TACKLING INFANT MORTALITY AT THE LOCAL LEVEL: 
A CASE STUDY IN MATERNAL AND CHILD HEALTH LEADERSHIP

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LIST OF CHARACTERS

Jackie Howard ........................................ Incoming FIMR Coordinator
Ashley Allen .......................................... Outgoing FIMR Coordinator
David White ........................................... Mayor
Tom Brown ............................................ Health Director
Kim Kavanaugh ..................................... Resource Mother
Sue Fields ............................................... WIC Program Manager
Connie Spivey ........................................ Public Health Nurse
Alan Roberts .......................................... Social Services Director
Mary Cook ............................................. Medicaid Eligibility Supervisor
Roy Jones ............................................... Obstetrician, ACOG State Chair
Angela Anderson ................................... Nurse Practitioner, AWHONN State Chair
William Wood ........................................ Pediatrician, AAP State Chair
Craig Owen ............................................ Local Ob-Gyn Physician
John Wilson ........................................... United Way Director
Harry Long ............................................ Father (Experienced Infant Death)
Donna Allen ........................................... Deacon, Grace Baptist Church

BACKGROUND

The Health Department has run a Fetal & Infant Mortality Review Program (FIMR) for the past 10 years. The program has an active case review team with little change in membership since its beginning. Members include representatives from the medical community (OB-GYN and Family Practice), public health (health director, FIMR Coordinator and public health nurse, WIC nutritionist), hospital (nurse manager, neonatologist), social services (social worker, child protective services case worker) and mental health/substance abuse services (psychologist). The program established a community action team at its inception but has gradually lost members. It currently consists of five members representing the United Way, a community-based home visiting program, the faith community, a parent who has experienced an infant death, and the health department.

For the past five years there has been an increasing trend in infant mortality among city residents. In 2000 the infant mortality rate was 9.7 per 1,000 live births and in 2005 it was 17.9. The disparity between rates for whites and rates for other racial/ethnic groups has grown during the same time period. In 2005, the infant mortality rate for white births was 7.3, while for non-white births it was 27.1 per 1,000 live births.

INTRODUCTION

This case study takes place in a small, fictitious city in Virginia and is meant to represent one community’s attempt to address infant mortality in the face of financial, legislative and bureaucratic challenges. Among the strengths of this city is steady economic growth in the housing industry as it’s a bedroom community of a large metropolitan area 30 miles distant. The city also has a state land grant university and has recently experienced the re-election of a well-respected mayor. At the same time, the city is facing a number of challenges: unwelcome
publicity from the Governor’s Office because of its infant mortality rank, an influx of immigrants who speak English as a second language if at all, and a large number of long time residents living near or below the poverty line. The Medicaid budget has increased 30% in five years, forcing cuts in other programs.

To date, the city’s attempts to address infant mortality have been scattered and largely unsuccessful. A variety of modestly funded, sparsely staffed programs are targeted towards improving the health of children and reducing infant mortality and morbidity. These programs have not coordinated efforts to address infant mortality in the past.

THE CASE

Jackie Howard has been the Coordinator of the Child Health Investment Program (CHIP) for five years. Trained as a neonatal nurse, she has a reputation as a hard worker, creative thinker, and supportive leader, with particular skill in collecting, interpreting and using data to improve programs. In two weeks, she will assume the position of FIMR Coordinator for the local Health Department, when Ashley Allen, a well-known public health advocate, retires from that position. Ms. Allen has a high profile in the city’s public health community and is known for her strong views and her relentless determination to improve the health of children. Ms. Allen has been a vocal but not always a tactful advocate on the issue of infant mortality.

During the past year, the Governor has made infant mortality a high profile issue in the state. Recent data rank the city in the top five percent among cities in the state for infant mortality. Mayor David White is particularly concerned about the unflattering statistic, not to mention the pressure that increasing prematurity and NICU days at their delivery hospital are putting on the city’s Medicaid budget. He wants the Health Department to develop a results-oriented plan that he can tout at an upcoming meeting of the National Association of Counties where he serves on the Health Task Force.

The first challenge facing Jackie will be responding to the Mayor’s request for a results-oriented plan to address infant mortality.

THE PLAYERS

PUBLIC HEALTH: One month ago, the Health Director, Tom Brown, gave the management of this priority assignment to Ashley Allen, FIMR Coordinator. Among the Mayor’s requirements is the development of an action plan that calls for collaboration between the health department and the social services department, with sign offs by the State Chapters of the American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG), and Association of Women’s Health, Obstetric and Neonatal Nurses (AWOHN). In Dr. Brown’s communication with Ms. Allen, he specifically stated that he wanted the FIMR community action team (CAT) to take the lead in developing the plan. Dr. Brown is requiring Ms. Allen to expand the CAT to add additional key decision makers in the city who could reduce infant mortality and health care costs without sacrificing current outcomes of care. Ashley Allen planned and carried out the first meeting.
**Jackie Howard** will replace Ashley Allen as the FIMR Coordinator for the health department when Ms. Allen retires in two weeks. Ms. Howard has been an advocate for women and children throughout her career as a nurse.

**Kim Kavanaugh** is a home visitor with the city’s Resource Mothers program and has been a member of the FIMR CAT for the past two years. She is a single mother of three children, the oldest in first grade this year. Ms. Kavanaugh has an Associates Degree in Social Work from the local land grant university in social work. She is a Deacon at her church and serves on her church’s health advisory committee.

**Sue Fields,** manager of the local WIC program, is a registered dietitian who chairs the city’s Wellness Council. Ms. Fields began her dietetics career as a NICU dietitian in a major university hospital in the state. After the birth of her first child, she began her career in public health and has been a local WIC nutritionist as well as manager of the program for the past five years. Ms Fields is highly regarded in the city due to the success of the Wellness Council’s community-based projects. She has been a member of the FIMR CAT for four years.

**Connie Spivey,** public health nurse, has been employed by the city health department for one year. She works in Family Planning and Maternity clinics and has been a member of the FIMR CAT for six months. Ms. Spivey completed her BSN in 2006 at the local university with a focus in maternal health.

**SOCIAL SERVICES:** Meaningful collaboration with the Department of Social Services represents a challenge because of various historical factors. Two years ago, Tom Brown, the city’s Health Director, approached the Director of Social Services, **Alan Roberts,** with a proposal to purchase and refurbish a vacant building in order to house both departments under the same roof. Mr. Roberts found the proposal interesting but rejected it due to a variety of factors.

**Mary Cook** supervises the Medicaid eligibility office for the city. Ms. Cook has worked for the Department of Social Services for twenty years and has seen little change in the way that business is done at the city level and likes it that way. She prefers to work alone and do things her own way within the requirements of the program, with little interference from the State office. She is a new member of the FIMR CAT with her first meeting in two weeks and wonders why the Director of Social Services has assigned her this job duty.

**THE MEDICAL COMMUNITY:** **Roy Jones** has served as State Chapter Chair of ACOG for the past ten years. He is not known as a collaborator and has expressed at state meetings that beyond providing health care to women the OB-GYN physician doesn’t have a role in community activities.

The State Chapter Chair of AWHONN, **Angela Anderson,** who is a women’s health nurse practitioner, has been an advocate for reducing infant mortality in the state. She works for Kaiser Permanente in the large metropolitan area 30 miles north of the city and has long recognized the role that physicians and nurses can assume to lead local communities in raising awareness about the causes of infant mortality.
William Wood, State Chapter Chair of AAP, is active on many state committees that address children’s health and wellness. He is a staunch supporter of the current Governor and as such has been appointed to a key commission on infant mortality at the state level. He is on record as stating that one of the causes of infant mortality is that OB-GYN physicians deliver babies too early, contributing to near term births.

The FIMR CAT has as a member a local obstetric physician, Craig Owen, who works for the city’s only OB-GYN physician’s group. In addition to his medical degree, Dr. Owen has a Master in Public Health from the University of North Carolina. He is an active and vocal member of his ACOG chapter regarding health disparities and issues related to infant mortality.

Community-Based Organizations: The United Way has worked closely with both the Departments of Health and Social Services for many years enjoying a collaborative relationship with both management and front-line staff. Its goal is to serve the citizens of the city with a primary focus on the health and wellbeing of children. The Director of the United Way, John Wilson, has been tasked by his Board of Directors to work closely with the Mayor’s Office to fulfill the Mayor’s vision for a “healthier tomorrow for children and their parents.” Mr. Wilson has a reputation in the city for getting the job done and has many requests for his time and expertise from other agencies and organizations.

Harry Long is a new member of the city’s FIMR CAT. He contacted Ashley Allen six months ago, after talking with Connie Spivey at their church following the death of his 3-month-old son from SIDS. Mr. Long is a paid fire fighter for the city who works both daytime and evening shifts. Harry is not able to attend the CAT meetings that are scheduled during his scheduled work hours. He is extremely interested in working with the local health department to prevent infant deaths in the city.

Donna Allen is a friend of Kim Kavanaugh and serves as a Deacon at their church. She chairs the church’s health advisory committee and is passionate about improving the health and wellbeing of babies and children. Last year under her leadership, the church held a rally to raise money to purchase car seats for women served by the local Resource Mothers program. This year Donna plans to hold another fundraising event to provide car seats to all women who apply for Medicaid for themselves or their children. She is working with Kim Kavanaugh and Mary Cook to make this happen.

The First Meeting

Ashley Allen, the outgoing FIMR Coordinator, planned and led the initial planning meeting for the Mayor’s assignment two weeks ago. As incoming FIMR Coordinator, Jackie Howard attended but did not help plan the hastily and loosely formed agenda. The goal of the meeting was to agree on a basic strategy to address infant mortality in the city. Unfortunately, the invitations were sent out only 8 days ahead of time, and participants did not receive an agenda until they attended the meeting. The agenda itself included only four items: 1) introductions of participants, 2) description of the problem of infant mortality in the city, 2) discussion of the problem, and 4) next steps.
Due to the last-minute notice, the Department of Social Services was able only to send the supervisor of Medicaid eligibility, Mary Cook. Alan Roberts, Director, was meeting with the Mayor and could not attend. John Wilson sent his regrets as he was attending a conference out of town. Other participants who attended included Sue Fields, WIC manager, Connie Spivey, public health nurse, Craig Owen, physician, William Wood, State AAP Chapter Chair, Harry Long and Donna Allen.

After initial introductions, Ashley Allen made a brief presentation of the problem of infant mortality in the city over the past 5 years and the rising Medicaid costs in the city. After the presentation, AAP Chair William Wood decried the lack of evidence-based practices for tackling infant mortality, leading to an unproductive discussion about both the causes of infant mortality (poverty, racism, economics, housing and access to prenatal care) and strategies to address the issue. Wood raised Craig Owen’s ire when he said that “infant mortality is directly related to obstetricians delivering babies too early,” and that he doesn’t see the role of pediatricians beyond providing guidance to women on seeing their OB-GYN physician early in their pregnancy. Sue Fields acknowledged the problems but said she cannot commit her nutritionists to more time beyond the WIC program.

Ashley Allen insisted that access to prenatal care was the best solution. She blamed the Department of Social Services for inefficient processing standards for pregnant women applying for Medicaid, angering Mary Cook. Because of the lack of time to prepare for the meeting, neither the Health Department nor the Department of Social Services had a sense of what is currently going on in the state or if any model programs already exist. The meeting ran one hour over schedule and concluded with a whimper as the various participants begged off for other appointments and gave only lukewarm commitments to attend another meeting.

WHAT NEXT?

Shortly after Jackie Howard returned to her office, she received a call from Mary Cook, who threatened to pull out of the collaboration and report the accusations expressed against the city’s Medicaid program to her boss, Alan Roberts. Cook said she felt blind-sided by the meeting, which “appeared to be simply an opportunity to make it look like Medicaid eligibility workers don’t care about pregnant women and their children.” Jackie apologized to Mary and insisted that the next meeting would be better.

After hanging up, Jackie put her head in her hands and tried to brainstorm about her next steps. The next meeting is slated to take place in a month, which only leaves about three weeks after that to write and submit their plan to the Mayor’s office. Participants must agree on an approach at this next meeting to respond to the Mayor’s assignment. Jackie Howard’s leadership—and job—are on the line.
DISCUSSION QUESTIONS AND GROUP EXERCISES

The discussion questions and group exercises that follow are intended to help participants connect the scenario to their own experience and to reinforce the concepts explored in specific modules of the MCH Leadership Skills Development Series. Although the exercises are tailored to correspond to specific modules, they also may be used as a stand-alone instrument with the case study.

For the following questions and exercises, imagine yourself in Jackie Howard’s shoes.

MODULE 1

GENERAL DISCUSSION QUESTIONS:

1. Is this a familiar scenario?
2. What could have been done before and during the first meeting to ensure that its goals were met?
3. What challenges will you face in gaining the full participation of all key players, particularly after the first meeting?
4. What other challenges or barriers might you face?
5. Thinking about the leadership qualities highlighted in Module 1, critique the characters in the case study.
6. What leadership qualities will you need to succeed in your new role?

CASE STUDY EXERCISE #1

Draft a memo or letter setting the stage for the second meeting of this initiative and inviting participants to collaborate.

As you draft the memo, consider the following questions:

- Who was missing from the first meeting? Are there key stakeholders who should be brought in now?
- How can you persuade the participants that they will benefit from participation in the collaboration (e.g. help them understand “what’s in it for them”)?
- How can you encourage invitees to think about the strengths and resources – not necessarily money – that they can bring to the table?
- What specific phone calls need to be made, in addition to the memo?
- Are there specific ways you can engage key participants prior to the meeting (e.g. asking them to gather or analyze specific data that will be used in the meeting)?
**MODULE 2**

**Case Study Exercise #2:**
Role play the second meeting as the group develops a shared vision. Assign group members different roles (e.g. nutrition, education, public health).

After the role play, answer the following questions:

- What struck you about this process?
- How was it similar or dissimilar to your own professional experiences?
- Would this process succeed in your own work setting?
- What leadership skills did you (or would you, in real life) draw on?
- What will need to happen in order to make progress toward the vision or to meet expectations about results?
- What do you think will happen now?

**MODULE 3**

**Case Study Exercise #3:**
Draft an agenda and general plan for the next meeting of the team. Include details about goals, objectives, team member tasks and roles, and timelines. Outline the data, information, and materials that will be provided in advance or during the meeting, and how they will be used.

As you plan for the meeting, answer the following questions:

- What specific challenges will you face in creating an effective working environment for this group? Where do you expect the greatest resistance?
- What are some strategies you can use to overcome the challenges?
- Where do you expect to find the greatest support? How can you use this for the best advantage?
- What specific outcomes should you (and other team members) expect from this meeting? What kind of follow up will be required to move the proposal forward?
- How much should you cite the Governor’s wishes? How can you seek his endorsement early?
- What additional preparation (beyond what’s described in the case study) would be helpful before this meeting?