONGITUDINAL OUTCOMES FOR RAACD PARTICIPANTS

Among 570 births identified among mothers served by Her Health First or WellSpace Health Cultural Broker Programs, there were two infant deaths. Sadly, one newborn was delivered at 32 weeks and then died shortly afterward, which is classified as a perinatal cause of death. The second infant's cause of death was undetermined at about five months of age. However, the overall three-year infant mortality rate for these program participants was 3.5 per 1,000, much lower than African American infants countywide (8.8 per 1,000) during this period.

The one child that died due to perinatal causes represents a three-year average perinatal death rate of 1.75 per 1,000 births, compared to 3.8 per 1,000 among African Americans countywide and similar to the total Sacramento County child death rate due to perinatal causes (1.6 per 1,000 births.).

Photo Credits

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

RAACD Resources

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

First 5 Sacramento
(916) 876-5865

Black Mothers United
Her Health First
(916) 558-4812

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

Public Education Campaign
Runyon Saltzman, Inc.
(916) 446-9900

Black Child Legacy Campaign
(916) 993-7701

