Exploring how FIMR and CDR teams identify and address disparities

Wednesday, June 26, 2019
2:00 PM – 3:00 PM ET
Housekeeping Notes

• Webinar is being recorded and will be available within 2 weeks on our website: www.ncfrp.org

• All attendees will be muted and in listen only mode

• Questions can be typed into the “Questions” pane
  – Due to the large number of attendees, we may not be able to get to all questions in the time allotted
  – All unanswered questions will be posted with answers on the NCFRP website
About the National Center

• The National Center for Fatality Review and Prevention (NCFRP) is a resource and data center that supports child death review (CDR) and fetal and infant mortality review (FIMR) programs around the country.

• Supported with funding from the Maternal and Child Health Bureau at the Health Resources and Services Administration, the Center aligns with several MCHB priorities and performance and outcome measures such as:
  – Healthy pregnancy
  – Child and infant mortality
  – Injury prevention
  – Safe sleep
HRSA’s Overall Vision for NCFRP

• Through delivery of data, training, and technical support, NCFRP will assist state and community programs in:
  – Understanding how CDR and FIMR reviews can be used to address issues related to adverse maternal, infant, child, and adolescent outcomes
  – Improving the quality and effectiveness of CDR/FIMR processes
  – Increasing the availability and use of data to inform prevention efforts and for national dissemination

• Ultimate Goal:
  – Improving systems of care and outcomes for mothers, infants, children, and families
Acknowledgement

This webinar was made possible in part by Cooperative Agreement Numbers UG7MC28482 and UG7MC31831 from the US Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) as part of an award totaling $1,099,997 annually with 0 percent financed with non-governmental sources. Its contents are solely the responsibility of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Presentation goals

• Verbalize how fatality review teams use information from their findings to inform communities of their determinants of infant and child deaths and how mothers’ and families’ experiences with racism have impacted infant and child outcomes

• Describe how fatality review teams interact with the community to develop and implement mortality and disparity reduction efforts

• Give local examples of successful interventions that address disparities
Guest Speakers

D’Yuanna Allen-Robb, MPH

Cathy Costa, MSW, MPH

Catherine Kothari, BA, MA, PhD

Trevor Crowder, M.A.
FIMR Catalyzes System Change to Improve Racial Equity

Cathy Kothari, FIMR co-lead, Kalamazoo MI

...on behalf of FIMR co-lead, Deb Lenz, and our team
The Land of the Promise...

Every KPS School is a Kalamazoo Promise School

FREE COLLEGE TUITION FOR KPS GRADUATES!

Residency and attendance requirements apply.
Kalamazoo is an Infant Mortality Hot Spot

Source: Vital Statistics Birth & Linked Infant Death Cohort (2009-2013). Map created by Sue C. Grady, PhD, MPH Geography, Michigan State University
High Racial Disparity

Kalamazoo County IMR, 2015-2017 three-year moving averages

Black Infants 13.0

DISPARITY 3.6 Relative Rate

White Infants 3.6
FIMR HAS PLAYED A KEY ROLE IN ADDRESSING THESE DISPARITIES
FIMR Case Review
Kalamazoo FIMR....

Root Cause Analysis

The Weed

Problem
Above the surface, obvious

The Root

Source
Below the surface, obscured

LANGUAGE:
- Contributing factors
- Underlying issues
- Drill down
- Root out
- Dig into

Source: Cause Mapping copyright 2018 by Think Reliability
Kalamazoo FIMR....

Source: Cause Mapping copyright 2018 by Think Reliability

COMPLEX, MULTI-SYSTEM CAUSES
FIMR CASE REVIEW can offer 360° view of systems and families interactions.

**Systems perspective:**
- State designation of FIMR as a public health surveillance effort
- Access to EMR for direct FIMR abstraction.
- Multi-system records of referrals & encounters.

**Family Perspective:**
- Family Interviews
- Community members on review team
- Multiple streams of dollars to support FIMR

Cradle’s reliance upon FIMR increased engagement and support. This, in turn, increased the quality and value of FIMR.
FIMR CASE REVIEW: What Really Made a Difference

- FAMILY INTERVIEW
  - Transcribed

- STRUCTURED DISCUSSION TEMPLATE
  - Strengths (family, system)
  - Gaps (family problems, system gaps)

- RIGHT FOLKS AT THE MEETING
  - Frontline
  - Medical (OB, Pediatric), Social Services, Public Health, Early Childhood
  - Special Guests, to inform specific types of cases under review

- REFERENCES POINTS
  - “Gold” Standard cases
  - Epidemiology of case (by race, socioeconomic status and cause)
  - Patterns previously identified
Cradle as FIMR Community Action Team
Infant mortality rate for African-American babies in Kalamazoo among state's highest

by Christine VanTimmeren | Friday, November 11th 2016

Kalamazoo FIMR....

Helps Prioritize Issue

Demonstrates the Human Cost

Motivates Action
The Role that FIMR has played in Cradle:

**EARLY YEARS**
- Engaged stakeholders in action
- Substantiated the problem of fragmentation
- Motivated home visitors to formally coordinate

**EVOLUTION**
- Identified “hidden” problem of patient-provider miscommunication
- Perinatal clinics integrated CHWs into continuum of care

**MOVING FORWARD**
- Monitor impact, by race & by income
- Early identification of emerging trends
- State partnership - LEAN process for submitting recommendations
THANK YOU!!

Cathy Kothari,
(269) 501-4149
catherine.Kothari@med.wmich.edu
Striving for Equity in Infant and Child Health and Mortality in Baltimore

National Center for Fatality Review and Prevention

June 26, 2019
City of neighborhoods

Population of 622,000 people
- 63% Non-Hispanic Black
- 28% Non-Hispanic White
- 5% Hispanic
- 3% Asian
- 1% All other races

34% of children live below the poverty line

~8,600 births annually

7 delivery hospitals and world-class health care
Most Baltimore Maps Are the Same

Food Deserts    Shooting Calls    Vacancies    Life Expectancy

Most indicators—health, economics, violence, built environment—break along the White L and the Black Butterfly
And They Stem from This Map

Racial disparities in mortality and health outcomes can be traced to discriminatory redlining policies in Baltimore City.
Taking Community Action

B’more for Healthy Babies

FIMR and CFR Team Findings

Public health prevention
Citywide aligned action
150+ partners

MAJOR OUTCOMES

Infant Mortality
Child Abuse and Neglect
School Readiness
Maternal Mortality
BHB Socio-Ecological Model

- **Individual**: Educate and link families to resources that support behavior change.
  - Preconception
  - Pregnancy
  - Postpartum
  - Early Childhood
  - Adolescence
  - Adulthood

- **Interpersonal**: Nurture social networks through group programs and social media.
- **Services/Organizations**: Improve the quality of services and increase access to them.
- **Community**: Organize to create healthy neighborhoods, advocate for policy, access services, and hold systems accountable.
- **Policy**: Advocate for institutional, local, and state policies to remove barriers to care and address social determinants.

*Undoing the Structural Racism that Affects Each Level*
## Multi-Level Intervention: Safe Sleep

<table>
<thead>
<tr>
<th>Policy</th>
<th>Community</th>
<th>Services/Organization</th>
<th>Interpersonal/Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banning sale of crib bumpers in Maryland</td>
<td>Outreach all pregnant women in targeted communities</td>
<td>Train 5,000+ health and social services providers</td>
<td>SLEEP SAFE Campaign to change social norms</td>
</tr>
<tr>
<td>Hospital postpartum discharge education policies</td>
<td>Neighborhood Action Teams for community change</td>
<td>Provide tools for evidence-based counseling</td>
<td>Provide cribs and in-home safe sleep education</td>
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BHB Visible in Baltimore City
Universal Approach

- Desire not to make infant/child mortality a “Black problem”
  - Fear that leading with disparities would limit political will
  - Fear of being perceived as blaming Black people
- Belief in universal messaging and targeted delivery
- Evidence-based practices benefit all
- Did not prioritize social determinants, attempting to “service our way out” of disparities
Training and Capacity Building

- Kirwan Institute training
- Race Matters Toolkit training
- Peer learning and experiential exercises
  - Book clubs, article and video clip discussions
  - StarPower exercise
- Cultural sharing
- Interpersonal building of trust
Undoing Racism

1. Getting more personal
2. Power analysis and understanding our role as gatekeepers
3. Examining how racism shows up in our work—internalized racial superiority and internalized racial inferiority
4. Focus on community organizing and changing power structures, being accountable to the community
New data partners for FIMR and CFR—housing, asthma, lead

FIMR and CFR case forms include neighborhood-level data (e.g., housing, healthy food, lead exposure, violence) and data is being aggregated

FIMR and CFR case forms track ACEs and Urban ACEs (includes racism as an ACE)
Deliberation & Recommendations

- Case deliberation
  - Identifying family strengths, not just deficits
  - Equity prompts for discussion (How may mother/child’s community or environment have impacted his/her health? How may mother/child’s contact with public systems with a legacy of racism have impacted his/her health?)

- Developing and vetting recommendations
  - Focus on social determinants in addition to city and health systems
  - Neighborhood Action Teams and Community Advisory Board

- Communicating findings and recommendations
  - Leading with vision, place-based data, opportunity argument
Sleep-Related Infant Deaths

“My son, Charlie, passed away on December 29th.

He turned one month old that day.”
**Sleep-Related Infant Deaths**

- **Issue:** Norms around co-sleeping among African American families, distrust of paternalistic safe sleep messengers
- **Recommendations:** Use of credible safe sleep messengers from the community with lived experience
- **Actions:**
  - Formative research with community members on SLEEP SAFE
  - SLEEP SAFE videos in which mothers tell their stories of loss
  - Place-based initiatives in Upton/Druid Heights and Patterson Park
  - Safe Sleep Ambassadors and community champions
  - Faith-based outreach initiative and Precious Purple Sunday
**Issue:** High number of homicides of Black youth in West Baltimore + suicides of middle school-aged Black boys (all with significant trauma histories)

**Recommendations:** Provide opportunities for Black youth to heal from race-based/community trauma

**Actions:**
- Resilience in Communities After Stress and Trauma initiative
- Emotional Emancipation Circles
- Community-based grief support groups
- Mini-grants for positive youth development in West Baltimore
**Issue:** Housing instability impacting sleep-related infant deaths, fire-related deaths, suicide for youth of color

**Recommendations:** Create priority status for families with children for Housing Choice vouchers and public housing, pass anti-discrimination housing income bill

**Actions:**
- Bidirectional referral relationship with Department of Housing and Community Development and tenant advisory boards
- Support for Perkins Homes redevelopment initiative
- Partners advocated for and passed anti-discrimination bill
- Planned collaboration with Homeless Services coordinated intake and referral system
Spare the Kids
WHY WHUPPING CHILDREN WON’T SAVE BLACK AMERICA

Stacey Patton
Physical Discipline

- **Issue:** Physical discipline practices used by parents to safeguard young Black children from danger in response to historical and ongoing systemic violence

- **Recommendations:** Create opportunities for parents to consider discipline practices in context and practice alternative forms of discipline

- **Actions:**
  - Place-based initiative in Upton/Druid Heights and Parent Cafes
  - Community Collaborative “Spare the Kids” book club
  - Community-based Circle of Security—Parenting programs
www.healthybabiesbaltimore.com
Thank You!

Cathy Costa, MSW, MPH
cathy.costa2@baltimorecity.gov
410-396-1562
Metropolitan Nashville Infant Health Equity Movement

Eliminating Inequities

WEDNESDAY, JUNE 26, 2019

D’Yuanna Allen-Robb, MPH
Director, Maternal Child and Adolescent Health
Metro Nashville Public Health Department
Davidson County, Tennessee
Acknowledgements

- Trevor Crowder, FIMR Manager
  - Davidson County Fetal Infant Mortality Review
  - Case Review and Community Action Teams
- Davidson County Child Fatality Review Team
- Nashville Equity Movement Actors and Allies
- Residents and families of the North Nashville, Cumberland View and Napier-Sudekum communities
Davidson County, TN

- ~531 square miles
- Largest County/Metro in Tennessee
- ≈ 100 people move to Nashville a day

Demographics
- 30% African American
- 56% Caucasian
- 10% Latina/Latino
- 4% Other (141 different languages)

- Approximately 10,000 births per year
- 5 birthing hospitals/centers in Nashville
- Largest perinatal system in region

Data Source: America’s Health Rankings, United Health Foundation
Infant Mortality, Davidson County; 2004 - 2016

Source: Metro Public Health Department, Division of Epidemiology, 2017.
Infant Mortality, Davidson County; 2011 - 2016

Source: Metro Public Health Department, Division of Epidemiology, 2017.
Davidson County Sleep-Related Infant Deaths, 2010 - 2015

Number of Infant Deaths reviewed and determined sleep related:

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>21</td>
<td>14</td>
<td>16</td>
<td>10</td>
<td>12</td>
<td>21</td>
</tr>
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Source: MPHD, Davidson County Child Fatality Review Reports: Data for 2015
Infant Health Equity Movement 2016 - 2018

- Historically highest infant mortality rate (AA)
- Stable housing/housing opportunities
- Relationship with residents (lived experience)
- Commitment to grassroots approach

✓ North Nashville community (37208); Median income: $22k/yr;
✓ 81% African American population
✓ Historic African American community in Nashville
FIMR/CFR Root Cause Analysis Conclusion: Lack of quality, safe and stable housing is the leading social determinant that contributes to sleep-related infant deaths.

Davidson County Sleep-Related Infant Deaths

- Infant not on back
- Infant not in a crib
- Other items in crib

"There were 17 people in a 2 bedroom house; you know that's how they live."

"They were given a crib; they just didn’t use it."

"If we prosecuted people who were given a crib and the baby died, I bet those people would do it then."

- 1691 Virginia House of Burgesses
- 1785 Land Ordinance Act
- 1862 Homestead Act
- 1933/1934 Home Owners Loan Corporation and Fair Housing Act
- 1944 GI Bill
- 1967 Interstate 40 construction through North Nashville

Data: Tell us facts about the death scene

Meaning we assign to those facts: Tells us about ourselves

The roots of systemic oppression: Tells us about the intentional and systematic conditions that were created and that continue to be perpetuated
Affordable housing crisis:
- Available for-sale inventory for 1.7 months;
- Average monthly rent ↑ 56% (2011 – 2017) from $897 to ~$1,400/month

Gentrification
Wage Stagnation (~salary of $80,548)
Public Transportation
Infant Health Equity Movement 2016 - 2018

“Everyone sees the ambulance come up here to get the dead babies. When are you going to start doing something?”
~ Resident quote from 2016 community conversation

- Review of PPOR data and sharing with grass-tops organizations in community (dinner 3 nights/month)
- Trained property maintenance workers in Direct On Scene Education (DOSE) (infant safe sleep)
- Showed up for community night activities (Being present with community without a stated agenda to build trust)
- Shared PPOR data with residents and made a commitment together
Upstream Approach

- **GOAL:** MPHD will approve and implement an equity-based process for authentic community engagement by June 30, 2019.

- **Institutional** - Health Equity Assessment Team reviewing policies (in process)
  - Initial review with identified opportunities
  - Recommendations to leadership to fill policy gaps

- **Communal** – Develop trusting relationships with residents in Napier/Sudekum communities
  - Being present and learning from women
  - Community Baby Showers, beginning in August 2017
  - Photoshoot with families who delivered May 2018
  - Safe Sleep ambassador training
These art projects tackle community health issues

- July 28, 2018
- Washington Post
- Artist Andrea Chung, “Eeny, meeny, miny, moe” exhibit

Andrea Chung's "Eeny, meeny, miny moe" features a mobile in the shape of Interstate 40 and baby bottles made of sugar, salt, and lard that are suspended over a crib.

(Credit: Andrea Chung)
Infant Health Equity Movement 2016 - 2018

- 24 months, 31 full term, healthy birth weight African American infants
- Financial investment: Time, food, compensation for resident time (~$2,500); Clinical cost savings/ROI: 92%
- *100% African American Infant Vitality; ONLY African American community with 100% infant vitality*
- Replicating relationships in next community (Cumberland View)
- Largest Affordable Housing provider to create the “Mommy and Me Village” (“Family and Me Village”) to set aside 2+ bedroom housing stock specifically for expectant families and families with infants < 6 months of age.
- Leveraging our federal healthy start project, Nashville Strong Babies for housing opportunity (2020).
Special Recognition Grass-tops Team

• Sarah Bounce, Health Equity Coordinator
• Gianna Hanson, Community Champion
• Dr. Raquel Qualls-Hampton, Chief Epidemiologist
• Dr. Kimberlee Wyche-Etheridge, Content Expert
• Lillian Maddox-Whitehead, Tobacco Control and Prevention Director
• Tamara Currin, March of Dimes (Tennessee)
• Trevor Crowder, Fetal Infant Mortality Review
• Chemyeeka Tumblin, Preconception Health Strategist
Community Residents and Health Officials celebrate more first birthdays. - Nashville is best place for babies to be born.

NASHVILLE, Tenn. (WKRN) - Tennessee is one of the unhealthiest places for a baby. The state has more mothers who smoke and eat poorly, leading up to and during their pregnancies.

That's the reason the Metro Public Health Department held a problem-solving workshop Friday. Leaders from Tennessee State University College of Health Sciences and NashvilleHealth attended. Pediatrician and health professionals were also there.

They discussed ways to reduce infant mortality in Nashville over the next three years based on local and national expert recommendations.

In 2014, the city's infant mortality rate was 8.2 per 1,000 live births. It's now closer to 10 per 1,000.
D’Yuanna Allen-Robb, MPH
Director, Maternal Child and Adolescent Health

dyuanna.allen-robb@nashville.gov
Questions

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NCFRP is on Social Media: NationalCFRP
THANK YOU!

Additional questions can be directed to: info@ncfrp.org