

Exploring how FIMR and CDR teams identify and address disparities

Wednesday, June 26, 2019
2:00 PM – 3:00 PM ET



The National Center for Fatality Review and Prevention

Housekeeping Notes

- **Webinar is being recorded and will be available within 2 weeks on our website: www.ncfrp.org**
- All attendees will be muted and in listen only mode
- Questions can be typed into the “Questions” pane
 - Due to the large number of attendees, we may not be able to get to all questions in the time allotted
 - All unanswered questions will be posted with answers on the NCFRP website

About the National Center

- The National Center for Fatality Review and Prevention (NCFRP) is a resource and data center that supports child death review (CDR) and fetal and infant mortality review (FIMR) programs around the country.
- Supported with funding from the Maternal and Child Health Bureau at the Health Resources and Services Administration, the Center aligns with several MCHB priorities and performance and outcome measures such as:
 - Healthy pregnancy
 - Child and infant mortality
 - Injury prevention
 - Safe sleep



HRSA's Overall Vision for NCFRP

- Through delivery of data, training, and technical support, NCFRP will assist state and community programs in:
 - Understanding how CDR and FIMR reviews can be used to address issues related to adverse maternal, infant, child, and adolescent outcomes
 - Improving the quality and effectiveness of CDR/FIMR processes
 - Increasing the availability and use of data to inform prevention efforts and for national dissemination
- Ultimate Goal:
 - Improving systems of care and outcomes for mothers, infants, children, and families



Acknowledgement

This webinar was made possible in part by Cooperative Agreement Numbers UG7MC28482 and UG7MC31831 from the US Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) as part of an award totaling \$1,099,997 annually with 0 percent financed with non-governmental sources. Its contents are solely the responsibility of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



Presentation goals

- Verbalize how fatality review teams use information from their findings to inform communities of their determinants of infant and child deaths and how mothers' and families' experiences with racism have impacted infant and child outcomes
- Describe how fatality review teams interact with the community to develop and implement mortality and disparity reduction efforts
- Give local examples of successful interventions that address disparities

Guest Speakers



D'Yuanna Allen-Robb, MPH



Cathy Costa, MSW, MPH



Trevor Crowder, M.A.



Catherine Kothari, BA, MA, PhD



FIMR Catalyzes System Change to Improve Racial Equity

Cathy Kothari,
FIMR co-lead, Kalamazoo MI



...on behalf of FIMR co-lead, Deb Lenz, and our team





The Land of the Promise...

Kalamazoo Public Schools
Every child, every opportunity, every time!

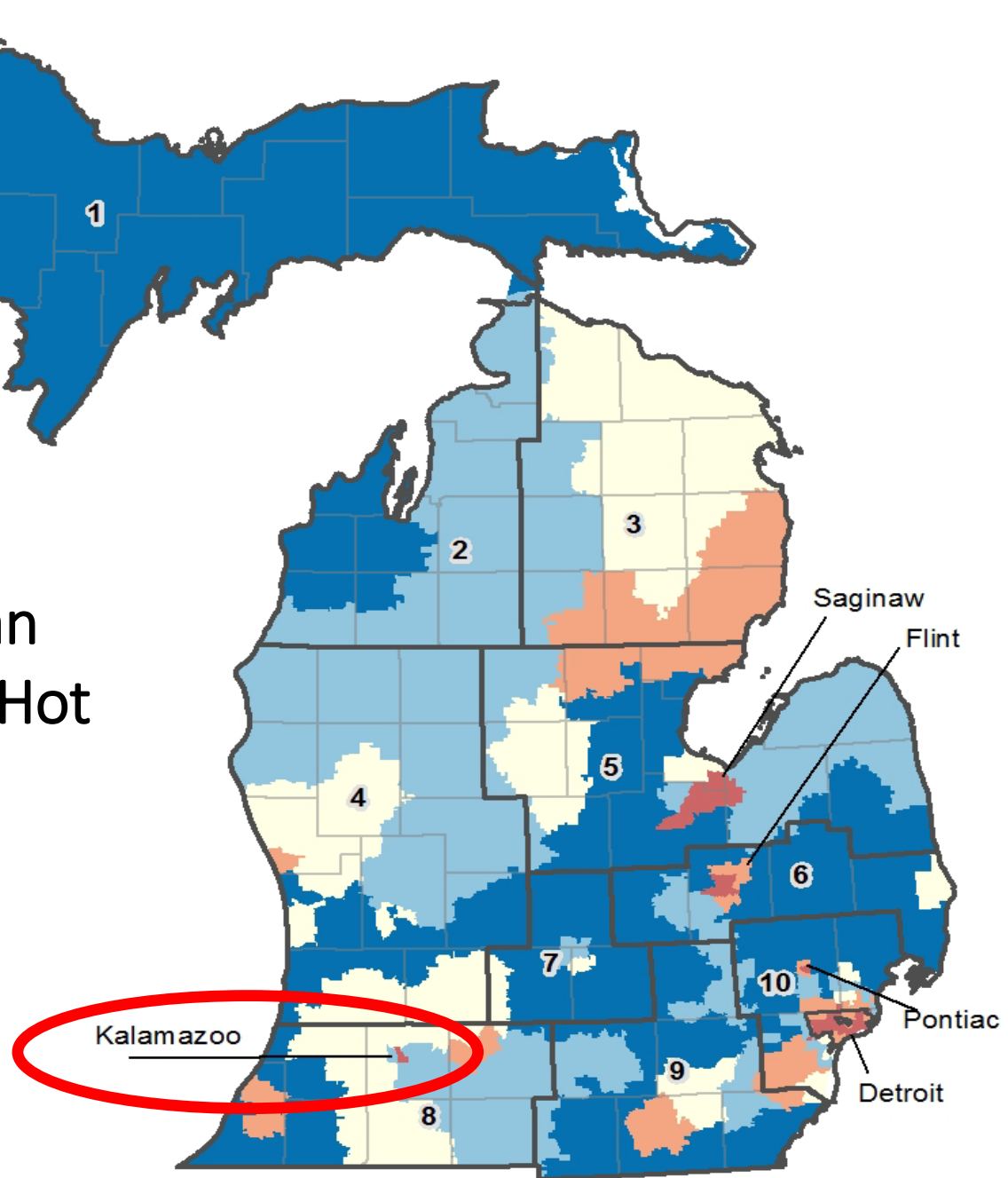
Every KPS School

is a **Kalamazoo Promise**
SCHOOL

FREE COLLEGE TUITION FOR KPS GRADUATES!
RESIDENCY AND ATTENDANCE REQUIREMENTS APPLY

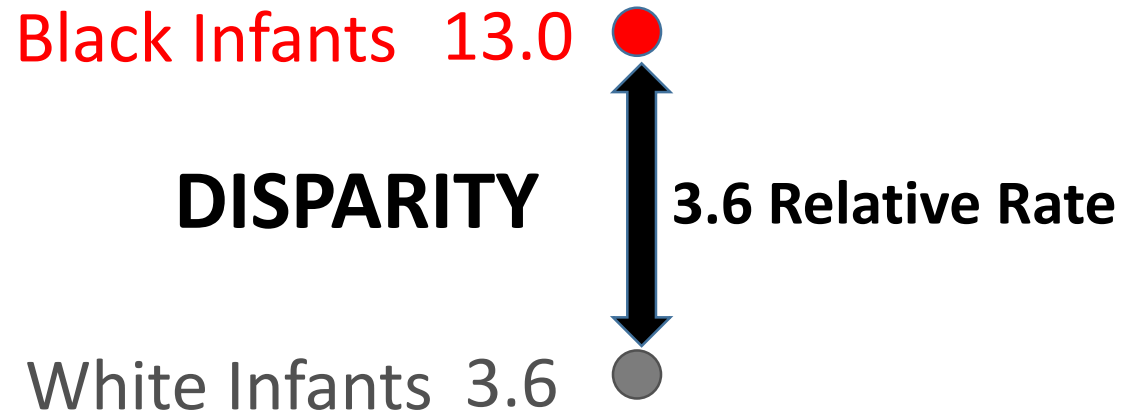
A black silhouette of a group of graduates wearing caps and gowns, positioned at the bottom of the advertisement.

Kalamazoo is an Infant Mortality Hot Spot



High Racial Disparity

Kalamazoo County IMR, 2015-2017 three-year moving averages

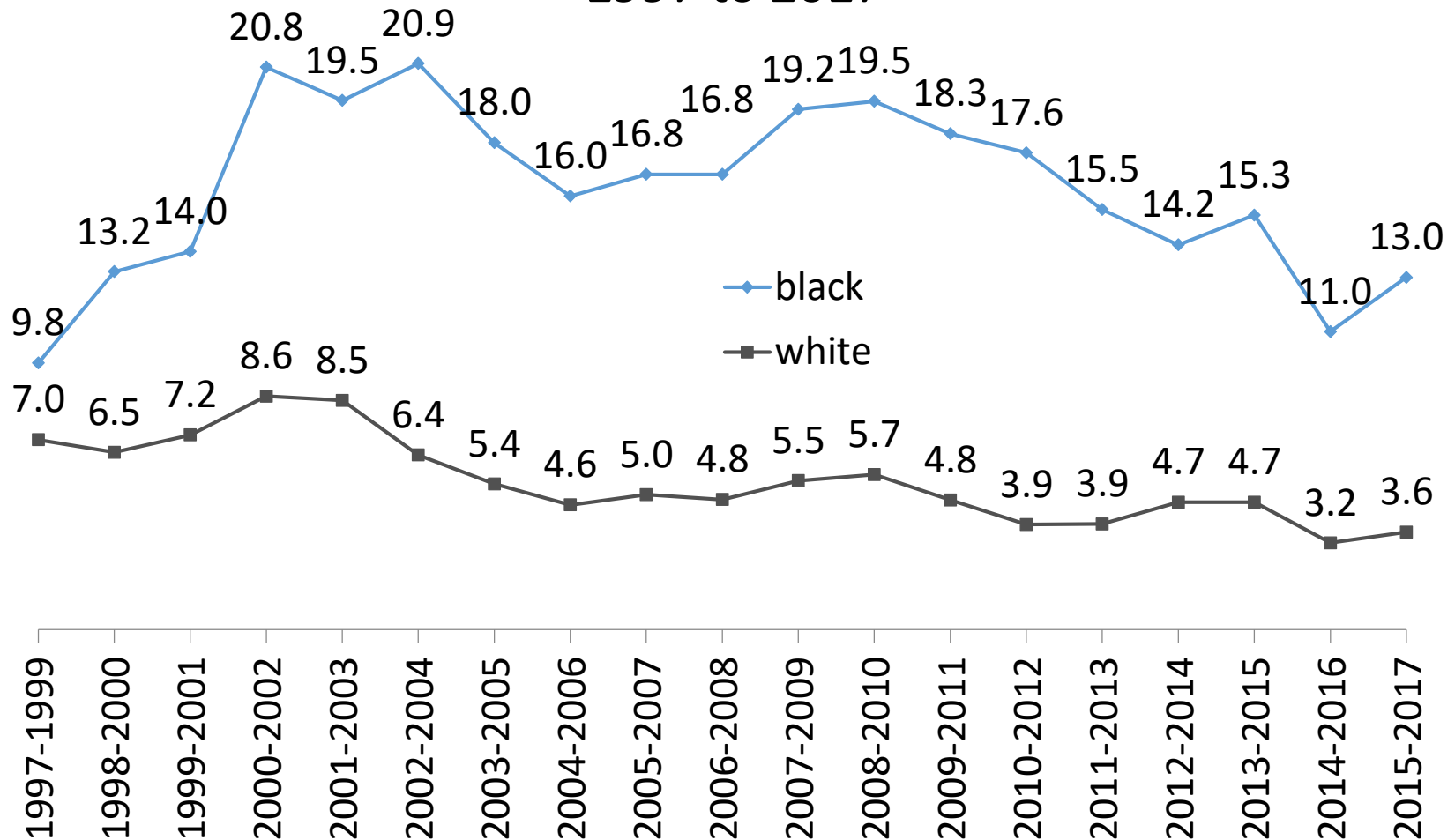


**FIMR HAS PLAYED A KEY
ROLE IN ADDRESSING
THESE DISPARITIES**

Kalamazoo County

Three Year Moving Average Infant Mortality Rate, By Race

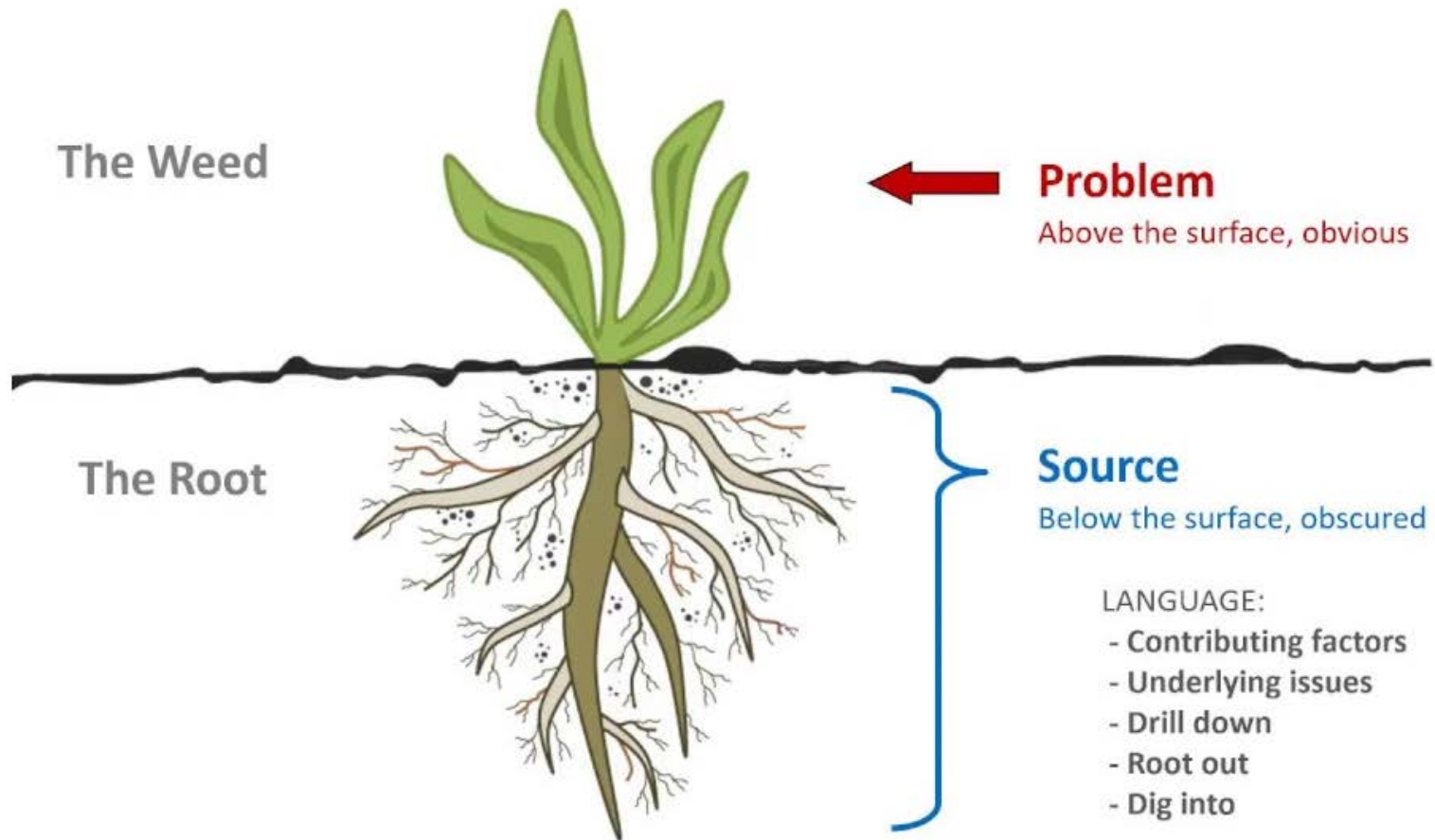
-1997 to 2017-



Dr. Arthur James

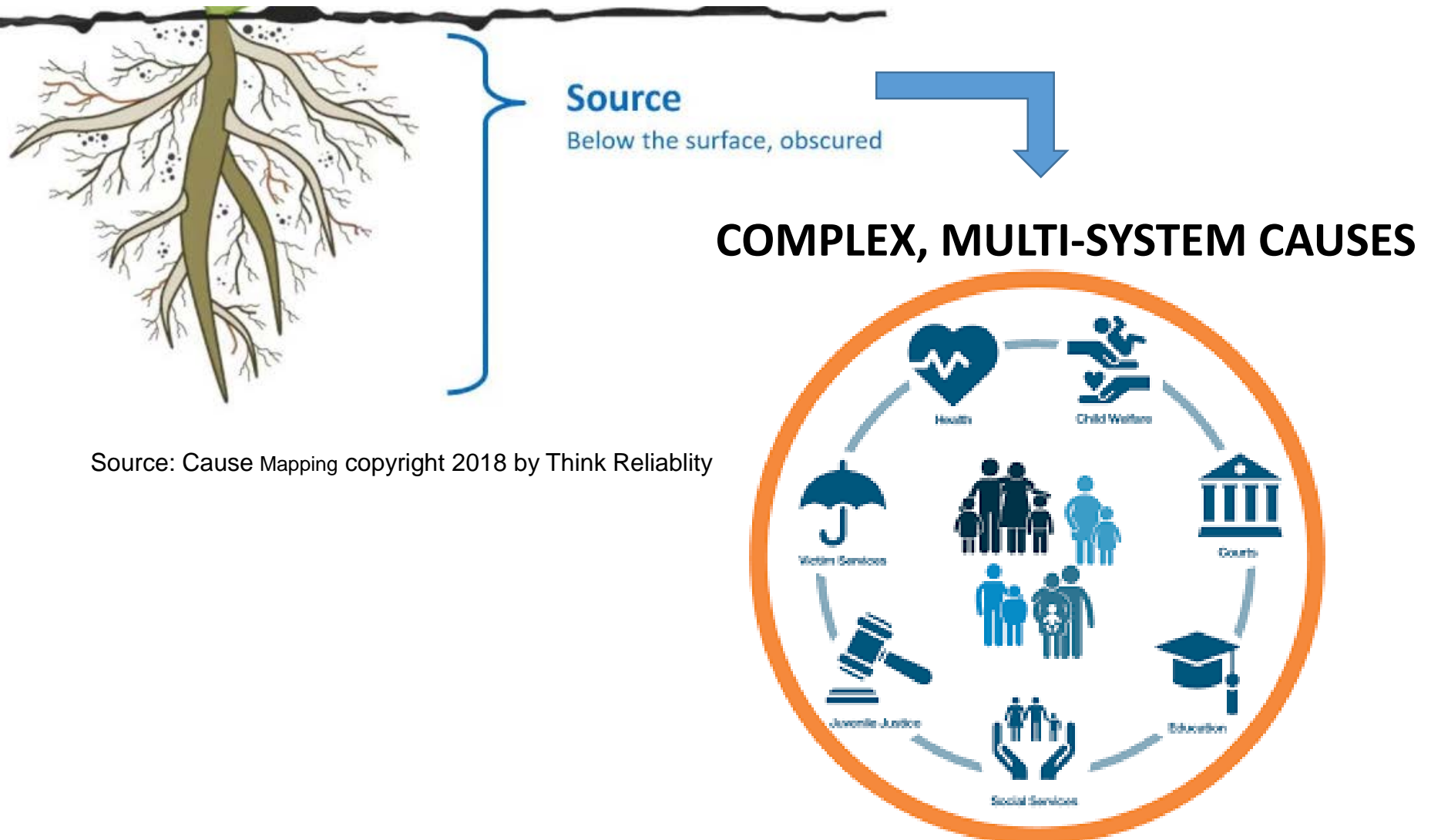
FIMR Case Review

Root Cause Analysis





Kalamazoo FIMR....



Source: Cause Mapping copyright 2018 by Think Reliability



FIMR CASE REVIEW can offer 360° view of systems and families interactions

Systems perspective:

State designation of FIMR as a public health surveillance effort

Access to EMR for direct FIMR abstraction.

Multi-system records of referrals & encounters.



Family Perspective:

Family Interviews

Community members on review team

Multiple streams of dollars to support FIMR

Cradle's reliance upon FIMR increased engagement and support

This, in turn, increased the quality and value of FIMR



FIMR CASE REVIEW:

What Really Made a Difference

- FAMILY INTERVIEW
 - Transcribed
- STRUCTURED DISCUSSION TEMPLATE
 - Strengths (family, system)
 - Gaps (family problems, system gaps)
- RIGHT FOLKS AT THE MEETING
 - Frontline
 - Medical (OB, Pediatric), Social Services, Public Health, Early Childhood
 - Special Guests, to inform specific types of cases under review
- REFERENCE POINTS
 - “Gold” Standard cases
 - Epidemiology of case (by race, socioeconomic status and cause)
 - Patterns previously identified

Cradle as FIMR Community Action Team



Infant mortality rate for African-American babies in Kalamazoo among state's highest

by Christine VanTimmeren | Friday, November 11th 2016



Infant mortality rate for African-American babies in Kalamazoo among state's highest

Kalamazoo FIMR....

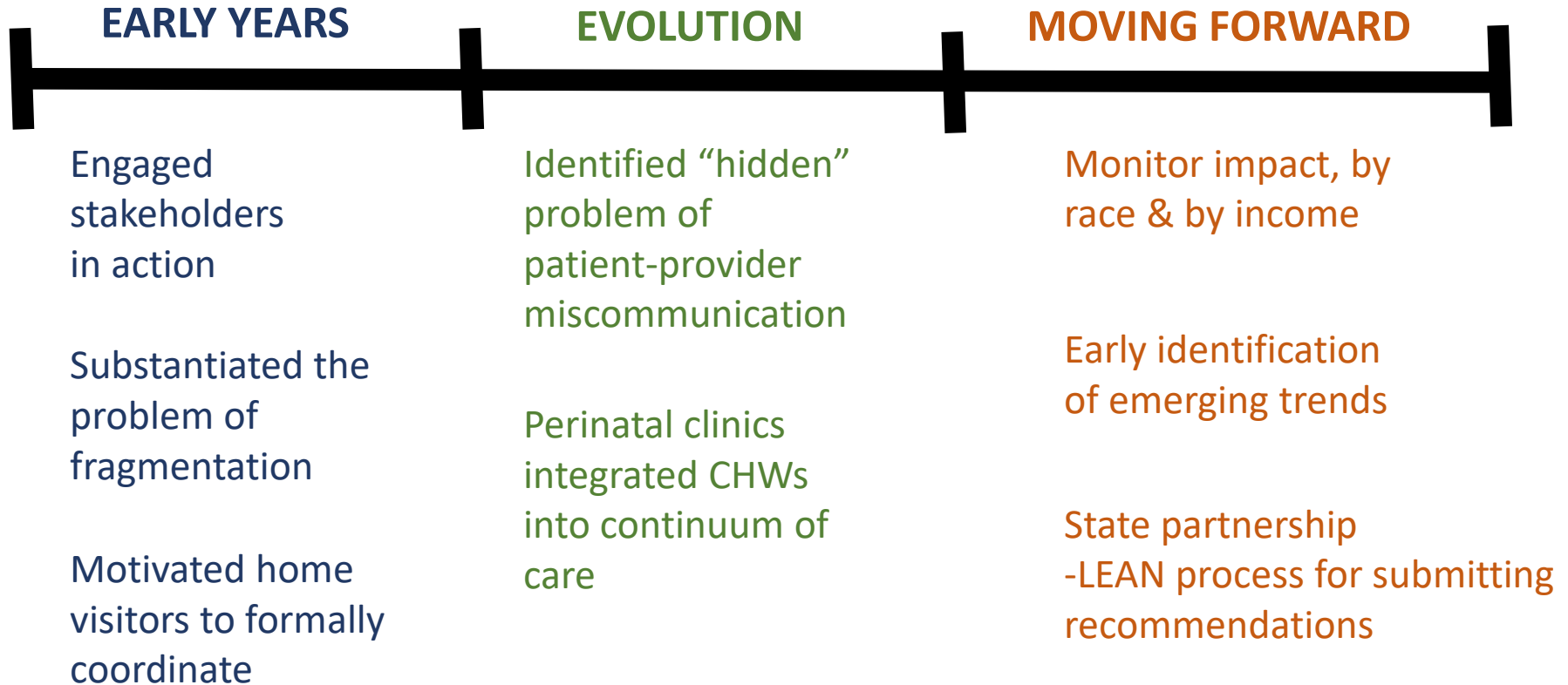
**Helps
Prioritize
Issue**

**Demonstrates
the Human Cost**

**Motivates
Action**



The Role that FIMR has played in Cradle:



THANK YOU!!

**Cathy Kothari,
(269) 501-4149
catherine.Kothari@med.wmich.edu**



Striving for Equity in Infant and Child Health and Mortality in Baltimore

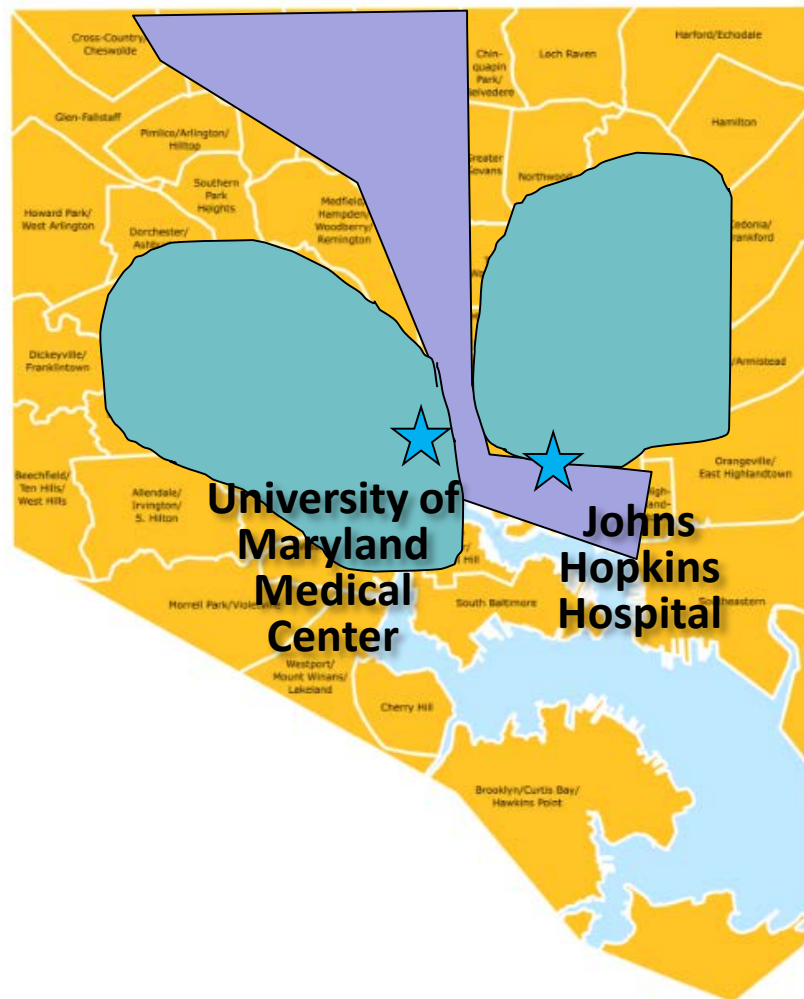
National Center for Fatality
Review and Prevention

June 26, 2019

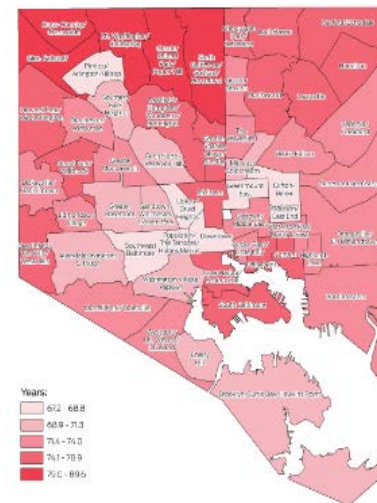
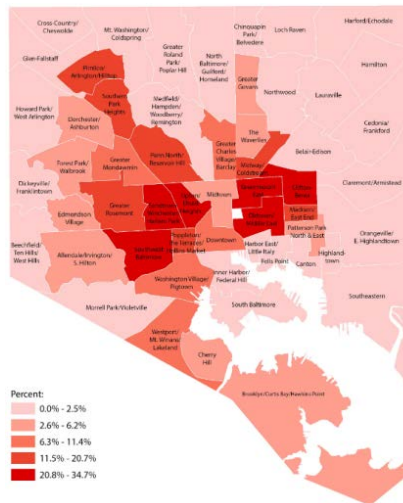
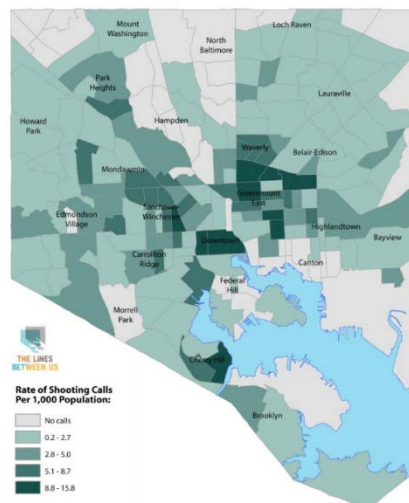
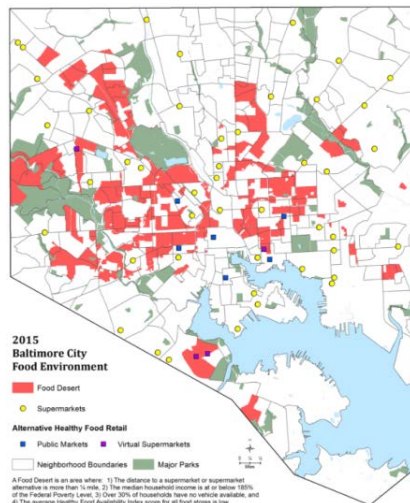
 **B'more for
Healthy Babies™**
Every baby counts on you

Baltimore City Demographics

- City of neighborhoods
- Population of 622,000 people
 - 63% Non-Hispanic Black
 - 28% Non-Hispanic White
 - 5% Hispanic
 - 3% Asian
 - 1% All other races
- 34% of children live below the poverty line
- ~8,600 births annually
- 7 delivery hospitals and world-class health care



Most Baltimore Maps Are the Same



Food Deserts

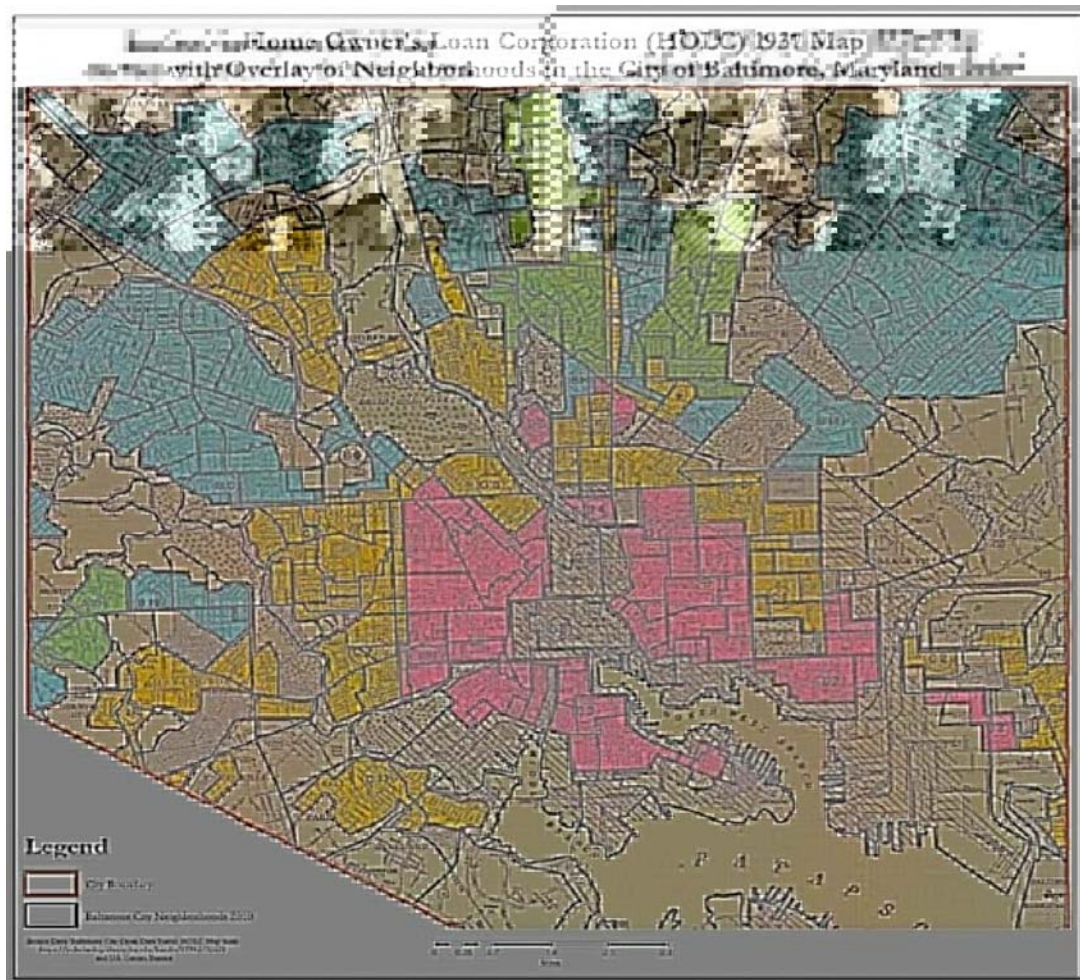
Shooting Calls

Vacancies

Life Expectancy

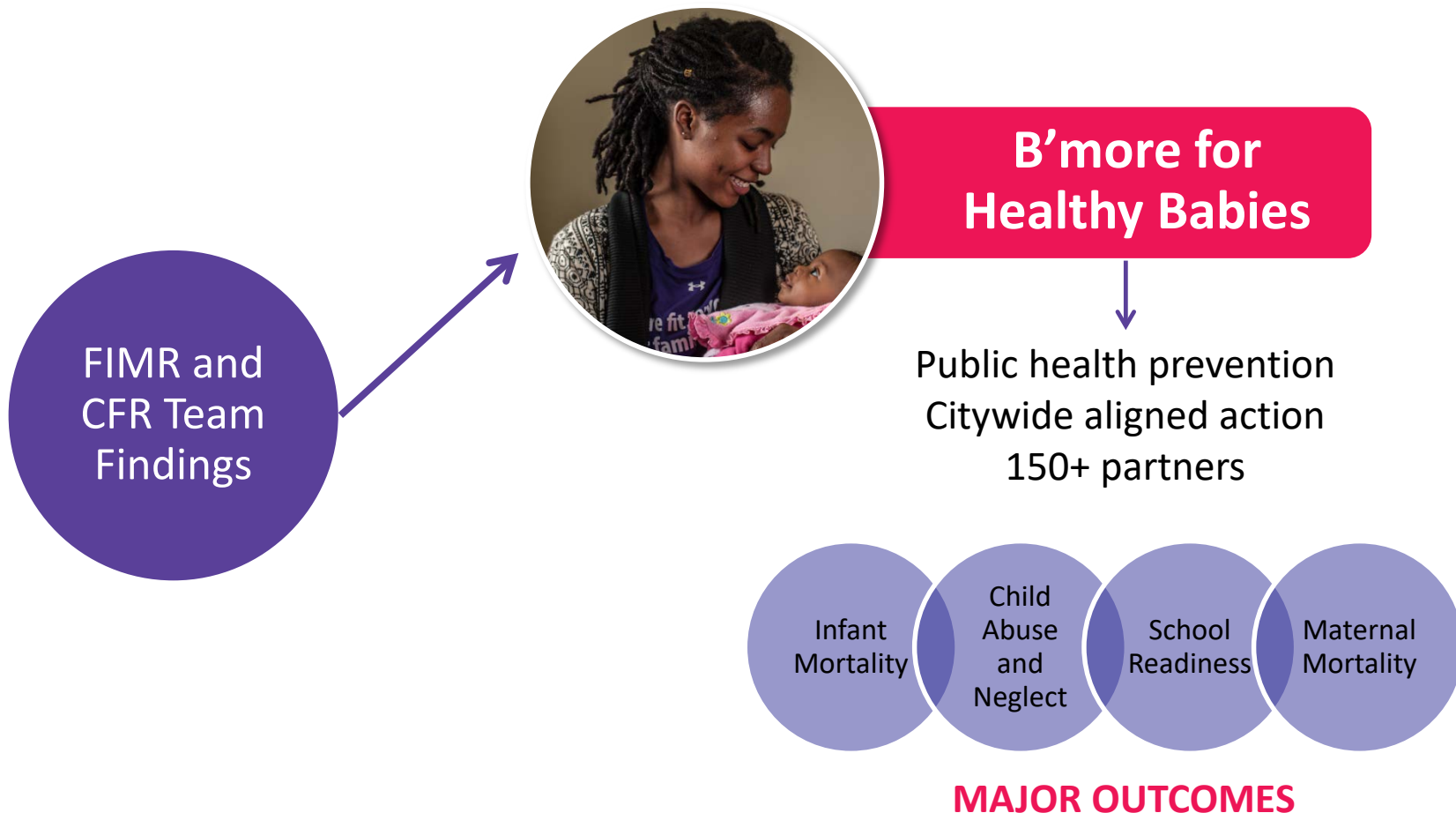
Most indicators—health, economics, violence, built environment—break along the White L and the Black Butterfly

And They Stem from This Map

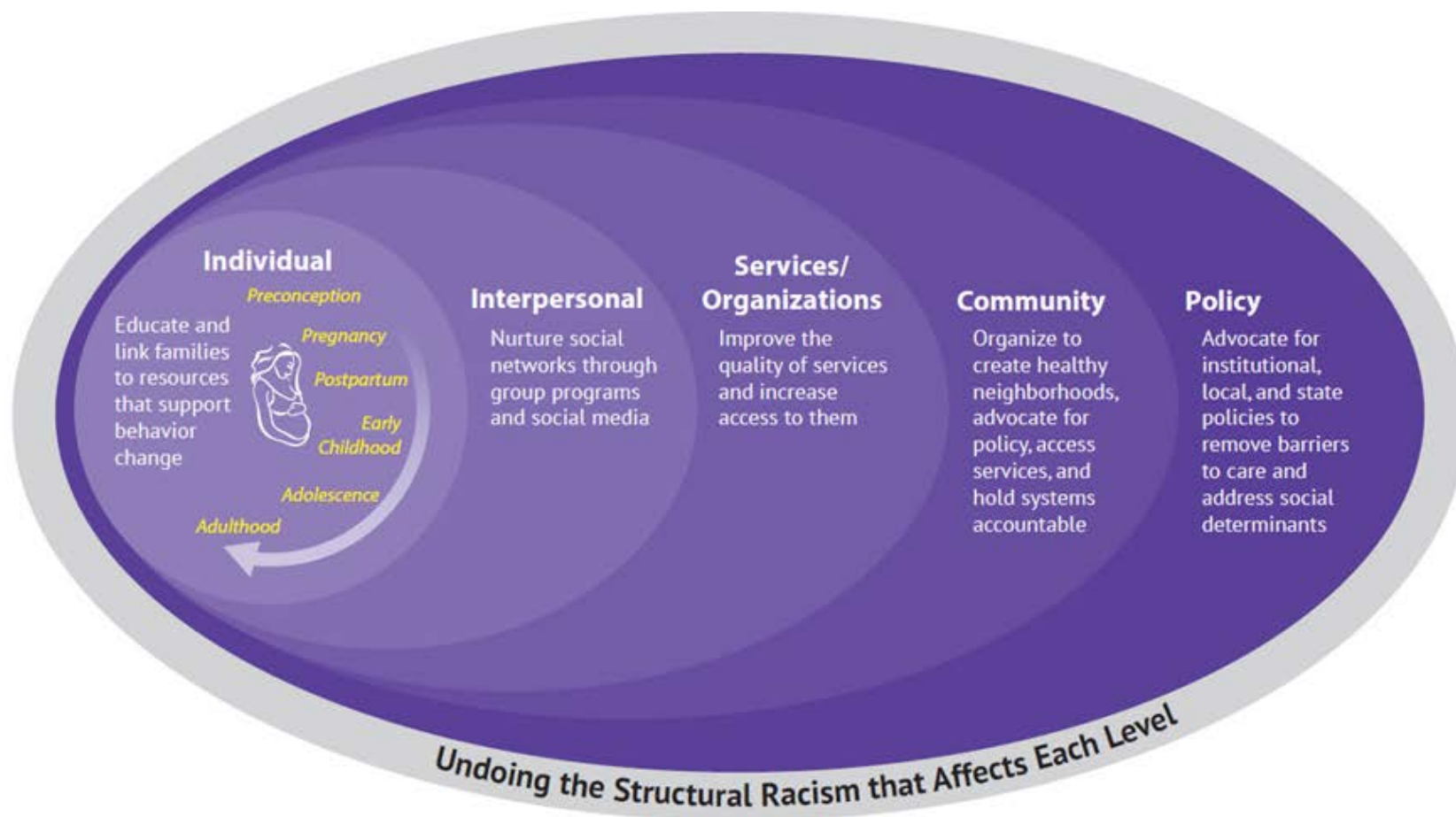


Racial
disparities in
mortality and
health
outcomes can
be traced to
discriminatory
redlining
policies in
Baltimore City

Taking Community Action



BHB Socio-Ecological Model



Multi-Level Intervention: Safe Sleep

Policy

- Banning sale of crib bumpers in Maryland
- Hospital postpartum discharge education policies

Community

- Outreach all pregnant women in targeted communities
- Neighborhood Action Teams for community change

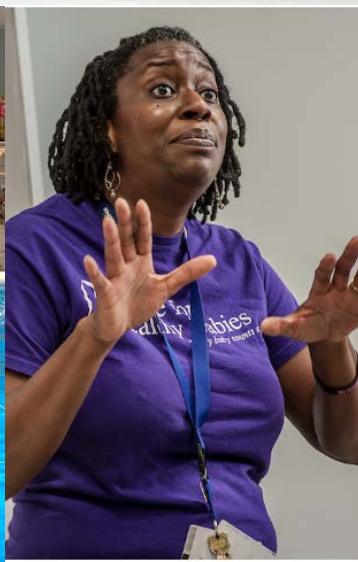
Services/ Organization

- Train 5,000+ health and social services providers
- Provide tools for evidence-based counseling

Interpersonal/ Individual

- SLEEP SAFE Campaign to change social norms
- Provide cribs and in-home safe sleep education

BHB Visible in Baltimore City



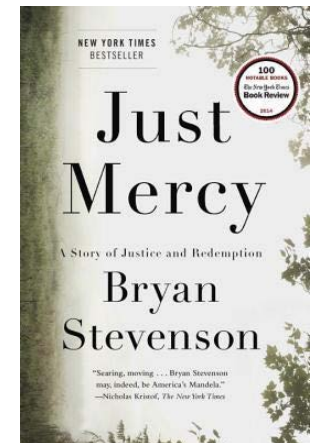
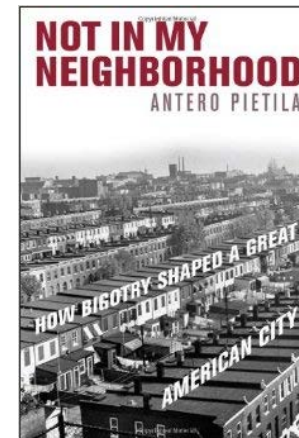
Universal Approach

- ❑ Desire not to make infant/child mortality a “Black problem”
 - ❑ Fear that leading with disparities would limit political will
 - ❑ Fear of being perceived as blaming Black people
- ❑ Belief in universal messaging and targeted delivery
- ❑ Evidence-based practices benefit all
- ❑ Did not prioritize social determinants, attempting to “service our way out” of disparities



Training and Capacity Building

- Kirwan Institute training
- Race Matters Toolkit training
- Peer learning and experiential exercises
 - Book clubs, article and video clip discussions
 - StarPower exercise
- Cultural sharing
- Interpersonal building of trust



Undoing Racism

1. Getting more personal
2. Power analysis and understanding our role as gatekeepers
3. Examining how racism shows up in our work—internalized racial superiority and internalized racial inferiority
4. Focus on community organizing and changing power structures, being accountable to the community



UNDOING RACISM
The People's Institute
For Survival and Beyond

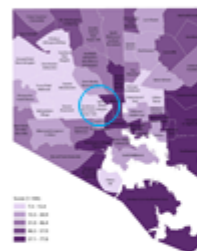
Data Collection and Presentation

- New data partners for FIMR and CFR—housing, asthma, lead
- FIMR and CFR case forms include neighborhood-level data (e.g., housing, healthy food, lead exposure, violence) and data is being aggregated
- FIMR and CFR case forms track ACEs and Urban ACEs (includes racism as an ACE)

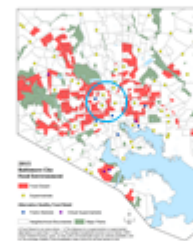
PARENTAL BACKGROUND

Mother's Home and Neighborhood (maps to be added: lead exposure, incarceration)

Housing:	
Household structure:	
Neighborhood:	
Racial diversity index:	
Food access:	
Violent crime incidents:	
Redlining history:	
Vacancy concentration:	
Tree concentration:	



Racial Diversity (dark diversity)



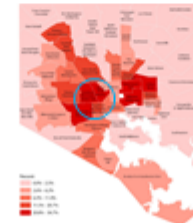
Food Desert (red-desert)



Shooting Calls (darkmore calls)



Redlining (red-discrimination)



Vacancies (darkvacancies)



Tree Canopy (green-trees)

Deliberation & Recommendations

☐ Case deliberation

- ☐ Identifying family strengths, not just deficits
- ☐ Equity prompts for discussion (How may mother/child's community or environment have impacted his/her health? How may mother/child's contact with public systems with a legacy of racism have impacted his/her health?)

☐ Developing and vetting recommendations

- ☐ Focus on social determinants in addition to city and health systems
- ☐ Neighborhood Action Teams and Community Advisory Board

☐ Communicating findings and recommendations

- ☐ Leading with vision, place-based data, opportunity argument

Sleep-Related Infant Deaths

“

***My son, Charlie,
passed away on
December 29th.***

He turned one month
old that day.

”



Sleep-Related Infant Deaths

- **Issue:** Norms around co-sleeping among African American families, distrust of paternalistic safe sleep messengers
- **Recommendations:** Use of credible safe sleep messengers from the community with lived experience
- **Actions:**
 - Formative research with community members on SLEEP SAFE
 - SLEEP SAFE videos in which mothers tell their stories of loss
 - Place-based initiatives in Upton/Druid Heights and Patterson Park
 - Safe Sleep Ambassadors and community champions
 - Faith-based outreach initiative and Precious Purple Sunday

Youth Behavioral Health/Trauma



Youth Behavioral Health/Trauma

- **Issue:** High number of homicides of Black youth in West Baltimore + suicides of middle school-aged Black boys (all with significant trauma histories)
- **Recommendations:** Provide opportunities for Black youth to heal from race-based/community trauma
- **Actions:**
 - Resilience in Communities After Stress and Trauma initiative
 - Emotional Emancipation Circles
 - Community-based grief support groups
 - Mini-grants for positive youth development in West Baltimore

Social Determinants



Social Determinants

- **Issue:** Housing instability impacting sleep-related infant deaths, fire-related deaths, suicide for youth of color
- **Recommendations:** Create priority status for families with children for Housing Choice vouchers and public housing, pass anti-discrimination housing income bill
- **Actions:**
 - Bidirectional referral relationship with Department of Housing and Community Development and tenant advisory boards
 - Support for Perkins Homes redevelopment initiative
 - Partners advocated for and passed anti-discrimination bill
 - Planned collaboration with Homeless Services coordinated intake and referral system

Physical Discipline



Spare the Kids

WHY WHUPPING CHILDREN
WON'T SAVE BLACK AMERICA



Stacey Patton

Physical Discipline

- **Issue:** Physical discipline practices used by parents to safeguard young Black children from danger in response to historical and ongoing systemic violence
- **Recommendations:** Create opportunities for parents to consider discipline practices in context and practice alternative forms of discipline
- **Actions:**
 - Place-based initiative in Upton/Druid Heights and Parent Cafes
 - Community Collaborative “Spare the Kids” book club
 - Community-based Circle of Security—Parenting programs

The screenshot shows the website's interface within a browser window. The address bar displays 'http://www.healthybabiesbaltimore.com/'. The browser's menu bar includes 'File', 'Edit', 'View', 'Favorites', 'Tools', and 'Help'. Below the menu bar, there are several tabs: 'scn UFM - How to Be an Ally i...', 'Parents as Teachers Healt...', 'Conference Travel', and 'RAIN'. The website's header features the 'B'more for Healthy Babies' logo on the left, a navigation menu with links like 'About BHB', 'Our Initiatives', 'Moms Clubs', 'Home Visiting', 'Community Programs', 'News & Events', 'Parents & Caregivers', and 'Provider Toolkits' in the center, and a search bar on the right. A 'Like' button shows 2.2k likes. Below the header, the main content area is divided into several sections. On the left, a sidebar titled 'OUR INITIATIVES:' features a large graphic for 'SLEEP SAFE' with the text 'Alone. Back. Crib. NO EXCEPTIONS' and a description of sleep-related deaths. The main content area features a large quote from a woman: 'My son, Charlie, passed away on December 29th. He turned one month old that day.' Below this, there are two columns: 'LATEST NEWS' with an article titled 'Teen Pregnancies in Baltimore Drop by a Third' dated Feb 24, 2015, and 'FEATURED EVENTS' with an event titled 'Fabulous YOU!: A Women's Health Screening Event' on March 24th. A bar chart titled 'City teen birth rate' shows data for Baltimore City from 2009 to 2013, with values 84.4, 53.3, 50.2, and 46.9. The bottom of the page shows a zoom level of 100%.

Home

Like 2.2k

Search the site

**B'more for
Healthy Babies**
Every baby counts on you

About BHB Our Initiatives Moms Clubs Home Visiting Community Programs News & Events Parents & Caregivers Provider Toolkits

Order Form

En Español

OUR INITIATIVES:

SLEEP SAFE

Alone. Back. Crib.
NO EXCEPTIONS

Most sleep-related deaths happen when babies sleep with an adult or another child, in a bed or on a sofa.

Your baby should always sleep safe:

Alone. On his or her back. In a crib. No exceptions!

Watch the Safe Sleep Video

“My son, Charlie, passed away on December 29th.

He turned one month old that day.”

LATEST NEWS

Teen Pregnancies in Baltimore Drop by a Third Feb 24, 2015

The teen pregnancy rate in Baltimore City decreased by over 30% between 2009 and 2013, Mayor Stephanie Rawlings Blake and Health

City teen birth rate

The birth rate for women 15 to 19 in the city of Baltimore (per 1,000 female teens)

Year	Birth Rate (per 1,000 female teens)
2009	84.4
2010	53.3
2011	50.2
2012	46.9

FEATURED EVENTS

24 Mar

Fabulous YOU!: A Women's Health Screening Event
9:00AM

View in calendar

100%



Thank You!

Cathy Costa, MSW, MPH
cathy.costa2@baltimorecity.gov
410-396-1562

 **B'more for
Healthy Babies**™
Every baby counts on you

Metropolitan Nashville Infant Health Equity Movement

Eliminating Inequities

WEDNESDAY, JUNE 26, 2019

D'Yuanna Allen-Robb, MPH
Director, Maternal Child and Adolescent Health
Metro Nashville Public Health Department
Davidson County, Tennessee



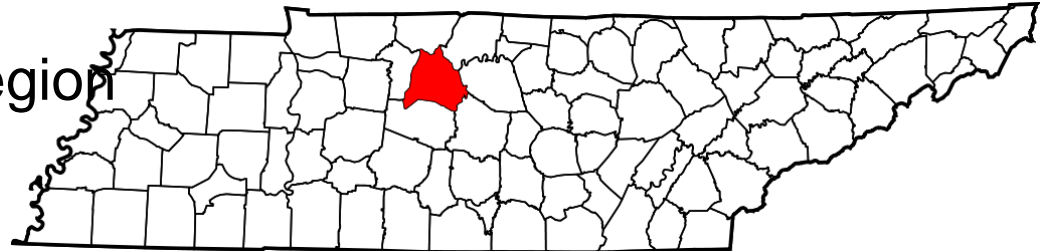
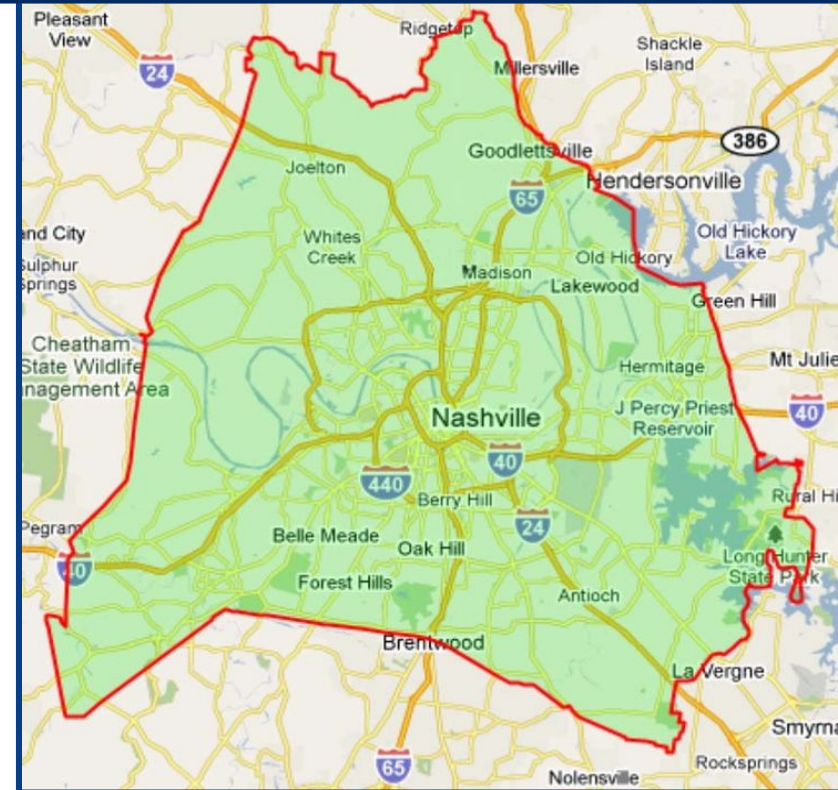
MetroPublicHealthDept
Nashville/Davidson County
Protecting, Improving, and Sustaining Health

Acknowledgements

- Trevor Crowder, FIMR Manager
 - Davidson County Fetal Infant Mortality Review
 - Case Review and Community Action Teams
 - Davidson County Child Fatality Review Team
 - Nashville Equity Movement Actors and Allies
 - Residents and families of the North Nashville, Cumberland View and Napier-Sudekum communities
-

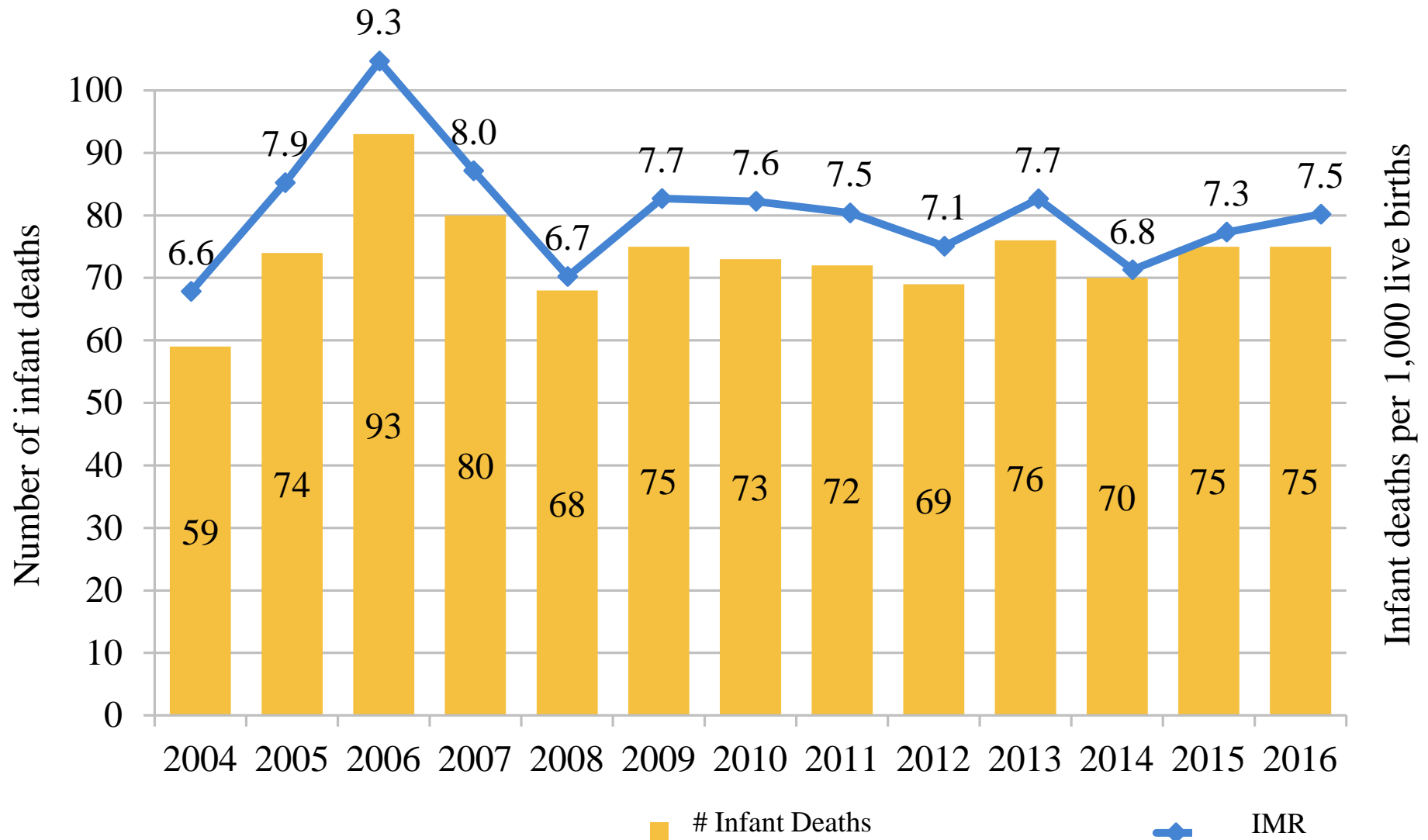
Davidson County, TN

- ~531 square miles
- Largest County/Metro in Tennessee
- **≈ 100 people move to Nashville a day**
- Demographics
 - 30% African American
 - 56% Caucasian
 - 10% Latina/Latino
 - 4% Other (141 different languages)
- Approximately 10,000 births per year
- 5 birthing hospitals/centers in Nashville
- Largest perinatal system in region



Metro Public Health Dept
Nashville/Davidson County
Protecting, Improving, and Sustaining Health

Infant Mortality, Davidson County; 2004 - 2016

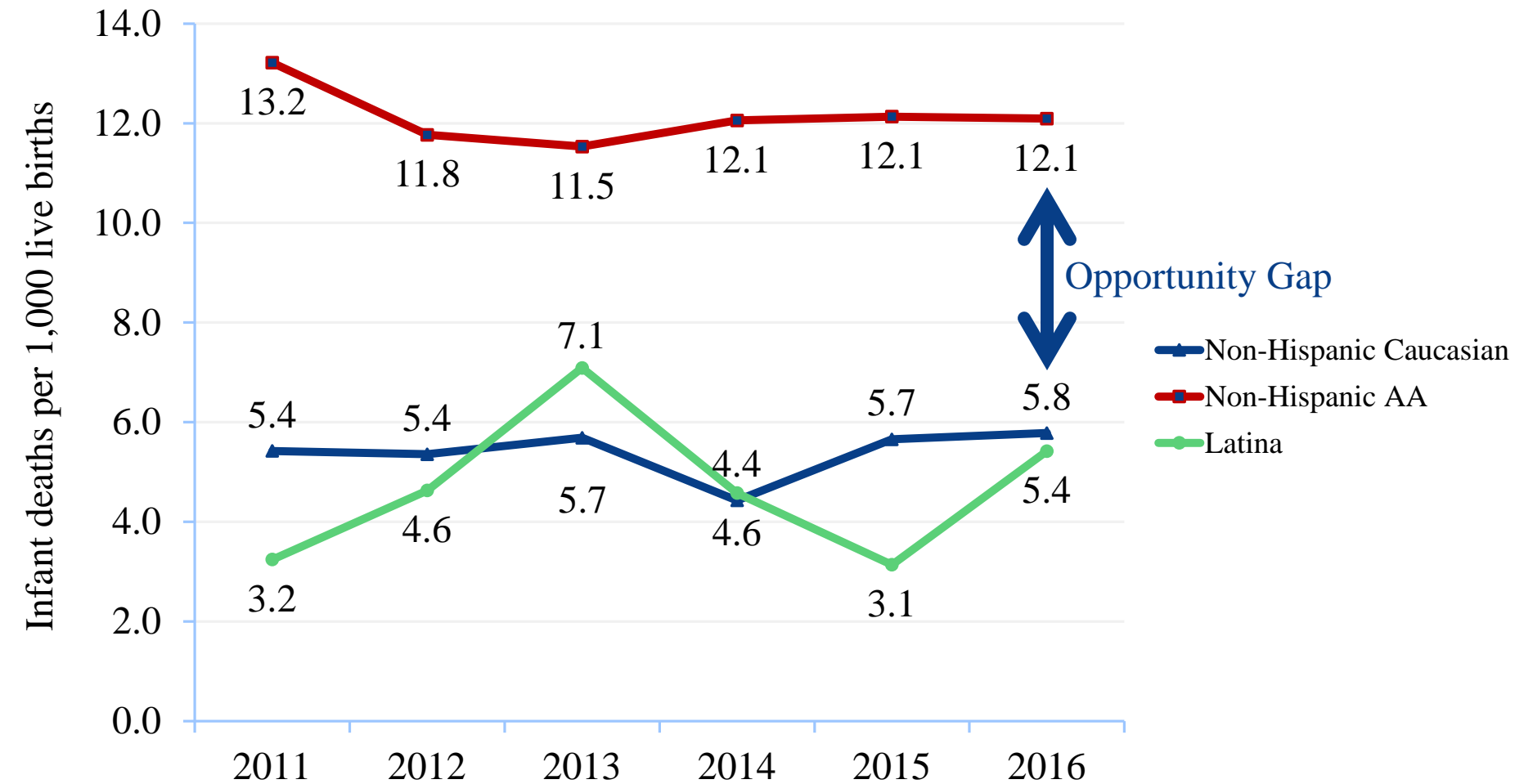


Source: Metro Public Health Department, Division of Epidemiology, 2017.



MetroPublicHealthDept
Nashville/Davidson County
Protecting, Improving, and Sustaining Health

Infant Mortality, Davidson County; 2011 - 2016

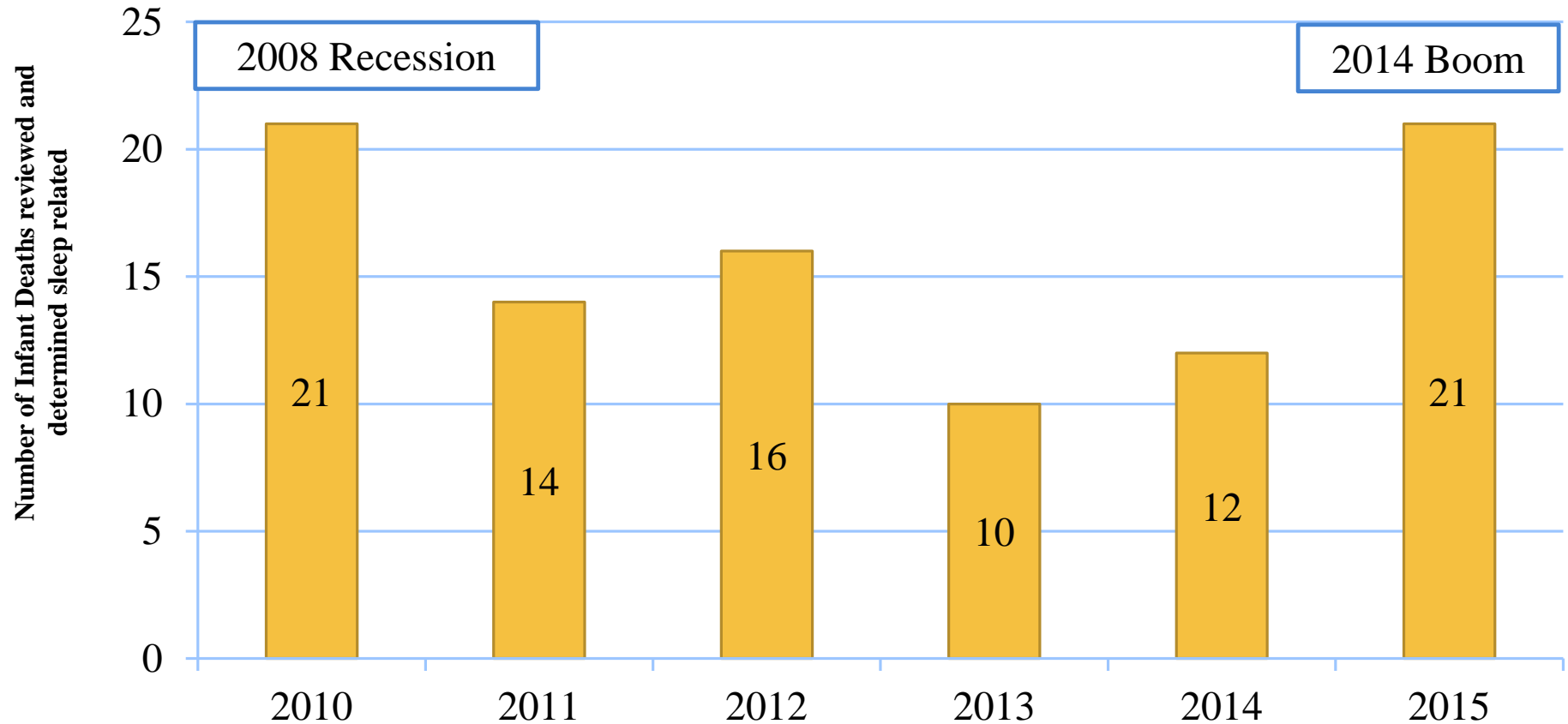


Source: Metro Public Health Department, Division of Epidemiology, 2017.



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Nashville/Davidson County
Protecting, Improving, and Sustaining Health

Davidson County Sleep-Related Infant Deaths, 2010 - 2015



Source: MPHD, Davidson County Child Fatality Review Reports: Data for 2015

Infant Health Equity Movement 2016 - 2018

- Historically highest infant mortality rate (AA)
- Stable housing/housing opportunities
- Relationship with residents (lived experience)
- Commitment to grassroots approach

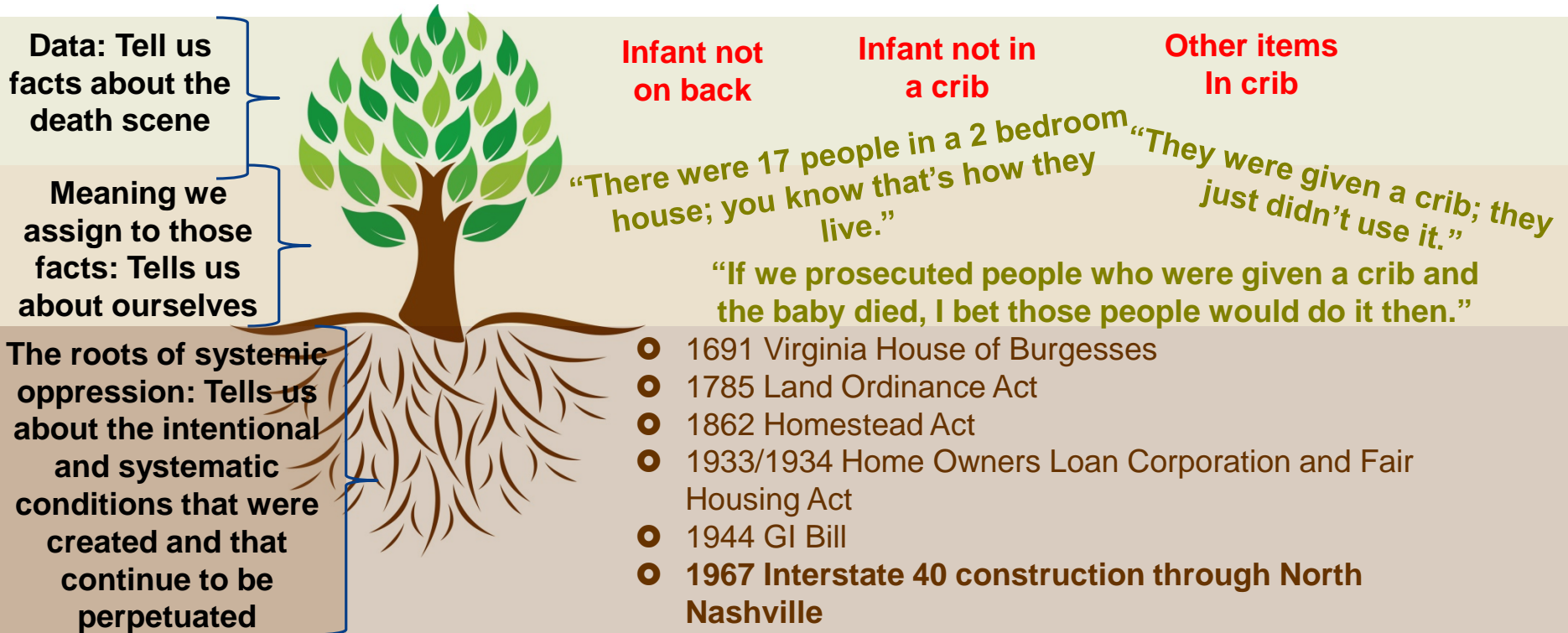
- ✓ North Nashville community (37208); Median income: \$22k/yr;
- ✓ 81% African American population
- ✓ Historic African American community in Nashville



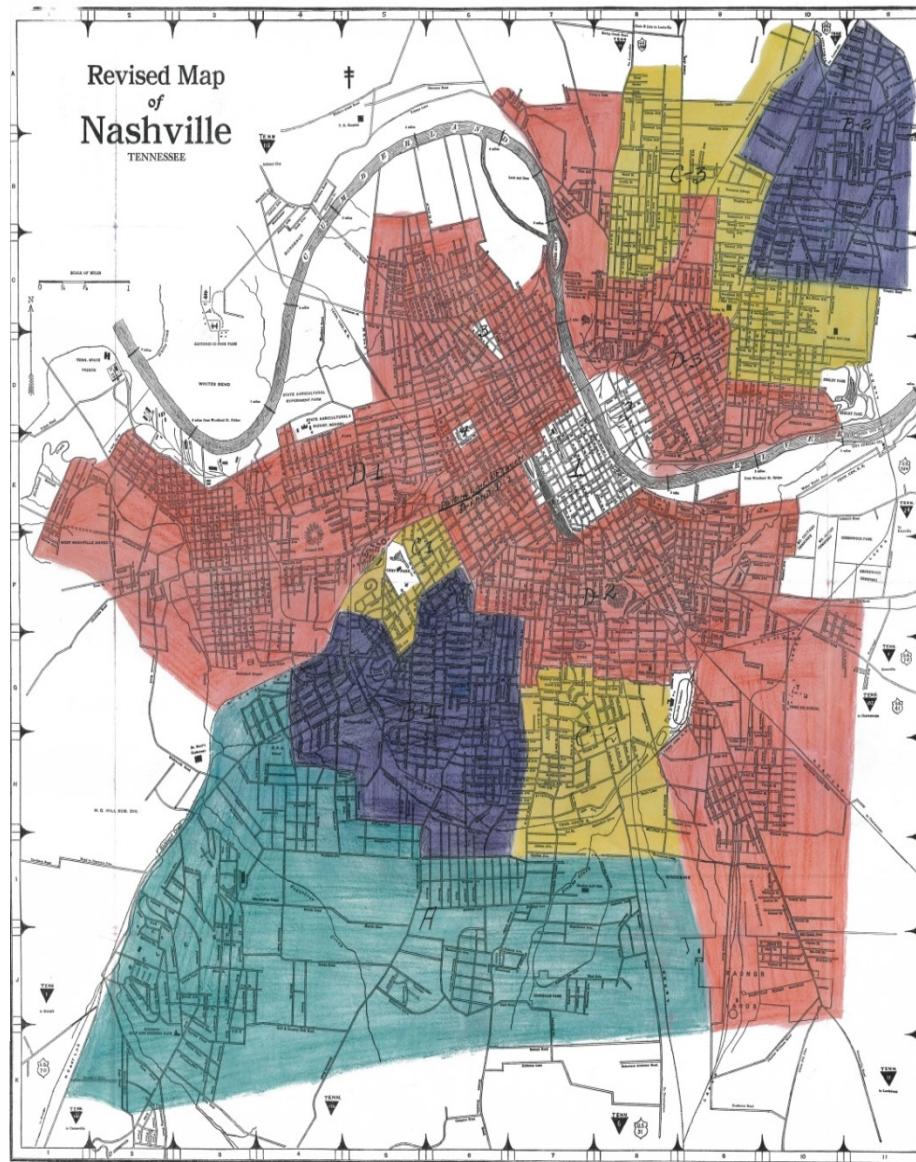
Data Informed/Community Supported

- FIMR/CFR Root Cause Analysis Conclusion: Lack of quality, safe and stable housing is the leading social determinant that contributes to sleep-related infant deaths

Davidson County Sleep-Related Infant Deaths



Home Owner's Loan Corporation Nashville map ~1935



A

"Best"

B

"Still
Desirable"

C

"Definitely
Declining"

D

"Hazardous"

Social Determinants, Davidson County; 2018

OPINION

Affordable housing in Nashville: The urban crisis worsens | Plazas



Affordable housing crisis:

- ❑ Available for-sale inventory for 1.7 months;
- ❑ Average monthly rent ↑ 56% (2011 – 2017) from \$897 to ~\$1,400/month



Gentrification
Wage Stagnation
(~salary of \$80,548)
Public Transportation

Infant Health Equity Movement 2016 - 2018

“Everyone sees the ambulance come up here to get the dead babies. When are you going to start doing something?”

~ Resident quote from 2016 community conversation

- Review of PPOR data and sharing with grass-tops organizations in community (dinner 3 nights/month)
- Trained property maintenance workers in Direct On Scene Education (DOSE) (infant safe sleep)
- Showed up for community night activities (**Being present** with community without a stated agenda to build trust)



- Shared PPOR data with residents and **made a commitment together**



Upstream Approach

- **GOAL:** *MPHD will approve and implement an equity-based process for authentic community engagement by June 30, 2019.*
- **Institutional** - Health Equity Assessment Team reviewing policies (in process)
 - Initial review with identified opportunities
 - Recommendations to leadership to fill policy gaps
- **Communal** – Develop trusting relationships with residents in Napier/Sudekum communities
 - Being present and learning from women
 - Community Baby Showers, beginning in August 2017
 - Photoshoot with families who delivered May 2018
 - Safe Sleep ambassador training



Infant Health Equity Movement 2016 - 2018

Health & Science

These art projects tackle community health issues



Andrea Chung's "Eeny, meeny, miny moe" features a mobile in the shape of Interstate 40 and baby bottles made of sugar, salt, and lard that are suspended over a crib.

- July 28, 2018
Washington Post
- Artist Andrea Chung, "Eeny, meeny, miny, moe" exhibit



Infant Health Equity Movement 2016 - 2018

- 24 months, 31 full term, healthy birth weight African American infants
- Financial investment: Time, food, compensation for resident time (~\$2,500); Clinical cost savings/ROI: 92%
- **100% African American Infant Vitality; ONLY African American community with 100% infant vitality***
- Replicating relationships in next community (Cumberland View)
- Largest Affordable Housing provider to create the “Mommy and Me Village” (“Family and Me Village”) to set aside 2+ bedroom housing stock specifically for expectant families and families with infants < 6 months of age.
- Leveraging our federal healthy start project, Nashville Strong Babies for housing opportunity (2020).



Infant Health Equity Movement 2016 - 2018

➤ Special Recognition Grass-tops Team

- Sarah Bounce, Health Equity Coordinator
- Gianna Hanson, Community Champion
- Dr. Raquel Qualls-Hampton, Chief Epidemiologist
- Dr. Kimberlee Wyche-Etheridge, Content Expert
- Lillian Maddox-Whitehead, Tobacco Control and Prevention Director
- Tamara Currin, March of Dimes (Tennessee)
- Trevor Crowder, Fetal Infant Mortality Review
- Chemyeeka Tumblin, Preconception Health Strategist



Community Residents and Health Officials celebrate more first birthdays. - Nashville is best place for babies to be born.



Updated: Sep 09, 2016 10:31 PM CDT



Photo: WKRN

NASHVILLE, Tenn. (WKRN) - Tennessee is one of the unhealthiest places for a baby. The state has more mothers who smoke and eat poorly, leading up to and during their pregnancies.

That's the reason the Metro Public Health Department held a problem-solving workshop Friday. Leaders from Tennessee State University College of Health Sciences and NashvilleHealth attended. Pediatrician and health professionals were also there.

They discussed ways to reduce infant mortality in Nashville over the next three years based on local and national expert recommendations.

Trending Stories

- 1 Police find body of woman in Tullahoma
- 2 Snake wraps around Murfreesboro woman's leg as she's driving
- 3 Man captures video of Harpeth Hall School buses speeding with kids on-board
- 4 Police searching for missing Tullahoma woman
- 5 California court hears tales of shackled, starved children

Don't Miss

WATCH: Homeless in Music City Town Hall



Latest News - Local



GOP candidates for governor tackle crime, sports betting...



Win a VIP Package to Let Freedom Sing on the 4th of July



POLL: Do you agree with President Trump's executive...

D'Yuanna Allen-Robb, MPH
Director, Maternal Child and Adolescent
Health

dyuanna.allen-robb@nashville.gov



*Metro***Public Health***Dept*
Nashville/Davidson County
Protecting, Improving, and Sustaining Health

Questions

- As a reminder:
 - Questions can be typed into the “Questions” pane
 - Due to the large number of attendees, we may not be able to get to all questions in the time allotted
 - All unanswered questions will be posted with answers on the NCFRP website
 - **Recording of webinar and copy of slides will be posted within 2 weeks on the NCFRP website: www.ncfrp.org**

NCFRP is on Social Media: NationalCFRP



THANK YOU!

Additional questions can be directed to:
info@ncfrp.org

