



NATIONAL CENTER FOR FATALITY REVIEW & PREVENTION



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June 2017

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Greetings from the Director

by Teri Covington

June is a month symbolizing youth, high energy, partnerships, and new

beginnings. All the changes happening this month among many state review leaders is true to the meaning of June. We are saying goodbye to early innovators in our field: Lena Camperlengo at the CDC; Ginny Powell, Virginia's fatality review leader since 2001; and Alli Anderson, the CDR Coordinator from Wyoming, who has also been the leader of the Western CDR Region. And we are welcoming new leaders who we know will bring new energy, new ideas and hopefully help us think of new ways to improve our review processes and move us further along in our quest for prevention.



In May, the Center held its annual National Steering Committee meeting. It reaffirmed the value of the many partnerships our review processes have built across the disciplines working in infant, child, maternal and family health and safety. Our plan at the National Center is to work with our national partners to help them better engage their constituencies in your reviews and help support our work; utilize your review data to guide national policies and programs; and share their resources with you to improve your knowledge of the best strategies to prevent infant and child deaths.

We hope you have a great summer: get outside, play often, have a picnic or two and enjoy your friends and families. And please keep an extra sharp eye on all the little ones playing outside to keep them safe!

Teri

NCFRP WEBINARS

Dates/registration to be announced

September 2017:

Substance Use and Fatality Review Part I: Improving our understanding of substance exposed infants and Neonatal Abstinence Syndrome (NAS)

October 2017: Part II: Effective intervention to support mothers and babies impacted by substance use

November 2017: Moving your team from review to action

December 2017: Effective review, partnerships, and actions to prevent child suicide deaths

NATIONAL CENTER LAUNCHES NEW WEBSITE

The National Center announces the launch of its new website, which was revamped to reflect the work the Center does to support and assist CDR and FIMR programs. Please check it out! www.ncfrp.org

 **The National Center for Fatality Review and Prevention**



About Us

Review Programs

News/Events

GINNY POWELL RETIRING

LENA CAMPERLENGO TO LEAVE CDC

One of our greatest leaders in fatality review, Dr. Ginny Powell, is retiring at the end of the month. Ginny has worked with the child fatality review teams in Virginia since 2001, when she joined the Office of the Chief Medical Examiner. She started as Coordinator for the State Child Fatality Review Team, and then moved into the program manager's job for Fatality Review and Surveillance Programs. She provides leadership to Virginia's wide range of public health prevention projects: Maternal Death Review, Domestic Violence Fatality Review, Child Death Review, the Sudden Death in the Young Case Registry, and the National Violent Death Reporting System. Ginny is hoping that Virginia is also going to extend reviews to overdose deaths and suicide deaths.



We are really going to miss Ginny's amazing skill in giving voice to why reviews are important. She is a visionary and always brings a wise, smart and fresh perspective to our efforts to improve review processes. She often participated in our center planning retreats, helping us design our training materials and our materials to improve coordination among review processes. Ginny plans to begin her retirement with trips to the Galapagos Islands and Europe.

Dr. Lena Camperlengo has been a friend of FIMR and CDR for most of her career. Before coming to CDC, she was a home visiting nurse in Florida and participated on a local FIMR team.

She came to the CDC to help build the Sudden Unexpected Infant Death Case Registry nine years ago. The Registry uses CDR data as the foundation for the reviews and funds 16 states and two jurisdictions to review all of their SUID deaths. Most importantly, Lena makes sure that the state grantees focus on partnerships and prevention. Lena helped expand the SUID CaseRegistry into a second project, the SDY Case Registry, in partnership with the NIH and our Center. Seven states and 3 jurisdictions are now funded for SDY.



Lena also helped to conceptualize and obtain CDC funding for the 1000 Grandmothers Project, which was a collaboration between our Center, the International Association for Indigenous Aging, and four tribal communities in the U.S. The project engaged tribal elders in providing safe infant sleep education to young mothers through traditional methods.

Those of you who have been lucky enough to know Lena can attest to her amazing creativity, innovation, ability to engage with partners, and her great sense of fun at work. Lena is leaving the CDC this month to become the Director of Life Sciences with Premier Inc.

Georgia Bureau of Investigation News Release

March 20, 2017

Contact: SAC Trebor Randle
404/693-4717

State Agencies Utilize New App to Help Prevent and Report Child Deaths

Decatur, GA - More than half of child deaths in Georgia could have been prevented. That is the finding of the Georgia Child Fatality Review Program (GCFR) which evaluates all injury, sleep-related, and unexpected/suspicious deaths involving children who are less than 18 years old.

In an effort to prevent and reduce incidents of child abuse and fatalities in the state, a new mobile app named "GaCFR" is the latest tool launched by the Georgia Bureau of Investigation in collaboration with the Georgia Division of Family and Children Services and the State Office of the Child Advocate. GaCFR app is designed to be a quick resource for families, care givers, support agencies, and law enforcement. Within the app are links to report missing children, report abuse, investigative checklists, and host of other valuable resources.

A free download of the app is currently available for Android, Apple, and Windows operating system devices. Use keywords "Georgia Child Fatality Review" when searching for the app. Law enforcement will need an activation code to access the special features. For more information, please contact GBI Child Fatality Review at ChildFatalityReview@gbi.ga.gov.

The main purpose of GCFR program is to prevent deaths. The mission of GCFR is to serve Georgia's children by promoting more accurate identification and reporting of child fatalities, evaluating the prevalence and circumstances of both child abuse cases and child fatality investigations, and monitoring the implementation and impact of the statewide child injury prevention plan in order to prevent and reduce child abuse and fatalities in the state.

STATE CDR COORDINATORS

Farewell to coordinators:

Virginia Powell, Virginia
Alli Anderson, Wyoming

Welcome to new coordinators:

Dawn Porter, Arkansas
Prema Ray, Maryland
Matt Slanoc, Ohio

FIMR/CDR COORDINATORS

Farewell to Montana FICMMR coordinators:

Marion Kerr
Barb Maus
Rae Brown

Welcome to new Montana coordinators

Patty Rogers
Trish Olson
Linda Gleason

FIMR COORDINATORS

Farewell to coordinators:

STATE

Richa Renade, Maryland
Rhonda Brown, Florida
Katie Gillespie, Wisconsin

LOCAL

Lisa Grice, Chipola FL
Gayle Whatley, Region III AL
Marianna Dailey, Contra Costa CA
Alecia Mathis, Mobile AL
Lois Beverage, Charles County MD
Lori DeVos, Macomb County MI
Allison Tans, Humboldt County CA

Welcome to new coordinators:

STATE

Prema Ray, Maryland
Shawn Meyers and Leah Ludlum,
Wisconsin Co-coordinators

LOCAL

Theresa Harrison, Chipola FL

**Welcome to new FIMR team in
Dayton, Ohio**

Greg Dixon, Memphis TN
Denise Peele, Mobile AL
David Pratt, San Bernardino CA
Lilia Cortez, Placer County CA
Faith Knoll, Macomb County MI
Tiffany Terry, Dayton OH
Linda Williams, Charles County MD

We rely on you to let us know of departing and arriving coordinators, and we appreciate it when you let us know. Thank you!

YOUR CDR-CASE REPORTING SYSTEM

Version 5.0 due in early 2018

As you no doubt know, the data analysts at the National Center (Heather Dykstra, Esther Shaw, and Erik Buczkowski) have been working hard to prepare Version 5.0 of the Case Reporting System. While there will be a number of updates and improvements, the primary change will be an expanded module for use by FIMR teams.

Some FIMR teams already using CDR-CRS

A number of FIMR teams and programs have a head start on FIMR data entry because they are already using the National Center's Case Reporting System to enter data about their cases. They are using either the Infant Enhancement Module, a module added in 2015 that added a number of infant-related questions, or the current preliminary FIMR database module. They will be ready to use the enhanced FIMR module that Version 5.0 will offer. The programs currently participating are the states of Delaware, Michigan, Mississippi, New Jersey, and Tennessee, and the counties of San Antonio (TX), Elkhart (IN), St. Joseph (IN) and Geary (KS).

If your team or program wants to begin using the Case Reporting System for data entry after your reviews, either now, through one or both of the smaller modules,

CDR-CRS Tip:

When should we enter "Unknown"?

Do you know when you should mark a question as "Unknown" versus leaving it blank in the report tool? A question should be marked "Unknown" if an attempt was made to find the answer but no clear or satisfactory response was obtained. A question should be left blank if no attempt was made to find the answer. For example, for question C15, "At time of incident was supervisor impaired?" the response options are "Yes," "No," or "Unknown." If the review team attempted to obtain this information, the attempt was discussed but nobody was able to obtain it, then "Unknown" should be noted in the report tool. If during the review, the team cannot come to consensus about an answer, go ahead and mark "Unknown" to the question.

Get your Version 4.1 forms now!

We have numerous paper forms of Version 4.1 of the Case Reporting System. Contact [Nanette Richards](#) if you would like us to send you some. When Version 5.0 launches early next year, they will become obsolete, but you can use them until then.

ALL DELAWARE BIRTHING HOSPITALS HAVE BEEN AWARDED NATIONAL SAFE SLEEP CERTIFICATION

In 2016 there were more than 10,000 births in the State of Delaware. As of March 2017, all seven birthing hospitals in the state have received Cribs for Kids® National Certification in Infant Safe Sleep. This is a major milestone in the effort to reduce the number of unsafe infant sleeping deaths in the state.

Delaware has been a Sudden Death in the Young Case Registry grantee since 2014. One of the goals that the state hoped to accomplish through the program was that every hospital in the state would apply for and receive National Certification in Infant Safe Sleep through the Cribs for Kids® Program. Cribs for Kids® provides accurate and consistent information to hospital personnel on infant safe sleeping and enables hospitals to implement and model infant safe sleep practices throughout the facility, all of which supports hospital staff members as they emphasize to parents the importance of infant safe sleep.

The requirements to achieve one of three levels of certification include: developing a safe sleep policy statement, training of staff, education of parents, replacing regular receiving blankets, and affiliating with or becoming a local Cribs for Kids® partner. By making the effort to become certified, a hospital demonstrates a commitment to community leadership for best practice and education on infant safe sleep safety.



Congratulations to all the hospitals and a huge thank you for their commitment to reducing the mortality rate in Delaware! And thank you to the Delaware CDR and FIMR staff who worked so hard to reach this goal!!

Prevention Initiatives: Drowning in Open Water

In April the National Center hosted a webinar on [drowning/prevention](#). Speakers Angela Steele of Safe Kids Worldwide and Dr. Elizabeth Bennett of Seattle Children's Hospital highlighted drowning statistics, identified protective factors, and shared policies and intervention strategies shown to reduce drownings of children. Here are a few ideas and references for initiatives to promote open water safety, several of them from Seattle/King County WA.

- International Life Saving Federation's [Open Water Drowning Prevention Guidelines](#)
- Life Jacket Loaner Programs: The U.S. Army Corps of Engineers facilitates [Life](#)
- Make open water beaches safer. Open Water Drowning Prevention Policy Strategy: Safer Water Recreation Sites.
- Close dangerous water areas to swimming. We wrote in the last issue of the newsletter about a Montana CDR team that worked successfully close a dangerous part of a river to swimmers. The Seattle/King County CDR team also sought successfully to close a ship canal to swimming.
- Develop simple messages for parents regarding misconceptions about drowning and about the importance of constant supervision. See ILSF [Open](#)

Jacket Loan Programs in beach areas as well as for boating (e.g., Washington State loaner life jacket program).



- Water Drowning Prevention Guidelines.
- Work to promote water competency for all children and to reduce barriers to accessibility: Water competency can make the difference between drowning and not. But swim lessons are not always offered in schools, and there is unequal access to public pools and lessons for children of all races and family incomes. Everyone Swims is an initiative in Seattle/King County to increase access to swim lessons and water recreation by culturally diverse and low income children and families. Tool Kit for Everyone Swims.

FIMR TEAM'S UNIQUE CELEBRATION

Patti Shearin of the Tarrant County (TX) Health Department is the coordinator of the county's FIMR program. When she came to the job in April, she quickly realized how hard it is to be a FIMR team member: "Being a part of the FIMR team and reading about and/or visiting with parents who have suffered a perinatal loss can be emotionally taxing and will take a toll on a person's health if left unchecked." Patti also knows how hard the volunteer team works and wanted to show her appreciation in a way that would be different, fun, and entertaining. The result: a pirate themed meeting.

Patti looked at Webster's definition of a Crew - a specialized staff on a craft or ship who are assigned to a particular task. Patti thinks this is a perfect description of a FIMR team, so she invited her crew to "Smooth Sailing in 2017."



All snacks and refreshment were renamed as pirate food, and the event began with an icebreaker to identify participants' "pirate names." This was followed by a game

FIMR Regional Support Network Established

There have been many requests from the 175 local FIMR programs in 29 states, DC, and Puerto Rico for peer to peer support across FIMR sites. So, building on a highly successful tradition in the CDR world, the National Center divided FIMRs into 5 regions (West, Central, Midwest, South, and Atlantic) and has begun to hold regional technical assistance and support conference calls with them. The purpose of the regional support network is to:

- Create a "virtual" learning collaborative around FIMR and infant mortality reduction issues by region
- Strengthen support available to local and state FIMR coordinators and team members
- Exchange information
- Share successes
- Do mutual problem solving

Local FIMR coordinators have been stepping up in the regions to lead the calls and set the agendas. The first round of calls was in January and April; the next round will be scheduled for July. Watch

based on a fairy tale titled Sav-R-Babies; a team building exercise called "Lost at Sea;" and Pirate Jeopardy. Each team member left with a Buried Treasure, a "sack of gold" with either gold coins/tokens or a restaurant gift card.

The crew says the event was the most enjoyable and unusual work meeting they ever attended, and they are eager to make 2017 the most successful and productive year ever.

your email for meetings dates and times, TBA!

There are many more details of the pirate party that Patti is happy to share with others. She can be contacted at: PAshearin@tarrantcounty.com.

Awesome job, and thanks to Tarrant County for sharing!

NATIONAL STAFF OUT AND ABOUT

The National Center is funded to provide technical assistance, training, database and support, webinars, and other digital and printed resources to CDR and FIMR programs across the country. We are always available by phone and email; we can do webinars for your state and/or local teams on any number of topics; and we can travel to your state for state training or consultation, within budget limits. The following are examples of where we've been since the last newsletter:

- Teri Covington traveled to **Alaska** to consult on an upcoming Child Maltreatment Project.
- Abby Collier went to **Kentucky** for consultation on providing best practices for reviewing child maltreatment deaths and provided death scene investigation training at the coroner's conference and trained Kentucky's Western Region CDR teams on using CDR data to drive prevention recommendations and on steps to an effective review
- Abby also traveled to **Texas** to present on CDR and FIMR collaboration at the statewide meeting of local CDR teams.
- Next, Abby traveled to **Tennessee** for a statewide FIMR coordinators meeting where she presented on CDR and FIMR collaboration, and then attended a statewide meeting of local CDR teams where she provided an update on the activities of the National Center and on using CDR and FIMR data to address health equity issues.
- Rosemary Fournier met in **California** and continued her ongoing TA and consultation with the **7 Pacific Island nations** and the **US Virgin Islands**, exploring FIMR/CDR start up. which are starting FIMR/CDR teams. She also held a day long statewide FIMR coordinators meeting with the 16 California teams and presented on FIMR basics and advanced issues in infant mortality reduction.

Building Ties with Healthy Start

One of the National Center's priorities is to forge ties with Healthy Start, both nationally and locally. Rosemary Fournier from the National Center; Peggy Vander Meulen, Strong Beginnings Healthy Start, Grand Rapids MI; Arletha Howard, Delta Partnership Healthy Start, Mississippi; Yvonne Beasley, Indianapolis Healthy Start; and Estrellita Berry, REACHUP, Inc., gave a session on the topic *Demonstrating Healthy Start Use of FIMR to Drive Community Action* at the Annual National Healthy Start Association Spring Conference held in Washington DC. April 1-5.

- Center staff provided the **Michigan** CDR State Advisory Board with an update on Center activities and an overview of the status of CDR and FIMR in the US.

NEW RESOURCES FOR THE FIELD

[A Report on the Status of Child Death Review in the U.S. in 2016](#)

[A Report on the Status of Fetal and Infant Mortality Review in the U.S. in 2016](#)

Webinar: State Child Death Review Advisory Boards: Strategies to make them effective in preventing deaths. May 10, 2017.
[Archived on website.](#)

Effective Reviews of Sudden & Unexpected Infant Deaths, 10" x 3 1/2" bookmark-like flyer. Available for order.



Hard copies of NCFRP publications can be ordered online or at 800.656.2434.

UPCOMING EVENTS

Safe States Alliance 2017 Annual Meeting, Aurora CO, September 12-14

Innovations in Injury Prevention Science, Society for Advancement of Violence and Injury Research (SAVIR) 2017 Conference, Ann Arbor MI, September 18-20

2017 CityMatCH MCH Leadership Conference & Healthy Start Convention, Nashville, September 19-20

Creating the Healthiest Nation: Climate Changes Health, APHA 2017 Annual Meeting, Atlanta, November 4-8

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NATIONAL CENTER MAILING LISTS

You can join the **Child Death Review Listserv** and/or the **Fetal and Infant Mortality Review Listserv**. If you join either, you'll also receive the newsletter. Or you can choose to receive the newsletter only, and you can change any selection any time by contacting info@ncfrp.org.

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JOIN FIMR LISTSERV

**If you have comments, suggestions, or questions about this newsletter,
contact Linda Potter: lpotter@mphi.org.**

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