

March 2020



Black Child Legacy Campaign: An Action Guide for Engaging and Strengthening the Social Safety Net



BLACK CHILD LEGACY CAMPAIGN

Uniting Families and Communities for a Healthy Future



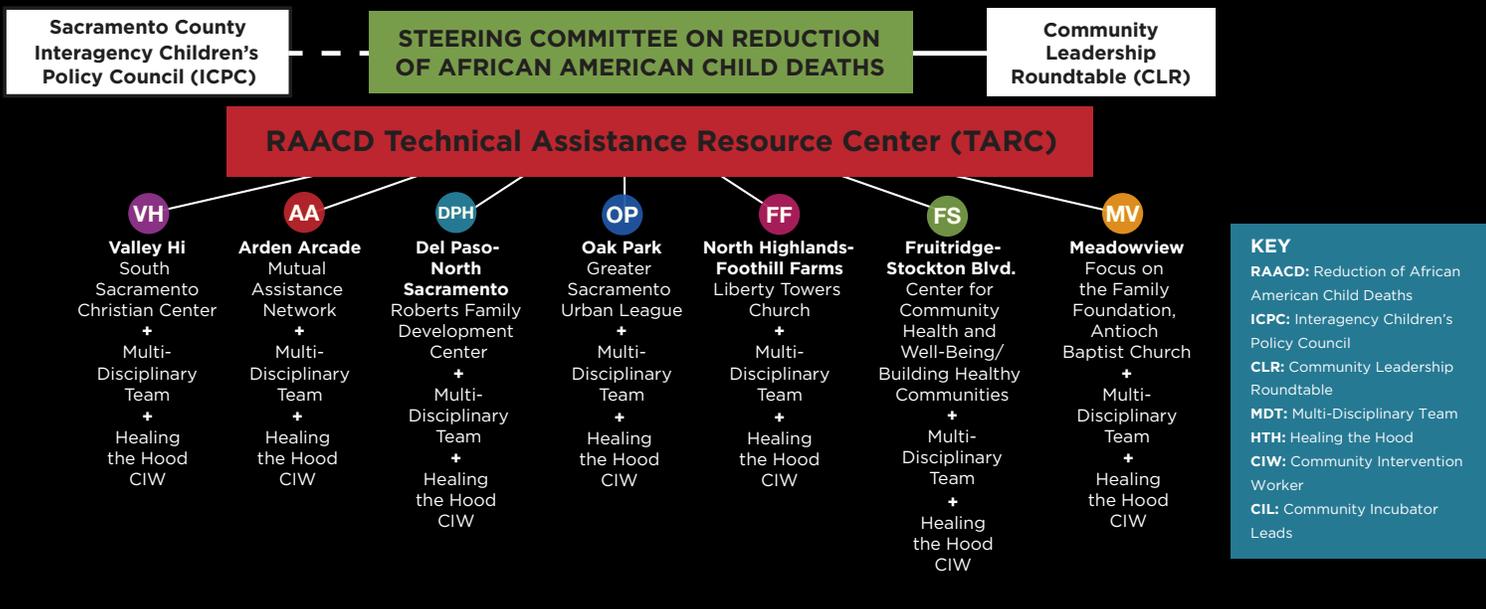
SACRAMENTO
COUNTY

How We Got Here



Building a Solid Infrastructure

WORKING INFRASTRUCTURE



Executive Summary

African American children die at nearly twice the rate of other races throughout the nation. In Sacramento County, a 2011 report from the Child Death Review Team (CDRT) found that this disparity had been a reality in the County for at least 20 years. Prompted by this fact, the County Supervisors appointed a Blue Ribbon Commission to better understand the leading causes of child deaths, which jump-started a countywide campaign to address the broader issues that contribute to death disparities for Black children. The Steering Committee on Reduction of American Child Deaths (RAACD) assumed leadership and oversight of the countywide effort, which was named the Black Child Legacy Campaign (BCLC). They set a goal to address the four leading causes of African American child deaths — perinatal issues, infant safe sleep, child abuse and neglect, and third-party homicide — in order to reduce the number of Black children’s deaths by 10 to 20% by 2020.

The RAACD Steering Committee designed a strategic plan and five priority strategies for implementation:

- Promoting Advocacy and Policy Transformation
- Equitable Investment and Systemic Impact
- Coordinated Systems of Support
- Data-driven Accountability and Collective Impact
- Communications and Information Systems

The BCLC works on the ground in seven Sacramento neighborhoods where African American child death rates have historically been the highest. Because child mortality doesn’t occur in a vacuum, the BCLC takes a broad approach, addressing the social determinants of health (e.g. safe housing, transportation to services, mental health supports, access to healthy food, etc.) for families in each neighborhood.

The BCLC uses a collective impact framework to help ensure that families have direct access to a full complement of public and private resources to support their children’s health and community safety. Components of this approach include:

- **Backbone Organization** – The Center at Sierra Health Foundation functions as the “backbone” organization of the campaign, facilitating the collective impact approach

to implementing the Campaign’s five strategies. It maintains an aerial view of the Campaign’s many moving parts and ensures the work of all partners connects. It also provides technical and administrative support, distributes funds, translates measurements into lessons learned and builds public will, including trusting relationships in the most affected communities.

- **Community Incubator Leads** – Community Incubator Leads (CILs) are service-driven organizations in each of the seven BCLC neighborhoods that serve as hubs for education and services. As trusted institutions in their communities, the CILs are rooted in the community’s culture and play a key role in engaging neighborhood residents. They connect the families served by the campaign and the myriad of partner organizations (many of whom house staff at the CILs) to bridge the gaps in services and improve the outcomes for children and families.
- **Multi-Disciplinary Teams** – Multi-Disciplinary Teams (MDTs) consist of staff from a wide range of public agencies who work together, onsite at each CIL, to deliver seamless case management and services to families. The co-location of (MDTs) within CILs reduces the barrier of travel to multiple out-of-neighborhood locations and makes services more accessible to residents. MDTs also increase the coordination of services by enabling different agencies to work in collaboration.
- **Technical Assistance and Resource Center** – The Technical Assistance and Resource Center (TARC) provides data profiles for each neighborhood to help identify barriers to accessing resources and other challenges families encounter. TARC members also support CILs with their communications, data collection, and other responsibilities. As a whole, the TARC serves as a central place for generative conversations, ideas for new directions and training, and assistance to all CILs.
- **Profound Purpose Institute** – The Profound Purpose Institute (PPI) has provided a powerful structure of support for CILs, the Steering Committee and other community leaders to build collaborative relationships and a learning community. In quarterly PPI meetings,

participants learn together, collectively brainstorm and discuss new approaches to engaging with the community. Additionally, the PPI offers ongoing training in assessment, crisis response, community engagement, and other topics.

- **Cultural Brokers** – Cultural brokers are people directly from the community who become trained paraprofessionals that act as a critical bridge between families and systems. Cultural Brokers are rooted in the communities whose experiences parallel their own, but they have also been trained as intermediaries. They are equipped with skills necessary to walk alongside families as they navigate agencies and institutions to access the resources and services they need.
- **Community Leadership Roundtables** – The BCLC convenes community leaders and volunteers on a bi-monthly basis for the Community Leadership Roundtable (CLR). As rooted members of their communities, participants in CLR receive training that offers a unique perspective to support quality assessment efforts within CILs, and are able to mobilize quickly in response to community crises.

The BCLC’s early stages of its work maintained an integrated approach to support the health and well-being of Black children in Sacramento County. Through this model, the goal to reduce the number of child deaths by 10-20 percent by 2020 was met within the first year of implementation, and has since passed the 50 percent mark in two of the four areas. In addition, the work of the BCLC has delivered significant decreases in death disparities between African American and other children.

These unprecedented results are due in part to the BCLC’s methods for engaging the community in leadership and in defining its success, as well as the comprehensive wraparound services provided to families in community-based settings. The authentic collaboration across public-private sectors and the intentional community messaging mobilizes advocates, agencies and residents toward a common goal. The BCLC has achieved what many believed to be impossible. However, the work has just begun. Continued reduction in the number of preventable child deaths will require deep financial

investments and ongoing community engagement to continue to build and strengthen cross-sector collaboration.

In addition to inclusion of community voices and the continued investment in the Campaign, this work requires investigation into the historic policies and practices that present barriers to African American families in accessing the services and supports they need to address the social determinants of health. It is essential that the work to advocate for systemic change and transformation of policies continues. In doing so, the many factors that inhibit families from obtaining healthy food and safe housing, from receiving mental health supports and other needs, will be mitigated. Removal of these barriers will bolster the success of the BCLC and interrupt the decades-long pattern of disproportionate child deaths.

This guide documents the BCLC’s triumphs and the lessons learned in building a community-driven infrastructure that has mobilized a community to improve the quality of life for Black children and families in Sacramento County.

Sacramento County’s Commitment to Reducing Black Child Deaths

ADDRESSING A CHRONIC DISPARITY IN CHILD DEATHS

Nationally, African American children die at nearly twice the rate of children of other races. Pregnancy-related deaths and infant mortality rates are alarming trends that are prevalent across the nation. Although most infant and pregnancy-related deaths are preventable, in 2017 non-Hispanic Black women experienced pregnancy-related mortality ratios (PRMRs) of 40.8 — higher than all other racial/ethnic groups.

The Centers for Disease Control and Prevention (CDC) reported that African American infant mortality rates were 2.3 times higher than non-Hispanic white infants in 2017. African American infants also were 3.8 times more likely to die from low birth weight complications. Sudden Infant Death Syndrome (SIDS) mortality rates were more than twice the rate

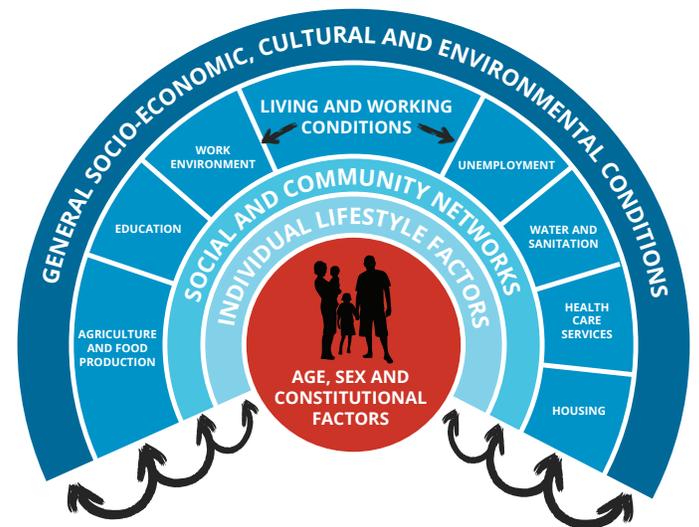
of non-Hispanic White infants. African American mothers were 2.3 times more likely than non-Hispanic White mothers to receive little to no prenatal care.

Until recently, Sacramento County's disproportionate statistics for Black mothers and infants were no exception. The county's Child Death Review Team (CDRT) — which works with multiple partners to review the cause, contributing issues and risk factors related to every death of a child — shared findings in 2011 that showed African American children in the county had died at twice the rate of children of other races for the past 20 years (1990-2009).¹

Further, the CDRT identified the four top causes of the disparity in child deaths: perinatal conditions (including pre-term birth and low birth weight), infant safe sleep, child abuse and neglect, and third-party homicide. These were the four causes of death for which the rate of death among African American children far exceeded the proportion of African American children in Sacramento County's population. African American children make up 12% of Sacramento County, yet over the 20-year span reviewed by the CDRT, they made up 25% of deaths from perinatal conditions; 30% of child deaths caused by parental abuse and neglect; 32% of sleep-related deaths; and 32% of third-party homicides. Data like these provided clear direction and focus for Sacramento County's efforts. (While not every county may have a CDRT, other data systems may lend similar information and focus to child death reduction efforts.)

While the rates of death and the disparities they represent were cause enough for alarm, the impact of those deaths provided an insight into broader issues of child health and well-being within the county. "Social determinants of health" (see Figure 1) such as access to safe, affordable housing, adequate nutrition, education and employment also shape the trajectory of young lives in Sacramento County.

FIG 1. Social Determinants of Health



"Although any child death is tragic, any pediatrician will tell you that for every child that succumbs from a disease or dies from a severe injury, there are many more children who suffer the same disease or injury that do not die," Angela Rosas, M.D., Medical Director of the Bridging Evidence Assessment and Resources (BEAR) Program at Sutter Medical Center Sacramento, and chair of the 2011 Sacramento County Child Death Review Team, wrote in her introduction to the report. "Hence, a clear understanding of the trends in child death in our community becomes a marker for the general health of our pediatric population. And, any health policies or programs that are successfully implemented in our community to reduce child death would not only prevent the death of a handful of children, but would improve the health and well-being of many more children."

Elements of the causes of death highlighted by the CDRT report were preventable, and some of the risk factors could have been mitigated with prevention and early intervention. For example, interventions related to maternal health and well-being may have been effective, since the health and wellness of mothers has an outsized impact on children before birth and in the critical early years from birth to age 5. The health of an expectant mother — and the social determinants that have an impact on her health, such as access to food,

1. http://www.thecapcenter.org/admin/upload/final%202020%20year%20cdrt%20report%202012_1%2026%2012.pdf
<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=23>
https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm?s_cid=mm6835a3_w

safe housing and income security – can all affect pregnancy outcomes and the health of her child.² When mothers receive quality prenatal care and are able to bring their babies into safe, supportive, nurturing environments, their children are more likely to survive and thrive.

In response to the CDRT report, newly elected Sacramento County Supervisor Phil Serna called for immediate action to address disparities and save young lives. Serna convened a Blue Ribbon Commission to explore the causes of disproportionality in the county’s child death rates and develop recommendations to address the findings. The Blue Ribbon Commission consisted of 48 members who represented a spectrum of public and private organizations with a stake in the health and well-being of children and families in the Sacramento community. These stakeholders included health systems, social services providers and advocates, community organizations, foundations, health research organizations, consumers and multiple government agencies. Because three of the four causes of death affect children from birth to age 5, the First 5 Sacramento Commission took a lead role in supporting the Blue Ribbon

Commission’s work and securing some initial funding for the effort.

In addition to reviewing and analyzing the CDRT data, the Blue Ribbon Commission also conducted an extensive literature review and studied best practices with experts from across the country. A series of 13 community meetings and focus groups offered a powerful platform for community voice and experience, which in turn informed how the Blue Ribbon Commission approached the community, its interpretation of the data and its recommendations for how the work is implemented. In 2013, the Blue Ribbon Commission presented a report with recommendations addressing identified underlying themes: social and environmental determinants of health, risk factors present in a child’s life, childhood experiences, and community perspective.³ The Commission made the overall recommendation to reduce African American child deaths by 10 to 20 percent by building a countywide infrastructure to increase public awareness, provide targeted direct services, develop systems for coordinated data collection and evaluation,

2. <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>

3. <https://www.philserna.net/wp-content/uploads/2013/05/Blue-Ribbon-Commission-Report-2013.pdf>

Blue Ribbon Commission

As a reflection of Sacramento County’s commitment to saving the lives of African American children, officials and staff representing departments across Sacramento County’s service delivery system made up more than half (13 of the 25 members) of the Blue Ribbon Commission. Complete representation included:

3Fold Communications
Center for Community Health and Well Being
Community Member
First 5 Sacramento Commission
Infant Health Program
Kaiser Permanente Sacramento
Maternal, Child, Adolescent Health Advisory Board
Mercy Hospitals of Sacramento
NAACP Sacramento Branch
National Council of Negro Women
Public Health and First 5 Sacramento Advisory Committees
Roberts Family Development Center
Sacramento County Board of Supervisors

Sacramento County Department of Health and Human Services
Sacramento County Department of Health and Human Services,
Child Protective Services Division
Sacramento County Department of Health and Human Services,
Public Health Division
Sacramento Countywide Services Agency
Sierra Health Foundation
St. Paul’s Church
The California Endowment
The Child Abuse Prevention Center
Turning Point Community Programs
University of California, Davis Medical Center

and institute policies that recognize the issue as a priority. This infrastructure would span across public and private sectors and would be coordinated and overseen by an ongoing steering committee of stakeholders with diverse representation.

In 2013, the Sacramento County Board of Supervisors adopted the Blue Ribbon Commission's recommendations and provided resources to design a strategic plan to create a countywide infrastructure to:

- aid neighborhoods experiencing the greatest instances of African American child deaths and wrap the residents with evidence-based services and supports;
- engage and empower members of the African American community to help implement, inform and advocate for culturally appropriate outreach and services;
- launch a coordinated community education and prevention campaign with messages addressing the top four causes of disproportionate child deaths in the African American community;
- collaborate with other initiatives that also address social and environmental determinants of health;
- improve data collection and sharing across systems to assess critical information, monitor change and conduct evaluation; and,
- establish an ongoing steering committee to promote a coordinated public-private partnership, engage and empower the African American community, effectively implement recommendations, and evaluate programs with the goal of building sustainable systems with lasting impact.

In 2013, the Board of Supervisors created the Steering Committee on Reduction of African American Child Deaths (RAACD), a community-driven body of dedicated individuals focused squarely on the recommended goal of reducing the child death disparity by 10 to 20 percent by 2020.

The Steering Committee's efforts have demonstrated the power of public-private partnership that includes diverse representation across multiple sectors. It is comprised of county staff and representatives from community-based organizations, health systems, education and other areas. Additionally, there is

a variety of county departments committed to the Steering Committee's work. Participation of high-level staff on the Steering Committee has led to informative discussions and to collaborative planning with community partners. This has encouraged the County to transform the work to improve its quality and expand the reach of its services. The Steering Committee recently voted to expand the County's number of seats. This expansion will function as a bridge toward lasting efforts and holistic policy change to support Sacramento County's children and families.

RAACD Steering Committee

The RAACD Steering Committee includes a wide range of perspectives from county government and community. The size of the Steering Committee recently was expanded to ensure broader buy-in and support for the Black Child Legacy Campaign.

- Advocates
- Civic Groups
- Community-based Health Provider
- Child Abuse Prevention Council
- County Public Health Officer
- Department of Health and Human Services
- Department of Human Assistance
- Education
- Faith-based Organizations
- First 5 Sacramento Commission
- Foundations
- Health Care Systems
- Housing Advocacy and Policy
- Judicial
- MCAH Advisory Board
- Parent Representatives
- Sheriff's Department
- Workforce Development
- Youth Representatives

The RAACD Steering Committee assumed responsibility for providing oversight, planning, implementation, evaluation and reporting to the Board of Supervisors. But, most importantly, the Steering Committee recognized that it would need a way to connect in meaningful and lasting ways with the communities with the highest rates of African American child deaths and with the greatest disparities between African American children and other children. In these communities, it would need to create pathways for families to connect to agencies that could provide services and supports, and build trusting relationships with them. It would need to build a new community-based service infrastructure for the County dedicated to ensuring that African American children — and the families that are raising them — would feel engagement and ownership and could thrive. To achieve its goals, the RAACD Steering Committee created the Black Child Legacy Campaign (BCLC).

BUILDING A COLLECTIVE SOLUTION

The BCLC applies a collective impact framework to its efforts to improve the outcomes for Black children and all children in Sacramento County. As part of the Blue Ribbon Commission, County staff and officials played a key role in developing this approach to building an infrastructure to support coordinated and strategic efforts across sectors and communities to connect families with the services and supports they need. The Steering Committee’s design of its collective impact approach includes stakeholders at every level of the campaign, a rigorous structure for intentional coordination and collaboration, correlative activities and measurement for tracking progress toward reaching the campaign’s goals.

In March 2015, RAACD Steering Committee members engaged in an intensive community-driven process and created a strategic plan: **African American Children Matter: What We Must Do Now.**⁴

The plan included five priority strategies that have served as pillars for guiding the work of BCLC stakeholders in its implementation:

- **Promoting Advocacy and Policy Transformation**
Local and statewide policy advocacy and initiatives toward systemic change
- **Equitable Investment and Systemic Impact**
Investment in systemic approaches to programming, such as the Cultural Broker Program (See “Cultural Brokers”)
- **Coordinated Systems of Support**
A systemic approach to wraparound intervention and prevention services that positions a trusted community-based organization as a hub for cross-agency collaboration.
- **Data-driven Accountability and Collective Impact**
The Quality Assessment process, which includes 11 Quality Dimensions, measures progress toward the BCLC’s goals to reduce the four leading causes of Black children’s deaths.
- **Communications and Information Systems**
A dual approach to messaging that engages the broader community in the work of the BCLC while expanding the reach within seven targeted neighborhoods.

In June 2015, the Sacramento County Board of Supervisors approved \$1.5 million annually for five years to support the BCLC in bringing its plan to fruition, in addition to funding for backbone support and funds from the First 5 Sacramento Commission. The Departments of Health and Human Services (now Child, Family and Adult Services), Human Assistance, and Probation also committed funding per year in staff resources for BCLC direct services. Following this funding commitment, the Board of Supervisors and the Steering Committee released an implementation plan that outlined the plan of action for the campaign’s five interconnected strategies.⁵

4. Access the full strategic plan at https://www.shfcenter.org/assets/RAACD/RAACD_Strategic_Plan_Report_March_2015.pdf

5. Access the full implementation plan at https://www.shfcenter.org/assets/RAACD/RAACD_Implementation_Plan_2015.pdf

BCLC Focus Neighborhoods

The BCLC focuses on seven neighborhoods, based on their rates of African American child deaths and other social determinants of health.

- AA** Arden Arcade
- DPH** Del Paso Heights-North Sacramento
- FF** Foothill Farms-North Highlands
- FS** Fruitridge-Stockton Blvd.
- MV** Meadowview
- OP** Oak Park
- VH** Valley Hi

The BCLC uses a number of interconnected and mutually supportive strategies to build a scaffolding of support for children and families:

Community Incubator Leads

Within each of the BCLC's seven focus neighborhoods, Community Incubator Leads (CILs) are service-driven organizations that serve as hubs rooted in each community's culture. As trusted institutions in their communities, the CILs have held a key role in engaging neighborhood residents in the campaign and in the development of a community infrastructure to support African American children and their families. They are invaluable resources to the families served by the campaign, as well as the myriad partners and community leaders who work in collaboration to bridge the gaps in services and improve the outcomes for children and families in each of the targeted neighborhoods. By housing County staff and other community service providers in their offices, CILs have increased residents' access to the prevention and intervention services that they need to address preventable child deaths. The CILs also have built relationships with each other to create a cross-county network that facilitates services for children and families who relocate, mobilizes a network of support during times of crisis, and strengthens their advocacy for children with policymakers.

Multi-Disciplinary Teams

Multi-Disciplinary Teams (MDTs) consist of staff from the Department of Human Assistance (DHA), Child Protective Services (CPS), probation officers, Cultural Brokers and other providers who work together onsite at each CIL, to deliver seamless case management and services to families. The co-location of MDTs within CILs reduces the barrier of travel to multiple out-of-neighborhood locations and makes services more accessible. MDTs also increase the coordination of services by enabling different agencies to work in collaboration. The MDT model is an evidence-based approach used in multiple child and family welfare settings.⁶

MDT members work closely together to meet each individual family's needs while addressing the interconnected issues facing African American children and families. They meet regularly to develop joint solutions to complex family challenges, and share information with one another to improve services to families. Because they are located within a respected neighborhood organization – the CIL – families are more likely to trust the information they receive from MDT members, participate in recommended services, and comply with associated court orders.

In addition, MDTs build communication and collaboration between the CILs and entities such as Sacramento County's Departments of Human Assistance (DHA), Child Protective Services (CPS), Probation, Sacramento Police, schools and nonprofit organizations. Reports from the CILs affirm that this approach increases the effectiveness of services through its comprehensive, coordinated and responsive wraparound support to families.

Technical Assistance and Resource Center

At the start of the BCLC, members of the Technical Assistance and Resource Center (TARC) met with CILs to identify technical assistance needs. In addition, the TARC Data Hub prepared profiles for each neighborhood that provided identifying demographic information, data on mother and infant health,

6. <https://www.childwelfare.gov/topics/management/practice-improvement/reviews/multidisciplinary/>

youth vulnerability and crime statistics.⁷ This deep analysis of disparities experienced by African American families in each neighborhood provided a greater understanding of barriers to accessing resources and other challenges families encounter. TARC members also supported CILs with their communications, data collection and other responsibilities. As a whole, the TARC serves as a central place for generative conversations, ideas for new directions and training, and assistance to all CILs.

Profound Purpose Institute

The Profound Purpose Institute (PPI) has provided a resilient structure of support for CILs, the Steering Committee and other community leaders to build collaborative relationships and a learning community. The PPI's quarterly meetings are a place where participants can learn together, collectively brainstorm and discuss new approaches to engaging with the community, and develop common messages. Additionally, the PPI offers ongoing training in assessment and provides peer-to-peer learning opportunities that strengthen the fabric of the campaign.

Cultural Brokers

Efforts to improve access to and use of important services by families encouraged BCLC partners to not only think about what services were needed, but how they were being delivered. One method is the use of Cultural Brokers, who are often people directly from the community who become trained paraprofessionals who act as a critical bridge between families and systems.

Modeled after Fresno's Cultural Broker program,⁸ the Sacramento County Cultural Broker (SCCB) program administered by Sacramento County's Department of Child, Family and Adult Services utilizes Fresno's accredited curriculum and training to develop its team of cultural brokers serving African American children and families involved with Sacramento County's child welfare system. Cultural Brokers work to keep children and families out of the child welfare system and to establish trusting relationships with those who may otherwise be difficult for DHA, CPS and other agencies to

reach. The SCCB program's goals are to: (1) safely decrease entries into foster care, (2) support safe and timely reunification of children and parents, and (3) increase placement with relatives. These goals are achieved through helping families navigate the child welfare system and connecting them to critical and culturally relevant services and supports.

Cultural Brokers work with and advocate for families that come to the attention of CPS. They work with CPS social workers by joining on visits with families and assisting with engagement efforts. They help explain the process and services offered by CPS, and work to ensure assessments and services are culturally relevant. They also participate in child and family team meetings and offer other support to families as needed, including attending court hearings. Courts are now referring families to Cultural Brokers and are requesting their presence in the courtrooms.

Acting as partners to CPS-involved families and to County CPS, Cultural Brokers participate in home visits as often as needed, supporting parents in their progressive visitations, coaching them on practical parenting techniques, and measuring behavioral changes. They also attend parenting classes with families to reinforce the lessons and formalize agreements with parents on specific behavioral goals. In this capacity, Cultural Brokers assist the assigned social workers by sharing their observations that either support moving visitations from supervised to unsupervised or identify areas in need of further attention and growth. As a result, CPS-involved families have an ally and support to minimize their interactions with CPS and the courts.

In addition to CPS, other organizations also have adopted the Cultural Broker approach. For example, First 5 Sacramento created a cadre of Pregnancy Peer Support Mentors — trained African American women who help expectant mothers monitor

7. The profiles can be found at <http://blackchildlegacy.org/impact/>

8. Learn more about Fresno's Cultural Broker program at <https://www.culturalbroker-fa.com/default.html> or on California's Evidence Based Clearinghouse for Child Welfare at https://www.cebc4cw.org/program/cultural-broker-program/?utm_source=January+25%2C+2013+-+New+Topic+Area&utm_campaign=1.25.13+email+alert&utm_medium=email

their health, listen to their concerns, and provide information, education and access to a variety of services and supports throughout pregnancy and up to four months postpartum. The mentors, who often have lived experience, walk through the pregnancy journey with their clients to reduce risks and promote healthy pregnancy and birth outcomes.

Community Leadership Roundtable

The BCLC convenes community leaders and volunteers on a bi-monthly basis for the Community Leadership Roundtable (CLR). Along with CIL staff, neighborhood residents gather for training in areas that strengthen the impact of the campaign primarily through crisis response, community outreach and training in Quality Assessments. As rooted members of their communities, participants in CLR offer a unique perspective to support quality assessment efforts within CILs and are able to mobilize quickly in response to community crises.

CLR members also gain strengthened relationships across neighborhoods, which in turn engages community members in BCLC activities toward achieving campaign goals.

Sacramento County

Since the inception of the BCLC, Sacramento County has been steadfast in its commitment to prioritize this important issue, embedding its values and strategies into policies, practices and programs across departments. The County has transformed the way it works and the way it involves its citizens. Increased partnerships across County systems and with community-based organizations have enabled vulnerable families to better navigate these systems, have increased utilization of services, and have led to better outcomes for Sacramento's children.

County staff carry out critical services at the CILs and work closely with community partners through multi-disciplinary teaming:

- Out-stationed DHA workers connect families with resources to meet their household needs, including health care, food, temporary and permanent housing, and employment — assisting families as they work toward self-sufficiency.

- Out-stationed CPS African American special skills social workers work to prevent/reduce entries into foster care by working with families whose children are at risk of abuse/neglect — keeping families together and children safe. Out-stationed social workers also assist CPS-involved families with safe and timely reunification.
- Probation officers collaborate in case management for youth/families who are justice-involved, aid in conflict resolution, support student success, and share information and resources that help improve youth/family access to services. Court-ordered obligations are strategically woven into this process to overcome barriers to success.

In addition, there are other County departments that partner with BCLC and the CILs. For example, the Department of Health Services' Public Health Division implements African American Perinatal Health home visitation services and Black Infant Health programming. Other departments have augmented their funding and have programs that are out-stationed part time at CILs, promote referrals and their services at CILs, and/or encourage a shift in practices for the CILs and those they serve (such as safe sleep). The First 5 Sacramento Commission funds perinatal and infant safe sleep education campaigns, and Family Resource Centers for targeted work to reduce African American child deaths. The Commission has incorporated this focus into its strategic plans since 2013 by allocating nearly \$14 million by 2021 to efforts related to the BCLC, and incorporating new practices such as the Cultural Broker-based Pregnancy Peer Support Mentors mentioned above. The Commission also funds staff support for the Steering Committee.

Overall, Sacramento County has invested nearly \$39 million in efforts to reduce African American child deaths since 2013. This funding has included support for: initial community education campaigns and programs focusing on African American perinatal health, infant safe sleep, and child abuse and neglect; the work of the RAACD Steering Committee to design and oversee implementation of the entire BCLC infrastructure; establishing CILs in the BCLC-focused neighborhoods; investing in the Cultural Brokers program;

and mobilizing the African American community in BCLC neighborhoods and beyond.

Fostering Engagement and Support

Community engagement and education is the lifeblood of the BCLC. In fact, the campaign itself has become a dominant brand in much of Sacramento's African American community. Even the name — Black Child Legacy Campaign — demands that those engaging in the work think of children as more than just statistics. It calls for a restored sense of hope, a sense of “nobility” and belief in a promising future for Black children and their families. Because of its close partnerships with existing community initiatives addressing social and environmental determinants of health, the BCLC brand has been adopted by multiple organizations educating the African American community on prevention and early intervention concepts such as self-care, reduction of risk factors and good parenting.

The BCLC keeps its messaging focused squarely on the top four causes of disproportionate child deaths. Messages direct mothers to available prenatal care and support, teach parents how to safely sleep their infants and obtain free portable cribs, engage youth in safe, healthy and fun activities, and inform residents about events specifically designed to strengthen families and build community. Whether communication comes from County health and social services departments, or from private community-based partners, the unified message being delivered is that Sacramento cares about and is committed to improving the health and well-being of all children and families in its communities.

One of the most powerful engines for creating and delivering messages has been Sacramento's African American community members and leaders. Residents of the seven neighborhoods — and those who serve them — have taken ownership of the BCLC, becoming deeply engaged and imbedded in the work. Government officials and staff, private health and social services providers, community foundations, faith organizations, and adult and youth citizens each have a role to play in creating safe, healthy and thriving communities. They may serve as a community crisis responder, a mentor, an

advocate, a provider of basic needs, a non-relative “family member,” a protector, or even just a friend. Those “on the ground” have continued to build their own networks for success, forge and strengthen bonds among residents, and build pride in their communities. Their work carries the embrace of the BCLC forward in ways that mere words could never do. This is imperative for success. Sharing the messages of the campaign within most impacted communities requires deep knowledge of the culture within each neighborhood and neighborhood-specific tactics to raise awareness of preventative services available for families and other ways to be involved in the campaign.

For example, in the Oak Park neighborhood, the CIL convened weekly “peace walks” that highlighted services available through the CIL. A similar approach was used in January 2018, when BCLC participants marched on MLK, Jr. Day wearing scarves and sharing stories through social media to kick off the “Wrap Yourself in Love” campaign. This initiative encouraged mothers to seek prenatal care for healthy pregnancies. Another strategy is the use of digital communications. Campaign messages have reached audiences through multimedia tools such as the Black Village podcast, which features interviews with partners, and a series of video “poetic service announcements.” The podcasts were created in partnership with Sacramento Area Youth Speaks (SAYS) and featured youth poets who addressed third-party homicide.⁹ In addition, CILs manage their own targeted social media messaging.

In addition to developing resonant strategies for messaging directly to the affected communities, the BCLC also maintains an aggressive media outreach strategy. In 2017, the campaign launched a multi-tiered media and communications strategy that included a convening of media outlets to engage reporters and other media allies in the cause to reduce child deaths and improve the life expectancy of children and youth in Sacramento County. Since then, the BCLC has received unprecedented radio, print and television coverage, with

9. Find examples of outreach, including stories, podcasts, news coverage and more at <http://blackchildlegacy.org/>

nearly 60 stories in more than 15 local, state and national media outlets. Coverage by media allies, including The Sacramento Bee, The Sacramento Observer, Fox40, Sacramento News and Review, ABC10, KCRA3 and other news outlets, spotlighted efforts in all four focus areas of the BCLC: perinatal conditions, infant sleep-related deaths, child abuse and neglect, and third-party homicides.

Early in 2019, Saccounty News reported Supervisor Phil Serna’s observation that the BCLC is “resonating at a national level.” Stories in Newsweek and the nationally syndicated radio program The Takeaway highlighted the 45 percent decrease in African American infant deaths and a 76 percent decrease in the death disparity between African American infants and other races. In addition, 2018 was the first year with zero juvenile homicides in the City of Sacramento in 35 years. This national coverage gives the BCLC a national platform and recognizes this work as a promising model for the rest of the country. The story of a ribbon cutting for Stephon Clark’s family home renovation, featuring the support of the BCLC and led by the Meadowview CIL, also generated significant coverage in the state. Sample media highlights include:

- **Newsweek, Jan. 21, 2019:** “No Children were murdered in Sacramento last year for the first time in 35 years”
- **WNYC The Takeaway, Dec. 6, 2018:** “Sacramento Reduces Black Infant Deaths Through Education”
- **CBS13, Jan. 21, 2019:** “For the first time in 35 years, no children were murdered in the City of Sacramento last year”
- **LA-ist, July 29, 2019:** “Sacramento’s Plan To Keep Black Children Alive Is Working — And LA Is Watching”
- **ABC10, Jan. 29, 2019:** “BCLC reports drop in death rates for African American youth in Sacramento”
- **The Sacramento Bee, Jan. 28, 2020:** Teen homicides fall to zero as Sacramento sees overall decline in murders in 2019
- **ABC10, Jan. 30, 2020:** There were zero youth homicides reported in Sacramento for 2 years. What changed?

Collecting Data to Measure Shared Outcomes

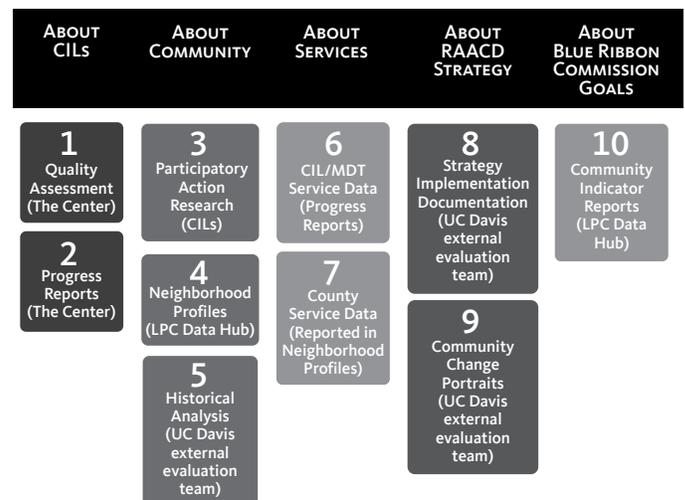
Recognizing the need early on to implement data collection methods to track progress over time and ensure the project is meeting goals, a cornerstone of the BCLC is ongoing data collection and data-driven evaluation for shared measurement and accountability. Real-time learning, from multiple perspectives, allows all participants to better understand where their work is generating or exceeding the desired outcomes, and where further improvement or investment is needed.

The evaluation plan gathers information about every level of the BCLC, including:

- The activities of the CILs
- Improvements in each of the seven communities
- The services provided in each community
- The five elements of the RAACD strategy
- The Blue Ribbon Commission goals

Evaluation is overseen by the RAACD Steering Committee’s Evaluation Workgroup, which includes representatives from First 5, the Department of Public Health, Child Death Review Team, the Steering Committee, CILs and members of the external evaluation team from UC Davis and Data Hub from LPC Associates. The workgroup developed the framework for evaluation shown below and is responsible for monitoring progress on each of the elements.

BLACK CHILD LEGACY CAMPAIGN EVALUATION STRATEGIES: 10 PATHWAYS FOR COLLECTIVE IMPACT DOCUMENTATION



As shown in the exhibit, evaluation activities are organized by categories defined by the subject of the information. BCLC has two approaches to gathering data about CIL implementation. The Quality Assessments are based on dimensions of the quality of community-based programs that were identified by the Evaluation Workgroup. The dimensions align with the five strategies of the campaign and include mission-focused efforts, engaged leadership, partnership, community engagement, community capacity building, youth-centered, transparency and fairness, communications, data collection, sharing and use, sustainability and finance, and violence interruption. Each CIL has a quality assessment twice a year based on site visits and other materials. They are rated on each dimension and their progress over time is tracked. This process has enabled BCLC to demonstrate the continued improvement and growth of the CILs as they build their capacity in each of the dimensions.

Through the quality assessments and progress reports, CILs engage in an ongoing cycle of improvement, which includes planning, training, assessment and reflection on what has been learned. This exercise can also lead to new discoveries that help CILs and partners identify systemic areas of stress (such as increases in requests for housing assistance), and work with the County or other policy agencies to find solutions before new challenges become crises.

To engage youth in the evaluation process, in 2017 each CIL formed a team comprised of youth and adult allies to conduct Participatory Action Research (PAR), a method of collecting and analyzing data within their neighborhoods. In preparation for their research, youth learned about the four leading causes of African American child deaths, built leadership and advocacy skills, and examined equity and racism in a historical context. Each PAR team collected data on one of the four leading causes of African American child deaths by conducting surveys, then created reports and videos with their findings about their communities. In 2018, the PAR teams transitioned to Social Justice Youth Development Plans.

Data for each of the other evaluation focus areas are provided primarily through external consultants. The Data Hub, managed by LPC Associates, produced its first set of neighborhood profile reports for each of the seven neighborhoods that were part of the campaign in late 2016. The reports provided data on the basic demographics of the neighborhood and on the social determinants of health, including education, poverty, health insurance coverage and others. Disparities between the African American residents and other residents were also identified. Topics of other neighborhood scans include crime and safety, and community services.

Neighborhood scans offer a two-fold benefit. First, they provide residents with eye-opening information about disparities that exist in their everyday lives, as well as clear data points that they can work together to change. Second, neighborhood scans give CILs and other partners a baseline from which to measure forward progress. The Data Hub is also responsible for the annual reports summarizing progress toward the goals of reducing African American child deaths by each of the four causes. These reports include additional data on risk factors for preventable child death, broken out by neighborhood when possible.

In 2018, the BCLC contracted with the UC Davis Transformative Justice in Education Center and the UC Davis Office of Research and Policy for Equity for a joint two-year evaluation process to evaluate the BCLC's progress on the five strategies. As indicated in the exhibit, the evaluation not only evaluates the five strategies, it also includes a historical analysis of each neighborhood, documenting the social factors that have contributed to their challenges and developed their assets. In addition, the final report will include detailed portraits of people who have been involved in BCLC, either as CIL leaders or residents being supported by CIL services, to add richness to the narrative about the strategies. In the interim, in July 2019, the evaluation team presented preliminary findings from their analysis of data from multiple sources including 15 stakeholder interviews, participant observation of RAACD Steering Committee meetings, and BCLC archival documents.

Their report, *A Transformative Community: An Evaluation of Five Implementation Strategies for Success*, summarized key findings, identified challenges and effective implementation practices, along with important lessons learned. UC Davis plans to leverage evaluation findings to support the BCLC in scaling up its work to share its model with other communities across the country that face similar issues.

Leveraging Key Partnerships for Policy Change

Although individual children and families are at the heart of the BCLC, they are all surrounded and affected by the various policies of the agencies and government entities engaged as campaign partners. Those partners are, in turn, influenced by the policies of other partners. Promoting advocacy and policy transformation is one of the key strategies of the BCLC, and it is manifested at many different levels.

At the outset, investment in the BCLC required a willingness among County Supervisors and department heads to allocate more County resources toward targeted services for African American families. Since that initial investment, the County has continued to expand support for key programs within the campaign, such as the Cultural Brokers program.

“Almost every board meeting, if we are dealing with anything related to child welfare, there is frequent reference to BCLC and how whatever we’re working on intersects,” says Supervisor Serna. “BCLC is probably the most well-known quantity in all aspects of county governance. Many of our department heads — even those who work on infrastructure — know about this. That’s because there’s been so much public and media attention, and the results to show it’s effective.”

Since 2013, the BCLC has garnered even more support from systems partners and other government agencies to provide additional strategies, including violence prevention and intervention, which contribute to the project’s goal of reducing African American child deaths in Sacramento. Other funding agencies include the City of Sacramento, California Board of State and Community Corrections, Health Net and the Obama Foundation.

Internally, Sacramento County has invested in systems changes that are not easily quantifiable, but that leverage knowledge and relationships under the BCLC umbrella to deliver greater impact. For example, staff across all of the County’s health and social services departments are educated and trained on BCLC resources, strategies and values; staff are out-stationed at each CIL and participate in weekly MDT meetings; County-operated and contracted programs provide referrals to CILs and participate in BCLC community activities; and programs are tailored to reduce risk factors, increase protective factors, and foster successful outcomes for African American children, youth, and families.

Policy change also grows from the ground up. In August 2017, Ernie Cadena, a resident of Meadowview Park, was killed by gang violence. A father and innocent bystander who lived around the corner from the park, Cadena’s death sparked community leaders’ determination to “stop the violence.” Requested by Community Incubator Leads and supported by the BCLC, a press conference held in the park convened faith leaders, community members, policy makers, law enforcement and other BCLC advocates to demand change in their communities.

The press conference led to the City’s unanimous adoption of Advance Peace in August 2017, an intensive 18-month program with a proactive approach to preventing gang violence through mentorship, job training and financial incentives. Neighborhood residents, inspired by the BCLC, have become civically engaged in activities such as voter registration and campaigns to educate communities about propositions that will impact their lives.

“Our hope is to change policy in Sacramento,” said Derrell Roberts of the Roberts Family Development Center, the Del Paso Heights CIL, in the most recent BCLC Annual Report. “We have policies that make people dependent as opposed to independent. Part of what the BCLC does through its collaborative efforts is give inroads and windows of opportunities to our state and local policies.”

Unless policy changes continue to occur, the work to support African American children and families will always be a reaction to harm — a Band-Aid, as it were — rather than the creation of a sustainable system for healthier lives. After all, the very conditions in the African American families and neighborhoods that are part of the BCLC arose in large part because of the social and governmental systems that we now know must change. Policy advocacy to advance equity efforts is long-term work that requires a cultural shift at every level: within communities, within the institutions and organizations that seek to support them, and within the local, state and national governments that serve them. Therefore, the Steering Committee on RAACD continues to advocate for the formation of the Interagency Children’s Policy Council to focus specifically on creating and sustaining policies that support children and families.

Policy Change at the State Level

The local work of the BCLC helped inform two state policy changes in 2019.

- The Dignity in Pregnancy and Childbirth Act (SB 464) now requires hospitals, clinics and alternative birth centers that provide perinatal services to implement ongoing, evidence-based implicit bias programs for all perinatal health care providers.
- Stephon Clark’s Law (AB 392) changes wording to require law enforcement officers to only use deadly force when “necessary” rather than “reasonable,” and gives prosecutors more leeway in considering both officers’ and victims’ actions leading up to a lethal event.

Key Outcomes and Next Steps

The collective impact approach requires authentic collaboration. BCLC partners communicate on a regular basis and support each other. This has truly transformed the way agencies and community partners work internally and externally with other partners and the way they engage with community. As a result of the BCLC, Sacramento County has begun to see results that indicate it is headed in the right direction to reduce African American child deaths.

Through the development of a responsive infrastructure, the last few years have revealed that important process and outcome measures have been met. Strategically locating CILs within the seven Sacramento neighborhoods with the highest child death rates has shifted and integrated systems to improve service delivery to families. Each CIL houses a coordinated system that supports families in receiving important information and in accessing critical services from County agencies such as CPS, Probation, Human Assistance and nonprofit partners co-located at the sites. CILs are also a central location for service providers to meet regularly to discuss specific family and community needs, coordinate services and leverage resources to increase efficiencies. The outcomes of these important shifts include improved service delivery and utilization by the community, streamlined efforts and decreased response time. As a result of this work to bridge the divide between families and service providers, the community’s sense of trust and faith in the County’s services has greatly increased. Data on some of the neighborhood-based activities give a sense of the ways in which service provision is being integrated:

- CPS Cultural Brokers began work with families and had a caseload of 73 families by early 2018, which almost doubled in 2019 (122 families). To date, Cultural Brokers have safely reunified 27 families. 95 percent of families served stated they were satisfied with Cultural Broker services, 86 percent indicated improved trust and communication with CPS, and 78 percent indicated they have a better understanding of safety risks.

- Probation officers are out in the community, working side by side with CILs and the MDTs, advocating for youth and supporting them in crisis. To date, probation officers have provided more than 340 youth with case management services in the BCLC-focused neighborhoods, and have referred 230 youth and their families to local community-based service providers to address identified risk factors. More than 45 youth either acquired and/or retained employment after receiving services. In addition, Probation has seen a 54 percent reduction in the total number of juvenile wards living within the BCLC-focused neighborhoods.
- In 2018-2019, 216 pregnant African American women were served in the Black Mothers United pregnancy support program. During the year, 102 babies were born, including 92 singletons and 10 twins. Of these, 83 percent were born at a healthy birth weight, 80 percent were born full term, and combined, 76 percent had a healthy birth outcome (birth that is at healthy weight and full term). The percentage of singletons with a healthy birth was 82 percent.
- **Perinatal conditions:** From 2014-2017, the rate of African American infant deaths due to perinatal conditions (4.2 per 1,000 births) did not change. Although the current trend is positive, the reduction of deaths due to perinatal condition has not yet reached the goal of a 23 percent reduction.”
- **Child abuse and neglect (CAN) homicides:** From 2014-2017, there was a 62 percent reduction in African American child deaths due to CAN homicide, from 7.1 to 2.7 per 100,000 children. This exceeds the original goal of a 25 percent reduction.
- **Third-party homicides:** Between 2014 and 2017, the rate at which African American children died due to third-party homicides increased from 4.5 to 5.3 per 100,000 children, representing an 18 percent increase. However, recent trends show that for the first time in 35 years, and again in 2019, there were no child murders in the City of Sacramento.

While the process data and feedback from community residents and BCLC partners is encouraging, the quantitative evidence of impact is indisputable.

Using three-year rolling averages per 100,000 children,¹⁰ African American child deaths decreased from a rate of 84.3 in 2012 to 63.2 in 2017. From the BCLC baseline of 2014 (83.8 African American child deaths/100,000 children) to 2017, rates have been reduced by 25 percent, exceeding the Blue Ribbon Commission’s goal of a reduction of at least 10 to 20 percent. In addition, the disproportionality of African American child death was reduced by 26 percent. Findings related to the top four preventable causes of disproportional child deaths in Sacramento County include:

- **Infant sleep-related deaths:** From the 2014 BCLC baseline, the rate of African American child deaths from sleep-related causes decreased by 57 percent, from 3.7 per 1,000 births to 1.6 per 1,000 births. This decrease exceeds the original goal of a 33 percent reduction.

Additional data collection, monitoring and analysis will be conducted in the coming years to determine longer-term outcomes and trends. However, these initial findings bring hope that Sacramento County is heading in the right direction and has the necessary community framework in place to effectively reduce African American child deaths.

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10. BCLC uses three-year rolling averages to examine trends over time to account for the fact that some causes of death can fluctuate significantly year-to-year. For example, data from 2014 is the average of child deaths in 2012, 2013, and 2014. Similarly, 2017 is the average of 2015, 2016, and 2017 values.

Lessons Learned

The Transformative Justice in Education Center at UC Davis and the Office of Research and Policy for Equity at UC Davis reported important lessons learned in a 2018-19 annual report:

1. Training and support for advocacy and community leadership is part of engaging community residents in the campaign.

Community volunteers have gained invaluable skills through the bi-monthly Community Leadership Roundtable meetings. CLRs have served as an entry point for neighborhood residents to engage in the BCLC's activities while gaining competencies in crisis response, community engagement and advocacy.

2. Public agencies must commit to the mission of reducing all child deaths, starting with addressing racial disparities in rates of death.

Out-stationed Sacramento County and City staff housed at CILs work in partnership with nonprofit service providers toward the shared vision to reduce child deaths.

As part of its efforts toward the Equitable Investment and Systematic Impact strategy, which was focused on the development of an Interagency Children's Policy Council, the BCLC continues to work toward creation of a public entity that holds responsibility for children's health and well-being across Sacramento County. The expanded Steering Committee on RAACD, with an expanded number of County seats, is a step toward this goal.

3. A coordinated system of support for the reduction of Black child death requires trusted, capable neighborhood organizations taking the lead, partnership with other county and local agencies, and an entity that serves as a connector and backbone for the work.

The CILs hold an important role in implementing BCLC activities. They are central to coordinating campaign efforts within each neighborhood and are a hub for collaboration between local agencies and community leaders. As the backbone organization, The Center has also held a foundational role in the functioning of the campaign's infrastructure. The Center's role includes

convening the RAACD Steering Committee, fund distribution, communications, accountability, CIL capacity building and other functions that are essential to the campaign.

4. Communications are key to building a movement toward a common goal.

BCLC messaging has been a powerful platform that affirms the value of Black children and youth while inspiring a public call for action. Promotional materials and swag have raised awareness throughout the county.

5. Data and measurable goals for the reduction of deaths keep the work focused and mission-driven.

The progress toward the reduction of Black child deaths and the regular reporting process motivates and engages BCLC participants in a sense of higher purpose. The learning from the Quality Assessment process has strengthened CILs' work within their neighborhoods and reinforces community engagement in the campaign's mission.

Sustaining BCLC Infrastructure for Sacramento's Children

The ongoing success of the BCLC will depend on the ability to both build on established community and partner support and secure continued financial investment. No amount of funding can sustain change if there is not deep community engagement, nor can an effort of this magnitude be sustained purely by goodwill and volunteerism.

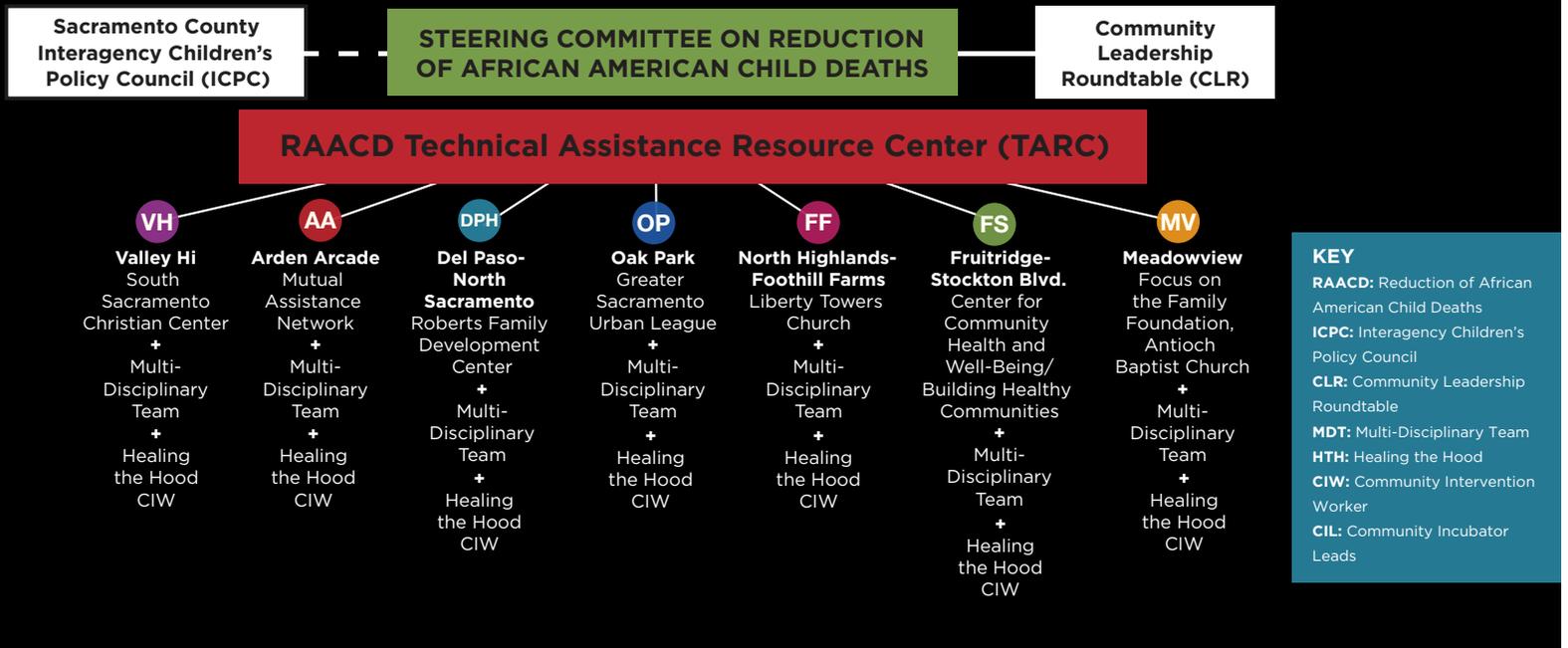
In the seven neighborhoods, resident input and engagement is key to success, so ongoing communication and outreach efforts must keep up the work of building trust and buy-in. That means listening as much as talking to encourage community ownership at every turn. In addition, BCLC staff and partners must continue to think creatively about new alliances and partnerships that can leverage their efforts even further—in terms of service needs and delivery systems and in terms of policy change. Ongoing advocacy and sustainability will go hand in hand.

Just as many different factors contribute to the health and safety of a Black child, many different expenditures and revenue streams are required to sustain the campaign efforts. Since 2014, Sacramento County has committed to funding the work of the RAACD Steering Committee and the implementation of the BCLC. In addition to funding, the County’s commitment also has included out-stationed staff and important policy and practice changes to bolster the BCLC infrastructure. But changing the paradigm for Black children requires much more than one public funder, and the commitment to the BCLC extends beyond the County’s investment. CILs have intentionally linked public and private revenue sources to ensure they do not become overly dependent on one source. CILs and partners understand the need to leverage the impact of all funds received and that

funding is deeply connected to outcomes, underscoring the need for progress measurement through the Quality Assessment Tool. As a collective, The Center at Sierra Health Foundation and the CILs have applied for state and national funding, and each CIL also searches and applies for funding on its own. Every entity involved in the BCLC understands the importance of investment in the lives of Black children — and therefore everyone serves as an advocate for continued investment in this very critical work of saving and improving lives.

To learn more about the lessons learned throughout this project and year-by-year evaluative work of the Steering Committee on Reduction of African American Child Deaths, visit <https://www.shfcenter.org/raacd>.

WORKING INFRASTRUCTURE



KEY
RAACD: Reduction of African American Child Deaths
ICPC: Interagency Children's Policy Council
CLR: Community Leadership Roundtable
MDT: Multi-Disciplinary Team
HTH: Healing the Hood
CIW: Community Intervention Worker
CIL: Community Incubator Leads

The Big Picture

Five Years Into the Black Child Legacy Campaign

Unprecedented community conditions call for unprecedented community effort. When 2009 data showed that African American children in Sacramento County were twice or even three times as likely to die as White, Latino or Asian children—and had experienced this disparity for 20 years—community leaders at the County Board of Supervisors and the Sierra Health Foundation knew it was time to act.

In 2015, the Black Child Legacy Campaign was launched, with a goal of reducing the disparity in African American child deaths 10 to 20 percent by 2020.

The results have been nothing short of amazing. After just three years of implementation, the Black Child Legacy Campaign:

- Reduced the rate of African American child deaths by 25 percent
- Reduced the rate of African American infant deaths by 23 percent
- Achieved a reduction of more than 50 percent in disparity for infant sleep-related deaths
- Saw zero juvenile homicides in 2018 and 2019
- Assigned almost 200 Cultural Broker referrals since February 2018 through the Sacramento County Cultural Broker Program
- On March 2, 2019, the success of the Black Child Legacy Campaign was recognized by The National Association of Counties Health Steering Committee



Steering Committee on Reduction of African American Child Deaths

Acknowledgements

Steering Committee on Reduction of African American Child Deaths

Pastor Alice Baber-Banks
Debra Cummings
Dr. Ethan Cutts
Captain Robert Davis
Julie Davis-Jaffe
Gladys Deloney
Paris Dye
Linda Fong-Somera
Steven Garrett
Keith Herron
Chet P. Hewitt, Co-Chair
Stephanie Hopkins
Pastor Robert Jones
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Kula Koenig
Judge Barry Loncke
Aliane Murphy-Hasan
Kim Pearson
Tina Roberts
Shannon Shaw
Essence Webb
Kim Williams
Natalie Woods Andrews, Co-Chair
Marlon Yarber

Community Incubator Leads

Arden Arcade:

Mutual Assistance Network

Del Paso Heights-North Sacramento:

Roberts Family Development Center

Foothill Farms-North Highlands:

Liberty Towers

Fruitridge Stockton Blvd.:

Sacramento Building Healthy Communities

Meadowview:

Rose Family Creative Empowerment Center

Oak Park:

Greater Sacramento Urban League

Valley Hi:

South Sacramento Christian Center

Partners

Child Protective Services

Community Leadership Roundtable

County of Sacramento Multi-Disciplinary

Leadership Team

Department of Human Assistance

Probation Department

Funding Partners

Board of State and Community Corrections

City of Sacramento

County of Sacramento

First 5 Sacramento

Health Net

Kaiser Permanente

Obama Foundation

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This report was written in partnership with The Center at Sierra Health Foundation, Putnam Consultants, First 5 Sacramento and the Department of Children, Families and Adult Services.





BLACK CHILD LEGACY
PRINCIPLE 2
 BUILD A BELOVED COMMUNITY EVERYWHERE YOU GO
STEP 2 - EDUCATION
 BLACKCHILDLEGACY.ORG

BLACK CHILD LEGACY
PRINCIPLE 3
 ATTACK FORCES OF EVIL, NOT PERSONS DOING EVIL.
STEP 3 - PERSONAL COMMITMENT
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BLACK CHILD LEGACY
PRINCIPLE 4
 ACCEPT SUFFERING WITHOUT RETALIATION FOR THE SAKE OF THE CAUSE TO ACHIEVE A GOAL.
STEP 4 - DISCUSSION
 BLACKCHILDLEGACY.ORG

BLACK CHILD LEGACY
PRINCIPLE 5
 AVOID INTERNAL VIOLENCE OF THE SPIRIT AS WELL AS EXTERNAL PHYSICAL VIOLENCE.
STEP 5 - DIRECT ACTION
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