



NATIONAL CENTER FOR FATALITY REVIEW & PREVENTION

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Greetings from the Director

by Teri Covington

Dear Friends and Colleagues,

We have had a busy summer as we began our second year as the National Center for Fatality Review and Prevention. We have also had some major changes in Year Two. ACOG decided to discontinue its role providing FIMR technical support and training through the Center. We

rapidly hired a new National FIMR Director, Rosemary Fournier, who will be leading all the FIMR support work and helping to build a national network of FIMR leaders. Rosemary has a very distinguished career, managing Michigan's FIMR program of 13 teams for 13 years, and also managing a local FIMR team for five years before her state level work. She also managed a local Healthy Start program for five years. For the past three years, Rosemary has worked with home visiting programs. She is eager to connect with all the FIMR program leaders to offer support, training, and technical assistance.



This Fall we will re-engage with those of you working on two Center work groups, the FIMR Case Reporting System Work Group and the Disparities Work Group.



We hope you all had a good end to summer and begin the Fall Season renewed and eager to continue helping move your CDR and FIMR teams to action. As always, please stay in touch with us and contact us for any training or technical assistance needs.

All the best,

Rosemary Fournier

Teri

Q AND A ABOUT THE NEW STRUCTURE FOR PROVIDING FIMR TA AND TRAINING

We've received questions about the changes to how the National Center provides services to FIMR programs. We've put together answers to [Frequently Asked Questions](#) about the new structure. Contact [Rosemary Fournier](#) if you have additional questions.

JAPANESE REPORTERS STUDYING U.S. CHILD DEATH REVIEW

Over the past few months, two reporters from Asahi Shimbun, one of Japan's largest newspapers, have been traveling throughout the US to learn more about the CDR process. Japan currently only conducts limited reviews of child abuse deaths at the national level.



There has been a working group of pediatricians in Japan working to expand this process to one with CDR teams throughout the prefectures (states) in order to review all possible preventable deaths.

interpreters to visit review programs in Washington DC, Baltimore, North Carolina, Pennsylvania, Oklahoma, Texas, and Wisconsin. They are emphasizing in their stories the efforts resulting from the reviews to prevent child deaths.

Hiro and Maki anticipate that the paper will publish a long series of articles resulting from their visits, and at the end of August the newspaper published the first series of articles as a full



Hiro Itabashi

Two reporters, Maki Okubo and Hiro Itabashi,

have traveled with their US-based

two-page spread. They hope it will lead to national legislation to establish a comprehensive review system in Japan.

FATALITY REVIEW COORDINATORS

Farewell to the following coordinators:

Paula Bauch, CDR, New Mexico

Anne Marie Silvia, CDR, Rhode Island

Adrienne Green, CDR, Oregon

Welcome to new coordinators:

Susanna Joy, FIMR, Michigan

Shannon Spurlock, CDR, Rhode Island

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

REPORT RELEASED FROM NATIONAL COMMISSION TO END CHILD ABUSE AND NEGLECT FATALITIES

Following two full years of public hearings, reviews of research, and long deliberations, the 12-member National Commission presented its final report to Congress and the White House this past March. The report, *Within Our Reach, A National Strategy to Eliminate Child Abuse and Neglect Fatalities*, has at its core the finding that child maltreatment fatalities cannot be prevented unless they are addressed through a comprehensive, multi-systems approach that identifies and protects children in immediate harm's way but also provides a wide safety net for families and children at risk of maltreatment. The report provides some information on children most at risk but is clear that much is not known and more resources are needed to better research the populations most at risk. The report recommends that states receive federal funding to conduct a five-year retrospective case level review of all fatal child maltreatment and that the findings become the heart of state plans to prevent fatal maltreatment. It also supports reviews of serious injuries. The report also recommends that a national child maltreatment fatality surveillance system be developed using Child Death Review data, in addition to improving the CAPTA National Child Abuse and Neglect Data System.



There are now on-going efforts to move the recommendations to action. The National Coalition to End Child Abuse Fatalities has reconvened to advocate for national attention to the recommendations. The Casey Family Foundation is staffing a person at the National Children's Alliance to track outcomes from the report and to help states implement recommendations.

If you want more information about the process or the report, please contact the Center Director, Teri Covington, who proudly served as one the 12 Commissioners.

COLLABORATION BETWEEN CDR AND FIMR

by Abby Collier

Building, enhancing and sustaining collaboration in their states and communities is at the core of CDR and FIMR work and is one of the most rewarding, yet challenging, aspects of our work. And although CDR and FIMR utilize different processes and formats, at the core of both programs is the same goal, communities in which children and families are healthy and safe; and much is to be gained from collaborating between the two processes.

For the past 15 months, the National Center has dedicated significant resources to facilitating and improving collaboration between CDR and FIMR programs across the country. There are many different ways for CDR and FIMR teams to collaborate; in fact, there is no right or wrong way. The Center's technical assistance on this effort focuses on learning what individual states and local communities want for collaboration and then working with them to create a roadmap to get there, and later this year, the Center will issue a Guidance for teams seeking more collaboration. Below are a few examples of how CDR and FIMR teams work together in the U.S.

- In Indiana, local CDR and FIMR teams had the opportunity to meet together to identify ways to collaborate. One community decided to work with local hospitals so that medical records only had to be requested once. The goal of this collaboration was to streamline processes for the CDR and FIMR team coordinators as well as local partners.
- In Montana, one team reviews all fetal, infant, child and maternal deaths. This allows for communities to track trends across the lifespan as well as maximize resources.
- In Tennessee and Ohio, CDR and FIMR are housed in the same agency at the state level. This allows for significant collaboration at the state level, especially around prevention.
- In Michigan, many CDR and FIMR teams work together to identify cases in order to reduce duplication and increase efficiency.

If you are interested in exploring and enhancing collaboration between your CDR and FIMR, NCFRP staff is here to help. Contact [Abby Collier](#).



Southeast Area Health Education Center steps up to warehouse and distribute donated safe sleep environments

THANK YOU TO CDR/FIMR SAFE SLEEP ADVOCATES FOR HELP AFTER BATON ROUGE FLOODING

The recent flooding in Southern Louisiana prompted a call to all CDR and FIMR folks for any help they could provide to facilitate donation of cribs/Pack 'n Plays and Baby Boxes for displaced families with infants. A message from Louisiana follows.

Hey y'all!

Just wanted to include a note of appreciation to all those who offered love and support to Louisiana over the last few weeks. The way you all rallied around our families was tremendous. I know that many of you have visited us or have family from our great state, and you probably know that this is a hard time of year for Katrina veterans like myself, some of my teammates, and countless flood survivors who believed they were moving to higher ground when they relocated to Baton Rouge after Katrina. The eleventh anniversary of Katrina's landfall was just yesterday, and much of the sensory experience around this time of year is too familiar. Even though we know that disasters are always terrible and the events couldn't be more different, we find ourselves mourning double time as we help our neighbors sort through piles of their lives, smelling flood and sagging under the August heat. It's not over, but we're thanks to y'all we're on our way.

So, to those who took time out of their day to draft fabulous flyers on the fly (Rachel in TN, I'm looking at you!), helped me write when my brain was too overloaded to string together a sentence (Linda!!), or made donations of money or portable cribs (the list is too long to include here, but you all are AMAZING) we really, truly thank you from the bottom of our hearts. We're including some pictures of our team unboxing some baby boxes from The Baby Box Co. to be distributed to families who lost their safe sleeping environment in the flood. We hope this warms your heart as much as it did ours.

Robin Gruenfeld, Louisiana FIMR and CDR Coordinator



Melissa Waddell & Jennifer Johnson assemble boxes for delivery to shelters

HIGHLIGHT: FIMR TEAMS IN KALAMAZOO AND COLUMBUS

For this issue, we talked with two county FIMR coordinators, one in Michigan and one in Ohio. The Michigan team has been around for 20 years, the Ohio one for only 2+. But each is deeply engaged with its community on activities to reduce infant mortality, each is partnering in unique ways to enhance its work, and each is also working collaboratively with its CDR team. We are pleased to share highlights of their work.



FRANKLIN COUNTY OH FIMR

In May, 2015, Dean Curtis, the son of Leslie and Adam Strader of Columbus OH, was stillborn. The family, as part of its grieving, launched a Go Fund Me Campaign to fund 5 Cuddle Cot units to area birthing hospitals. Cuddle Cots are cooling units to cool bassinets or other hospital cribs to slow down postmortem effects and allow parents time to be with their babies and not be rushed to say goodbye. The idea was taken up by other families and the Columbus Foundation, and a number of additional Cuddle Cots were donated. The Foundation wanted to ask families who had experienced a loss whether they wanted one of the cots donated in honor of their baby.

The Franklin County FIMR contacted families with whom they had maternal interviews, and two families were thrilled by the offer, and the units were donated in an emotional celebration attended by the families or the honored babies, hospital representatives, and others. One father told Lauren Rose-Cohen, Franklin County FIMR coordinator, how much the donation and plaque mean to him: "I never thought anyone would ever say my son's name."

The Franklin County FIMR started work in January 2014. It came into being at a critical time in Franklin County, which had just begun a major initiative to reduce its infant mortality. It held 6 widely attended public meetings and numerous expert speakers from various places and with various expertise to present knowledge about promoting maternal

KALAMAZOO COUNTY MI FIMR

The Kalamazoo County FIMR team began in 1997 when Healthy Start arrived in the County. Over the years, its activity level ebbed and flowed, but recently it has found new life through a variety of means. First, the team's coordinator, Deb Lenz, initiated a partnership with Dr. Catherine Kothari, Assistant Professor, Division of Epidemiology and Biostatistics, Western Michigan University Homer Stryker MD School of Medicine. In consultation with Dr. Kothari, the team has been revamping the FIMR process to look at what's happening with fetal and infant deaths, how to make changes, and how to find funding for taking recommendations to action.

The partnership with Dr. Kothari has been very fruitful. Not only is her expertise informing the growth of the FIMR team, the team and she are collaborating on research, conducting trend analysis and looking at factors and social determinants of health that contributed to the deaths they review.

Another beneficial partnership for the FIMR team is with Kalamazoo College, a private college. A representative of the College's Arcus Center for Social Justice Leadership now sits on the FIMR team, offering insight and consultation regarding root cause analysis, social determinants of health, and how to incorporate these factors into review team meetings. Deb Lenz says that the team is very, very engaged with the discussions of these issues and has very rich discussions.

Strengthening its involvement with the community has been another critical aspect of the KC FIMR's growth. Since 2014, Kalamazoo County has had a community initiative on infant mortality, convened initially by the YWCA, with a specific emphasis on the disparity in infant mortality in the African American community, which is four times that of Caucasian babies. The

and child health, reducing social determinants of health, and data about interventions being used around the county. An intervention plan was then created, with a goal to reduce the county's infant mortality by 40% and its racial disparity in infant mortality by half by 2020. Out of the plan grew Celebrate One, the community wide organization to lead the IM work.

www.celebrateone.info

Lauren stressed that the Franklin County FIMR does not work alone, but has been in partnership with its community since its inception. Shortly after it began, the team began sending condolence letters to every family that had a fetal or infant loss; it also includes an introduction to FIMR, an invitation to tell their story, and a grief resource guide. The team reviewed 30 cases in its first 16 months and is on track to review 48 in its second year. It conducted maternal interviews for about 1/3 of the reviews in the first group and Lauren expects that number to increase to half this year.

The team also has a strong working relationship with the Franklin County Child Fatality Review program, enhanced last year by a visit from Abby Collier of the National Center, who provided TA on increasing their collaboration. The FIMR team now completes the Infant Enhancement Module of the National Center's Child Death Review Case Reporting System and shares review information with the CFR team, and Lauren sits on the CFR SUID review team. The FIMR team also recently expanded and hired a person to do medical record extraction.

resulting coalition, the Kalamazoo Infant Mortality Community Action Initiative (KIMCAI), adopted four goal areas: safe sleep, home visiting, reproductive health/long term contraceptives, and cultural competency.

As KIMCAI grew, FIMR moved along with it, and KIMCAI is now the FIMR's Community Action Team and works to take its recommendations to action.

The FIMR team has membership from 20-25 agencies, and there is overlapping membership with KIMCAI. The FIMR also recently hired 3 family interviewers who are beginning the process of going into homes for maternal or family interviews. In order to learn even more and to strengthen their abstracts with more family voices, the team is seeking interviews with families whose children's deaths were reviewed in the past.

With respect to collaboration with the Kalamazoo County Child Death Review team, Deb sits on the team. She says that the CDR team is also working to strengthen its recommendations and is active with KIMCAI.

HIGHLIGHT: GEORGIA CFR

Often, CDR teams and programs are reluctant to take credit for changes brought about after their reviews because they know that change is a partnering process and CDR is only one partner among many. Nonetheless, CDR reviews can be and often are a catalyst for wide-reaching changes championed by many people and agencies. That's what happened in Georgia when its Child Fatality Review Program state panel took a hard look at deaths in unsafe sleep environments and decided it had to do something.

Georgia's First Lady Sandra Deal, herself a grandmother of six, recognized the need to

educate mothers, fathers, grandparents and caregivers about the importance of putting babies to sleep safely. With Mrs. Deal as the champion and the CDR review supporting the need for action, the Georgia Safe to Sleep Campaign was launched.

The core of the campaign became a hospital initiative. All 77 birthing hospitals in Georgia signed on to participate, and the campaign went public in May. Each hospital agreed to examine and update its policies regarding safe sleep; educate mothers who give birth in their hospitals; model safe sleep in its nurseries and in mothers' rooms. In addition, while in the hospital, every mother and newborn in Georgia are given an infant sleeping gown printed with "**This Side Up**;" the board book, *sleep baby, safe and snug*, illustrating safe sleep; and mothers on Medicaid or who are uninsured receive a travel bassinet for use when an infant needs to sleep in a place not her usual sleeping place.



Terri Miller is the Safe to Sleep Campaign Coordinator in the Department of Public Health. Asked about the connection between the campaign and Child Death Review, she said, "The child death reviews really brought this issue to light for the Panel, and through CDR other people in state government also learned about the issue, which started a conversation at higher levels. The eventual result was the Campaign." Miller is very hopeful that the Campaign will reduce the number of unsafe sleep deaths in Georgia, which she says have not changed in years.

The National Center applauds the collaborative efforts of Mrs. Deal, many Georgia agencies, and the Child Fatality Review program.

YOUR CDR CASE REPORTING SYSTEM: CUSTOM QUESTIONS

Did you know that your state can add custom questions to the Child Death Review Case Reporting System? A limited number of custom questions can be added to the end of individual sections of the tool (e.g., Section A - Child Information) or in a new, standalone section at the end of the tool (e.g., your Section P). Only users in your state will be able to see and enter custom question information. An example of a custom question for infant cases might be, "Name of Birthing Hospital." The National Center programs these questions for you at no cost. For more information, contact the National Center at info@ncfrp.org.

UPCOMING EVENTS

FIMR State Coordinators teleconference meeting, Sept. 21, 2:00-3:00 pm Eastern

2016 Healthy Start Convention, Community Action to Improve Pregnancy Outcomes, Sept. 26-28, Washington DC

Disparities Work Group teleconference meeting, Oct. 11, 1:00-2:00 pm Eastern

SUID Case Registry and SDY Case Registry Reverse Site Visit, Oct. 20-21, Atlanta

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 can change your selection anytime by contacting info@ncfrp.org.

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