

Doctoral Dissertation Defense Announcement  
**“The Role of Culture in Child Death Review Teams”**



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**Committee in Charge**

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Michael Cull, PhD  
Christopher Simenz, PhD

**Location Details**

Date: Wednesday, April 3, 2024

Time: 3:00 PM (CT)

Location: Alumni Center in the Medical Education Building (MEB) at the Medical College of WI

Zoom: <https://mcw-edu.zoom.us/j/96250583474?pwd=ZEtBR1F4M0pIQUJUZUZvMWhRSHNqZz09>

Meeting ID: 962 5058 3474

Passcode: heDE9kqf

**Graduate Studies**

Research Theory (PUBH 28150)

Public Health Practice I: Building a Foundation (PUBH 282021)

Doctoral Seminar (PUBH28301)

Public Health Research Study and Design (PUBH28160)

Public Health Practice II: Building Community Partnerships and Coalitions (PUBH28202)

Introduction to Community Engagement (PUBH28106)

Data Collection and Analysis (PUBH28151)

Public Health Practice III: Strategies for Eliminating Health Disparities (PUBH28203)

Executive and Organizational Leadership (PUBH28152)

Doctoral Dissertation (PUBH28399)

Applied Practice Experience

## **Dissertation**

### **“The Role of Culture in Child Death Review Teams”**

The death of a child is a community tragedy and blame does not rest in any one place. Child death review (CDR) teams are comprised of professionals from a wide variety of disciplines who seek to understand the complex risk and protective factors surrounding the death of a child. CDR teams explore the connections between individual, family, community, and societal systems. The goal of CDR teams is to help communities celebrate more birthdays.

The work of a CDR team is considered high-risk and high-consequence. Professionals who work in high-risk and high-consequence disciplines benefit from a strong culture rooted in safety. This culture, known as a safety culture, can act as a protective measure to reduce the negative impacts (e.g., burnout, emotional exhaustion, and secondary trauma) of participating in high-consequence work. A healthy culture emphasizes psychological safety, connection, and interpersonal risk taking. The literature on psychological safety and culture is robust. However, there is no research on these concepts within fatality review teams.

Using a convenience sampling approach, the TeamFirst Assessment of Safety Culture (TASC) survey was made distributed to CDR team members throughout the United States. TASC measured several domains of culture including mindful organizing, psychological safety, emotional exhaustion, workplace connectedness, secondary trauma, and racial justice. TASC was comprised of validated scales that are commonly used to evaluate these concepts in human service agencies. Key demographics about the individual and their CDR team were collected. Demographics about each state CDR program such as budget, FTE, and home agency were also collected for analysis.

120 CDR team members responded to TASC. Descriptive statistics, an analysis of variance (ANOVA), t-tests, and regressions were conducted in SPSS. Results demonstrated the respondents were primarily White, female, and college educated. The range for age of respondents was 18 years old to

more than 60 years old, with the largest number of respondents in the 40-49 years old range. Slightly more than half of respondents had participated in CDR for less than six years. The respondents were evenly split between team members and staff roles such as a coordinator, data abstractor, or facilitator.

Key results demonstrated that age had the most significant effect on psychological safety, burnout, and secondary trauma. Differences in burnout were also noted based on profession, with child welfare workers reporting higher levels of burnout than other groups. At the agency level, mindful organizing was positively correlated with psychological safety and racial justice. Psychological safety was negatively correlated with burnout and secondary trauma. At the agency level, budget had a positive correlation with mindful organizing and legislative mandate.

The findings from this research are consistent with other research on psychological safety and team culture. The positive relationship between psychological safety, mindful organizing, workplace connectedness, and racial justice suggests that intentional organizational planning can reduce negative impacts on the individual. The intentional planning fosters unity, connectedness, and interpersonal risk taking. Additional resources, both financial and human, could improve a CDR program's ability to build a positive culture.

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**Abigael (Abby) Drew Collier***Director, National Center for Fatality Review and Prevention***Curriculum Vitae**

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**EDUCATION**

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR	FIELD OF STUDY
Alverno College, Milwaukee, WI	BA	2005	English & Sociology
Mount Mary University, Milwaukee WI	MS	2009	Community Counseling
Medical College of Wisconsin, Milwaukee WI	DrPH	2024	Public Health

**A. Positions and Honors***Positions and Employment*

2005-2008	Assistant Program Director, Wisconsin Community Services, Milwaukee, WI
2008-2009	Intern, Milwaukee Lesbian, Gay Bisexual and Transgender Center, Milwaukee, WI
2009-2016	Senior Project Manager, Children's Health Alliance of Wisconsin at Children's Hospital of Wisconsin, Milwaukee, WI
2016-2017	Project Coordinator, National Center for Fatality Review and Prevention at the Michigan Public Health Institute, Okemos, MI
2017-	Director, National Center for Fatality Review and Prevention at the Michigan Public Health Institute, Okemos, MI

*Other Experience and Professional Memberships*

2009-2016	Member, Wisconsin Public Health Association
2009-2012	Member, Society for Advancement of Violence and Injury Research (SAVIR)
2010-2016	Coordinator of Midwest CDR coordinators work group
2012-2017	Board member, Midwest Injury Prevention Alliance
2013-	Member, American Public Health Association
2017-	Member, Association of Maternal Child Health Programs
2017-	Member, CityMatCH
2017-	Executive Committee member, American Academy of Pediatrics Section on Child Death Review and Prevention
2018-	Member, International Society for the Prevention of Child Abuse and Neglect
2018-	Executive Committee member, Children's Safety Now-Alliance lead by Children's Safety Network
2023 -	Member, Equity Advisor Committee at Safe Kids Worldwide

**B. Publications***Peer-reviewed publications*

1. Brixey SN, Kopp BC, Schlotthauer AE, **Collier A**, Corden TE. (2011). Use of Child Death Review to inform sudden unexplained infant deaths occurring in a large urban setting. *Inj Prev*, 2011 Feb;17 Suppl 1:i23-7. PMID 21278093
2. Joshi, DS, Lebrun-Harris, LA, Shaw, E, Pilkey, D, **Collier, A**, Kinsman, S. The need for improved collaboration between schools and child death review teams. *J Sch Health*. 2022; DOI: [10.1111/josh.13225](https://doi.org/10.1111/josh.13225)
3. Palusci, V. J., Schnitzer, P. G., & **Collier, A**. (2023). Social and demographic characteristics of child maltreatment fatalities among children ages 5–17 years. *Child Abuse & Neglect*, 136, 106002. <https://doi.org/https://doi.org/10.1016/j.chiabu.2022.106002>

4. Schnitzer, P. G., Dykstra, H., & **Collier, A.** (2023). The COVID-19 Pandemic and Youth Suicide: 2020–2021. *Pediatrics*, 151(3). <https://doi.org/10.1542/peds.2022-058716>
5. Wilson RF, Mintz S, Blair JM, Betz CJ, **Collier A**, Fowler KA. Unintentional Firearm Injury Deaths Among Children and Adolescents Aged 0–17 Years — National Violent Death Reporting System, United States, 2003–2021. *MMWR Morb Mortal Wkly Rep* 2023;72:1338–1345. DOI: <http://dx.doi.org/10.15585/mmwr.mm7250a1>.
6. Batra EK, Quinlan K, Palusci VJ, Needleman, H, & **Collier, A**; American Academy of Pediatrics, Section on Child Death Review and Prevention; Council on Violence, Injury, and Poison Prevention; Council on Child Abuse and Neglect. *Child Fatality Review*. *Pediatrics*. 2024;153(3):e2023065481

#### Select Other Publications

1. Ordians, K & **Collier, A** (2008). *Keeping Kids Alive in Wisconsin: A Guide to Child Death Review*
2. **Collier, A** & Schlotthauer, A (2012). *A Window into Prevention: Injury Prevention for Child Death Review*
3. **Collier, A** (2014). *Keeping Kids Alive in Wisconsin: A Guide to Child Death Review and Fetal and Infant Mortality Review*
4. Tabor, P & **Collier, A** (2016). *Guidance for CDR and FIMR Teams on Addressing Vicarious Trauma*. URL: <https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/GuidanceVicariousTrauma.pdf>
5. Covington, T & **Collier, A** (2018). *Child Maltreatment Fatality Reviews: Learning Together to Improve Systems that Protect Children and Prevent Maltreatment*. URL: [https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/CAN\\_Guidance.pdf](https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/CAN_Guidance.pdf)
6. **Collier, A** (2019). *Improving Coordination Between Civilian and Military Child Death Review Programs: A Primer on Cooperation to Improve Outcomes for Children and Families*. URL: <https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/GuidanceCoordMilitary-CivilianReviews.pdf>
7. Fournier, R, Joy, S & **Collier, A** (2019). *Health Equity Toolkit*. URL: [https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/Health\\_Equity\\_Toolkit.pdf](https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/Health_Equity_Toolkit.pdf)
8. **Collier, A** (2019). *Reviewing Deaths of Children in Disasters and Mass Fatality Events*. URL: [https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/Guidance\\_Deaths\\_of\\_Children\\_in\\_Disasters.pdf](https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/Guidance_Deaths_of_Children_in_Disasters.pdf)
9. **Collier, A** (2019) *Enhancing Collaboration between Child Death Review and Fetal and Infant Mortality Review: National Guidance*. URL: <https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/FIMR-CDR-Collaboration-Report.pdf>
10. **Collier, A** (2020). *Best Practices in Reviewing Suicides*. URL: <https://www.ncfrp.org/center-resources/written-products/>
11. **Collier, A** (2020). *Review of Deaths due to COVID-19: A National Guidance*. URL: [https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/COVID-19\\_Guidance.pdf](https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/COVID-19_Guidance.pdf)
12. **Collier, A** (2020). *Improving the Coordination of Fatality Review Programs with American Indian and Alaska Native Communities*. [https://www.ncfrp.org/wp-content/uploads/Guidance\\_AIAN.pdf](https://www.ncfrp.org/wp-content/uploads/Guidance_AIAN.pdf)
13. Covington, T & **Collier, A** (2020). *Findings Guidance*. URL: [https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/Findings\\_Guidance.pdf](https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/Findings_Guidance.pdf)
14. Joy, S & **Collier, A** (2020). *Review of Drowning Fatalities: National Center Guidance Report*. [https://www.ncfrp.org/wp-content/uploads/Drowning\\_Guidance.pdf](https://www.ncfrp.org/wp-content/uploads/Drowning_Guidance.pdf)
15. **Collier, A** (2021). *Using Child Death Review to Understand Adolescent Mental Health*. [https://ncfrp.org/wp-content/uploads/Title\\_V\\_Adolescent\\_Mental\\_Health.pdf](https://ncfrp.org/wp-content/uploads/Title_V_Adolescent_Mental_Health.pdf)
16. Joy, S & **Collier, A** (2021). *Using Fetal and Infant Mortality Review and Child Death Review to Inform Title V Programs on NPM 5: Safe Sleep*. [https://ncfrp.org/wp-content/uploads/Title\\_V\\_Safe\\_Sleep.pdf](https://ncfrp.org/wp-content/uploads/Title_V_Safe_Sleep.pdf)
17. Fournier, R, **Collier, A** & Joy, S (2021). *Using Fetal and Infant Mortality Review and Child Death Review to Inform Title V Programs on NPM 14.4: Smoking During Pregnancy*. [https://ncfrp.org/wp-content/uploads/Title\\_V\\_Smoking.pdf](https://ncfrp.org/wp-content/uploads/Title_V_Smoking.pdf)
18. **Collier, A** (2021). *Brain Science and Fatality Review*. [https://ncfrp.org/wp-content/uploads/Brain\\_Science\\_Guidance\\_Jan2021.pdf](https://ncfrp.org/wp-content/uploads/Brain_Science_Guidance_Jan2021.pdf)
19. **Collier, A** (2022). *Enhancing Collaboration Across Maternal and Child Fatality Reviews*. [https://ncfrp.org/wp-content/uploads/NCFRP\\_Fatality\\_Collaboration\\_Guidance.pdf](https://ncfrp.org/wp-content/uploads/NCFRP_Fatality_Collaboration_Guidance.pdf)

20. Joy, S, **Collier, A**, Leonardo, J, & MacKay, M (2022). Facilitator's Manual for *Health Equity: Diversity, Equity, and Inclusion Assessment Guide for Multidisciplinary Teams*. [https://ncfrp.org/wp-content/uploads/FacilitatorsManual\\_HealthEquity.pdf](https://ncfrp.org/wp-content/uploads/FacilitatorsManual_HealthEquity.pdf)
21. Joy, S, **Collier, A**, Leonardo, J, & MacKay, M (2022). *Health Equity: Diversity, Equity, and Inclusion Assessment Guide for Multidisciplinary Teams*. [https://ncfrp.org/wp-content/uploads/FacilitatorsManual\\_HealthEquity.pdf](https://ncfrp.org/wp-content/uploads/FacilitatorsManual_HealthEquity.pdf)
22. Mintz, S & **Collier, A** (2023). *Equity in Fatality Review: Child and Youth Suicide*. [https://ncfrp.org/wp-content/uploads/Equity\\_in\\_Fatality\\_Review\\_Child\\_and\\_Youth\\_Suicide.pdf](https://ncfrp.org/wp-content/uploads/Equity_in_Fatality_Review_Child_and_Youth_Suicide.pdf)
23. **Collier, A** (2023). *Team Health is Contagious: Strategies for Fatality Review Teams*. [https://ncfrp.org/wp-content/uploads/Team-Health\\_is\\_Contagious.pdf](https://ncfrp.org/wp-content/uploads/Team-Health_is_Contagious.pdf)

## **C. Research Support**

### *Current Funding*

Source: Health Resources and Services Administration  
Title: National Data Center for Child Death Review  
Role: Principal investigator  
Start Date: 08/05/2017  
Direct Funds: \$5,200,000 (annually)

Source: Casey Family Programs  
Title: National Child Safety Partnership  
Role: Technical assistance provider  
Start Date: 10/01/2019  
Direct Funds: \$10,000 (annually)

Source: Centers for Disease Control and Prevention via National Network of Public Health Institutes  
Name: Using Fatality Review to Understand Disasters  
Role: Principal investigator  
Start Date: 10/01/2021  
Direct Funds: \$135,000 (annually)

Source: Centers for Disease Control and Prevention via National Network of Public Health Institutes  
Name: Feasibility study for national drowning surveillance  
Role: Principal investigator  
Start Date: 10/21/2021  
Direct Funds: \$750,000 (annually)

Source: Centers for Disease Control and Prevention via National Network of Public Health Institutes  
Name: Removing barriers to participating in SUID and SDY  
Role: Principal investigator  
Start Date: 10/01/2022  
Direct Funds: \$1,000,000 (annually)

Source: American Academy of Pediatrics  
Name: Sudden Unexpected Infant Death Prevention Program  
Role: Subject Matter Expert  
Start Date: 10/01/2022  
Direct Funds: \$50,000 (annually)

### *Previous Funding*

Source: Wisconsin Partnership Program  
Title: Keeping Kids Alive in Wisconsin  
Role: Community partner

Dates: 6/30/2008-6/30/2011

Source: Wisconsin Partnership Program  
Title: Preserving Infant and Child Health  
Role: Community partner  
Dates: 7/1/2012-6/30/2015

Source: Centers for Disease Control and Prevention  
Title: Sudden Unexpected Infant Death Case Registry  
Role: Principal investigator (Wisconsin)  
Dates: 9/1/2015-8/31/2016

Source: Centers for Disease Control and Prevention  
Title: Sudden Death in the Young (Wisconsin)  
Role: Principal investigator  
Dates: 9/1/2014-8/31/2016

Source: Within Our Reach  
Title: Child Safety Forward  
Role: Technical assistance provider  
Dates: 10/01/2019 – 09/30/2023

#### **D. Invited Professional Presentations**

*Available upon request*

#### **E. Professional Trainings**

1. Principles and Practices of Injury Prevention (2011). Johns Hopkins Bloomberg School of Public Health-Summer Injury Institute
2. Evaluation Institute (2012). Center's for Disease Control and Prevention
3. Advanced Principles of Injury Prevention (2016). Johns Hopkins Bloomberg School of Public Health-Summer Injury Institute
4. Child Abuse and Neglect Prevention Research and Evaluation Through a Public Health Lens (2020). The Kempe Center for the Prevention and Treatment of Child Abuse & Neglect
5. Unlearning Racism (2020). YWCA of Greater Milwaukee
6. Equity in Action (2023). Michigan Public Health Institute