



Fetal Infant Mortality Review Ripple Effects Mapping

April 2018

Session Agenda

Introduction

- Welcome
- Agenda and Objectives
- FIMR Context and History

Ripple Effects Mapping

- About REM
- REM Exercise
- Key Findings from Dane County REM

What's Next for Dane County FIMR?

- Changes in FIMR process
- Focus on Action

Objectives

By the end of the session, participants will be able to describe:

- Fetal Infant Mortality Review
- Ripple Effects Mapping
- Considerations for translating data into action

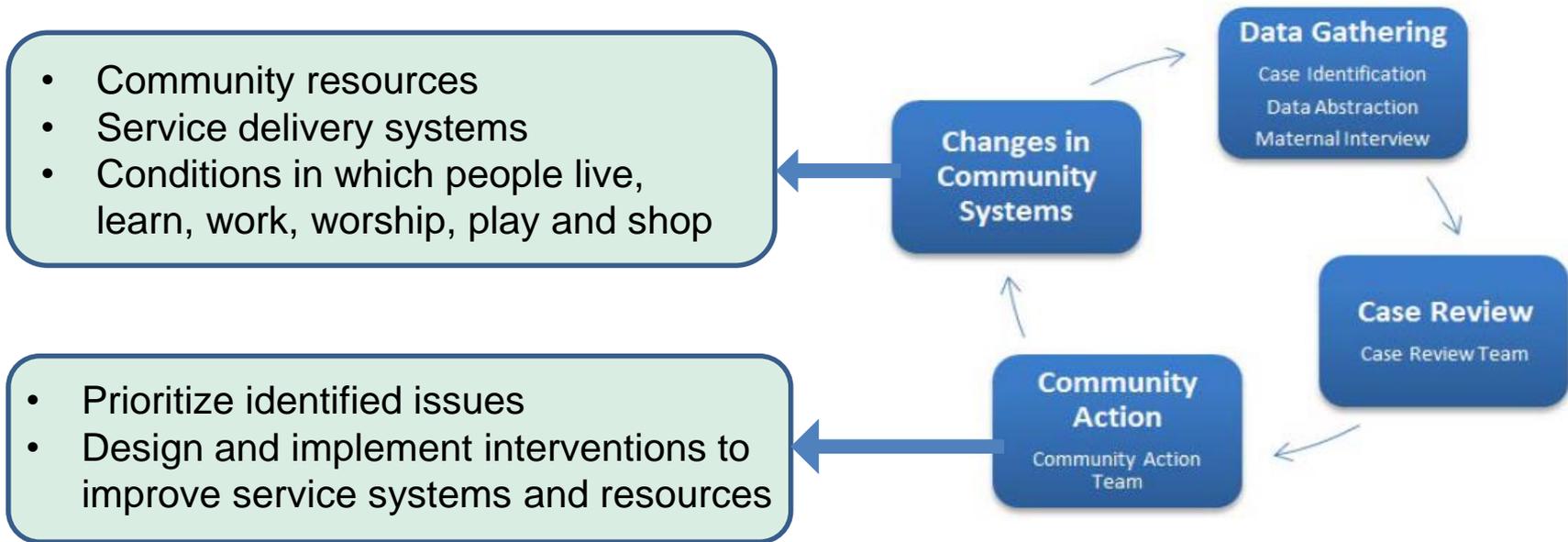
FIMR context and history

“It’s not just about deaths”

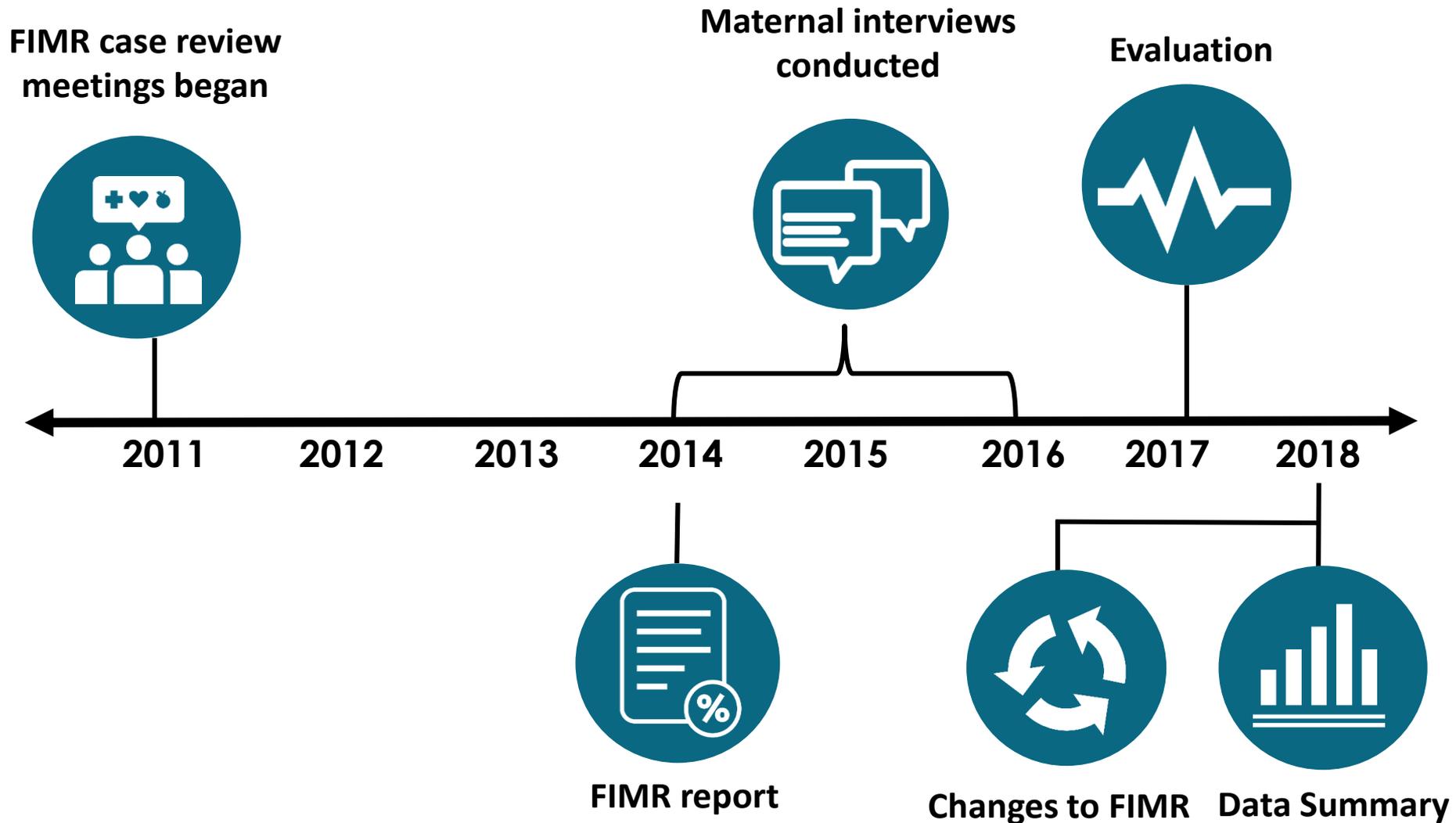


What is FIMR?

Action-oriented cycle

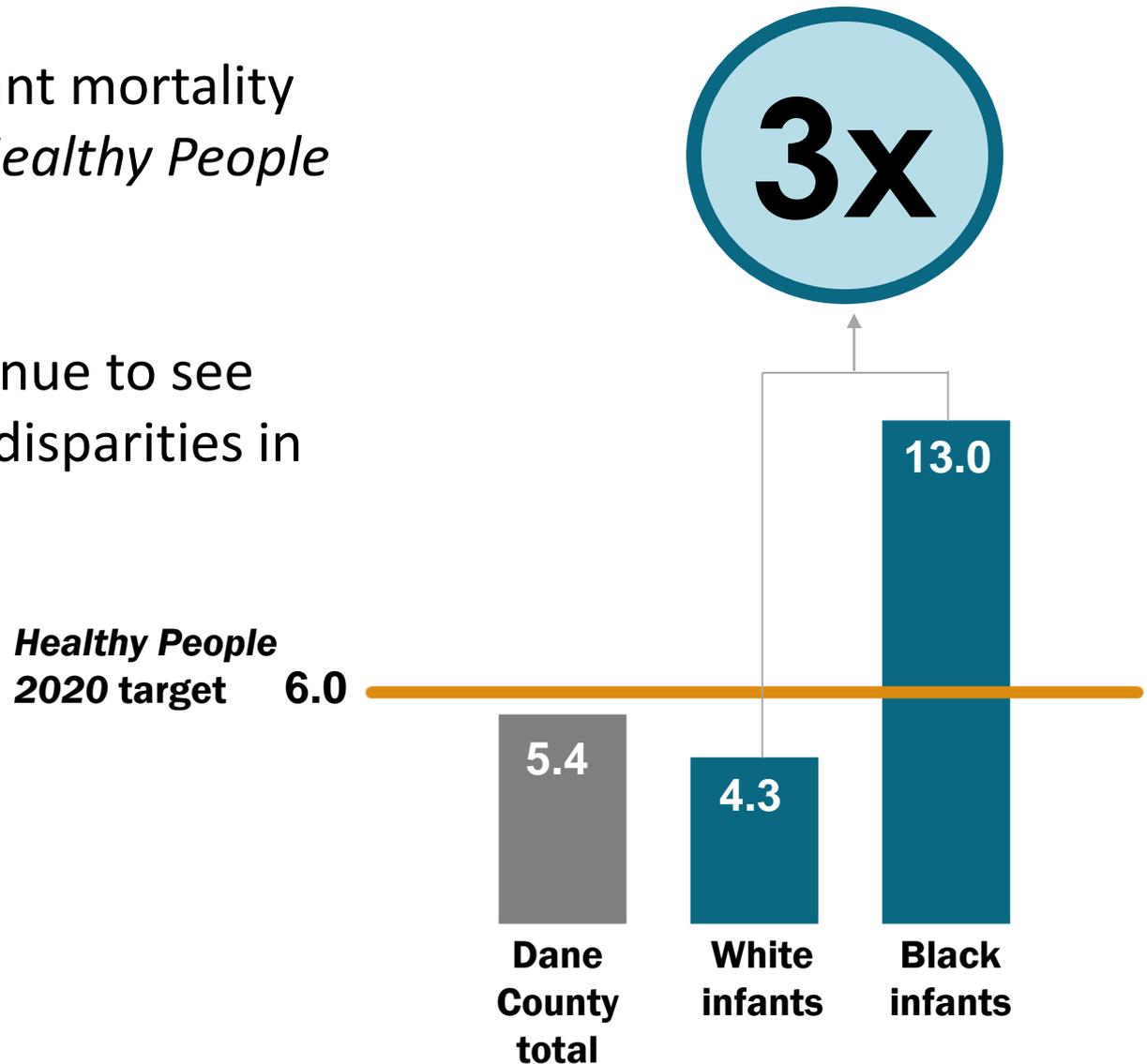


History of FIMR in Dane County



Infant Mortality Data Dane County

- Dane County's infant mortality rate has met the *Healthy People 2020* target
- However, we continue to see large Black-White disparities in infant mortality



Data are from 2014-2016

Selected MCH Efforts in Dane County



Home Visiting

- Nurse Family Partnership
- Perinatal Care Coordination

MCH Surveillance



Health Systems, Hospitals, and Clinics



Faith-based organizations



Early Childhood Zones - Home Visiting

- Madison North Side
- Sun Prairie
- Verona



Dane County
Emergency Medical Services
Medical Examiner's Office



Breastfeeding
Education
& Support



Anesis Therapy

African American
Breastfeeding Alliance Of
Dane County Inc

FOUNDATION FOR
BLACK WOMEN'S
WELLNESS

Midwives



COMMUNITY PARTNERSHIPS, INC.

march of dimes
A FIGHTING CHANCE FOR EVERY BABY™



Community members AND MORE

Ripple Effects Mapping

REM: What is it?

- Looks for “ripples” of programs or efforts
- Focuses on strengths rather than deficits
- Engages stakeholders visually map the story
- Can re-energize stakeholders around shared goals

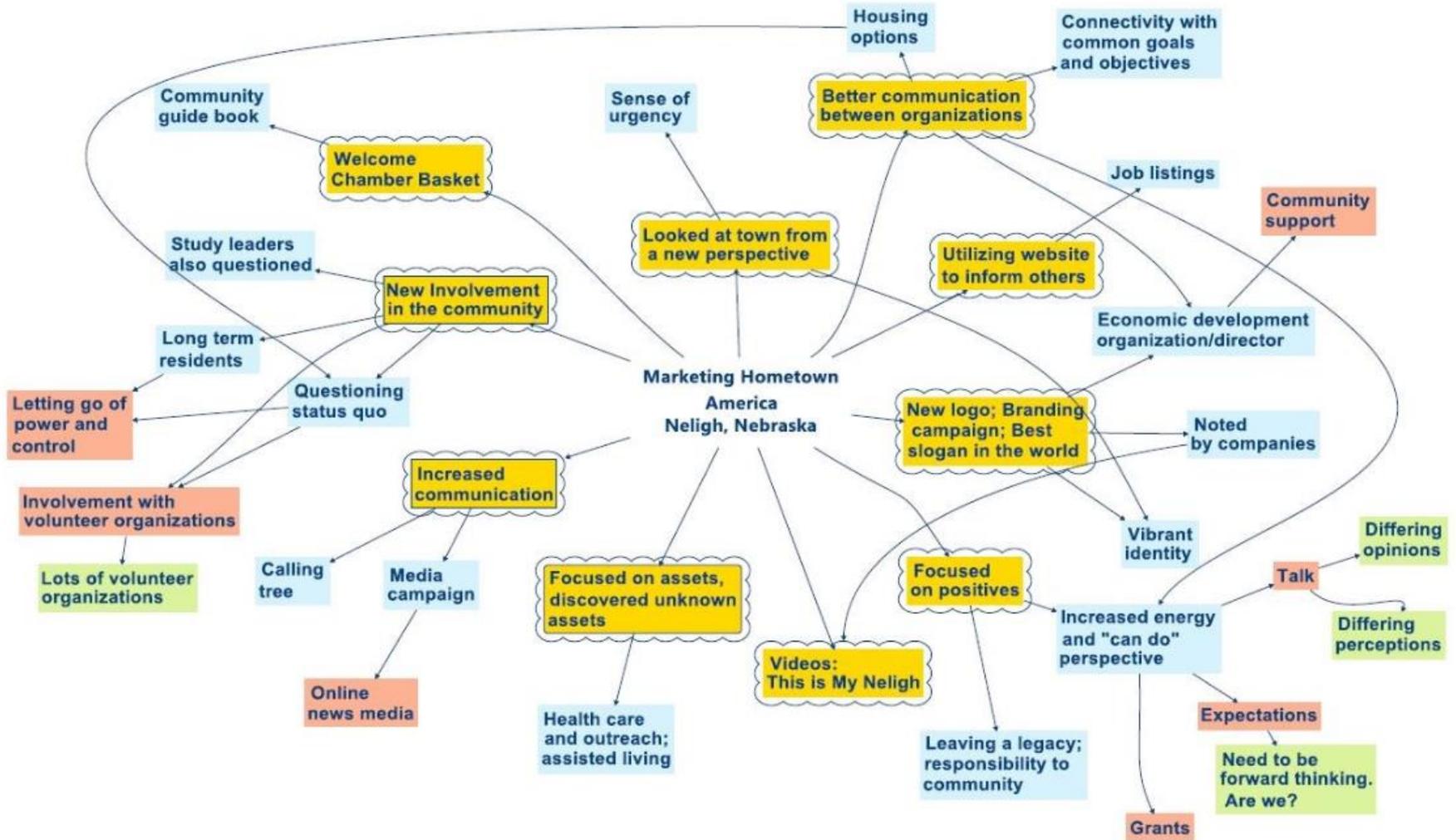


What we did

- 53 invited (FIMR regulars and others)
- 25+ attended
- Questions provided ahead of time
- Participants wrote and turned in responses
- Participants interviewed one another
- As a group, completed “map”



Sample Map



Pair Interviews

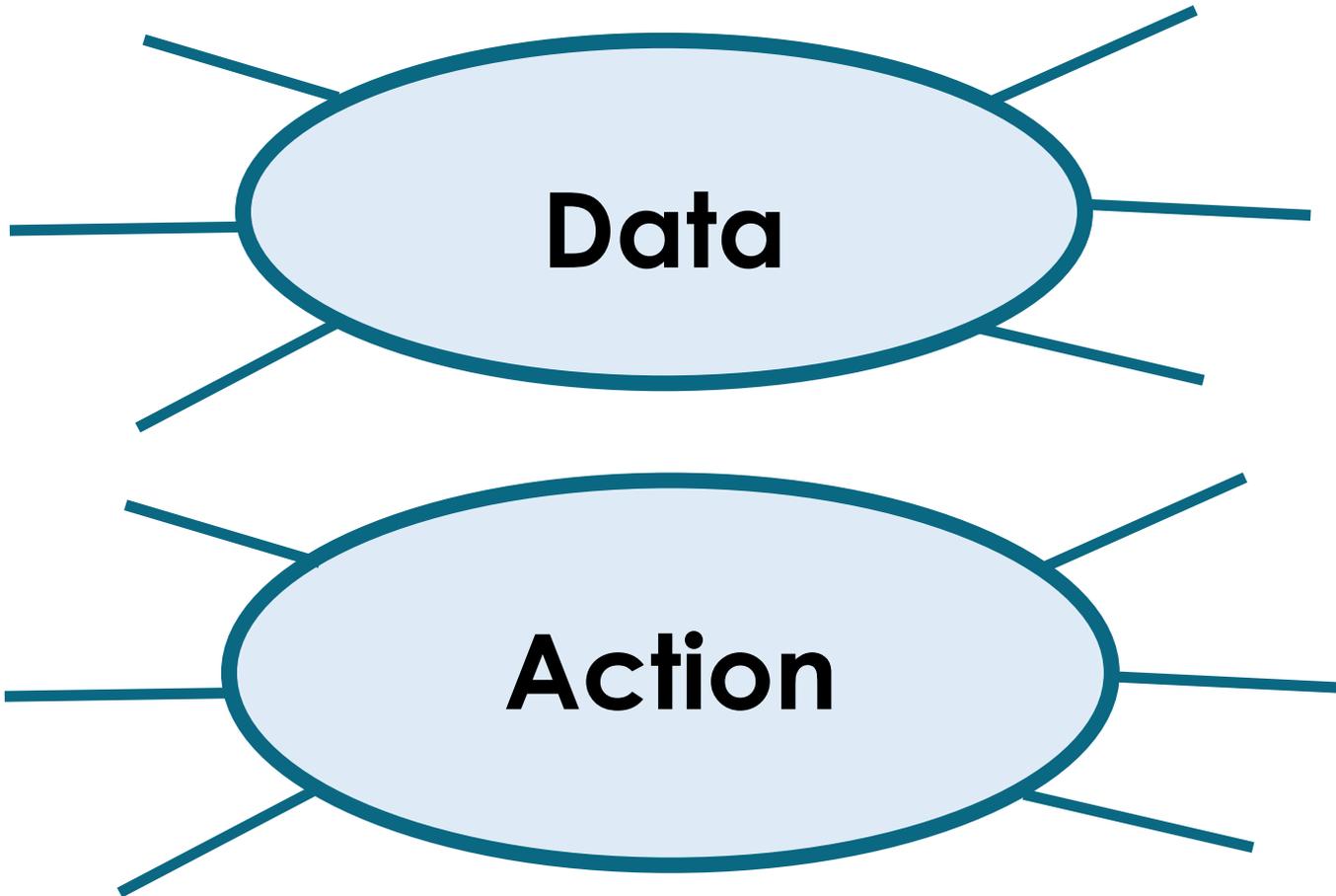
Reflect on FIMR/CDR work in the past 5 years -- impact on you, your work, and organizations or systems.

1. List an **achievement or success** you have had or have observed as a result of what you learned or who you met in connection with FIMR.
2. Are there **learnings** from FIMR that have resulted in changes *within your organization*?
3. Are there **learnings** from FIMR that have resulted in changes *beyond your organization*?

Group Mapping Exercise

Successes

Opportunities



PHMDC FIMR REM

Key Findings: Successes

FIMR Data:

- Data creates urgency, used in ways we did not know about
 - Program development
 - Grant applications
 - Coalition/advocacy purposes
- Maternal interviews highly valued, offer important and unique lens

FIMR Process/Action:

- Many actions/ripples identified, some not been previously captured
 - Personal growth, professional connections, information sharing
 - Bereavement programming
 - Health systems improvements: adding fetal concern coordinators, including fathers in safe sleep teaching
 - Safe Sleep (safe sleep Sabbath, pack n play distribution, social marketing campaign, etc.)
 - Centering Pregnancy/Centering Diabetes/Centering Parenting
 - Improved access to 17P

PHMDC FIMR REM

Key Findings: Opportunities

FIMR Data:

- Desire for more data that can help frame the discussion further upstream to look at root causes
- Restart Maternal interviews

FIMR Process/Action:

- Strong desire to see more action and systems level work
- Desire for the FIMR case review process to *inspire* action (continue reporting out and sharing impact – motivating/inspiring)
- Many ideas at health systems, community and policy level generated

What's next?

Responding to the REM Evaluation

1. Expansion of staffing for FIMR at PHMDC

2. Data

- ✓ Data Products – more timely/responsive to team needs
- ✓ Maternal interviews

3. Taking Action

- ✓ Changing Case Review Team meeting format
- ✓ Ongoing evaluation, capturing ripples
- ✓ Focus on community action

FIMR Team Expansion

Now includes:

- Epidemiologist
- Data abstractor
- Community action staff
- Maternal interview partnerships
- Ongoing evaluation support
- Oversight from MCH manager

Allows for focus on expanding data collection to include social determinants and move towards community action/systems change

Data Products

Annual report

- Present annual report at CRT meeting
- Key themes and actions from previous year
- Planning for current year

Periodic data briefs

- Responsive to data needs of members

Data Visualization

- Improving readability/usability of data reports and case review summaries



Maternal Interviews

- Restart maternal interviews – primary focus
- Goal to restart interviews by summer 2018
- Will work with community partners to determine who should do the interviews/offer training
- Incentives for moms who participate

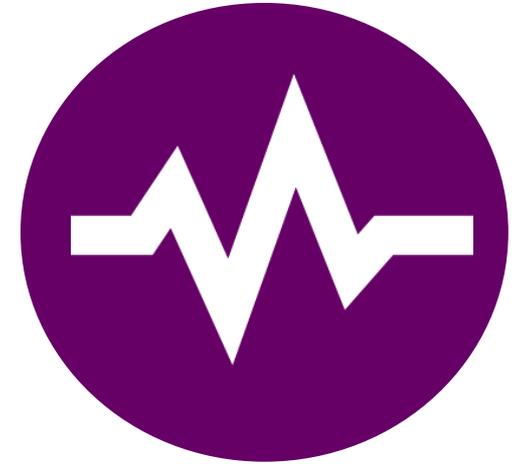


FIMR Case Review Team meeting: Revised Format

- Introductions/**Mindfulness moment** (10 min)
- **Learnings** (20 min)
 - **Reiterate learnings** from previous review & **Offer** quick/meaningful updates
 - **Speakers** - more extensive updates on community action
- Case review (45 min)
- Break and **some movement** (15 min)
- Case review (45 min)
- **Key themes/observations** (5-10 min)
- **Evaluation** (5 min)

Ongoing Evaluation

- Plus/Delta
- Written feedback at end of each meeting
- Responsive to feedback in real time
- Tracking Ripples
- Incorporating evaluation into expansion of work
 - Documentation of process
 - Setting benchmarks
 - Action Team will evaluate process and outcomes using our health and racial equity frameworks (future)



Focus on Action

Process to date:

- Historical review – what has been done, what has been successful, who was involved
- Understanding the local landscape of initiatives related to infant mortality underway in Dane County
 - Internal – mapping partnerships
 - External – 1:1's
- Learning about the national FIMR CAT model, where it is working, alternative models
- Reflective journal article review



Focus on Action

Questions we hold:

- Do we form an actual community action team that is separate from all the community work already being done?
- **If we don't form an actual team how do we partner with the work being done? Understand its impact? Showcase what is working? Build partnerships and connections between these efforts?**
- How would an action team interact with the Case Review Team?
- How do we leverage the assets of the broader community to impact this issue? How do we inspire others to get involved?



What questions do you hold?

