SUSTAINING THE FIMR PROGRAM

A Toolkit

Darlene B. Kerr, MEd
National Fetal and Infant Mortality Review Program

Ellen Hutchins, ScD
Maternal and Child Health Bureau

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Copies of this document are available from:
National Fetal and Infant Mortality Review Program
The American College of Obstetricians and Gynecologists
PO Box 96920
Washington, DC 20090-6920
(202) 863-2587

nfimr@acog.org

Preface

The purpose of this publication is to provide directors and coordinators responsible for managing fetal and infant mortality review (FIMR) programs with information to help sustain their program.

Sustaining a FIMR program is an ongoing process rather than a one-time occurrence. It's possible to begin a FIMR with a time-limited grant but difficult to sustain a FIMR without long-term institutionalized funding. Early in the life of your program you need to begin to search for long-term institutionalized funding.

Identify and cultivate potential sources of long-term and short-term funding by involving those individuals in planning and by sharing pertinent findings with them. Lay the groundwork with state and local health officials, including maternal and child health officials, and keep them informed about your progress. Explain how FIMR can benefit public health systems because its findings strengthen maternal and child health program planning at the local, regional, and state level. Share findings, recommendations and

results with state and local MCH programs, social service organizations, professional associations, physicians, health-care providers and facilities.

This *Sustainability Toolkit* focuses on activities that can help FIMR's build a foundation for their future including:

1. developing effective marketing and communicating strategies to build support for the FIMR program and contribute to meaningful health planning for families
2. developing strategies to institutionalize the FIMR process
3. developing and securing multiple funding sources
4. facilitating networking among new and experienced FIMR program staff to share experience and success stories. Contact information for all FIMR models and examples included in this Toolkit are listed in Appendix A.

Sustaining the FIMR Program

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Acknowledgements

The following people generously shared their time and expertise by serving as reviewers for this publication.

Sustaining FIMR

FIMR studies fetal and infant deaths to learn how to improve community systems and resources for other young families. The process begins with abstracting data from medical and other health/social services records and continues with a personal interview with mothers who have lost an infant. This information is presented as a confidential, de-identified case study to a small multi-disciplinary panel, the case review team. Recommendations to improve systems are developed by the case review team and forwarded to a larger group composed of key local and regional leaders, the community action team, for implementation. Overall objectives of all FIMR programs are:

✤ examine significant social, economic, cultural, safety and health systems factors associated with fetal and infant mortality through review of individual cases

✤ plan interventions and develop policies to address these factors and improve service systems and community resources

✤ participate in implementation of community-based interventions and policies

✤ assess the progress of the interventions.

FIMR programs often begin with a short-term grant to demonstrate the value of a methodical, action-oriented, multi-disciplinary mortality review. This is the time for FIMR programs to lay

the groundwork for keeping the program operating after the grant ends. It is possible to start with grant funds but generally not possible to survive long term supported only by time limited grant funds.

Sustainability is rooted in the needs of public sector, the private sector and the community to have evidence of some impact on the community (McCann). Programs that survive and mature when organizational priorities and funding shift have some characteristics in common. They focus on doing their work well. They tell others about what they do and why it makes a difference. They have leaders, staff and volunteers, who are committed, entrepreneurial and connected to the communities the organization serves. They have diversified funding sources, both institutionalized and short term.

A strong and involved community action team.

How Do I Start?

Developing a plan to sustain the FIMR program can be overwhelming, but as the Chinese proverb says, every journey begins with a single step. You need to start with small, manageable tasks leading towards a comprehensive plan.

When you have a time-limited grant it's tempting to jump right into funding development and skip everything else. Don't do that. Concentrate on fundamentals first:

✦ a strong and involved community action team

✦ a system to engage state and local maternal and child health leaders in the process

✦ a well conceived and executed marketing/communications plan, and

✦ a through examination of alternative existing resources to sustain your program.

The strategies and practices listed here form the basis of creating a sustainable organization.

Lay the foundation

Get the right people around the table from the beginning. Invite local and state maternal and child health (MCH) leaders (public health, doctors, hospital representatives, social services and consumers) to help plan and build the program.

Both the case review team and community action team need representatives from key organizations to be effective. Be sure that you invite public health leaders to the table as you begin the FIMR program. While state MCH staff may not be able to participate as frequently as local representatives, find ways to engage them in building the FIMR to get "buy in".

Scan the environment

Learn what's happening locally, at the state, and national levels. Identify trends, e.g. new funding to address domestic violence or drug abuse or an increased emphasis on eliminating racial disparity in health, that effect maternal and infant health. Identify trends that will help your program or might harm it. Identify shifts in program priorities and funding priorities. Study the structure of MCH programs and services so that you can figure out how to fit FIMR into niches where it can contribute to another organization's mission.

FIMR programs must be nimble and able to capitalize on changing environments. Be sure to consider insights from your case review and community action teams. They give you an additional perspective about changes in local systems not found in the professional literature.
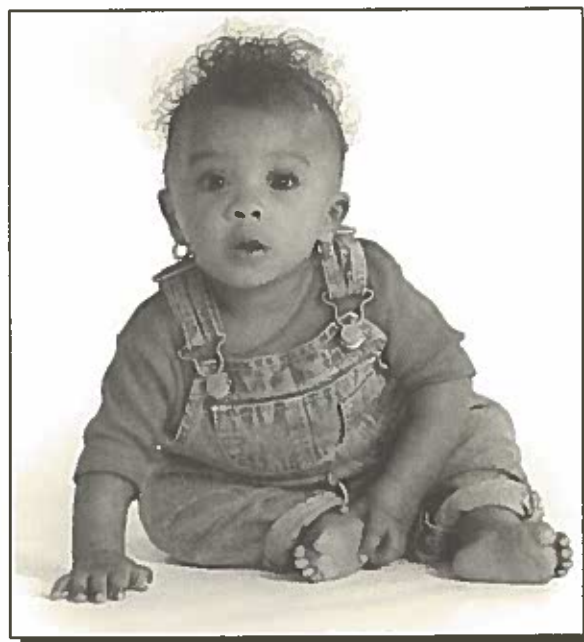
Tell the FIMR story

The FIMR story is more than vignettes of case summaries. It is the process, the partnerships, the findings and the results of the FIMR initiated actions in the community. Collect success stories, document changes in systems and resources, and describe them succinctly. Disseminate the FIMR findings and recommendations to all the "right" people. Recognize that not all audiences have the same interests. Focus on the activities and outcomes of greatest interest to the audience you are addressing. Identify the value FIMR can add to MCH need assessment and quality improvement activities. Use language people understand – baby not infant, doctor not provider, problem solving not assessment and assurance.

Significant changes in systems and improvements in services for families may occur as a result of the FIMR program. Sometimes a significant change happens almost immediately because the members of the case review team recognize and respond to a critical issue. Often we forget to record these changes simply because they were easy and quick. Other times change takes months or years. Sometimes we get discouraged and forget to document the many small successes along the way - forming a partnership, improving communications among agencies, filling service gaps by shifting existing resources. FIMR coordinators need to both document all of these contributions and identify how they benefited families, public health programs, and maternal/child health systems. Then, they need to share the results with people who are or should be interested.

Identify or create a place for FIMR within the existing systems

It is important to learn what areas carry a high priority and are of interest to state and local government officials, as well as foundations. This information will help you determine the best way to approach them with your FIMR findings. If you go to a government or foundation official without much understanding of that person's job or what kind of data and information they need, you will probably not be very successful in marketing FIMR to them. However, if you've done your homework and know their needs, priorities and interests ahead of time, you can target your communications and should be more successful in obtaining funding or support for your program.

Performance counts

Many times programs focus on raising money as their only strategy to sustain the program. Money is important but measured and documented performance drives the future of a FIMR. Even though FIMR is a process, programs must move towards outcome based (results) planning. These results should be measurable and focus on important, program-related accomplishments. Recommendations from your CRT are the basis for developing results-based objectives. Findings from subsequent FIMR reviews will help you evaluate the impact and results of your initiatives.

Build a mix of short term and long range initiatives

It's important to have some early successes in taking recommendations to action. When selecting and prioritizing the recommendations you wish to implement, be sure to include some that can easily be achieved. Document and celebrate those successes.
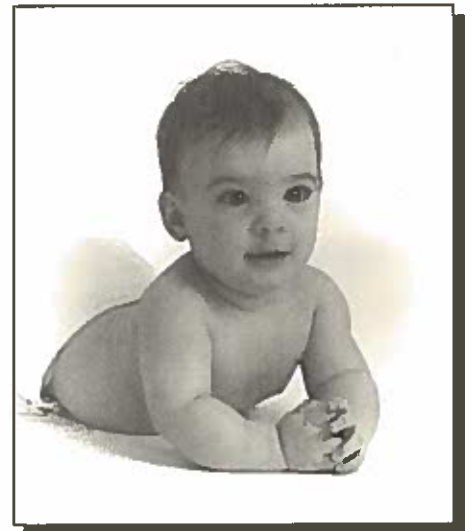
When you begin to develop strategies to sustain your FIMR, look at all options.

Don't put all your eggs in one basket

When you begin to develop strategies to sustain your FIMR, look at all options:

✦ Institutionalize initiatives - plan with existing community resources to integrate programs or specific program components into the other organization's on-going work.

✦ Seek government and private grants.

✦ Pursue reimbursement for services provided.

✦ Redeploy funds/staff from another program.

✦ Seek in-kind donations of materials, staff, and space.

✦ Ask for small donations from business.

✦ Establish user fees or surcharges on a specific item like a birth certificate.

✦ Focus on policy change rather than service delivery.

Grant makers expect to be part of the funding mix but not the sole source. They may want to see a business plan that describes how you intend to continue operations when the grant ends.

Develop the ability to collaborate, cooperate and find common ground

A key government official said, "There will never be enough money to solve all the problems." You will need to prioritize and will need to build bridges to other resources – for staffing, volunteers, consultants, funds, in-kind services and new approaches to solving problems.

Involve the consumer

Community members and family representatives bring an important dimension to FIMR deliberations. Help consumers become leaders in your effort by giving them opportunities to learn, lead, and grow. Use your FIMR recommendations as a catalyst to build capacity among the citizens in your community.

Be an entrepreneur

Successful programs frequently have an entrepreneurial manager or administrator who works hard to keep everyone informed and who is open to alternative methods to institutionalize, fund or sustain the program.

To summarize

Sustainability is an on-going process rather than a one-time occurrence. It's more than just writing a successful grant application. It's mobilizing community resources. It's being able to document how your program has been successful and the value it contributes to the overall maternal and child health mission. It's finding ways to link to other organizations with similar objectives. It's contributing to the overall improvement within your community. It is creating a permanent place and a need for FIMR.

Sources:

McCann T, Young BW, Hutten D. 1995. The Healthy Start Initiative: A community driven approach to infant mortality reduction, vol. III, sustainability. Arlington, VA: National Center for Education in Maternal and Child Health

Kaye G and Wolff T ed. From the ground up: a workbook on coalition building and community development. AHEC/Community Partners: Amherst, MA 1997

How Does FIMR Fit into the Big Picture?

Astute community leaders, reporters, and potential funders want to understand how the FIMR process fits into the larger health and human service system. FIMR adds to the existing knowledge about systems of service. FIMR's qualitative information complements other types of health data. It dovetails with several major trends in public health.

Core Public Health Functions

In 1987 the Institute of Medicine published the report, *The Future of Public Health*, that described three core functions that all public health organizations should perform. Those core public health functions are:

✤ Assessment - using information and data to evaluate existing health systems and health status

✤ Assurance - monitoring health status and systems to assure that needed resources are available and utilized appropriately

✤ Policy development - creating the policy framework that will allow communities to improve overall health status.

The FIMR methodology is a way to address these core public health functions at the community level. FIMR case review teams assess local health care and systems serving families to identify aspects that function well and aspects that need attention. Recommendations made by the FIMR case review team may lead to development of new policy or amendment of existing policies/regulations. By its nature, the on-going case review process assures that changes in systems have occurred and have successfully addressed the problem.

FIMR can also be used to address core public health functions at the state level. State Title V programs are interested in building capacity for assessment, program/policy development and quality assurance functions. State Title V programs are also interested in improving systems and resources and in forming partnerships between state and local organizations. FIMR findings and recommendations can assist with these efforts.

> The Institute of Medicine. Committee on the Future of Public Health. The future of public health. National Academy Press: Washington, DC. 1989.

Increase Access and Work Smart

Health Resources and Services Administration (HRSA) is the Federal agency that focuses programs and resources on increasing access to health services. The Models That Work Program (MTW), developed by HRSA's Bureau of Primary Care, identifies local health programs with proven records of success in increasing access and fosters replication of these exemplary programs.

Selected as a special honoree in the 1996 MTW competition, Growing Into Life, Aiken, South Carolina implemented FIMR recommendations to reduce infant mortality by systematically exposing and removing barriers to access to care for poor women. Aiken's initiatives included creating a prenatal care hotline, partnering with local community oriented police to expand prenatal care outreach, and implementing a back-to-sleep SIDS risk reduction campaign.

> Models That Work http://www.bphc.hrsa.dhhs.gov/mtw/mtw.htm has a searchable database of projects entered into the competition. In addition, MTW provides strategy transfer guides and a printed compendium of all programs. 1-800-400-BPHC (2742).

San Bernardino County, California works smart by using FIMR findings to target scarce resources to the areas and populations with the greatest needs. "We've always recognized that infant mortality is an indicator of how well we are doing as a community. FIMR gives us a surveillance tool and a good health care delivery system indicator." (Claudia Spencer, San Bernardino)

Eliminate racial disparity in health by the year 2010

President Clinton set the elimination of racial disparities in health by the Year 2010 as a national priority. Surgeon General David Satcher is leading a major campaign to send critical treatment and prevention messages to all Americans via local communities, churches, nurses, physicians and other community-based programs. Because infant mortality is one of the campaign's six target areas, FIMR's need to look for potential partnerships, new initiatives, and funding opportunities related to this priority. For example, if FIMR over time helps identify issues around racial disparity, this would be useful information to both state and local MCH programs.

Find niches in local strategies for FIMR activities and make sure you get invited to the table when state and local planning is scheduled. Because FIMR community action teams incorporate the experience and perceptions of consumers, FIMR can make a meaningful contribution to state and community efforts.

We've always recognized that infant mortality is an indicator of how well we are doing as a community.

> Berglas N, Lim JJ. Racial and Ethnic Disparities in Maternal and Child Health. NCEMCH Policy Brief. November 1998. National Center for Education in Maternal and Child Health. 703-524-7802 www.ncemch.org

Place emphasis on community health systems to solve problems

The Healthy Communities movement, often with leadership from hospitals and health systems, is a holistic, systems view of health. Each Healthy Communities organization focuses on an individual community - it's strengths and needs. Even though each Healthy Communities initiative looks somewhat different, the National Civic League identified several key elements found in all successful ones:

✤ utilization of a broad definition of health

✤ broad based community involvement

✤ development of a shared vision

✤ a real change in how systems in the community operate and relate to one another.

FIMR's holistic focus on health systems and use of multi-disciplinary community action teams is similar to many key elements in the Healthy Communities movement.

Resources

Healthy Communities Programs - a division of the National Civic League. Many resources related to building healthy communities. http://www.ncl.org/ncl/hci.htm September 16, 1998

Institute for Healthy Communities online resource center. Bibliography of books related to collaborating/healthy communities. Principal target is hospitals. http://www.hap2000.org/ihc/links/collbks.html September 16, 1998

Marketing and Communications

Marketing is the process that tells the FIMR story, identifying what is interesting and beneficial to each audience. Often programs with many tasks and busy staff ask, "why should I take time away from the real work for marketing? If we do a good job, that's enough and we'll be able to continue." In a perfect world that would be an accurate assessment. In the imperfect world we live in, just doing good is not enough to guarantee that your organization will be effective or survive. Many organizations compete for the attention, time and support of people within a community. To survive and flourish, you must let people know who you are, what you do, why it's important and how the community benefits. Marketing is one of the strategies you can use to do this.

This section provides a basic overview of marketing and communications. There is a wealth of print and on-line material describing marketing and communications strategies, skills, techniques and evaluation. Supplement this brief overview with other resources and with advice and assistance from local experts.

Key points to remember are:

1. Marketing and communications complement all other aspects of a FIMR program.

2. Well-conceived marketing/communications strategies are on going rather than episodic.

3. The marketing process should be done well. Recruit volunteer technical assistance, e.g., health educators, public relations practitioners, graphic designers, local media representatives.

Craft a statement that is easy to understand.

The Marketing Process

Know who you are and be able to tell others why your work is important to them.

FIMR is a way to improve resources and service systems for the families in your community. People not directly involved with FIMR won't remember the details of the process but will remember positive results that effect them.

It's important that you keep your mission and outcomes in the forefront. Growing Into Life, the name of Aiken, South Carolina's FIMR, is a great example of using a phrase to keep the focus on the results. Remember, you are about finding ways to help families have healthy babies.

Develop a succinct statement that defines your local FIMR and its value to the community.

Work with your case review team (CRT) and community action team (CAT) members to craft a statement that is easy to understand, short enough to incorporate into the body of a letter, the final paragraph of news releases, your factsheet or brochure, and

your annual report. Every individual who serves as a spokesper-son for your FIMR should be familiar with and use this state-ment.

> Saving Babies: A Community Response to Fetal and Infant Mortality (Norfolk, VA)
>
> Florida Fetal and Infant Mortality Review (FIMR) is a state wide effort to better understand the pattern and occurence of fetal and infant deaths, and to develop local strategies to reduce these deaths.

Drafting this statement is hard work and takes time. Sometimes the words are accurate but the perception is misleading.

✦ Ask consumers or representatives of community-based organi-zations to review it for clarity.

✦ Ask people who understand the local political and policy envi-ronment to review this statement before you consider it fin-ished.

Know who you want to reach

There is no one communication strategy, document or medium that will reach all of the people all of the time with the same impact.

Market segmentation, breaking down the public into smaller groups with similar interests and needs, is critical in making your communications effective. Segmentation is not forming groups to exclude people but rather to tailor information to suit their needs and preferences.

Today everyone is busy and may give mail and other information only a cursory glance. Careful segmentation can help you get their attention. Figure out what is important to them, the best

way to reach them, and tailor the information to their interests. Don't besiege them with everything you produce.

Use different approaches to reach market segments: inservice training, media, annual report, newsletter, exhibit at conferences, word of mouth, intermediaries.

✤ Ask CRT and CAT members to present FIMR findings and recommendations to their organizations.

✤ Ask a physician CRT team member and the local health department director to convene a meeting to present FIMR findings and systems related recommendations to policymakers and foundation staff.

✤ Partner with the Medical Society to present a grand rounds covering FIMR findings and recommendations for local physicians and OB unit managers. Ask CRT member physicians to present the findings.

✤ Schedule individual briefings with staff of local state and federal legislators. Ask a CRT member to join you in presenting findings and recommendations related to delays in obtaining treatment for pregnant women who use drugs.

✤ Write and distribute a news release to all local media describing how FIMR findings and recommendations led to formation of a partnership among a local service club and hospitals' OB units

✤ Invite local celebrities to participate in your special media events as a way to build visibility and increase media coverage.

Leah Barker, wife of Jacksonville Jaguar's kicker Bryan Barker and a new mother, served as celebrity spokespersons for the Northeast Florida FIMR Prenatal Passport initiative to promote early and continuous prenatal care.

Keep records of how you've segmented markets, what you've done that worked and didn't work. Don't rely on memory. Memory fails, staff leaves, and other information takes precedence. Write it down somewhere accessible.

Create good mailing and contact lists

Ask your CRT and CAT members for names of people to include on mailing lists for each market segment. Be sure to include consumers and members of women's clubs and grassroots organizations. Add key leaders from your state health department's Title V program and from your local government. Listen to TV and radio broadcasts to identify reporters that handle perinatal and

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SAMPLE FIMR MARKET SEGMENTATION

FIMR program volunteers • Keep them up to date on FIMR activities, findings and problems. Send an annual report; invite to meetings and special events.

MCH leaders • Keep state Title V and local MCH officials in the loop. Invite participation in planning and share findings, systems issues and recommendations. Annual report, invite to meetings, preliminary findings as appropriate.

Local physicians and hospital OB unit staff • Keep them apprised about medical related findings and other system issues. Grand Rounds, articles for medical society bulletin.

Elected officials • Keep them up to date on findings, systems issues and needs. Annual report, invitation to special events, personal briefings.

Businesses • Link improved pregnancy outcomes with the "bottom line". Share findings and recommendations. Get on the speaker's list for the Chamber of Commerce and other business related groups.

Agency directors • Keep them up to date on findings and systems issues. Share problems and search for solutions together. Annual report, invitation to special events and meetings, speakers for meetings, inservice training.

Key community leaders • Share findings, recommendations. Listen for solutions and resources from the community. Look for partners. Invite to special events and meetings, speakers for meetings.

Foundations • Keep them informed of successes and barriers. Annual report, invite to special meetings, Grand Rounds.

Media • Annual report, news releases and request for coverage.

Consumers • Individuals involved in CRT and CAT carry message to others; identify "mavens" to invite to meetings and mail updates.

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health issues with sensitivity and thoughtfulness. Read local papers to identify reporters who handle the health beat.

Any mailing list is out of date the day after you create it. Update your lists regularly.

Be responsive

Prepare for inquiries from your marketing efforts. Have information ready ahead of time. Identify who will answer technical questions and who will give interviews. Keep everyone informed, from the person who answers the phone to members of your teams.

Businesses today focus on customer centered services. Use that paradigm to respond to questions and suggestions.

Find local experts

Many individuals with skills in graphic design, marketing, and communications may be willing to donate their talent and time to help market FIMR. Consider your partners, local colleges and universities, health department and hospital staff, and private companies. Ask for help. Be specific about what you need and how long it will take.

Evaluate

Set marketing/communications objectives when you do your planning. Build in a method to measure how well your marketing strategies met those objectives.

One technique used by public relations firms is called content analysis.

✦ Read printed stories and listen to electronic coverage. Analyze the content to see if it reflected your campaign's objectives. For each story, analyze the media's audience - is this the group you wanted to reach?

Process analysis is useful also.

✤ Count the number of news stories printed in each paper and all electronic broadcasts.

✤ Count the number of "hits" on your webpage.

✤ Count the number of people who visit your exhibit at a community event.

✤ Study the components of your special events: Which media representatives came? Did all of your celebrity guests and local leaders attend? Did you have enough handouts? Did everything run smoothly?

Use impact analysis as another way to evaluate marketing and communications.

✤ Tally phone calls and requests for information following a press release announcing a new program.

✤ Keep track of the number of requests for inservice education from agencies that attended a presentation on your FIMR findings.

Analyze the response - is this the type of response you wanted? If you missed your audience or didn't get the response you hoped for, re-examine your materials, the message, and the way you distributed it.

If something isn't working, try to determine why. If the strategy is off target, abandon it. If the objective was not realistic, revisit the objective with help from local experts. If the strategy was successful, try to determine what contributed to the success.

Tools of the Trade

Communications tools that FIMR's use include annual reports, newsletters, press releases, speakers, etc. This section provides information about each tool and both its advantages and disadvantages. Pick the tools that best meet your needs and means now. Revisit the list occasionally as your program evolves.

Annual Report

Your annual report is the most comprehensive marketing/communications document you prepare. It also may be one of the most expensive.

Many programs must develop an annual progress report for funding sources that describes what they have accomplished and how they used their funds. Do not confuse this type of report with an annual report to the community. Their audience and function are different.

Pick the tools that best meet your needs.

When deciding whether or not to produce an annual report, consider it's advantages and disadvantages.

Advantages are:

❖ It is one of the best ways to define FIMR for the community and to celebrate your accomplishments.

❖ You control the content, the space allocated to each component of your program, and the overall focus and tone of the report.

Disadvantages are:

❖ If you have limited funds, an annual report may not be the best use of those funds.

❖Writing, producing and distributing an annual report consumes a considerable amount of time, talent and resources.

What information should the annual report include?

✤ your succinct paragraph (see page 14)

✤ the geographic area you cover

✤ your findings including infant mortality trends over time and anything of special concern locally (see examples of FIMR annual reports' use of data in the Data to Information chapter)

✤ your recommendations for change

✤ actions and achievements growing out of FIMR recommendations. Identify incremental actions as well as major accomplishments. Remember, success breeds success. Don't be shy about sharing your successes.

✤ names of all CRT and CAT members

✤ acknowledgement of all sources of funding and in-kind donations

Who should receive the annual report?

Evaluate your market segmentation lists and build a mailing list of key people and institutions in your state and community. Order enough copies for everyone on this list plus extras for orientation, grant applications, and resource packets.

Can I do this on a shoestring?

Yes, you can produce an attractive, informative report without a huge budget.

After you've written the basic text and have checked all facts and names, you have a rough idea of the number of pages you will need.

At this point, try to work with someone who understands graphics and can desktop publish your report. If money is tight, explore working with an intern. Strong design can make a basic document look great.

Discuss your budget with your designer and the printer. Be open to suggestions for inexpensive ways to produce an attractive report.

DOLLAR SAVING IDEAS

$ • Print all the copies you will need at one time to obtain lower cost per copy.

$ • Use one ink color.

$ • Use colored paper to increase visual interest but use a light color for readability.

$ • Avoid bleeds (ink runs to the edge of the page).

$ • Ask a large institution (hospital, government agency) to print it for you.

$ • Compare costs for different ways to bind the report.

Photos can make your report come alive. Ask members of your CAT or CRT to pose for photos and go through photos from events you've held. Get permission from the subject to use the photo.

Adding a photo to your text is cheap and easy now. New digital cameras take photos in a computer ready format. You can get 35mm film developed as a computer ready disk. Desktop scanners are widely available and can digitize any photo or drawing.

Broward County, FL produces an annual report using white paper and a colored paper cover stapled on the margin. Created with a computer word processing program, the report contains text, charts, diagrams, and tables. It presents FIMR recommendations and successful actions undertaken using the following format:

→ **PROBLEM:** Lack of referrals to substance abuse treatment, smoking cessation, nutrition counseling and other services for at-risk pregnant women.

❖**RECOMMENDATION:** Care coordination and referrals to specialty services, such as substance abuse treatments, should be made by providers, and documented for at-risk mothers and infants.

◆ **INTERVENTION:** Increase completion rate of Healthy Start screenings; inform providers about services available for all mothers through Healthy Start, including care coordination, nutrition counseling, breastfeeding, childbirth and parenting education, and other community services.

Progress: Healthy Start screens sent to all providers. Meetings held with providers. Suggestion to mail again under Medical Association letterhead.

Source:Broward County Fetal and Infant Mortality Review. Final Report. Healthy Mothers–Healthy Babies Coalition of Broward County, Fort Lauderdale, Fl. June 1996

Newsletter

A newsletter is a brief, periodic print document that promotes the organization. It can be a time consuming project that is relatively cheap to print but potentially expensive to mail.

Like an annual report, you control the content and timing of the publication.

"I truly believe the use of a newsletter is the best way to get FIMR findings and recommendations out in large communities," Dani Noelle, Broward County.

Identify goals and objectives that the newsletter should meet.

✤ Are you already meeting those objectives through other means?

✤ Is a newsletter the best vehicle to meet those objectives?

✤ Is the Internet an alternative?

✤ What will you need to eliminate or cut back on to create the time and find the money to do a newsletter?

✤ How will you evaluate the newsletter?

What goes into a newsletter?

✤ Your FIMR's plans and activities

✤ Successful local system changes and their effects on families

✤ Community partnerships

✤ Your success stories

✤ People stories related to the mission - Your FIMR's CRT and CAT members, consumers

✤ Synopsis of new research findings related to FIMR recommendations

Writing tips

✤ Newsletters are conversational. If you speak well, write like you speak.

✤ Use short sentences and short paragraphs.

✤ Verify facts, people's names and phone numbers.

✤ Include headlines and subheads to make it easy to scan.

✤ Run spell check and then print it out and check again.

✤ Check the reading levels, by computer or by formula.

✤ Ask at least two other people to review the newsletter.

Style Tips

✤ Create a front and back page format that you will use for each issue, include your masthead and, if a self mailer, your mailing label section.

✤ Incorporate graphics, charts, drawings, tables, pictures to make it easier and more inviting to read. (see examples of charts in the Data to Information chapter)

✤ A ragged right margin increases readability. (this is ragged right).

✤ Type faces (or fonts) are classified as serif (letters have little feet) and san serif (no little feet). Conventional wisdom is that people prefer serif fonts because they learned to read with that font. Other experts believe that san serif fonts convey newness and a fresh approach. Pick one that you like and use it consistently.

✤ Pick one font to use for all text and a different font for headlines. Be very careful about using more than two fonts on the same page.

❖ Use a font size between 10 and 12 for most audiences.

❖ Include "white space" (space with nothing in it) to make the newsletter look inviting.

❖ Develop a basic style guide to promote a consistent look (see NFIMR Style Guide in Appendix B).

Mailing lists

Use the market segmentation lists created earlier as the basis for creating your newsletter list. If your mailing list is over 250, explore the feasibility of bulk mailing.

> The Healthy Mothers/Healthy Babies Coalition of Broward County asked their medical society for assistance. The medical society provided address labels for all local health care providers. HM/HB staff pasted the labels on the FIMR newsletter and the medical society paid the mailing costs.

Media contacts

The media, including newspapers, radio, and TV, provide information to the general public by reporting news and feature stories. To manage media contacts well, establish a spokesperson and direct inquiries to that individual. Respect reporters' deadlines and be honest.

The news release

News releases, press conferences, and interviews are the tools you use to inform the media about something new, for example,

❖ summary of your findings for the past year

❖ announcement of new grant to take a specific recommendation to action.

Include "white space" to make the newsletter look inviting.

A basic news release or request for coverage of an event is short. The first few lines should contain a "grabber" to peak the editor's interest. The second paragraph should answer the 5 W's: Who, What, When, Where, Why. Other key elements are the organization's name, contact person, phone number, and release date.

(Letterhead to identify organization, can be created using a word processing program rather than preprinted)

The Anytown Fetal and Infant Mortality Review Program
123 Main Street, Anytown, ST 22222

Contact: Mary Smith, (222)633-1234
(contact person and phone number for follow-up)

For Immediate Release *(date that information can be used by media)*

(headline that is brief and highlights the content)
Anytown Taskforce Recommendations to Reduce Infant Deaths

Babies born too soon and too small accounted for the majority of infant deaths in Anytown over the last two years. Peter Parker, MD, chair of the Anytown Fetal and Infant Mortality Review Program, called upon community leaders to join in an effort to help women obtain timely prenatal care as one strategy to improve pregnancy outcomes.
(first paragraph to get their attention)

The Anytown FIMR program reviewed all local infant deaths occurring in 1997 and 1998. Half of the women who lost an infant missed three or more prenatal care appointments, often because they lacked either childcare or transportation. Twenty-five percent delayed getting prenatal care because they weren't insured at the beginning of their pregnancy.

A press conference

A press conference is a meeting where speakers announce something important and answer questions from reporters. Before scheduling a press conference, ask yourself if the news you have is important enough to warrant this level of coverage.

About two weeks in advance send the news release and a request for coverage with the date, time, location and a brief paragraph describing the topic. Fax the request for coverage again two days before the event. For best coverage schedule events around 10:00 AM and no later than 2:00 PM.

Give all media representatives a press packet.

Give all media representatives a press packet containing the news release, background information about the topic, and other supporting materials.

PRESS PACKET CONTENTS FROM A CONFERENCE TO ANNOUNCE A PARTNERSHIP TO SCREEN ALL PREGNANT WOMEN FOR SMOKING AND TO REFER TO SMOKERS TO FREE QUIT PROGRAMS:

✦ basic news release with who, what, when, where, why

✦ brief biography of each speaker/partner organization (March of Dimes, ACOG Section, American Cancer Society, American Lung Assn., local AAP chapter, Ob-Gyn Society, local medical society, FIMR and the local drug store chain that paid to print the materials)

✦ statistics and other information related to the topic (smoking prevalence, smoking prevalence among pregnant women, effects of smoking on birth weight, SIDS, and childhood asthma; potential benefits of quitting before or during pregnancy)

✦ copy of the screening form and chart flags

✦ copy of the referral guide listing all partners who will provide free smoking cessation services

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How do I pitch a story?

Pitching a story is selling a specific reporter on covering your potential feature story. Identify the best medium and best reporter to tell that story. Then, pick up the phone and try your luck. Only pitch a story to one reporter at a time. To maintain your credibility as a savvy media contact, save this for something special.

Deborah Aflers, Lynchburg, VA, met with a local newspaper reporter to ask for coverage for the opening of the FIMR sponsored B.A.B.E. Store. She described the concept of the store, the reasons why Lynchburg's FIMR chose to develop the store, the many organizations and individuals who helped build the store, and the fact that their store was the only one in the US developed outside of a hospital. The reporter visited the store's grand opening and wrote a strong feature story. That story was picked up by one of the wire services and generated additional media coverage.

Respond to news stories or issues that affect FIMR

Local media often want a local angle on a national story. Call a reporter and pitch your local angle.

Writing a letter to the editor is one way to state your point of view about timely issues. Look at other published letters to determine the length and general format to use. Ask a person who carries clout to write the letter and offer to provide background information.

You can also request an editorial review board. This is a meeting with the local newspaper's editorial staff held at your request. You present your case, provide your information and ask for editorial support. Use this technique sparingly. You may get an editorial

that supports your position or activities. However, nothing is guaranteed. You may not get any coverage or you may not get the coverage you requested.

GENERAL TIPS FOR WORKING WITH MEDIA

Content

✤ Know your "copy points" (the two or three important statements you want to make). Make sure that you get the important statements into the interview. It helps if you can make your points succinctly. Don't expect the reporter to ask about them.

✤ Do not expect to be able to review and comment on newspaper articles or radio/TV interviews before they are released. You can offer to check facts or verify quotes.

✤ Make sure your message is consistent. Develop a summary of facts and figures used often: the local infant mortality rate, FIMR findings, and any targeted or high-risk populations. Update as needed and discard out of date materials.

✤ Nothing is off the record when talking with media. You cannot take back a thoughtless or indiscreet remark.

✤ If a reporter asks you several questions at once, answer the one you want first.

✤ Ask the reporter when his/her deadline is and get back to him/her before the deadline.

✤ Focus on your successes. Everybody loves to support a winner.

✤ Avoid jargon. Define it or remove it. Never assume your audience understands specialized language.

Style

✤ Don't drink coffee before a radio or TV interview. Caffeine will make you talk faster. Coffee is a diuretic and may make you uncomfortable during an interview.

✤ Solid colors and small patterns look better on TV. Avoid wearing a white shirt because it can create a halo effect. Avoid dangling or very large earrings.

✤ Practice. Ask a friend or colleague to videotape a mock interview. Play it back and both watch and listen to your interview. Don't mug for the camera. It magnifies every facial expression. Listen for "uh" and "er" and try to eliminate them.

✤ Don't grip the arms of the chair so hard your knuckles turn white. Sit straight with you hands in your lap, palms up with one resting on the other. It's OK to gesture but large sweeping gestures don't look good on TV.

✤ Stay sharp until you hang up the phone or leave the studio. Closing credits sometimes run over a shot of the reporter and guest. Radio mikes may still be "live" after the interview is finished.

Public Education

Public education (factsheets, brochures, speakers) allows you to describe your organization, your mission, your achievements, partners and plans. Public education complements other components of your marketing and communications plan.

What makes public education effective?

Effective public education campaigns are appropriate for the intended audience, up-to-date, and engaging. When used as a part of an overall marketing/communications program, public education efforts allow you to provide more detailed information than other strategies.

What standards should we use for print education materials?

Follow your style guide to achieve a consistent look (see NFIMR Style Guide in Appendix B).

Review each print and audio-visual aid at least once a year to ensure that it is up to date and reflects current information and priorities.

Match the language and design to the intended audience. Test materials before you use them.

SPECIAL NOTES FOR PRINT AND AUDIO VISUAL MATERIALS

✤ Paper comes in a variety of colors, weights, types and costs. Match the quality of the paper to the purpose.

✤ Content is important but the layout and design can make someone pick the document up. With the software now available everyone can do a certain amount of desktop publishing; however, a trained and talented graphic artist can work wonders with typeface, space and graphics. Try to recruit a volunteer! If you design your own, skim through a book or a web-page on graphics to get some basic guidelines.

✤ Match the readability of the materials to that of the intended audience. You may need to create different versions of the same piece to do this.

✤ Collect samples of materials that appeal to you or work well with your target audience. Adapt them.

✤ Carefully selected drawings make documents and slides more interesting. The image should enhance the content and be culturally appropriate for the audience.

✤ Software packages usually contain some stock pictures (clip art) to integrate into documents.

✤ Scanners allow you to digitize photos, drawings and other printed materials.

✤ Several Internet sites now contain royalty free photos, clip art and other graphics.

✤ Government documents are in the public domain, which means that you can use them without obtaining permission. However, you should cite the source.

✤ Ask for permission to use materials from other sources.

Resources

Looking Good in Print 4th Edition, Robert C. Parker, Editor, and Patrick Berry. 1998. The Coriolis Group. A very complete guide to graphic design for a variety of print materials. Many examples of both good and bad design. Does not tell you how to use your software for desktop publishing.

Beyond the Brochure: Alternative approaches to effective health communication. 1994. AMC Cancer Research Center. Denver: CO.

Making Health Communications Work. 1989. National Cancer Institute. Bethesda, MD. This publication is one of the best basic guides for marketing and communications. Print versions are around but it can be downloaded from www.nci.nih.gov/ INTRFCE_GIFS/INFO_PATS_INTR_DOC.htm

http://desktoppub.about.com/mbody.htm?COB=home Provides a brief list of tips for using typeface and other graphics. Through links you can access a broad range of information related to design and to software use. This site also contains clip art and tips for using it. Other sites are accessible using search engines and the term "clip art".

The American Journal of Health Communications. A publication of the National Public Health Information Coalition contains a variety of articles about public education campaigns, media relations, design skills, print materials, electronic communications, and other resources. 770-458-3811

SPECIAL NOTES FOR SPEAKERS

Coordination of speaking engagements is a staff function. All requests for speakers need to come through the FIMR program office.

Parents and consumers can be powerful speakers and advocates. You may need to help them prepare and practice.

Keep track of speaking engagements by using a simple form to compile date, time, location, audience information, directions and a brief assessment of the experience.

Whenever possible match the speaker to the group. For example, a physician can focus on clinical and technical recommendations with peers while community activists may prefer someone who understands systems issues and where to intervene at the community level.

Provide speakers with current data, handouts and slides or overheads, if available.

If you don't attend, follow-up with the speaker to find out if everything went well.

Peer Education

Inform and involve your professional community in the work of FIMR by taking advantage of new and existing communication/education vehicles.

Grand Rounds

FIMR's have partnered with their March of Dimes Chapter to present grand rounds for physicians and other medical professionals. This is an excellent way to present findings and recommendations, to recruit team members, and to build support for taking specific recommendations to action.

Special meetings

Invite stakeholder to learn about FIMR findings or to work with you to take recommendations to action. Pittsburgh's Infant Mortality Review invited local grantmakers to a briefing that presented findings from their review. Milwaukee's FIMR convened a

large community meeting to present findings and recommendations and to ask participants to join one of four work groups addressing specific areas.

Posters and papers

FIMR's can reach public health and human services experts by presenting posters or papers at professional association meetings.

Inservice training

Share the recommendations and your insights with health and human service staff via their on-going inservice programs. These groups represent potential partners for taking recommendations to action. They also can be a resource for shared staffing, donated space and other resources to sustain the FIMR.

Exhibits at professional meetings, local human service or United Way events

Talk directly with many people and build a stronger identity for FIMR. Virginia's FIMR staffed an exhibit at an ACOG district meeting and a national perinatal bereavement conference, key professional groups to reach with information about FIMR.

> You need to reach as many people as possible with information about FIMR. Often people don't realize how they could work with FIMR until you talk with them. (Doreen Schuett, Virginia)

TIPS TO CREATE A LOW COST EXHIBIT

An exhibit requires print materials to give away, something that is visually interesting to attract people to your booth, a table, and a friendly person.

Sponsoring organizations usually provide a draped table, chairs, a small sign and a designated space. If there is a charge, ask about a discount for a nonprofit.

Explore borrowing or renting a portable exhibit to display your materials and photos.

Local quick print companies can print colored enlargements of graphs, charts, text, photos and other materials. Mounted on lightweight foamcore boards, these enlargements can have a powerful impact for a small investment.

Use a lightweight easel or flipchart stand to display the mounted enlargements.

Bring business cards.

Electronic Communication

Webpages

More people now search for information online. If your parent organization has a webpage, you may be able to add a FIMR page for no charge. Many community libraries operate a "freenet" that gives nonprofit organizations and government agencies a website and limited technical assistance at no charge.

- If you are not comfortable creating your webpage, ask your community action team for help or try to get an intern to build and update your webpage.

- It is important to keep the webpage current.

- Subject it to the same scrutiny that you use for print materials.

- Evaluating the webpage is difficult when you piggyback onto someone else's master web site. You can find out how many hits the website gets but it's hard to know if the hits are yours and to know who is viewing your page.

Selected FIMR websites

Vanderburgh County, Indiana has a website with multiple pages including FIMR committee members, recommendations written as a consumer education page, and overall FIMR process description.
http://health_p.usi.edu/commhlth/fimr/inftmort.htm

Lynchburg, Virginia's Regional Perinatal Coordinating Council has posted a FIMR webpage with a description of the FIMR program.
http://www.perinatalfocus.org/FIMRUP.htm

Indiana Perinatal Network has an online magazine (Indiana Perinatal Online Magazine). They have developed a section that describes FIMR findings and recommendations.
http://www.cpdx.com/ipom/fimr.htm

Montana's Fetal, Infant, Child Mortality Review's webpage not only presents information about the program but also contains the legislation creating the FICMR program.
http://www.dphhs.state.mt.us/hpsd/pub-heal/healsafe/ficmr/index.htm

MARKETING/ COMMUNICA- TION TOOL	PURPOSE	TARGET AUDIENCE	BENEFITS	RISKS	COST IN DOLLARS
News Release	Inform the public via media about something new	Reporters and assignment editors	Quick, cheap way to inform public via the media	Subject to editing and misinterpretation	Negligible
Press Conference	Inform the public via media about something new that is really important	Reporters and assignment editors	Quick, relatively inexpensive way to inform	Use with discretion in order to keep credibility	Under $100.00
Editorial review board	Present your agenda/concerns to policy/editorial staff	Editorial committee of newspaper	Allows you to articulate your agenda and answer questions	May not result in any benefit	Negligible
Letter to the Editor	Respond to an issue/action	General public, educated general public	Strategy to articulate your position	May not be published, limited audience	Negligible
Newsletter	Increase awareness of FIMR and actions	Selected stakeholders, CRT/CAT members, partners, media, key local leaders	Quick, relatively inexpensive way to inform and increase visibility	Limited distribution and short "shelf life"	<$1.00 to $3.00/copy
Annual Report	Define yourself and showcase your successes	Selected stakeholders, key local leaders, board, volunteers	A semi-permanent record of who, what, when, how and why	Limited distribution; can be expensive	$1.00 - $20.00/ copy
Brochure/fact sheet	Educate	General public, providers, potential partners, media	You control content and distribution	You distribute and incur costs related to distribution; needs updating frequently	$ 0.10 -$3.00 / copy
Speakers' Bureau	Educate, improve awareness of FIMR findings and recommendations	Clubs, organizations, students, agencies	Dynamic, face to face communication; can utilize credibility of volunteers	Time-consuming, speakers may damage credibility of FIMR.	Costs of AV materials, handouts, travel costs for staff
Web Page	Awareness, educate	Computer literate general public, the world	Cheap, easy, you control the content	Hard to find WebPages; excludes non computer literate	Free to several hundred dollars a month

FUNDING DEVELOPMENT

Funding development is an ongoing process that blends long term funding, short term funding, and non-cash resources. It requires developing the ability to identify and pursue funding resources. Because funders and partners expect strong evaluations and accountability, you must also develop the ability to measure and document the results of your program's activities. This chapter discusses strategies to secure long term funding, local resources for non-cash contributions, government and foundation grants, corporate contributions, and fundraising.

Developing Long Term Funding

It is very difficult to sustain a FIMR using short term grants. Sadly one of the truisms of grant seeking is that it is often easier to obtain money for demonstration programs than for on-going programs.

Finding a source or sources for institutionalized funding is one of the most important steps you can take to create a sustainable FIMR program. Begin this on-going effort at the inception and continue it throughout the life of your FIMR program. Potential resources to consider for long-term funding include your state's Title V (maternal and child health) program, other MCH pro-

grams, and state and local public health funds for assessment or assurance.

Identify key contact people from these organizations. Find out who is most likely to use information produced by FIMR and build a relationship with those individuals. Figure out what benefit FIMR can offer them and share that information. Invite them to participate in FIMR planning and the process. These efforts not only increase your chances of developing a future funding source but also can improve the odds of gaining support for FIMR recommendations.

You need to be flexible in your thinking. There are no easy answers to on-going funding. We pull our funding together piecemeal fashion. The South Carolina Department of Health and Environmental Control pays for the record abstractor position. We've obtained United Way funds under their MCH and children's issues umbrella. A local hospital has contributed money for FIMR coordination. (Karen Papouchado, Aiken, SC)

Discuss FIMR's contributions with your state MCH director, the local MCH director. Figure out how to fit FIMR into niches (e.g., racial disparity or folic acid) and call people who are developing other programming for those areas to discuss how FIMR can help them. Look for ways to link into institutions to help them do their job. Show how everyone wins when they work with and support FIMR. (Karla Damus, March of Dimes)

Securing Local Resources

Every community has resources that can contribute to the FIMR program. Tap into these resources to stretch program funds or start new initiatives.

> Figure out how to do the meetings on a shoestring and ask local businesses and organizations to contribute small amounts of money to cover specific things, like refreshments for the CRT, printing, or postage. (Sean Casey, California FIMR Support Program)

Engage your community action team members in the process. The CAT, which represents key stakeholders in your community, can use their networking capabilities to help secure local resources.

✤ Local businesses: Department stores, toy stores, grocery stores, major chain stores may donate products, offer an expensive item as a raffle prize, sponsor special events and donate cash. Look at the names on tee shirts and other products at 5K races to get an idea of who is approachable. Small businesses often will donate products and services. Ask for expert consultation also - marketing, strategic planning, computer systems, website design, etc.

✤ Medical auxiliaries: Often the auxiliary selects an annual or bi-annual project to support via fund raising and volunteers. Suggest one of your recommendations as a project.

✤ Hospitals: Ask hospitals to provide meeting rooms, refreshments, and printing. Cash donations may be hard to come by but do consider approaching the hospital foundation for a grant if your proposal matches their giving criteria.

✤ Pharmaceutical associations: Ask member pharmacies to display and distribute health education materials and program registration forms. Through their contacts with pharmaceutical company sales representatives, pharmacists may be able to obtain product samples and small cash contributions.

✤ Medical associations: Find out the process to request a mini grant or a cash donation for a specific project. Ask for meeting space and help with printing and postage.

✤ Bank and savings and loan companies: These community institutions may donate cash to support specific activities. Talk with the local branch managers but be sure to approach them early in the year.

✤ Insurance companies: Many companies will contribute small amounts of money for local health education initiatives and special events. Medicaid managed care companies often allocate staff and resources to help members with access and health education.

✤ Community organizations: They are a great resource for community outreach, distributing materials, and finding meeting space. Ask them to include your information with their materials.

✤ Local March of Dimes chapters: Consider applying for their community grants. Chapter staff are a great resource for educational materials.

✤ Service clubs: Groups like the Kiwanis, Junior League, BPW, Rotary, Jaycee's can provide volunteers and cash for taking recommendations to action. Often they select an annual project or target their efforts to a single group or issue so you will need to find natural connections between their interests and FIMR.

(Source: Buckley KA, Koontz AM, Casey S. Fetal and Infant Mortality Review Manual. p.83.)

Grant Seeking From Government Sources

Who Awards Government Grants?

The Federal government administers several types of grants designed to accomplish different purposes, such as conducting scientific research, demonstrating a specific theory, or delivering services to specific populations. State and local governments also administer demonstration, system building, and service delivery grants.

What Are the Types of Government Grants?

Federal block grants provide states with funds for a particular purpose, e.g. Title V addresses maternal and child health issues.

Demonstration grants, awarded to states, local government, nonprofits and institutions, demonstrate or establish the feasibility of a particular theory or approach, e.g. domestic violence surveillance program.

Formula grants provide funding to specified grantees on the basis of a specific formula, using indicators such as per capita income, mortality or morbidity rates, outlined in legislation or regulations, e.g., certain federal substance abuse programs or state per capita funds for local public health programs.

Project grants support individual projects in accordance with legislation that gives the funding agency discretion in selection the project, grantee, and amount of award, e.g., bilingual/bicultural grant.

Research grants support investigation aimed at the discovery of facts, revision of accepted theories, or applications of new or revised theories, e.g. BV and preterm birth.

(Adapted from *Funding Guide, The Office of Minority Health Resource Center*)

Grants are announced in the Federal Register.

How Do I Find Out About Government Grants?

All government grants are announced in the Federal Register. Many grants are listed in the Catalog of Federal Domestic Assistance (CFDA) and the National Institutes of Health Guide for Grants and Contracts. States use a system similar to the Federal Register, for example the Pennsylvania Bulletin publishes RFP's, changes in legislation, etc.

The *Federal Register* is published online and in print daily http://www.access.gpo.gov/nara/index.html. Search the table of contents by agency or department and click "text" or Adobe to see a specific citation. It is possible to search back issues online. Large libraries, large government agencies and universities usually subscribe in one or both formats.

Agencies that fund FIMR related activities (Substance Abuse and Mental Health Services Agency (SAMHSA), Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC)) maintain individual webpages and post requests for proposals (RFP) on them.

The Catalog of Federal Domestic Assistance, *CFDA,* published annually on CD-ROM and posted to the web quarterly provides a comprehensive list of agency grants. It's chief value for FIMR staff is that it gives you an overview of anticipated funding opportunities and dates when the announcement should appear. If something looks like a good prospect, begin to do some of your planning in advance and closely monitor the Federal Register or agency website around the anticipated announcement date. http://www.gsa.gov/fdac/

Few FIMR programs will qualify for NIH research grants but you may want to monitor the National Institute of Child Health and Human Development (home of SIDS back to sleep program).

Read the newsletters that report on new grants and program funding resources. These publications are expensive but you may be able to read them at a library, especially area college and university libraries. (Doreen Shuett, Virginia)

Some titles to look for include *Health Grants and Contracts Weekly (703-683-4100)*, *The Chronicle of Philanthropy (http://www.philanthropy.com)*, and *Federal Grants and Contracts Weekly (800-655-5597)*.

Steps before Writing a Government Proposal

Government RFP's are very specific. You must meet all qualifications and requirements to be considered as a candidate for funding. This section is a synopsis of several documents describing the application process.

Review the RFP looking for a close match to FIMR

Government RFP's specify *who is eligible* to apply. Read this section carefully to determine if you or one of your partners meets the eligibility requirements.

Government RFP's contain a carefully written *statement of needs*. Does the need identified in the grant match the conditions in your area? Can you write a local needs statement that documents your needs with data? Joan Nilson, American Medical Writers Association grantmanship workshop leader said, "Remember the axiom, in God we trust, everyone else must bring data."

Government RFP's frequently specify the *types of activities* that are acceptable. Do those activities or strategies match the recommendations of your CRT and CAT? Are the RFP objectives similar to your FIMR plan of action? Phyllis E. Kaye, consultant and

trainer at the recent FIMR conference, cautions against shifting your agenda simply to match funding. For example, in your community smoking prevalence among pregnant women is very low and smoking cessation resources are very plentiful but you've identified a need for expedited substance abuse treatment for pregnant women. Skip the RFP for smoking cessation in a prenatal care setting and spend your energy looking for a demonstration grant for substance abuse treatment options.

Government RFP's specifiy an *absolute deadline* for submitting your proposal. Can you meet this deadline?

A *funding match* is sometimes required. Do you have or can you get the match?

Usually a *time frame* to accomplish the work is specified. Will that time frame work in your FIMR community?

Evaluation will be required. In some cases, the evaluation protocol is very specific. Will you be able to carry out the required evaluation?

If you cannot meet these requirements do not submit an application for that particular RFP.

Get additional information.

Each RFP lists a person to contact for information.

✤ Call if you have questions, especially if you are not sure that your organization is eligible to apply.

✤ Ask if copies of grant proposals from earlier cycles are available to review. This can be very helpful if you have limited experience with this agency.

✤ Ask if a technical assistance session will be offered.

Talk with your colleagues to find out if anyone plans to apply for the grant. Look for opportunities to integrate aspects of FIMR into grant proposals to make them stronger. That way everyone wins. (Karla Damus)

Grant Seeking From Non Governmental Sources

What is a foundation?

A foundation is a grantmaking organization established to aid social, educational, religious and other charitable activities. Howard Nochumson, Washington Square Health Foundation, said foundations can provide more than just dollars. "They are a repository of knowledge about local resources and can provide leadership within the community." Nochumson suggested FIMR's look to local foundations for these roles:

✤ Funding - provides dollars to organizations to carry out specific activities.

✤ Convener - brings many people and institutions together to examine an issue.

✤ Information resource - foundation staff have a broad-based knowledge of local resources based upon their work in the community.

✤ Promoter - advances the foundation's agenda, for example, a foundation may promote higher immunization levels via their funding and convener roles.

✤ Educator - brings in resources for seminars and other educational venues.

❖ Advocate - while not a political advocate, provides an authoritative voice for issues.

Types of Foundations

Different types of foundations obtain their funds from different sources. The source of the funds often affects the grant making practice of a foundation. This section is a brief overview of each type and a more detailed discussion about health care conversion foundations.

Independent foundations

Independent foundations often originate with a gift from an individual, family or other group. The size of the assets varies widely from the Ford Foundation's $8,177,480,000 to many foundations with assets between $1,000,000 and $2,000,000. Nearly 70% of the 35,000 independent foundations in the United States limit their grantmaking to local organizations.

Corporate foundations and corporate giving

Corporate foundations and corporate giving are an overlap between "altruism and self-interest". (Falkenstein) The corporations' primary obligations are to their shareholders, employees and customers rather than the common good. However, corporations do give money, products and technical assistance as a strategy to both enhance their corporate image and to be a good corporate citizen. Some corporations have both a foundation and a corporate giving program. Explore both options to determine which is the better match for your needs.

Company sponsored foundations

Company sponsored foundations have close ties to the corporation that provides the funds and frequently provide grants in

areas where the company has plants and offices. Often funding is targeted to a limited number of issues.

Giving Programs

Corporate giving programs are a resource for one-time needs like printing educational materials; a source of product samples like food, toiletries, and clothing; and a resource for technical assistance from some very savvy entrepreneurs and leaders. Just as foundations can give you much more than funds, your local business community can provide much more than dollars.

If you decide to pursue corporate giving, prepare your proposal using the same general format as a grant but be very succinct. Ask CRT and CAT members to "introduce" you and FIMR to their contacts in the business. If you don't have a contact, speak with the community relations office or the local branch manager.

Corporate sponsors usually expect some recognition for the business. Be willing to discuss options so that both the business and FIMR "win".

Florida's Northeast Area Healthy Start Coalition formed a partnership with Winn-Dixie food stores to encourage early entry into prenatal care. Pregnant women received a passport from area health care providers to keep track of their prenatal care and other services. Winn-Dixie developed postcards for the women to complete and send into the local store. Upon receiving the postcards, Winn-Dixie mailed participants a variety of food and merchandise coupons to redeem at the local store.

Community foundations

Community foundations combine funds from many donors to make grants in a specific community or region. For example, the Pittsburgh Foundation is composed of many smaller bequests from donors who may or may not have specified the ultimate use of their gift. The foundation awards grants only to organizations providing services in the Pittsburgh region.
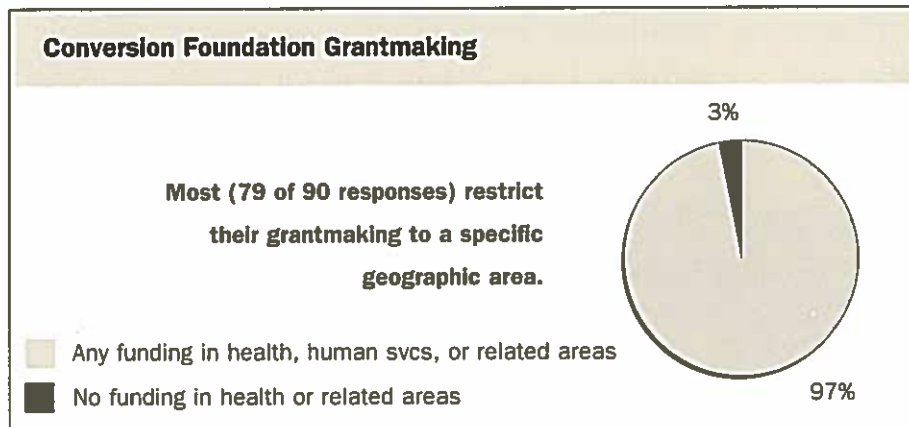
Public charity foundations

Public charity foundations combine fundraising with grantmaking. For example, the March of Dimes Birth Defects Foundation raises dollars to fight birth defects but also awards grants to researchers and community specific grants via their local chapters.

Health care conversion foundations

A conversion foundation is a charitable foundation formed from the sale of a nonprofit hospital, HMO, health insurance company, or health system to a for-profit (or in some cases, another non-profit) corporation. Grant Makers In Health (1999) reports that "state laws dictate that …remaining assets must be transferred to another nonprofit organization that will carry out the original purpose of the charitable trust as closely as possible. Creating a new foundation or utilizing an existing one are common ways to accomplish this goal." The majority of conversion foundations have been formed since 1990.

Conversion foundations, responding to a GIH survey, report their grantmaking is primarily in health, human services, and other related areas. Sixty of the 92 responding foundations reported that at least half of their funding was exclusively in health.

Conversion Foundation Grantmaking

3%

Most (79 of 90 responses) restrict
their grantmaking to a specific
geographic area.

Any funding in health, human svcs, or related areas

No funding in health or related areas

97%

The sheer size of the assets, over 100 foundations worth more than $13 billion dollars collectively, will have a major impact on the health and health systems of eligible communities. According to GIH, "if they were to disburse 5 percent of their endowments in a given year, they would have the potential to make annual grants of nearly $700 million. Their grantmaking could comprise as much as one-third of the estimated $2 billion that foundations give in health annually."

Grant Makers in Health's analysis of trends in conversion foundations (Source: APHA 1998 Annual Conference session) found:

✤ These foundations are more likely to partner with government and use government resources than standard foundations.

✤ These foundations are concerned that they not be viewed as a substitute for public dollars to fund basic public health services. The conversion foundations want to augment those basic services.

✤ Conversion foundations are very aware of their community's strengths and needs and are well positioned to identify the gaps they can fill.

Many of the overall objectives of FIMR programs dovetail with the general interests of conversion foundations, especially FIMR's ability to identify specific local issues related to health services systems.

Resources:

The foundation directory, 20th ed. Rich EH, Ed. New York: The Foundation Center, 1998

Grant Makers in Health. *Coming of age: Findings from the 1998 survey of foundations created by health care conversions.* Washington, DC: 1999

National directory of corporate giving. Falkenstein JA, ed. New York: The Foundation Center, 1997

Office of Minority Health Resource Center. *Funding guide.* Office of Minority Health. US Public Health Service. Washington, DC

Steps Before Writing A Proposal

A successful grant writer begins by clarifying their needs, doing research to identify potential funders to meet the needs and building a relationship with funders. All these steps precede writing and submitting a proposal.

Clarify your needs
✤ What do you want?

✤ Why do you need it?

✤ How will you do "it"?

✤ When will "it" happen?

(Source: Introduction to Foundationland. RWJ Foundation presentation at APHA Annual Conference 1998 Washington, DC)

Do the research

Joan Nilson said "Private sector funding requires a different type of grant proposal strategy - a marketing approach to the sellability of your program. You are giving the foundation a good opportunity for a wise investment. You and the foundation have a mutual goal and are establishing a partnership."

One of the most important steps you can take is to identify foundations whose funding priorities match your interests and needs. Foundation directories, either print or CD-ROM, are good resources for initial research. You can search by name of the foundation, by geographic area, type of funding, amount of average grant, and program focus. Directories also provide the address, phone number, names of staff and directors, and limited lists of organizations funded previously.

Short List of Foundation Directories

The Foundation Directory, 20th ed. EH Rich, ed. New York: The Foundation Center, 1998. Lists foundations with a minimum of $2,000,000 in assets or $200,000 annual giving. Organized by state with indexes to allow you search by program area and type of activity supported.

The Foundation Directory, Part 2. 20th Ed. New York, The Foundation Center, 1998. Lists foundations with assets between $1,000,000 and $1,999,999 or annual giving between $50,000 and $200,000. Organized like the Foundation Directory.

Who gets grants: Foundation grants to nonprofit organizations. 5th ed. R MacLean, ed. New York: The Foundation Center, 1998. A directory of nonprofit organizations by state. Lists grants each organization received. This allows you to find organizations similar to yours and see who funded what activities and how much they received.

National Directory of Corporate Giving. JA Falkenstein, ed. New York: The Foundation Center, 1997. Lists corporate foundations and corporate giving programs by state. Indexed to allow you to search by program area and type of activity.

Directories are available at the Foundation Center, its five Regional Centers and over 200 Cooperating Collections at regional libraries (see Appendix C). Check local university libraries and other specialty libraries too. Some of this information is available online from the Foundation Center website, http://www.fdcenter.org (which also has a grant writing tutorial, current and back issues of *Philanthropy News Digest,* and links to foundation and corporate giving webpages).

If you are able to get to one of the regional centers you can do further research using the 990 files (tax returns of foundations). This is a rich resource for grantseekers. The 990 files allow you to look at all grants made by the foundation during a tax year. For your short list of prospects, pull the tax forms and check to see if organizations like yours were awarded grants and the amount of those grants.

Keep track of your research using the prospect worksheet developed by the Foundation Center (Appendix C and available on the their website). Then, select the best matches to pursue. Remember that you don't need to ask one foundation to fund everything. You can ask different funding sources to help meet different needs.

After you've developed your prospect list, call the foundation contact person for guidelines for grant proposals and deadlines. Many foundations use a common grant application; others, a unique set of guidelines. Some prefer a letter as the initial contact.

Build and nurture a relationship with the funder

Foundations are investing their funds in organizations and are more comfortable with a known entity. Building a relationship with foundations is important. One significant difference between government grants and private philanthropy is the ability to talk with project officers about their interests, your needs and options available to you.

Look at the names of foundation directors, staff and officers. If you or your CRT and CAT members know anyone, give that person a call to discuss your needs and the foundation's priorities. If no one has a connection, then talk with the staff person who manages the portfolio related to your need.

You must be able to briefly describe FIMR and your anticipated needs in plain English. Focus on the benefits to the community rather than detailed step-by-step descriptions of the process. Highlight the components that most closely match the foundation's interest. Because foundations cannot fund all requests they receive, it's important to match your request to the activities of greatest interest to a foundation. Phyllis E. Kay notes "guard against shifting your agenda just to match a foundation's interests".

Writing A Proposal

What is included in a proposal?

✤ your mission

✤ your organization

✤ statement of need

✤ goals and objectives

✤ organizational capability to perform the tasks

✤ methodology

✤ evaluation

✤ budget.

Foundations often require applicants to include plans to sustain the program in the future. You will need to provide documentation of your tax-exempt status, a list of officers and board members and your annual report with foundation proposals.

Use available help to write the proposal

If you've never developed a grant proposal, review some of the published materials on grantsmanship. Libraries have reference materials. The Foundation Center has a proposal writer's tutorial on their website. Find others with experience in writing proposals and tap into that.

This section is a synopsis of many written and electronic guides for grantwriting.

THE PROPOSAL WRITERS COMMANDMENTS

✦ Write a scientific proposal rather than a philosophical or emotional one.

✦ Clearly state your goal and describe how it will address the community's needs and the program's purpose.

✦ When describing needs and plans, answer who, what, when, where, and how.

✦ Localize the needs assessment by describing local statistical indicators and other types of analysis. Don't just repeat "buzz words" from the RFP.

✦ Emphasize the opportunity to foundations rather than the need.

✦ Craft a workplan that is feasible, realistic and logically sequenced.

✦ Ask for the money you need.

✦ Follow the RFP or application to a "Tee".

✦ Use the third person in writing the proposal and eliminate all jargon.

✦ Create a skimmable proposal by using a table of contents, numbered pages and dividers, creating bullets and underlining keywords.

Excerpts adapted for NFIMR from The Proposal Writers Commandments by Stephen Williamson and from How to Write a Winning Proposal by Jennifer Brooks in Closing the Gaps, April 1998.

Make a checklist

Begin by carefully reviewing the guidance document or application. List everything that you must include with your proposal. Use this list as your process checklist and a final review checklist.

Work as a team

Appoint the lead person who will be responsible for coordination and keeping everyone on task and on time. Ask others within FIMR, your parent agency, and partners to help you develop the proposal.

Capitalize on individual strengths.

✦ Work with a health department biostatistician or epidemiolo-

gist to develop your needs statement and evaluation strategies.

❖ Ask members of your CRT and CAT to write letters of support.

❖ Ask knowledgeable people to work on the grant objectives, action steps and overall plan.

❖ Ask your accounting/finance office to help pull the budget section together.

Set target dates for each task and meet regularly to discuss progress.

Multiple reviews are important.

❖ Share drafts with each other and seek feedback during the initial writing phase.

❖ Ask your team to review the completed first draft.

❖ Ask other people not involved with the process to read a later draft and to grade it according to the funding source guidelines.

❖ Ask someone to proofread it for spelling, punctuation, grammar, matching references to appendices, and completeness.

When the content and text are perfect, make the required number of copies plus reference copies for partners and FIMR staff. Make sure the final proposals are assembled correctly and are complete. Send the required number of copies to the funder.

Submit the proposal and wait.

Don't spend lavishly on express mail and packaging but do make absolutely sure the proposal will arrive before the deadline. Call within two weeks to find out if it has been received and then prepare to wait.

Some foundation committees meet quarterly; others, semi-annually; and others, annually. Foundation staff will present your application at a committee meeting. If a staff person contacts you for additional information, answer as quickly and completely as possible to help them present your application.

Government agencies send proposals to review panels for scoring. This process also takes time. Usually awards are made within three months.

If you are turned down, call the contact person to discuss why the proposal was not funded. Review any written feedback you receive. Use this as a learning opportunity and consider revising and resubmitting. Remember, everyone gets turned down sometimes.

Think of the funder as a partner and keep them involved and informed

If funded, consider this the beginning of a long-term relationship. Keep your project officer informed about both successes and frustrations. Sometimes foundation staff and government project officers can provide technical assistance or link you with resources to address your problems. Give credit to the funder in all reports, publications and presentations. Invite representatives to all special events. Meet deadlines for progress reports and, especially with foundations, stay in touch when the grant ends.

Resources:

Brooks J. How to write a winning proposal. Closing the Gaps. April 1998. Office of Minority Health

Sample FIMR Budget

Your request for funding should contain a budget that includes all costs related to your FIMR program: staff salaries, fringe bene-fits, rent, equipment, postage, supplies, travel, telephone, meeting costs, indirect costs and other unique costs. Some of these costs must be met from local, non-grant funds (the local match).

Your local match can be a combination of resources: cash, volunteer services, and in-kind. In-kind budget items include space, use of specialized equipment, and staff. Often, administrative staff time is an in-kind contribution from the parent organization. Be sure to assign a dollar cost to in-kind contributions. Some applications require you to separate the local match into cash and in-kind; others do not.

NFIMR's ballpark estimate is between $30,000 and $51,000 per year to operate a FIMR (Source: *The Guidebook to Implementing Fetal and Infant Mortality Review, p.22*). The estimate assumes each case review will cost between $500 and $850. This figure is not cast in stone and many FIMR programs have made signifi-cant reductions in the cash costs through strategic use of partner-ships and redeployed funds. Costs for staffing and space also vary by region so use this as a starting point and localize the costs.

Fundraising

Fundraising is developing a stream of income to support a FIMR program or a separate pool of money for a special initiative. If you plan to fundraise to support on-going operations, try to find a mechanism to institutionalize the process. We've all seen the special license plates that share a portion of the revenue with universities, historic sites or special programs. Indiana moved from their success with a "Kids First" license plate to a related strategy to help reduce infant mortality. Contact Julia Brillhart 317-368-6058.

BASIC FIMR BUDGET

CATEGORY	Year 1		Year 2	
	Program funds	Local match	Program funds	Local match
Director	0	6,500	0	6,500
Coordinator/ Abstractor	17,000	3,000	10,000	10,000
Secretary	4,000	0	2,000	2,000
Fringe benefits	7,125	6,080	4,200	8,455
Equipment	250	2,000	0	2,000
Meetings	0	2,150	0	2,150
Office Space	0	2500	0	2,500
Postage	400	150	400	150
Supplies	580	500	380	700
Telephone	485	450	360	450
Travel	1,900	2,500	1,650	2,750
Other	7,650	3,000	5,400	4,250
Indirect Costs	2,345	500	1,460	500
Total Costs	**41,735**	**29,330**	**25,850**	**41,405**

CELBRATE YOUR HOOSIER HERITAGE

The birth of a Hoosier is something to celebrate! The purchase of an Heirloom Birth Certificate is a great way to commemorate this momentous occasion. During the 1997 General Assembly, Senate enrolled Act 372 was passed and signed by Governor Frank O'Bannon creating the frameable keepsake. Printed on archival paper, each certificate is signed by the Governor and is embossed with the State of Indiana and Indiana State Department of Health seals. A legislative "cousin" to the "Kids First: license plate, the heirloom birth certificate will be sold for $30.00, of which $23.00 goes towards programs to prevent infant mortality in Indiana.

Beginning July 1, 1998, proceeds from the sale of the birth certificate will be used to support, develop, and operate programs that reduce infant mortality in local communities; develop innovative local programs of education and training concerning infant mortality; promote statewide efforts to reduce infant mortality. The Indiana's Children's Trust Fund which administers the proceeds from sales of the license plate will perform the same function for the birth certificate.

Let's march towards the prevention of infant mortality and celebrate our Hoosier Heritage at the same time-buy an heirloom birth certificate!

A way to involve parents

Fundraising is another way for parents and consumers to partici-
pate in FIMR in a meaningful way. Almost everyone has experi-
ence in fundraising for a nonprofit organization (Little League,
PTA, church, favorite charity). Many people are quite skillful and
could transfer these skills and experience to FIMR fundraising.

Special events

Analyze successful fundraising activities in your community.
Often they are a signature event, like a "walk" or cake sale that
brings in a large amount of money, raises visibility and takes an
incredible amount of volunteer time. Special events grow over
time and, if managed well, bring in increased revenue each year.
These events also provide on the job training for volunteers,
build networks and competence. Lynchburg's Diapering Dual is a
special event that combines a dinner with a competition.

Goal directed efforts

Other fundraising activities focus on achieving a specific goal -
sponsoring a memorial garden or sprucing up the children's wait-
ing area at a local prenatal clinic. Lynchburg, VA developed and
sustains its B.A.B.E. Store using a variety of fundraising activities.

"I developed a form that listed how people could help
us," said Deborah Aflers, FIMR Coordinator. "Some
people sponsored B.A.B.E. Store baby showers to give
us merchandise, others gave money, and others volun-
teered to work in the store. Some businesses gave cash
donations to the store while others offered deep dis-
counts on the cost of merchandise we purchased for
the store. This year we're sponsoring a dinner and dia-
pering duel to raise additional funds."

Is the revenue worth the time and effort?

There is no denying that fundraising is hard work. Unlike writing a grant application or negotiating with agencies, fundraising activities must involve the community. The advantages are that you gain wider visibility and expand your network of support. The disadvantage is that fundraising takes time and energy. There are no guarantees that it will work.

If you can build a strong community coalition to improve perinatal outcomes, then fundraising is a realistic activity. If you can join other community and family focused coalitions, consider trying some joint efforts where you goals and objectives overlap.

MODELS

Models provide a wealth of ideas for programs. We all use models in planning and learn from the experiences of others. This section contains FIMR models and a national model that shifts the paradigm from looking at needs to looking for assets. Health Resources and Services Administration (HRSA) publishes a compendium of community based primary care models (Models That Work) that also is a rich resource.

Asset Development Model

John Kretzmann and John McKnight have vast experience in rebuilding troubled communities, often urban centers that have suffered massive economic shifts. Their model, "asset-based community development," has worked in areas where traditional strategies for improvement have failed.

Kretzmann and McKnight noticed that people seeking solutions eventually came to a proverbial fork in the road with a choice of two pathways:

✤ One well-trod pathway is the traditional strategy: focus on the

community's needs, deficiencies, and problems, *e.g.*, *women miss prenatal appointments because the waiting area is not suitable for young children.* The focus is on meeting the needs, often via outside resources targeted to service providers. Many of us were trained to problem solve and manage using this strategy and, indeed, it works.

✤ The other pathway, the fork less often chosen, focuses on discovering and using the community's capacities, strengths, and assets. Even the poorest community or smallest agency has resources, *e.g.*, *a community toy library will provide a rotating collection of waiting room toys, a church will lend child sized chairs and tables, and girl scouts will read to children from 3:00 to 5:00.* This approach focuses on building the community from the inside out by finding and connecting the available resources, facilitating information sharing, and convening the community to create a vision for their future. After all local resources have been identified and mobilized, the model supports seeking outside resources. (adapted from Kretzmann and McKnight)

FIMR Models

FIMR programs are housed in many institutions: city/county public health departments, regional perinatal centers, hospitals, nonprofit organizations, federal programs such as Healthy Start, and universities. Funding support varies but many FIMR's have government funding (Title V, local health department program dollars, Healthy Start, special legislative funds). Other sources of funding include United Way, March of Dimes, local organizations, hospitals, and nonprofits. In addition to cash, FIMR projects use community resources: volunteer members of case review teams, community action teams, meeting space, printing, postage, refreshments, and services. The models selected for this section

Police

Park

Church or other Religious Institution

Senior Citizens

HOSPITAL

School

Artists

Tenant Organization

Community-Based Organization

Small Business

Large Corporation

Referrals for rape counseling center

Health organizing to help prevent arrest

Space and equipment for rehabbing cardiac patients

New exercise equipment

Space for classes, events.

Fundraising help. Publicity and increased membership.

Advocates for senior housing with city and federal players; classes; space for meetings

Volunteers, advocates for the hospital

Money; volunteers for the board of directors; help building community coalitions

Space; opportunity to enact or display local history.

Tutoring and mentoring; sex ed classes; in-school physicals

Performances for events; future employees; volunteers

Artist-in-residence opportunities; space for a studio

Murals on walls; classes for patients, employees

Workshops; help with grants; space; money

Healthier tenants

Access to grants; technical assistance; help forming coalitions; leadership; space

Lobbying for hospital; volunteers

Grants for facade improvements; purchasing of merchandise

Discounts; publicity and information; space for health screenings

Source: Chart Three: One-on-One Relationships. Kretzmann JP, McKnight JL. Building communities from the inside out: A path toward finding and mobilizing a community's assets. Chicago, IL: Institute for Policy Research, Northwestern University, 1993. p.270

illustrate how FIMR projects have used a variety of strategies (institutionalization, partnerships, multiple funding streams) to support the basic FIMR process and how FIMR projects have tapped into community resources to take recommendations to action.

You may want to call the contact people to discuss how their FIMR project operates and the lessons learned. Be willing to share your strategies and lessons learned too because we all learn from each other. See Appendix A for complete contact information for models.

Organizational Models

Model: State Title V program leadership and multiple funding sources:

During July 1997 the Maryland Office of Maternal Health and Family Planning (MHFP), Department of Health and Mental Hygiene restructured its Improved Pregnancy Outcome (IPO) program, providing each of its 23 counties and Baltimore City with funds to support perinatal system building activities, including FIMR. This is ongoing funding, not time limited.

Initially, the Maryland State Medical Society, via a grant sponsored by the MHFP, provided technical assistance to new FIMR projects. Later, using funds from an MCHB system building grant, the state contracted with the Maryland State Medical Society to provide statewide technical assistance. To build FIMR capacity within the State maternal health program, staff collaborate with the technical expert on site visits and training sessions. More experienced local FIMR projects serve as peer mentors for new projects.
Contact: Sara Roberson, Maryland Department of Health and Mental Hygiene, Office of Maternal Health and Family Planning 410-767-6715

Model: State Title V program leadership, state targeted funds and federal grant.

In response to a state legislative mandate, the state health department created 33 local Healthy Start coalitions covering all 67 of Florida's counties. Florida's FIMR project, established in 1993, is implemented by the local Healthy Start Coalitions (note: the Flordia Healthy Start coalitions are not the federal Healthy Start program, although some communities within Florida have been awarded federal Healthy Start funds). Currently 13 FIMR projects cover 31 counties.

Florida allocates $266,400 to fund FIMR activities. This funding is a mixture of state general revenue dollars (80%) and Medicaid match draw down (20%). Each FIMR project received $20,492 for FY1999. To be eligible for state support, a project must meet several criteria:

✤ Projects must contribute a 25% local match that can be cash or inkind support.

✤ Projects must review a minimum of 24 cases annually.

✤ Projects must meet a 30 death threshold within their service area.

Florida receives federal funds from the Maternal and Child Health Bureau through a Community Integrated Service System (CISS) grant. This grant allows Florida to contract with a vendor to provide technical support to the FIMR projects.

Contact: Michael Mason, Florida State Health Office 850-488-2834

Model: Two local health departments applied for a state FIMR grant together.

The departments collaborated with two other health departments and two non-profit agencies that serve the geographic target area. All contributed in-kind services.

The two health departments (Minneapolis Department of Health and Family Support and St. Paul-Ramsey County Department of Public Health) collaborated to develop a grant application for state infant mortality reduction initiative funds allocated by the state legislature. The other two health departments (Hennipen County Community Health and Bloomington Division of Public Health) and the non-profits, the Minnesota Sudden Infant Death Center and the Metropolitan Visiting Nurse Association collaborated on maternal interview and case review teams and were reimbursed for some costs incurred.

Contact: Cheryl Fogarty, Minnesota Department of Public Health 651-281-9947

Model: Nonprofit organization as lead agency.

The nonprofit uses multiple funding sources including Title V, IPO grants, United Way, risk reduction grant administration and evaluation. Aiken, South Carolina's Growing Into Life Collaborative, incorporates the FIMR program into a broader overall community building coalition. The South Carolina Title V program funds a public health nurse who abstracts records, interviews mothers and prepares the case review team summaries. GIL uses a variety of mechanisms to fund the FIMR coordinator/director position. United Way contributed funds as part of their umbrella programming in MCH. Other funding included dollars for program evaluation and administration related to grant funded interventions. Programs to take recommendations to action generally are grant funded with various agencies serving as the grantee.

Contact: Karen Papouchado, Growing into Life 803-648-8520

Models to sustain components of FIMR – both process and action initiatives

Redeploy funds from existing programs.

FIMR identified a need to improve SIDS risk reduction education for hard to reach populations and developed new SIDS education/awareness materials. The local public health MCH program paid to print these educational materials for use by staff in area hospitals, providers, and physicians' offices (Oakland/Alameda County, CA).

Following the deaths of infants from smoke inhalation, the case review team identified poor housing as a problem and a need for smoke detectors in low-income housing. The health department redeployed funds to purchase smoke detectors and formed a partnership with several agencies providing home visiting services to families with infants and small children. If a home does not have a working smoke detector or has an inadequate number of smoke detectors, agency staff provide one and suggest the best location for installation (Mayville, New York)

Get other people to do components of the work.

An intern tracks community action team member organizations' progress on the activities they have agreed to undertake as part of taking recommendations to action. (Minneapolis Department of Health, MN)

Responding to a recommendation to increase SIDS risk awareness, 19 parish nurses serving 24 parishes coordinated a church-based "Back to Sleep" campaign. (Milwaukee, WI)

FIMR case reviews found that women, delivering without prenatal care, who lost their baby did not receive post partum follow-up services. Hospital, substance abuse and maternal outreach programs coordinate services to insure these women are followed. (Southern New Jersey Perinatal Consortium)

FIMR recognized that the shift from fee for services Medicaid to Medicaid managed care affected how health services were provided locally. To better address new issues growing out of this change, FIMR included representatives from each of the largest managed care plans on the case review team. (San Bernardino County, CA)

A perinatologist from West Virginia University's Regional Tertiary Care Center serves as a member of the case review team for a FIMR in rural western Maryland. Meetings are scheduled monthly to coincide with his scheduled consultations at the local hospital's prenatal clinic for high-risk women. (Allegany County, MD)

Hospice volunteers/staff conduct maternal interviews.

Several viable perinatal coalitions existed in the county when FIMR began. Rather than creating a new Community Action Team to address recommendations, the FIMR worked with these existing groups. (San Bernardino County, CA)

A local church hosts the community action team meeting and a food pantry prepares and serves dinner. Members pitch in a donation towards the cost of the food. A catered dinner meeting at no charge to the FIMR. (Aiken, SC)

Develop and carry out joint interventions with each partner contributing.

Local Healthy Start FIMR coalition sponsors a butterfly release in a special garden each year as a memorial for parents who have lost an infant or child. The municipality donated the land and maintains it. Merchants donate plants and money to purchase butterflies, supplemental food for the memorial service and to print a program. Families bring a picnic lunch, set in the plants, and release a butterfly. (Broward County, FL)

FIMR formed a Shaken Baby Syndrome Coalition. Funds from several organizations paid for producing shaken baby syndrome parent information packets containing a video, brochure, etc. Hospital staff distribute the packet and play the tape for parents before discharge from the maternity unit. A volunteer presents the information in public housing communities. Local agencies use the information in parenting classes and the school system included it in their on-site parenting center. (Bay, Franklin, Gulf Counties, FL)

A March of Dimes FIMR grand rounds grant funded a perinatal abuse conference for healthcare providers. (Cecil County, MD).

FIMR creates an incentive program to support early entry into prenatal care and appointment keeping. The B.A.B.E.'s Store allows women to exchange coupons they earn by keeping prenatal and well-child appointments for products related to pregnancy and child rearing. A non-profit organization donated space for the store. Area business donated supplies and labor to decorate the space. Clubs and organizations sponsor B.A.B.E. Store showers, providing a significant amount for new merchandise for the store. Businesses offer either cash or deep discounts on purchase prices to stock the store. Store staffing is primarily volunteer. (Lynchburg, VA)

NE Florida Healthy Start partnered with the regional umbrella child care agencies to develop and implement SIDS and Back to Sleep inservice education programs for child care staff at local centers. They also developed and implemented a professional self-study program for SIDS, *Infant Sleep Position: Applying Research to Practice*. (Jacksonville, FL)

Institutionalize the intervention within an existing community organization

Community oriented police augment prenatal outreach efforts for pregnant women living in their service area. Public health nurses provided the training for the police officers. (Aiken, SC).

FIMR subcommittee developed a fetal movement monitoring educational program - a Kicks Kount card for patients and a videotape for hospital prenatal education programs. Area obstetricians distribute the Kicks Kount card and hospital staff incorporate the videotape into their classes. (Pee Dee District, SC)

Women receiving Medicaid had no 24 hour resource to call during the first two trimesters of their pregnancy. The obstetrical unit of the local hospital developed and staffed a nursing advice 24 hour hotline for pregnant women. (Aiken, SC)

Resources:

Kretzmann JP and McKnight JL. Building communities from the inside out: A path toward finding and mobilizing a community's assets. Chicago, IL: Institute for Policy Research, Northwestern University. 1993

DATA AND INFORMATION

We have been trained to look for "hard facts" or "data" when we evaluate materials and assess needs. Numbers help us to rank, to estimate size and effect, to compare one with another, and to monitor trends over time. Most of us are not comfortable in making recommendations or taking action until we can review numbers or data.

However, many people say their eyes glaze over when confronted with a page of numbers. They may skim the numbers and read the discussion or summary. To help people understand your data, you need to convert it to information. Identify the data related to your audience's needs or interests. Use tables, charts, maps and illustrations to highlight the most important points. Integrate this information into your reports, summaries, and educational campaigns.

Why Use Population Based Data?

Population based data monitor the health status of groups rather than individuals, e.g., the infant mortality rate (defined as number of deaths of infants under one year of age per 1,000 live births). Because common denominators and uniform statistical practices are used, it is possible to accurately compare data from different states and regions. The public health service uses population-based data as a core component in measuring change in health status. For example, the Objectives for the Nation for the Year 2000 and for the Year 2010 related to infant mortality are:

2000: Reduce the Infant Mortality Rate to No More than 7 per 1,000 Live Births

2010: Reduce the Infant Mortality Rate to No More than 5 per 1,000 Live Births

How does FIMR information relate to population based data?

These data, combined with findings and recommendations from the case review teams, allow FIMR programs to identify both at risk populations and specific interventions that are meaningful. Many FIMR programs use population based data to describe overall infant mortality rates and to identify geographic areas or specific populations with higher than average infant mortality rates.

The example (Figure 1) from a FIMR annual report compares city and country infant mortality rates.

Minnesota's most populous urban counties, Hennepin and Ramsey, which include Minneapolis and St. Paul and their suburbs, have unacceptably high rates of infant mortality and are unlikely to meet their public health goals for infant mortality reduction by the year 2000.

FIGURE 1: INFANT MORTALITY RATES*

	1994	1995	1996	3 Year Average	Public Health Goal for Year 2000
Minneapolis	9.8	12.2	10.4	10.8	7.0
Hennepin County	8.4	8.6	7.2	8.1	5.0
St. Paul	7.3	9.4	10.1	8.9	6.0
Ramsey County	7.5	7.4	8.6	7.8	6.0
Minnesota	7.0	6.8	5.9	6.6	6.0
United States	8.0	7.6	7.2	7.6	7.0

* Number of deaths of live born infants (under 1 year) per 1000 live births.

Source: Minneapolis Department of Health and Family Support and St. Paul-Ramsey County Department of Public Health, Lowering Infant Deaths: Promoting Change to Save Lives, 1998

Can FIMR information replace population based data?

No. FIMR information and population based data complement each other and should be used together. FIMR information helps put a face on the population based data.

Where can I obtain population based data for my community, my state and the nation?

Public health is the primary source for population based data. National data are available from the Centers for Disease Control and Prevention (CDC) http://www.cdc.gov and the National Center for Health Statistics (NCHS) http://www.cdc.gov/nchswww/ via their webpages and publications. Local and state health departments can provide data via written reports and webpages for their respective geographic areas and the nation. If you are monitoring a specific outcome or population group, e.g. preterm births or adolescent pregnancy, you may need to talk with your health department's data center or biostatistics staff about your needs.

Changing Data to Information

The cliche "a picture is worth a thousand words" applies to using data and FIMR information effectively. People process information visually and can quickly identify patterns and relationships presented graphically. Tables, charts and maps are effective ways to translate data into information. This section uses examples from FIMR publications and annual reports to illustrate ways to change data to information.

The key to effective charts: keep them simple.

Tables

A table focuses the reader's attention on the data. The structure allows a reader to glance across or down rows and columns to compare specific information. A well-designed table can eliminate many words and provide a stronger understanding of information.

Tips to create a table

✤ Identify the critical information, e.g., infant mortality rates by year and location.

✤ Look for opportunities to consolidate and simplify, e.g., use 50 with a notation that all figures are 1,000's.

✤ Use tables to organize text into categories. This example provides both descriptive text and numbers.

**INFANT MORTALITY CASE REVIEW
ELKHART AND ST. JOSEPH COUNTIES, INDIANA**

Demographic Data	Specific Data Element	Percent
County of Residence	Elkhart	46%
	St. Joseph	53%
Classification of Death	Fetal	51%
	Neonatal	32%
	Post Neonatal	18%
	SIDS	9%
Maternal Race	Caucasian	74%
	African-American	19%
	Hispanic	4%
	Other	2%
Marital Status	Married	54%
	Single	43%
	Divorced	2%
Gender	Male	53%
	Female	43%
	Not Specified	5%

Source: Preliminary Data Review. July 1998. Infant Mortality Case Review Elkhart and St. Joseph Counties, Indiana.

Charts

Tables present detailed information. Charts reduce the level of detail but make it easier to understand relationships. The key to creating effective charts is to keep them simple. Too much detail makes a chart difficult to understand. It is sometimes better to group data or use two charts to display the information.

Match the chart type to the information you want to display.

➡**Pie charts** show the contribution of each portion to whole. The pie chart used here shows the percent of women interviewed by the FIMR program that reported using alcohol, drugs, or tobacco during their pregnancy.

Mothers Who Used Alcohol, Drugs or Tobacco During Pregnancy (n=112)

30

24

58

Yes   No   Unknown

Source: Minneapolis Department of Health and Family Support and St. Paul-Ramsey County Department of Public Health, Lowering Infant Deaths: Promoting Change to Save Lives, 1998
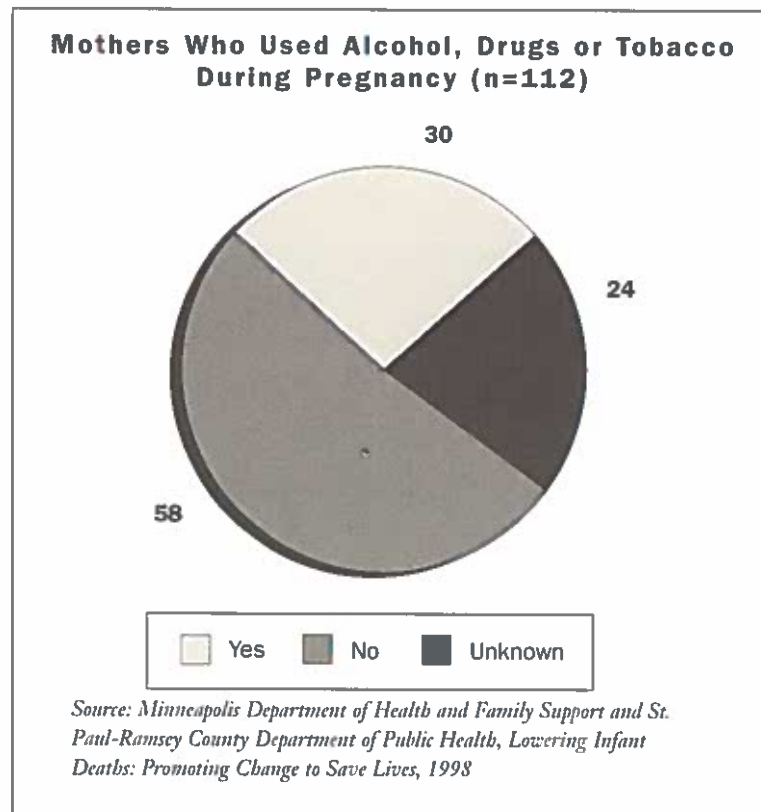
➡**Bar charts** compare information categories side by side. This chart breaks down the responses of the 30 women who answered "yes" to the preceding question.

Alcohol, Tobacco and Other Drugs During Pregnancy (n=30)

Source: Minneapolis Department of Health and Family Support and St. Paul-Ramsey County Department of Public Health, Lowering Infant Deaths: Promoting Change to Save Lives, 1998
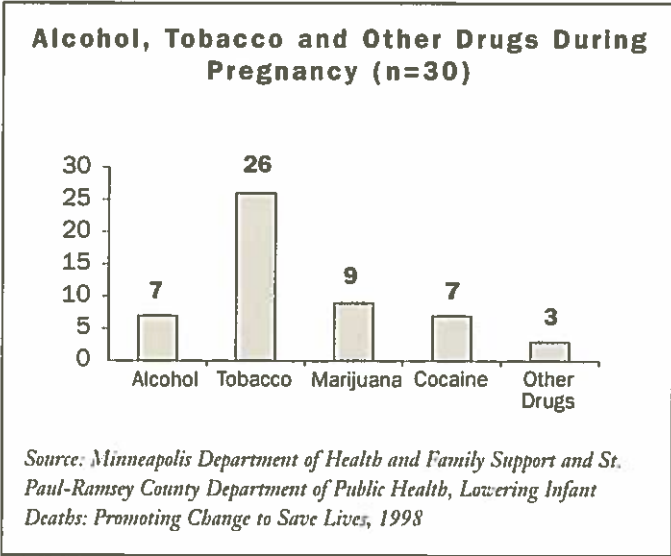
➡**Stacked bar charts** show the parts that contributed to the whole.

Proportion of County Population, Live Births and Infant Deaths in Each Area (1991-1995 Combined)

Source: Call To Action: Reducing Infant Mortality in Inner-City Milwaukee

➡ **Line charts** show trends over time.

Infant Mortality, 1991-96 Northeast Florida and State
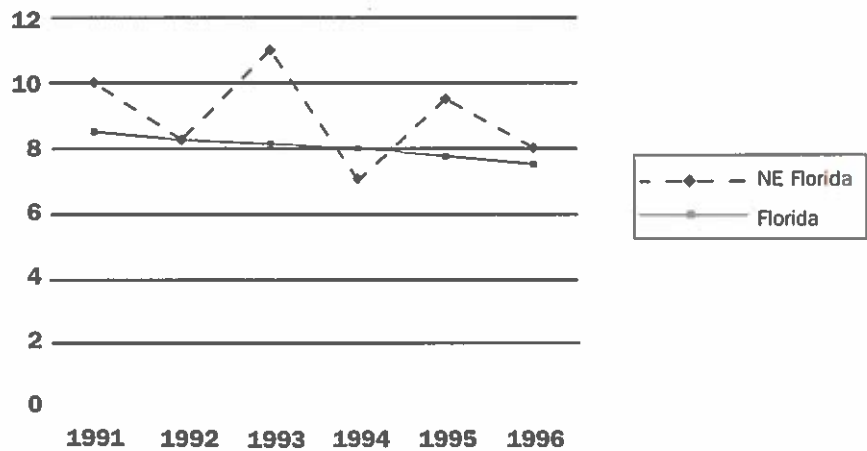
Source: Community Report. Northeast Florida Healthy Start Coalition. January 1998.

➡ **Mixed charts** can convey different types of information. This graph combines two types (bar and line charts) to illustrate infant mortality racial disparity and trends over time.

Broward County Infant Mortality Rate 1993-1997

		1993	1994	1995	1996	1997
	white	7.8	7.7	5.4	4.8	5
	non-white	14.7	14.1	14.8	12.4	10.4
	total	10.1	9.7	8.5	7.3	6.8
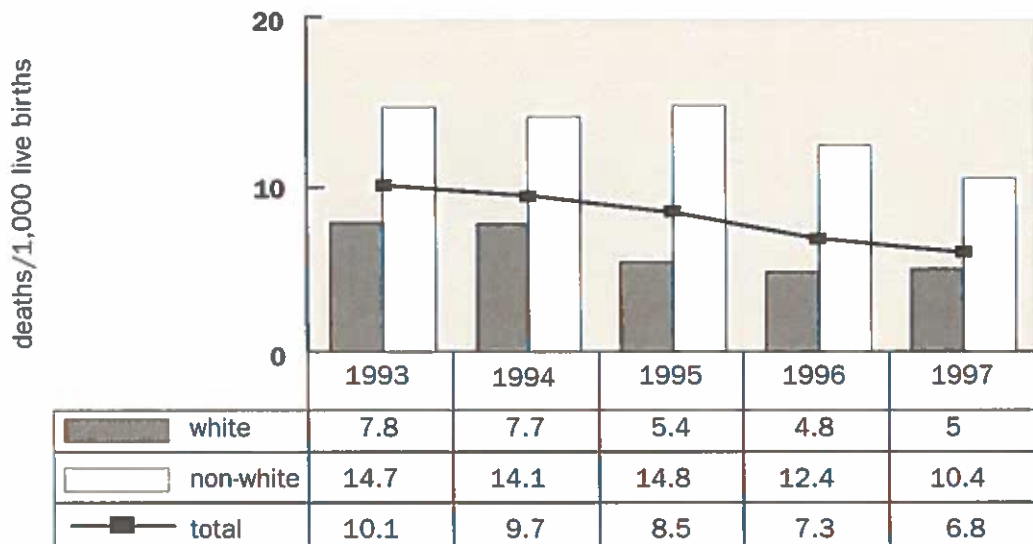
Source: Broward County Fetal and Infant Mortality Review Report. June 18, 1998.

Mapping

Mapping displays information geographically. Many public health staff can remember using maps and pins to analyze outbreaks of infectious diseases. Chartbooks use maps to compare indicators by state or other political boundary. While the level of detail varies, a map can give a sense of how a geographic area compares with other areas.

What is GIS mapping?

Geographic Information Systems (GIS) is a computer system for mapping and analyzing the geographical distribution of data. It runs on personal computers and resembles a database program (it analyzes and relates information stored as records). It has one crucial difference: each record in a GIS database contains information used to draw a geometric shape that represents a unique place corresponding to the data in the record. In other words, a record in a GIS file describing a zip code in Indianapolis, Indiana would include text and numeric information (name, area, etc.) and spatial data that allows the computer to draw the zip code as a boundary of a specific size and shape (Harder).

Because population based data and census data also have a geographic location, GIS can assist in analysis and display of that data. "GIS provides increased access to information and the opportunity to analyze complex data, solve problems, and present data in a graphical format that decision makers and the public can easily see and understand." (NACCHO)

What types of data can GIS display?

✤ Census data. The Allegheny County Health Department map displays household income by zip code.

✤ Specific street address for community assets (clinics, bus routes, daycare centers, etc.)

✤ Environmental data (watersheds, hazardous waste disposal sites)

✤ Population based data (infant mortality rates, birth rates).

Zipcodes by Median Household Income
Highest and Lowest Quartiles

Lowest Income Quartile
Highest Income Quartile
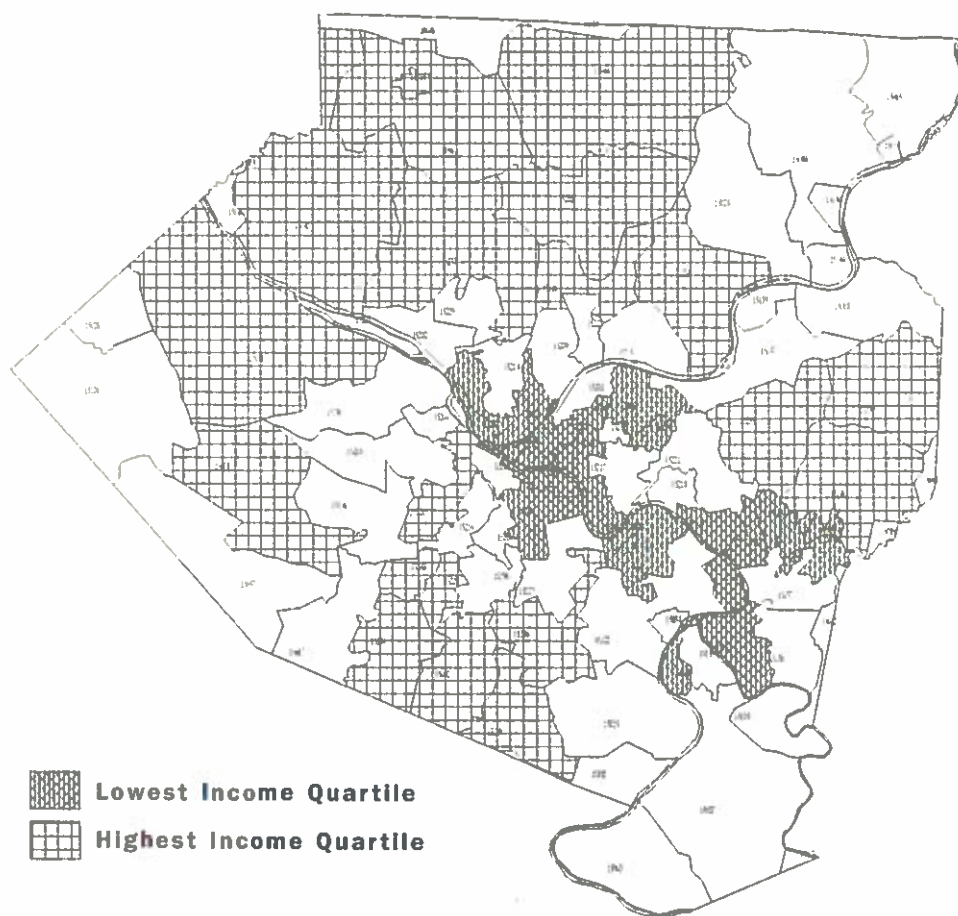
Source: Health and Income in Allegheny County. Allegheny County Health Dept.

To see examples of interactive GIS maps, try these websites:

> ESRI: A commercial vendor, their site includes models from partner organizations and customers. Links to other sites also available on their webpage.
> http://www.esri.com

> RPM Information Network: A commercial vendor with a good selection of resources, including some of their own products, on their website. Links to David Hastings GIS tutorial are helpful for beginners.
> http://home.earthlink.net/~rpminfonet/gis.html

Is GIS available at the community level?

Many cities and counties have developed fairly advanced GIS systems that contain transportation routes, addresses, infrastructure, census and economic data. Check with your city or county planning office and the 911 center. Hospitals and universities also use GIS. You may be able to partner with these GIS resources by providing additional data (in a data base file on a disk) for use in their system. The key is that the information you provide must have a geographic locator field (the zip code, census tract number or census block number) so that the GIS staff can integrate it into their system. By adding your data to the existing files, they can create a map.

Marion County Fetal & Infant Mortality
July 1, 1995 to June 30, 1996
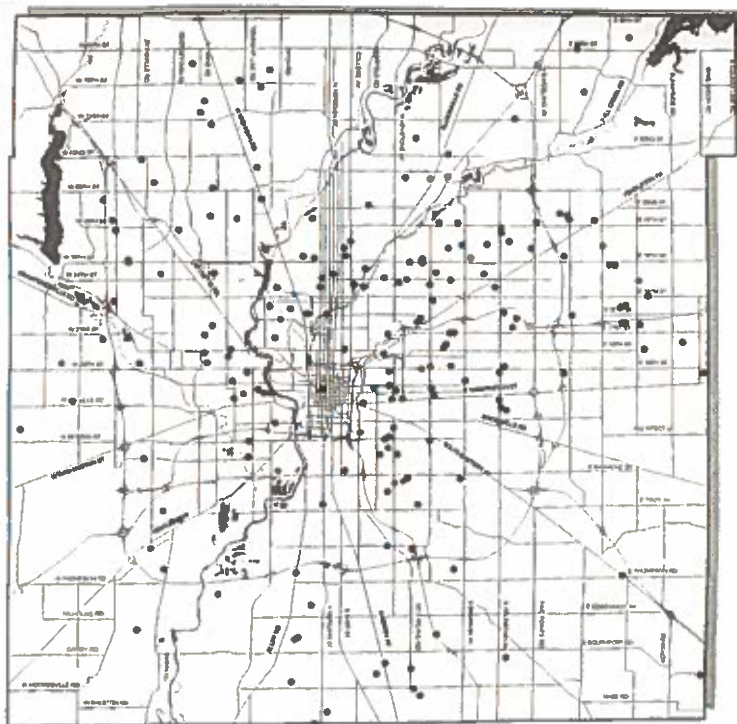
Source: Progress Report Indianapolis Health Babies. July 29, 1997. Marion County Health Department.

Isn't confidentiality an issue?

If you map population-based data, confidentiality should not be an issue. You can map infant mortality rates, birth rates, or adolescent birth rates by zip code or census block. Mapping address-specific data to display the pattern of infant mortality could breach confidentiality in some communities. Check with an epidemiologist or biostatistician to determine if the number of events in the cell (zip code, census tract, etc) is large enough to provide confidentiality. Use your judgment in determining the best way to handle small numbers.

Other mapping programs

CDC developed a mapping program called EpiMap, which works well with EpiInfo. The maps are not as sophisticated as GIS maps but because CDC developed it, the price is right. You can download it from CDC's website http://www.cdc.gov

Resources:

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Summary

Fetal and infant mortality review projects can make a difference in the lives of women and children. FIMR's not only identify issues and problems that affect pregnancy outcomes and young lives, but also mobilize people and resources to address those issues. Tell your community how your work helps improve the overall health and well being of families. Share your successes, findings, and recommendations with your community, partners and potential funders. Be inclusive and invite everyone who can contribute to the table to plan and carry out the FIMR process.

Key points to remember are:

✤ Start early.

✤ Find ways to institutionalize FIMR into on-going efforts like Title V, Healthy Start or local health department assessment and assurance activities. Work with advocates and legislators to get dedicated funds.

✤ Scan the environment to stay knowledgeable about trends that effect maternal and infant health. Look at the infrastructure of your community to identify who does and does not support perinatal health issues.

✤ Tell your FIMR story using media, public education and professional education.

✤ Develop the ability to collaborate, cooperate and find common ground with physicians, hospitals, government and nonprofit agencies, clubs and organizations, and consumers.

✤ Keep track of process and results that describe your performance.

✤ Don't put all your eggs in one basket. Diversify your funding base.

✤ Involve the consumer in key aspects of FIMR.

✤ Be an entrepreneur and don't be afraid to try new approaches to sustain FIMR.

✤ Build on the inherent strengths of your community to make positive changes.

✤ Invite people and organizations to contribute their talents and skills to advance the work of FIMR.

✤ Express thanks for support.

✤ Help people understand your findings by translating data into information that is useful to your various constituencies.

Use marketing and communication as tools to share your successes, alert the community to problems, and build a strong base of support for FIMR and your partners.

It's important to build an on-going source of funds for operations. Institutionalize some components of the FIMR program into existing organizations. Use grants to support other components of your program. Fundraising is time consuming but can both generate income and build a committed volunteer base of support for FIMR activities.

Try many approaches to take recommendations to action. Consider asset development as well as problem solving. Link with vibrant holistic community health initiatives to address broad-based issues. Tap into the large body of FIMR specific experience and share your successes with other FIMR projects.

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Appendices

Appendix A

FIMR Contact People

From examples cited in the text and the FIMR models

AIKEN, SC
Karen Papouchado, Chairperson
Growing Into Life Collaborative
7 Burgundy Road
Aiken, SC 29801
803-648-8520

ALLEGANY COUNTY, MD
Pamela Ronan, RN
Allegany County Health Department
12500 Willowbrook Rd. SW
Cumberland, MD 21502
301-777-5623

BAY, FRANKLIN, GULF COUNTIES, FL
Marie Marshall
Bay, Franklin, Gulf Healthy Start Coalition, Inc.
459 Grace Avenue
Panama City, FL 32401
850-872-4130

BROWARD COUNTY, FL
Georgia Mondrek, FIMR Coordinator
Broward County Healthy Mothers/Healthy Babies
P. O. Box 030376
Fort Lauderdale, FL 33303
954-765-0550

CECIL COUNTY, MD
Sara Herbert, Perinatal Coordinator
Cecil County Health Department
401 Bow Street
Elkton, MD 21921
410-996-5130

ELKHART/ST. JOSEPH COUNTY, IN
Nora Geisler
Elkhart/St. Joseph County Infant Mortality Review
Indiana Perinatal Network
PO Box 1677
South Bend, IN 46634

FLORIDA
Mike Mason, Florida State FIMR Coordinator
Florida State Health Office
HSFFM, Bin A-13
2020 Capital Circle, SW
Tallahassee, Fl 32399
850-488-2834
Mikemason@Doh.State.Fl.Us

INDIANA
Julia Brill
Indiana Heirloom Birth Certificate Project
317-841-0028
JBBRILL@aol.com

INDIANAPOLIS /MARION COUNTY, IN
Katie Pfeffer
FIMR Program Coordinator
HHC of Marion County Hasbrook Building
3838 N. Rural St.
Indianapolis, IN 46205
317-541-2313

JACKSONVILLE/NORTHEAST FLORIDA
Dawn Clark
NE Florida Healthy Start Coalition
9143 Phillips Highway, Ste 350
Jacksonville, FL 32256
904-363-6350

LYNCHBURG, VA
Deborah Alfers, Program Director
Regional Perinatal Coordinating Council
Virginia Baptist Hospital
3300 Rivermont Ave
Lynchburg, VA 24503
804-947-7472

MARYLAND
Sara Roberson
Coordinator of Special Programs
Office of Maternal Health and Family Planning
Maryland Department of Health and Mental Hygiene
201 Preston St.
Baltimore, MD 21201
410-767-6715

MAYVILLE, NY
Marcia Clark
Chatauqua County Health Department
7 North Erie Street
Mayville, NY 14757
716-753-4491

MILWAUKEE, WI
Elizabeth Fiorini, RN
City Of Milwaukee Health Department, Bureau Of
Public Health Services
841 North Broadway, Room 110
Milwaukee WI 53202-3653
414-286-3606
efiorini@ci.mi.wi.us

MINNESOTA
Cheryl Fogarty, PHN, MPH
Minnesota State FIMR Coordinator
Minnesota Dept Of Health
717 Delaware St.,SE
PO Box 9441
Minneapolis, MN 55440
651-281-9947
cheryl.fogarty@health.state.mn.us

OAKLAND/ALAMEDA COUNTY, CA
Naomi Hall
CA State FIMR Coordinator
March of Dimes/Perinatal Network of Alameda/Contra
Costa
6536 Telegraph Ave. Suite C201
Oakland, CA 94901
510.652.5188, Ext. 15
Nhall@Perinatal.org

Dr. Jogi Khanna - FOR INFORMATION ABOUT
THE SIDS RESOURCE BOOK
Director, Maternal and Child Health
Alameda County Public Health
1000 Broadway, Ste 500
Oakland, CA 94607

PEE DEE HEALTH DISTRICT, SC

Brenda Byrd
FIMR Coordinator
Pee Dee Health District
Department of Health and Environmental Control
145 E Cheves St.
Florence, SC 29506
843-661-4830
BYRDB@flornc60.dhec.state.sc.us

PITTSBURGH/ALLEGHENY COUNTY, PA

Carol Synkewecz
Allegheny County Health Department
3333 Forbes Ave.
Pittsburgh, PA 15213
412-578-8003
csynkewecz@ACHD.NET

SAN BERNARDINO COUNTRY, CA

Claudia Spencer
San Bernardino County Public Health Department
and Prev. Med.
320 N "E" St Suite 400
San Bernardino, CA 92415
909-388-4150

SOUTHERN NEW JERSEY

Barbara May
Coordinator of Regional Prevention Programs
Southern New Jersey Perinatal Consortium
Kevin Office Center
2500 McClellan Avenue, Suite 110
Pennsauken, NJ 08109-4613
609-665-6000

VIRGINIA

Doreen Schuett
Virginia State FIMR Coordinator
Virginia Dept. of Health
2024 Echo Ridge Rd
Charlottesville, VA 22911
804-973-9494
schuettDV@aol.com

Appendix B

NFIMR Style Guide

Note: This is the style guide used by NFIMR for our newsletter and other materials. It is included as an example. You may not want or need something this detailed. The reason to develop a style guide is to have a consistent look to your materials and to reduce the odds of leaving something critical out of a document.

All materials
Ink color: Black and teal (PMS 163)

Use this name: NFIMR or National Fetal and Infant Mortality Review Program.

Address: 409 12th St SW, Washington, DC 20024

Phone number: Use main program number for general materials. 202-863-2587.

Sponsoring organizations

ACOG The American College of Obstetricians and Gynecologists

MCHB The federal Maternal and Child Health Bureau

HRSA Health Resources and Services Administration

Partnership language:
NFIMR is a collaborative effort between the American College of Obstetricians and Gynecologists (ACOG) and the federal Maternal and Child Health Bureau. Supported by Project #MCU117013-08 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.

Logos:
Use ACOG and HRSA/MCHB logos together.

Newsletter:
Use ACOG Stylebook as basic guide for punctuation, grammar, usage, abbreviations.

Reading level for NFIMR newsletter: grade 12 or lower using Flesch scales.

Names of individuals are set in bold type the first time used in a story.
Names and telephone information for contact people are set in bold type.
Use footer with program name and telephone number on all interior pages.
Headlines: san serif. Text: serif.
Use graphic for In the Literature section.
Use graphic for Fast Stats section

Page 1: Use a photo, graphic, or pull quote.
Placement of editorial block: lower left corner page 2.
Placement for table of contents: Strip on front page left side. Reverse.
Placement for resources section: Page 4
Placement for Fast Stats section: Page 4

Appendix C

Prospect Worksheet

Focus on Funders Whose Priorities Closely Match Your Project

Date:	Funder	Your Organization
1. Name, Address, Contact Person		n/a

2. Financial Data
    Total Assets
    Total Grants Paid
    Grant Ranges/Amount Needed
    Period of Funding/Project
		n/a
		n/a

3. Subject focus (list in order of importance)	1. 2. 3.	1. 2. 3.
4. Geographic Limits		
5. Type(s) of Support		
6. Population(s) Served		
7. Type(s) of Recipients		
8. People (Officers, Donors, Trustees, Staff)		

Application Information:
    Does the funder have printed guidelines/application forms?
    Initial Approach (letter of inquiry, formal proposal)
    Deadline(s):
    Board Meeting Date(s):

Sources of above information:
    ☑ 990-PF (Year:)   ☑ Directories and grant indexes
    ☑ Annual Report (Year:)   ☑ Grantmaker Web site
        ☑ Requested   ☑ Received

Notes:

Follow-up:

FOUNDATION CENTER COOPERATING COLLECTIONS   FREE FUNDING INFORMATION CENTERS

The Foundation Center is an independent national service organization established by foundations to provide an authoritative source of information on foundation and corporate giving. The New York, Washington, D.C., Atlanta, Cleveland, and San Francisco reference collections operated by the Foundation Center offer a wide variety of services and comprehensive collections of information on foundations and grants. Cooperating Collections are libraries, community foundations, and other nonprofit agencies that provide a core collection of Foundation Center publications and a variety of supplementary materials and services in areas useful to grantseekers. The core collection consists of:

THE FOUNDATION DIRECTORY 1 AND 2, AND SUPPLEMENT	THE FOUNDATION GRANTS INDEX QUARTERLY	NATIONAL DIRECTORY OF CORPORATE GIVING
THE FOUNDATION 1000	FOUNDATION GRANTS TO INDIVIDUALS	NATIONAL DIRECTORY OF GRANTMAKING PUBLIC
FOUNDATION FUNDAMENTALS	GUIDE TO U.S. FOUNDATIONS, THEIR TRUSTEES, OFFICERS,	CHARITIES
FOUNDATION GIVING	AND DONORS	NATIONAL GUIDE TO FUNDING IN. . . . (SERIES)
THE FOUNDATION GRANTS INDEX	THE FOUNDATION CENTER'S GUIDE TO PROPOSAL	USER-FRIENDLY GUIDE
	WRITING	

All five Center libraries have *FC Search: The Foundation Center's Database on CD-ROM* available for patron use, and most Cooperating Collections have it as well, as noted by the symbol (✦). Also, many of the network members make available for public use sets of private foundation information returns (IRS Form 990-PF) for their state and/or neighboring states noted by the symbol (✳). A complete set of U.S. foundation returns can be found at the New York and Washington, D.C., offices of the Foundation Center. The Atlanta, Cleveland, and San Francisco offices contain IRS Form 990-PF returns for the southeastern, midwestern, and western states, respectively. Because the collections vary in their hours, materials, and services, *it is recommended that you call the collection in advance.* To check on new locations or current holdings, call toll-free 1-800-424-9836, or visit our Web site at http://fdncenter.org/library/library.html.

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HUMBOLDT AREA FOUNDATION ✳ ✦
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Bayside 95524
(707) 442-2993

VENTURA COUNTY COMMUNITY
FOUNDATION ✳ ✦
Funding and Information Resource Center
1317 Del Norte Rd., Suite 150
Camarillo 93010
(805) 988-0196

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Nonprofit Advancement Center
1999 Tuolumne St., Suite 650
Fresno 93721
(209) 498-3929

CALIFORNIA COMMUNITY
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Funding Information Center
606 S. Olive St., Suite 2400
Los Angeles 90014-1526
(213) 413-4042

EAST BAY RESOURCE CENTER FOR
NONPROFIT SUPPORT ✦
1203 Preservation Pkwy., Suite 100
Oakland 94612
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FLINTRIDGE FOUNDATION
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San Jose 95126
(408) 248-9505

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Santa Monica 90401-1603
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Santa Rosa 95404
(707) 545-0831

SEASIDE BRANCH LIBRARY ✦
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Seaside 93955
(408) 899-8131

SONORA AREA FOUNDATION ✦
20100 Cedar Rd., N.
Sonora 95370
(209) 533-2596

COLORADO

EL POMAR NONPROFIT RESOURCE
CENTER ✦
1661 Mesa Ave.
Colorado Springs 80906
(800) 554-7711

DENVER PUBLIC LIBRARY ✳ ✦
General Reference
10 West 14th Ave. Pkwy.
Denver 80204
(303) 640-6200

CONNECTICUT

DANBURY PUBLIC LIBRARY ✦
170 Main St.
Danbury 06810
(203) 797-4527

GREENWICH LIBRARY ✳ ✦
101 West Putnam Ave.
Greenwich 06830
(203) 622-7910

HARTFORD PUBLIC LIBRARY ✳ ✦
500 Main St.
Hartford 06103
(860) 543-8656

NEW HAVEN FREE PUBLIC LIBRARY ✦
Reference Dept.
133 Elm St.
New Haven 06510-2057
(203) 946-8130

DELAWARE

UNIVERSITY OF DELAWARE ✳ ✦
Hugh Morris Library
Newark 19717-5267
(302) 831-2432

FLORIDA

VOLUSIA COUNTY LIBRARY CENTER ✳
City Island
Daytona Beach 32014-4484
(904) 257-6036

NOVA SOUTHEASTERN UNIVERSITY ✳ ✦
Einstein Library
3301 College Ave.
Fort Lauderdale 33314
(954) 262-4601

INDIAN RIVER COMMUNITY COLLEGE ✦
Charles S. Miley Learning Resource
 Center
3209 Virginia Ave.
Fort Pierce 34981-5599
(561) 462-4757

JACKSONVILLE PUBLIC LIBRARIES ✳ ✦
Grants Resource Center
122 N. Ocean St.
Jacksonville 32202
(904) 630-2665

MIAMI-DADE PUBLIC LIBRARY ✳ ✦
Humanities/Social Science
101 W. Flagler St.
Miami 33130
(305) 375-5575

ORLANDO PUBLIC LIBRARY ✳
Social Sciences Department
101 E. Central Blvd.
Orlando 32801
(407) 425-4694

SELBY PUBLIC LIBRARY
Reference
1001 Blvd. of the Arts
Sarasota 34236
(941) 316-1181

TAMPA-HILLSBOROUGH COUNTY
PUBLIC LIBRARY ✳ ✦
900 N. Ashley Dr.
Tampa 33602
(813) 273-3628

COMMUNITY FOUNDATION OF PALM
BEACH & MARTIN COUNTIES ✳ ✦
324 Datura St., Suite 340
West Palm Beach 33401
(407) 659-6800

GEORGIA

ATLANTA-FULTON PUBLIC LIBRARY ✳ ✦
Foundation Collection—Ivan Allen
 Department
1 Margaret Mitchell Square
Atlanta 30303-1089
(404) 730-1900

UNITED WAY OF GEORGIA ✳ ✦
Community Resource Center
277 Martin Luther King Jr. Blvd.,
Suite 301
Macon 31201
(912) 745-4732

SAVANNAH STATE UNIVERSITY ✦
Asa Gordon Library
Savannah 31404
(912) 356-2185

THOMAS COUNTY PUBLIC
LIBRARY ✳ ✦
201 N. Madison St.
Thomasville 31792
(912) 225-5252

HAWAII

UNIVERSITY OF HAWAII ✳ ✦
Hamilton Library
2550 The Mall
Honolulu 96822
(808) 956-7214

HAWAII COMMUNITY FOUNDATION
RESOURCE LIBRARY ✦
900 Fort St., Suite 1300
Honolulu 96813
(808) 537-6333

IDAHO

BOISE PUBLIC LIBRARY ✳ ✦
715 S. Capitol Blvd.
Boise 83702
(208) 384-4024

CALDWELL PUBLIC LIBRARY ✳ ✦
1010 Dearborn St.
Caldwell 83605
(208) 459-3242

ILLINOIS

DONORS FORUM OF CHICAGO ✳ ✦
208 South LaSalle, Suite 740
Chicago 60604
(312) 578-0175

EVANSTON PUBLIC LIBRARY ✳ ✦
1703 Orrington Ave.
Evanston 60201
(708) 866-0305

ROCK ISLAND PUBLIC LIBRARY ✦
401 - 19th St.
Rock Island 61201
(309) 788-7627

UNIVERSITY OF ILLINOIS AT
SPRINGFIELD ✳ ✦
Brookens Library
Shepherd Rd.
Springfield 62794-9243
(217) 786-6633

INDIANA

EVANSVILLE-VANDERBURGH COUNTY
PUBLIC LIBRARY ✦
22 Southeast Fifth St.
Evansville 47708
(812) 428-8200

ALLEN COUNTY PUBLIC LIBRARY ✳ ✦
900 Webster St.
Ft. Wayne 46802
(219) 424-0544

INDIANA UNIVERSITY NORTHWEST
LIBRARY ✦
3400 Broadway
Gary 46408
(219) 980-6582

INDIANAPOLIS-MARION COUNTY
PUBLIC LIBRARY ✳ ✦
Social Sciences
40 E. St. Clair
Indianapolis 46206
(317) 269-1733

VIGO COUNTY PUBLIC LIBARARY ✦
1 Library Sq.
Terre Haute 47807
(812) 232-1113

IOWA

CEDAR RAPIDS PUBLIC LIBRARY ✳
Foundation Center Collection
500 First St., SE
Cedar Rapids 52401
(319) 398-5123

SOUTHWESTERN COMMUNITY
COLLEGE ✳ ✦
Learning Resource Center
1501 W. Townline Rd.
Creston 50801
(515) 782-7081

PUBLIC LIBRARY OF DES MOINES ✳ ✦
100 Locust
Des Moines 50309-1791
(515) 283-4152

SIOUX CITY PUBLIC LIBRARY ✳ ✦
529 Pierce St.
Sioux City 51101-1202
(712) 252-5669

KANSAS

DODGE CITY PUBLIC LIBRARY ✳ ✦
1001 2nd Ave.
Dodge City 67801
(316) 225-0248

TOPEKA AND SHAWNEE COUNTY
PUBLIC LIBRARY ✳ ✦
1515 SW 10th Ave.
Topeka 66604-1374
(913) 233-2040

WICHITA PUBLIC LIBRARY ✳ ✦
223 S. Main St.
Wichita 67202
(316) 262-0611

KENTUCKY

WESTERN KENTUCKY UNIVERSITY ✦
Helm-Cravens Library
Bowling Green 42101-3576
(502) 745-6125

LEXINGTON PUBLIC LIBRARY ✳
140 E. Main St.
Lexington 40507-1376
(606) 231-5520

LOUISVILLE FREE PUBLIC LIBRARY ✳ ✦
301 York St.
Louisville 40203
(502) 574-1611

LOUISIANA

EAST BATON ROUGE PARISH LIBRARY ✳ ✦
Centroplex Branch Grants Collection
120 St. Louis
Baton Rouge 70802
(504) 389-4960

BEAUREGARD PARISH LIBRARY ✳ ✦
205 S. Washington Ave.
De Ridder 70634
(318) 463-6217

NEW ORLEANS PUBLIC LIBRARY ✳ ✦
Business & Science Division
219 Loyola Ave.
New Orleans 70140
(504) 596-2580

SHREVE MEMORIAL LIBRARY ✳
424 Texas St.
Shreveport 71120-1523
(318) 226-5894

MAINE

MAINE GRANTS INFORMATION
CENTER ✳ ✦
University of Southern Maine Library
314 Forrest Ave.
Portland 04104-9301
(207) 780-5029

MARYLAND

ENOCH PRATT FREE LIBRARY ✳ ✦
Social Science & History
400 Cathedral St.
Baltimore 21201
(410) 396-5430

MASSACHUSETTS

ASSOCIATED GRANTMAKERS OF
MASSACHUSETTS ✳ ✦
294 Washington St., Suite 840
Boston 02108
(617) 426-2606

BOSTON PUBLIC LIBRARY ✳ ✦
Soc. Sci. Reference
700 Boylston St.
Boston 02117
(617) 536-5400

WESTERN MASSACHUSETTS FUNDING
RESOURCE CENTER ✦
65 Elliot St.
Springfield 01101-1730
(413) 732-3175

WORCESTER PUBLIC LIBRARY ✳ ✦
Grants Resource Center
Salem Square
Worcester 01608
(508) 799-1655

MICHIGAN

ALPENA COUNTY LIBRARY ✳ ✦
211 N. First St.
Alpena 49707
(517) 356-6188

UNIVERSITY OF MICHIGAN–ANN
ARBOR ✳ ✦
Graduate Library
Reference & Research Services
Department
Ann Arbor 48109-1205
(313) 764-9373

WILLARD PUBLIC LIBRARY ✳ ✦
7 W. Van Buren St.
Battle Creek 49017
(616) 968-8166

HENRY FORD CENTENNIAL
LIBRARY ✳ ✦
Adult Services
16301 Michigan Ave.
Dearborn 48126
(313) 943-2330

WAYNE STATE UNIVERSITY ✳ ✦
Purdy/Kresge Library
5265 Cass Ave.
Detroit 48202
(313) 577-6424

MICHIGAN STATE UNIVERSITY
LIBRARIES ✳ ✦
Social Sciences/Humanities
Main Library
East Lansing 48824-1048
(517) 353-8818

FARMINGTON COMMUNITY LIBRARY ✳ ✦
32737 West 12 Mile Rd.
Farmington Hills 48018
(810) 553-0300

UNIVERSITY OF MICHIGAN—FLINT ✳
Library
Flint 48502-2186
(810) 762-3408

GRAND RAPIDS PUBLIC LIBRARY ✳ ✦
Business Dept.—3rd Floor
60 Library Plaza NE
Grand Rapids 49503-3093
(616) 456-3600

MICHIGAN TECHNOLOGICAL
UNIVERSITY ✦
Van Pelt Library
1400 Townsend Dr.
Houghton 49931
(906) 487-2507

MAUD PRESTON PALENSKE MEMORIAL
LIBRARY ✦
500 Market St.
Saint Joseph 49085
(616) 983-7167

NORTHWESTERN MICHIGAN
COLLEGE ✳ ✦
Mark & Helen Osterin Library
1701 E. Front St.
Traverse City 49684
(616) 922-1060

MINNESOTA

DULUTH PUBLIC LIBRARY ✳ ✦
520 W. Superior St.
Duluth 55802
(218) 723-3802

SOUTHWEST STATE UNIVERSITY ✳ ✦
University Library
Marshall 56258
(507) 537-6176

MINNEAPOLIS PUBLIC LIBRARY ✳ ✦
Sociology Department
300 Nicollet Mall
Minneapolis 55401
(612) 630-6300

ROCHESTER PUBLIC LIBRARY
101 2nd St. SE
Rochester 55904-3776
(507) 285-8002

MISSISSIPPI

ST. PAUL PUBLIC LIBRARY ❋ ✤
90 W. Fourth St.
St. Paul 55102
(612) 266-7000

JACKSON/HINDS LIBRARY SYSTEM ❋ ✤
300 N. State St.
Jackson 39201
(601) 968-5803

MISSOURI

CLEARINGHOUSE FOR
MIDCONTINENT FOUNDATIONS ❋ ✤
University of Missouri
5110 Cherry, Suite 310
Kansas City 64110
(816) 235-1176

KANSAS CITY PUBLIC LIBRARY ❋ ✤
311 E. 12th St.
Kansas City 64106
(816) 221-9650

METROPOLITAN ASSOCIATION FOR
PHILANTHROPY, INC. ❋ ✤
One Metropolitan Square, Suite 1295
211 North Broadway
St. Louis 63102
(314) 621-6220

SPRINGFIELD-GREENE COUNTY
LIBRARY ❋ ✤
397 E. Central
Springfield 65802
(417) 837-5000

MONTANA

MONTANA STATE UNIVERSITY—
BILLINGS ❋ ✤
Library—Special Collections
1500 North 30th St.
Billings 59101-0298
(406) 657-1662

BOZEMAN PUBLIC LIBRARY ❋ ✤
220 E. Lamme
Bozeman 59715
(406) 582-2402

MONTANA STATE LIBRARY ❋ ✤
Library Services
1515 E. 6th Ave.
Helena 59620
(406) 444-3004

UNIVERSITY OF MONTANA ❋ ✤
Maureen & Mike Mansfield Library
Missoula 59812-1195
(406) 243-6800

NEBRASKA

UNIVERSITY OF NEBRASKA—
LINCOLN ❋ ✤
Love Library
14th & R Sts.
Lincoln 68588-0410
(402) 472-2848

W. DALE CLARK LIBRARY ❋ ✤
Social Sciences Department
215 S. 15th St.
Omaha 68102
(402) 444-4826

NEVADA

LAS VEGAS–CLARK COUNTY LIBRARY
DISTRICT ❋ ✤
1401 E. Flamingo
Las Vegas 89119
(702) 733-3642

WASHOE COUNTY LIBRARY ❋ ✤
301 S. Center St.
Reno 89501
(702) 785-4010

NEW HAMPSHIRE

PLYMOUTH STATE COLLEGE ❋ ✤
Herbert H. Lamson Library
Plymouth 03264
(603) 535-2258

CONCORD COUNTY LIBRARY
45 Green St.
Concord 03301
(603) 225-8670

NEW JERSEY

CUMBERLAND COUNTY LIBRARY ✤
800 E. Commerce St.
Bridgeton 08302
(609) 453-2210

FREE PUBLIC LIBRARY OF ELIZABETH ❋ ✤
11 S. Broad St.
Elizabeth 07202
(908) 354-6060

COUNTY COLLEGE OF MORRIS ❋ ✤
Learning Resource Center
214 Center Grove Rd.
Randolph 07869
(201) 328-5296

NEW JERSEY STATE LIBRARY ❋ ✤
Governmental Reference Services
185 W. State St.
Trenton 08625-0520
(609) 292-6220

NEW MEXICO

ALBUQUERQUE COMMUNITY
FOUNDATION ❋
3301 Menaul NE, Suite 30
Albuquerque 87176-6960
(505) 883-6240

NEW MEXICO STATE LIBRARY ❋ ✤
Information Services
325 Don Gaspar
Santa Fe 87501-2777
(505) 827-3824

NEW YORK

NEW YORK STATE LIBRARY ❋ ✤
Humanities Reference
Cultural Education Center
Empire State Plaza
Albany 12230
(518) 474-5355

SUFFOLK COOPERATIVE LIBRARY
SYSTEM ✤
627 N. Sunrise Service Rd.
Bellport 11713
(516) 286-1600

NEW YORK PUBLIC LIBRARY ✤
Bronx Reference Center
2556 Bainbridge Ave.
Bronx 10458-4698
(718) 579-4257

THE NONPROFIT CONNECTION, INC. ✤
One Hanson Place—Room 2504
Brooklyn 11243
(718) 230-3200

BROOKLYN PUBLIC LIBRARY ✤
Social Sciences Division
Grand Army Plaza
Brooklyn 11238
(718) 780-7700

BUFFALO & ERIE COUNTY PUBLIC
LIBRARY ❋ ✤
Business & Labor Dept.
Lafayette Square
Buffalo 14203
(716) 858-7097

HUNTINGTON PUBLIC LIBRARY ✤
338 Main St.
Huntington 11743
(516) 427-5165

QUEENS BOROUGH PUBLIC LIBRARY ✤
Social Sciences Division
89-11 Merrick Blvd.
Jamaica 11432
(718) 990-0761

LEVITTOWN PUBLIC LIBRARY ❋ ✤
1 Bluegrass Lane
Levittown 11756
(516) 731-5728

NEW YORK PUBLIC LIBRARY ✤
Countee Cullen Branch Library
104 W. 136th St.
New York 10030
(212) 491-2070

ADRIANCE MEMORIAL LIBRARY ✤
Special Services Department
93 Market St.
Poughkeepsie 12601
(914) 485-3445

ROCHESTER PUBLIC LIBRARY ❋ ✤
Business, Economics & Law
115 South Ave.
Rochester 14604
(716) 428-7328

ONONDAGA COUNTY PUBLIC
LIBRARY ✤
447 S. Salina St.
Syracuse 13202-2494
(315) 435-1800

UTICA PUBLIC LIBRARY
303 Genesee St.
Utica 13501
(315) 735-2279

WHITE PLAINS PUBLIC LIBRARY ✤
100 Martine Ave.
White Plains 10601
(914) 422-1480

NORTH CAROLINA

COMMUNITY FDN. OF WESTERN
NORTH CAROLINA ❋ ✤
Learning Resources Center
16 Biltmore Ave., Suite 201
P.O. Box 1888
Asheville 28802
(704) 254-4960

THE DUKE ENDOWMENT ❋ ✤
100 N. Tryon St., Suite 3500
Charlotte 28202
(704) 376-0291

DURHAM COUNTY PUBLIC LIBRARY ✤
301 North Roxboro
Durham 27702
(919) 560-0110

STATE LIBRARY OF NORTH
CAROLINA ❋ ✤
Government and Business Services
Archives Bldg., 109 E. Jones St.
Raleigh 27601
(919) 733-3270

FORSYTH COUNTY PUBLIC
LIBRARY ❋ ✤
660 W. 5th St.
Winston-Salem 27101
(336) 727-2680

NORTH DAKOTA

BISMARCK PUBLIC LIBRARY
515 N. Fifth St.
Bismarck 58501
(701) 222-6410

FARGO PUBLIC LIBRARY ❋ ✤
102 N. 3rd St.
Fargo 58102
(701) 241-1491

OHIO

STARK COUNTY DISTRICT LIBRARY ✤
Humanities
715 Market Ave. N.
Canton 44702
(330) 452-0665

PUBLIC LIBRARY OF CINCINNATI &
HAMILTON COUNTY ❋ ✤
Grants Resource Center
800 Vine St.—Library Square
Cincinnati 45202-2071
(513) 369-6940

COLUMBUS METROPOLITAN
LIBRARY ✤
Business and Technology
96 S. Grant Ave.
Columbus 43215
(614) 645-2590

DAYTON & MONTGOMERY COUNTY
PUBLIC LIBRARY ❋ ✤
Grants Resource Center
215 E. Third St.
Dayton 45402
(937) 227-9500 x211

MANSFIELD/RICHLAND COUNTY
PUBLIC LIBRARY ❋ ✤
42 W. 3rd St.
Mansfield 44902
(419) 521-3110

TOLEDO-LUCAS COUNTY PUBLIC
LIBRARY ❋ ✤
Social Sciences Department
325 Michigan St.
Toledo 43624-1614
(419) 259-5245

PUBLIC LIBRARY OF YOUNGSTOWN &
MAHONING COUNTY ❋ ✤
305 Wick Ave.
Youngstown 44503
(330) 744-8636

MUSKINGUM COUNTY LIBRARY ✤
220 N. 5th St.
Zanesville 43701
(614) 453-0391

OKLAHOMA

OKLAHOMA CITY UNIVERSITY ❋ ✤
Dulaney Browne Library
2501 N. Blackwelder
Oklahoma City 73106
(405) 521-5822

TULSA CITY–COUNTY LIBRARY ❋ ✤
400 Civic Center
Tulsa 74103
(918) 596-7944

OREGON

OREGON INSTITUTE OF
TECHNOLOGY ✤
Library
3201 Campus Dr.
Klamath Falls 97601-8801
(503) 885-1773

PACIFIC NON-PROFIT NETWORK ❋ ✤
Grantsmanship Resource Library
33 N. Central, Suite 211
Medford 97501
(503) 779-6044

MULTNOMAH COUNTY LIBRARY ✤
Government Documents
801 SW Tenth Ave.
Portland 97205
(503) 248-5123

OREGON STATE LIBRARY ❋ ✤
State Library Building
Salem 97310
(503) 378-4277

PENNSYLVANIA

NORTHAMPTON COMMUNITY
COLLEGE ✤
Learning Resources Center
3835 Green Pond Rd.
Bethlehem 18017
(610) 861-5360

ERIE COUNTY LIBRARY SYSTEM ✤
160 East Front St.
Erie 16507
(814) 451-6927

DAUPHIN COUNTY LIBRARY SYSTEM ✦
Central Library
101 Walnut St.
Harrisburg 17101
(717) 234-4976

LANCASTER COUNTY PUBLIC LIBRARY ✦
125 N. Duke St.
Lancaster 17602
(717) 394-2651

FREE LIBRARY OF PHILADELPHIA ✱ ✦
Regional Foundation Center
Logan Square
Philadelphia 19103
(215) 686-5423

CARNEGIE LIBRARY OF PITTSBURGH ✱ ✦
Foundation Collection
4400 Forbes Ave.
Pittsburgh 15213-4080
(412) 622-1917

POCONO NORTHEAST DEVELOPMENT FUND ✦
James Pettinger Memorial Library
1151 Oak St.
Pittston 18640-3795
(717) 655-5581

READING PUBLIC LIBRARY ✦
100 South Fifth St.
Reading 19602
(610) 655-6355

MARTIN LIBRARY ✱ ✦
159 Market St.
York 17401
(717) 846-5300

RHODE ISLAND

PROVIDENCE PUBLIC LIBRARY ✱ ✦
225 Washington St.
Providence 02906
(401) 455-8088

SOUTH CAROLINA

ANDERSON COUNTY LIBRARY ✱ ✦
202 East Greenville St.
Anderson 29621
(864) 260-4500

CHARLESTON COUNTY LIBRARY ✱ ✦
68 Calhoun St.
Charleston 29401
(843) 805-6950

SOUTH CAROLINA STATE LIBRARY ✱ ✦
1500 Senate St.
Columbia 29211
(803) 734-8666

SOUTH DAKOTA

SOUTH DAKOTA STATE LIBRARY ✱ ✦
800 Governors Dr.
Pierre 57501-2294
(605) 773-5070
(800) 592-1841 (SD residents)

NONPROFIT MANAGEMENT INSTITUTE ✦
132 S. Dakota Rd.
Sioux Falls 57102
(605) 367-5380

SIOUXLAND LIBRARIES ✱ ✦
201 N. Main Ave.
Sioux Falls 57102-1132
(605) 367-7081

TENNESSEE

KNOX COUNTY PUBLIC LIBRARY ✱ ✦
500 W. Church Ave.
Knoxville 37902
(423) 544-5700

MEMPHIS & SHELBY COUNTY PUBLIC LIBRARY ✱ ✦
1850 Peabody Ave.
Memphis 38104
(901) 725-8877

NASHVILLE PUBLIC LIBRARY ✱ ✦
Business Information Division
225 Polk Ave.
Nashville 37203
(615) 862-5843

TEXAS

NONPROFIT RESOURCE CENTER ✦
Funding Information Library
500 N. Chestnut, Suite 1511
Abilene 79604
(915) 677-8166

AMARILLO AREA FOUNDATION ✱ ✦
700 First National Place
801 S. Fillmore
Amarillo 79101
(806) 376-4521

HOGG FOUNDATION FOR MENTAL HEALTH ✱ ✦
3001 Lake Austin Blvd.
Austin 78703
(512) 471-5041

BEAUMONT PUBLIC LIBRARY ✦
801 Pearl St.
Beaumont 77704
(409) 838-6606

CORPUS CHRISTI PUBLIC LIBRARY ✱ ✦
805 Commanche St.
Reference Dept.
Corpus Christi 78401
(512) 880-7000

DALLAS PUBLIC LIBRARY ✱ ✦
Urban Information
1515 Young St.
Dallas 75201
(214) 670-1487

CENTER FOR VOLUNTEERISM & NONPROFIT MANAGEMENT ✦
1918 Texas Ave.
El Paso 79901
(915) 532-5377

SOUTHWEST BORDER NONPROFIT RESOURCE CENTER ✦
Nonprofit Resource Center
1201 W. University Dr.
Edinburgh 78539
(956) 316-2610

FUNDING INFORMATION CENTER OF FORT WORTH ✱ ✦
329 S. Henderson
Ft. Worth 76104
(817) 334-0228

HOUSTON PUBLIC LIBRARY ✱ ✦
Bibliographic Information Center
500 McKinney
Houston 77002
(713) 236-1313

LONGVIEW PUBLIC LIBRARY ✱
222 W. Cotton St.
Longview 75601
(903) 237-1352

LUBBOCK AREA FOUNDATION, INC. ✦
1655 Main St., Suite 209
Lubbock 79401
(806) 762-8061

NONPROFIT RESOURCE CENTER OF TEXAS ✱ ✦
111 Soledad, Suite 200
San Antonio 78205
(210) 227-4333

WACO-MCLENNAN COUNTY LIBRARY ✱ ✦
1717 Austin Ave.
Waco 76701
(254) 750-5975

NORTH TEXAS CENTER FOR NONPROFIT MANAGEMENT ✱ ✦
624 Indiana, Suite 307
Wichita Falls 76301
(940) 322-4961

UTAH

SALT LAKE CITY PUBLIC LIBRARY ✱
209 East 500 South
Salt Lake City 84111
(801) 524-8200

VERMONT

VERMONT DEPT. OF LIBRARIES ✱ ✦
Reference & Law Info. Services
109 State St.
Montpelier 05609
(802) 828-3268

VIRGINIA

HAMPTON PUBLIC LIBRARY ✦
4207 Victoria Blvd.
Hampton 23669
(757) 727-1312

RICHMOND PUBLIC LIBRARY ✱ ✦
Business, Science & Technology
101 East Franklin St.
Richmond 23219
(804) 780-8223

ROANOKE CITY PUBLIC LIBRARY SYSTEM ✱
706 S. Jefferson
Roanoke 24016
(540) 853-2477

WASHINGTON

MID-COLUMBIA LIBRARY ✱
405 South Dayton
Kennewick 99336
(509)586-3156

SEATTLE PUBLIC LIBRARY ✱ ✦
Science, Social Science
1000 Fourth Ave.
Seattle 98104
(206) 386-4620

SPOKANE PUBLIC LIBRARY ✱
Funding Information Center
West 811 Main Ave.
Spokane 99201
(509) 626-5347

UNITED WAY OF PIERCE COUNTY ✱ ✦
Center for Nonprofit Development
1501 Pacific Ave., Suite 400
P.O. Box 2215
Tacoma 98401
(206) 272-4263

GREATER WENATCHEE COMMUNITY FOUNDATION AT THE WENATCHEE PUBLIC LIBRARY
310 Douglas St.
Wenatchee 98807
(509) 662-5021

WEST VIRGINIA

KANAWHA COUNTY PUBLIC LIBRARY ✱ ✦
123 Capitol St.
Charleston 25301
(304) 343-4646

WISCONSIN

UNIVERSITY OF WISCONSIN-MADISON ✱ ✦
Memorial Library
728 State St.
Madison 53706
(608) 262-3242

MARQUETTE UNIVERSITY MEMORIAL LIBRARY ✱ ✦
Funding Information Center
1415 W. Wisconsin Ave.
Milwaukee 53201-3141
(414) 288-1515

UNIVERSITY OF WISCONSIN-STEVENS POINT ✱ ✦
Library—Foundation Collection
99 Reserve St.
Stevens Point 54481-3897
(715) 346-4204

WYOMING

NATRONA COUNTY PUBLIC LIBRARY ✱ ✦
307 E. 2nd St.
Casper 82601-2598
(307) 237-4935

LARAMIE COUNTY COMMUNITY COLLEGE ✱ ✦
Instructional Resource Center
1400 E. College Dr.
Cheyenne 82007-3299
(307) 778-1206

CAMPBELL COUNTY PUBLIC LIBRARY ✱ ✦
2101 4-J Rd.
Gillette 82716
(307) 682-3223

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The Foundation Center welcomes inquiries from libraries or information centers in the U.S. interested in providing this type of public information service. If you are interested in establishing a funding information library for the use of nonprofit organizations in your area or in learning more about the program, please write to: Rich Romeo, Coordinator of Cooperating Collections, The Foundation Center, 79 Fifth Avenue, New York, NY 10003-3076. 5/98

NFIMR Materials Order Form

The National Fetal-Infant Mortality Review (NFIMR) Program publications and resource materials are designed to support and enhance FIMR programs.

Catalog of Materials

❑ **Fetal and Infant Mortality Review Manual: A Guide for Communities** (1998) - the basic reference for new and existing FIMR programs.

❑ **FIMR: Making Healthy Communities Happen.** quarterly newsletter of NFIMR. Free subscription.

❑ **Making a Difference in the Community** (1997) an information/marketing brochure describing the FIMR process.

❑ **NFIMR Bibliographies** - posted on the web site and available in hard copy

❑ **NFIMR Educational Bulletins**

  ❑ **When an Infant Dies: Cross-Cultural Expressions of Grief and Loss.** -Reviews cultural traditions of Latino, African-American, North American tribal, and Muslim families grieving the loss of an infant.

❑ **NFIMR Data Abstraction Forms** - used by FIMR projects for standardized data collection

  ❑ Bound version provides a permanent copy for information purposes.

  ❑ Unbound version allows for ongoing duplication.

  ❑ *Entrevista Domiciliaria*- a Spanish version of the Maternal Interview and its supplement

❑ **NFIMR** *Slide/Lecture Presentation* (1996) - used primarily to orient community groups unfamiliar with FIMR to the process and its benefits. Package includes 32 numbered, color 35mm slides with large type lecture notes. Powerpoint version available on disk.

❑ **NFIMR Software** supports the electronic collection, storage and processing of information. Matching the Data Abstraction Forms, NFIMR for Windows creates a case summary for review team utilization, cross-tabulations and graphs.

Name _____ **Credentials** _____

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To receive NFIMR materials, return this order form to:

THE NATIONAL FETAL-INFANT MORTALITY REVIEW PROGRAM

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS • WOMEN'S HEALTH CARE PHYSICIANS

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