December 2017

First 5 Sacramento

Reduction of African American Perinatal & Infant Deaths

Year 2 Evaluation Report

FY16/17

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First 5 Sacramento | Year 2 Evaluation Report

Reduction of African American Perinatal & Infant Deaths

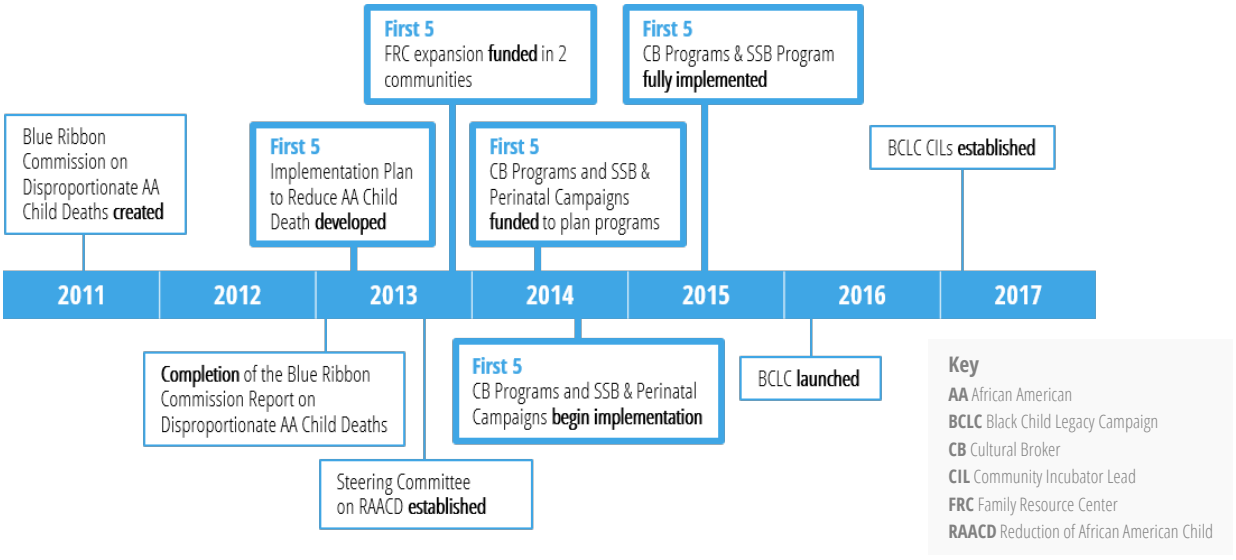
For more than 20 years, African American (AA) children have been dying at twice the rate of other children in Sacramento County. In response to this troubling disparity, a Steering Committee on the Reduction of African American Child Deaths (RAACD) was convened to develop and implement a comprehensive set of strategies to address the top four causes of disproportionate deaths:

- Perinatal Conditions
- Infant Sleep-Related Deaths
- Child Abuse & Neglect Homicides
- Third Party Homicides

This community-wide movement, now called the Black Child Legacy Campaign (BCLC), is increasing awareness about the issue, coordinating across systems to improve access to services, and mobilizing the community to build public support and commitment to prevent these child deaths.

First 5 Sacramento (First 5) has been a leader and central partner in this movement, and with the County of Sacramento, has made significant investments to bend the curve on African American child deaths. The timeline in Figure 1 identifies key activities that have taken place over the last six years to address African American child death. The countywide BCLC efforts focus on the four main causes of disproportionate deaths, while First 5's efforts address the first three causes impacting the 0-5 population. In 2013, First 5 developed a set of three integrated strategies to address African American infant deaths. Program planning and initial implementation began in 2014, with full implementation of all three strategic interventions in place by July of 2015.

Figure 1 | Timeline of Sacramento County & First 5 Efforts to Reduce African American Child Death



Because strategy implementation was staggered, 2013 represents the baseline because it predates all program implementation. Table 1 below displays infant mortality rates for all infants (includes other races) and African American infants since 2013, the most current year with outcome data. It also shows data on two areas of particular focus for the service interventions. Specifically, African American infants under one year of age died at much higher rates compared to the overall Sacramento County infant mortality rates for each of the years presented. There was a decrease in the AA infant mortality rate in 2015 when compared to 2013. African American sleep related deaths decreased steadily since 2013, the baseline year used to measure program impact of the SSB program.

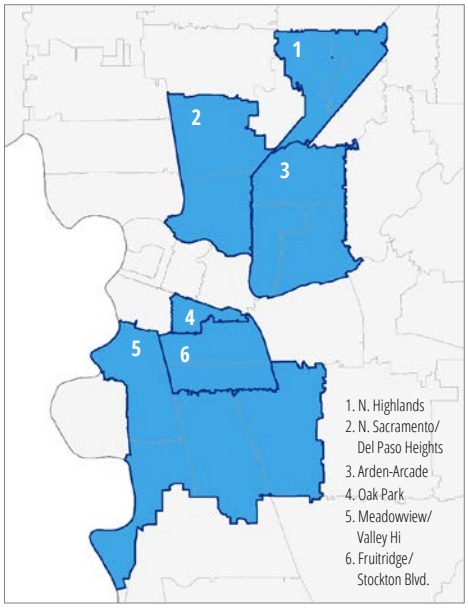
Table 1 | Sacramento County Infant Mortality Rates & Focus Risk Factor Rates for African American Infants, 2013-2015 (per 1,000 infants)[1,2]

Year	All Infant Mortality	Non-AA Infant Mortality	**AA Infant Mortality**	AA Perinatal Conditions	AA Sleep-Related Deaths
2013	4.9	4.0	**12.1**	4.5	3.5
2014	5.4	4.4	**13.1**	6.8	2.3
2015	5.0	4.3	**11.0**	6.3	1.6

First 5 Strategies to Reduce African American Perinatal & Infant Deaths

First 5 funds three strategies prioritizing neighborhoods with the highest incidence of AA child death, highlighted in Figure 2. These strategies address preventable perinatal and infant deaths with an emphasis on reducing the disproportionality of infant deaths among African Americans. The three prevention strategies address three recognized areas of need:

Figure 2 | Priority Neighborhoods



Cultural Broker Programs

- Provides support for African American women throughout pregnancy to achieve good birth outcomes

Infant Safe Sleep Education Campaign

- Increases awareness of the risks associated with unsafe sleep practices
- Provides education and alternatives to implement safe sleep practices
- Promotes establishment of safe sleep education policies at local hospitals

Public Education Campaign to Reduce African American Child Deaths

- Increases community awareness of the disproportionate infant death rates among African Americans
- Directs the public, specifically AA pregnant women and those who influence them, to various sources of information and support.

These three strategies are designed to provide a comprehensive approach to education and support for a healthy pregnancy and infant wellbeing. The perinatal education campaign provides education to the general public, but is targeted to direct AA pregnant women to support, services, and healthcare providers. The cultural broker program provides individualized, intensive support and education to pregnant African American women. The safe sleep campaign educates families, caregivers, community service organizations, and healthcare providers on safe sleep practices.

This evaluation report summarizes the program and participant outcomes accomplished by these three strategies in FY16/17.

[1] VRBIS; Births: California birth master file from CDPH

[2] 2013-14 and 2015 Child Death Review Team Report

Cultural Broker Programs

The first funding strategy uses cultural brokers, or lay community health workers, to help engage and support pregnant women. The cultural broker model uses trusted African American community members to help link pregnant women with education, services, and prenatal care. Two local organizations received cultural broker funding: WellSpace Health and Center for Community Health and Well-Being, Inc.

Key Findings

WellSpace Health (WSH)

- **315 women** participated in home visits during the program year
- Of the women receiving at least one home visit, almost half (**44%**) entered the CB program during their **first trimester**
- The most frequent psychosocial risk factors identified by the women were **lack of stable housing (12%)** and **pregnancy during teen years (9%)**
- The most frequent health risk factors identified by the women were **nutritional deficiencies (13%)** and **lack of prenatal vitamin use (11%)**
- The top reported pregnancy complication was **gestational diabetes (19%)**
- **89%** of the babies born within the program year were of a **healthy weight and age**

WSH Background
WellSpace Health provides parenting education to African American women through weekly visits, using the Nurturing Parenting Prenatal Program©, which educate women and families on supporting a healthy pregnancy.

Center for Community Health and Well Being, Inc.
Black Mothers United (BMU)

- **99 women** participated in home visits during the program year
- Of the women receiving at least one home visit, almost half (**48%**) entered the CB program during their **third trimester**
- The most frequent psychosocial risk factors identified by the women were **lack of transportation (19%)** and **lack of stable housing (14%)**
- The most frequent health risk factors identified by the women were **diabetes (12%)** and **lack of prenatal care (12%)**
- The top reported pregnancy complication was **gestational diabetes (15%)**
- **74%** of the babies born within the program year were of a **healthy weight and age**

BMU Background
Black Mothers United uses a case management model to recruit and engage African American pregnant women who have difficulty accessing or maintaining prenatal care, and provide education and personalized psychosocial support through weekly check-ins.

Birth Outcomes

In FY16/17, overall the two programs had **232 mothers who delivered 241 babies** and **85% were born at term and at a healthy weight**. There was one stillbirth, which is considered a fetal death[3], but there were no infant deaths prior to women exiting the program. This year, an unusually high number of participants in the programs delivered twins. Nine women delivered 18 babies, which are typically born earlier and of lower birth weight than singletons. Table 2 below displays details of singleton and twin infants born into the program, as well as totals.

Table 2 | Birth Outcomes for Singleton, Twins, & Total Infants Born in the Cultural Broker Programs, FY16/17

	Plurality					
	Singleton		Twin		Total	
Birth Outcomes	#	%	#	%	#	%
Healthy weight & age	197	88%	7	39%	204	**85%**
Missing birth outcome	2	<1%	-	-	2	<1%
Poor birth outcome	24	11%	11	61%	35	15%
Preterm only	*3*	*1%*	*1*	*6%*	*4*	*2%*
Low-birthweight only	*12*	*5%*	*3*	*17%*	*15*	*6%*
Preterm & low-birthweight	*8*	*4%*	*7*	*39%*	*15*	*6%*
Stillbirth (fetal loss at ≥ 20 weeks)	*1*	*<1%*	*-*	*-*	*1*	*<1%*
Total Infants Born	223	100%	18	100%	241	100%

Sacramento County Department of Public Health reports birth outcomes differently than displayed in Table 2, which shows the overlap of babies with both low birthweight and preterm. Table 3 displays the birth outcomes for program participants using the standard county reporting categories so that outcomes can be compared to all African American babies born in Sacramento County. However, the most recent countywide death data available is for 2015, so the comparison in Table 3 is between the FY16/17 program outcomes and the 2015 countywide infant birth outcomes. FY16/17 program participants had a lower rate of preterm babies than all Sacramento County African American mothers in 2015, and about the same rate of low-birth weight babies.[4]

Table 3 | Cultural Broker Program Birth Outcomes Compared to Sacramento County Birth Outcomes

	African American Mothers			
	CB Participants FY16/17		Sac County 2015	
Birth Outcomes	#	%	#	%
Preterm	19	**8%**	242	13%
Low-birthweight	29	**12%**	222	12%
Total Infants Born	241	-	1,901	-

[3] A fetal death, also known as "stillbirth," is a death at 20 weeks or more gestation, and an infant death is a live birth that results in death within the first year.

[4] Sacramento County Public Health Birth Records, 2015

Infant Safe Sleep Education Campaign

The second First 5 strategy is an education campaign focused on raising awareness about infant safe sleeping practices and providing direct education to mothers and caregivers, with a focus on African American families. This effort includes providing cribs to pregnant or new mothers if they do not have a safe place to sleep their infant. Another key component of the campaign is training community and service professionals about infant safe sleep practices, and working with local hospital systems to integrate infant safe sleep education into their routine maternal and child policies and procedures.

Key Findings

Child Abuse Prevention Council (CAPC)

- **1,709 parents** received SSB training; almost one-third **(32%, 554) were African American families**
- **637 cribs** distributed to families; over one-third **(36%, 230) going to African American or Multi-racial African American families**
- Follow up surveys with 81 African American families receiving training and a crib showed that:
  - **94% always** put their babies on their backs
  - **86% never** sleep their baby with blankets, pillows, or stuffed animals
  - **78% never** sleep their baby with another adult or child
- **513** community service and health professionals trained
- **52** hospital staff received training on safe sleep practices
- **6** hospitals that deliver Sacramento County babies **are screening mothers for their plans to sleep their babies** when they return home, and 165 cribs went to families who received their SSB education either through the hospital or through CAPC

CAPC Background

The Child Abuse Prevention Council manages the Infant Safe Sleep campaign, providing direct education to families through home visitation programs and one-hour workshops, with a special emphasis on reaching African American families.

Status of Sacramento SSB Hospital Program Participation (June 2017)

Hospital	Program Status	Nurse Training Policy	Nurses Trained	Pediatricians Trained (in process)	# of Cribs (Distributed to Hospitals, 167 Total)
Kaiser Roseville	Implemented	Yes	Yes	Yes	40
Kaiser South	Implemented	Yes	Yes	Yes	45
Mercy General	Implemented	Yes	Yes	Yes	23
Mercy San Juan	Implemented	Yes	Yes	Yes	23
Sutter	Implemented	Yes	Yes	Yes	12
UCD	Implemented	Yes	Yes	Yes	24
Methodist	July 6, 2017	In process	In process	In process	Planned
Mercy Folsom	July 19, 2017	In process	In process	In process	Planned

*Sacramento County Residents

Public Education Campaign to Reduce African American Child Deaths

The third First 5 strategy is an ongoing culturally relevant public education campaign to raise awareness about the disproportionate rate of African American infant deaths, and connect African American mothers to local resources and services that help support their pregnancies and families' well-being. The campaign includes a variety of print and digital media, as well as community outreach events targeted to Sacramento neighborhoods with the highest incidence of African American child deaths.

Key Findings

Runyon Saltzman, Inc. (RSE)

The *Stress* campaign began in September 2016. Its primary goal is to communicate how to deal with stress while pregnant, as well as to describe the impact of stress on the health of the baby. The messages were also aimed at leading the audience to the SacHealthyBaby.com website for further information and resources.

- The *Stress* Campaign delivered a total of **85,832,953 impressions**[5] through signage on bus interiors, at bus stops, and at convenience stores in the target neighborhoods.
- **Two 30 second radio spots** for the *Stress* campaign ran on KSFM 102.5, and reached an estimated **60% of the target audience**, for an average of almost **32 times per person**.
- The SacHealthyBaby.com website had **2,868 visits**, and directs women to services available to support pregnant African American women in Sacramento County, such as BMU, WSH, Birth & Beyond Family Resource Centers, and WIC with visits to the following top three pages:
  - **425** visits to **"Find Care Near You"**
  - **349** visits to **"Take Care of Baby"**
  - **258** visits to **"Let's Get Started"**
- RSE assisted First 5 and the Sac Healthy Baby Collaborative in developing and promoting two major community events that reached **346 pregnant and newly parenting African American women**: "Bumps & Bundles" and "Pride and Joy Community Baby Shower."

RSE Background

RSE created and implemented the Public Education campaign with the goal of raising awareness about perinatal conditions impacting healthy pregnancies and births, and connecting women to perinatal services.

[5] Impressions is a term that refers to the point in which an ad is viewed once by a visitor, or displayed once on a web page. An impression is an estimate of the number of people a particular advertisement is reaching.

Summary

After two years of full program implementation, these three First 5 prevention and intervention strategies are reaching the population and neighborhoods where the risk of perinatal infant deaths is greatest among African Americans. Targeted prenatal support and direct services are being provided by Cultural Brokers to AA pregnant women using two intervention models. Safe infant sleep education and resources are being provided throughout the community, particularly to African American families, and to those who serve them. An overarching public education campaign is providing media messages throughout the high-risk communities. Together these programs are mitigating risks among AA women for poor pregnancy and infant outcomes by conducting community outreach, providing direct support and access to care, providing targeted education to both women at risk and the providers who serve them, and raising awareness and engagement throughout the community.

Complete program impact data will become available at the conclusion of year three; already after two years of program implementation, there are positive signs of progress within the First 5 funded programs:

- Although there was one stillbirth, **there were no infant deaths** among the live births of our program participants in FY16/17
- The percentage of preterm infant births among AA participants in the CB programs is **much lower** than the overall AA preterm percentages in Sacramento County, although low birth weight percentages were similar due in part to the unusually high number of twin births among CB participants
- Infant sleep related death rates have **dropped** each year since 2013

Based on lessons learned, these integrated First 5 programs will continue to refine their activities throughout FY17/18 and strive to complement the broader countywide BCLC efforts with the shared community goal of reducing the disproportionate AA infant death rates in Sacramento County.

Introduction

Disproportionate Deaths among African American Infants

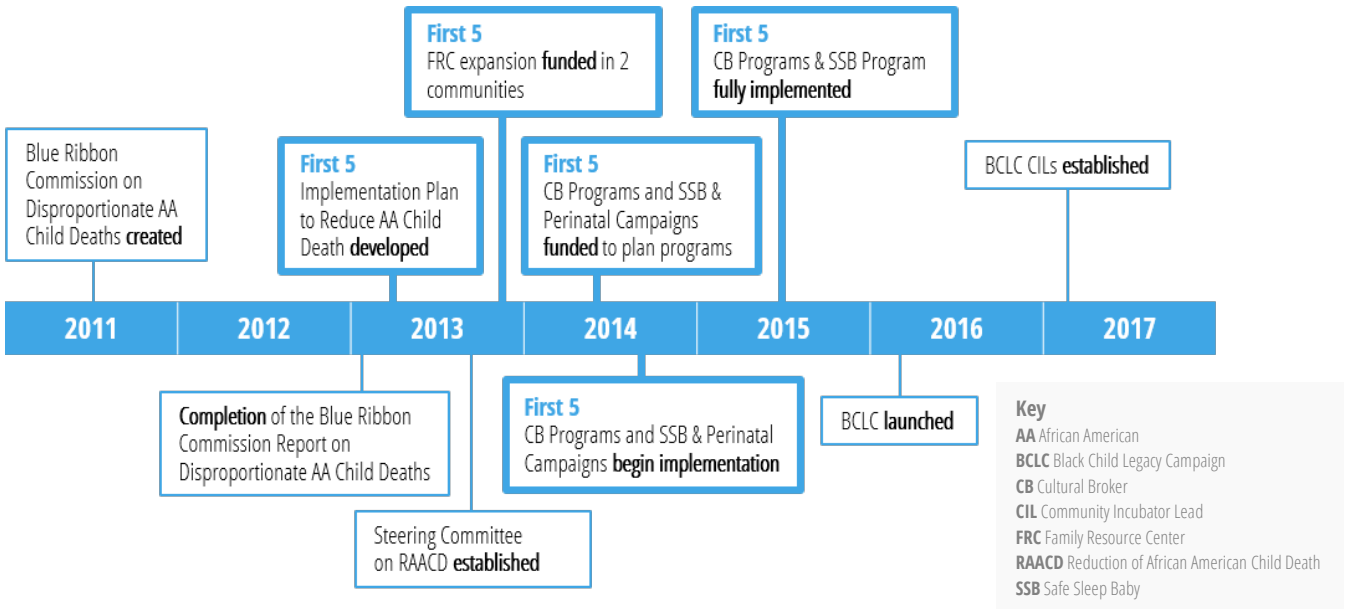
Background

There is a crisis in Sacramento County - for more than 20 years, African American children have been dying at twice the rate of other children. In response to this troubling disparity, a Steering Committee on the Reduction of African American Child Deaths (RAACD) was initiated to develop and implement strategies to address the top four causes of disproportionate deaths. The communitywide movement, now called the Black Child Legacy Campaign (BCLC), is increasing awareness about the issue, coordinating across systems to improve access to services, and mobilizing the community to prevent child deaths. There are seven hot spots in the community where a disproportionate number of the deaths are occurring. As a result, BCLC has identified seven organizations to serve as Community Incubator Leads (CILs). The CILs are community hubs for information, community connection, and an array of services to support families. As a partner in the countywide effort and member of the BCLC, First 5 Sacramento has provided information about programs to the CILs, and currently has some programs stationed at the CILs to offer services.

First 5 Sacramento and the County of Sacramento have made significant investments to turn the curve on African American child deaths. The timeline in Figure 1 identifies key activities that have taken place over the last six years to address this issue. Whereas the countywide BCLC efforts focus on the four main causes of disproportionate deaths, the First 5 efforts address only perinatal conditions, safe sleep and child abuse and neglect homicides, specifically in the 0-5 population.

This evaluation report focuses on the impact of three strategies, focused on perinatal and infant safe sleep services for African American families, funded by First 5 Sacramento during fiscal year 2016-17. Program and aggregate client data will be presented in this report to demonstrate program progress and outcomes, with a comparison to community level data where applicable. Please note that the most recent comparison data available from the County is for calendar year 2015.

Figure 1 | Timeline of Sacramento County & First 5 Sacramento's Effort to Reduce African American Child Death



African American Child Death Data

African American Infants under one year of age are dying at a much higher rate compared to other ethnic groups living in Sacramento County. Table 1 displays the rate of death per 1,000 infants in 2015. African American infants died at two and a half times the rate of infants of all other races (11.0 compared to 4.3), and over three times the rate for deaths related to perinatal conditions (6.3 compared to 2.0). The rate of African American sleep related deaths was twice the rate of other races (1.6 compared to 0.8).

Table 1 | Sacramento County Infant Death Rates in 2015 by Cause & Race (per 1,000 infants)[1, 2]

Cause of Infant Death	African American Infants	Infants of All Other Races
All Infant Deaths	11.0	4.3
Deaths Related to Perinatal Conditions	6.3	2.0
Sleep-Related Deaths	1.6	0.8

First 5 Sacramento developed an implementation plan to address African American infant deaths in 2013, with programs beginning implementation in 2014 with full implementation beginning in July 2015. Data from 2013 is considered the baseline year to measure program impact. Table 2 displays the rate of African American child death per 1,000 infants for perinatal conditions and infant sleep-related deaths, as well as all infant deaths from 2013 to 2015. In 2015, the first full year of implementation, there was a 9% decrease in the AA infant mortality rate compared to the baseline year 2013. Although promising and very encouraging, this one year finding may not indicate a consistent trend. First 5 will continue to monitor the overall African American infant mortality outcomes to document the impact of this multi-prong set of programs and activities.

Table 2 | African American Infant Death Rate Trends, 2013-2015 (per 1,000 infants)[3,4]

	African American Infants		
Year	All Deaths	Deaths Related to Perinatal Conditions	Sleep-Related Deaths
2013	12.1	4.5	3.5
2014	13.1	6.8	2.3
2015	11.0	6.3	1.6

In 2015, on average, African American infants were also born with greater health risks compared to other ethnicities. For example, African American women had a higher incidence of infants born at a low birthweight and preterm infants (Table 3).

Table 3 | Percent of Sacramento County Infants Born Premature & Low Birthweight[1] in 2015 by Race

Infant Health Risk	African American Infants	Infants of All Other Races
Premature (<37 weeks)	13%	9%
Low birthweight (<5lbs 8oz)	12%	6%

And even though there was an increase in African American women starting prenatal care in their first trimester in 2015 (53% in 2014 increased to 82% in 2015) the rate at which African American infants die from perinatal conditions increased.

[1] Sacramento County Public Health Birth Records, 2015. Perinatal condition deaths include ICD-10 codes P00-P96. Data Source: Death: VRBIS; Births: California birth master file form CDPH

[2] 2015 Child Death Review Team Report

[3] VRBIS; Births: California birth master file form CDPH

[4] 2013-14 and 2015 Child Death Review Team Report

First 5 Strategies to Reduce African American Child Deaths

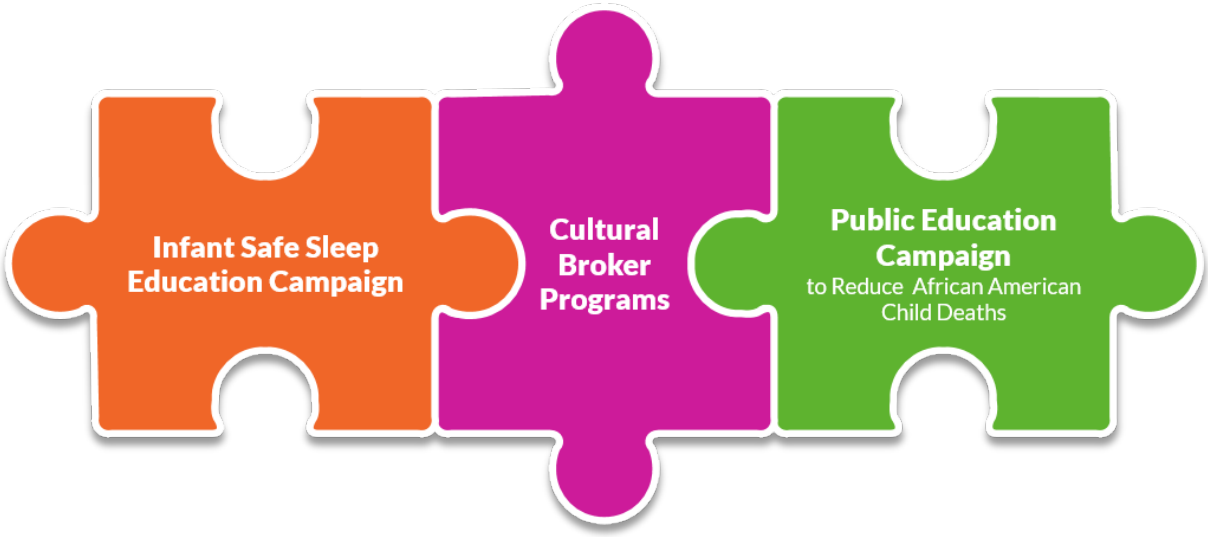
In 2015, 1,901 African American women gave birth in Sacramento County and almost two-thirds (60%) of these women resided in the neighborhoods identified as having the highest incidence of child death by the Sacramento County Blue Ribbon Commission on Disproportionate African American Child Deaths[5]:

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

First 5 Sacramento (First 5) funds three strategies to address the rate of preventable perinatal and infant death in these neighborhoods, with an emphasis on reducing the disproportionality of infant deaths among African Americans. First 5 also funds nine Family Resource Centers which target parents of children 0-5 who are at risk of child abuse and neglect; however, this funded strategy is not addressed in this report.

The three First 5 Sacramento initiatives to address African American perinatal and infant deaths include: 1) Cultural Broker Programs provided by Center for Community Health and Well Being, Inc. and WellSpace Health, 2) Infant Safe Sleep Education Campaigns provided by the Child Abuse Prevention Council (CAPC), and 3) Public Education Campaigns to Reduce African American Child Deaths provided by Runyon Saltzman, Inc. See Figure 2 below.

Figure 2 | First 5 Initiatives to Address African American Perinatal & Infant Deaths



[5] In 2013, the Commission called on service agencies and community leaders to take immediate action to reduce preventable child mortality rates in Sacramento County, with a particular emphasis on addressing the wide disparity in African American deaths.

1 Cultural Broker Programs

First 5's first strategy to address African American infant death is the Cultural Broker Program (peer support), implemented by two service providers. The purpose of this approach is to provide culturally relevant outreach, education, and one-to-one support to pregnant African American women who live in high-risk neighborhoods. Cultural brokers are African American women who are trained to support healthy pregnancies by providing education, linkages to medical and social services, and assisting mothers in preparing for the birth of their child. First 5 Sacramento funded two organizations that use two variations of cultural broker models to provide services.

WellSpace Health

The WellSpace Health (WSH) Cultural Broker Program operates from two South Sacramento clinics (South Valley Community Health Center and Health Care for Women). Pregnant African American women are routinely referred into this perinatal program when seeking medical care at these or any Sacramento WSH clinic through their Sweet Success offices, as well as through community outreach and word of mouth. WSH's Cultural Broker Program model consists of evidence-based parenting education during 18 visits using the Nurturing Parenting Program© (NPP) for Prenatal Families. The NPP Prenatal Program helps women and families support a healthy pregnancy by helping them understand the effects of alcohol, tobacco, nutrition, and stress on the baby, and educating them on ways to promote a healthy baby. The curriculum focuses on parents' attitudes and knowledge in a one-on-one instructional model. In addition to the educational visits during the pregnancy, the cultural brokers provide two risk factor education sessions and conduct at least one postpartum visit within a month of delivery. A social worker provides additional support for women in need, such as helping them connect to resources within WellSpace or in the community, such as WIC, basic needs, housing, and transportation. The program targets all high-risk neighborhoods in Sacramento.

Center for Community Health and Well Being, Black Mothers United

The Black Mothers United (BMU) Cultural Broker Program is a case management model that addresses the social determinants of health with the women they serve. Through direct outreach in the community and partnering with community-based organizations and social service agencies, BMU's cultural brokers (or "Personal Advocates") seek out pregnant African American women who are not receiving regular prenatal care or who need supportive services to stay in prenatal care. Personal advocates use the Comprehensive Perinatal Services Program Assessment to identify needs and develop individualized care plans for the women they serve. The personal advocates provide an array of customized services to support the women's pregnancies, such as help finding prenatal care and transportation to care, and help with connecting them to social services and community agencies for support. The program includes personalized psychosocial support that is delivered through 18 regular check-in meetings during the pregnancy and up through 12 weeks after the baby is born, and monthly support groups. The program targets all high-risk neighborhoods, but focuses specifically on North and South Sacramento.

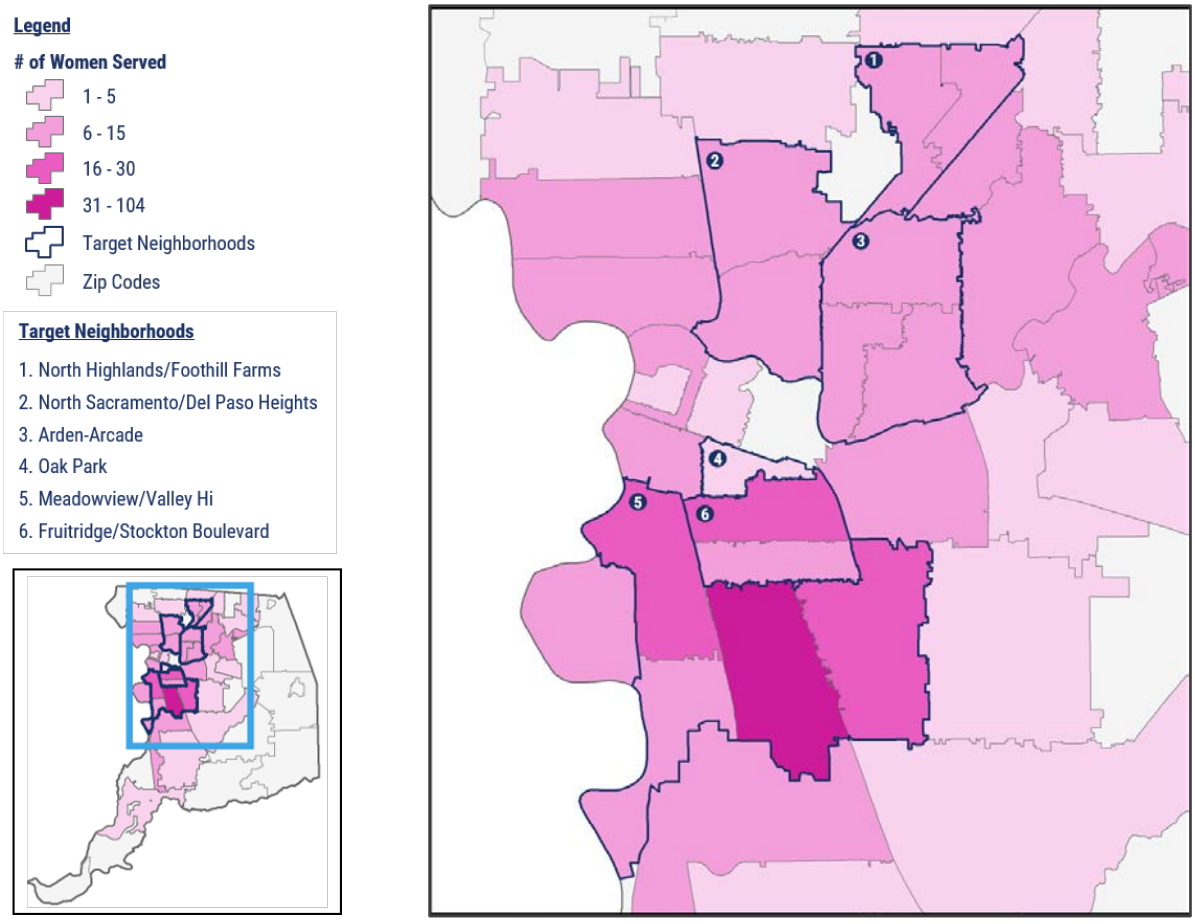
Evaluation Cohort

From July 1, 2016 through June 30, 2017 (FY16/17), the two Cultural Broker Programs provided support and education to 415 African American women. These women received at least one educational visit or weekly check-in during FY16/17, and an intake in FY15/16 or FY16/17. Program participants must sign a consent to be included in the program evaluation, and one woman did not consent. The evaluation findings represent the 414 women who consented to be part of this evaluation, who had an intake assessment and at least one educational visit/weekly check-in with their cultural broker/personal advocate during FY16/17.

The cultural broker evaluation cohort of 414 for this report includes 99 women in the BMU program and 315 in the WSH program (eight women received services at both programs).[6]

Figure 3 displays Sacramento County and the six high-need neighborhoods (outlined in dark blue), and the zip codes in which the Cultural Broker Program participants live, with the shading indicating the number of participants living in that zip code. The map demonstrates that program participants are largely concentrated within the targeted neighborhoods, with close to half from the Meadowview/Valley High area (40%, 167) in South Sacramento.

Figure 3 | Number of Women Served in Cultural Broker Programs by Zip Code, FY16/17



[6] Some women in this cohort may have started the program or delivered in the previous fiscal year, but were included in the cohort if they received at least one home visit in FY16/17.

The First 5 cultural broker contractors have distinct approaches to recruiting women into their respective programs. The WSH program is linked to a healthcare system, with clinics that refer pregnant African American women to the program. They also conduct community outreach to recruit women to the program, through First 5 funded community events and displays of program flyers in laundromats and apartment communities. Most of the women in the Cultural Broker Program receive their prenatal care through WSH clinics.[7]

BMU is a case management model that provides support and education to pregnant African Americans, with cultural brokers actively seeking women who need support in the targeted communities through direct outreach and by partnering with community-based organizations and social service agencies. The women reached by BMU outreach may or may not be linked to prenatal care at the time case management begins.

Women participating in Cultural Broker Programs share the same demographic characteristics, largely reflecting the programs' eligibility criteria; all the women were pregnant, resided in Sacramento County, and identified as African American. Table 4 displays the age groups of participants, which are consistent across both programs. On average, teens (<20 years old) and women over 34 years old have higher rates of preterm and low birthweight infants and are therefore considered higher risk pregnancies.[8]

Table 4 | Age of Program Participants, FY16/17

	WSH		BMU	
Participant Age	#	%	#	%
Under 20 years old	43	14%	14	14%
20-34 years old	247	78%	77	78%
35 or older	25	8%	8	8%
Total	315	100%	99	100%

[7] In FY16/17, the WSH Cultural Broker Program started accepting women who received their prenatal care outside of WSH clinics.

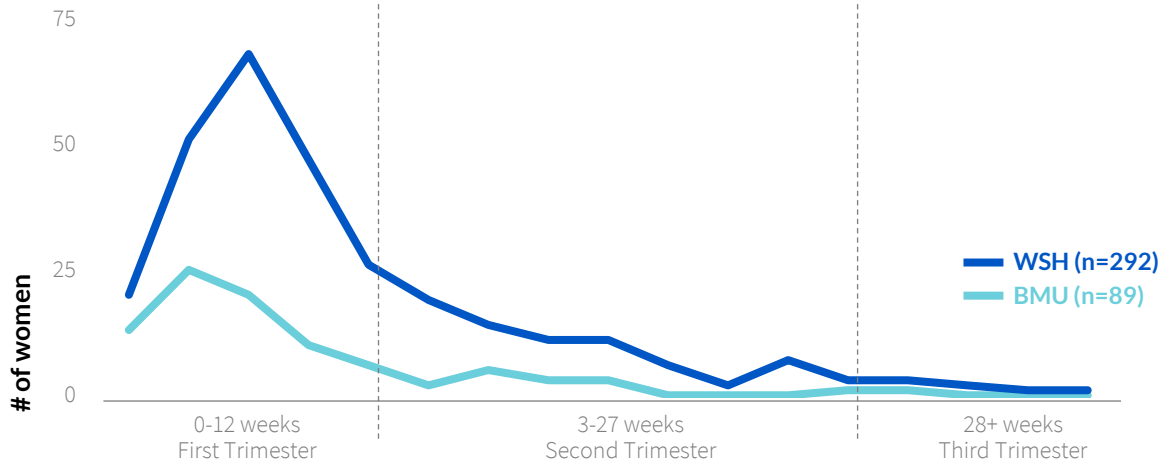
[8] U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Child Health USA 2014. Rockville, Maryland: U.S. Department of Health and Human Services, 2014.

Trimester at Start of Prenatal Care

The Cultural Broker Programs record the number of weeks the woman is pregnant when she began receiving prenatal care. The distribution of when prenatal care began is similar for the two Cultural Broker Programs. Figure 4 displays the number of women by number of weeks pregnant at the initiation of prenatal care, and the percentage of women by the trimester prenatal care began. Close to three-fourths of the women in each program reported that their prenatal care began in the first trimester (83% for BMU and 73% for WSH).[9] Women in the BMU program self-report this information, and feedback from the Cultural Brokers is that many of the women are not actually receiving regular prenatal care at intake. Anecdotal feedback is that this is often due to a misunderstanding as to what "regular prenatal care" entails; they have challenges getting to appointments, or that their provider fired them for missed appointments or being late to appointments.

An exit survey with 207 women (WSH 151; BMU 56) indicates that 89% attended most or all their prenatal appointments (87% for WSH women, and 93% for BMU women). Some of the challenges reported on maintaining regular prenatal care included lack of transportation or difficulty getting to scheduled prenatal visits on time.

Figure 4 | Number of Women by Trimester Prenatal Care Began, FY16/17



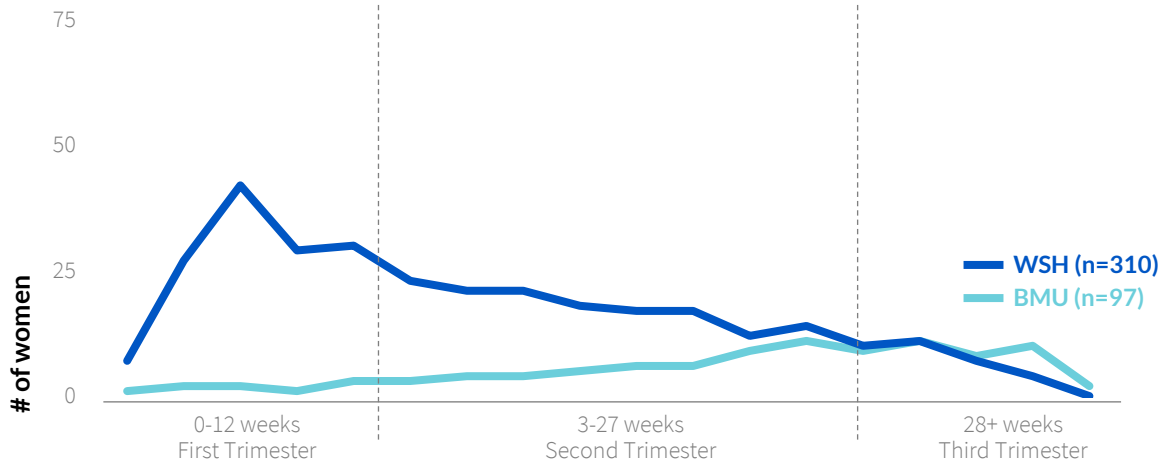
	WSH		BMU	
Gestational Age when Prenatal Care Began	#	%	#	%
First Trimester (0-12 weeks)	212	73%	74	83%
Second Trimester (13-27 weeks)	71	24%	13	15%
Third Trimester (28+ weeks)	9	3%	2	2%
Missing	23	-	10	-
Total	315	-	99	-

[9] WSH cultural brokers use the participants' clinical records to verify the gestational age at entry into prenatal care. BMU staff do not have access to participants' medical records, so women self-report when prenatal care began.

Trimester at Entry into Cultural Broker Program

While the two Cultural Broker Programs show similar participant demographics in terms of mother's age, and their trimester at the start of prenatal care, mothers enter the two programs at very different stages in their pregnancies. Figure 5 displays the number of women by gestational age when they enter either Cultural Broker Program and presents the percent of women by trimester at program entry. Close to half (44%) of the women served by WSH entered the program in their first trimester and, conversely, close to half (48%) of the women served by BMU entered the program late in their pregnancy in their third trimester. The WSH Cultural Broker Program linkages to a medical clinic may account for their participants entering the WSH program earlier, being referred when they come to one of the WSH clinics for a pregnancy test or specifically for prenatal care. Alternatively, the BMU program recruits women by community outreach, targeting those women not already connected to health care and services, and/or needing support to maintain their prenatal care. This focus on reaching women without access to prenatal care contributes to many of their participants enrolling in the BMU program significantly later into their pregnancy. These two programs represent a continuum in terms of prenatal care onset, and reaches gaps in access due to delayed prenatal care.

Figure 5 | Number of Women by Trimester at Program Enrollment, FY16/17



	WSH		BMU	
Gestational Age at Program Enrollment	#	%	#	%
First Trimester (0-12 weeks)	135	44%	9	9%
Second Trimester (13-27 weeks)	138	45%	41	42%
Third Trimester (28+ weeks)	37	12%	47	48%
Missing	5	-	2	-
Total	315	-	99	-

Psychosocial & Health Risks of Women

As part of the home visit intake, cultural brokers complete an assessment[10] to identify social, emotional, and health risks that may affect the women's pregnancy. This assessment also guides the cultural broker in identifying supports the woman may need to have a healthy pregnancy, and functions as a case management tool. This assessment is done during the first visit, and psychosocial and medical risks may be revealed as the program participants become more comfortable sharing sensitive information with their cultural broker.

Of the 414 participants with this assessment, two-thirds (67%) had a general concern for the cultural broker to consider [11] and over one-third (39%) had a psychosocial or health concern that needed to be addressed (see Table 5).

Table 5 | Concerns Identified in the Intake Risk Assessment by Cultural Broker Program

	Concerns Identified			
	General		Psychosocial or Health	
Program	#	%	#	%
WSH (n=315)	208	66%	112	36%
BMU (n=99)	69	70%	51	51%
Total	277	67%	163	39%

The analysis found that the women in the BMU program had a statistically significant higher number of psychosocial risks at intake than the women in the WSH program (p-value of <.009). For BMU, the most identified psychosocial risk factors were lack of transportation, stable housing, and food insecurities. For WSH, the most identified psychosocial risk factors were lack of stable housing and age (under 20 years old) (see Table 6.)

Table 6 | Type of Psychosocial Risk Factor at Intake

	WSH (n=315)		BMU (n=99)	
Psychosocial Risk Factor	#	%	#	%
No risk factor	203	64%	48	48%
Any risk factor	112	36%	51	52%
Lack of transportation	8	3%	14	19%
Lack of stable housing	37	12%	14	14%
Food insecurities	12	4%	10	10%
Teen	29	9%	7	7%
35+ years old	16	5%	6	6%
Mental illness	13	4%	5	5%
Alcohol and drug use	9	3%	4	4%
Tobacco use	16	5%	3	3%
Domestic violence	3	1%	3	3%

In contrast, there was no significant difference in the number of health risks between participants of the two programs. Medical risk factors for WSH women were nutritional deficiencies, diabetes, and lack prenatal vitamin use; risk factors for BMU women were diabetes, lack of prenatal care at program entry, and lack prenatal vitamin use (see Table 7).

Table 7 | Type of Health Risks Identified at Intake

	WSH (n=315)		BMU (n=99)	
Health Risk	#	%	#	%
No risk factor	179	57%	61	62%
Any risk factor	136	43%	38	38%
Nutritional deficiencies	40	13%	4	3%
Diabetes	26	8%	12	12%
Currently no prenatal care	19	6%	12	12%
No prenatal vitamins	33	11%	7	7%
Previous miscarriages	23	7%	5	5%
High blood pressure	19	6%	3	3%
Obesity	19	6%	2	2%
Prior preterm births	13	4%	3	3%
Prior stillbirth	5	2%	1	1%
STI	6	2%	6	6%
Kidney disorder/UTIs	10	3%	1	1%
Other medical problems	25	18%	7	18%

[10] The cultural brokers complete an Intake and Exit Risk Assessment that identifies psychosocial and health risks. This assessment is used as a tool to help the cultural broker identify and prioritize risks.

[11] General concerns include not graduating from high school, not connected to social support services, etc.

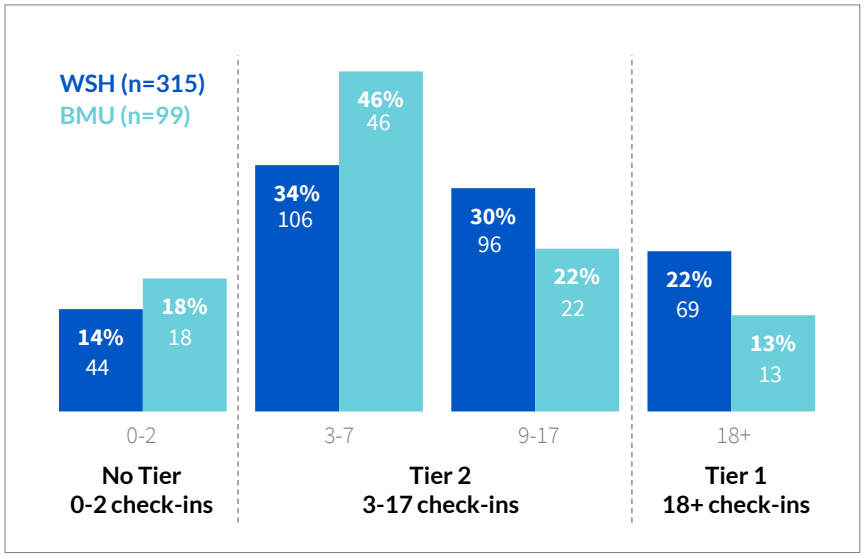
Lack of prenatal care at program entry is a major concern for women in the BMU program because almost half of the women enter the program in the third trimester. Even though many of the women in the BMU program report having prenatal care at program entry, once the cultural brokers begin working with the women, they often discover that they are not receiving regular prenatal care, or that they have discontinued seeing their prenatal provider.

Women often had multiple risks, with women in the WSH program having an average of 1.68 risks and women in the BMU program having 1.72 risks.

Program Results

Both Cultural Broker Programs involve a weekly check-in, either as a structured visit using the NPP curriculum, or to check in to see how the mother is doing, and to provide support and education for a healthy pregnancy. Both types of check-ins must last at least 30 minutes and include "education" to be counted as a visit. The goal is for each woman to participate in at least 18 pregnancy check-ins and one post-partum check-in. One of the challenges identified in FY 15/16 was the difficulty of completing 18 weekly check-ins, especially when women enter the program later in pregnancy. To address this, First 5 staff developed tiers of service for FY16/17, with 18 or more visits qualifying as Tier 1, and three to 17 visits qualifying as Tier 2 service. Figure 6 displays the percent of women who completed the program by tier level, with WSH cultural brokers providing Tier 1 services to 22% of the women and BMU providing Tier 1 services to 13% of the women. With many women entering the BMU program late in their pregnancy, it is not possible to provide the number of weekly check-ins to qualify for Tier 1 services. About two-thirds of the women received Tier 2 services (64% for WSH and 69% for BMU). The cultural brokers conducted a total of 3,222 weekly visits: 2,585 by WSH staff for an average of 8 per client, and 637 by BMU staff for an average of 6 per client.

Figure 6 | Number & Percent of Home Visits or Weekly Check-ins by Service Tiers (18+ visits = Tier 1; 3-17 visits = Tier 2)



Referrals to Support Services & Follow-Up

One of the Cultural Broker Program goals is to help connect women to prenatal care providers and support services in the community. These connections are documented as referrals and both WSH and BMU track referrals and follow-ups.

Table 8 displays the number and percent of women referred and by type of service referral[12] for each program. Although cultural brokers follow-up with women on referrals, educate women, and work to address barriers to access to care, it is not a requirement that pregnant women connect to the service, even when the referrals are critical to a health pregnancy, such as prenatal care.

For WSH, 306 women (97%) received at least one referral, with the top referral to safe sleep training, followed by basic needs and car seat education. The average number of referrals was 2.74, ranging from one to six referrals. Over three-quarters of the women followed-up on these referrals (87%, 78%, and 75% respectively).

With the BMU program, 70% of the women received at least one referral; the top referrals were safe sleep training, basic needs, and prenatal care with follow-up ranging from 68% for safe sleep training to 22% for prenatal care. Some of the low follow-up rates for BMU participants may be a result of women entering the program later in their pregnancy and not having time to follow-up before they deliver. The average number of referrals for BMU was 2.46, ranging from one to seven referrals. Both Cultural Broker Programs have staff trained to offer Safe Sleep Baby education through their program.

Table 8 | Number & Percent of Service Referrals Made and Participant Follow-Up by Cultural Broker Program

	WSH (n=315)				BMU (n=99)			
	Referred		Follow-Up		Referred		Follow-Up	
Service Referral Type	#	%	#	%	#	%	#	%
No Service Referral	9	3%	0	-	30	30%	0	-
Any Service Referral	306	97%			69	70%		
Safe Sleep Training & Crib	278	91%	242	87%	40	58%	27	68%
Basic Needs	237	77%	186	78%	33	48%	19	58%
Car Seat Education	186	61%	139	75%	27	39%	15	56%
Mental Health & Counseling	32	10%	20	63%	8	12%	2	25%
Prenatal Care	28	9%	21	75%	27	39%	6	22%
AOD Treatment & Support	20	7%	9	45%	2	3%	1	50%
Health Care	18	6%	11	61%	10	14%	1	10%
Health Insurance	6	2%	5	83%	2	3%	0	-
Legal Services	2	1%	0	-	5	7%	2	40%
Other	30	10%	23	77%	16	23%	7	44%

Women Who Connect to Other First 5 Funded Programs

Women in the Cultural Broker Programs are referred to many agencies to support healthy pregnancy and parenting, including WIC, Birth & Beyond Family Resource Centers, and other First 5 Sacramento funded programs. Of the 414 women in the cultural broker evaluation cohort, 192 received services at one of these two First 5 funded programs: 81% of these women received services at WIC and 49% at one of the nine Birth & Beyond centers. This referral activity reflects the connections between and among First 5 funded strategic initiatives.

[12] Referral types consist of: Alcohol and Drug Support, Basic Needs, Prenatal Care, Health Care, Safe Sleep Training, Health Insurance, Legal Services, Mental Health Support, Car Seat Education, and Other

Pregnancy Outcomes

During FY16/17, there were 241 births for women participating in the Cultural Broker Programs, 204 (85%) of which were infants born a healthy gestational age and birth weight. In total, 19 infants (8%) were born preterm (prior to 37 weeks) and 29 infants (12%) were born low birth weight (<5lbs, 8 oz.). The percentage of infants born preterm and low birth weight was slightly higher in FY16/17 compared to FY15/16 (7% preterm; 9% low birth weight); however, in FY16/17 there were more twins born than the previous year. Twins are at higher risk because they are typically born earlier and weigh less than singletons. FY16/17 included 18 twins (9 sets), of those 10 infants were low birthweight, 7 infants were preterm, 7 infants were both preterm and low birthweight, and one was born a healthy weight and gestational age.

Overall, Cultural Broker Program participants had a decreased rate of delivering preterm infants compared to Sacramento County African American mothers in 2015, derived from the most recent birth records available. Eight percent of cultural broker mothers delivered preterm compared to 13% of African American mothers countywide. The rate of infants born at a low birthweight was about the same between program participants and the county average (12%). However, program participants on average had more risks going into their pregnancies than the average African American mother in Sacramento County, with the Cultural Broker Programs specifically targeting at-risk mothers.

Table 9 displays birth outcomes for each of the Cultural Broker Programs, the five infants born to mothers participating in both programs, and combined findings for the Cultural Broker Program initiative. *Birth outcomes are not comparable between the two Cultural Broker Programs given their distinct program models and the pregnancy profiles of the in-program participants.* Close to 90% (89%) of the mothers in the WSH gave birth to healthy infants, with 7% preterm and 9% low birthweight. Almost three-quarters (74%) of the infants in the BMU program were born healthy, with 9% preterm and 18% low birthweight. There was one stillbirth, which is a fetal death,[13] but there were no infant deaths in FY16/17 prior to women exiting the program. Details on the infants with poor birth outcomes are in Attachment 1 (WSH n=19, BMU n=15).

Table 9 | Individual Birth Outcomes for Program Participants by Cultural Broker Program, FY16/17

	Infants Served in FY16/17							
	WSH		BMU		WSH & BMU		Total	
Birth Outcomes	#	%	#	%	#	%	#	%
Total Infants Served	170	100%	66	100%	5	100%	241	100%
Healthy weight & age	151	89%	49	74%	4	80%	204	85%
Missing birth outcome	0	-	2	3%	0	-	2	<1%
Poor birth outcome	19	11%	15	23%	1	20%	35	15%
Preterm	*12*	*7%*	*6*	*9%*	*1*	*20%*	*19*	*8%*
Low-birthweight	*16*	*9%*	*12*	*18%*	*1*	*20%*	*29*	*12%*
Preterm and Low-birthweight	*10*	*6%*	*4*	*6%*	*1*	*2%*	*15*	*6%*
Stillbirth (fetal loss at 20 weeks or more)	*0*	-	*1*	*2%*	*0*	-	*1*	*<1%*
Infants born as a twin	14	8%	4	6%	0	-	18	7%

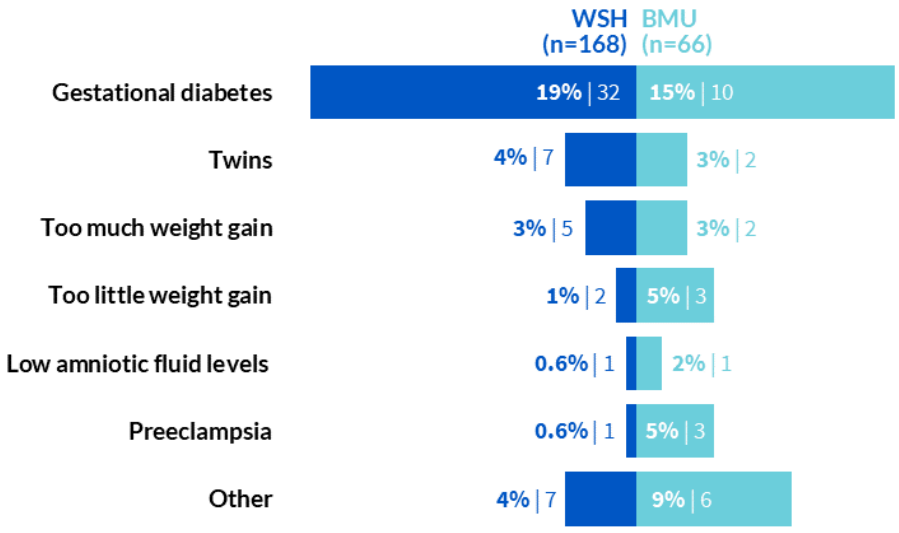
[13] A fetal death, also known as "stillbirth," is a death at 20 weeks or more gestation, and an infant death is a live birth that results in death within the first year.

Pregnancy Complications & Risk Factors

After participants deliver, the cultural brokers check-in with the new mother to provide post-partum education and to learn about the baby's health and mother's delivery. For program participants receiving prenatal care through WSH, the information collected is verified through the women's medical record. For the remainder of the women and for women in the BMU program, this information is self-reported by the program participant. There are some limitations to health risks and pregnancy complications being self-reported, as there may be other factors that the woman reporting does not understand or may not be aware. However, this self-reported information helps identify major risks associated with poor birth outcomes.

Figure 7 displays the pregnancy related health conditions reported for 168 WSH and 66 BMU mothers for whom there is birth outcome information. Gestational diabetes was the most reported pregnancy complication for both programs (19% for WSH and 15% for BMU). Other reported conditions included high blood pressure, anemia, and short pregnancy interval. These health conditions impact delivery outcomes.

Figure 7 | Self-Reported Pregnancy Complications & Health Risks by Cultural Broker Program



Individual level data on pregnancy related medical conditions, psychosocial risk factors, and other reported health conditions was analyzed for infants with poor outcomes, and this information is in Attachment 1. A provider summary of the most reported risk factors for infants with poor outcomes included:

WSH

Of the 19 infants with poor birth outcomes, 79% (15) of the mothers had at least one psycho-social risk factor identified; 68% (13) had an identified medical risk; 47% (9) had an identified pregnancy-related medical condition; and 16% (3) of the mothers entered the Cultural Broker Program in their third trimester.

BMU

Of the 15 infants with poor birth outcomes, 60% (9) had at least one psycho-social birth risk identified; 47% (7) had an identified medical risk; 27% (4) had an identified pregnancy-related medical condition; and 60% (9) of the mothers entered the program in their third trimester.

Post-Delivery Infant Health-Related Outcomes

Outcome and health information about the baby is self-reported by the mother during the post-delivery visit. Table 10 displays some of the information collected by the cultural broker, with close to two-thirds (63%) of the WSH mothers and over three-quarters (79%) of BMU mothers reporting well-baby checks at program exit. Both programs address the importance of continuing well-baby visits at the post-delivery check-in with the new mothers.

Table 10 | Self-Reported Infant Health-Related Outcomes

	WSH (n=175)		BMU (n=67)	
Infant Outcome	#	%	#	%
Well-baby visit at program exit	111	63%	53	79%
Breastfeeding at program exit	145	83%	50	75%
Jaundice	18	10%	6	9%
Other	6	3%	4	6%

*Birth outcomes missing on 4 infants

Program Exit Survey Responses

In FY16/17, First 5 Sacramento staff added an Exit Survey to the post-delivery visit to identify what program participants valued about the program, and to get feedback on the program and cultural brokers. In total, 207 (66%) women completed the Exit Survey in FY16/17. Key findings for the Cultural Broker Program overall are listed below, with program specific findings in Attachment 2.

Aspect of the Cultural Broker Program that was most helpful:

- **75%** | The emotional support provided by the cultural broker
- **50%** | The education and classes on having a healthy pregnancy and birth
- **43%** | The free baby supplies (car seat, crib, etc.)

Cultural brokers' influence on attending prenatal appointments:

- **49%** | Reinforced that participant to attend all appointments
- **43%** | Encouraged participant to attend some/more appointments than planned

Cultural brokers' influence on alcohol and drug use:

- **23%** | Were using alcohol at program entry, and all but 1% stopped during the pregnancy
- **22%** | Were using marijuana at program entry, and all but 3% stopped during the pregnancy
- **12%** | Were using tobacco at program entry, and all but 5% stopped during the pregnancy

Additional supports that would help the mom be prepared for parenting the baby:

- **69%** | Continued support from cultural broker
- **39%** | Receiving baby supplies
- **32%** | Resources to get stable housing

Other key findings from Exit Survey Participants:

- **98%** | Know where to go for parenting resources
- **86%** | Feel better connected to community resources
- **60%** | Feel completely ready and prepared to parent their baby

The Exit Survey also asks the new mothers about how they are sleeping their baby:

- **85%** | Always sleep their baby on their back
- **66%** | Always sleep their baby in a crib
- **62%** | Never co-sleep with their baby

A note about alcohol and drug use reporting at intake and exit: The percentage of women reporting alcohol, tobacco and other drug use at program exit contradicts what was reported at program intake, where the rates were much lower. However, at program intake the women have not yet developed a trusting relationship with their cultural broker, and may be hesitant to reveal sensitive information about themselves right away. By program exit, this relationship is established.

Successes & Challenges

FY16/17 was the second full year of the Cultural Broker Program. The two Cultural Broker Programs applied lessons learned during the first year to better their programs. There were successes and challenges for each of the Cultural Broker Programs.

Successes

Although there was one stillbirth, there were no infant deaths among the live births in FY16/17. Other than this achievement, there were other success discussed below.

Expanded Partnerships & Outreach

Both WSH and BMU expanded their partnerships and outreach in FY16/17. Both providers attended the First 5 Sacramento funded community events, and worked to establish relationships with other healthcare providers and social service agencies. WSH hired a staff person to focus on outreach, and developed a partnership with Once Upon a Child, a used baby clothing and supply store that now donates items to WSH. WSH also began reaching out to other prenatal care providers and began providing cultural broker support to women receiving prenatal care outside of WSH, accounting for 15% of the caseload in FY16/17.

BMU developed partnerships with several of the Black Child Legacy Campaign Community Incubator Leads (CILs), and will begin to work with another in FY17/18, with the goal of having a staff person at each of their partnering CILs. WSH will begin working with the CILs in FY17/18. BMU also expanded their outreach by increasing their use of social media for outreach, and developing a cultural brokers outreach protocol with outreach goals.

Early Identification of High-Risk Pregnancies through Ultrasound Screening

WSH's ability to provide ultrasounds for program participants identified three women in their Cultural Broker Program who had a short cervix, which is a known risk for preterm birth. One of these women was pregnant with twins. The ultrasound and the subsequent interventions helped the two women pregnant with singletons to carry to term, and the one woman pregnant with twins to carry an extra six weeks, delivering the infants preterm, but late enough in her pregnancy that the infants were viable.

Challenges

Agency Transitions

BMU had many staffing changes during the FY16/17 program year. There was new leadership when the executive director of CCHWB retired, as well as changes in direct service staff. This adjustment period affected the number of women recruited into the program and the agency's ability to serve a larger caseload. To address this challenge, BMU hired consultants to help them with their internal processes and conduct a staff retreat; elevated the lead cultural broker to program director so she could focus on staff training and coaching, and reviewing caseloads; invested in training staff; and worked with staff on self-care, since working with clients with so many psychosocial needs was taking a toll on the personal advocates. All of this resulted in improved processes, protocols, and staffing.

WSH noted that management staff stabilized over the year as the current program manager has both extensive knowledge in obstetrics and is passionate about helping women with healthy pregnancies. This has helped create an atmosphere of trust and compassion. However, WSH did note that finding qualified staff to fill cultural broker positions was a challenge.

The programs continue to grow and evolve to meet the community need. Despite several challenges and risks for clients, 85% of the babies born in the program were healthy, and there were better birth outcomes, particularly in prematurity (8%) compared to the County African American population. The Cultural Broker Programs remain steadfast in this countywide effort and in their focus to support and educate pregnant women to help reduce risk factors for poor birth outcomes.

2 Infant Safe Sleep Education Campaign

The second funding strategy is a culturally sensitive public education campaign focused on raising awareness about infant safe sleeping practices. The Child Abuse Prevention Council (CAPC) is managing this campaign, which provides direct education to families through home visitation programs and one-hour workshops, with a special emphasis on reaching African American families. CAPC provides education and cribs to pregnant or new mothers who do not have a safe environment in which to sleep their baby. Another key component of the campaign is training community and service professionals about infant safe sleep practices, and partnering with local hospital systems to integrate infant safe sleep education into their existing maternal and child policies and procedures.

The Safe Sleep Baby (SSB) Education Campaign was developed by CAPC to target a leading cause of death for African American infants. The SSB campaign takes a multi-pronged approach in educating expectant and new mothers and their families, along with health and social service professionals, about the importance of sleeping infants in a safe environment. The SSB initiative includes:

- Conducting a culturally relevant public education campaign;
- Promoting infant safe sleeping knowledge and environments; and
- Partnering with local hospital systems and birthing centers to incorporate SSB education procedures and policies.

These three components of the SSB campaign are coordinated to provide a unified message throughout Sacramento County. The goal of the campaign is to inform and train pregnant and new parents, their parents, and other family caregivers, hospital staff, as well as social service and health professionals about infant safe sleeping, so that mothers will hear the same message throughout pregnancy and the infant's first year of life. Staff and partners work extensively to reach members of the community with safe sleep information, training, and Pack 'n Play cribs.

Culturally Relevant Public Education Campaign

Campaign concepts and materials were developed with extensive community input from African American mothers and grandmothers, health professionals, and professionals in the field of community service in FY14/15. SSB campaign materials provide a simple and consistent message regarding guidelines to safe sleeping. SSB campaign media were distributed to parents, community partners, and to local hospitals. SSB staff distributed campaign materials and conducted outreach at 226 community outreach events, as well as to 31 medical offices and clinics that work in the SSB target neighborhoods.[14]

20,287 Brochures
1,388 SSB Videos
970 Posters
SSB Campaign Media Distributed in FY16/17

CAPC also facilitated the *Safe Sleep Baby Collaborative*, a group of 22 county-wide partners who met quarterly to monitor progress, provide input and feedback, and suggest campaign improvements.

[14] These neighborhoods are targeted by the First 5 Sacramento and the Sacramento County Black Child Legacy Campaign and include the zip codes making up the neighborhoods of Arden Arcade, Fruitridge, Del Paso Heights, North Highlands, Valley Hi,/Meadowview, and Oak Park.

Promoting Safe Sleep Knowledge & Environments

Cribs for Kids Program

The Cribs for Kids Program is administered by CAPC and includes community organization partners that provide parents with safe sleep baby education prior to receiving Pack 'n Play cribs funded by First 5 Sacramento. Mothers who do not have a safe environment to sleep their baby are eligible for a crib if they complete an SSB workshop and are pregnant or have an infant less than six months old. Partners for crib distribution include the following:

Cribs for Kids Partners

Hospitals

- Dignity Health (Mercy General Hospital, Mercy San Juan Medical Center)
- Kaiser Permanente South Sacramento Medical Center
- Kaiser Roseville Women and Children's Hospital (Sacramento County residents only)
- Sutter Anderson Lucchetti Women's and Children's Center
- UC Davis Medical Center

Community Organizations and Agencies

- 9 Birth & Beyond Family Resource Centers
- Center for Community Health and Well-Being, Inc., BMU Cultural Broker Program
- Liberty Towers Community Incubator Lead for the Black Child Legacy Campaign
- Sacramento County Office of Education
- Sacramento County Probation Department
- Sacramento County Child Protective Services
- Sutter Teen Programs
- WellSpace Health Cultural Broker Program

SSB Training for Community Service & Health Providers

The SSB campaign included 23 "train-the-trainer" workshops for professionals working with pregnant and new mothers to reinforce infant safe sleeping practices with families, and to promote referrals to connect families to SSB parent workshops for education and cribs. Professionals trained included: Cribs for Kids partner representatives (267); community-based professionals and service providers who routinely work with pregnant and new mothers (207); and medical providers who work with pregnant and new mothers (39). In total, 513 community service and health professionals received 2-3 hours of training for the Safe Baby Sleep program.

SSB Education for Parents

SSB training for parents includes current statistics about infant deaths due to sleep-related causes, information about the Six Steps to Safe Sleep Your Baby, as well as a viewing of the SSB educational video. At the end of the training, eligible mothers can take home a free Pack 'n Play crib if they do not have a safe place in which to sleep their infant. The SSB education campaign, materials and outreach are aimed for African Americans, and was delivered directly to parents through two different venues: home visits and workshops. In FY16/17, 1,709 parents received one hour of safe sleep training through these combined methods. While the focus of SSB education is African American parents, all parents were welcome (most of whom met some risk criteria).

Home Visitation SSB Training

Home visitation partners received education about infant sleep-related death and guidelines for sleeping infants safely. In FY16/17, these partners included:

- 9 Birth & Beyond Family Resource Centers
- Black Infant Health
- Center for Community Health and Well-Being, Inc., BMU Cultural Broker Program
- Child Abuse Prevention Council
- Nurse Family Partnership
- Liberty Towers Community Incubator Lead for the Black Child Legacy Campaign
- Sacramento County Child Protective Services
- Sacramento County Office of Education
- Sutter Teen Programs
- WellSpace Health Cultural Broker Program

Delivering SSB education through home visitation programs allowed mothers to receive information and coaching in their home from a trusted messenger. Home visitors were also able to assess the current or expected sleeping arrangement of each infant and provide ongoing follow-up and reinforcement of the importance of safe sleeping. A total of 1,351 parents received one hour of infant safe sleep information through their home visitor, and 30% (409) of these parents were African American.

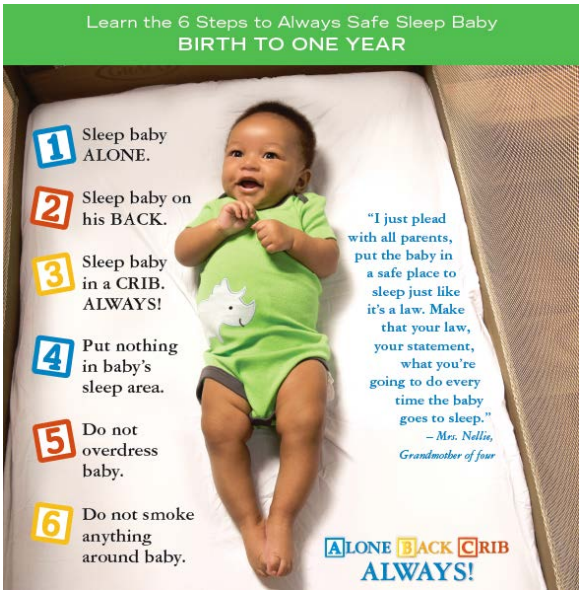
SSB Workshops

The other venue for educating parents on safe sleep practices was through one-hour SSB Workshops held in the six targeted high-risk neighborhoods. These workshops were hosted by CAPC, nine Birth & Beyond Family Resource Centers, partner sites, or in one-on-one settings. A total of 358 parents received one-hour of infant safe sleep information through workshops and 40% (145) of these parents were African American.

In total, 1,709 parents received SSB in FY16/17, with a total of 637 cribs distributed to Sacramento County families. Almost one-third (554 or 32%) of these families were African American, with almost half (230 or 42%) receiving a Pack 'n Play crib to safely sleep their baby. More than two-thirds of the parents (67%, 430) who received SSB education and a crib lived in neighborhoods as identified as high risk/need.

Safe Sleep Changes in Knowledge & Practices

Through the home visits and workshop SSB trainings, 733 parents completed an SSB intake form, a pre-test at the start of SSB education, and a post-test afterwards.[15] Over one-third (38%, 278) of the training participants identified their baby as African American or Multi-Racial African American.



Parent Outcomes

Knowledge

Parents participating in the SSB training completed a brief test regarding safe sleep practices before and after the SSB training to measure change in knowledge. A total of 278 new parents or to-be-parents of African American and Multi-racial infants had pre- and post-scores in FY16/17. There were two versions of the pre/post-test in FY16/17, reflecting changes based on recommendations from the First 5 Evaluation Committee. The SSB program administered the "original" version from July 2016 through March 2017 (14 items) and a "revised" version from April through June of 2017 (12 items). The average pre- and post-scores were compared for both versions of the test, and the average gains for African American parents in correctly answering questions from the pre- to post-test were 1.18 for previous version and 2.35 questions for the latest version, both of which were statistically significant, when using a paired-sample t-test (see Attachment 3 for detailed findings).

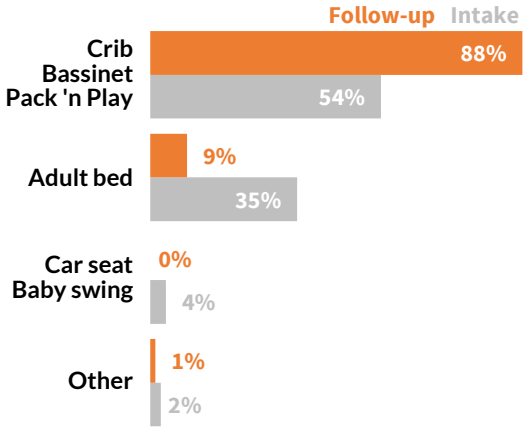
[15] CAPC updated the SSB Intake, Pre/Post- Test, and Exit Interview Survey with the revised forms in effect April 1, 2017. 11% of the intake and pre/posttests in FY16/17 were the revised version and 42% of the exit Interview were the revised form; data from these forms were cleaned and recoded to aggregate data from the old forms.

Safe Sleep Practices & Behaviors

Parents participating in the SSB training completed an Intake Survey prior to the training and an Exit Interview Survey at follow-up. Both surveys ask of parents their plan or current practice of sleeping their baby. The SSB protocol is to conduct the follow-up interview six to eight weeks after receiving the SSB education and crib, or 6 to 8 weeks after the baby has been born. All interviews were conducted after the baby was born to assess self-reported parent behaviors on safe sleep practices, and to understand if they are practicing safe sleep with their infant. A total of 278 African American parents completed the intake and a total of 81 (29%) African Americans parents completed an exit interview and follow-up phone survey in FY16/17. The findings below represent the 81 African American SSB participants (follow-up cohort) with a matched Intake Survey and Exit Interviews.

Figure 8 below shows the comparison of responses at intake and exit to the question, "*Where do you plan to sleep your baby?*".

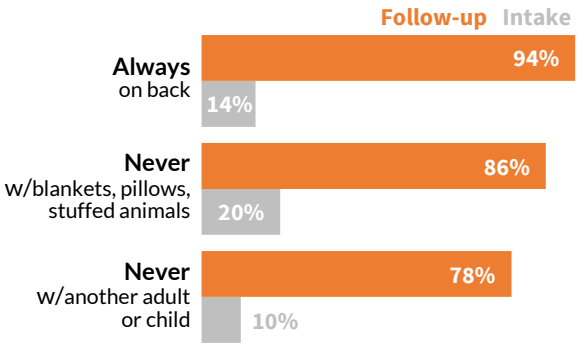
Figure 8 | Comparison of Infant Sleep Location at Intake & Follow-up (n=81)



At intake, 54% (44) of the training participants indicated that they slept (or planned to sleep) their baby in a crib, bassinet, or Pack 'n Play, but this increased to 88% (71) at follow-up. This result was statistically significant, when using a paired-sample t-test (see Attachment 3 for detailed findings). Conversely, over one-third of parents (35%, 28) indicated at intake they planned to sleep their baby in an adult bed, but at follow-up only seven percent (6) slept their baby in an adult bed. No parents indicated at follow-up that they slept their baby in a car seat or baby swing, and one parent indicated sleeping their baby in a Boppy.[16]

Workshop participants were also asked specifics about their planned and actual sleep practices at intake and follow-up. Figure 9 below shows the comparison of safe sleep practices of African American parents at intake and follow-up in FY16/17.

Figure 9 | Comparison of Sleep Practices at Intake & Follow-up (n=81)



Initially 14% of parents reported at intake they *always* placed their infant on its back to sleep (or planned to) and this increased to 94% in the follow-up. Twenty percent (20%) of these parents reported that they *never* slept (or planned to sleep) their baby with a blanket, stuffed animals, or pillows, at intake, increasing to 86% at the follow-up. Finally, those parents who reported *never* sleeping (or planning to sleep) their baby with another adult or child in the same bed increased from 10% at intake to 78% at follow-up. These results were statistically significant when using a paired-sample t-test (see Attachment 3 for detailed findings). Conversely over one-third of parents (35%, 28 parents) indicated at intake they planned to sleep their baby in an adult bed, and at

[16] Boppy is a newborn lounger pillow.

follow-up 9% said they planned to sleep their baby in an adult bed. Overall, the proportion of African American parents who reported risk factors at intake decreased in the follow-up group.[17] For example, all African American parents (100%) in the follow-up cohort reported at least one infant sleep risk factor at intake, but at exit, 57 (70%) reported no safe sleep risk factors.

Safe Sleep Baby Education Policies & Procedures

Sacramento County Hospital Systems

The last component of the SSB campaign is partnering with Sacramento County hospital systems on implementing a policy that requires providing SSB education as part of their regular practice with new mothers. The goal of the program is for Sacramento County hospital systems to elevate the importance of providing infant safe sleep information to new parents before they leave the hospital for home.

Each hospital system is customizing the SSB campaign to fit its own policies and procedures. The core elements of the SSB program in hospitals include the following:

Training of Hospital Staff

An interactive online training module was developed and is being finalized by CAPC in conjunction with the SSB Collaborative and hospitals. The training module will teach staff about: (1) the current statistics related to infant sleep-related deaths; (2) the fundamentals of infant safe sleeping; (3) ways to model safe sleeping with families and newborns in the hospital; (4) screening families for safe sleep environments when they return home; (5) and the process for educating and distributing a Pack 'n Play to mothers in need of a safe place to sleep their baby or how to refer mothers to CAPC SSB to obtain education and a free Pack 'n Play as needed. During FY16/17, 52 hospital staff were trained, which included nurses, hospital social workers and doctors across hospital systems.

Patient Viewing of the Safe Sleep Video

Hospitals are showing the SSB video during new mothers' hospital stays and are expanding video broadcasting to Obstetrics and Pediatric waiting rooms.

Screening Mothers for Safe Sleeping & Cribs

A key aspect of the training module is to teach nurses how to effectively screen mothers for their plans to sleep their infant when they return home. Nurses are instructed to use the exact phrase, "Where will you sleep your baby when you return home?" This specific wording not only helps identify those families who may not have a safe place to sleep their baby (i.e., a crib), but also opens up a non-judgmental conversation about the safest methods for sleeping infants and the risk of infant sleep-related deaths. Mothers who do not have a safe place to sleep their baby are either referred to CAPC for SSB education and a Pack 'n Play, or sent home with a Pack 'n Play in combination with SSB hospital education. CAPC contacts the mother upon receipt of the referral, providing the crib and education in the hospital or promptly after the mother returns home.

The SSB Hospital Program has been implemented in all four Sacramento County hospital systems, in six of the eight Sacramento County hospitals, and is in the process of being implemented in the remaining two. In total, the hospitals distributed 165 cribs to families who received their SSB education either through the hospital or through CAPC.[18] The

[17] Risky planned or practicing behavior includes one or more reported: Sleeping infant in a place other than a bassinet/crib/Pack 'n Play; Sleeping with an Adult/Other child (sometimes, always); Not sleeping baby on back always/almost always; Sleeping baby with blankets/animals/pillows (sometimes, always/almost always); Exposing baby to cigarette smoke (sometimes, always/almost always)

[18] The cribs distributed by the hospitals are included in the crib distribution total reported in the SSB Education for Parents section.

hospitals were not asked to track whether these families were African American, but will report this in the future. See Table 11 for details about the Hospital Program implementation.

Table 11 | Status of Sacramento SSB Hospital Program (June 2017)

Hospital	Program Status	Nurse Training Policy	Nurses Trained	Pediatricians Trained (in process)	# of Cribs (Distributed to Hospitals, 167 Total)
Kaiser Roseville	Implemented	Yes	Yes	Yes	40
Kaiser South	Implemented	Yes	Yes	Yes	45
Mercy General	Implemented	Yes	Yes	Yes	23
Mercy San Juan	Implemented	Yes	Yes	Yes	23
Sutter	Implemented	Yes	Yes	Yes	12
UCD	Implemented	Yes	Yes	Yes	24
Methodist	July 6, 2017	In process	In process	In process	Planned
Mercy Folsom	July 19, 2017	In process	In process	In process	Planned

*Sacramento County Residents

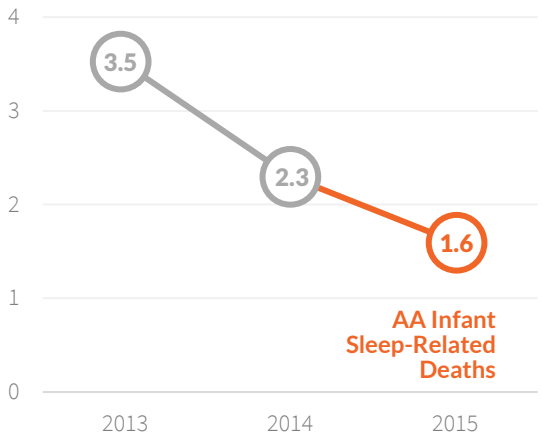
Infant Safe Sleep Campaign Outcomes

The Safe Sleep Baby campaign is working at multiple levels, from parents in the community, to service providers, to health systems to increase awareness and change the dialogue and norm for safe sleep practices. The program is having an impact – since the inception of the campaign the number of African American infant sleep related deaths has dropped from 3.5 per 1,000 deaths to 1.6 per 1,000 deaths (See

Figure 10).

While there has been a noteworthy decrease in sleep related deaths, efforts need to continue in this arena to further address a largely preventable cause of infant death.

Figure 10 | African American Infant Sleep-Related Death Rate Trend,[19] 2013-2015 (per 1,000 infants)



[19] Sacramento County Child Death Review Team & Fetal Infant Mortality Review, Annual Report 2015: Infant Sleep-Related (ISR) death is an umbrella term used to describe all infant deaths that occur in the sleep environment. Sacramento County CDRT combines all ISR deaths due to variation in the specific categorization of death by the coroner, and to better identify ISR risk factors to help prevent future Infant Sleep-Related deaths. Below are the categories used in the definition of Infant Sleep-Related deaths.

3 Public Education Campaigns to Reduce African American Child Deaths

The third funding strategy is an ongoing public education campaign to raise awareness about the disproportionate rate of African American infant deaths, and to connect African American mothers to local resources and services that help support their pregnancies and families' well-being. Runyon Saltzman, Inc. (RSE) has this contract, and the campaign includes a variety of print and digital media as well as community outreach events targeted to Sacramento County neighborhoods with the highest incidence of African American child deaths.

RSE created and implemented this initiative with the goal of raising public awareness about perinatal conditions impacting healthy pregnancies and births, and connecting women to perinatal services. The primary target of the campaign is low income African American women in their childbearing years (ages 18-34), particularly those who live in neighborhoods with the highest incidence of perinatal death. The secondary target audience is African American women who are current or future caregivers, such as friends, "aunties", or grandmothers. Social marketing strategies were also used to promote community events and to drive users to available perinatal and support services.

Campaign Description

The Stress Campaign

The launch of the "*Stress*" campaign began in September 2016. The primary message in this campaign communicates how to deal with stress while pregnant, and the impact of stress on the health of the baby. The imagery of the *Stress* campaign was focus tested with African American community members in FY15/16, and was very well received by partners and community members. In fact, the convenience store owners liked the image of the posters so much that during the "off" weeks of the campaign, they kept the posters up, leading to increased impressions.

Media & Community Reach

The media campaign delivered a total of 85,832,953 impressions or estimated times that the campaign media was seen. This represents a 232% increase from the original plan and a 35% increase in the impressions from FY 15/16.

Outdoor Media

The *Stress* campaign ran four flights (i.e., promotion cycles) using three forms of outdoor media, largely focused on public transportation in the targeted neighborhoods (see Table 12). The campaign posted signage in the interior of buses ("transit interiors") as well as in bus shelters located at bus stops. In addition, posters were hung at convenience stores located in the target neighborhoods.

Table 12 | Stress Outdoor Campaign (FY16/17)

	# of ads	# of views*
Transit Interiors	640	46,522,799
Transit Shelters	24	13,644,859
Convenience Store Posters	165	17,660,000
Total	829	77,827,658

*impressions based on estimates

Radio

Two 30 second radio spots were also developed for the *Stress* campaign and were run on KSFM 102.5, estimated to have reached 60% of the target audience, for an average of almost 32 times per person. These ads are available to hear on http://sachealthybaby.com/about/.

Sac Healthy Baby Website

SacHealthyBaby.com is the website developed by RSE to provide education and information to African American expectant mothers. The site includes a searchable map of 25 available services within the county that provide low or no cost medical and support services to pregnant women and their families.

In FY16/17, the site was updated based upon feedback from the community, clients, and an extensive digital audit. The new framework clearly delineates the content into prenatal and postnatal information, and includes new information about stress and tips for dads. Community partners are also highlighted twice throughout the site, in both *Find Care Near You* and *Taking Care of Baby* or *Taking Care of You*. The Bumps and Bundles Gallery was also added to the site, to highlight healthy moms and infants in Sacramento County.

The SacHealthyBaby.com website had 2,868 visits over FY16/17, with a 27% increase in visits over the previous year. The average visit duration in FY16/17 for all traffic was a little over two minutes, which is longer than the industry standard of one minute, 15 seconds,[20] with people coming directly to the site or searching for the site spending the most time. Forty-five percent of the visits to the website were from a computer, and 55% from a mobile device or a tablet in the last year.

In total, in FY16/17, the 2,868 visits to the website were by nearly 2,000 individuals, from which:

- **425** people went to the "Find Care Near You" page which contains an interactive map tool to find care and connect to RAACD partner websites.
- **349** people went to the "Take Care of Baby" page which contains information to help care for young babies like critical safe sleep information, car seat safety, and breastfeeding.
- **258** people went to the "Let's Get Started" page, that describes and links services available to support pregnant African American women in Sacramento County, such as BMU, WSH, Birth & Beyond Family Resource Centers, and WIC.

Digital Ads & Social Media

A variety of websites generated digital ads directing women to the SacHealthyBaby.com, based upon user search categories, browser history, and web content. Digital advertising accounted for 1,681,795 impressions. In addition to the digital banners, a 30 second digital pre-roll video was incorporated into the campaign. The video was played 325,519 times and led to 404 clicks to the website. This click through rate of .12% is almost double the industry benchmark of .07%.

Paid social media was used to advertise Sac Healthy Baby outreach events during January and February 2017. During the paid social campaign, social media accounted for 17 and 29 percent of traffic to the site, respectively. This increase in traffic is important to note, as the target audience represents heavy consumers of social media and this strategy can be replicated in the future.

The goal of the various forms of media is to direct women to the SacHealthyBaby.com website, which provides education and directs pregnant women to services that promote a healthy pregnancy.

Community Campaign Events

In addition to attending local events sponsored by partner organizations, RSE assisted First 5 Sacramento and the Sac Healthy Baby Collaborative in developing and promoting two major community events to reach pregnant and newly parenting African American women. The Sac Healthy Baby Collaborative is a coordinated effort among First 5 Sacramento funded partners and other service providers to support a healthy pregnancy.

[20] Based on Google analytics vertical "people and society".

Bumps & Bundles

Florin Creek Recreational Center

The Bumps & Bundles community event was designed to support healthy and happy pregnancies ("bumps") and babies ("bundles"). In collaboration with the Sacramento County Black Infant Health program, the free event was held in October 2016 to introduce expecting and new mothers to available programs and resources. The goal of the event was to launch the new "*Stress*" media campaign, and give mothers a chance to interact face-to-face with the organizations featured on the website. A new feature of the website is the Bumps & Bundles Gallery, highlighting healthy pregnancies and babies in the African American community. To begin populating the gallery, mothers received free professional maternity or newborn photos, in addition to a free mini-makeover. The 114 attendees also received safe sleep information and car seat checks. The following 12 organizations participated:

- 211 Sacramento
- Black Infant Health Program
- CCHWB's Black Mothers United Program
- Child Abuse Prevention Center (CAPC)
- Child Health & Disability Prevention Program
- Earth Mama Healing
- Sacramento County Smile Keepers
- Sacramento Covered
- The Village Family Resource Center
- The Crocker Art Museum
- WellSpace Health
- Women, Infants, and Children (WIC)

Event Coverage

To encourage new and expecting mothers to attend Bumps & Bundles, RSE drafted an article for the *Sacramento Observer* and pitched a popular morning TV program to publicize the event with a "preview story." Both stories also raised awareness about the need to prevent African American infant deaths in our community, and promoted the critical resources available to support healthy babies and pregnancies. The *Good Day Sacramento Preview* story can be found here: http://gooddaysacramento.cbslocal.com/show/live-video/video-3559606-bumps-and-bundles/

KCRA 3, the local NBC affiliate, also ran stories about Bumps & Bundles during the 5 p.m. and 10 p.m. newscasts. RSE also produced a video highlighting the event: https://www.youtube.com/watch?v=hnqt9xzwrJc

Pride & Joy Community Baby Shower

Oak Park Community Center

The 2nd Annual Pride and Joy Community Baby Shower event was held at the Oak Park Community Center in February 2017, to provide parents with needed resources and relevant demonstrations related to a healthy pregnancy, and to ensure infants are in a safe environment. Community partners participating in the baby shower included:

- 211 Sacramento
- Always Knocking
- Black Infant Health Program
- CCHWB's Black Mothers United Program
- Child Abuse Prevention Center (CAPC)
- Child Health & Disability Prevention Program
- Community Resource Project
- Earth Mama Healing
- Kaiser Permanente
- Mutual Assistance Network
- Oak Park Black Child Legacy Campaign Community Incubator Lead
- Planned Parenthood
- Precious Ones
- Sacramento County Smile Keepers
- Sacramento Covered
- Sacramento Food Bank at Family Services
- The Village Family Resource Center
- The Crocker Art Museum
- Welcome Home Doula Services
- WellSpace Health

RSE conducted extensive outreach to local companies, partners (including Community Incubator Leads and Black Child Legacy Campaign Steering Committee) and churches to request in-kind donations for the baby shower. This effort resulted in securing a significant inventory of giveaways, including more than 3,000 diapers. The event was promoted on KSFM (102.5) radio, as well as social media posts on Facebook and Instagram leading up to the event. There were 250 online RSVPs to the event through Eventbrite and 65 onsite registrations. A total of 232 individuals attended the event, 113 of whom were pregnant or were new moms with a child under six months.

First 5 funded providers and other perinatal service providers attended these events, and could make referrals into their respective programs. Referrals received during the event included: WellSpace Health (12), Valley Hi Birth & Beyond Family Resource Center (9), Black Infant Health (12), and Earth Mama Healing (75). In addition to the referrals, partners also provided valuable information to new and expecting mothers in attendance. There was also a significant increase in the traffic on SacHealthyBaby.com website during February, largely due to the added media driving people to the site to register for the Community Baby Shower event.

Event Coverage in Local Media

RSE promoted the Community Baby Shower through highlighting the disparity of infant mortality rates within the African American community, and encouraging pregnant women, new mothers and other viewers, to attend the event. Examples of the coverage included:

GoodDay Sacramento, KCRA, ABC 10 News, CBS 13, and Fox 40 covered the Pride and Joy Baby Shower, resulting in 124,143 media impressions.

http://gooddaysacramento.cbslocal.com/video/category/spoken-word-good-day/3366255-pride-joy-baby-shower/

The Sacramento Bee conducted onsite interviews and collected video, and produced a news story.

http://www.sacbee.com/news/local/health-and-medicine/healthy-choices/article62921647.html

In addition to the local media coverage of the event, RSE produced a two and half minute video highlighting the event posted on Youtube.

https://www.youtube.com/watch?v=9N-5KM7xENM

Materials

During FY16/17, RSE worked with the Sac Healthy Baby Collaborative partners to identify and create a new collateral item that would be useful to the women in the program, while also highlighting the website and social media. After surveying partners for feedback, RSE created a set of Baby Bump Cards. The set includes cards for three, six, and nine months of pregnancy, and after delivery of the newborn. The cards encourage women to document their pregnancy and share highlights on social media. The backs of the cards also include helpful information to coincide with each trimester of pregnancy. The cards will be disseminated during FY17/18.

In addition, RSE created a Sac Healthy Baby specific tote bag to be given at events. The bag is not only useful for attendees to collect informational materials and give away items during the event, but will be used well after as a reminder of the resources on SacHealthyBaby.com.

The perinatal education campaign is one strategy in the First 5 toolkit that complements and supports all the other work to reduce African American child deaths. The campaign shines a spotlight on the issue, provides resources, and through its materials, partnerships and events can connect families to services. Given their narrow target population of almost 2,000 African American births each year, having over 2,800 visits to the website, over 200 attendees at community events, and over 77 million ad impressions suggests these public education campaign efforts are likely contributing to their community wide successes.

Conclusion & Next Steps for FY17/18

Cultural Broker Programs

The two Cultural Broker Programs are continually taking steps to improve their programs. Following are the WSH and BMUs plans for FY17/18, the last year of this funding cycle.

Cultural Broker Name Changes

Both cultural broker providers are changing the title of the staff who serve as cultural brokers. WSH will now use the title of *Perinatal Support Advisors* and BMU will use the title of *Pregnancy Coaches*. These new names better describe the role of the cultural brokers within each organization.

Rebranding

As a result of working through CCHWB's leadership transition, the agency is rebranding. In FY17/18, CCHWB will become *Her Health First*, with a focus on advancing health equity among women of color in key stages of their lives (adolescence, during pregnancy, and motherhood). Along with this change, they will begin offering pregnancy related podcasts on their website. This rebranding will solidify the agency's focus, and support the BMU program with staff trainings, and agency focus on pregnancy related supports.

Supports for Dads

During WSH's evaluation focus group discussions, a new father attended with his partner and mentioned that he thought the program should provide support and education for to-be and new dads. The women in the focus group agreed this was a need that was not currently being met. To address this, WSH will begin offering events for dads in FY17/18, and these will include education on changes happening to their partner's body, how the father can support their pregnant partner, and what the new mother can do and should not do during pregnancy and shortly after the baby is born. They will also include fun activities to help the dads bond with their partners and baby.

Child Birth Education

In FY17/18, BMU will begin offering childbirth education classes. Currently the Sacramento area lacks free or sliding fee scale childbirth education classes. These classes help prepare women for childbirth by teaching them about the labor process, discussing relaxation and breathing techniques, discussing pain relief options, and giving them confidence in their ability to give birth. In addition, BMU will begin training their staff as child-birth doulas. A doula provides *continuous physical, emotional and informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible*.[21] Staff will have the option to be a doula to the women in the program or just use the information to enhance the supports they provide. BMU also hopes to recruit and train women through the neighborhood CILs to be volunteer birth coaches to women in their area, so women can find birthing support near where they live. BMU will also work on partnerships with other doula agencies so they can refer women seeking doula support. Lastly, CCHWB plans to train all agency staff in trauma-informed practices. They serve women with high levels of psychosocial risks, many of whom have experienced trauma. The goal is become a trauma-informed agency, integrating trauma-informed care in all programs and services.

Infant Safe Sleep Education Campaign

The Safe Sleep Baby Campaign (SSB) has two programmatic priorities for FY17/18. One is to expand and enhance outreach in the six targeted neighborhoods to further engage community residents in sharing the SSB message, and the second is to improve data collection and analysis.

[21] DONA International, DONA International is the world's first, largest and leading doula certifying organization

The SSB Education Campaign includes a multi-level framework: (1) at the policy level partnering with hospital systems to incorporate SSB education policies and procedures; (2) at the services level partnering with home visitation and other similar programs and Sacramento County Child Protective Services to provide cribs and education to mothers who do not have a safe place to sleep their baby; (3) at the individual level to educate families on safe sleep practices; and (4) at the community level to change community norms for infant sleep. During FY17/18, the Child Abuse Prevention Council (CAPC) will enroll three AmeriCorps members to serve as community outreach liaisons to each of the targeted SSB education neighborhoods. Their focus will be to engage businesses, churches, and residents on safe sleep information and education.

As of July 1, 2017, SSB data collection will be improved due to the integration of SSB data into the First 5 Sacramento's Persimmony Database to capture all SSB client data. All Cribs for Kids community partners will be required to enter SSB client information into Persimmony. This will eliminate duplicate entries and ensure that clients are not double reported. Persimmony will collect client intake, pre-/post-test scores, family information, client demographics, exit interviews, and crib distribution and provide quality assurance for the data. Persimmony will match intake with exit interview responses and collect demographic data on all clients. This will simplify SSB's reporting process, create easier access to SSB data, simplify data analysis and allow for verification of numbers reported. SSB will discontinue the Google Docs spreadsheets to collect client data.

For FY17/18, CAPC will implement a monthly data review process to ensure accurate data collection and to address data entry errors in a more timely manner. The process includes: monthly cumulative report reviews comparing Persimmony and Birth & Beyond data entry; checking for and removing duplicate clients from the database; adherence to data deadlines for Crib for Kids partners; using Persimmony to verify/validate unduplicated parents trained and the completion of pre/post-tests; ensuring all partners are trained by First 5 Sacramento on Persimmony; and conducting crib service checks in Persimmony with the stipulation that before a partner can receive additional cribs, all data and agreements must be current from the previous crib distribution. In addition, the evaluator of this initiative will provide quarterly data summaries to project staff to review and ensure data accuracy.

Public Education Campaign to Reduce African American Child Deaths

RSE will continue to run their *Stress* campaign, using radio spots, hanging posters in affordable housing laundromats, outside convenience stores, and in public transit shelters, and using social media. RSE is excited to plan the 3rd Annual Pride & Joy Community Baby Shower, scheduled for February 24th, 2018 at the Pannell Meadowview Community Center. The event will be at this larger location to accommodate the needs of community and to include more partners. RSE will also update their media strategy to focus on outreach through paid social media, as well as additional outdoor locations. RSE will continue to create dynamic social media and website videos to increase engagement with the website and collaborative partners.

Conclusion & Next Steps

There were no African American infant deaths among program partners in FY16/17, and partners want to continue efforts to ensure that there is not one in the future. To do so, programs will continue their work with First 5 and in the countywide effort, and will continue to refine their activities based on lessons learned. Below are some recommendations from the evaluation consultant:

- Some of the challenges and barriers that women face in having a healthy pregnancy are related to structural and systemic issues that impact their ability to access quality care and support. These can include providers accepting

or rejecting specific types of patients, challenges navigating services, and/or a lack of culturally sensitive care, and more. Influencing these systems fits well under work to be done through the First 5 Policy, Advocacy, and Sustainability committee.

- Programs should assess their strengths and weaknesses, and look to each other for ways to collaborate and support each other. Programs can utilize each other to shore up areas that need improvement; they can complement each other and fill perceived gaps. Whether it is through a strengthened referral process or formal partnership and combining of services, a variety of opportunities exist.
- Outside of the currently funded programs to reduce African American child deaths, First 5 and Sacramento County should seek out additional partners in the First 5 Sacramento realm and in the community with whom to partner.

Attachments

Attachment 1 | Poor Birth Outcome Details

Attachment 2 | Cultural Broker Program Exit Survey

Attachment 3 | SSB Training Pre- Post- Knowledge Test

Attachment 1 | Poor Birth Outcome Details

Details of Babies Born with Poor Birth Outcomes | Served by Both Programs

WSH/BMU Births (n=1)	# of weeks at program entry	Stillbirth	Twin	Baby weight (lbs.oz)	Low birthweight (<5.8)	Pre-term (<37 weeks)	Gestational age	# weeks prenatal care began*	No prenatal care at entry	# of weekly check-ins	Socio-economic factors during & after pregnancy	Mother's health conditions	Conditions of pregnancy
WSH/ BMU 1	7	-	-	4.13	●	●	34	2	-	18	Lack of stable housing	Nutritional deficiencies Prior preterm birth High blood pressure	Short pregnancy interval

Details of Babies Born with Poor Birth Outcomes | Served by BMU Only

BMU Births (n=14)	# of weeks at program entry	Stillbirth	Twin	Baby weight (lbs.oz)	Low birthweight (<5.8)	Pre-term (<37 weeks)	Gestational age	# weeks prenatal care began*	No prenatal care at entry	# of weekly check-ins	Socio-economic factors during & after pregnancy	Mother's health conditions	Conditions of pregnancy
BMU 1	9	-	-	6.11	-	●	35	4	-	9	Lack of transportation Unable to fulfill food needs AOD use	Nutritional deficiencies High blood pressure	-
BMU 2	15	-	-	5.6	●	-	38	5	-	16	-	Nutritional deficiencies	-
BMU 3	17	-	-	5	●	-	37	8	-	4	Cannot fulfill food needs	-	-
BMU 4	21	-	-	5.7	●	-	37	4	-	3	-	-	-
BMU 5	21	-	-	4.15	●	●	33	7	-	21	Lack of transportation	-	Low amniotic fluid Too much weight gain
BMU 6	25	-	-	5.2	●	-	37	8	-	5	Lack of transportation	High blood pressure	Preeclampsia
BMU 7	26	-	-	4.13	●	-	41	5	-	2	AOD use Mental illness	Nutritional deficiencies	-
BMU 8	30	●	-	-	-	-	40	-	-	7	Lack of transportation	-	-
BMU 9	30	-	-	5	●	-	37	12	-	2	-	-	-
BMU 10	32	-	-	6.12	-	●	36	6	-	5	-	-	-
BMU 11	32	-	-	4.14	●	●	35	10	-	3	Lack of stable housing Teen	-	-
BMU 12	33	- ●	● ●	3.14 4.12	● ●	● ●	35	5 5	-	1 1	-	Diabetes High blood pressure	Gestational diabetes Too little weight gain
BMU 13	35	-	-	5.1	●	-	39	6	-	4	Lack of stable housing Lack of transportation	-	-
BMU 14	37	-	-	5.6	●	-	40	8	-	3	-	-	-

1st Trimester 2nd Trimester 3rd Trimester

Details of Babies Born with Poor Birth Outcomes | Served by WSH Only

WSH Births (n=15)	# of weeks at program entry	Stillbirth	Twin	Baby weight (lbs.oz)	Low birthweight (<5.8)	Pre-term (<37 weeks)	Gestational age	# weeks prenatal care began*	No prenatal care at entry	# of weekly check-ins	Socio-economic factors during & after pregnancy	Mother's health conditions	Conditions of pregnancy
WSH 1	6	-	-	3.9	●	●	35	6	●	18	Mental illness	Multiple miscarriage hx Prior preterm birth	-
WSH 2	7	-	-	4.1	●	●	35	7	-	18	Lack of stable housing	-	-
WSH 3	9	-	-	4.7	●	●	33	9	-	18	Lack of stable housing Tobacco use 35+ years old	Diabetes High blood pressure Obesity Multiple miscarriage hx Prior preterm birth	Gestational diabetes High blood pressure
WSH 4	9	-	-	5.1	●	-	37	9	-	18	-	Diabetes	Gestational diabetes
WSH 5	13	-	● ●	2.1 2.1	● ●	● ●	31	13	●	18	Lack of stable housing Lack of transportation Cannot fulfill food needs	-	Short cervix
WSH 6	16	-	-	5.7	●	-	39	12	-	13	-	-	-
WSH 7	17	-	-	6.4	-	●	35	6	-	11	-	-	-
WSH 8	21	-	●	4.1	●	-	38	12	-	18	-	Diabetes High blood pressure Obesity	Gestational diabetes Too much weight gain High blood pressure
WSH 9	22	-	-	5.8	-	●	36	9	-	9	Lack of stable housing AOD and tobacco use	Diabetes	Gestational diabetes
WSH 10	22	-	-	5.7	●	●	36	22	-	4	-	Diabetes	Gestational diabetes
WSH 11	24	-	● ●	5.2 3.5	● ●	-	37	25	●	13	Tobacco use	High blood pressure	-
WSH 12	25	-	-	5.6	●	-	37	9	-	5	Tobacco use	High blood pressure Prior preterm birth	Discordant twins
WSH 13	25	-	● ●	3.6 4.1	● ●	● ●	32	5	●	6	-	-	-
WSH 14	31	-	-	4.2	●	-	37	28	-	8	Lack of stable housing	Diabetes	Gestational diabetes
WSH 15	33	-	● ●	5.3 6.3	●	● ●	34	21	-	5	Lack of stable housing Cannot fulfill food needs	Diabetes High blood pressure Obesity	Gestational diabetes Too much weight gain

1st Trimester 2nd Trimester 3rd Trimester

Attachment 2 | Cultural Broker Program Exit Survey

WSH	BMU	Think about what you learned from your home visitor. What helped you the most?
74%	79%	The emotional support provided by my home visitor
48%	55%	The education and classes provided by my home visitor on how to have a healthy pregnancy and birth
40%	48%	The education and classes provided by my home visitor on how to have a healthy baby and child
38%	57%	The free baby supplies (car seat, crib, etc.)
23%	55%	The connections to agencies and resources in the community
23%	55%	Transportation to my appointments provided by my home visitor
4%	9%	Other

WSH	BMU	After participating in this program, do you feel that you have increased your knowledge around how to have a healthy pregnancy?
63%	57%	Yes, I learned a lot of helpful information I was able to use
39%	39%	Yes, I learned some new information
1%	4%	No, I did not really learn anything new

WSH	BMU	How often did you attend your prenatal care appointments?
87%	93%	Went to most/all recommended appointments
11%	7%	Went to some appointments
1%	-	Did not attend appointments

WSH	BMU	How did your cultural broker influence your attendance at prenatal care appointments?
50%	45%	Got me to attend most of all my appointments
46%	36%	Encouraged me to attend some/more appointments than I had planned
9%	25%	Did not influence my attendance either way
-	-	Made me less likely to attend

WSH	BMU	If your cultural broker helped you attend your prenatal care appointments, please indicate the main reasons why
45%	38%	Reminded me of appointments
40%	36%	Increased my understanding of the importance of appointments
38%	27%	Provided support at appointments
26%	29%	Helped me know what to expect at appointments
23%	41%	Helped with transportation to appointments
18%	20%	Made me more comfortable with the medical staff
4%	7%	Other

WSH	BMU	Think about your use of alcohol and drugs before and during pregnancy, and check the box that best describes your use now. (Alcohol)
78%	75%	NA, I did not use this before or during my pregnancy
22%	24%	Decreased, I stopped using during pregnancy
-	2%	Decreased, but still used some during pregnancy
-	-	Stayed the same before and during pregnancy
-	-	Increased during pregnancy

WSH	BMU	Think about your use of alcohol and drugs before and during pregnancy, and check the box that best describes your use now. (Tobacco)
88%	86%	NA, I did not use this before or during my pregnancy
8%	8%	Decreased, I stopped using during pregnancy
4%	6%	Decreased, but still used some during pregnancy
-	-	Stayed the same before and during pregnancy
-	-	Increased during pregnancy

WSH	BMU	Think about your use of alcohol and drugs before and during pregnancy, and check the box that best describes your use now. (Marijuana)
79%	75%	NA, I did not use this before or during my pregnancy
19%	20%	Decreased, I stopped using during pregnancy
2%	6%	Decreased, but still used some during pregnancy
-	-	Stayed the same before and during pregnancy
-	-	Increased during pregnancy

WSH	BMU	Think about your use of alcohol and drugs before and during pregnancy, and check the box that best describes your use now. (Other drugs)
98%	96%	NA, I did not use this before or during my pregnancy
1%	2%	Decreased, I stopped using during pregnancy
1%	2%	Decreased, but still used some during pregnancy
-	-	Stayed the same before and during pregnancy
-	-	Increased during pregnancy

WSH	BMU	Do you feel better connected to the resources in the community?
13%	15%	No
86%	85%	Yes

WSH	BMU	After participating in this program, how prepared do you feel for parenting your baby?
2%	-	Totally unprepared!
12%	15%	Getting there, but could definitely learn more
25%	26%	Starting to feel prepared, but could still learn more
61%	59%	Completely ready and prepared!

WSH	BMU	After working with your home visitor, do you know where to go for parenting resources?
3%	2%	No
97%	98%	Yes

WSH	BMU	What additional supports would help you be prepared for parenting your baby
67%	73%	Being able to continue to have the emotional support from my home visitor
32%	55%	Continuing to get supplies for my baby
28%	43%	More resources to housing
23%	34%	Getting more information and education
21%	43%	Having access to transportation to my family's medical appointments
19%	11%	Easier access and flexibility to health, dental, and other social services appointments
9%	14%	More resources to access food and nutritional services
4%	7%	Resources for children with disabilities
3%	-	Other

WSH	BMU	What best describes your relationship with your partner since participating in this program.
40%	32%	Improved
44%	41%	Stayed the same
1%	6%	Worsened
15%	20%	NA, I do not have a partner

WSH	BMU	How often do you put the baby to sleep on their back?
1%	-	Never
1%	4%	Sometimes
11%	13%	Most of the time
86%	83%	Always

WSH	BMU	How often do you put the baby to sleep in a crib?
4%	7%	Never
9%	15%	Sometimes
19%	19%	Most of the time
68%	59%	Always

WSH	BMU	How often do you co-sleep with your baby (sleep in the same bed)?
67%	47%	Never
23%	35%	Sometimes
7%	8%	Most of the time
3%	10%	Always

Attachment 3 | SSB Training Pre- Post- Knowledge Test

SSB Pre-Post Survey Analysis | Knowledge

		Pre-Test		Post-Test		Paired t
Race	SSB Pre/Post Domains	Mean	SD	Mean	SD	*p<.05
African American Families (n=278)	Original version	12.08	1.897	13.26	1.501	.000*
	Revised version	9.59	2.940	11.94	2.246	.000*
Non-African American Families (n=455)	Original version	11.36	2.148	13.03	1.525	.000*
	Revised version	8.36	2.845	10.70	2.850	.000*

SSB Pre-Post Survey Analysis | Behavior

		Pre-Test		Post-Test		Paired t
Race	SSB Pre/Post Domains	Mean	SD	Mean	SD	*p<.05
African American Families (n=81)	Baby always sleeps on back	14%	.345	94%	.242	.000*
	Baby sleeps in crib, bassinet, Pack 'n Play	54%	.496	88%	.327	.000*
	Baby does not sleep in same bed as another adult or child	10%	.302	78%	.412	.000*
	Baby never sleeps with stuffed animals or blankets	20%	.401	86%	.345	.000*