



**NATIONAL CENTER
FOR FATALITY REVIEW & PREVENTION**

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Greetings from the Director

by Teri Covington

Dear friends,

We have a very busy Spring at the National Center, helping to rebuild teams, working with new program leaders, designing the new FIMR reporting module, helping to build networks and engaging with national partners. We had our first National Advisory Committee meeting in March. We had over 50 attendees from national organizations and federal agencies representing a wide swath of persons committed to improving MCH, youth, and family health and safety. Partnerships are being forged that we hope will engage national organizations in supporting your reviews and in using your review findings to influence national policy and practice. One example is the engagement of NFIMR with the CPSC as demonstrated below in the letter to you from CSPC Commissioner Robinson. Another is the Center's partnership with SAMHSA. We presented CDR suicide data at the annual Garrett Lee Smith grantee meeting and encouraged grantees to reach out to their state and local CDR teams. We also



made a presentation to the Indian Health Service Injury Prevention Directors, encouraging them to engage with their state and local CDR and FIMR programs.

We know many of you slow down the pace of your review meetings over the summer. We hope you take the time to relax, spend time with friends and family, roast a few marshmallows, and reenergize your spirits to continue your important work in understanding and preventing fetal, infant and child deaths.

All the best,

Teri



MESSAGE ABOUT FIMR AND CPSC FROM COMMISSIONER MARIETTA ROBINSON U.S. CONSUMER PRODUCT SAFETY COMMISSION^[1]

Reporting product-related injuries and deaths to the U.S. Consumer Product Safety Commission (CPSC) is critically important to help prevent future injuries. The CPSC's work to ensure the safety of consumer products—such as toys, cribs, power tools, cigarette lighters, and household chemicals—has contributed substantially to the decline in the rate of deaths and injuries associated with consumer products over the past 40 years.

CPSC data concerning product-related medical incidents, injuries, and deaths drive virtually all product-safety decisions being made in this country by everyone from industry and consumer groups to other federal agencies, such as the Department of Health and Human Services and the National Highway Traffic Safety Administration.

One of our most important sources for obtaining incident data is www.SaferProducts.gov. The website was authorized by Congress in 2008, went live in 2011, and, over the past few years, has become increasingly easy to use. To date, we have received tens of thousands of reports, and over 25,000 are publicly available and searchable.

Conspicuous by their virtual absence in reporting product-related injuries to our website are members of the public health community. We are trying to correct that deficiency by informing this community of our reporting website and the critical need for such reports, knowing that we share the goal of preventing unnecessary injuries and deaths.^[2]

As FIMR participants, you may find yourselves investigating deaths that are related to consumer products. These may include deaths in cribs or other infant sleeping environments, including those related to asphyxia involving a mattress or a crib bumper; or falls, poisonings, entrapments, or strangulation deaths that involve a consumer product in some way. In these cases, it is critically important to notify the CPSC of this incident, whether you believe the product "caused" the death or not, so that our internal experts may evaluate the incident and determine whether a product hazard or defect was at play. If we find such a hazard or defect, the CPSC may be able to take action, whether by initiating a

recall, or working to improve voluntary or mandatory standards that can mitigate the risk. But first, we need to know about the incident, and that's where you as a FIMR participant can make sure that we do.

There is also a benefit to the public-health community. As long as the reports contain certain minimum information required by law and the submitter consents, the reports are publicly searchable approximately fifteen business days after the report is submitted. You may use the database to search for similar injuries, incidents, and deaths and to identify trends in your particular practice or geographic area.

I want to personally thank you for your time, energy, and dedication as FIMR participants. Your passion to reduce fetal and infant deaths is admirable and inspirational.

Reporting data is easy!

Go to www.SaferProducts.gov and fill in the electronic form online. The electronic form will require you to provide some information about the type of product involved and takes only a few minutes to complete. You will be given the opportunity to register with CPSC when you begin. If you register, you will be able to save your electronic form so you may come back and complete it any time within the next 30 days.

MARIETTA ROBINSON, COMMISSIONER

Note: Commissioner Robinson's comments directed to FIMR participants are also applicable to CDR participants.

[1] Marietta Robinson is a Commissioner at the U.S. Consumer Product Safety Commission. The thoughts and beliefs articulated in the article are entirely her own and in no way reflect the positions, opinions or statements of the CPSC or its staff. If you have any ideas, thoughts or questions about this topic, she may be reached at MRobinson@cpsc.gov. To read more about data, please see Commissioner Robinson's statement, [It's All About the Data!](#)

[2] Also note that the CPSC is a public health authority as explained in 45 CFR 164.512(b)(1)(i). The disclosure of protected health information to a public health authority is a permitted disclosure under the regulations promulgated by the U.S. Department of Health and Human Services, Standards for Privacy of Individually Identifiable Health Information at 45 CFR 164.502(a)(1)(vi) in connection with the Health Insurance Portability and Accountability Act of 1996.

NEW FATALITY REVIEW COORDINATORS

Welcome to new coordinators:

Megan Kimberly, FIMR State Coordinator, Utah

Andrea Filio, FIMR State Coordinator, Ohio

Trebor Randle, CDR Coordinator, Georgia

Let us know of new FIMR and CDR leaders in your state.

FIMR IN ACTION

by Jodi Shaefer

Maternal and Family Interview Module: The Center's FIMR folks at ACOG are proud to announce the launch of their new Maternal and Family Interview Module which is located on their website www.nfimr.org. This one hour, online module is designed to provide basic information on maternal interviews and to expand the skill set of FIMR coordinators and interviewers. The content of this program includes an overview of the FIMR process, strategies to locate and interview mothers, grief support, and self-care for the interviewer. The FIMR process for maternal mortality review and FIMR/HIV is also included in this module. These online materials use an interactive format with tips for success from current maternal interviewers. The program is intended to be an overview of the interview process, and the user is directed to additional resources that provide more depth. This tool will be vital to those who work in grief and bereavement services. Please forward this announcement to your local FIMR programs and staff.



FIMR Training in Texas: On May 25-26, 2016, the Center provided San Antonio Healthy Start with FIMR training. The two-day agenda was packed. Topics included an overview of the FIMR process, a discussion on how to conduct maternal interviews, mock case review and community action team meetings, and a demonstration of the database system. Presenters included Jodi Shaefer, Hanan Abdulahi, and Esther Shaw from the National Center; Patt Young from California; and Bunnoi McDaniel from Dallas, TX Healthy Start. The San Antonio Healthy Start community and supporters are enthusiastic and excited about starting the FIMR program.



San Antonio Healthy Start and other interested parties showed up in force for 2-day training

WHAT'S NEW IN CDR

CDR regional meetings: Child Death Review Regional Coalition Meetings have been held in the Western and Southeast regions. The highlights of these meetings are always the networking opportunities - coordinators are eager to share ideas and experiences with others doing the same job they are - but there were other highlights as well.

In the Southeast meeting, subcontractor Patti Schnitzer, who is heading up the Center's data quality initiative, described the initiative, with participatory polling by the attendees on their phones. It was a great way to illustrate common questions that come up when users enter data into the system. Abby Collier, who is both the CDR and FIMR coordinator in Wisconsin and a subcontractor with the Center, also attended the Southeast meeting to talk about her Center work promoting CDR and FIMR collaboration. Finally, Meghan Faulkner of the Center described the Sudden Death in the Young Case Registry.

The Western meeting had presentations by Coalition members on Data Quality Control with CDR Teams, Training and Motivating Local Teams, Turning CDR Recommendations into Action, ACES (Adverse Childhood Experiences) Work in Washington State, and the Washington State Suicide Prevention Plan.



Western Coalition members gathered in Seattle

Meetings for the New England and Mid-Atlantic/Midwest regions will be held later in June.

Alabama CDR: The Alabama Child Death Review System collaborated with many of its long-time strategic partners, most notably the Alabama Suicide Prevention and Resource Coalition, to support the passage by the Alabama Legislature of the Jason Flatt Act, which acknowledges the complexity, tragedy and increase in youth suicide, and requires suicide prevention training for public school teachers. Alabama thus became one of the now 19 states to pass the Jason Flatt Act, which was first passed in Tennessee in 2007 following the death of 16-year-old Jason Flatt in Tennessee. The Act also encourages numerous activities by school systems to reduce suicide. Among them are to foster counseling for suicide prevention; make crisis intervention services and related information available to students, parents and school personnel; increase student awareness of the relationship between drug and alcohol use and suicide; and educate students to recognize warning signs of suicide.

[Click here](#) for or more about the Flatt Act and the Jason Foundation.

**Program Highlight:
Washington DC CFRC**

The Washington DC Child Fatality Review Committee is housed at the DC Office of the Chief Medical Examiner (OCME). It has two case review teams: the Child Fatality Review Committee, which includes Fetal and Infant Mortality Review, and the Developmental Disabilities Fatality Review team, which

**Program Highlight:
Healthy Start Coalition of Miami-
Dade County FL**

Florida Healthy Start legislation provides for universal risk screening of all Florida's pregnant women and infants to identify those at risk for poor birth, health, and developmental outcomes. ALL pregnant women, regardless of their marital, economic or immigration status, are eligible

reviews deaths of adults with developmental disabilities. Currently, legislation is pending to create a Maternal Mortality Review team, and OCME hopes future legislation will add a Violence Fatality Review team and an Elder Fatality Review team. The Child Fatality Review Committee currently focuses on youth homicide and infant unsafe sleep as both are urgent and prevalent issues in the District.

Jenna Beebe, OCME's Fatality Review Program Manager, arrived at the ME's Office in 2015. Her first action was to conduct a needs assessment, which revealed that OCME had no mechanism to engage the community with its concerns and activities other than the public availability of the Committee's Annual Report. So OCME submitted a grant proposal requesting resources for this critical missing piece of the District's fatality review program: an initiative to help the Committee generate more robust recommendations through community engagement. The grant was funded, and in April OCME hired André Mullings to carry out community engagement. André will present highlights of the Committee's Annual Report to each of DC's six Advisory Neighborhood Commissions, and he will probe whether the community is aware of the statistics about unsafe sleep deaths and youth homicides and aware of the risk factors and prevention opportunities these deaths represent. He will ask each ANC and its members what they think the OCME Child Fatality Review Committee should do to prevent further deaths. OCME will then fold the community feedback and recommendations into its Annual Report. The hope is that the enriched Annual Report will prompt discussion among and robust recommendations from the different agencies and the community. Jenna's goal is that this unique community engagement initiative, "will become a

to participate in the Healthy Start program if they are at high risk for a poor pregnancy outcome. Post-partum mothers and their children up to age three are also eligible. The goal of Healthy Start is to reduce infant mortality, reduce the number of low birth weight babies, and improve health and developmental outcomes.



The Fetal and Infant Mortality Review (FIMR) enhances and complements all these efforts. FIMR identifies strengths and areas for improvement in overall service systems and community resources for women, infants, and families. FIMR also provides direction towards changes in service systems and the development of new policies to safeguard them. In Florida's Miami-Dade County, Healthy Start provides targeted support services that address identified risks. One targeted campaign is to decrease preterm births. Amy Olen, the FIMR coordinator and consultant for the Healthy Start Coalition of Miami-Dade, recently coordinated a meeting for professionals and community members about this important topic. Jodi Shaefer also presented on how FIMR can inform practice to address the decrease of preterm births. At an earlier meeting, Amy presented information about the Miami-Dade FIMR process to a new group exploring implementation of a Fetal and Infant Mortality Review (FIMR) program specific to HIV in Miami-Dade County and its use to eliminate mother-to-child transmission.

direct care, to a position as Executive Assistant to the Juvenile Justice Commissioner of New York City, to serving as Director of Programs at Crossroads Juvenile Center in Brooklyn. He wants to combine the

promising practice that people in other states can implement in their areas."

André Mullings brings a long career in juvenile justice and a commitment to trauma informed care to his OCME position. He says he has done pretty much every type of job in juvenile justice, from

(continued at bottom of next column)

data about child deaths that the agencies and OCME review with the knowledge and viewpoints of the community. He believes that only with collaboration among agencies and with community participation can we develop a comprehensive plan to reduce the trauma and risks infants, children, and young people face.

WEBINAR ON CASE REPORTING SYSTEM DATA QUALITY INITIATIVE

Please plan to join us on June 23, 2016 from 2:00-3:00 pm EDT for a NCDR-CRS Webinar. During this one-hour webinar we will introduce the National Center's data quality initiative and address commonly asked questions on how to accurately complete data entry for the CRS. The webinar will be interactive and fun! All CRS users are encouraged to attend. The webinar will be recorded and archived for those not able to attend live.

Registration information will be emailed to all CRS users.

CDR-CRS Version 4.1 Coming Soon!

Version 4.1 of the Child Death Review Case Reporting System will be rolled out to all users in June. Final testing is underway, and we anticipate the release will happen before June 20th. The major change in Version 4.1 is a vast simplification of question E4 of the tool (Investigation section - autopsy assessment), which is being pared down from 155 variables to just 25 variables! Other changes include the addition of some new questions in Section M (SUID and SDY Case Registry).

All users with accounts with the CDR-CRS will receive an email notifying them of the changes in Version 4.1 in advance of the release. **The system will be available except for a short deployment window that will take place early on a weekday morning or on a weekend.** Users will not have to re-set passwords after this upgrade.

Contact the National Center if you have any questions about this free software upgrade.

FATALITY REVIEW TEAMS: STRATEGIES FOR ENGAGING NEW PARTNERS

by Abby Collier, WI CDR and FIMR

The success of mortality review work often hinges on the depth and breadth of partners engaged in our work. We look to our partners to provide us with information about how the death occurred, to suggest potential prevention activities, and to join the community in implementing strategies to reduce future deaths. Often we engage the same group of partners for all aspects of our work. They tend to be the agencies and individuals that we know we can count on to "get the job done." They meet deadlines and see the big picture. It is critical to engage those tried and true partners. However, it is equally important to invest energy and time cultivating new partners.

Finding new partners can be challenging; and once you find them, working with them can feel both exciting and uncomfortable. Below are a few strategies for finding and engaging new partners.

- Have a goal and a clear action plan before approaching new partners so you can fully describe your program and be clear about what you want or expect from the new partner, as well as a clear description of what the partner can expect to gain from participating with your program.
- Think outside your usual partners to identify folks who might be interested in your specific prevention topic. This could include local business owners, elected officials, or community foundations. Cast a wide net to gauge interest.
- Partners are drawn to excited and action-oriented staffs who achieve great results. Build in early successes for new partnerships so that the team and the partners can celebrate the accomplishments.

[Click here](#) to learn more about building effective partnerships through the Centers for Disease Control and Prevention tool, A Structured Approach to Effective Partnerships.

SOLICITING YOUR NEWSLETTER CONTRIBUTIONS

This is your newsletter; we not only want to use it to share information with you, we want it to be a vehicle for you to contribute as well: Let us know what your state/local teams are doing. Let us know about an issue you're struggling with. If you have a comment on or additional information about an article we publish, please let us know, and we'll publish it. Or let us know what you want us to write about.

Health Disparities Work Group

UPCOMING EVENTS

The new Health Disparities Work Group has met once, and it is still in need of CDR coordinator membership - additional FIMR people are of course also welcome. Its goal is to develop specific strategies to improve CDR and FIMR reviews in communities with high health disparities. Contact Hanan Abdulahi at habdulahi@acog.org if you would like to join the work group.

New England Regional CDR Meeting

Hartford CT, June 9-10, 2016

Webinar: Case Reporting System Data

Quality Initiative, June 23, 2016, 2 pm ED.

Registration information will arrive via email to all CRS users.

Mid-Atlantic and Midwest Regional

Meeting, Washington DC, June 26-28, 2016

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