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**Fetal-Infant Mortality Review
&
Child Death Review Team**

**Recommendations Report
2011 - 2014**



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Humboldt County, CA Fetal-Infant Mortality Review & Child Death Review Team

Recommendations Report 2011 - 2014

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Executive Summary

*“Children do well when their families do well, and families do better when they live in supportive communities.”
Annie Casey Foundation*

This report presents recommendations and findings from the review of 57 fetal, infant, child and adolescent deaths (through age 17). The cases reviewed during 2011-2014 included 23 fetal deaths, 23 infant deaths, and 11 deaths to children age 1-17. Please note that the deaths reviewed in 2011-2014 may have occurred during or before this four-year period. The Team found:

- There have been no infant deaths determined to be from “Sudden Infant Death Syndrome (SIDS)” since 2008; however the sleeping environment of infants continues to be a contributing factor in postneonatal deaths.
- Maternal depression, which includes perinatal and postpartum depression, is increasingly identified in fetal and infant cases.
- Alcohol, tobacco and other drug use continue to play a role in fetal and infant deaths
- Unintentional and intentional injuries are the main causes of death of children and youth age 1-17.

Team Accomplishments 2011-2014:

- The Perinatal Mood and Anxiety Disorder Task Force was convened in 2008 by the Maternal, Child and Adolescent Health Division (MCAH) of DHHS in response to findings that a high number of mothers reported perinatal depression at the time of delivery. The mission of the task force is to raise awareness and reduce stigma surrounding perinatal mood disorders. The task force has created many resources, including a DVD on perinatal mood disorders featuring local professionals and women and families who had experienced perinatal depression to use for educational outreach. Outreach and education activities included:
 - In May of 2011 and 2012, to correspond with “May is Mental Health Month,” the task force hosted a premiere showing of the DVD to agency professionals and community members. In 2012 a Spanish version of this DVD was completed.
 - In October of 2014 Pec Indman, PhD, addressed more than 215 community members on the topic of Perinatal Mood and Anxiety Disorders (PMAD). Workshops were held at United Indian Health Services and in Eastern Humboldt, with an evening presentation for doctors, nurses, and mental health therapists. Dr. Indman also spoke at an all-day conference in Blue Lake, and held a discussion on PMAD at a mother's group in Arcata.
- Outreach and education on SIDS and a safe infant sleep environment remained a priority. To mark “SIDS Awareness Month” in both October 2011 and 2012, all three hospitals were provided with gift bags for new mothers. A wearable blanket was included along with educational materials for families who delivered during the month of October.
- A large, professionally produced sign on how to create a safe sleep environment was developed and given to the three hospital birthing programs to post. A “sandwich board” with the same graphic was also made for use at health fairs. These materials were also in Spanish.
- A workgroup was formed to look at developing grief support services and options for women experiencing a fetal loss in the hospital. Hospice of Humboldt held a grief support training in September 2013. Two individuals who completed the course volunteered to provide these support services to women.

Humboldt County Fetal-Infant Mortality Review and Child Death Review Team

The Composition and Purpose of the Team

The team is comprised of professionals representing diverse agencies that are involved with protecting and supporting families. There are approximately 25 members on the team representing the Department of Health and Human Services, coroner, law enforcement, hospitals, obstetricians and pediatricians in private practice, community-based organizations, emergency services, alcohol and other drug programs, childcare providers and others. A multidisciplinary team approach is utilized because it provides the best, most complete process to review cases that may contain numerous complexities and multi-agency involvement.

The purpose of the team is to investigate, in depth, the causes of death to fetuses (20 weeks gestation or over 500 grams), infants and children up through age 17 years in Humboldt County. The team focuses on social, health, economic and safety issues that affect families and how community resources and local service systems respond to their needs. While some factors that contribute to fetal and infant death may not be modifiable with the skills and resources currently available, there are many factors that can be addressed. Through a comprehensive, broad review of these deaths, we can better understand how and why children die and we can use our findings to take action that can prevent other deaths and improve the health and safety of our children.

Examples of Past Findings

The Humboldt County FIMR/CDR Team has released bi-annual reports since 1993. Recommendations and findings from those reports addressed a number of major areas including:

- ◆ Autopsy, death investigations, and cause of death determinations
- ◆ Decentralization of service delivery to underserved areas
- ◆ Sudden Infant Death Syndrome and safe infant sleep practices
- ◆ Infant health
- ◆ Grief support
- ◆ Late/inadequate prenatal care
- ◆ Perinatal substance abuse
- ◆ Perinatal mood and anxiety disorders (PMAD)
- ◆ Unintentional injuries, particularly motor vehicle and water safety.

Historical Background

The California Fetal & Infant Mortality Review (FIMR) Program was created in 1991 using a Federal Title V block grant. Humboldt County became one of 11 counties to contract with the California Department of Health Services, Maternal and Child Health Branch to conduct a local FIMR program. Since that time additional programs have started and there are now approximately 16 FIMR projects and 56 Child Death Review teams in California. Humboldt and a few other small counties have chosen to combine FIMR activities with case review of older child deaths. The combined Humboldt County FIMR and Child Death Review Team (FIMR/CDR) began meeting monthly in 1992. Since the beginning of the program over 380 cases have been reviewed.

FIMR & CDRT Findings & Accomplishments 2011-2014 – Fetal and Infant Deaths

Fetal Deaths

Researchers say lifelong conditions of high stress and low support may contribute to poor nutrition and physical responses that put fetuses at risk.

When fetal death occurs after 20 weeks of pregnancy it is called “stillbirth.” There are more than 25,000 stillbirths every year in the United States. Common causes include birth defects, placental problems, poor fetal growth, infections, chronic health problems of the mother, and umbilical accidents. Other, less common, causes of stillbirth include trauma (such as car accidents), postdate pregnancy (a pregnancy that lasts longer than 42 weeks), Rh disease (an incompatibility of the blood type of mother and baby) and lack of oxygen (asphyxia) during a difficult delivery.

In many cases there is no known cause, leaving many parents without answers to the reasons for these deaths.

Twenty-three fetal deaths were reviewed during 2011-2014:

The leading causes of fetal deaths in these cases were from cord accidents, placental abruptions and prematurity.

The following risk factors were identified:

- 48% of families experienced poverty
 - 48% of the mothers had inadequate prenatal care
 - 48% smoked tobacco
 - 39% had experienced homelessness
 - 35% had a history of divorce or separation
 - 30% had a major illness in the family
 - 30% of the mothers had a medical condition that influenced the pregnancy (i.e. hypertension, etc.)
 - 30% of the mothers had less than a high school education
 - 17% had a previous pre-term delivery
- ➔ Six of the cases had maternal toxicology tests at delivery: three were positive for marijuana, one for amphetamines and methamphetamines, one for methamphetamines and marijuana and one had no information on the drug.

Infant Deaths

Twenty-three infant deaths were reviewed during 2011-2014:

The FIMR/CDR team reviewed nine neonatal cases (babies up to 28 days old), and 14 postneonatal cases (babies 29 days old until their first birthday) during 2011-2014.

- The leading causes of neonatal death were prematurity and congenital anomalies.
- The leading cause of postneonatal deaths was an unsafe sleeping environment.
- Six women had inadequate prenatal care.
- Twelve of the 23 (52 percent) mothers reported using tobacco.
- Seven women had positive toxicology tests; four tested negative. Marijuana was the most commonly used substance.
- An unsafe sleep environment was a factor in eight cases. Inappropriate products were found in two of these: a wedge and a type of pillow.
- Two postneonatal deaths were a result of homicide; substance abuse was a factor in both.

Infant mortality rate refers to the number of infant deaths per 1,000 live births during the first year of life. It is one of the most important indicators of a nation's health and is associated with factors including maternal health, quality of and access to medical care, and socioeconomic conditions. Major causes of infant mortality include: preterm births, birth defects, Sudden Infant Death Syndrome (SIDS), maternal complications of pregnancy and complications of the placenta, cord and membranes. Early access to high-quality prenatal and well-baby preventive care can help identify and reduce the impact of some risk factors for infant mortality.



Although the infant mortality rate has declined in the U.S. since the 1980s, the rate is still higher than those in most other developed countries and the infant mortality rate among African American infants is more than double the rate for white infants.

In 2012, the infant mortality rate for California reached a record low of 4.5 per 1,000 births. In Humboldt County our three-year average for 2011-2013 was only slightly higher at 4.7. California and Humboldt County have both met the new Healthy People 2020 infant mortality rate objective of 6.0.

Team Recommendations

Fetal and Infant Deaths

Forty-six cases of fetal and infant deaths were reviewed during 2011 - 2014. Team findings related to the health of a woman before, during and after birth. Being healthy at the time of conception and early, adequate prenatal care is a predictor of a healthy birth outcome. Other issues identified included:

- unsafe sleep environments
- maternal depression
- a lack of grief support
- inadequate translation services, social isolation
- unintended pregnancies
- short inter-conception periods
- limited services in outlying areas of the county.

Perinatal and Infant Health

Responses to findings:

Inadequate grief support was identified in many cases, especially in situations where there was a fetal loss. The Team recommended:

- Create an easy to use “wallet” card with local and national grief support phone numbers and websites and contact information for local funeral homes. This card was widely disseminated and reprinted; it was later translated into Spanish.
- Develop a grief support program that used doulas to provide labor support when a woman learns her baby has died in utero. Working with Hospice of Humboldt, a training was held in 2013 for potential volunteers. There are currently two volunteers available to offer support.

There were six infant deaths related to an unsafe sleep environment. The Team recommended ongoing education to raise awareness.

- Created a video of an infant in a safe sleeping environment with information reinforced with voice over for view in a local movie theatre. Alternating months were chosen for highest possible attendance due to holidays and school breaks; approximately 75,000 individuals saw this information. This campaign was repeated in June 2014.
- Designed a large poster (see page 6) of a safe sleeping environment that was placed on two local county buses that traveled the longest distances within the county. This poster was displayed for six months.
- Created a gift bag for all three birthing hospitals in honor of SIDS Awareness Month in October of 2011 and 2012. The bag contained a “wearable blanket” for the baby and information on how to create a safe sleep environment.
- Developed professional signs that showed a safe sleep environment. These were given to the birthing hospitals for posting. A sandwich board for outreach activities was also created. See page 7.
- In 2013, packets with updated information from the “Safe to Sleep” campaign was sent to all OB and pediatric offices and hospitals, and to Changing Tides Families Services to distribute to child care providers.

Safe Infant Sleep Environment Educational Campaigns - 2011 - 2014

All Babies Need A Safe Sleep Environment

<p>Always place babies on their backs.</p>		<p>Never let anyone smoke near your baby.</p>
<p>Use a firm mattress in a safety-approved crib, covered by a fitted sheet.</p>		<p>Make sure nothing covers your baby's head.</p>
<p>Do not use pillows, blankets or crib bumpers in your baby's sleep area.</p>		<p>Dress your baby in sleep clothing, such as a one-piece sleeper, and do not use a blanket.</p>
<p>Keep soft objects, toys and loose bedding out of your baby's sleep area.</p>		<p>Your baby should not sleep in an adult bed, on a couch or on a chair.</p>

For more information on how to provide a safe sleep environment for your baby, call Public Health at 707-445-6210.

Humboldt County Department of Health & Human Services
Project developed by Humboldt County DHHS and supported by funds from the California Department of Public Health's Maternal, Child and Adolescent Health Division.

Movie Theatre Campaign 2011 and 2014

Bus Campaign 2011



Gift bag with sleep sack and educational materials, distributed to all hospitals in October 2011 and 2012

All Babies Need a Safe Sleep Environment!

¡Todos los Bebés necesitan un lugar seguro para dormir!

Baby sleeps on back!
¡Bebé duerme boca arriba!

Nothing in bed with baby.
Nada en la cama con el bebé.

Baby's face uncovered.
No tape la cara del bebé.

Do not overheat or overdress.
No sobrecaliente el bebé no lo abrigue.



Firm mattress in a safety-approved crib covered by a fitted sheet.
Un colchón firme en una cuna de seguridad aprobado con una sábana ajustada.

Use sleep clothing, such as a one-piece sleeper, instead of a blanket.
Use ropa de dormir: una pijama de una sola pieza, en vez de una cobija.

No smoking around baby.
No deben fumar alrededor del bebé.

Sandwich Board for outreach - 2012

Trifold display placed in all hospitals 2012

All Babies Need a Safe Sleep Environment!

¡Todos los Bebés necesitan un lugar seguro para dormir!

Baby sleeps on back!
¡Bebé duerme boca arriba!

Nothing in bed with baby.
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No smoking around baby.
No deben fumar alrededor del bebé.

Perinatal Mood/Anxiety Disorders

Perinatal/Postpartum Depression

In 2008 the Perinatal Mood and Anxiety Disorder Task Force was convened in response to community feedback and data that a high number of mothers reported depression, both at the time of delivery and postpartum. The mission statement of the task force is “to serve as a catalyst in our community to de-stigmatize and increase awareness about mental health issues related to childbearing through education, outreach and collaboration.” The task force has created numerous outreach tools and resources, including a DVD, “Finding Your Way Through” featuring local human service providers and families.



Professionals consider perinatal depression the most common complication of childbirth. Women experiencing perinatal depression are often undiagnosed and untreated. The impact of untreated maternal mood disorders is significant and has long-term negative consequences on the mother, fetus, infant, and family. One out of every five women will experience a mood disorder during pregnancy or in the year following the birth. Research has shown a postpartum depression incidence as high as 50 percent in women in poverty, 30 percent in Latinas and 50 percent of teens. Ten percent of men can experience some type of postpartum depression and have an even greater risk if the mother experiences it. Some experts believe 50 percent of all cases still go undetected.

Women experiencing depression during pregnancy face increased obstetrical complications, are far more likely to give birth early and have babies that are underweight. Depression compromises a parent’s ability to give consistent care in a safe environment, and infants living in poverty with depressed mothers are more likely to have mothers who also struggle with domestic violence and substance abuse.

Maternal depression has been linked with attachment problems in infancy, causing negative relationships in early childhood and reduced language ability, which is key to early school success. Infants, whose mothers have depression, may be less active, fussier, less responsive to others, slower to walk, smaller in weight, and be less vocal. Toddlers of depressed mothers may exhibit behavior and attention problems, show poor self-control, have difficulty forming peer relationships and may develop symptoms that mimic the depressed mother. If the mother continues to experience untreated depression, the child’s developmental issues are likely to persist and be less responsive to intervention over time.*



In October of 2014, the task force held a professional training for the community. Pec Indman, PhD and co-author of “Beyond the Blues”, addressed more than 225 community members at an all-day conference as well as smaller workshops in Arcata at United Indian Health Services and in Eastern Humboldt, with an evening presentation for doctors, nurses, and mental health therapists. In addition, a discussion on PMAD was held at a mother’s group in Arcata. More than 27 agencies and medical programs were represented.

*For more information on perinatal depression visit <http://postpartum.net> or <http://www.2020mom.org>

Issues Related to Fetal and Infant Mortality

“Infants born at the lowest birthweights and gestation ages have a large impact on the nation’s overall infant mortality rate.”

Public Health Reports / September–October 2009 / Volume 124

Prenatal Care – Babies born to mothers who received no prenatal care are three times more likely to be born at low birth weight, and five times more likely to die, than those whose mothers received prenatal care. The goal of prenatal care is to monitor the progress of a pregnancy and to identify potential problems before they become serious for either mom or baby. Early comprehensive prenatal care promotes healthier pregnancies by providing health education, early detection and treatment of risk factors and ongoing monitoring.

Humboldt County’s 2011-2013 three-year average for early entry to prenatal care is 77 percent. California’s three-year average for 2011-2013 remains higher at 83 percent. The Healthy People 2020 objective is 77.9.

Prematurity and Low Birthweight - According to the Center for Disease Control, birthweight and period of gestation are the two most important predictors of an infant’s subsequent health and survival. Babies who survive an early birth often face the risk of lifetime health challenges, such as breathing problems and developmental disabilities. Even babies born just a few weeks too soon (34-36 weeks gestation, also known as late preterm birth) have higher rates of death and disability than full-term babies.

More newborns die from premature births than any other cause. The March of Dimes notes that every year, more than half a million babies are born prematurely in the United States. Since 1981, the premature birth rate has risen by 30 percent. Early birth costs society more than \$26 billion a year.

In 2003 March of Dimes launched a prematurity campaign and in 2013 - six states - Alaska, California, Maine, New Hampshire, Oregon and Vermont – earned an “A” on their “Premature Birth Report Card” as their preterm birth rates met the March of Dimes 9.6 percent goal. Since 2007, California’s preterm birth rate has declined, dropping from 11.1 percent in 2007 to 8.8 percent in 2013. At 6.2 percent in 2013, Humboldt County’s premature births fall below the State and the Healthy People 2020 objective of 11.4 percent.

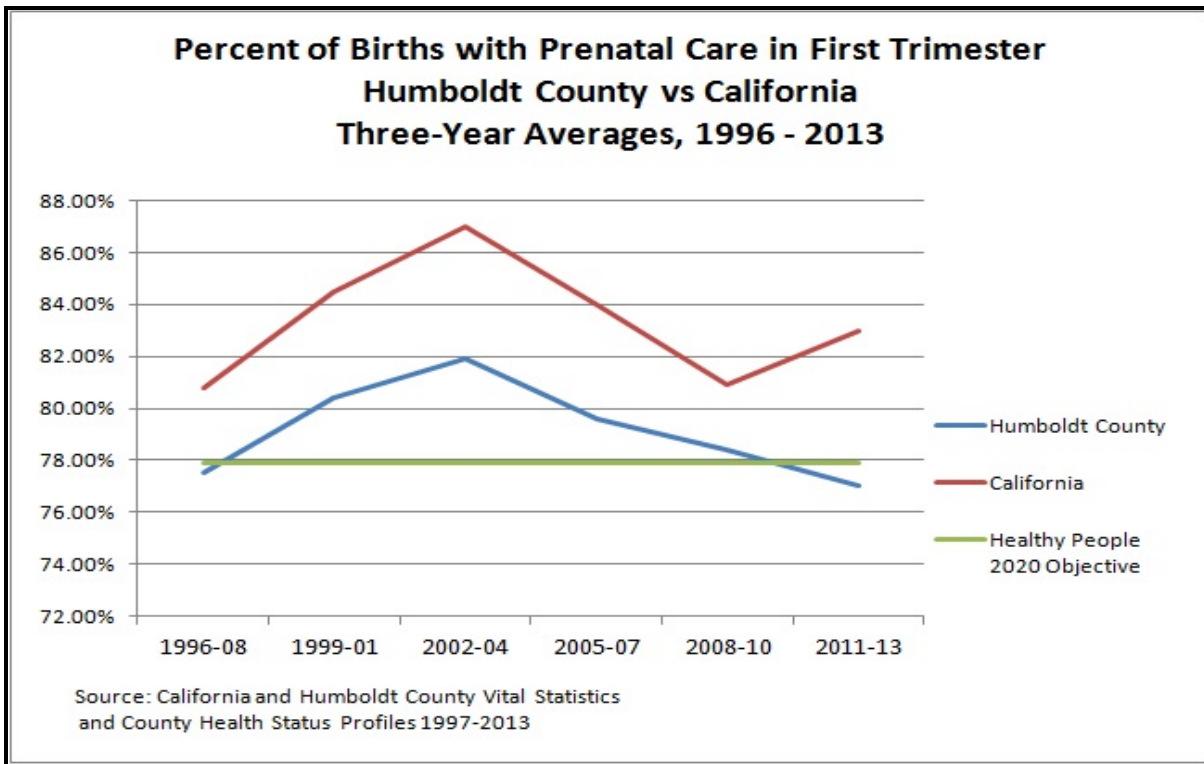
Sudden Infant Death Syndrome - SIDS is the sudden death of an infant less than one year of age that cannot be explained by information collected during a thorough investigation. A thorough investigation includes a complete autopsy, examination of the death scene and a review of the clinical history.

The cause of SIDS still remains unknown, but researchers have developed several theories. Many experts now believe that SIDS is not a single condition that is always caused by the same medical problems, but infant death caused by several different factors. These factors may include problems with sleep arousal or an inability to sense a build-up of carbon dioxide in the blood. Almost all SIDS deaths occur without any warning or symptoms when the infant is thought to be sleeping.

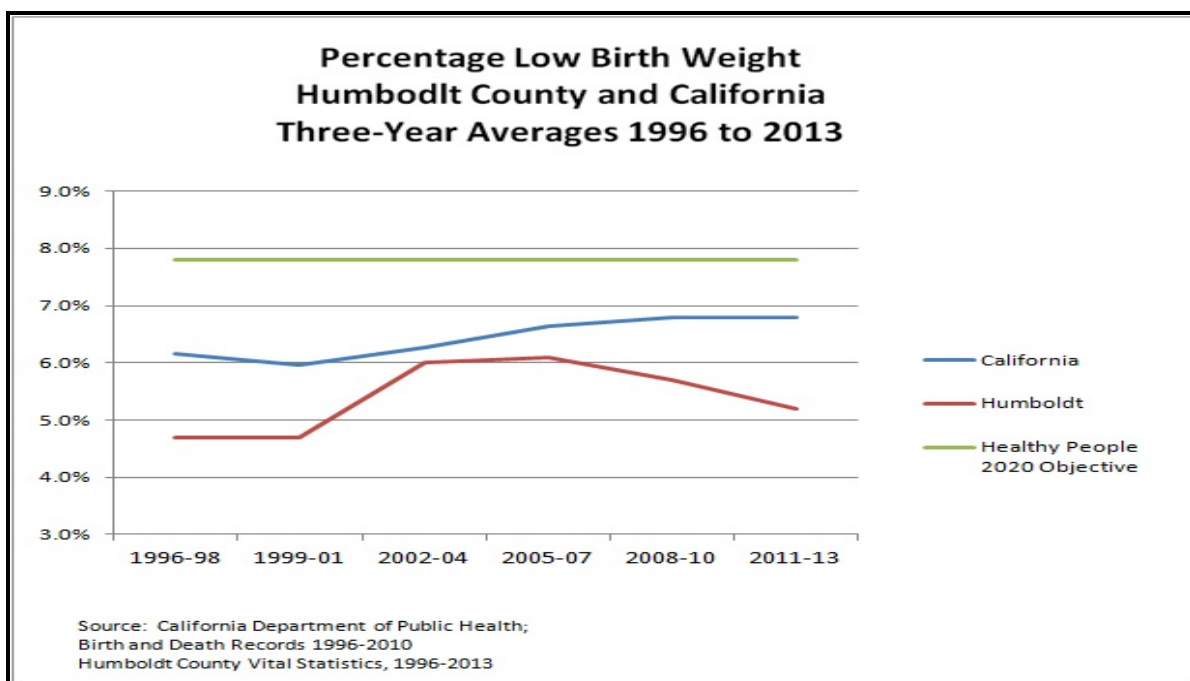
The biggest gains in reducing the rates of SIDS have come from reducing known risk factors. With the successful intervention of the “Back to Sleep” campaign in 1994, the SIDS rate has decreased 52 percent nationally. In 2012, researchers expanded the campaign to emphasize its continued focus on safe sleep environments and back sleeping as ways to reduce the risk of SIDS and sleep-related causes of infant death. The campaign, “Safe to Sleep®”, continues to incorporate new and evolved science-based information on key issues of safe infant sleep into easy-to-understand outreach messages, materials and activities.

State and Local Fetal and Infant Data

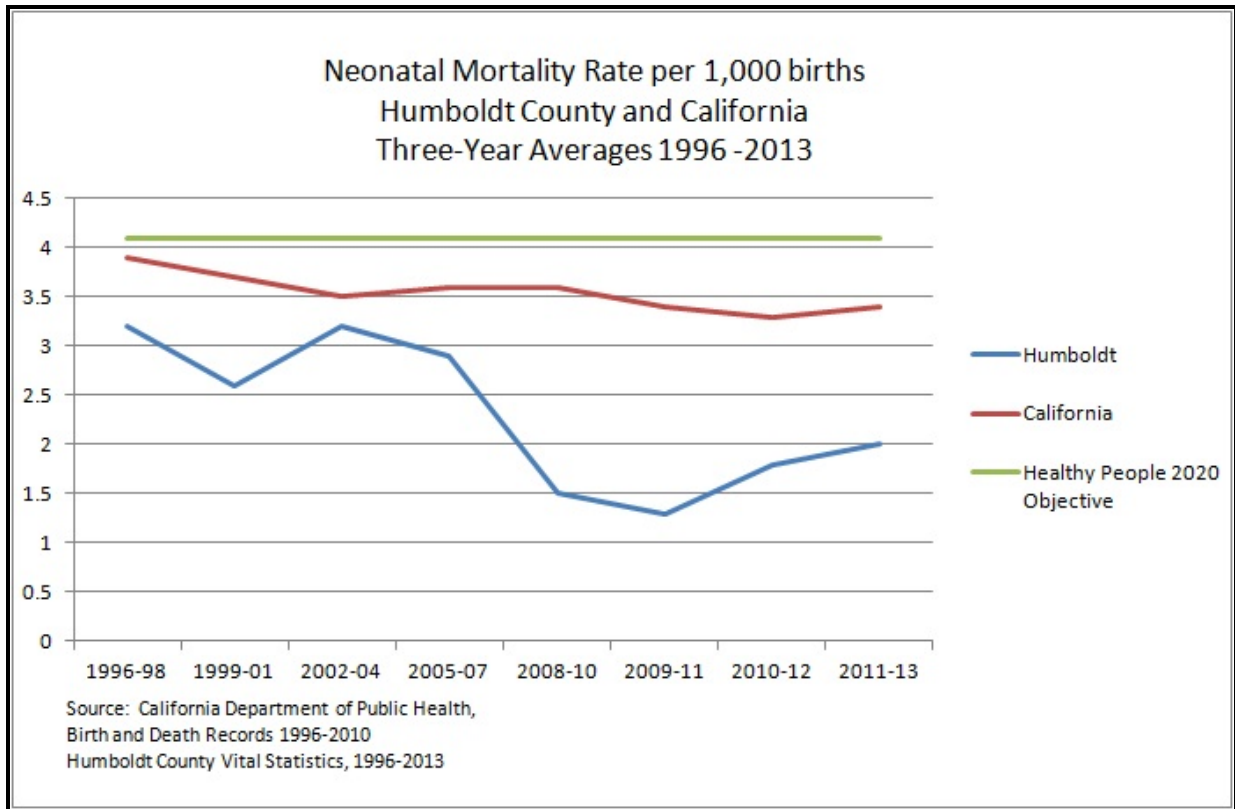
Humboldt County's early entry into prenatal care rate fluctuates near the Healthy People 2020 goal and improvement remains a MCAH focus.



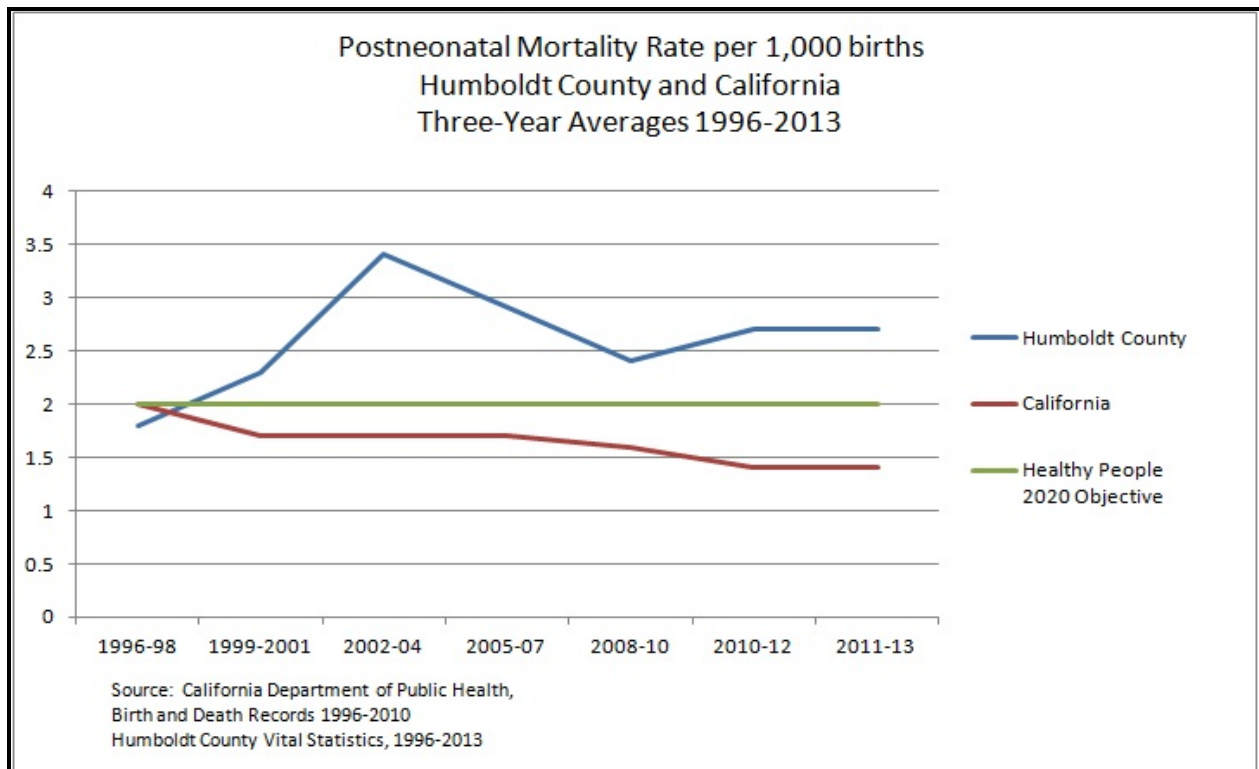
Humboldt County's low birth weight rate is consistently lower than the State and we have met the Healthy People 2020 objective.



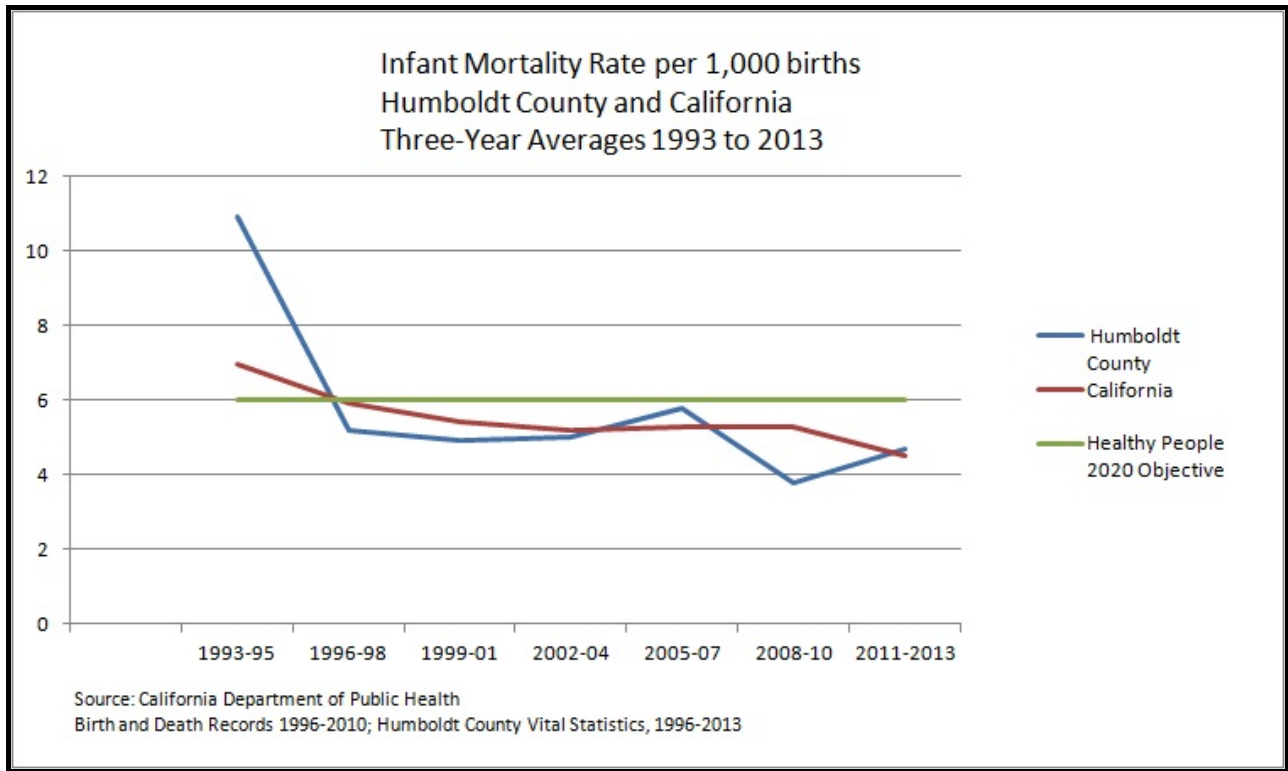
The neonatal mortality rate has remained better than the State rate and has met the Healthy People 2020 objective.



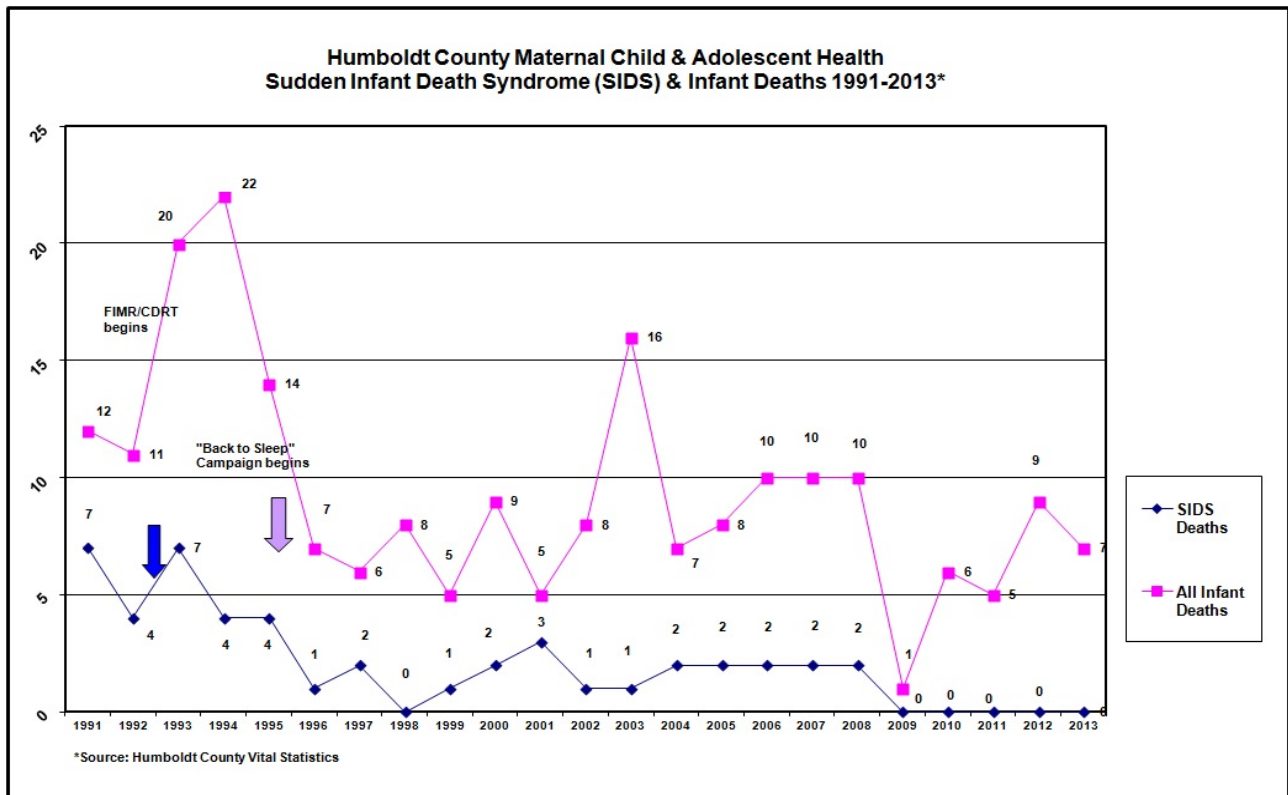
Our postneonatal mortality rate is higher than California's rate and the Healthy People 2020 objective. This continues to be an area of focus for improvement.



**Humboldt County's infant mortality rate has met the Healthy People 2020 objective.
The neonatal mortality rate has helped keep this rate low.**



While SIDS deaths have declined since 2008, infant sleep-related deaths impact the infant death rate.



Child and Adolescent Deaths

The deaths of eleven children and youth were reviewed during 2011-2014; three of these were from intentional injuries - suicide and homicide:

- Six children and youth died as a result of a motor vehicle related injury.
- Of the six motor vehicle deaths, one involved a pedestrian fatality from a vehicle backing out of a driveway, and one involved a child riding in the back of a truck that went off the road. Of the four remaining cases, seat belts or child safety seats were not in use at the time of the crash.
- One child died from drowning.
- One youth died from an unintentional drug overdose.
- Three youth died as a result of suicide.

Child Trends reports that unintended injuries are the leading cause of death and disability for children and adolescents in the U.S. For those ages 1-19 years, they account for more than a third (37 percent) of all deaths; and for newborns and infants under the age of one year, they are the fifth leading cause. The Childhood Injury Prevention Program at the California Department of Public Health notes that:

- The most frequent fatal injuries of young children are due to drowning, suffocation, motor vehicle incidents and homicide.
- The most frequent fatal injuries of adolescents are due to homicide, motor vehicle incidents and suicide.

Responses to findings:

A young child drowned after being unattended near a public dock.

- The Humboldt County Water Safety Coalition designed signs which will be posted at local water access near docks. The signs discuss supervision and use of safety equipment.

A school-age child died when riding in the back of a truck that went off the road.

- A team member wrote an article about the dangers of riding in the back of pick-ups and This was included in a newsletter for fire/emergency responders.

A toddler died from a vehicle back-over in a driveway.

- The Child Passenger Safety Coalition distributed “kids in and around cars” safety information at every child safety seat inspection station.

Suicide

Suicide is the third leading cause of death among youth between the ages of 10 and 24. In the US over 4,400 youth and young adult lives are lost each year.

Risk factors include:

- History of previous suicide attempts
- Family history of suicide
- History of depression or other mental illness
- Alcohol or drug abuse
- Stressful life event or loss
- Easy access to lethal methods
- Exposure to the suicidal behavior of others
- Incarceration

Prevention: Strategies for preventing youth suicides may include:

- raising community awareness on warning signs of suicide, how to respond and link up to supports
- educating school personnel around: identification, referral, screening and addressing protocols, policies and procedures that enhance a system of suicide prevention
- enhancing protective factors
- reducing risk factors
- strengthening norms that support help-seeking behaviors
- implementing screening and prevention activities for high-risk groups
- primary prevention of conditions such as depression, impulsive behavior, and drug or alcohol abuse.

Responses to findings:

The previous team report discussed an 11-year retrospective review of eight suicide cases and made several recommendations. One recommendation involved a letter with local data and suicide prevention resources that was sent to all Humboldt County schools.

The report noted that the Department of Health and Human Services (DHHS) Prevention, Early Intervention (PEI) program offered training on Question, Persuade, and Refer (QPR) and Applied Suicide Intervention Skills Training (ASIST).

- PEI held 48 trainings during FY 2011-14. Thirty-five trainings utilized the QPR curriculum and thirteen trainings utilized the ASIST curriculum. A total of 1192 individuals completed the trainings (QPR - 924, ASIST – 268).

APPENDICES

Humboldt County Community Profile

Geographic Features: Humboldt County is one of California's most rural locales. Situated in far northern California, it is seven hours by car to the nearest major urban areas, San Francisco and Sacramento. The County encompasses 2.3 million acres, 80 percent of which is forestlands, protected redwoods and recreation areas. It is bound on three sides by similar rural counties and on the west by the Pacific Ocean. In landmass it is one of the State's largest counties, about the size of Delaware and Rhode Island combined. Humboldt County is small in population and ranks 35th of 58 counties in the State. The California Department of Finance estimated the 2011 population at 136,557 with 54 percent of residents living in outlying, unincorporated areas. Residents living in these communities regularly drive long distances to access employment, shopping and health services.



Historically, the lumber and wood products industry, together with the fishing industry, has dominated Humboldt County's resource-based economy. However, there has been a shift toward occupations in education, trade, transportation and utilities, and hospitality industries. Major employers include the County of Humboldt and City of Eureka, Humboldt State University and College of the Redwoods, St. Joseph Health System and Mad River Community Hospital, Humboldt County of Education and Eureka City Schools.

Population Demographics: Humboldt County's population continues to become more diverse. According to QuickFacts 2013 from the U.S. Census Bureau, the Native American population comprises 6.2 percent of the total population, compared to 1.7 percent statewide. Humboldt County's Latino numbers have increased to 10.5 percent of the population, up from 4.2 percent in 1990. The trend in births shows that 14 percent Latino and 10.4 percent American Indians were born in 2013. Humboldt County also has a high poverty rate. The U.S. Census QuickFacts shows a 2009-2013 rate of 20.4 percent, while California's overall poverty rate is 15.9 percent.



Patrick's Point Beach, Trinidad, CA
Photo by Justin Gould

Humboldt County and California Racial and Ethnic Distribution of Population and Births 2012

Race/Ethnicity	Number of Births - California	Percent	Number of Births - Humboldt County	Percent
Asian	68,547	13.6 %	51	3.4%
Black	26,533	5.3 %	12	0.8%
Hispanic	244,616	48.6 %	214	14.2%
White	149,360	29.6 %	1,050	69.5%
American Indian	1,763	0.3 %	105	6.9%
Pacific Islander	2,037	0.4 %	6	0.4%
Two Or More Races	10,932	2.2 %	73	4.8%
TOTAL	503,788	100.0 %	1,511	100.0%

Source: State of California, Department of Public Health, Birth Records.

Healthy People 2020 Objectives Compared to Humboldt County Rates for 2011-2013

	Healthy People 2020	Humboldt County Rate 2011-2013
Infant Mortality Rate	6.0	4.7
Neonatal Mortality Rate	4.1	2.0
Postneonatal Mortality Rate	2.0	2.7
Fetal Death Rate	5.6	5.8
SIDS	.50	*
Early Entry to Prenatal Care	77.9	77.0
Early & Adequate Prenatal Care	77.6	77.5**
Low Birth Weight	7.8	5.2
Very Low Birth Weight	1.4	0.7
Primary C-Section	23.9	18.0%

Note: Mortality rates are per 1,000 live births with the exception of the SIDS death rate.

*Numbers are too small to provide a stable rate.

** Three-year average 2010-2012



Centerville Beach, Humboldt County California
Photo by Colleen Ogle