



2022–2023

FIRST 5 SACRAMENTO

Reduction of African American Child Deaths

Executive Summary FY 2022–23



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



Background and Goals

In 2011, the Sacramento County Child Death Review Team (CDRT) released a 20-Year Report which revealed that African American children were dying at twice the rate (102 per 100,000) of any other ethnic group.ⁱ In response to these alarming findings, the Sacramento County Board of Supervisors created the Blue Ribbon Commission on Disproportionate African American Child Deaths. In 2013, the Blue Ribbon Commission released a report with a set of specific goals to be achieved by 2020.ⁱⁱ The goals included an overall reduction in African American child deaths, and specific reductions for four leading preventable causes of disproportionate African American child deaths, including infant perinatal conditions, infant sleep-related, child abuse/neglect, and third-party homicides.

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%**

To meet the Blue Ribbon Commission (BRC) goals, efforts have focused on the Sacramento County neighborhoods with the highest rates of child death, including: Arden Arcade, Fruitridge/Stockton Boulevard, Meadowview, Valley Hi, North Sacramento/Del Paso Heights, North Highlands, and Oak Park. Planning efforts and coalition-building between 2013-2014 and 2014-2015 resulted in two integrated initiatives across Sacramento County:

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

PROGRESS TOWARD BLUE RIBBON COMMISSION GOALS

Since its development, the RAACD Initiative has likely contributed to substantial progress on BRC goals. As of the 2020 benchmark, three of the four mortality reduction goals (overall infant mortality, infant safe sleep, and child abuse and neglect) were fully met for the 0-5 population. Since that time, perinatal deaths decreased to the lowest rate since the baseline while infant sleep related deaths and 0-5 CAN deaths increased. During 2019-2021, African American infants remained twice as likely to die compared with all other races and were four times as likely to have died due to infant sleep related causes or child abuse and neglect compared with all other infants.

Even with these successes, there is still work to be done in each of these areas to reduce disparities and improve the overall well-being of children in Sacramento County. RAACD programs are appropriately positioned to explore patterns in these trends and “scale up” direct services, public outreach, and systems-level initiatives to reach even more Sacramento families. First 5 continues to advocate for policy and systems change across Sacramento County and the state of California as a whole and has incorporated more deliberate and specific systems-change initiatives and efforts to promote racial equity, diversity, and inclusion in their 2024-2027 strategic plan.

However, now that available data have surpassed the Blue Ribbon Commission’s target year of 2020, it is important for the County to revisit long-term goals and recommit to the reduction of African American child deaths, utilizing the insights gained since the last goals were set.

Figure 1 – Progress toward Blue Ribbon Commission Goals to Reduce African American Child Deaths (ages 0-5)

2020 BRC Goal:	2020 BRC Goal Status 2012-2014 to 2018-2020	As of Most Recent Data (2019-2021)...	
		% Change 2012-2014 to 2019-2021	Disparity Gap 2012-2014 to 2019-2021
10% to 20% reduction of African American child deaths	Goal Exceeded* 30% Reduction	25% Reduction (ages 0-5)	35% Reduction (ages 0-5)
At least 23% reduction of <i>infant deaths due to perinatal conditions</i> (ages < 1 month)	Goal Unmet 4% Reduction	24% Reduction (ages 0-1)	31% Reduction (ages 0-1)
At least 33% reduction of Infant sleep related (ISR) deaths (ages 0-1)	Goal Exceeded 54% Reduction	37% Reduction (ages 0-1)	43% Reduction (ages 0-1)
At least 25% reduction of child abuse and neglect (CAN) deaths	Goal Exceeded* 85% Reduction	52% Reduction (ages 0-5)	60% Reduction (ages 0-5)
At least 48% reduction of third-party homicides	Not funded or reported by First 5 Sacramento – see BCLC report		

*Not a direct comparison to the BRC goals as these were intended to reflect countywide progress for all children ages 0-17. Values presented here are limited to rates for children ages 0-5.

This summary provides FY 2022-23 highlights of First 5 Sacramento’s efforts to reduce perinatal and infant/child deaths (birth through age five), including the Black Mothers United Pregnancy Peer Support Program, Family Resource Centers, Safe Sleep Baby Education, and a Public Perinatal Education Campaign. Additional details about program activities, analysis, and countywide patterns are available in the full report.

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

88% of infants were born full term and had a **healthy birth weight**.



Pregnancy Peer Support Program

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

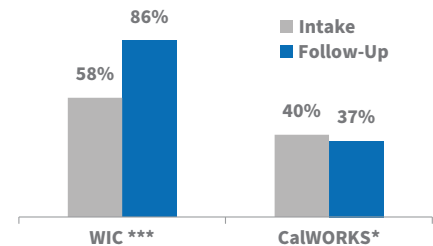
“Support matters and [my pregnancy coach] was my **ROCK.**” – BMU Client

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

RISK AND PROTECTIVE FACTORS

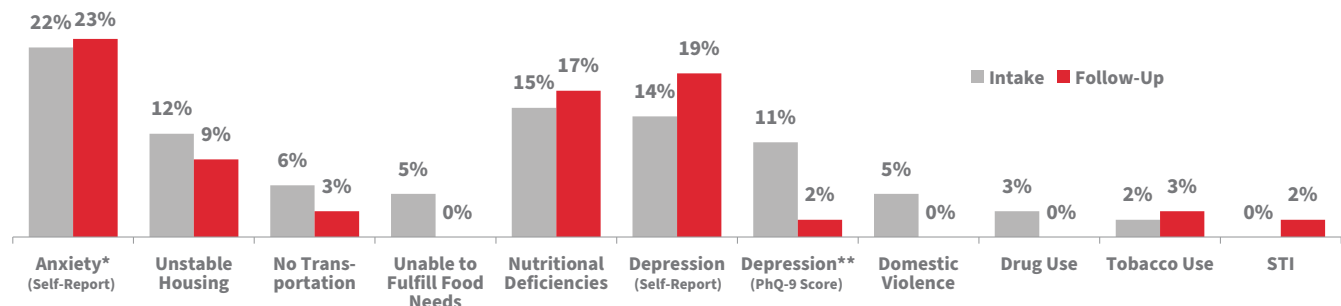
Between July 1, 2022 and June 30, 2023, BMU served 149 pregnant African American women. More than half (59%) of participants lived in one of the seven RAACD focus neighborhoods in Sacramento County. Nearly one-quarter (23%) enrolled during their first trimester and about 40% of participants found out about BMU through the program's outreach efforts. At intake, **78% of participants had at least one health and/or socioeconomic risk factor**. However, most participants also had at least one protective factor, such as regular prenatal care (96%) or WIC enrollment (47%).

Figure 2 – Changes to Protective Factors Between Intake & Post-Delivery Follow-Up



Peer support, case management, and referrals provided contributed to **significant reductions in risk factors** by participants' post-delivery follow-up.¹ Participants also significantly improved their access to WIC as a protective factor (58% at intake, 86% at follow-up among those who delivered).

Figure 3 – Changes to Risk Factors Between Intake & Post-Delivery Follow-Up







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

¹ All clients who delivered in FY 2022-23, including those whose intake was during FY 2021-22. N = 65. In this section, intake percentages may differ from previously reported intake totals since this is limited to a matched set of participants with an intake and post-delivery follow-up assessment. Slight, but not statistically significant, increases in anxiety, nutritional deficiencies, and self-reported depression are discussed in more detail in the full report.

BIRTH OUTCOMES

In FY 2022-23, there were 67 infants born to BMU participants, including 63 singletons and two sets of twins. Of these, nine out of 10 (91%) were born at a healthy birth weight and 94% were born full term. Further, **88% of infants born were both a healthy weight and full term**. This fiscal year, all twins were born full term and a healthy birth weight. Among singleton births, 87% had a fully healthy birth. Additionally, 14 infants were born to mothers who received doula support (prenatally and/or during the birth). Among them, only two were born with a low birth weight, and only one was preterm. Importantly, among all BMU deliveries in FY 2022-23, **there were zero infant deaths for the fourth consecutive year**.

Figure 4 – Characteristics of Infants Born BMU Clients During FY 2022-23

	 All Infants (N = 67)		 Twins (N=4)		 Singletons (N=63)		 Served by Doula (N = 14)	
Favorable Outcomes								
Healthy birthweight	61	91%	4	100%	57	90%	12	86%
Full term birth	63	94%	4	100%	59	94%	13	93%
Healthy birthweight <i>and</i> full term	59	88%	4	100%	55	87%	12	86%
Unfavorable Outcome								
Low birth weight (< 5 lb, 8 oz)	6	9%	0	0%	6	10%	2	14%
Preterm birth (< 37 weeks)	4	6%	0	0%	4	6%	1	7%
Low birth weight <i>and</i> preterm	2	3%	0	0%	2	3%	1	7%

Source: BMU Post Delivery Health Assessment & Pregnancy Outcomes. Note: all categories are not mutually exclusive and do not sum to equal 100%.

Additional statistical analyses completed for a combined group of three cohorts of BMU participants identified key relationships between protective factors, risk factors, and program involvement on healthy birth outcomes. In particular, **having a higher number of BMU check-ins significantly predicted the likelihood of a healthy birth as well as a higher (healthier) gestational age.**² Other risk factors, such as a larger number of pressing needs, prior low birth weight, prior miscarriages, and a history of gestational diabetes predicted unfavorable outcomes. These results can help the BMU program identify and support higher risk participants.

² Includes variables marginally significant at $p < .10$. Full details about statistical significance available in the Appendix of the full report.

EBPP home visiting has helped families foster strong, **healthy self-esteem** and **pride in Blackness**. Home visitors have also built **deep connections with families** beyond the curriculum.



Family Resource Centers

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

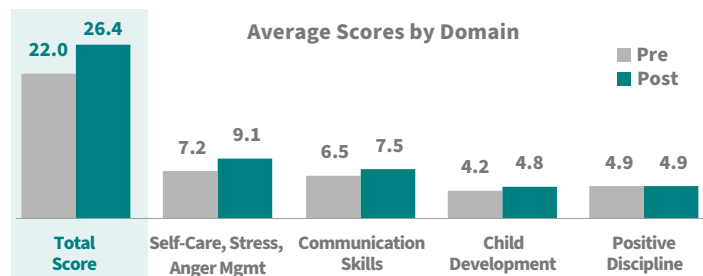
While all nine Birth & Beyond FRCs provide crucial support to Sacramento families with the intention of decreasing child abuse and neglect, **the following sections describe efforts from the two FRCs that received RAACD funding**, Mutual Assistance Network Arcade Community Center’s (MAN Arcade) Stronger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

In total, **370 adults and 203 children** participated in RAACD-funded activities at these locations.³ RAACD-funded services reached a **high-need, high-risk population**. For instance, more than half of participants (54%) reported a family income of \$25,000 or less and nearly two-thirds (64%) accessed food/nutrition services in the past six months.⁴

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

- **1,023** Social and Emotional Learning and Support “light touch” activities (e.g., support groups, stress reduction activities, and child safety workshops);
- **310 crisis intervention services** to 153 adults (e.g., short-term crisis support and/or case management);
- **205 parenting education workshops⁵** to 17 adults, using the Make Parenting A Pleasure (MPAP) and Effective Black Parenting (EBPP) curricula. On average, MPAP participants improved in the areas of self-care, stress, anger management, communication skills, and child development.
- **872 home visits** to 114 African American or multiracial parents/caregivers using the Effective Black Parenting Program curriculum, which empowers participants’ use of culturally sensitive and culturally specific parenting strategies and foster healthy self-esteem and pride in Blackness.⁶

Figure 5 – Average Scores for Make Parenting A Pleasure Curriculum, Pre- and Post-Tests



Source: MPAP Pre and Post Test Scores. N = 11. Scores for each domain range from 1 (high risk) to 10 (low risk). Total score represents group average for the sum score for each domain for each participant. Due to small sample sizes, significance levels not calculated.

³ 94% were either Black/African American or Multiracial while 6% were some other race/ethnicity as no one is turned away from participating in light touch or parenting education activities targeting communities of color. Multiracial participants may include those that are not Black/African American but a more detailed breakdown of racial/ethnic composition of multiracial families are not available.

⁴ Based on most recent Family Information Form completed at intake.

⁵ Reflects duplicated number of sessions attended by all participants (e.g., one person may attend several sessions)

⁶ During FY 2022-23, sites continued to focus on recruitment and implementation for the EBPP home visiting curriculum, including identifying and implementing data collection tools. As a result, limited outcomes are reported here.

At follow-up, 96% of participants were only sleeping their child in a crib or Pack-N-Play.



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.

SSB participants consistently show significant improvements in safe sleep knowledge and practices.

Specific strategies include a public education campaign, direct education for parents and community professionals, providing education and cribs to caregivers who do not have a safe place to sleep their baby, and systems change efforts. Although SSB is a universal program that is offered to parents of all races, there is a special focus on reaching African American families. In FY 2022-23, **832 caregivers received Safe Sleep Baby training**, 29% of whom were African American, and 64% resided in the RAACD initiative's focal zip codes.

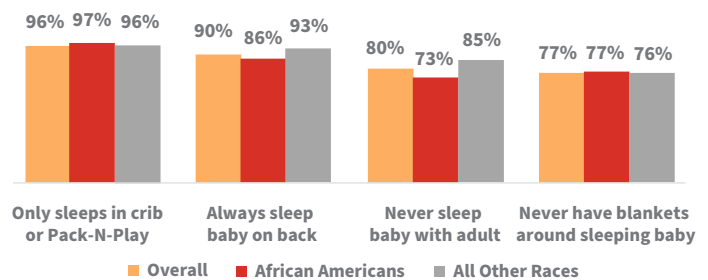
Pre- and post-training data showed statistically significant safe sleep knowledge improvements, including *Babies should NOT be tightly swaddled when sleeping for the first six weeks*, *Babies placed on their backs to sleep are NOT more likely to choke on their own spit up*, and *Babies should be slept ONLY on their backs for the first year of life*.

Additionally, SSB staff reached 235 participants with a follow-up assessment to understand the extent to which they were using infant safe sleep practices 3-4 weeks after taking the SSB course. Most parents reported *Sleeping baby in a crib or Pack-N-Play* (96%; 226/235), and *Always sleeping their baby on their back* (90%; 211/235), followed by *Never sleeping baby with an adult* (80%; 188/235) or with *blankets* (77%; 180/235).

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

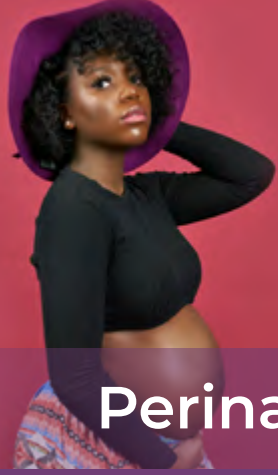
- **“Train the Trainer” workshops to 206 community-based service providers** and 64 healthcare workers. These trainings help providers convey safe sleep knowledge to clients and patients.
- **546 cribs to parents and caregivers** through the Cribs4Kids program. Nearly one-third of cribs (31%, 171/546) were distributed to African American caregivers.

Figure 6 – Percent of SSB Participants Practicing Infant Safe Sleep Behaviors at Follow-Up, by Race



Source: CAPC, SSB Follow-up Survey. N = 235 (African American N = 99; All Other Races N = 136)

"I would have had to co-sleep with [my baby] if not for SSB. I was also educated on matters I did not know of, such as the importance of having infants sleep on a firm mattress." – SSB Participant



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

Perinatal Perinatal Education Campaign

The fourth strategy funded by First 5 is the Perinatal Education Campaign (PEC) which includes public outreach and education about perinatal causes of death. Her Health First (HHF) manages the PEC strategy, together with partners XTG Media and Runyon Saltzman, Inc. (RSE).

PEC includes two primary education campaigns: Sac Healthy Baby and Model of Caring (formerly Unequal Birth). **Sac Healthy Baby** (SHB) is focused on reaching African American expecting and new parents and families to provide them with information and to connect them to local resources. The **Model of Caring** (MOC) campaign began as a groundbreaking partnership with Sacramento County Public Health to raise public awareness of institutionalized racism as the root cause of the racial disparities in safe births for both infant and mother. Unequal Birth was rebranded to MOC based on feedback that campaign messaging should be more hope- and solution-oriented.



FY 2022-23 activities included a major focus on rebranding the MOC campaign, feedback and story-sharing from community members, and developing and publishing media content, including:

- 299 organic social media posts for Instagram, Facebook, and Tik Tok
- 12 podcast episodes surrounding mental health and perinatal health in motherhood
- Three blog posts focused on motherhood and mindfulness
- Three SHB learning courses focused on fatherhood, supporting a birthing partner, and physical health.

The PEC team also held a special recorded **birth storytelling event**, featuring eight mothers who participated in the Black Mothers United program. Recorded stories were posted on the Model of Caring website to share the experiences of real moms in the community and how providers could improve prenatal and postnatal care by listening to and supporting African American mothers.

In FY 2022-23, the PEC Team also co-hosted the **Champions of Maternal Health Mixer** with Be Mom Aware to highlight individuals who have shown great dedication to improving birth outcomes for underserved populations in Sacramento County, and shared information about the rebranded Model of Caring campaign at the annual **Juneteenth Community Event**.

Overall, African American infant deaths decreased 8% since 2012-2014, and the infant death rate disparity between African Americans and all other races decreased 24%.



Countywide Trends

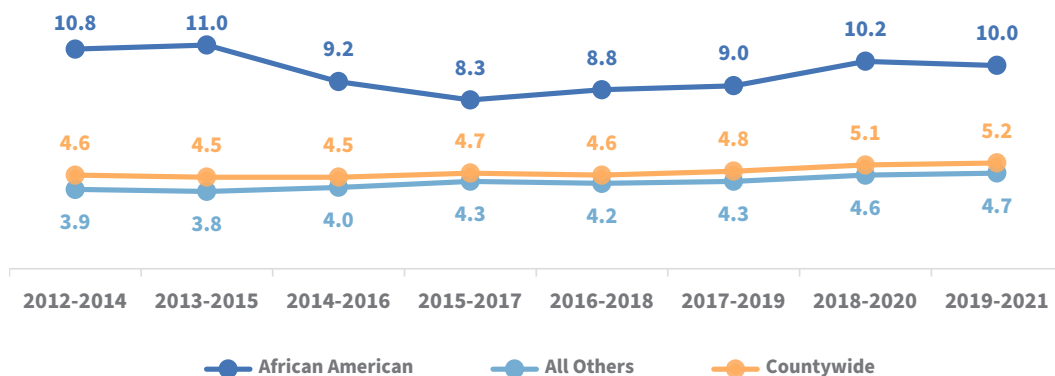
The four programs funded by First 5 Sacramento (Pregnancy Peer Support Program, Family Resource Centers, Safe Sleep Baby, and Public Perinatal Education Campaign) aim to help reduce the rate of African American perinatal, child abuse and neglect, and infant sleep-related deaths across Sacramento County.

To measure countywide progress toward these goals and inform future efforts, Sacramento County Public Health (SCPH) and Child Death Review Team (CDRT) data are reported by RAACD focal area. Data are presented as three-year rolling (overlapping) rates due to the instability of one-year estimates.

OVERALL INFANT MORTALITY

SCPH defines infant death as any death of a Sacramento County resident which 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. The 2019-2021 African American infant death rate was 10.0 per 1,000 births, an overall reduction of 8%. Additionally, the disparity between African American infant deaths and all other race/ethnic groups decreased 24% compared with 2012-2014, **yet African American infants remain twice as likely to die compared with all other groups combined.**

Figure 7 – Three-Year Rolling Rates of Total Infant Death in Sacramento County



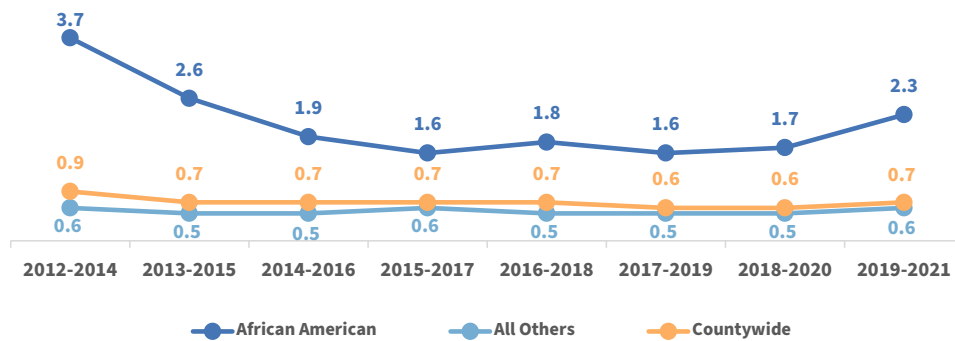
Source: Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files. Rate is per 1,000 infants.

INFANT SLEEP RELATED DEATHS

African American **infant sleep-related (ISR) deaths** decreased 37%, since 2012-2014 and the disparity gap between African American infants and all others decreased 43%. However, the most recent three year rolling rate (2.3 per 1,000 births) reflects a 36% increase from the previous rate (1.7 per 1,000). Despite this increase, 2019-2021 rates continue to exceed the Blue Ribbon Commission’s targeted reduction of 33% by 2020. Yet, as of the most current data, African American infants were four times as likely to die from an ISR death compared with all other groups combined (2.3 per 1,000 African American births compared with 0.6 per 1,000 births among all other groups).

Since 2012-2014, African American infant sleep-related deaths in Sacramento County decreased 37% and the disparity gap between African Americans and all other races decreased 43%.

Figure 8 – Three-Year Rolling Rates of Infant Sleep Related Deaths in Sacramento County



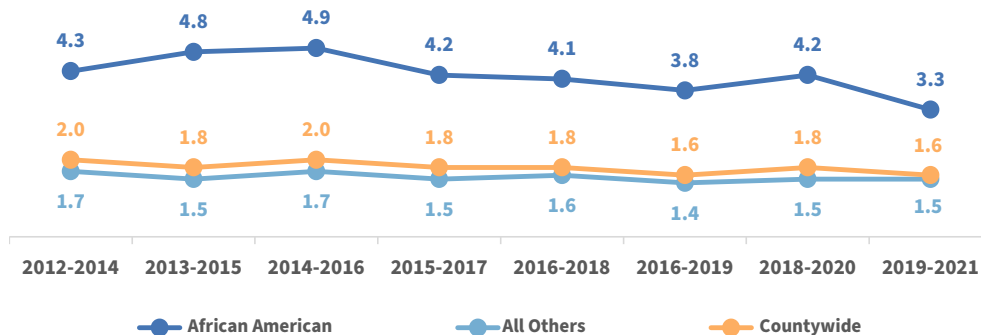
Source: Sacramento County Child Death Review Team Report 2012, 2013, 2014, 2015, 2016, 2017, 2018, and 2019. Rate is per 1,000 infants.

INFANT DEATHS DUE TO PERINATAL CAUSES

During the 2012-2014 baseline period, African American infants died from **perinatal causes** at a rate of 4.3 per 1,000 births. Following an unfortunate increase in 2018-2020 (4.2 per 1,000), the 2019-2021 rate decreased to 3.3 per 1,000 African American births, meeting the established BRC Goal. Since 2012-2014, the disparity gap between African American infants and all other races decreased 54%, although African American infants remain twice as likely to die from perinatal causes than all other infants.

Sacramento County African American infant deaths due to perinatal conditions decreased 24% since 2012-2014, and the disparity gap between African Americans and all other ethnicities decreased 54%.

Figure 9 – Three-Year Rolling Rates of Infant Death Due to Perinatal Causes in Sacramento County



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

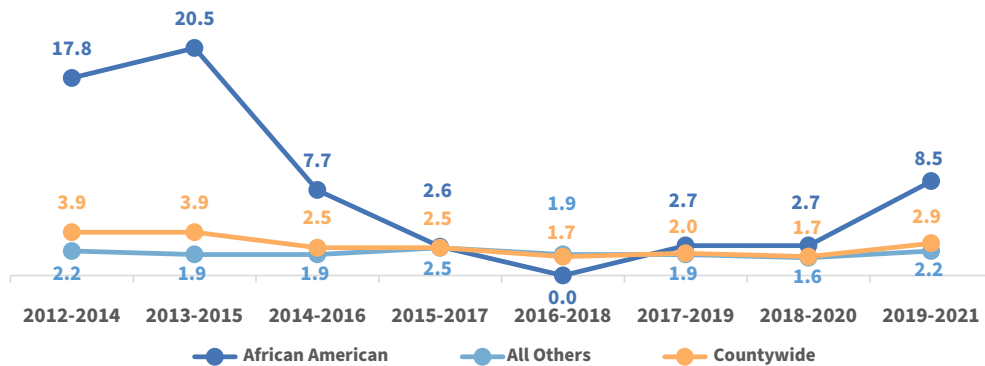
DEATHS DUE TO CHILD ABUSE AND NEGLECT (0-5)

During the baseline period of 2012-2014, African American children (0-5) died from **Child Abuse and Neglect (CAN)** at a rate of 17.8 per 100,000 children. Due in large part to the broad RAACD initiative efforts throughout Sacramento County (including the Family Resource Centers and the Child Abuse Prevention Center (CAPC)), this rate drastically declined, reaching zero African American CAN deaths during 2016-2018. Rates increased to 2.7 per 100,000 in 2017-2019 and 2018-2020, and unfortunately increased substantially during 2019-2021 (8.5 per 100,000 African American children). Most recent rates reflect three children, while 2017-2019 and 2018-2020 each reflect one child.

Since 2012-2014, deaths due to child abuse and neglect (ages 0-5) decreased 52% among Sacramento County African Americans. The disparity gap between African Americans and all other races decreased 60%.

As of 2019-2021, the disparity gap reduced 60% compared with the baseline. However, this unfortunately also reflects a higher rate of CAN deaths among all other races (2.2 per 100,000 children)

Figure 10 – Three-Year Rolling Rates of Child (0-5) Death due to Child Abuse and Neglect in Sacramento County



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

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>

RAACD Resources

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

First 5 Sacramento
(916) 876-5865

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

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

Black Child Legacy Campaign
(916) 993-7701



The photographs on page #7 of in this Executive Summary were provided by First 5 Sacramento and/or their RAACD partners. All the other photographs in this document are stock photos that are posed by models.