

Saving Lives Together



Greetings from the Staff



Greetings Fatality Review Colleagues!

The National Center is excited to introduce you to our newest colleague, Gabby Fraley. Gabby joined the National Center on November 1st. Here are a few things she wanted to share with all of you:

Hi, I'm Gabby, a senior data analyst for the National Center. New to the team, I am especially looking forward to diving into pediatric disaster and drowning surveillance activities.

I hold a Master of Public Health from the University of Florida and a bachelor's in community health and cultural anthropology from Western Washington University. I live in the Pacific Northwest, and in my free time I love backpacking, soup, and rooting for my favorite sports teams.

We welcome Gabby to the team and look forward to the ways she will serve the field of fatality review professionals.

-The National Center staff

Upcoming Events



FIMR Regional Support Calls

- January 12, 2022-Western Region (CA, MT, NV, UT, WY)
- January 18, 2022-Northern Region (WV, PA, NJ, DE, MD, ME, DC)

- January 18, 2022, 11:00 AM- 12:00 PM ET-Midwest Region (MI, WI, OH, IL IN)
- January 24, 2022, 11:00 AM -12:00 PM ET-Central Region (CO, NE, KS, OK, TX, MO, LA)
- January 27, 2022, 10:00 AM -11:00 PM ET -Southern Region (KY, TN, MS, AL, FL)

FIMR State Coordinators Quarterly Conference Call March 2, 2022, 3:00-4:00 PM ET

Fatality Review Health Equity Learning Collaborative Quarterly Meeting: March 9, 2022, 3:00-4:30 PM ET

For questions regarding these opportunities, contact Rosemary Fournier at rfournie@mphi.org.

Field Notes

First All-FIMR Team Meetup

On October 13, 2021, FIMR teams from across the county convened for the first time since 2012! While the ongoing pandemic prevented an in-person gathering, the half-day opportunity provided some needed space for FIMR coordinators and administrators, abstractors, interviewers, and those participating in Case Review Teams and Community Action Teams to come together and share successes, network, and learn together. With a theme of **More First Birthdays...Telling Stories to Save Lives**, participants had the chance to hear from several experts from the field on Maternal Mental Health, Purposeful Storytelling, and Using FIMR Data to understand and respond to disparities. Over 175 FIMR staff and national partners joined the meeting, with a shared mission of improving the lives and health of our nation's moms, babies, children, and families.



"I needed a little boost for our FIMR program in the midst of a pandemic that keeps going on and on. All of the presenters gave me the inspiration that I needed to tell the stories --of moms, dads, and babies—and perhaps my own story of why I do this work. I feel energized and determined to elevate these voices to make the changes that are needed."

Lorrie Considine, Cuyahoga County Board of Health, Cleveland, Ohio, FIMR Program Manager

Recordings of the three plenary sessions are available on the web site at: https://ncfrp.org/fimr/

Louisville FIMR Reconvenes



After a few-year hiatus, the Louisville, Kentucky Healthy Start Program is re-establishing their FIMR Board. Jan Rogers, Maternal Child Health Coordinator with the Louisville Metro Public Health & Wellness

(URL: https://louisvilleky.gov/government/health-wellness) and its Center for Health Equity will be leading the effort. Jan shared that the introductory FIMR Board meeting was held on October 14, 2021, and they are off to a wonderful start! One strategy that Jan shared is that nurse members of the team decided that they would be open to sharing the responsibility of conducting the parental/family interviews on a rotating basis.

The vision statement for the newly resurrected FIMR is: A world free of preventable fetal and infant mortality, where government agencies, social service agencies, and community organizations work together with parents, guardians, and other community members to provide the community with resources, tools, knowledge, opportunity, and space to protect ALL infants from dangers, thus eliminating preventable infant deaths. A world where very infant is provided the opportunity to develop and grow into their next stage of life.

Congratulations, and all the best to Louisville, KY FIMR!

Virgin Islands Launches Child Fatality Review Team



The U.S. Virgin Islands officially launched a Child Fatality Review Team (CFRT) in the fall of 2021. Established under the Department of Human Services by executive order, its mission is to examine the circumstances of deaths or near deaths of minors under the age of 18 to provide policy and practice recommendations to prevent avoidable childhood deaths or severe injuries.

Abby Collier, director of the National Center, provided an overview and introduction to CDR to the Virgin Islands' enthusiastic team in December of 2021. Congratulations to the VI CFRT as they undertake these important activities to understand and prevent child deaths.

FIMR Storytelling Collaborative Cohort 2 Kicks Off

The National Center is pleased to announce a second cohort of FIMR teams and partners will be participating in a FIMR Storytelling Collaborative from November 2021 through February 2022. The storytelling project team believes more than ever that powerful stories are needed to help change hearts and minds about what it takes for more first birthdays, and that purposeful storytelling can catalyze social change for healthier women, children, and families. The states of Michigan and Delaware, along with



local teams from Shelby County, TN; Knox County, TN; Broward County, FL; and Hamilton County, OH are engaging in this virtual opportunity. This second phase of the FIMR Storytelling Project will collaborate and align with emerging and existing public health-related storytelling practices in communities and nationally, for greater rigor, synergy, and impact to prevent maternal, fetal, and infant mortality and morbidity, and to promote health and equity for all women, children, fathers, and families.

CDR Regions Create Opportunities to Support State Programs



State CDR Coordinators come together quarterly in regional networks to connect and learn together and from each other. State CDR coordinators serve as regional coordinators and support these networks.

Quarterly meetings were held in October, 2021.

 The Northeast Region, made of up of the New England states of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont focused their regional meeting on increases in deaths due to hopelessness and violence, and trends in special populations, such as children with special health care needs.

- The Mid-Atlantic Region is comprised of Delaware, Washington, D.C., Maryland, New Jersey, New York, Pennsylvania, Virginia, and West Virginia. Their October meeting focused on the relationships between CDR and policymakers, and they enjoyed a presentation from Shannon Frattaroli from Johns Hopkins University Center for Injury Research and Policy.
- Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, and Texas make up the Southeast Region. Their meeting focused on frameworks for identifying preventability in child death cases.
- The Midwest Region, encompassing Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin provided programmatic updates and finalized a regional plan for the remainder of the '21-'22 year.
- The Western Region includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming. Their October meeting focused on the details of the case review meeting in the states, including effective strategies for virtual case reviews.

Thank you to Faith Vos Winkel (Northeast); Anne Pedrick (Mid-Atlantic); Heidi Hilliard and Gretchen Martin (Midwest); and Kate Jankovsky (West) for serving as regional coordinators. The Southeast regional coordinator position is currently vacant. If you are a state coordinator in one of the Southeast states and would be interested in serving in this position, please contact the National Center at info@ncfrp.org.

Kudos Corner

National Center Staff Milestones

The National Center gratefully recognizes two of its staff for professional milestones they have reached at Michigan Public Health Institute, where the Center is housed. Heather Dykstra celebrated 15 years of service with MPHI and the National Center in November, and Rosemary Fournier celebrated 20 years.





eather's role has focused on the National Fatality Review-Case Reporting System throughout her 15 years. Rosemary has served in several different roles supporting the FIMR process, most notably as national FIMR director for the last 5 years.

Their knowledge, skill, an unflagging support for this work enrich our team and the field of fetal, infant, and child fatality review professionals across the country. Congratulations, Heather and Rosemary. Thank you, for all you do!

Michigan CDR Coordinator Celebrates 25 Years



Congratulations to Heidi Hilliard on her 25th anniversary at Michigan Public Health Institute where she leads the Michigan Child Death Review program (URL: https://www.keepingkidsalive.org/). Michigan has 75 local teams across its 83 counties.

Heidi was the 2019 recipient of the Theresa M. Covington Award for Excellence in Fatality Review, presented by the National Center, and she serves as the co-coordinator for the Midwest Regional CDR Coalition.

Thank you, Heidi, for all you have done to improve the safety and wellbeing of children in Michigan and for being an excellent colleague and resource to your fellow coordinators.

Data Matters

Two-factor Authentication Coming to the NFR-CRS



When Version 6.0 of NFR-CRS launches in Spring 2022, there will be an added layer of protection for fatality review data: two-factor authentication.

This new feature will require authorized users to enter their passwords as normal and to use an additional layer of confirmation to sign into their accounts.

Users will decide if they would like to use their cell phone or their email to authenticate their sign-in. Users will be required to authenticate sign-ins through either text message or email once each day when they log in. If a user signs in twice in one day, the second time will not require the second authentication. Each "day" is defined as between 12:00 AM and 11:59 PM Fastern.

In anticipation of this update, users should make sure that their contact information is up to date in the NFR-CRS, including their cell phone numbers, capable of receiving text messages, if that is the preferred method for authentication. Standard messaging rates will apply. To update your cell phone information in the NFR-CRS, from the Welcome page, click on Your Account and scroll down to the Cell Phone field. Click Update Account once you have updated your cell phone number.

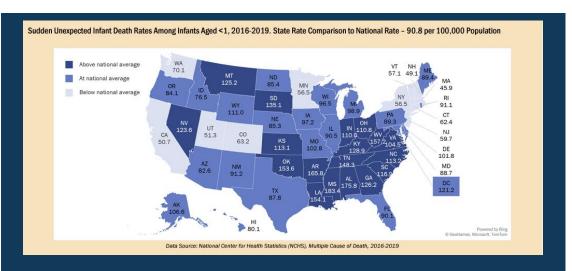
As always, please reach out to the National Center at info@ncfrp.org with any questions.

The National Center recommends Section I8 be completed for all deaths occurring after March 1, 2020

. For the 12 months before the child's death, did the family	c. Was the child exposed to COVID-19 within 14 days of death?
experience any disruptions or significant changes to the following?	OYes ONo OU/K
Check all that apply:	If yes, describe:
☐ None listed below	d. Select the one option that best describes the impact of COVID-19 on this child's death:
☐ School	COVID-19 was the immediate or underlying cause of death
☐ Daycare	O COVID-19 was diagnosed at autopsy or child was suspected to have COVID-19
☐ Employment	OCOVID-19 indirectly contributed to the death but was not the immediate or
☐ Social services (like unemployment assistance, TANF, WIC)	underlying cause of death
☐ Living environment	The birthing parent contracted COVID-19 during pregnancy
☐ Medical care	Other, specify:
☐ Mental health or substance use/abuse care	O COVID-19 had no impact on this child's death
☐ Home-based services (non-child welfare)	O U/K
☐ Child welfare services	e. Did COVID-19 impact the team's ability to conduct this fatality review?
Legal proceedings within criminal, civil, or family courts	○Yes ○No ○U/K
☐ Other	If yes, check all that apply:
□ U/K	☐ Unable to obtain records
Describe:	☐ Team members unable to attend review
For the 12 months before the child's death, did the child's family live	
in an area with an official stay at home order?	☐ Team leaders redirected to COVID-19 response
○Yes ○No ○U/K	f. Did the child have medical evidence of a significant inflammatory syndrome (including
If yes, was the stay at home order in place at the time of the	for example, fever, laboratory evidence of inflammation, and involvement of two or
child's death?	more organs) requiring hospitalization in the week before death?
	○Yes ○No ○U/K
	If yes, was the child diagnosed with MIS-C? Yes O No O U/K
-6 10 001/ID D-1-(/ B/	as added to the National Fatality Review-Cas
eporting System (NFR-CRS) last yescurred during the COVID-19 pande ere experienced and how systems of actice. However, given the importan iquely situated to identify systems of	ear to capture data about all deaths that smic. The questions seek to identify barriers the changed. Revisiting completed cases is a shiftnee of this information and how fatality review gaps and barriers, we encourage all fatality ng after March 1, 2020, and update Section 18

Resources for Prevention

Child Safety Data Maps Inform Child Safety Efforts



The Child Safety Learning Collaborative hosted by Children's Safety Network addresses the leading causes of child and adolescent injuries, fatalities, and hospitalizations for youth ages 0-19. Children's Safety Data Maps (URL: https://bit.ly/3KcWXja) have recently been released focused on:

- Bullying Victimization: https://bit.ly/3102Kqw
- Sudden Unexpected Infant Deaths: https://bit.ly/3zVhe8l
- Unintentional Motor Vehicle Traffic Fatalities: https://bit.ly/3nnSzEi
- Adolescent Suicide Deaths: https://bit.ly/3GuBP5P
- Unintentional Poisoning Fatalities: https://bit.ly/3KbZOc6

These maps allow states to see the burden of these challenges at home and in comparison to state and national averages. Understanding these data can inform program and prevention planning.

New and Departing Coordinators



WELCOME

- Maire Stocking, Marion County, IN FIMR
- Kristen Gwaltney, Maryland CDR
- Tiffany Davis, MCH Director, Healthy Start/FIMR, Marion County, IN
- Maricor Wall, Palm Beach, FL FIM
- Lakeshia Montgomery, Southern New Jersey FIMR
- Jan Rogers, Louisville, KY FIMR
- Janelle Carter, Shawnee County, KS FIMR
- Tana-Kae Lewis, Region I Perinatal Coordinator, AL
- Amy Stephens, Region I Perinatal Abstractor, AL
- Katrina Cuffey, Infant Mortality Prevention Coordinator, AL
- Sam Ray, Powell County, MT FICMMR
- Erin Cross, Carbon County, MT FICMMR
- Sherri Marriage, Sheridan County, MT FICMMR

FAREWELL

- Sara Lewis, Maryland CDR Coordinator
- Rosi Trichilo, Statewide Surveillance Manager, LA
- Trevor Hobson, Davidson County, TN FIMR
- Teresa Fisher, Shawnee County, KS FIMR
- Rachael Frazier, Knox County, TN FIMR

Staff Not-so-Out and About



The National Center staff is committed to meeting the consultation, training, and technical assistance needs of FIMR and CDR teams. Working with programs is the best part of our job! Some recent highlights of the National Center's technical support and engagement include:

- Rosemary presented on FIMR for the St. Clair County, IL (Southern Illinois Healthcare Foundation) virtual FIMR Kick-Off meeting and orientation for their first case review team meeting on October 7, 2021.
- Susanna Joy and Abby Collier presented on Facing Secondary Traumatic Stress in Fatality Review to the Maine child fatality review program on December 3, 2021.
- Abby provided an overview and introduction to CDR for partners in the U.S. Virgin Islands on December 13, 2021.

If you have a training need, the National Center will be happy to connect with you to find a creative solution and provide technical assistance or training to your program. Reach out to us at info@ncfrp.org!

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