

Saving Lives Together

November 2018

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Greetings from the Staff



Dear Friends and Colleagues,

Partnerships are such a critical component of our work in fatality review. We rely on community volunteers to be a part of our fatality review teams, to help us with data to tell the story of each infant and child's death, and- most importantly- to partner on prevention activities and initiatives to prevent future deaths.

The World Health Organization defines Partnership as: ***"A collaborative relationship between two or more parties based on trust, equality and mutual understanding for the achievement of a specified goal. Partnerships involve risks as well as benefits, making shared accountability critical."***

In the spirit of partnership, the National Center for Fatality Review and Prevention is pleased to announce new contractual partnerships with CityMatCH, the Association of Maternal & Child Health Programs (AMCHP), Johns Hopkins Center for Injury

Research and Policy, and Safe Kids Worldwide under its newly-funded cooperative agreement with the Health Resources and Services Administration (HRSA).

[CityMatCH](#) is a national organization of urban maternal and child health leaders that works toward strengthening public health leaders and organizations to promote equity and improve the health of urban women, children, and communities. They will be consulting with the National Center to ensure a health equity framework is effectively integrated into all of our materials and trainings. [AMCHP](#) is a national resource, partner, and advocate for state public health leaders and others working to improve the health of women, children, youth, and families, including those with special health care needs. AMCHP will provide maternal and child health (MCH) epidemiology support to FIMR and CDR programs, and will prioritize increasing effective collaboration with Title V and maternal mortality review processes. The [Johns Hopkins Center for Injury Research and Policy](#) will develop and facilitate an online course specifically for CDR coordinators focused on translating data to recommendations, and finally, to meaningful action to prevent future child deaths. [Safe Kids Worldwide](#) will work with the National Center to identify 3-5 pilot states to focus on enhanced collaboration between the CDR program and the Safe Kids Coalition, as well as collaborating with the National Center to create injury prevention-focused publications.

We are confident that the experience, expertise, and innovative approaches taken by these organizations will greatly benefit the Child Death Review (CDR) and Fetal and Infant Mortality Review (FIMR) programs whose work the National Center supports. For the full partner announcement, please visit our [website](#).

Warmest Regards,
Rosemary
FIMR Director

Upcoming Events

WEBINAR



Using Population Data to Complement Fatality Review Data: An overview of CDC Wonder and Perinatal Periods of Risk (PPOR)

November 14th, 2018 2pm-3pm EST

Join national experts from CDC and CityMatCH to learn how population-level data can enrich fatality review findings and help guide prevention recommendations.

[Click here to register!](#)

CONFERENCE CALLS

Field Notes

Highlights from state and local programs

Michigan CDR streamlines death certificate distribution

Thanks to a generous federal grant provided to the Michigan Department of Health and Human Services Division for Vital Records and Health Statistics, the [Michigan CDR program](#) will now receive electronic death records from the state. The new process went live in September.



The Michigan CDR staff receives real-time death reporting from Michigan's Electronic Death Registration System and distributes these records securely to local CDR and FIMR coordinators to support their reviews. This is a marked improvement over the analog process that was in place prior to the launch. Michigan has 77 local CDR teams and 12 local FIMR programs across the state. Since the launch, 225 deaths of individuals under the age of 19 have been sent to Michigan CDR for distribution and consideration for fatality review.

Heidi Hilliard, Michigan's CDR coordinator is thrilled. "I can't explain enough how much of a quantum leap this is for the involved staff, locals, and the project as a whole."

FIMR team finds creative solution for funding maternal interview thank you gifts

Many FIMR programs consider the maternal interview to be a cornerstone of effective review. Maternal interviews reveal the mother's perspective on her baby's death and provide a window into her life, shedding light into the maternal and child health systems in the community. The interview provides community-specific information that vital statistics cannot, and has proven to be crucial for changing communities for the better.



Every Baby Deserves a Healthy Start

The [FIMR program of the Healthy Start Coalition in Pinellas County, FL.](#), reviews 30% of their fetal and infant deaths annually. They have an interview rate of 35-40% of the women they attempt to interview. FIMR coordinator, Michelle Schaefer, shared that they offer a \$25.00 gift card as a thank you to mothers, out of respect for their time. They have discovered a very creative way to fund the gift cards. "We are able to have this resource by turning our organizations' credit card points into cash to purchase the gift cards or turn the points directly into gift cards," Michelle said. The finance department searched for a credit card that offered reward points. "Credit cards issued by banks were the best choice for us,"

said Schaefer. The points are accumulated by how much is charged to the credit card, so their coalition decided to use one credit card with several main users (director, community liaison, office manager, etc.) and purchase everything with that one credit card in order to secure a “maximum credit limit” necessary for all their purchases.

“This strategy has been successful for us,” says Schaefer, “and we have earned many points throughout the years. While it does take a good deal of organizing among different departments in the startup, once it is all set, it should run smoothly.” In addition to funding the gift cards for the maternal interviews, their program has been able to purchase items for families such as needed baby items.

For more information on maternal interviews and the FIMR process, visit: https://www.ncfrp.org/tools_and_resources/tools-for-fimr-teams/

Kudos Corner

CDR Partners receive national recognition



The National Maternal and Child Health (MCH) Epidemiology Awards recognize individuals, teams, institutions, and leaders for making significant contributions to improve the health of women, children, and families.

This year, Sharyn Parks Brown received the Early Career Professional Achievement Award from the Coalition for *Excellence in Maternal Child Health Epidemiology*. Dr. Parks Brown is the senior epidemiologist for the Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Case Registries at CDC's Division of Reproductive Health. She is responsible for senior-level scientific oversight for

the SUID and SDY Case Registry, which includes providing guidance on a wide range of diverse epidemiological and surveillance topics. She has been a champion for data quality at the Center for National Prevention Initiatives. Congratulations, Sharyn!

Jared Parrish, CDR Coordinator for the state of Alaska, was recently awarded the Outstanding Abstract Award for Scientific Research and Data at the 2018 CityMatCH Leadership and Maternal Child Health Epidemiology Conference in Portland, Oregon. Dr. Parrish's abstract was titled *Exploring the relationship between household dysfunction and contact with child welfare: a prospective cohort study*. Congratulations, Jared!



Data Matters

Data Quality Corner



As part of the National Center's Data Quality Initiative, the Center recently prepared data quality summaries for CDR states with at least 30 deaths entered into the National Fatality Review Case Reporting System (NFR-CRS) in calendar year 2016. The data quality summaries report the percent of missing and unknown responses for NFR-CRS priority variables. The five priority variables with the

highest missing and unknown data are:

1. Child's health insurance (question A15)
2. Supervisor impairment (question D16)
3. CPS action taken because of death (question F16)
4. Protective measures for the child involved in motor vehicle or other transport crash (question H1i)
5. Ignition, heat, or electrocution source (question H2a)

Although fatality review teams may have difficulty finding this information, it is important because it provides insight into the resources available to the family, helps in understanding the overall investigation into the child's death, and is crucial for developing effective prevention strategies. Please contact the [National Center](#) if you need further assistance in helping your teams gather and report on these key variables.

Partner Spotlight

Healthy Start



Healthy Start strengthens communities at the community, state, and national levels to help women, infants, and families reach their fullest potential. Since the program's creation in 1991, Healthy Start has grown from a demonstration project in 15 communities to 100 Healthy Start projects in 37 states and Washington, DC. On September 28, 2018, HRSA released the Notice of Funding Opportunity (NOFO) for competing continuation and

new awards for the five-year project period starting April 1, 2019.

Healthy Start goals include:

- Reduce differences in access to, and use of health services
- Improve the quality of the local health care system
- Achieve collective impact
- Increase accountability through quality improvement, performance monitoring, and evaluation.

Healthy Start sites are asked to consider developing FIMR teams as one of the

core activities in their NOFO application. Collaboration between FIMR and Healthy Start can enhance local activities, improve the way systems respond to maternal child health needs, and align and strengthen prevention activities. If you have questions about collaborating with or starting a FIMR process in your community, please contact [Rosemary Fournier](#), the national FIMR director.

Take a Look

U.S. FIMR Programs Interactive Map

The National Center recently completed an [interactive map and spotlight pages](#) for FIMR programs across the country.



The National Center for
Fatality Review and
Prevention

U.S. FIMR Programs

Status of FIMR in the United States Reports:

Status of FIMR in the US: 2016

Individual State and Local FIMR Programs



Each state that has a FIMR program has a landing page linked to the map, highlighting details of each of the programs within that state. There are currently 175 FIMR programs in 28 states, in addition to the programs in federally-recognized territories..

Resources for Prevention

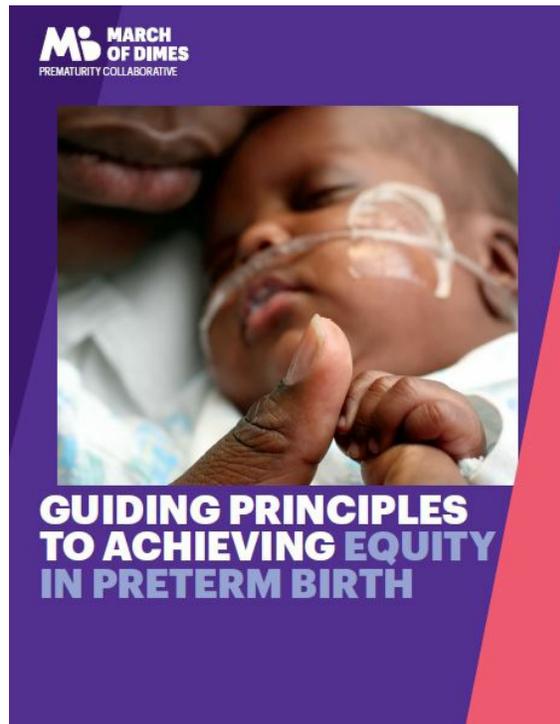
March of Dimes releases guidance to address preterm birth

Preterm birth is when a baby is born too early, before 37 weeks gestation. It is the most common cause of infant death and a significant risk factor for sudden and unexpected infant death (SUID). About 1 in 10 babies is born preterm in the United States.

Any examination of this problem is incomplete without addressing the notable racial and ethnic disparities in preterm birth outcomes. Some minority populations, African Americans and Native Americans in particular, are at far greater risk for preterm birth. Women of color are up to 50% more likely to give birth prematurely.

To help address these disparities, the March of Dimes recently released [Guiding Principles to Achieving Equity in Preterm Birth](#). This resource is an effort to establish a common

understanding of the principles and terms relevant to health equity. The effort was spearheaded by the Health Equity work group of the March of Dimes Prematurity Collaborative. Highlights of the guidance include a overview of health equity as it relates to preterm birth; key health equity terms and guiding principles; and a



glossary of relevant terms.

The National Center endorses the use of this resource by fatality review teams and community action teams as they consider how to effectively address disparities in preterm birth.

National Institutes of Health (2017, January 31). Preterm Labor and Birth. Retrieved October 4, 2018, from <https://www.nichd.nih.gov/health/topics/preterm>

Ostfeld, B. M., Schwartz-Soicher, O., Reichman, N. E., Teitler, J. O., & Hegyi, T. (2017). Prematurity and Sudden Unexpected Infant Deaths in the United States. *Pediatrics*, *140*(1). doi:10.1542/peds.2016-3334

New & Departing Coordinators



WELCOME

- Christina Bootham and Pamela Anderson-Moore, Contra Costa, CA FIMR
- Sonia Gabriel, St. Lucie County, FL FIMR
- Na'shell Williams, Sedgwick County, KS FIMR
- Marishah Frazier, St. Louis, MO FIMR
- Katherine Campbell, Kansas City, MO FIMR
- Diamonel Young, Dallas, TX FIMR
- Jewel Maeda, Utah Department of Health FIMR
- Trista Gilmore, Lincoln County, MT FICMMR
- Yvonne Olson, Fergus County, MT FICMMR
- Julie Rooney, Central Montana FICMMR
- Courtney Grove, Sheridan County, MT FICMMR
- Miranda Creech, Child Fatality Review Program Manager, South Carolina
- Shannon Spurlock, Rhode Island CDR Coordinator

FAREWELL

- Sunday Owevole, California State FIMR Coordinator
- Natalie Berbick, Contra Costa, CA FIMR
- Marie Jorda, St. Lucie County, FL FIMR
- Lauren Rose-Cohen, Columbus, OH FIMR
- Riley Black, Lincoln County, MT FICMMR
- Kathy Anderson, Fergus County, MT FICMMR
- Kathy Jensen, Sheridan County, MT FICMMR
- Annie Silvia, Rhode Island CDR

We rely on state and local coordinators to let us know of arriving or departing

National Center Staff Out & About

Working with programs is the best part of our job.

- Rosemary Fournier attended the Region 3 Healthy Start Meeting in Chicago, IL June 26th with grantees from Kansas, Missouri, Iowa, Oklahoma, Nebraska and Illinois participating in World Café FIMR discussions.
- Abby traveled to Alabama to assist with strategic planning for CDR in early July.
- Patti Schnitzer traveled to Florida in July to provide data quality training.
- Rosemary attended and presented at Maine's Maternal, Fetal, and Infant Mortality Review panel meeting on July 18th.
- Abby participated in the Department of Defense annual maltreatment review on July 19th. She presented at the Federal Interagency Workgroup on Child Abuse and Neglect on July 24th.
- Rosemary helped plan and presented at the Maryland State FIMR Community of Practice annual meeting on August 7th. On the 8th, she attended the Region 5 Healthy Start Meeting in Rockville, MD. Grantees from New Jersey, Maryland, New York, Massachusetts, Connecticut, Pennsylvania, and the District of Columbia participated in World Café FIMR discussions.
- Patti provided data quality training to Arizona CDR partners in August.
- Abby participated in strategic planning with the North Carolina Child Fatality Prevention Program in mid-August.
- The Pacific Island Health Officers Association held their bi-annual meeting in Honolulu, HI, September 3-7. Rosemary was an invited to present on the results of the FIMR CoIN.
- While in Hawaii, Rosemary met with the Hawaii Maternal Infant Child Health Commission leadership and state health department epidemiology staff.
- Susanna Joy participated in the Safe States Annual Meeting in Charleston, SC, in early September. She also traveled to Columbia to meet with coordinator of South Carolina's state-level CDR Advisory Committee.
- Patti presented two posters based on CDR data at the CityMatCH conference in Portland, OR, September 12-14
- Rosemary Fournier presented in two sessions at CityMatCH: "*Using Fetal, Infant, and Child Death Review to Address Disparities and Improve Health Equity,*" and "*Collective Impact through CoIN: The FIMR Process in the Commonwealth of the Northern Mariana Islands.*"
- Rosemary and Abby presented on opportunities for collaboration between CDR and FIMR to the Illinois Child Death Review Teams Executive Council Quarterly Meeting on September 21st.
- Abby traveled to Alaska to participate in their CDR strategic planning in late September.
- Esther Shaw and Abby presented at the SIDS Research Summit hosted by



- Seattle Children's Hospital and Microsoft on October 4th-5th.
- Patti Schnitzer and Heather Dykstra traveled to Maryland in October for data quality training with the state's CDR coordinators.
- Abby presented on writing effective prevention recommendations to the Vermont CDR partners on October 11th.
- Abby and Susanna participated in a workgroup on grief and bereavement at the National Academies of Sciences, Engineering, and Medicine on October 12th.
- Susanna facilitated a consensus workshop focused on data-informed, state-level recommendations for the Alabama CDR program on October 18th.
- Abby met with CDR partners in Pennsylvania the first week of November.
- Rosemary and Susanna participated in Resolve Through Sharing bereavement training in the week of November 5th.

Connect with us!

The National Center is your one stop shop for all things related to your FIMR and CDR programs. Questions? Concerns? An exciting idea? We would love to hear from you!



Center for Fatality Review & Prevention

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National Center for Fatality Review and Prevention
800- 656-2434 | 2479 Woodlake Circle, Suite 340 Okemos, MI 48864 | ncfrp.org

