

1.0 LOCAL ACTIVITIES

1.1 Policy: The State MCH Branch funds local health jurisdictions to conduct a FIMR Program to identify local system and community problems that contribute to fetal and infant deaths and implement solutions to prevent future deaths.

1.2 Requirements:

1.2.1 Each agency receiving FIMR funds is required to perform the following functions:

- Examine and identify factors that contribute to fetal, neonatal, and post-neonatal deaths by establishing ongoing case review and community action teams.
- Make recommendations that address the contributing factors.
- Mobilize the community to implement interventions that lead to system and community changes, which lead to the reduction of fetal/infant mortality.

1.2.2 Each agency must have a CRT that consists of culturally competent medical and non-medical representatives. Members of the CRT should represent a broad range of professional public and private agencies. Agencies and organizations may include health, welfare, education, advocacy groups, and organizations that provide services and resources for women, infants, and families. Membership is modified as priorities and at-risk populations change.

1.2.3 Each agency must have a CAT that reflects the needs and diversity of the community and includes membership that can define and organize community-based system changes that arise from case reviews. Crossover representation between CRT and CAT members facilitate the identification, development, and implementation of interventions.

1.2.4 The CAT shall have coordination and/or representation from related state and local programs serving women and children, such as Sudden Infant Death Syndrome (SIDS); Women, Infants, and Children (WIC); and Black Infant Health (BIH).

1.2.5 Membership of the CAT is to be modified appropriately as the priorities and at-risk populations for review change. The team may include, but not be limited to representatives from:

- Health professionals

- Social services agencies
- Child health organizations
- Community-based organizations
- Political leadership groups
- Faith community groups
- Neighborhood organizations
- Educational organizations
- Housing and tenants' rights organizations
- Local businesses
- Parents who have lost an infant

1.2.6 The local FIMR Program must document community involvement by keeping on file meeting sign-in sheets and minutes.

1.2.7 The case-based recommendations and interventions should center on local factors or address broad questions of system performance and public policy. Interventions should include, but not be limited to changes in:

- Public health and social policies.
- Health service delivery systems, networks, and practices.
- Professional training and education, community-based education.
- Patterns of community knowledge, skills, lifestyles, and norms.

1.2.8 Each agency must have standardized data collection and reporting.

1.2.9 Each agency must comply with the Scope of Work (SOW) as negotiated with the MCH Branch.

1.3 Procedures

1.3.1 Submit an Annual Progress Report according to the MCH Programs Reports Section 1.3. Include in the report:

- A copy of the current letter from the local health officer granting approval to conduct the FIMR program.
- For each case reviewed:
 - Case Review Summary Form for each
 - Fetal Infant Mortality Issues Checklist
 - Case Vignette, hard copy and diskette
 - FIMR Case Tracking Log