FIRST 5 SACRAMENTO COMMISSION
2750 Gateway Oaks Dr., Suite 330
Sacramento, CA 95833

EVALUATION COMMITTEE

AGENDA

Wednesday, October 16, 2019 – 1:00 PM

Members: Steve Wirtz (Chair), David Gordon (Vice Chair), Olivia Kasirye
Advisory Committee Member(s): Tony Smith, Robin Blanks
Staff: Julie Gallelo, Carmen Garcia-Gomez, Gail Syputa
Consultant: Applied Survey Research

1. Call to order and Roll Call
2. Public Comments on Off-Agenda Items
3. Approve Draft Action Summary of September 16, 2019
4. General Evaluation Update - Applied Survey Research
5. Approval of Report: Reduction of African American Perinatal and Infant Deaths
6. Approval of First 5 California Evaluation Findings FY2018-19 (AR-3)
7. Updates from other Committees
   Sustainability, Financial Planning, Advisory, Strategic Planning
8. Committee Member Comments
   a. Miscellaneous
   b. Future Agenda Items/Presentations

Meeting materials are posted at www.first5sacramento.net. Some documents may not be online because of their size and/or format. Hard copies are available from the Clerk of the Commission at the First 5 Sacramento Commission.

FIRST 5 SACRAMENTO COMMISSION
2750 Gateway Oaks Dr., Suite 330
Sacramento, CA 95833

EVALUATION COMMITTEE

DRAFT ACTION SUMMARY

Monday, September 16, 2019 – 1:00 PM

Members: Steve Wirtz (Chair), David Gordon (Vice Chair), Olivia Kasirye
Advisory Committee Member(s): Tony Smith, Robin Blanks
Staff: Julie Gallelo, Carmen Garcia-Gomez, Gail Syputa
Consultant: Applied Survey Research
Absent: David Gordon

1. Call to order and Roll Call
   Action: Meeting was called to order at 1:02PM. A quorum was soon available to the committee.

2. Public Comments on Off-Agenda Items
   Action: None. Introductions were made by all attendees.

3. Approve Draft Action Summary of July 15, 2019
   Action: Kasirye/Wirtz. Approved as recommended.

4. Approve 2020 Meeting Calendar
   Action: Smith/Blanks. Approved as recommended.

5. Commission Staff Report
   Action: Carmen Garcia-Gomez gave the updates from the report distributed to all attendees. Some points of discussion included:
   - Carmen Garcia-Gomez will email members regarding changing the November meeting to October.
   - Chair Wirtz asked Olivia Kasirye to respond at a future date on which dates will be used for data.
   - Stacy Olangundoye will also check with Lisa Niclai about which information will be used.
   - Chair Wirtz will send Carmen Garcia-Gomez information regarding a different data tracking system that he has heard of and will be discussed at the next meeting.

6. General Evaluation Update - Applied Survey Research
   Action: Stacy Olagundoye updated attendees on ongoing work. Chair Wirtz will email Stacy some ideas on better measures that could be used.

7. Systems Sustainability Executive Summary
   Action: Stacy Olagundoye reviewed the report with members. The final should be completed in the next two weeks.

8. Updates from other Committees
   Sustainability, Financial Planning, Advisory, Strategic Planning
   Action: None.

9. Committee Member Comments
   a. Miscellaneous
   b. Future Agenda Items/Presentations
   Action: The RAACD report will be reviewed next month. The annual report and Birth & Beyond reports are scheduled for early in 2020.

   Adjourned: 2:10PM

Respectfully submitted,

Gail Syputa, Clerk
First 5 Sacramento Commission

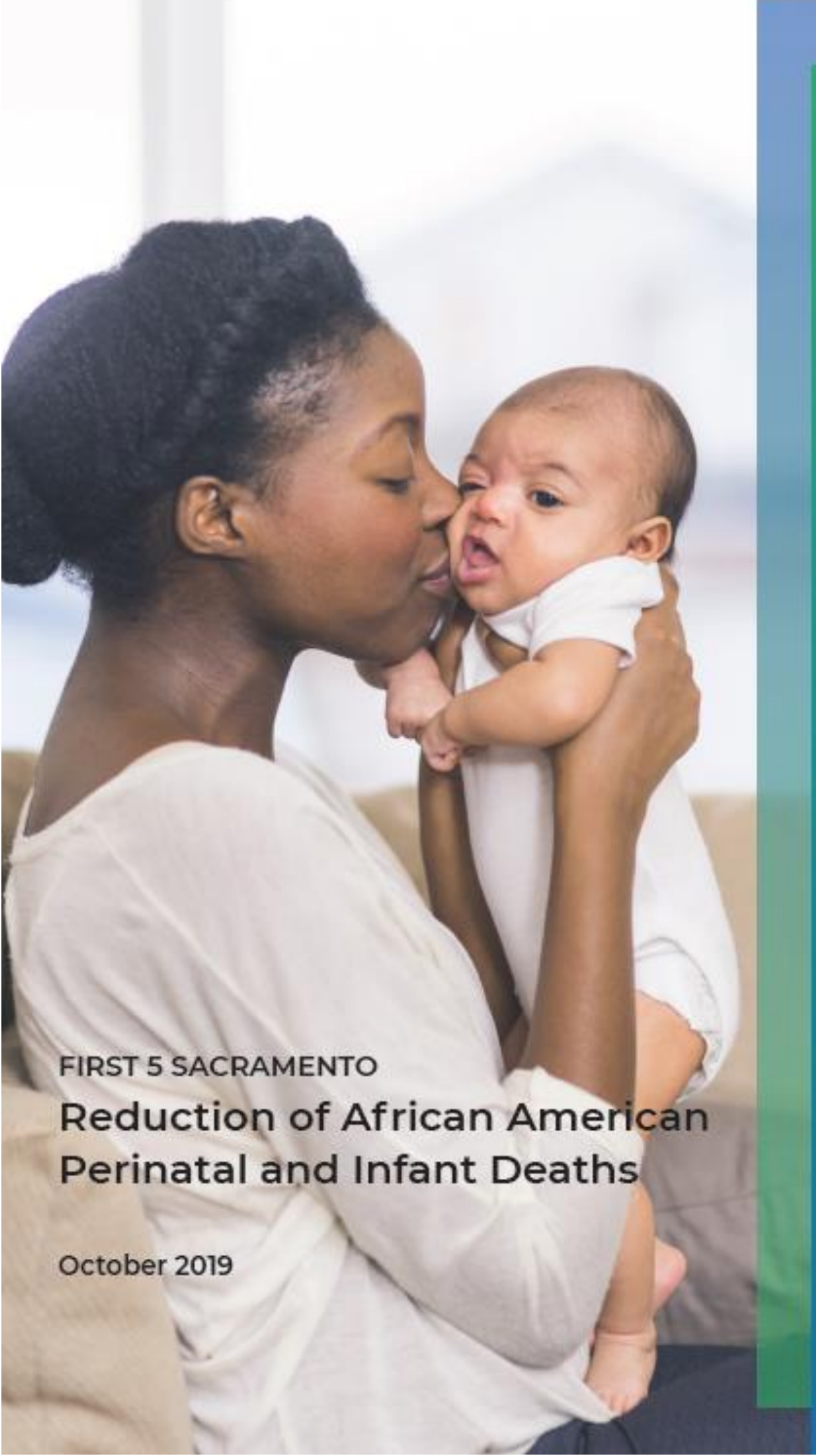
Summary of Evaluation Activities for First 5 Sacramento

Oct 2019

Strategy	Component	Task
RAACD	PREGNANCY PEER SUPPORT	– Summarized death data from PHD – Wrote the first draft of the report
School Readiness	HOME VISITING	– Updated CPS recurrence study design to also fulfill AmeriCorps needs; F5 data file sent to CPS.
	CALWORKS GRANT	– Monitoring; minor changes needed based on state requirements
Syst Sustainability	TWO YEAR REPORT	– Presented report to Commission
State Report		– Created summary of highlights (AR-3)
Annual Report		– Beginning the process of pulling down FY 18-19 data from Persimmony
Strategic Plan		– Updated trend report of community indicator data – Updated and launched parent and community surveys – Held kickoff meeting with Workgroup – Developed criteria and tool for prioritization

Timeline

	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Syst Sust. report	PREZ						
First 5 CA report	Data	DUE					
RAACD report	Write	DUE	Graphics	PREZ			
Annual report		Data	Write	DUE	Graphics	PREZ	
B&B report			Data	Write	DUE	Graphics	PREZ
Strat Plan	Workgroup	Score data	Share with Workgroup	Prioritize	Write plan	Finalize plan	PREZ



FIRST 5 SACRAMENTO

Reduction of African American Perinatal and Infant Deaths

October 2019

Unformatted draft for Evaluation Committee

FIRST 5 SACRAMENTO

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Table of Contents

Executive Summary

BACKGROUND & GOALS

In 2011, the Sacramento County Child Death Review Team (CDRT) released a Twenty 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.[i] 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.[ii] The Blue Ribbon Commission Goals include:

1. Reduce the African American child death rate by **10-20%**
2. Decrease African American child deaths due to infant perinatal conditions by at least **23%**
3. Decrease African American child deaths due to infant safe sleep issues by at least **33%**
4. Decrease African American child deaths due to Child Abuse and Neglect by at least **25%**
5. Decrease African American child deaths due to third party homicides 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 got underway in 2014-2015, resulting in two broad integrated initiatives across Sacramento County, with a particular focus on those neighborhoods most affected:

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

This report provides a summary of First 5 Sacramento's efforts to reduce perinatal and infant deaths in FY 2018-19.

ACHIEVEMENTS OF FIRST 5-FUNDED COMPONENTS

PREGNANCY PEER SUPPORT PROGRAM

The Pregnancy Peer Support program, formerly called the Cultural Broker program, is delivered by Her Health First's Black Mothers United (BMU) program. BMU's efforts include outreach to identify pregnant women as early as possible in their pregnancy, assess and understand their health needs, risks and assets, and through weekly contacts, provide education, referrals and any other support needed to address risks to healthy birth.

102 babies were born to mothers in the Pregnancy Peer Support program; 84% were born at a healthy birth weight and 83% were delivered full term.

July 2018 to June 2019, 216 pregnant African American were served through the BMU program, and 215 consented to be included in the evaluation. Almost half of them (49%) resided in one of the seven high-risk target neighborhoods of Sacramento County. Most participants (51%) entered the program during their second trimester, followed by 28% who entered in their third trimester. Based on initial assessments, participants faced a variety of challenges, including unstable housing situations (27%) and lack of transportation (20%). Almost half of clients (43%) were on CalWORKS, and 71% used WIC services for nutritional support. Almost one third of mothers were dealing with moderate to high depression (28%) based on the Patient Health Questionnaire-9 (PHQ-9), and 11% faced nutritional deficiencies. Most (59%) did not have a plan for a crib to sleep their baby. As a result of referrals and intensive case management, mothers had fewer risk factors by the end of the program. For instance, the percentage of mothers with maternal depression decreased from 29% at intake to 20% at follow up, and the percentage of mothers who did not have a crib reduced from 59% at intake to 6% at follow up.

In FY 2018-19, there was a set of twins who were stillborn at 32 weeks. There were 102 live births in the BMU program, including 92 singletons and 10 twins. Of these, 84% were born at a healthy birth weight, 83% were born full term, and combined, 76% had both positive outcomes. The percentage of singletons with a healthy birth was 82%. Sadly, there was one infant delivered at 32 weeks who perished shortly afterward.

Figure 1 — Birth Outcomes of BMU Clients

Favorable Outcome	**All Infants** (n=102)		**Twins** (n=10)		**Singletons** (n=92)	
	Number	Percent	Number	Percent	Number	Percent
Healthy birth outcome: healthy birth weight *and* full term birth	78	76%	3	30%	75	82%
Healthy birth weight	87	84%	6	60%	84	91%
Full term birth	85	83%	3	30%	82	89%
Any breastfeeding	58	57%	2	20%	56	61%
Unfavorable Outcome	Number	Percent	Number	Percent	Number	Percent
Preterm birth	20	20%	8	80%	12	13%
Low birth weight	17	17%	7	70%	10	11%
NICU Stay	12	12%	4	40%	8	9%
Babies with Jaundice	4	4%	1	10%	3	3%
Infant death	1	1%	0	0%	1	1%

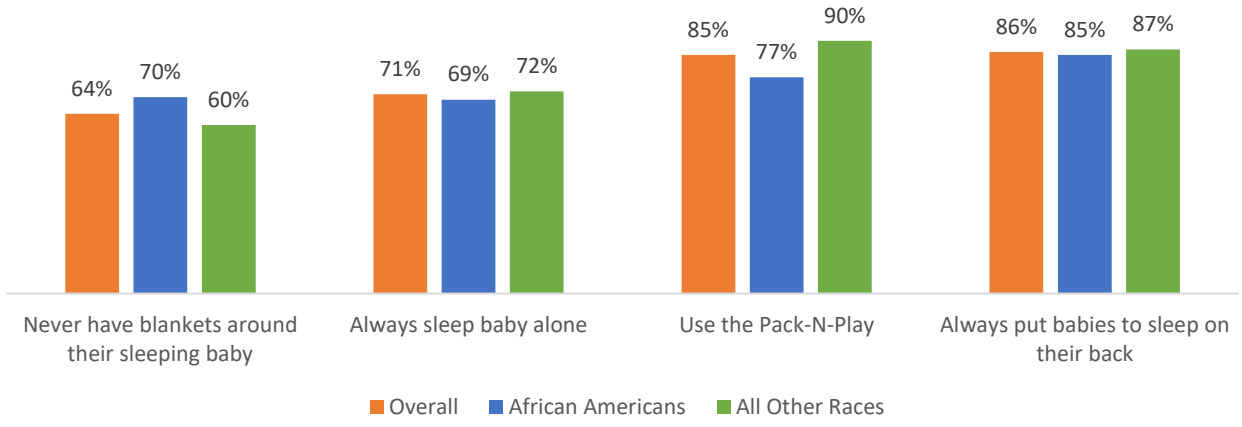
SAFE SLEEP BABY

Safe Sleep Baby (SSB) is an educational campaign conducted by the Child Abuse Prevention Council (CAPC) to increase knowledge about infant safe sleeping practices. Specific goals include training and educating pregnant and new parents, health professionals, and social service professionals about infant safe sleep practices. SSB provides education through home visits and hour-long workshops. In addition to education about safe sleep, CAPC provides cribs to pregnant or new mothers who do not have a safe location to sleep their baby.

The Child Abuse Prevention Council Safe Sleep Baby campaign has consistently shown that the majority of parents trained on safe sleep practices go on to follow those practices with their infants.

From July 2018 to June 2019, there were 883 individuals who received the Safe Sleep Baby training, 31% of whom were African American, and 44% resided in RAACD's targeted zip codes. Pre and post training data showed a 41% increase in understanding that *babies should be NOT tightly swaddled when sleeping for the first six weeks*, 38% increase in understanding that *babies placed on their backs to sleep are NOT more likely to choke on their own spit up*, and 35% increase in understanding that *breastfeeding helps to reduce the risk of SIDS.* Within 3-4 weeks of the SSB training, 277 parents were reached with a follow-up call to understand the extent to which they were using infant safe sleep practices. The most commonly reported safe sleep behavior was *sleeping their baby on their back* (86%), followed by *use of the provided Pack-N-Play* (85%), *sleeping their baby alone* (71%), and *never having blankets around their sleeping baby* (64%). African American respondents were more likely than other respondents to keep blankets away from their sleeping babies, but less likely to use their Pack-N-Play.

Figure 2 — Percent of SSB Participants Practicing Infant Safe Sleep Behaviors, by Race



Source: CAPC, SSB Follow up Survey. N=277.

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

- 292 community-based service providers and one medical provider participated in "train-the-trainer" workshops to help them impart safe sleep knowledge to their clients and patients
- 450 cribs were provided by the Cribs4Kids program to parents and caregivers; 427 were distributed to community partners and 23 were distributed from hospitals. Approximately 36% of all cribs distributed were to African American parents. Additionally, as a sign of hospitals' increasing ownership of this work, another 126 cribs were provided by hospitals.

PERINATAL EDUCATION CAMPAIGN

The third strategy funded by First 5 Sacramento to reduce African American infant deaths has been a public education campaign. Covering different topics, the purpose of these campaigns is to raise awareness about the disparity in infant deaths among African Americans, and to connect African American mothers to services that can help support pregnancies and infant well-being. This campaign, including print and digital media, as well as community events, has been managed by Runyon Saltzman, Inc. (RSE).

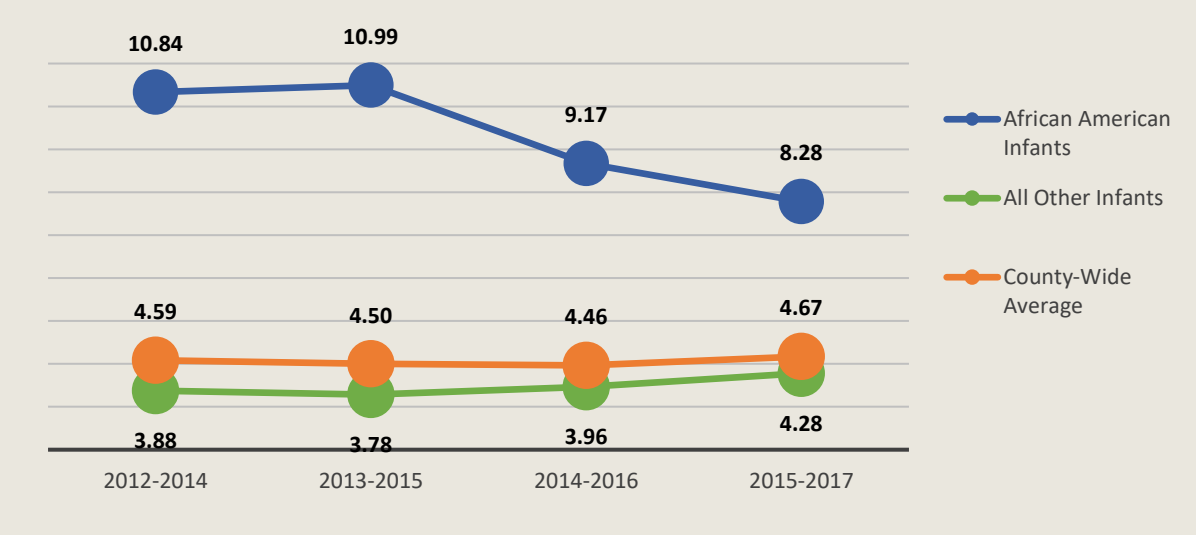
In FY 2018-19, RSE, First 5, and the Sac Healthy Baby Collaborative conducted the Pride & Joy Community Baby Shower, an annual event that provides parents with information and demonstrations related to a healthy pregnancy and safe sleep practices, as well as connections to local resources. Approximately 113 people attended this event, 104 of which were pregnant or new mothers. Over the years of this campaign, community events such as this have been linked to significant increases in the traffic on the SacHealthyBaby.com website. This is likely due to media outreach about the events which encourages people to visit the website in order to register for the baby shower. There were 2,170 visits to the SacHealthyBaby website by 1,874 users in FY 2018-2019.

COUNTYWIDE TREND DATA

The overall goal of First 5 Sacramento's three funded strategies is to help reduce the rate of African American perinatal and sleep-related deaths in Sacramento County. In order to measure the impact of these efforts, data from Sacramento County's Department of Public Health and the Child Death Review Team (CDRT) were utilized. Public Health defines infant death as any death that occurs before one year of age. During the baseline period of 2012-2014, African American infants died at a rate of 10.84 per 1,000 births, but this rate reduced by 31% to 8.28 per 1,000 births in 2015-2017. This analysis shows a steady downward trend of infant deaths amongst African Americans, while the rate is actually increasing amongst other ethnic groups and for the county as a whole. Secondly, these data show a 43% reduction in the disparity between African American infant death and all other races.

Since 2012-2014, Sacramento County has seen a 31% decrease in the rate of infant death amongst African Americans, and a 43% decrease in disparity between the rates of African Americans and other ethnic groups.

Figure 3 — 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.

Countywide trends were less favorable for low birthweight and preterm births. In Sacramento County, 12.8% of African American babies were born preterm during the years 2015-2017, a slight increase from the baseline period of 2012-2014 (12.6%). The percentage of African American babies born with low birthweight also increased slightly compared to the baseline period (10.5% in 2012-2014 to 11.3% in 2015-2017).

PROGRESS TOWARD THE BLUE RIBBON COMMISSION GOALS

- From 2012 to 2017, there was a _____ decrease in the rate of African American child deaths due to infant perinatal conditions. This is _____ than the projected goal for 2020 (Target: 23%)
- From 2012 to 2017, there was a _____ decrease in the rate African American child deaths due to infant safe sleep issues. This is _____ than the projected goal for 2020. (Target: 33%)

Introduction

BACKGROUND & GOALS

In 2011, the Sacramento County Child Death Review Team (CDRT) released a Twenty-Year Report revealing that African American children were dying at twice the rate (102 per 100,000) of any other ethnic group.[iii] The four causes of disproportionate child death amongst African American children were:

- Perinatal conditions
- Infant sleep-related (ISR)
- Child abuse and neglect (CAN) homicide
- Third party homicide

In response to the alarming findings from the CDRT report, the Sacramento County Board of Supervisors created the Blue Ribbon Commission on Disproportionate African American Child Deaths to formulate a plan of action. In 2013, the Blue Ribbon Commission released its report with a set of recommendations to reduce African American child deaths by 10% to 20% over the next five years by addressing the causes four cases of death for which African American children were disproportionately affected.[iv]

The 2013 Blue Ribbon Commission report created outcome targets based on the reduction of child deaths that would represent a statistically significant change from the 2007-2011 period to the next five year period. As seen below, the goals included an overall 10-20% reduction in African American child deaths, and specific reductions for each of the leading causes of infant death (infant perinatal conditions, infant sleep-related, child abuse/neglect, and third party homicides).

1. Reduce the African American child death rate by **10-20%**
2. Decrease African American child deaths due to infant perinatal conditions by at least **23%**
3. Decrease African American child deaths due to infant safe sleep issues by at least **33%**
4. Decrease African American child deaths due to Child Abuse and Neglect by at least **25%**
5. Decrease African American child deaths due to third party homicides by at least **48%**

The Blue Ribbon Commission report also called for the establishment of the Steering Committee on Reduction of African American Child Deaths (RAACD). Convened by the Sierra Health Foundation, the RAACD Steering Committee released a Strategic Plan[v] and Implementation Plan[vi] in 2015. These plans outlined strategies to address the top four causes of disproportionate African American child deaths.

STRATEGIES TO REDUCE AFRICAN AMERICAN CHILD DEATHS

To address the four leading causes of child death, two broad integrated approaches have been implemented across Sacramento County:

- The Black Child Legacy Campaign (BCLC): Led by the Sierra Health Foundation, this strategy involves Community Incubator Lead (CIL) organizations in each of the targeted neighborhoods who lead prevention and intervention efforts to reduce disproportionate African American child deaths.

- Reduction of African American Perinatal and Infant Deaths: Led by First 5 Sacramento, this strategy includes three programs that focus on preventing deaths due to Perinatal Conditions and Infant Sleep-Related causes: Pregnancy Peer Support Programs, the Infant Safe Sleep Campaign, and a Public Education Campaign.

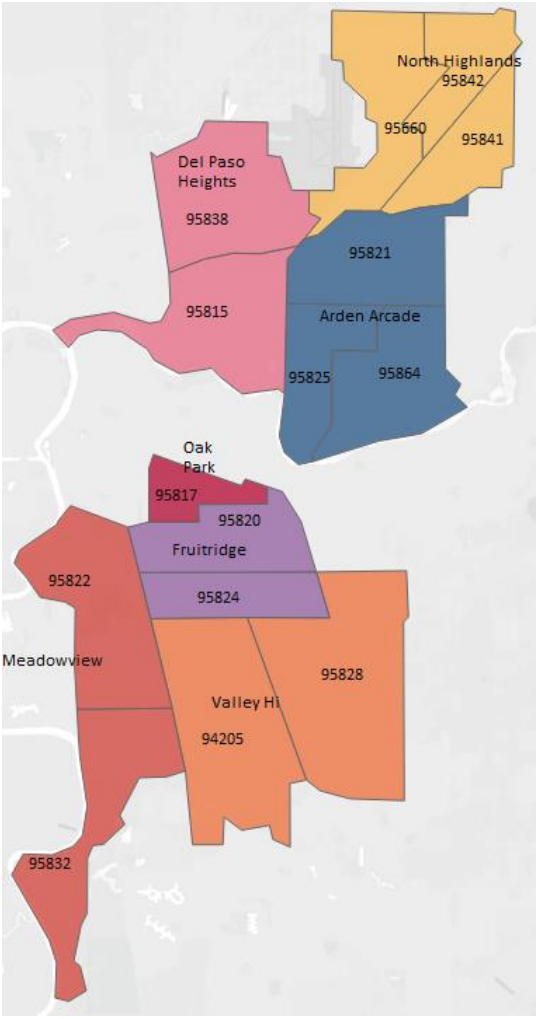
The graphic below presents a strategic framework for how Sacramento County is reducing African American child deaths.

Figure 4 — Sacramento County's Strategic Framework to Reduce African American Child Death.

(Pending)

To meet the Blue Ribbon Commission goals, efforts have been targeted at the neighborhoods in Sacramento County with the highest rates of child death. Not only do these neighborhoods experience high proportions of child death, almost two-thirds of all African Americans that live in Sacramento County reside in these neighborhoods. These communities include:

- Arden-Arcade
- Fruitridge/Stockton Boulevard
- Meadowview
- Valley Hi
- North Sacramento/Del Paso Heights
- North Highlands
- Oak Park



FIRST 5 STRATEGIES TO REDUCE AFRICAN AMERICAN INFANT DEATHS

To address the preventable causes of infant death — perinatal or sleep-related — First 5 Sacramento partnered with various community organizations to launch and implement three programs:

- Pregnancy Peer Support Program
- Safe Sleep Baby Education Campaign
- Public Education Campaign

The outcomes of these strategies were summarized in a comprehensive 2015-2018 evaluation by LPC Consulting. This report continues the evaluation of First 5 Sacramento's efforts, describing each investment, FY 2018-19 outcomes, and recommendations about areas to strengthen where applicable.

Pregnancy Peer Support Program

The Pregnancy Peer Support program is implemented by Her Health First (HHF)'s Black Mothers United (BMU) program. The goal of the program is to provide culturally relevant outreach, education, and individualized support to pregnant African American women in areas of Sacramento that are at high-risk for infant death. In order to be eligible for services, women are required to be pregnant, have entered the program no later than their 32nd week of pregnancy, reside in Sacramento County, and self-identify as African American.

The BMU program is implemented using home visitation conducted by pregnancy coaches. Coaches are African American women who are trained to provide education, offer information about medical and social service options, and assist mothers in preparation for the birth of their child. Coaches conduct outreach with partners with community-based organizations and social service agencies to identify and assist pregnant African American women are hardest to reach, including those not receiving regular prenatal care and those most at-risk of adverse pregnancy outcomes.

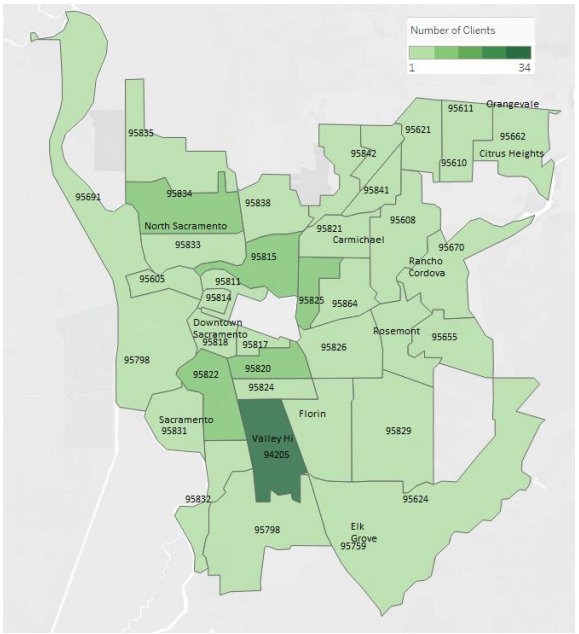
102 babies were born to mothers in the Pregnancy Peer Support program; 84% were born at a healthy birth weight and 83% were delivered full term.

Pregnancy coaches connect with clients weekly and meet in person at least every two weeks until delivery and 4 months postpartum. Upon intake, coaches use a health assessment to understand each client's needs related to pregnancy, psychosocial needs, and postpartum plans, including strategies for safe sleeping their new baby. With this information, coaches develop individualized care plans for their clients, including information and referrals related to nutrition, health education services, prenatal care, transportation, and connecting women to various social services. Additionally, coaches provide individual support through regular check-in meetings during pregnancy and postpartum, as well as peer support through monthly group meetings and quarterly baby showers.

PROFILE OF CLIENTS

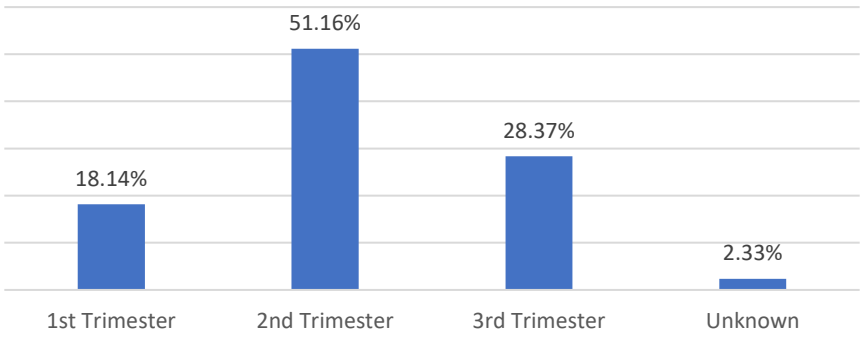
From July 1, 2018 to June 30, 2019, the BMU program served 216 pregnant African American women, including 52 who were enrolled in FY 2017-18. One woman did not consent to participate in the program evaluation and thus, received services but was not included in this evaluation. Therefore, subsequent findings are based on 215 consented participants.

The map displays the number of clients served by zip code. The largest number of clients were congregated in the Valley Hi neighborhood and the lowest concentrations of clients were in Orangevale, and Rancho Cordova. Almost half of the clients in FY 2018-19 (49.3% or 106/215) resided in one of the seven high-risk target neighborhoods of Sacramento County.



Upon entry into the BMU program, clients complete a comprehensive health assessment with their coach. As seen below, the majority of participants (51.16%) entered during their second trimester of pregnancy, while 28.37% enrolled during their third trimester and 18.14% enrolled during their first trimester. Measuring program entry helps to ensure that clients receive access to early prenatal care. Additionally, clients who enter the program earlier have more time to receive pregnancy education and necessary referrals.

Figure 5 — Number of Mothers Served, by Trimester of Entry

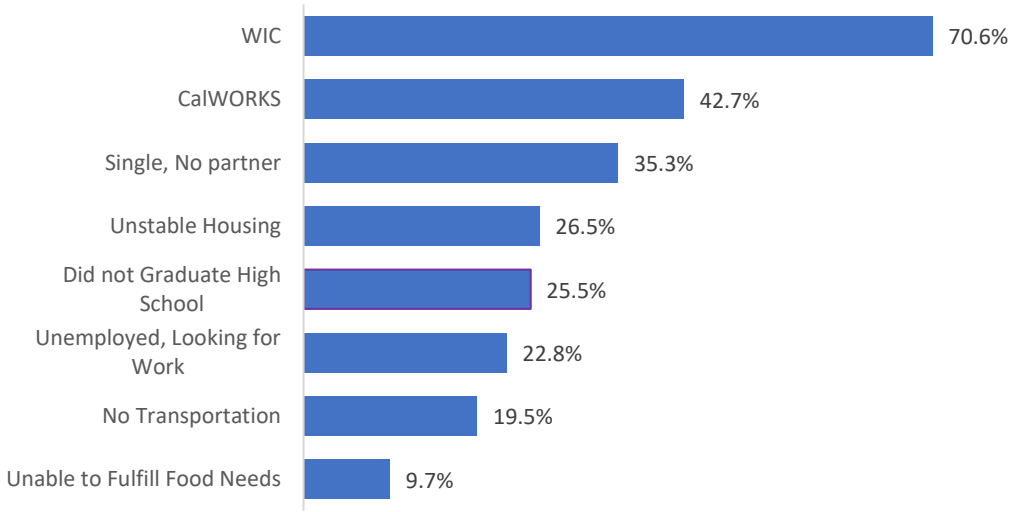


Source: Health Assessment Intake. N=215.

The initial health assessment also helps coaches understand the strengths and needs of each mother, including needs related to economic circumstances, and risk factors related to the health of the mother, health of the fetus, and preparedness to ensuring the safety of their infant once delivered. This information is then used by the coaches to provide referrals to necessary resources.

In terms of the socio-economic realities of participants, about one quarter reported having unstable housing situations (26.5%; 58/215) and 20% did not have transportation (42/215). Almost half of clients (43%; 92/215) were on CalWORKS, and 71% (152/215) used WIC services for nutritional support. One quarter of clients (55/215) did not graduate high school, 35.3% (76/215) were single head of household, and 22.8% (49/215) were unemployed and looking for work.

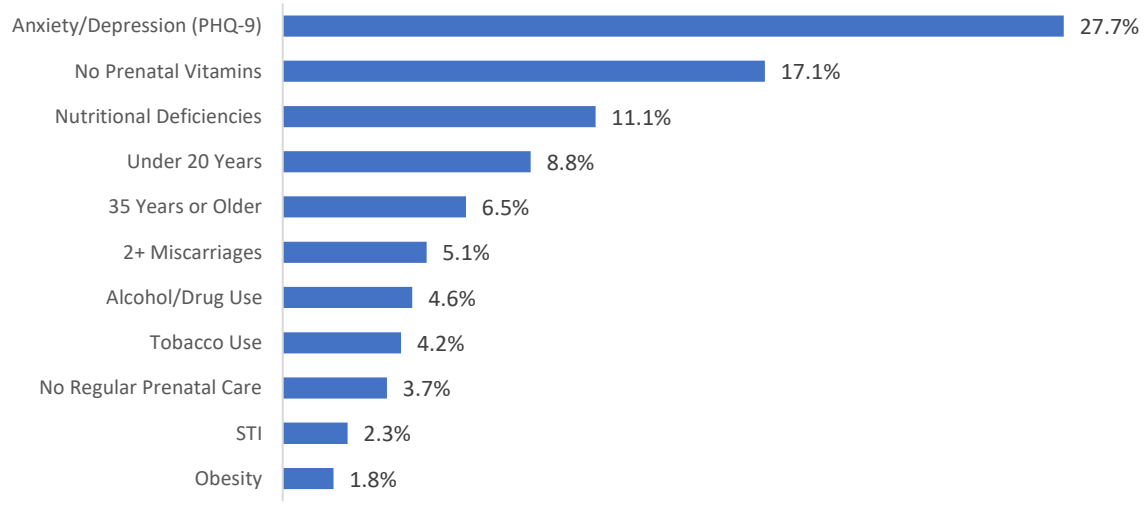
Figure 6 — Socio-Economic Factors Reported at Intake



Source: Health Assessment (Intake). N=215.

In terms of maternal health, the most prevalent risk factor found amongst the 2018-2019 BMU participants was moderate to high depression (28%), not taking prenatal vitamins (17%), nutrition deficiencies (11%), being under 20 years old (9%), and being over 35 years old (7%).

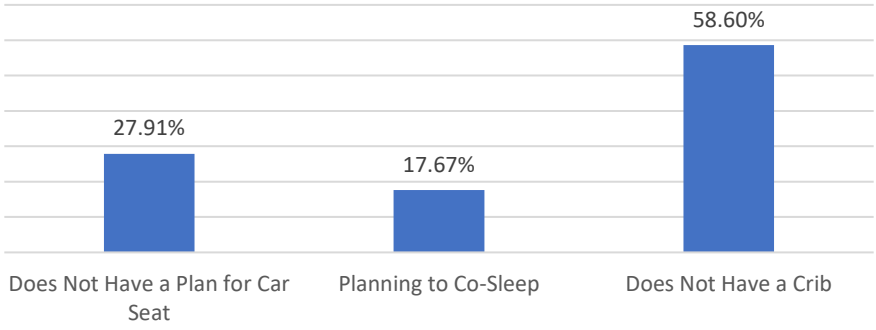
Figure 7 — Health Risk Factors Reported at Intake



Source: Health Assessment Intake. All n's=215 except "moderate to high depression", based on the PHQ-9 n=148.

The health assessment also gauges mothers' preparedness for caring for the safety of their infants; where needs are identified, coaches provide resources, referrals and education. As seen below, at intake, over half the participants in 2018-19 did not yet have a crib, almost a third did not have a plan for getting a car seat, and almost 20% were planning to co-sleep with their children.

Figure 8 — Infant Safety Risk Factors Reported at Intake

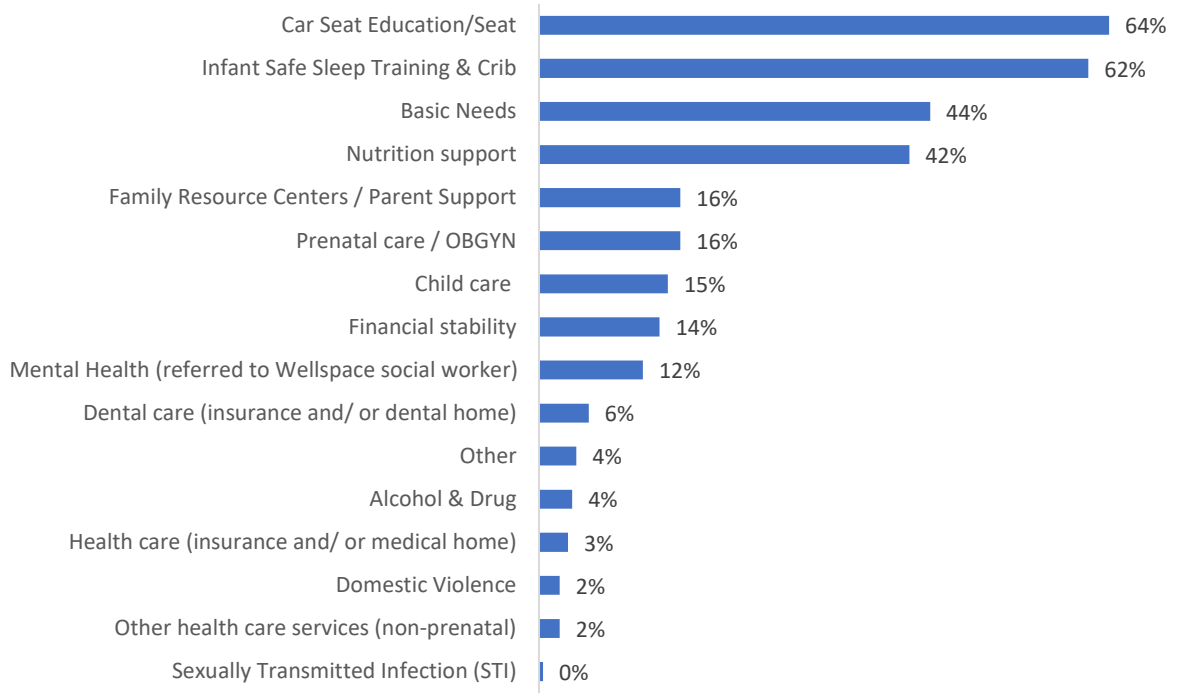


Source: Health Assessment Intake. N=215.

REFERRALS

A key role of BMU's pregnancy coaches is to assess mothers' needs, and provide referrals throughout their pregnancy as challenges arise. Referrals were given to women in the program based on their self-reported needs and on the needs observed by their pregnancy coach. The majority of referrals were for car seat education and safety (64%), infant safe sleep training and crib (62%), basic needs support (44%), and nutritional support (42%).

Figure 9 — Percent of Clients Receiving Referrals, by Type



Source: Care Plan and Referral Log. N=213. Includes all clients served in FY 2018-19.

As part of their case management, pregnancy coaches help their clients connect to the services they desired, and when clients successfully accessed requested services, the initial referrals are logged as having been followed up. Because follow up data is not available on every client, the next analysis presents referral information on the 104 clients who had initial referrals and who had an exit form. For instance, 72% of clients who were referred for support for financial stability were able to access that support, and 60% of participants followed up on referrals for nutritional support, and 51% of participants were connected to Infant Safe Sleep Training.

Figure 10 — Type of Referrals Provided and Completed

Referral Type	Number of Referrals Given	Percentage Receiving this Referral	Number of Referrals Followed Up	Percentage who Followed Up on Referral
Car Seat Education	85	82%	38	45%
Infant Safe Sleep Training and Crib Provided	81	78%	41	51%
Basic Needs	66	63%	40	61%
Nutrition Support	53	51%	32	60%

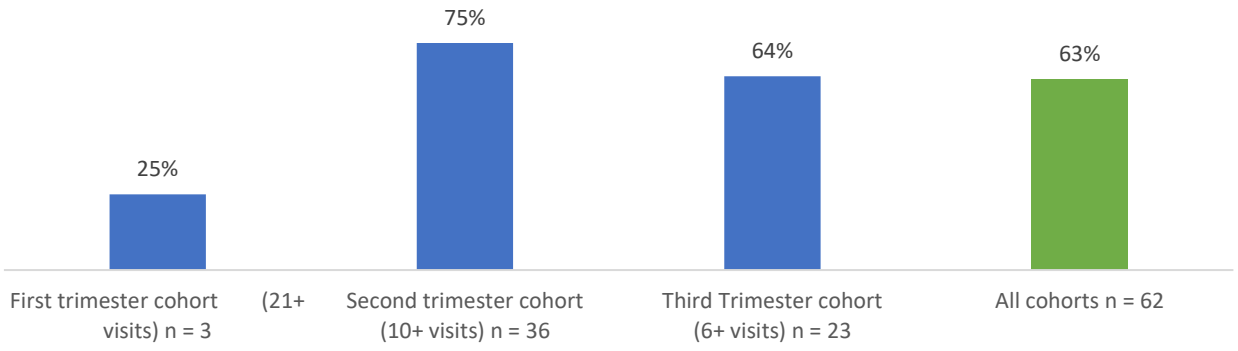
Referral Type	Number of Referrals Given	Percentage Receiving this Referral	Number of Referrals Followed Up	Percentage who Followed Up on Referral
Child Care	22	21%	13	59%
Prenatal Care/OBGYN	20	19%	13	65%
Financial Stability	18	17%	13	72%
Family Resource Centers/ Parent Support	15	14%	7	47%
Mental Health	7	7%	4	57%
Alcohol and Drug	4	4%	1	25%
Domestic Violence	3	3%	2	67%
Dental Care	3	3%	1	33%
Other Health Care Services (Non-Prenatal)	3	3%	3	100%
Health Care (Insurance or Medical Home)	2	2%	2	100%
Sexually Transmitted Infection	1	1%	1	1%

Source: Care Plan and Referral Log, 2018-19. Follow up status is assessed amongst those clients who have both a referral form and those with an exit form. N varies depending on the item.

LEVEL OF PROGRAM COMPLETION

The BMU program strives to reach pregnant women wherever they are in their pregnancy, and sometimes this is not until later in gestation. In order to evaluate the extent to which participants completed the program, different thresholds for dosage were set based upon mothers' trimester of entry. Women who entered the program during their first trimester have the opportunity to complete at least 21 prenatal visits with their Pregnancy Coach; therefore the minimum threshold of completion for women in the First Trimester Cohort is 21 prenatal visits. Ideally, women who entered the program in their second trimester would have 10 or more prenatal visits, and women who entered in their third trimester would have 6 or more prenatal visits. Amongst participants who completed the program, Figure 12 illustrates the level of completion per cohort, as well as an average across all cohorts. Out of the 97 women who delivered and exited the program, (63%; 62/97) completed the minimum number of prenatal visits.

Figure 11 — Completion rates by Trimester Cohort of Entry and Overall



Source: Persimmony. Based on Exit Form. Data are not presented for clients who do not have an exit form, as the dosage status is unknown. First trimester cohort n=3, Second trimester cohort n=36, Third Trimester cohort n=23.

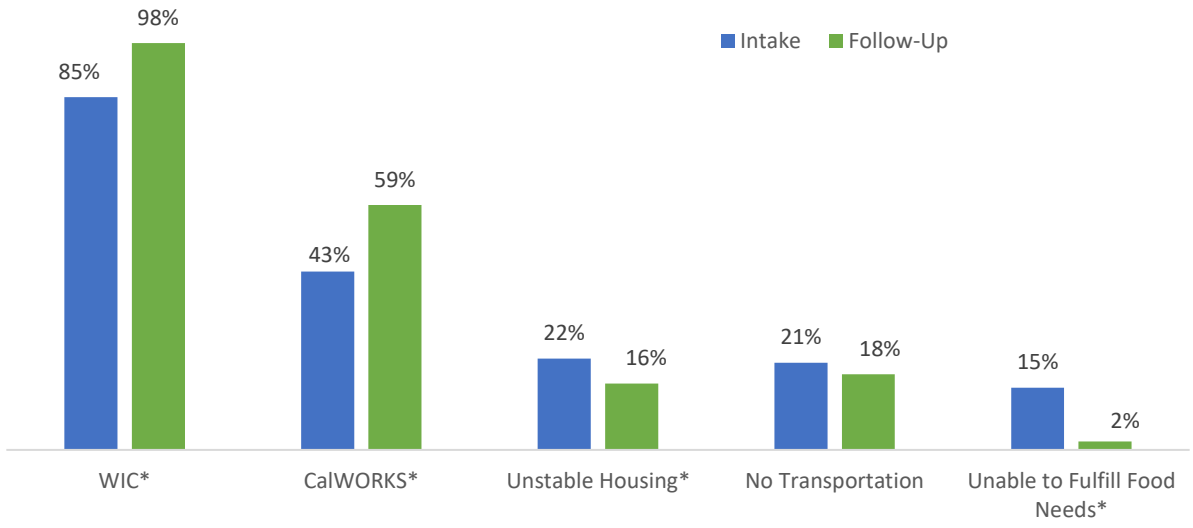
Another essential component of the Pregnancy Peer Support model is the postpartum support provided by coaches. These visits typically occur around 30 days after delivery, and provide an opportunity for coaches to learn about the delivery outcome, check in on mom and baby's well-being, complete the postpartum paperwork, and provide referrals to any necessary resources. In FY 2018-19, **97%** (95/98) of clients met with their advocate for at least 1 postpartum visit.

CHANGES IN RISK FACTORS

One of the primary objectives of the Pregnancy Peer Support program is to understand factors that pose a direct risk to the health of the baby as well the health and functioning of mothers. In intake and follow health assessments, clients are asked about a variety of factors related to socio-economic conditions, psychosocial wellbeing, maternal health, and infant safety. The following presents results from the matched set of clients who had both intake and follow up assessment results.

In terms of socio-economic factors, participants increased in their use of WIC (73/86 at intake and 84/86 at follow-up) and CalWORKS (38/88 at intake and 52/88 at follow-up) programs. Participants decreased or improved in all socio-economic risk factors related to resource information provided by the BMU program. Notably, participants reporting unstable housing situations decreased by almost half (27/81 at intake and 13/81 at follow-up) and participants who were unable to fulfill their family's food needs at intake dramatically decreased to 3.4% at follow-up (12/82 at intake and 2/82 at follow-up). These findings indicate that participants gained increased connections to essential services that impact their families' stability.

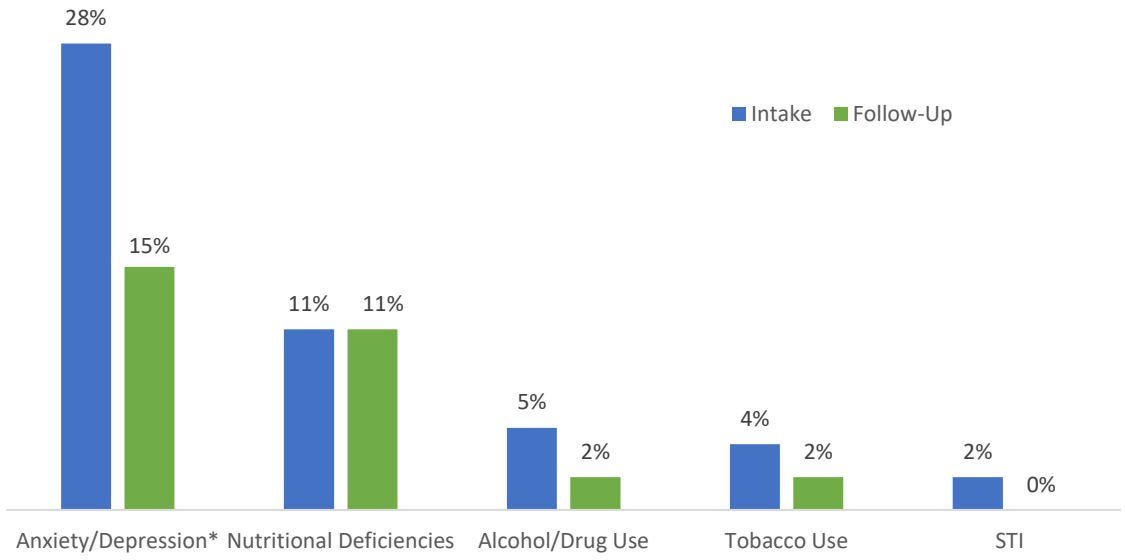
Figure 12 — Change in Socio-Economic Risk Factors from Intake to Follow Up Assessment



Source: Health Assessment Intake and Follow Up. Matched sets; n=88. N's vary based on item response rate. Column names marked with * represent a statistically significant change.

As for health risk factors, maternal depression or anxiety was rated moderate or high in 28% (24/85) of mothers before entering the program, and after program completion, this percentage had decreased to 15% (13/85). Maternal-reported alcohol and drug use was reported by 5% of mothers at intake (5/85), and this decreased to 2% in the follow up assessment (2/85). At intake, 3 mothers had sexually transmitted infections and by follow-up, this number had decreased to 0.

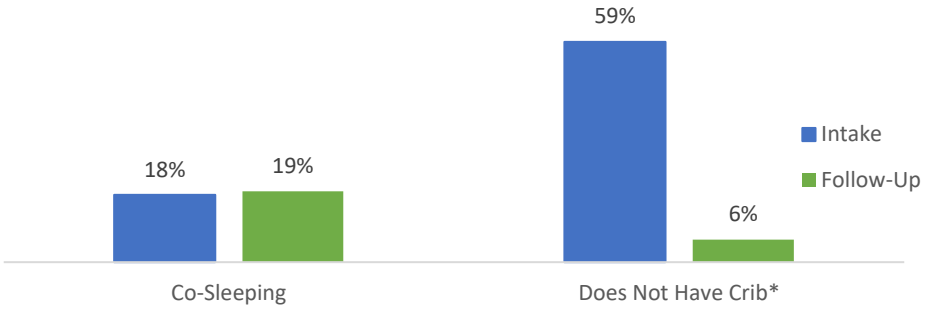
Figure 13 — Change in Health Risk Factors from Intake to Follow Up Assessment



Source: Health Assessment Intake and Follow Up. Matched sets; n=85. Column names marked with * represent a statistically significant change.

Positive changes were also observed with parents' preparedness for infant safety; at intake, 59% of mothers reported that they did not have a crib to sleep their baby before the program began, and this dropped to just 6% by the end of the program. However, changes were not found in terms of parents' intention (intake) and then practice (follow up) of co-sleeping.

Figure 14 —Change in Infant Safety Practices from Intake to Follow-Up Assessment



Source: Health Assessment Intake and Follow Up. Matched sets; n=85. Column names marked with * represent a statistically significant change.

BIRTH OUTCOMES

Birth outcome information is provided by mothers during their postpartum visit with their Pregnancy Coach. In FY 2018-19, there was a set of twins who were stillborn at 32 weeks. There were a total of 102 infants born, including 92 singletons and five sets of twins (10 infants).

Of the 102 infants, 83% (85/102) were born at a healthy birth weight, 80% (82/102) were born full term, and combined, 76% (76/102) had a healthy birth outcome, in that they were born at a healthy birth weight and full term. The percentage of singletons with a healthy birth was 82% (75/92). In terms of perinatal outcomes, at the time the Pregnancy Outcome Form was completed approximately one month postpartum, 56% (57/102) of babies had been taken for their well-baby checks with a pediatrician (the remainder may have been taken to the pediatrician after the postpartum visit occurred; a data collection strategy is being put into place for FY 2019-20 to gather more complete data on this indicator). Breastfeeding rates were favorable as well, with one third (34/102) of babies exclusively breastfed, and 57% (58/102) breastfeeding in combination with formula.

In terms of less favorable outcomes, 17% (17) of the 102 babies were born low birth weight and 20% (20) of infants were born pre-term. Sadly, there was one infant that was delivered at 32 weeks and then perished shortly afterward. See Appendix 1 for a listing of factors associated with individual births that had poor outcomes.

Figure 15 — Birth and Perinatal Outcomes of Pregnancy Peer Advocate Clients

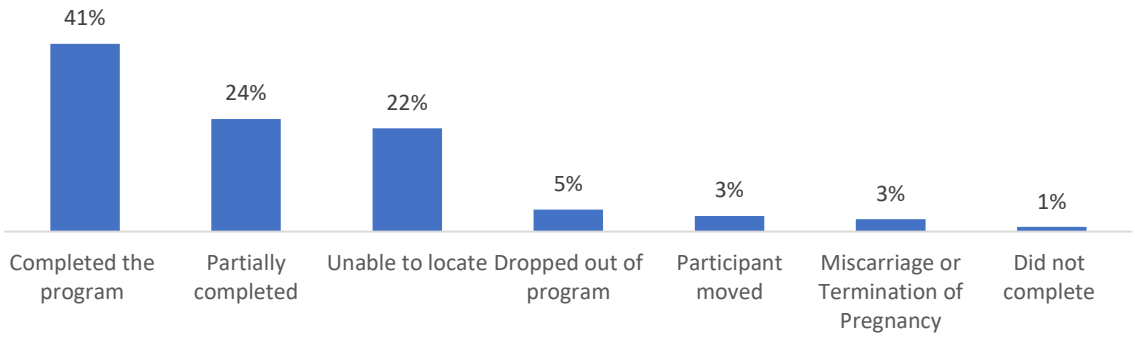
	All Infants (n=102)		Twins (n=10)		Singletons (n=92)	
Favorable Outcome	Number	Percent	Number	Percent	Number	Percent
Healthy birth outcome: Healthy birth weight *and* full term birth	78	76%	3	30%	75	82%
Healthy birth weight	85	83%	3	30%	82	89%
Full term birth	82	80%	2	20%	80	87%
Well-baby visit with pediatrician	57	56%	4	40%	53	58%
Exclusive breastfeeding	34	33%	0	0%	34	37%
Any breastfeeding	58	57%	2	20%	56	61%
Unfavorable Outcome	Number	Percent	Number	Percent	Number	Percent
Preterm birth	20	20%	8	80%	12	13%
Low birth weight	17	17%	7	70%	10	11%
NICU Stay	12	12%	4	40%	8	9%
Babies with Jaundice	4	4%	1	10%	3	3%
Infant death	1	1%	0	0%	1	1%

Source: Pregnancy Outcomes Form, except "Baby Sleeping on Back (Health Assessment Form)."

Program completion is defined as completing both the minimum prenatal service requirements, based on the trimester of entry, and a postpartum visit with the BMU pregnancy coach. Partial completion is defined as completing one but not both of these requirements, and participants who exited without completing either requirement are defined as not completing the program. The BMU program reaches a high-need population, and retention of this population has historically been a challenge; this pattern persisted into FY 2018-19. Almost half of clients (41%; 60/147) did complete both the minimum prenatal

and postpartum service requirements, and another 24% (36/147) partially completed these requirements. However, 22% (33/147) of clients could not be located.

Figure 16 — Status at Program Exit



Source: Exit Form. N= 149.

FACTORS THAT PREDICT UNHEALTHY BIRTH OUTCOMES

A series of logistic regressions were conducted to find the risk factors that significantly predicted having an unhealthy birth outcome (low birthweight, preterm birth, or both). Sums of total risk factors were created, with sub-categories of health risk factors and socio-economic risk factors included. Interestingly, total risk factor sum was not predictive of having a poor birth outcome. However, having a higher number of health risk factors (but not socio-economic risk factors) *was* predictive of poor birth outcomes. Subsequently, when the individual health risk factors were entered into a logistic regression, only one factor was significant (anxiety/depression). This finding indicates both the importance of maternal mental health in the health outcomes of her infant and also provides evidence to argue that it is actually experiencing health risk factors *in conjunction with one another* that predicts unhealthy birth outcomes.

Additionally, a logistic regression was conducted to analyze possible predictors of a healthy birth out of maternal proactive pregnancy behaviors. Number of gestational weeks at intake to the BMU program, number of gestational weeks at the first prenatal visit, and number of weekly check-ins with the BMU advocate were all entered. Only number of weekly check-ins was a significant predictor of having a healthy birth outcome. This provides strong evidence for the efficacy of the BMU program; the more check-ins that a mother had with her advocate, the higher her chance of having a healthy pregnancy.

OPPORTUNITIES FOR IMPROVEMENT

(To be developed with HHF and First 5 Sacramento)

WellSpace Health (WSH) operated a perinatal program out of two South Sacramento Clinics from July 1, 2015 to December 31, 2018. WSH served women who lived in the areas with the highest levels of African American infant death.

WSH's "Perinatal Support Advisors" used the Nurturing Parenting Program (NPP) for Prenatal Families, which was made up of 18 prenatal visits with a Perinatal Support Advisor. The NPP Prenatal Program provided pregnant women with education on the effects of alcohol, tobacco, nutrition, and stress on the unborn baby, as well as providing information about how to have a healthy baby. Additionally, Perinatal Support Advisors provided two risk factor education sessions and delivered at least one postpartum check-in within a month of delivery. Social workers also provided customized support for pregnant mothers and could assist them in connecting to resources within WellSpace or in the community. Because WSH is a medically-based program, any medical or psychosocial referrals from the BMU pregnancy coaches were given to WSH.

FY 2018-19 was a transitional year for WSH perinatal programming, in that it focused on closing out this program. From July 1, 2018 through December 31, 2018, WSH's perinatal program served a total of 60 clients. All of these women (100%) identified as African American. By the end of December, 43 of them delivered, and 9.3% (4/43) of infants were born preterm and 11.6% (5/43) of infants were born with low birthweight. No infant deaths were reported from this cohort.

Starting January 1, 2019 WSH began phasing in a new approach to provide ultrasounds, psychosocial support, and care coordination to BMU clients. Seven pregnant women were provided with ultrasounds.

Safe Sleep Baby

Safe Sleep Baby (SSB) is an education campaign managed by the Child Abuse Prevention Council (CAPC) to increase knowledge 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:

- Safe Sleep Baby public education campaign to share SSB messages
- Safe Sleep Baby direct education for parents, hospital staff, health professionals, and social service professionals
- Cribs4Kids to provide cribs to pregnant or new mothers who do not have a safe location to sleep their baby
- Safe Sleep Baby systems change efforts related to safe sleep education policies and procedures

The Child Abuse Prevention Council Safe Sleep Baby campaign has consistently shown that the majority of parents trained on safe sleep practices go on to follow those practices with their infants.

SAFE SLEEP BABY PUBLIC EDUCATION CAMPAIGN

Since the beginning of the Campaign, CAPC has sought to ensure that education and messages regarding safe sleep are created and delivered in a culturally relevant and sensitive manner. All SSB materials were distributed within the neighborhoods identified as having the highest rates of African American infant death in Sacramento County.

Additionally, the AmeriCorps Member Parent Health Educators created the SSB Social Media Campaign pages to further communicate safe sleep education and the risk factors that result in infant sleep related deaths. In the first year, engagement with these new outlets was as follows:

- Instagram page that increased in followers from 83 to 122 (17% African American), with an average of 50 visits per day. The Instagram page had 38 posts from July 2018 to June 2019.
- Facebook page that has 57 followers and 54 likes and has been growing on a weekly basis. The Facebook page had 25 posts during the 2018-2019 fiscal year.
- Twitter page has 20 followers (26% African American) and posted 9 tweets during the 2018-2019 fiscal year.

SAFE SLEEP BABY DIRECT EDUCATION

SSB Education for Community Service and Health Providers

To reach out to professionals who work with pregnant or new mothers, SSB employed "train-the-trainer" workshops to increase providers' knowledge about infant safe sleep practices and to promote referrals to SSB parent workshops for infant safe sleep education and cribs. Community professionals that were trained were comprised of: Cribs for Kids partner representatives, community-based service providers who work with pregnant or new mothers, and medical provider organizations who work with pregnant or new mothers. From July 2018 to June 2019, 292 community-based service providers and one medical provider received this training, including:

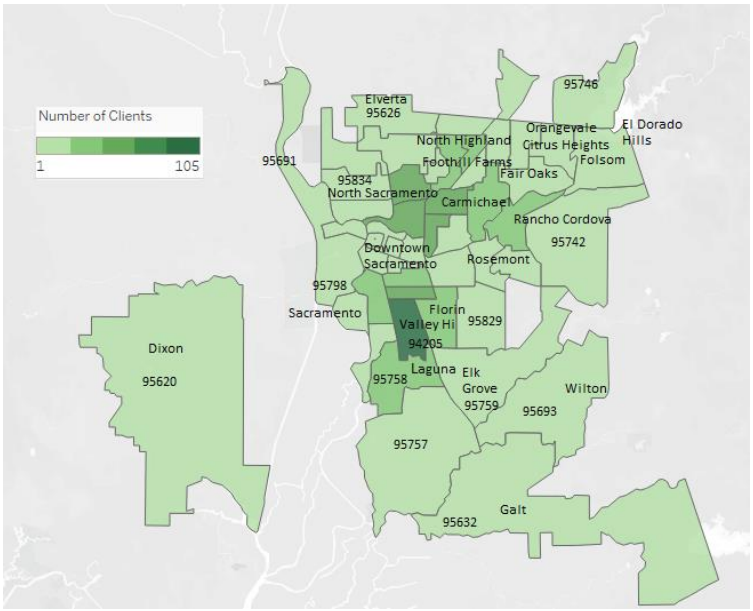
- Valley Hi Family Resource Center

- Rose Family Creative Empowerment Center BCLC
- CPS
- Safetyville USA
- CAPC
- HALO Del Paso

SSB Education for Parents

SSB provides education to families through home visits and hour-long workshops. All families are welcome in the program, but there is a special emphasis on reaching African American families. Home visits are a valuable tool for increasing knowledge about safe sleep practices because parents are able to receive information from a trusted source in a private setting. Additionally, home visitors were able to observe the current or expected sleeping arrangement for each infant, as well as provide ongoing follow-up about infant safe sleep. Each session offers several key pieces of knowledge, including statistics about infant death due to sleep-related causes, the Six Steps to Safe Sleep Your Baby, and an educational video. After successfully completing the training, parents are given a free Pack 'n Play crib if they do not have a safe place to sleep their child. During the 2018-2019 fiscal year, 883 unduplicated parents received SSB education, 31% (276) of whom were African American. Parents were trained at or by the following locations:

- CAPC
- MAN Arcade FRC
- Meadowview FRC
- MAN Del Paso FRC
- WellSpace Health FRC
- Valley Hi FRC
- La Familia FRC
- FCCP FRC
- North Sacramento FRC:
- River Oak FRC
- WellSpace Health
- Sutter Teen Programs
- Her Health First
- Liberty Towers



The map displays the geographic location where SSB parent participants resided. The areas with the highest numbers of participants were South Sacramento, North Sacramento, and Carmichael. The areas with the fewest SSB participants were primarily in areas surrounding the perimeter of Sacramento County. Overall, the percentage of SSB parent participants who reside in RAACD's targeted zip codes was 44.3% (396/894).

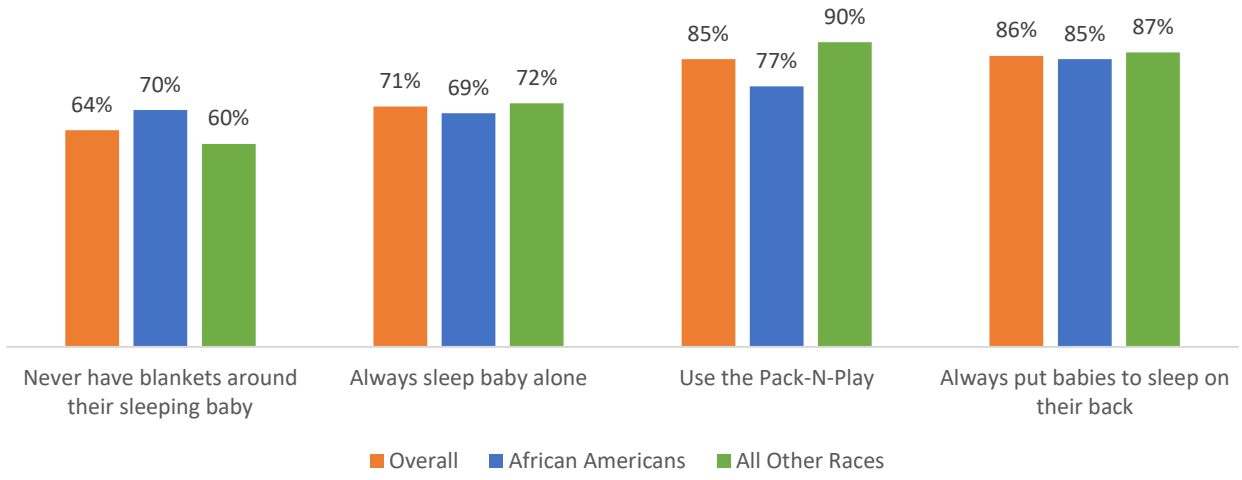
Figure 17 — Location of Safe Sleep Baby Training Participants

Of the 883 individuals who received the Safe Sleep Baby training, nearly 100% (882/883) of participants completed a pre- and post-test to measure changes in knowledge and intention before and after the training. Almost one-third (31.1% or 276) of training participants who completed both pre- and post-tests identified as African American. Overall, across all respondents, the following three questions show the highest increases in knowledge, and particularly amongst African Americans:

- *Question:* Babies should be tightly swaddled when sleeping for the first six weeks.
  Answer: False. *Overall Increase:* 41% *African American Increase:* 115%
- *Question:* Babies placed on their backs to sleep are more likely to choke on their own spit up.
  Answer: False. *Overall Increase:* 38% *African American Increase:* 40%
- *Question:* Breastfeeding helps to reduce the risk of SIDS.
  Answer: True. *Overall Increase:* 35% *African American Increase:* 35%

Within 3-4 weeks of the SSB training, 277 parents were reached with a follow-up call to understand the extent to which they were using infant safe sleep practices. The most commonly reported safe sleep behavior was *sleeping their baby on their back* (86%; 238/277), followed by *use of the provided Pack-N-Play* (85%; 235/277), *sleeping their baby alone* (71%; 196/277), and *never having blankets around their sleeping baby* (64%;178/277). Interestingly, African American respondents were more likely than other respondents to ensure blankets were not near their sleeping babies, but less likely than other parents to use their Pack-N-Play.

Figure 18 — Percent of SSB Participants Practicing Infant Safe Sleep Behaviors, by Race



Source: CAPC, SSB Follow up Survey. N=277.

CRIBS FOR KIDS (C4K) PROGRAM

CAPC also manages the Cribs for Kids (C4K) Program, which partners with community hospitals and organizations to provide pregnant or new parents with safe infant sleep information and Pack 'n Play cribs, funded by First 5 Sacramento. Pregnant or new mothers who reportedly did not have a safe

location to sleep their infant were able to receive a free crib after completing an SSB workshop. From July 1, 2018 to June 30, 2019, crib distribution partners included:

Hospitals:

- Dignity Health (Mercy General Hospital, Mercy San Juan Medical Center, Mercy Hospital of Folsom, Methodist Hospital of Sacramento)
- Kaiser Permanente South Sacramento Medical Center
- Kaiser Roseville Women and Children's Hospital (Sacramento residents only)
- UC Davis Medical Center

Community Organizations/Agencies:

- CAPC
- 8 Birth and Beyond Family Resource Centers
- Her Health First, Black Mothers United Pregnancy Peer Advocate Program
- Liberty Towers Community Incubator Lead for the Black Child Legacy Campaign
- Sutter Teen Program
- WellSpace Health Pregnancy Peer Advocate Program
- WellSpace North Highlands

From July 2018 to June 2019, a total of 450 cribs were provided to parents and caregivers in need. Of these, 427 were from C4K community partners and 23 were distributed from hospitals. In 2018/2019, 162 cribs were provided to African American parents, representing 36% of all cribs distributed.

SAFE SLEEP BABY EDUCATION POLICIES AND PROCEDURES

Another goal of SSB is to increase sustainability of the program by partnering with hospitals and medical providers to encourage adoption of SSB policies and education. SSB education is being implemented in all four main hospital systems of Sacramento:

- UC Davis
- Sutter
- Dignity Health
- Kaiser

In 2018/2019, a total of eight hospitals and three medical providers had successfully implemented SSB education policies. Additionally, outside of the Cribs4Kids program, some hospitals began providing their own cribs to parents and caregivers; 126 hospital-provided cribs were distributed to parents. Below is a breakdown of crib distribution by hospital:

- Mercy San Juan Medical Center: 29 cribs
- Sutter (provided to Sutter patients through in-home workshops by CAPC): 25
- UC Davis: 25 cribs
- Methodist General: 16 cribs
- Kaiser South Sacramento: 15 cribs
- Mercy General: 9 cribs
- Kaiser Roseville (Sacramento County resident only): 7 cribs

OPPORTUNITIES FOR IMPROVEMENT

(To be developed with CAPC and First 5 Sacramento)

Public Education Campaign

The third strategy funded by First 5 was a public education campaign aimed to raise awareness about the disparity in rates of infant deaths among African Americans and all other races, and to connect African American mothers to services that can help support pregnancies and infant well-being. Runyon Saltzman, Inc. (RSE) managed this comprehensive campaign that included print and digital media, as well as community events. These initiatives were targeted toward low-income African American women in their childbearing years (ages 18-34) who live in the areas of Sacramento with the highest reported levels of African American child deaths.

COMMUNITY CAMPAIGN EVENTS

The Sac Healthy Baby Collaborative is a joint effort among First 5 Sacramento and other service providers with the goal of helping support healthy pregnancies. RSE, First 5 Sacramento, and the Sac Healthy Baby Collaborative worked together to develop and advertise community events to reach African American pregnant women or mothers with young children.

In February 2019, the Pride & Joy Community Baby Shower was convened by the Fruitridge Community Collaborative. This was the fourth annual baby shower event conducted, and it provided parents with information and demonstrations related to a healthy pregnancy and safe sleep practices, as well as connections to local resources (especially the Sac Healthy Baby campaign).

Approximately 113 people attended this event, 104 of which were pregnant or new mothers. Many perinatal service providers, including First 5 funded partners, attended these events and provided valuable information to the guests in attendance, as well as providing referrals to their specific outreach programs. RSE connected with local companies, churches, and community partners to secure donations for the event. This resulted in significant giveaways at the baby shower such as baby clothing, diapers, wipes, books, bibs, and gift baskets.

The following includes a list of partners who supported the Pride and Joy event:

- Black Child Legacy Campaign (BCLC)
- Child Abuse Prevention Center (CAPC)
- Child Action, Inc.
- Focus on Family
- Family Resource Centers
- Her Health First's Black Mothers United Program
- My Sister's House
- River City Medical Group
- River Oak Center for Children (Birth & Beyond)
- Sacramento County Department of Child Support Services
- Sacramento County Human Assistance Department
- Sacramento County Office of Education's Help Me Grow
- Sacramento Covered
- Sacramento Food Bank and Family Services
- Sacramento County Oral Health Program
- Sacramento Native American Health Center, Inc.
- Safe Kids/ Dignity Health
- Teen Success, Inc.
- Community Resource Project WIC Program

Over the years of this campaign, community events have been linked to significant increases in the traffic on the SacHealthyBaby.com website. This is likely due to media outreach about the events which encourages people to visit the website in order to register for the baby shower. There were 2,170 visits to the SacHealthyBaby website by 1,874 users in FY 2018-2019.

MATERIALS

To help promote the overall public education campaign, RSE created handouts and items that would provide useful information to attendees of the program and events, as well as highlight the website SacHealthyBaby.com.

Baby Bump Cards

Developed during 2016-2017 and distributed from 2017-2019, RSE and Sac Healthy Baby Collaborative partners worked together to create a set of Baby Bump Cards, which encouraged women to document their pregnancy and share on social media. These cards included information pertinent to each trimester of pregnancy (0-12 weeks, 13-24 weeks, 25-40 weeks) and post-delivery.

Sac Healthy Baby Tote Bag

RSE developed a Sac Healthy Baby tote bag to distribute to attendees at events. This bag was useful to gather informational material and giveaway items, as well as serving for further promotion of the SacHealthyBaby.com website.

CAMPAIGN STRATEGY DEVELOPMENT

A large part of FY2018-2019 was devoted to campaign strategy development. In conjunction with Earth Mama Healing, eight formative focus groups were attended by a total of 58 women.

OPPORTUNITIES FOR IMPROVEMENT

Due to staff changes and a maternity leave, RSE was not as active in 2018/2019 as in previous years. Although there were successes (the baby shower and in-community dialogues), there were no significant media campaigns this fiscal year. RSE plans to increase these campaigns and create a new public education campaign in partnership with both First 5 and Sacramento County Public Health in FY 2019-20.

Countywide Trend Data

The overall goal of the three programs funded by First 5 Sacramento (Pregnancy Peer Support Program, Safe Sleep Baby Initiative, and Perinatal Education Campaign) is to help reduce the rate of African American perinatal and sleep-related deaths in Sacramento County. This section of the report presents population-level data about infant deaths and their causes. 2012 data is considered to be the baseline year, in that the efforts of RAACD, First 5 and other partners got underway after the Blue Ribbon Commission Report in 2013.

Public Health provided data for 2017 regarding:

- all infant deaths (with race categories defined)
- preterm births
- low birthweight infants

The Child Death Review Team (CDRT) provided data for 2017 regarding:

- infant deaths due to perinatal conditions
- infant deaths due to sleep-related conditions

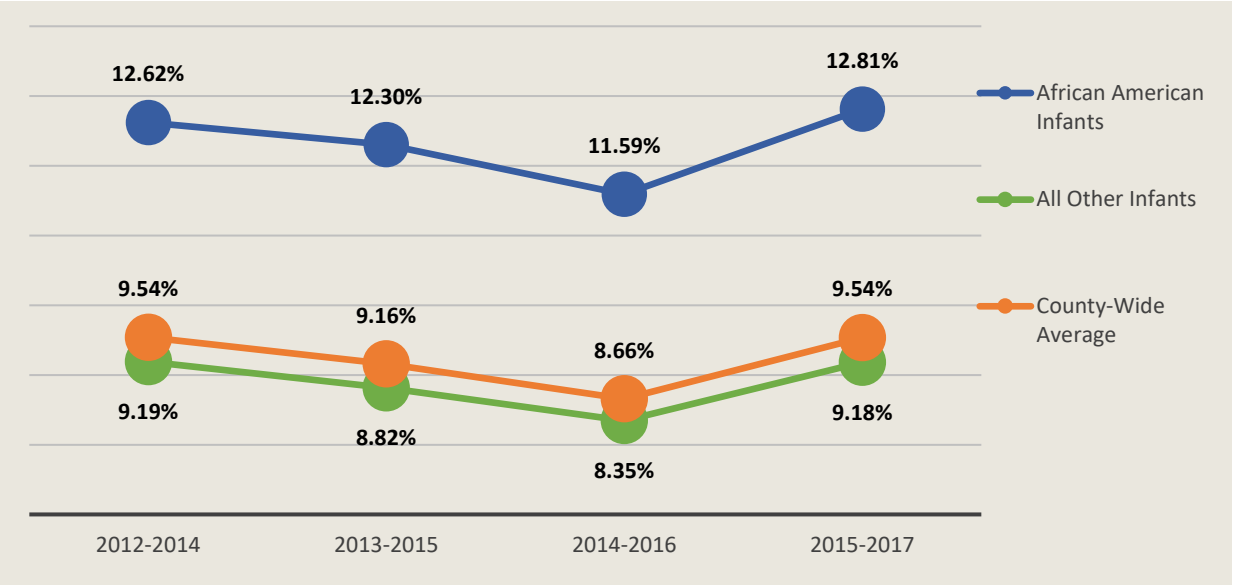
Other technical details related to these data can be found in Appendix 2.

Since 2012-2014, Sacramento County has seen a 31% decrease in the rate of infant death amongst African Americans, and a 43% decrease in disparity between the rates of African Americans and other ethnic groups.

PRETERM BIRTHS

Infants born before 37 weeks of gestation are considered to be preterm. In Sacramento County, 12.81% of African American babies were born preterm during the years 2015-2017. This displays a slight increase in the number of African American preterm births from 2012-2014 (12.62%). This increase in preterm births needs to be tracked further to see if this is the beginning of a trend or just an anomaly. It is important to note that preterm births among infants of all other races (besides African American) also displayed an increase from 2014-2016 to 2015-2017, so there may be a trend developing for all races. More focused work needs to be targeted in this area to decrease the number of preterm births in the African American community, as well as the Sacramento County population as a whole.

Figure 19 — Three-year Rolling Average Percentage of Preterm Infants Born in Sacramento County

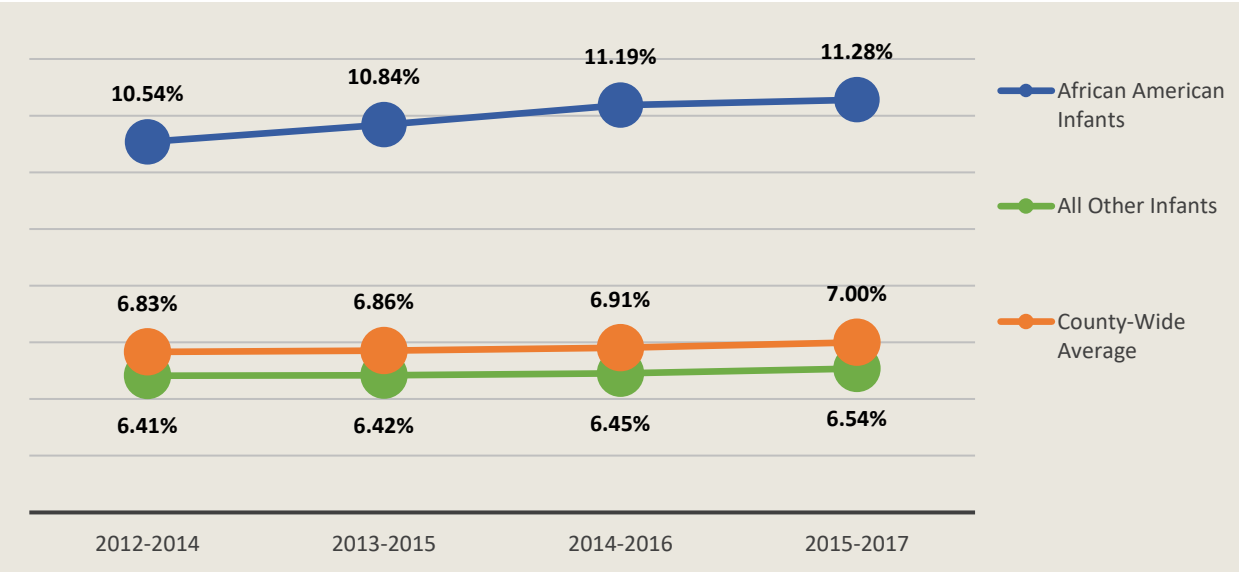


Source: Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files.

LOW BIRTHWEIGHT

Figure 17 displays the percentage of African American infants born low birthweight (LBW) from baseline (2012-2014) to 2015-2017 compared to infants of all other races. Low birthweight is defined as newborns weighing less than 2,500 grams. The percentage of African American babies born with LBW during 2015-2017 marginally increased compared to baseline (10.54% in 2012-2014, 11.28% in 2015-2017). The rate of LBW infants also slightly increased county-wide during the years measured. More effort needs to be focused in this area to continue efforts to decrease infants born with LBW in the African American community and the Sacramento County population as a whole.

Figure 20 — Three-year Rolling Average Percentage of Low Birth Weight Babies Born in Sacramento County.

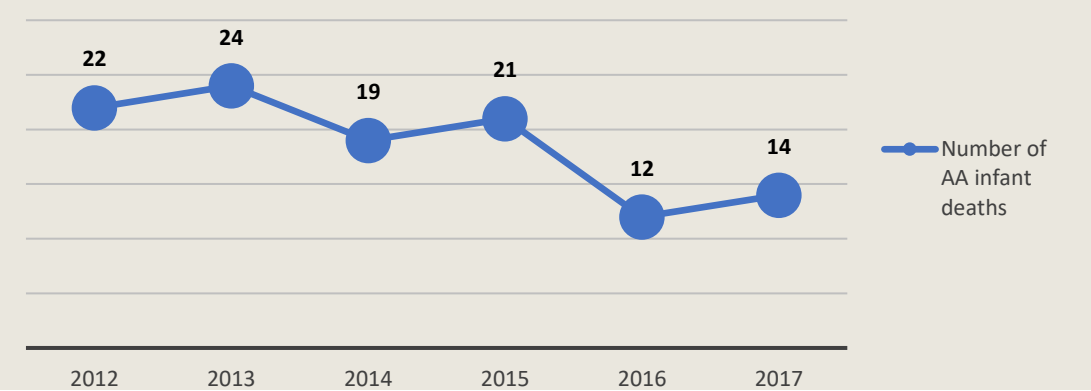


Source: Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files.

OVERALL INFANT MORTALITY

Public Health defines infant death as any death that occurs before one year of age. It does not include stillbirths or miscarriages. In 2012 (the baseline year), there were a total of 22 African American infant deaths. This number increased in 2013 but has been decreasing each year compared the baseline year. However, as seen below, the number of deaths amongst African American babies increased from 12 in 2016 to 14 in 2017.

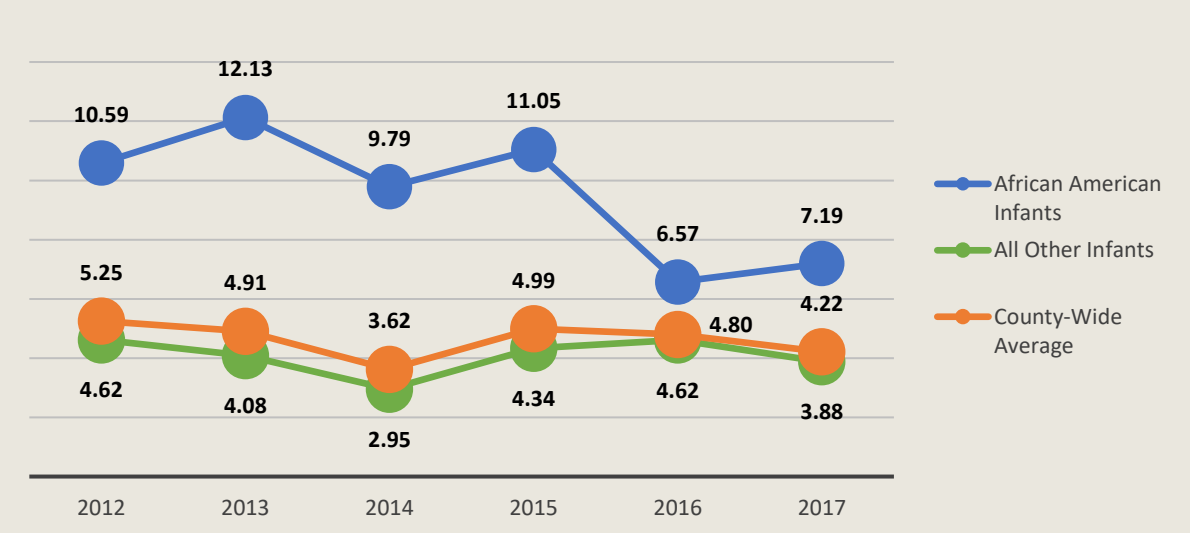
Figure 21 —Number of African American Infant Deaths in Sacramento County



Source: Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files.

The figure below displays the comparison of annual rate of infant death in Sacramento County based upon race. Because of the comparatively small population size, even two additional infant deaths amongst African Americans resulted in a slight uptick in their annual death rate per 1,000 live births.

Figure 22 —Annual Rate of Infant Death in Sacramento County

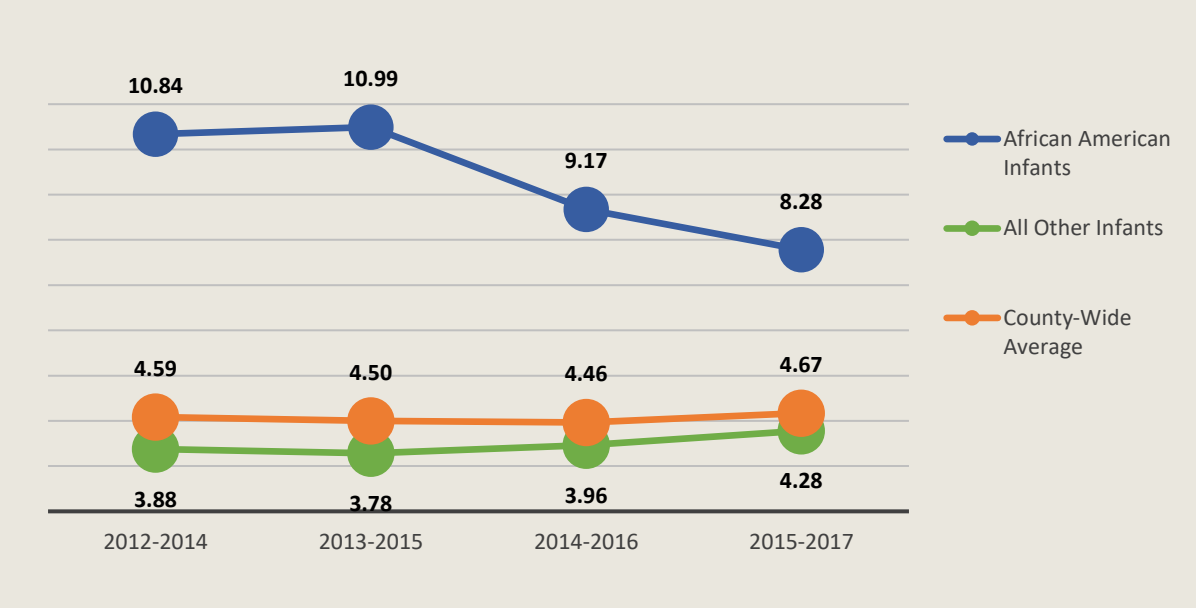


Source: Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files.

To account for the effect of small population size, three year rolling or overlapping average death rates were calculated (annual number of infant deaths for each target year, divided it by the total number of infant births for those years, multiplied by 1000). During the baseline period of 2012-2014, African American infants died at a rate of 10.84 per 1,000 births. During 2015-2017, African American infants

died at a rate of 8.28 per 1,000 births, a 31% reduction from the baseline period of 2012-2014. This analysis shows a steady downward trend of infant deaths amongst African Americans, while the rate is marginally increasing amongst other ethnic groups and for the county as a whole. Secondly, these data show a 43% reduction in the disparity between African American infant death and all other races. In years 2012-2014, the gap in disparity between rolling average rates was 6.96 and in 2015-2017, the gap was 4. This represents a 42.5% decrease in disparity between these rolling averages.

Figure 23 — 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

DEATHS DUE TO PERINATAL CAUSES: PENDING

INFANT SLEEP RELATED DEATHS: PENDING

PROGRESS TOWARD THE BLUE RIBBON COMMISSION GOALS – PENDING CDRT

Starting with the baseline year of 2012 and target date of 2020, the Blue Ribbon Commission Goals include related to this initiative include:

Reduce the African American child death rate by **10-20%**	• Equates to a reduction from 165 deaths in the 2007-2011 period to 133 deaths in following period
Decrease the number of African American child deaths due to infant perinatal conditions by at least **23%**	• Equates to a reduction from 72 deaths in the 2007-2011 period to 53 deaths in following period • Reduces the rate from 35.9 to 27.7
Decrease the number of African American child deaths due to infant safe sleep issues by at least **33%**	• Equates to a reduction from 25 deaths in the 2007-2011 period to 16 deaths in following period • Reduces the rate from 12.5 to 8.4

The percentage change targets in the Blue Ribbon Commission report were calculated based on the rate of infant death, and not the number, and therefore the amount of change is evaluated relative to baseline rates and not numbers.

From 2012 to 2017, there was a _____ decrease in the rate of African American infant deaths due to infant perinatal conditions.

From 2012 to 2017, there was a _____ decrease in the rate of African American infant deaths due to infant safe sleep issues.

Appendix 1— Factors Associated with Poor Birth Outcomes

Case	# of weeks at program entry	Stillbirth	Infant Death	Twin	Birthweight (lb,oz)	Low Birthweight	Gestational Age	Preterm	# weeks prenatal care began	Lack of or late to prenatal care	# of weekly check-ins	Socio-economic barriers	Psycho-social factors during pregnancy	Mother's health conditions
1	30	N	N	Y	5	Y	36	Y	7	N	5			2+ Miscarriages, Mother over 35 years old, diabetes
2					4.12									
3	30	N	Y	N	3.56	Y	32	Y		Y	4		Maternal anxiety and depression, alcohol and drug use, domestic violence	
4	28	N	N	N	5	Y	35	Y	24	Y	6	Transportation, stable housing	Maternal anxiety and depression	Congestive heart failure
5	32	N	N	N	3.7	Y	33	Y		N	6	Stable housing	Maternal anxiety and depression	
6	30	N	N	N	4.14	Y	32	Y		N	3	Stable housing	Maternal anxiety and depression, domestic violence	
7	27	N	N	Y	3.6	Y	35	Y		N	15		Maternal anxiety and depression, domestic violence	Mother over 35 years old, nutritional deficiencies
8			N		4.11									
9	7	N	N	N	3.4	Y	31	Y		N	4			Mother over 35 years old
10	32	N	N	Y	3.6	Y	33	Y	7	N	2			
11			N		3.9									
12	31	N	N	N	4.12	Y	36	Y	16	N	13	Stable housing		
13	32	N	N	Y	5.11	N	37	Y	4	N	3			
14			N		5.3	Y								
15	32	N	N	N	5.6	Y	39	N	12	N	8	Stable housing	Maternal alcohol and drug use, tobacco use	Maternal diabetes, high blood pressure
16	32	N	N	N	5.7	Y	39	N	6	N	4	Transportation		
17	30	N	N	N	4.8	Y	38	N	8	N	8			Severe nausea
18	13	N	N	N	5.4	Y	40	N	13	N	1			
19	23	N	N	N	6.11	N	37	Y	4	N	9	Stable housing	Maternal anxiety and depression	Scoliosis
20	21	N	N	N	5.11	N	37	Y	7	N	18	Transportation	Maternal anxiety and depression	
21	8	N	N	N	6.13	N	37	Y	8	N	1			
22	6	N	N	N	8	N	37	Y	6	N	2	Transportation	Maternal mental illness	
23	26	N	N	N	6.15	N	37	Y	8	N	7			
24		N	N	N	8.1	N	35	Y		N	6	Transportation		Nutritional deficiencies, Mother under 20 years old, Obesity
25	20	Y	N	Y	NA	N	30	Y	4	N	5	Transportation	Client has child under one year of age	
26														

Appendix 2 — Technical Notes related to County Trend Data

In Spring 2019, representatives from First 5 Sacramento, Sierra Health Foundation, and the Public Health Department met to discuss and agree upon core parameters for gathering and sharing RAACD data. The following presents the highlights of this discussion.

BASELINE YEAR

The Blue Ribbon Commission report cited data from 2007-2011, and set goals based on the change desired after that period. 2012 is being used as the starting period for RAACD partners, although implementation began to get underway in 2014 and 2015. Because of the instability of one-year estimates, this report uses the three year period of 2012-2014 as the baseline period, and tracks change in subsequent three periods relative to that baseline period.

CODING OF RACE

Birth data is based on birth certificate information, and includes individuals who identify as African American only. Mixed race individuals are not included in the PHD's category of African American.

Death data is gathered by the PHD from the coroners office, and is based on the race of the deceased on the death certificate. The race listed on the birth certificate and death certificate may not always match.

DATA SOURCES AND RATES

Partners agreed to use data from the Sacramento County Public Health Department for the source for tracking RAACD trends. It was also agreed to show trends per 1,000 population, and not 100,000 population.

Data	Numerator Data Source	Denominator Data Source	Measured as:
Low-birthweight infants	PH	PH births	Rate per 1,000 births
Preterm infants	PH	PH births	Rate per 1,000 births
All Infant Death (<1 year)	PH	PH births	Rate per 1,000 births
Infant Sleep-related Death (<1 year)	CDRT	PH births	Rate per 1,000 births
Infant Perinatal Condition Death (<1 year)	CDRT	PH births	Rate per 1,000 births

EVALUATING TRENDS VIS-À-VIS BRC GOALS

(Pending clarification of whether ISR and Perinatal rates cited in the BRC commission report are per 100,000 population, or 1,000 population)

Appendix 3 — Analysis Details

BMU Maternal Risk Factors related to Unhealthy Birth Logistic Regression Results

Logistic Regression 1. Total Risk Sum Does Not Predict Unhealthy Birth Outcome.

	B	SE	*p*	OR
Total Risk Sum	.17	.12	.16	1.19
Constant	-1.61	.44	.00	.20

Logistic Regression 2. Health Risk Sum Predicts Unhealthy Birth Outcome.

	B	SE	*p*	OR
Health Risk Sum	.66	.26	.01*	1.94
Economic Risk Sum	-.002	.15	.99	1.00
Constant	-1.68	.45	.00	.19

Logistic Regression 3. Anxiety or Depression Predicts Unhealthy Birth Outcome.

	B	SE	*p*	OR
Regular Prenatal Care	-.63	1.73	.71	.53
2+ Miscarriages	-1.60	1.40	.25	.20
35 years or older	-.89	.81	.28	.41
Under 20 years	19.36	>1000	.99	>1000
Prenatal Vitamins	-.51	.83	.54	.60
Alcohol or Drug Use	-.96	1.17	.41	.38
Anxiety or Depression	-1.10	.54	.04	.33
Nutritional Deficiencies	.40	.80	.61	1.50
Obesity	-.24	1.30	.86	.79
Sexually Transmitted Infection	19.54	>1000	.99	>1000
Constant	-35.04	>1000	.99	.00

Logistic Regression 4. Number of Weekly Check-Ins Predicts Healthy Birth Outcome.

	B	SE	*p*	OR
Gestational Weeks at Intake to BMU Program	-.03	.04	.01*	1.94
Economic Risk Sum	-.002	.15	.99	1.00
Constant	-1.68	.45	.00	.19

Appendix 4 — References & EndNotes

[i] Sacramento County Child Death Review Team: A Twenty Year Analysis of Child Death Data 1990 – 2009. http://www.thecapcenter.org/admin/upload/final%2020%20year%20cdrt%20report%202012_1%2026%2012.pdf

[ii] Blue Ribbon Commission Report on African-American Child Deaths, 2013. http://www.philserna.net/wp-content/uploads/2013/05/Blue-Ribbon-Commission-Report-2013.pdf

[iii] Sacramento County Child Death Review Team: A Twenty Year Analysis of Child Death Data 1990 – 2009. http://www.thecapcenter.org/admin/upload/final%2020%20year%20cdrt%20report%202012_1%2026%2012.pdf

[iv] Blue Ribbon Commission Report on African-American Child Deaths, 2013. http://www.philserna.net/wp-content/uploads/2013/05/Blue-Ribbon-Commission-Report-2013.pdf

[v] RAACD Strategic Plan, March 2015. https://www.shfcenter.org/assets/RAACD/RAACD_Strategic_Plan_Report_March_2015.pdf

[vi] RAACD Implementation Plan, September 2015. https://www.shfcenter.org/assets/RAACD/RAACD_Implementation_Plan_2015.pdf

First 5 Sacramento Annual State Report Evaluation, FY2018-19
AR-3

Provide a description of evaluation activities completed, evaluation findings, and their policy impact during the fiscal year. (4,000 characters maximum; character count 3,959 with spaces)

- If findings are published, provide the citation and web link (if available online).
    - Systems Sustainability Plan Evaluation Report https://first5sacramento.saccounty.net/Results/Pages/EvaluationResults.aspx
- These activities should focus on all four Result Areas: Family Functioning, Improved Child Development, Improved Child Health, and Improved Systems of Care.
- Include evaluations of prior year programs conducted during the current fiscal year.

As First 5 Sacramento approaches the end of its spenddown of reserves, the Commission has launched an ambitious and groundbreaking effort to ensure that each of First 5 Sacramento's 24 funded partners will be prepared by 2021 to maintain current levels of service, even as funding from First 5 will decrease by 30%. **The Certified Sustainable Initiative** is the Commission's promise to its First 5 Sacramento partners that First 5 will work with them, every step of the way, as they develop a meaningful plan that effectively addresses their agency's unique challenges and opportunities. Initiative impact includes:

- Assisted **24 funded partners** in creating sustainability plans.
- Partner agencies produced combined, leveraged funds of over **$8 million**, as well as over **$1 million** in operational efficiencies and resulting cost savings, by doing business sustainably.
- Certified Sustainable's curriculum included the Six Domains of Sustainability, which included: 1) Revenue Structure, 2) Operational Framework, 3) Engagement of Partners, Board and Volunteers, 4) The Non-Profit Brand, 5) Measuring Impact and Accessibility, and 6) Culture, Decision-Making and Change Management.
- Nearly half of the cohort's plans prioritized **Revenue Structure** as a priority focus to sustain funding.
- Other partner agencies prioritized their opportunities for improved sustainability over the next three years according to their unique circumstances.
- Certified Sustainable technical assistance and training dollars were allocated to build program sustainability, which included capacity building trainings and customized agency coaching.
- Certified Sustainable participants benefited overall from newly piloted program offerings:
    - Out of 22 respondents, approximately two-thirds of respondents were "satisfied" or "very satisfied" that the *program content* (69%) and *domain-specific trainings* (64%) helped to prepare them for their overall work.

    - Roughly two-thirds (68% out of 22 respondents) were “satisfied” or “very satisfied” that the *technical assistance/coaching* helped to prepare them for their overall work.
- Participants acquired stronger confidence in **networking** and **soliciting grantmakers and the business community**, and **developing a marketing and external communications plan**, as a result of the Certified Sustainable Initiative. Stronger confidence levels included:
    - ***Networking with fundraising and development professionals****:* The majority of respondents (85% out of 19 respondents) reporting they were “prepared enough” or “very prepared” as a result of the program, compared to when they began the program (70% out of 20 respondents reported they were “not prepared” or “somewhat prepared”).
    - ***Networking with the business community:*** More than half of respondents (58% out of 19 respondents) reported they were “prepared enough” or “very prepared” as a result of the program, compared to when they began the program (80% out of 20 respondents reported they were “not prepared” or “somewhat prepared”).
    - ***Soliciting the business community****:* More than half of respondents (54% out of 19 respondents) reported they were “prepared enough” or “very prepared” as a result of the program, compared to when they began the program (75% out of 20 respondents reported they were “not prepared” or “somewhat prepared”).
    - ***Developing a marketing and external communications plan****:* The majority of respondents (84% out of 19 respondents) reported they were “prepared enough” or “very prepared” as a result of the program, compared to when they began the program (55% out of 20 respondents reported they were “not prepared” or “somewhat prepared”).

First 5 Sacramento’s innovative Certified Sustainable Initiative was a responsible and pioneering response to ensure that their partner agencies are best prepared for the changing funding climate to come. As one Certified Sustainable participant commented, “We are [now] prepared and ready for an ever-changing environment...”

County Highlights

(Note: Your narrative will be published in the First 5 California Annual Report. Please use a professional writing style within the length limit). Describe two or three highlights or accomplishments during the fiscal year. (2,000 characters maximum; character count is 1,972 with spaces)

- Examples may include efforts to address family resilience, health and development, quality early learning, sustainability and scale, or handling a community crisis.

First 5 Sacramento funded an evaluation on developmental **playgroups** to gather formative data about the programmatic elements in use across First 5 Sacramento's nine partner school districts.

- Nearly half of 9 sites received scores that indicated their practices were exemplary.
- **Curriculum:** Playgroup sites that scored highest on curriculum offered playgroup curricula that were engaging, thematic, culturally responsive through language, and provided take-home supplemental activities for families.
- **Classroom Environment**: The most effective classroom environments utilized shared resources to benefit both classroom environment and coordination/accessibility of resources and referrals to participating families. The location of playgroups on preschool or elementary school sites provided a pipeline toward school readiness. Next-best classroom environments created safe, warm spaces with curriculum-driven stations, regardless of whether the location was mobile or in a shared space setting.
- **Schedule**: Overall, schedule satisfaction correlated with classroom location. Sites that were less satisfied with their schedule desired to expand sites with an ideal location that offered a successful classroom environment while reducing sites with less ideal locations that offered more challenging classroom environments. While playgroup communities face multiple barriers, the two most common barriers were: 1) lack of awareness of program offering/program value, and 2) transportation.
- **Staffing/Infrastructure**: Staffing provides the frontline assurance of playgroup quality and connection, while infrastructure provides the baseline strategy for overall family support. District sites with enthusiastic, intentional staff that practice engaged parent support, employ Multi-Disciplinary Teams, and administer the ASQ tool to all registered families, reflect preventive, as opposed to reactive, approaches to participation and engagement, and overall family support.