

State FIMR Coordinators Role and Responsibilities

A poster session presented at the American Public Health Association Annual Meeting, November 9, 1999 Chicago, Illinois

The Diverse Roles of FIMR State Coordinators in Supporting Public Health Functions

ABSTRACT:

Objective: At the conclusion of this session the participant will be able to discuss ways that FIMR state coordinators support public health functions.

Fetal and infant mortality review (FIMR) programs now number more than 200. Twenty states have appointed an individual to act as an infant mortality or FIMR coordinator. Significant variations exist in the FIMR coordinator position, funding of local FIMR programs, and utilization of local FIMR findings.

The National Fetal and Infant Mortality Review program surveyed the state FIMR coordinators to identify funding source for the position, type of position, responsibilities and authority, and utilization of local findings for the state's MCH assessment, planning and policy development.

Variations exist in the role and responsibilities of coordinators ranging from training, to grants management, to standards setting. States have opted to create these positions as public health staff, nonprofit agency staff, and independent contractors. Positions are funded using Title V dollars, legislative special funds and categorical grants. Support from the state for local FIMR's includes technical assistance with no funding, drawn down dollars, and a competitive grant process that can include both local health departments and nonprofit agencies. States vary significantly in utilization of FIMR findings for assessment, program planning and policy development. Some states have developed a process to integrate certain findings into their Title V assessment process while other have not identified a formal statewide role for local FIMR findings and recommendations.

BACKGROUND

Fetal and infant mortality review is a community-owned, action oriented process. FIMR studies fetal and infant deaths to learn how to improve community systems and resources for other young families. 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.

The National Fetal and Infant Mortality Review Program is a collaborative effort between the American College of Obstetricians and Gynecologists and the federal Maternal and Child Health Bureau. NFIMR serves as a national resource center for state and local fetal and infant mortality review (FIMR) coordinators, providing information, trainings and technical assistance.

RATIONALE

The NFIMR Program conducted a survey of state coordinators to gain a greater understanding about their roles and responsibilities, their perceptions of the future role of FIMR within their state and their training/technical assistance needs. This information is useful in developing future resources for state and local FIMR programs.

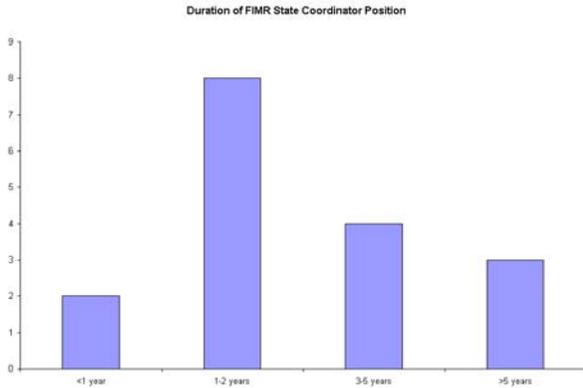
METHOD

A two-page survey was mailed to the 20 individuals known to the NFIMR Program as state FIMR coordinators. Two attempts (telephone and e-mail) to reach non-responding participants were made. Seventeen individuals returned the completed questionnaire.

RESULTS

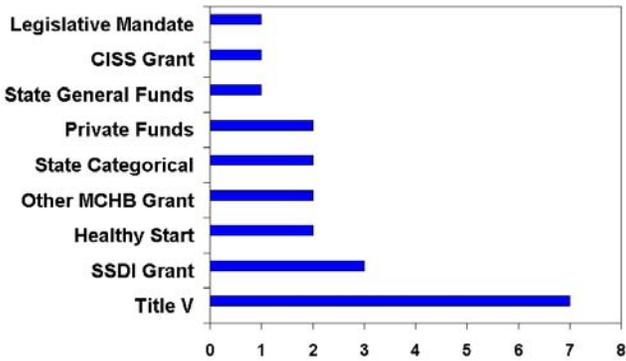
Structure of the state FIMR Coordinator position

State FIMR Coordinator positions are relatively new; nearly 60% have been in existence 2 years or less. Only 18% of the responding states have this position for more than 5 years.



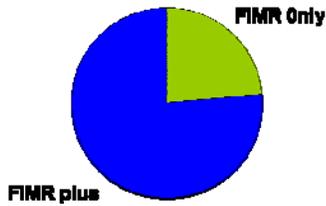
The majority of respondents (11 of 17) reported that their position is structured within the state maternal and child health program. Funding sources for the state FIMR coordinator position varied with Title V (7) and SSDI grants (3) reported most frequently. Two positions reported multiple funding sources.

Funding Sources for State Coordinators



The state FIMR coordinator usually is responsible for other types of mortality review programs. Fewer than 20% (4 of 17) of the respondents work exclusively on the FIMR program. Funding for the four FIMR-only coordinators is grant related with 2 funded by the MCHB FIMR coordination grants, 1 by SSDI funds and 1 jointly by SSDI and Title V funds.

State Coordinator's Responsibilities



Among the coordinators that have additional responsibilities, the majority (9 of 13) are responsible for coordinating another type of mortality review:

- Coordinate child fatality review (CFR) 2
- Coordinate maternal mortality review (MMR) 3
- Coordinate SIDS Program (SIDS) 2
- Coordinate CFR & SIDS 1
- Coordinate MMR & SIDS 1

Responsibilities of the state FIMR Coordinator

State FIMR coordinators described their responsibilities as providing support for local FIMR projects, assessment, policy development and communication to state organizations and key staff and leaders.

Support for local projects

Within the support for local FIMR projects category, the most frequent responsibilities described focused on technical assistance and funding:

- Technical assistance 13 (76% of states)
- Grant management 12 (70 %)
- Assisting in development of new FIMR's 11 (65%)
- Participating in local team meetings 11 (65%)
- Training for FIMR projects 9 (53%)
- Direct supervision of local FIMR projects 5 (30%)
- Funding development for local projects 3 (18%)
- Direct supervision of local FIMR staff 1 (6%)

Assessment

Within the **assessment category**, the most frequent responsibilities described focused on collection of data, findings and recommendations from local projects:

- Collection of local findings & recommendations 14 (82% of states)
- Collection of local data 11 (65%)

Policy Development

Within the **policy development category**, the most frequent responsibilities described focused on analysis of data, findings and recommendations for state planning:

- Analysis of local project data for state planning 12 (70% of states)
- Analysis of local findings/recommendations for state planning 12 (70%)

Communications

Within the **communications category**, the most frequent response described focused on sharing information within the state health and human services departments:

- Sharing findings/recommendations within state health and human services departments 14 (82% of states)
- Preparing an annual report 10 (59%)

Most important task

When asked to identify the most important task they perform, 13 of the 17 respondents identified the support they provide to local projects. Six coordinators identified advocacy and communications as their most important responsibility. Multiple responses were permitted.

Use of FIMR information

State FIMR coordinators utilize the data, findings and recommendations from local projects as part of their Title 5 needs assessment, for quality assurance, as part of their state health planning process in addition to summarizing and sharing with others.

Sixteen of the 17 respondents indicated that they use local FIMR information at the state level; the other respondent indicated that this was a future goal. Among the 16 states using local findings at the state level, the most frequent uses were for reports; Title V needs assessment; and quality assurance:

- Summarize for Health Department upper management 13 (81% of 16)
- Monitor quality of prenatal and early pediatric care 13 (81%)
- Title V needs assessment 12 (75%)
- State health planning 6 (38%)
- Summarize for state legislature 3 (19%)
- Summarize for the governor 2 (13%)

Potential evolution of FIMR program within the state

FIMR state coordinators, when asked how they would like to see the program evolve, indicated that they hoped to see the program expand within their state. Types of expansion identified included

- ◆ geographic (more communities, more regions, statewide)
- ◆ broaden the scope of mortality reviews (expand to CFR and/or MMR or extend the ages included in FIMR into early childhood).

Other topics identified included institutionalization of the process as component of program planning, continuous quality improvement (CQI), surveillance, assessment, or an integrated risk reduction system.

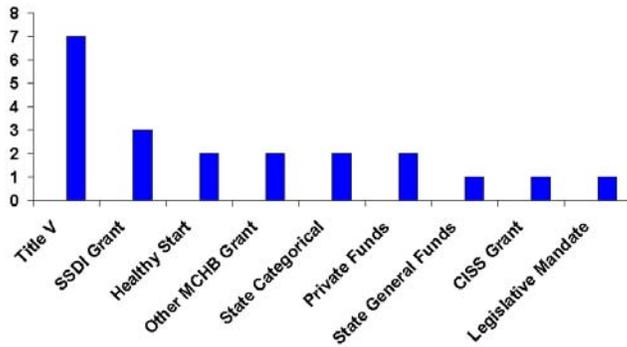
Community FIMR Projects

State FIMR coordinators identified support for local projects as one of their most important responsibilities. Twelve coordinators manage a grant system for local projects; three are responsible for funding development for local projects.

Community FIMR projects have a variety of funding sources. The mix includes federal, state, local government funds and private dollars. The Title V program of the federal Maternal and Child Health Bureau was identified most frequently (8 of 17), followed by the federal Healthy Start program (also a

component of the MCHB).

Funding Sources for Local FIMR Programs



CONCLUSIONS

State FIMR coordinator's role, responsibilities and organizational structure varies, based upon the public health system structure within the home state. The majority of state coordinator's positions are relatively new, are housing within the state maternal and child health program, and include coordination responsibilities for other mortality reviews. At this time state coordinators identify provision of support for local FIMR projects as their most important responsibility.

FIMR information includes data from case reviews, findings and recommendations from both the case review team and the community action team. The use of FIMR information at the state level is a relatively new practice. States currently report using FIMR information for assessment (Title V and regional); for quality assurance related to prenatal and early pediatric care systems, and for policy development (inform state health planning process). Because current state coordinators would like their programs to expand including either more geographic areas or a larger age range, FIMR information's contribution to core public health functions is likely to increase.

Title V plays a significant role in FIMR related activities, providing funding for both state coordinators' positions and for community FIMR projects. In addition, FIMR information is used to inform individual state's Title V needs assessment. Other federal Maternal and Child Health Bureau grant programs provide leadership and support for both state and community FIMR initiatives.

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