



Fetal and Infant Mortality Review: Using Qualitative Data to Address Issues Related to Health Disparities

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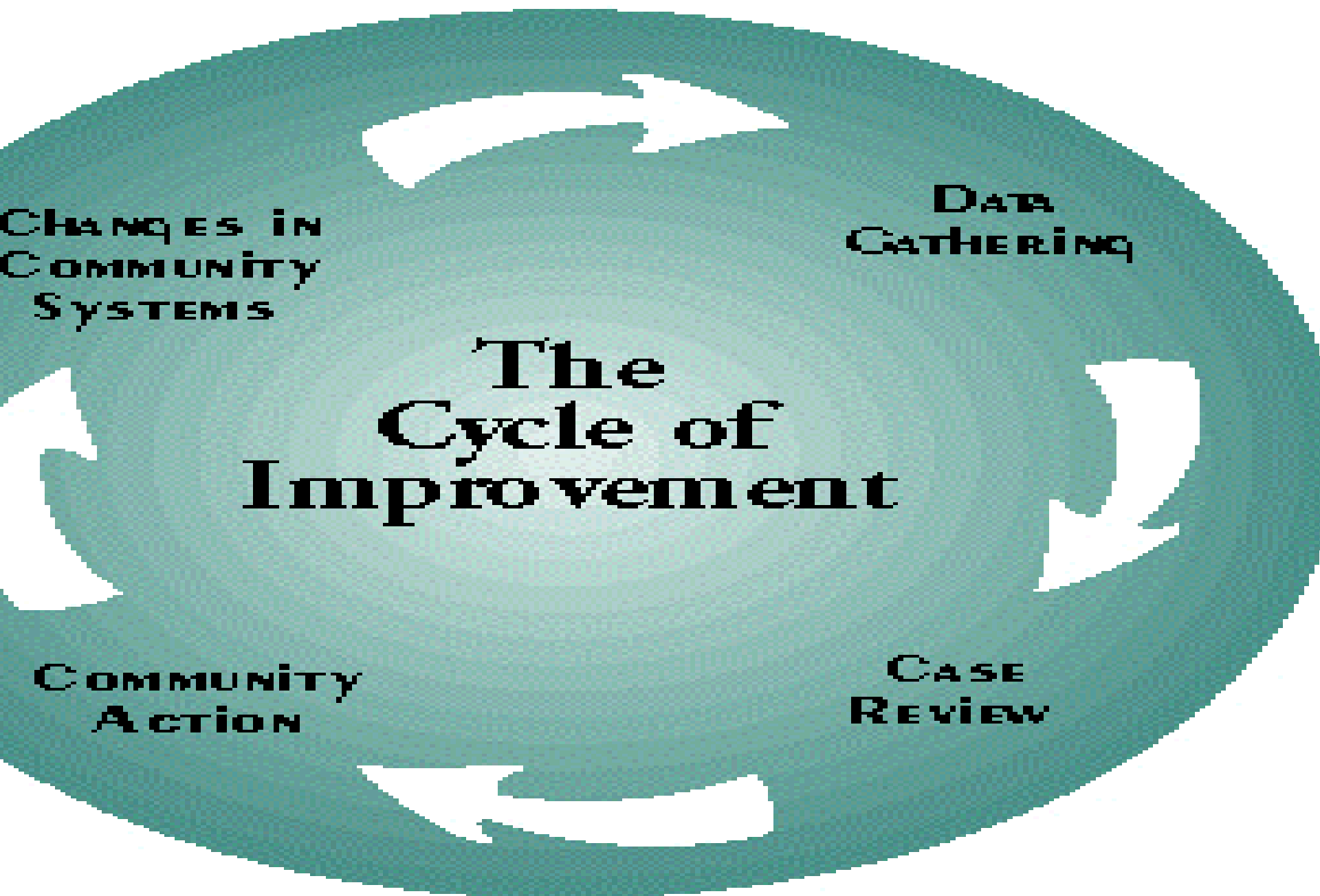
National Fetal and Infant Mortality Review Resource Center

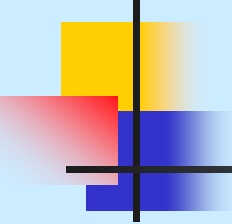
Since 1990, NFIMR has been a resource center working with states and communities to develop fetal and infant mortality review programs.

NFIMR is a cooperative agreement between the American College of Obstetricians and Gynecologists and HRSA's Maternal and Child Health Bureau (Grant # U08MC000136)

For more information about the FIMR process, call (202) 863-2587, e-mail us at NFIMR@acog.com, or visit us at <http://www.nfimir.org> - also sign up for our listserv at <http://suse.acog.org/mailman/listinfo/nfimir>

THE FIMR PROCESS





“None of the studies made by the Bureau attempt to approach infant mortality as a medical question; they merely set down the co-existence of certain conditions of life with varying infant mortality rates. They are concerned with economic, social, civic and family conditions surrounding young babies.”

Julia Lathrop paper read at APHA December 9, 1918

Johns Hopkins National Evaluation of FIMR

A national evaluation of FIMR has systematically documented that:

- The presence of FIMR appears to significantly improve a community's performance of public health functions as well as enhance the existing perinatal care system's goals, components and communication mechanisms.
- The focus of FIMR on systems of care and identifying gaps in care results in action being taken in a way that interpretation of vital statistics data alone does not necessarily promote.


The evaluation of FIMR programs nationwide: early findings. [Online, 2002]. Available from: <http://www.jhsph.edu/wchpc/pub/Brochure.pdf>.

National Evaluation

Local Health Departments in communities with FIMR compared with those without FIMR were more likely to report improved performance of the following core public health functions:

- data collection and analysis,
- client services and access,
- quality improvement for systems of care,
- partnership and collaboration,
- population advocacy and policy development, and
- enhancement of labor force.

Source: Women's and Children's Health Policy Center, Johns Hopkins University. The evaluation of FIMR programs nationwide: early findings. [Online, 2002]. Available from: <http://www.jhsph.edu/wchpc/pub/Brochure.pdf>.



“The (FIMR) process that brings together people to learn from the story of a family that experienced a fetal or infant loss helps awaken both commitment and creativity. The stories illustrate community needs that are concrete, local and significant. The interaction among diverse community participants generates ideas for action that might lie beyond the imagination and power of an individual provider or agency.”

Seth Foldy, MD

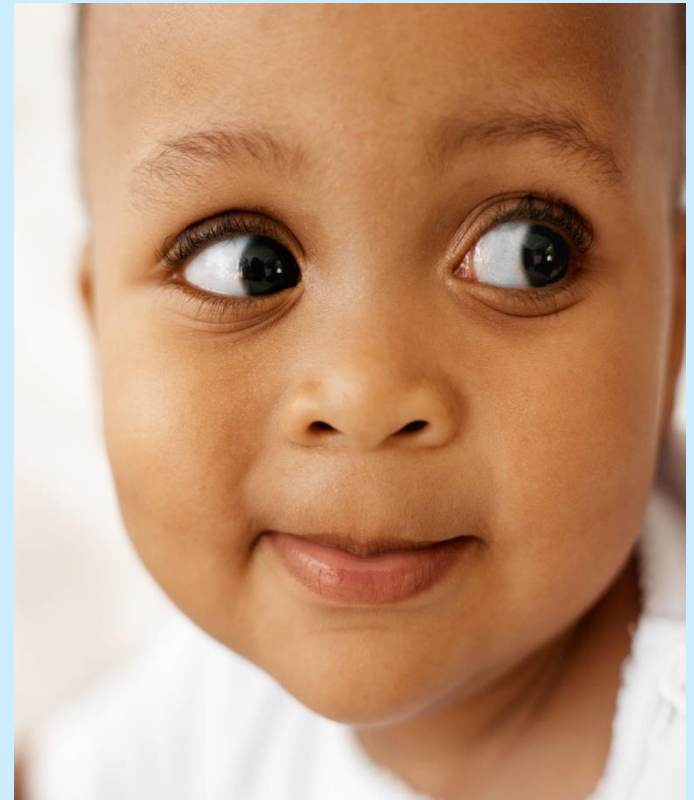
Commissioner of Health, Milwaukee WI



Disparities Persist

“In 2004, the ratio the black-to-white infant mortality rate was 2.4, the same as 2003.”

National Vital Statistics
Reports Vol 55, Number 9
August 21, 2007.



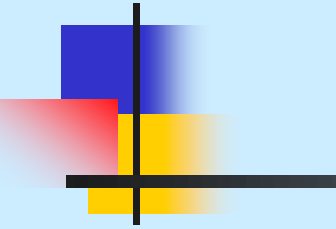
Population based data documents health disparities but does not necessarily show the specific path to meaningful community action!

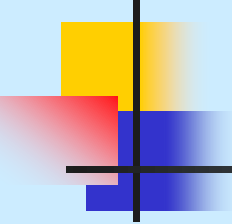


FIMR is a community coalition



FIMR Includes a Key Informant Interview





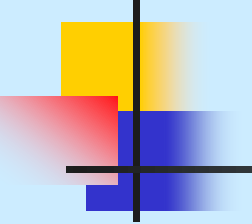
“Maternal interviews give a voice to the disenfranchised in my community, those without clout or power. FIMR provides a rare opportunity for the ‘providers’ in a community to hear from the consumers.”

Patt Young, FIMR Interviewer,
Alameda/Contra Costa Counties, CA



To Reduce Disparities Community Actions Must:

- ❖ **Be local, community specific and culturally appropriate**
- ❖ **Take into account that communities most at risk may have the least information about their risks**
- ❖ **Take into account that communities may not trust the usual health education messengers**
- ❖ **Be sponsored by specific trusted messengers in each community – not necessarily the health department and not the same type of messenger in every community**



What Are the Most Frequent Issues FIMR Programs Are Addressing?

- Access to care
- Bereavement
- Perinatal care
- Preterm labor/delivery
- Postpartum depression
- SIDS risk reduction
- Smoking cessation
- Substance abuse



FIMR teams learned that many health messages....

- are not culturally and linguistically appropriate
- are not reaching all of the varied ethnic groups in the same communities
- are not being delivered by a messenger specific to each group that the community trusts

Fetal and Infant Mortality Review:



A Guide for Home Interviewers

NFIMR

NFIMR

November 2003

BULLETIN

A Publication of the National Fetal-Infant Mortality Review Program

Cross Cultural Expressions of Grief and Loss II: When an Infant Dies. (Volume 2)

Jodi Shaefer, RN, PhD

INTRODUCTION

Health care providers in the U.S. are increasingly challenged to meet the needs of clients from many diverse backgrounds and cultures. This fact was recently emphasized in a report from the Institute of Medicine (IOM) titled *Unequal Treatment Confronting Racial and Ethnic Disparities in Health Care* that indicates other racial and ethnic groups, when compared with whites, experience a lower quality of health services and are less likely to receive even routine medical procedures than are white Americans. (1). Even when insured

ing the loss of an infant and the strategies providers can use to provide culturally competent support to individuals and families.

It is based upon a presentation at the National Fetal and Infant Mortality Review Program's Fourth National Conference, held August 2-4, 2001, in Washington, D.C. This bulletin expands information published in the 1999 National Fetal and Infant Mortality Review (NFIMR) Bulletin *When an Infant Dies: Cross Cultural Expressions of Grief and Loss*. (2) Readers are encouraged to review the 1999



FIMR TAKES ACTION

FIMR components help to **identify**
multi-cultural needs & **solutions**

- Diverse coalition/community partnerships
- Listening to the voice of local families whose infant died
- Interventions based on decisions of the whole community & local families

55 racial and ethnic groups with infant deaths turn to FIMR for answers

| | | | |
|-----------------------------|-------------------------------|----------------------------------|--------------|
| Mexican American | Bay Mills Indian Community | | |
| Puerto Rican | | Keweenaw Bay Indian Community | Cambodian |
| Cuban | | | Thai |
| Central American | | | Hmong |
| South American | Bosnian | African American | Asian Indian |
| | Amish | Haitian | Chinese |
| Omaha | Italian | Dominican | Filipino |
| Winnebago | Russian | Jamaican | Japanese |
| Blackfoot | Polish | Native Hawaiian | Korean |
| Crow | | Samoan | |
| Confederated Salis-Kootenai | | Tongan | |
| Assiniboine-Sioux | | Non Hispanic white | |
| Chippewa-Cree | | | |



Community Based FIMR

- 60% FIMR programs report being located in communities with 3 or more ethnic groups majority develop culturally relevant educational materials

Expanding Resources

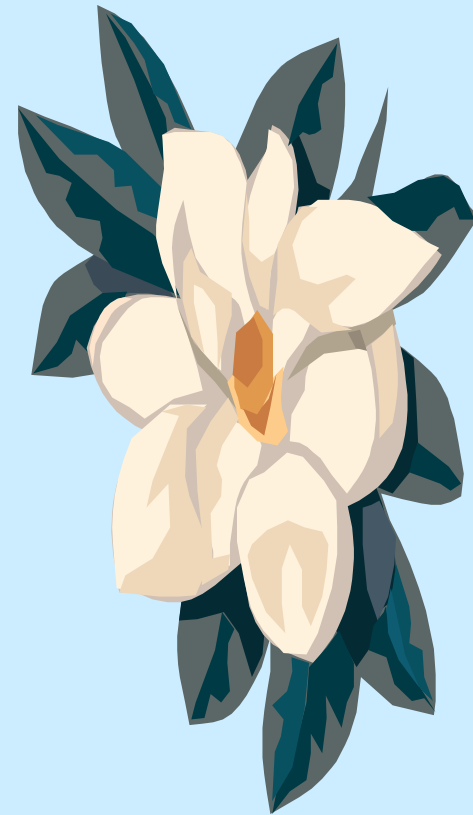
- Problem: multicultural community including Latino, Asian, Russian, African, African-American, and Arabic families needing information about preterm labor and more
- Solution: Educational materials and cross training for CHWs





Preconceptional Care

- Problem: Need for services for at risk African American women before pregnancy
- Solution: Project Magnolia





Coordination of Newborn Care

PROBLEM

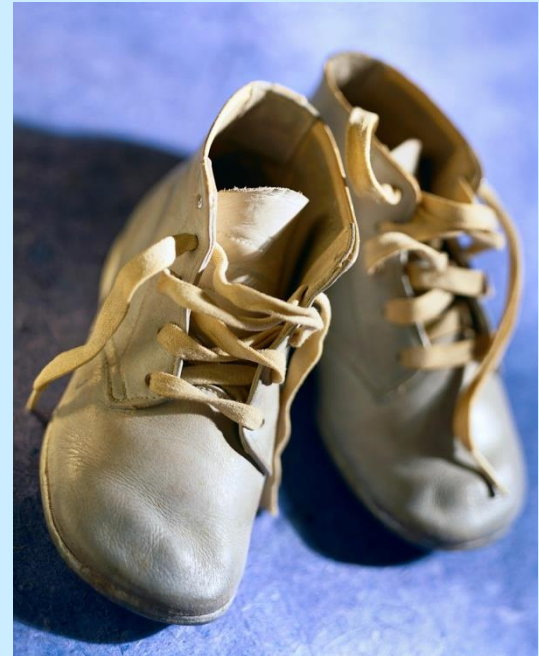
- American Indian mothers did not have crib for newborn.
- Tradition that pregnant woman should not make plans for the baby or buy a crib until after birth

FIMR SOLUTION

- Where will your baby sleep? program
- Crib program & education of health workers

Increased preterm deliveries, African American women

- Problem: 5 to 1 disparity, especially deaths due to preterm labor
- Solution: Raise awareness through church based messages



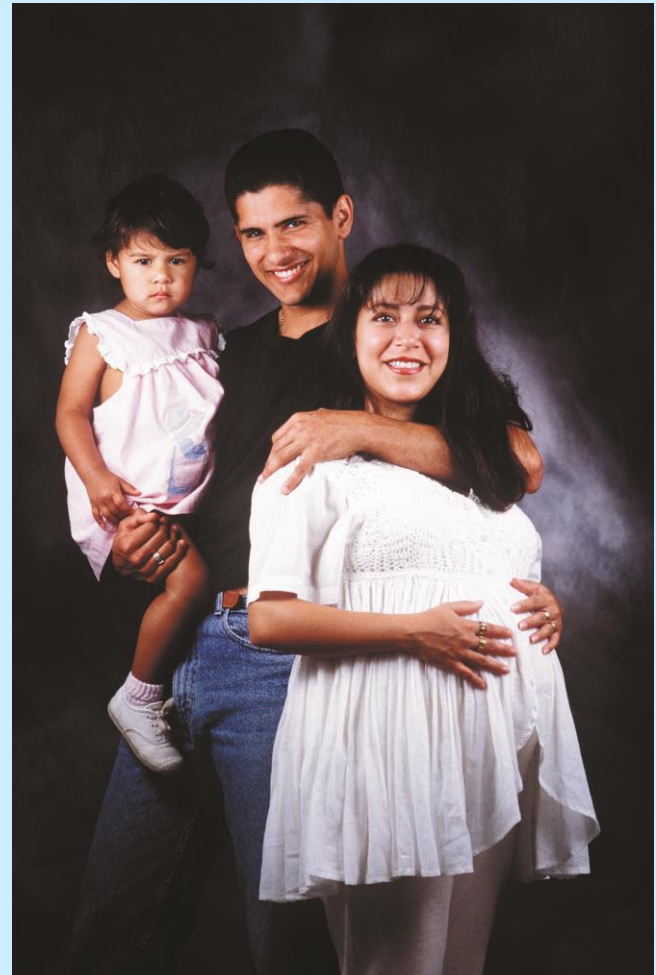
Increased preterm deliveries, Spanish speaking women

PROBLEM

- Bereaved mothers report NOT telling health care provider about preterm labor
- Lack of knowledge & communication barriers

SOLUTION

- Comenzando Bien – focus on preterm labor, partnership with March of Dimes





Safe Sleep & More

PROBLEM:

- Bereaved mothers report not understanding health messages

FIMR SOLUTION

- SIDS resource binder for providers
- FIMR team develops/translates patient education materials from local and national resources in 8 languages
 - English, Spanish, Amharic, Chinese, Thai, Laotian, Croatian, Vietnamese

Project Moses

Karen Smithson and Carol Brady





FIMR Actions That Are Reducing Health Disparities...

- ❖ Increase respect and understanding among community agencies, providers and citizens**
- ❖ Raise community awareness about issues related to health disparities – especially among those at highest risk**
- ❖ Foster broad based community involvement in problem solving**

Conclusion

FIMR Is Making a Difference:

- ❖ builds community partnerships
- ❖ includes the voice of cultural diverse women who have experienced a loss
- ❖ identifies locally specific and cultural issues associated with disparities
- ❖ develops locally significant and culturally competent solutions to address issues related to infant mortality.

