FRANKLIN COUNTY CHILD FATALITY REVIEW

2015-2016 DATA SNAPSHOT

INTRODUCTION

This data snapshot is a summary of the deaths of 440 children (under the age of 18 years) residing in Franklin County, Ohio that occurred during 2015-2016. It provides demographic, as well as cause of death, information to identify common themes that might help our community prevent future deaths.

Information presented is gathered and discussed through the Franklin County Child Fatality Review

(FCCFR), an on-going community planning process, in which a team of community experts from various systems and agencies convenes to review the circumstances around the deaths of children residing in Franklin County. A list of organizations who participate in the FCCFR process can be found on page 4.

DEMOGRAPHICS OF FRANKLIN COUNTY CHILD DEATHS, 2015-2016

Infants (< 1 year), non-Whites and males have higher death rates than other subpopulations.

	Number	Percent	Rate ¹					
Age (n=440)								
< 1 year	311	70.7	821.0					
1-4 years	40	9.1	27.6					
5-9 years	22	5.0	13.3					
10-14 years	34	7.7	22.0					
15-17 years	33	7.5	36.2					
Race (n=440)								
White, Non-Hispanic	159	36.1	49.0					
Black, Non-Hispanic	196	44.5	106.9					
Hispanic	39	8.9	74.1					
Other	46	10.5	n/a					
Sex (n=440)								
Male	250	56.8	83.0					
Female	190	43.2	65.0					
ZIP Code (n=439)								
CelebrateOne ² Areas	207	47.2	n/a					
Non-CelebrateOne ² Areas	232	52.8	n/a					

Notes:

¹ Deaths per 100,000 subpopulation, calculated using Ohio Public Health Data Warehouse, Population Data for Calculating Rates for years 2015-2016, compiled from July 1, 2010-July 1, 2016 Vintage 2016 Bridged-Race Postcensal Population Estimates.

² CelebrateOne is a local collaborative initiative to reduce infant mortality, with efforts focused in 8 high priority neighborhoods where infant mortality rates are highest. CelebrateOne areas include the following ZIP codes: 43203, 43204, 43205, 43206, 43211, 43219, 43222, 43223, 43224, 43227, 43229, and 43232.

GENERAL CAUSES OF DEATH

Of the 440 deaths that occurred among children in Franklin County during 2015-2016:

- 72% (318 cases) were the result of medical conditions (more information below).
- 18% (78 cases) were the result of external causes or injuries (more information on following page).
- 10% (44 cases) did not have a cause determined.

Medical Conditions (72%) External Cause (18%) – Undetermined Cause (10%)

Note: Sleep-related infant deaths, also known as sudden

unexpected infant deaths (SUIDs), are deaths among children

younger than one year of age that happen during sleep. These deaths fit into all three general causes (medical, external and undetermined); the manners of these deaths were natural, accidental and undetermined. From 2015-2016, there were 45 SUIDs, accounting for 10.2% of all child deaths. For more information on sleep-related infant deaths in Franklin County, please see the Columbus Public Health Sleep-Related Infant Deaths reports available online.

MEDICAL CAUSES OF DEATH

Infant deaths account for 82.4% (262 of 318) of all child deaths due to medical causes. The leading medical causes of death among infants are: prematurity, congenital anomalies, pneumonia, cardiovascular conditions, and Sudden Infant Death Syndrome (SIDS). For children ages 1-17 years, the leading medical causes of death are: cancer, cardiovascular conditions, and neurological/seizure conditions.

Medical Causes of Death	Infant (< 1 Year)		Other (1-	17 Years)	Total	
	Number	Percent	Number	Percent	Number	Percent
Prematurity	164	62.6	0	0.0	164	51.6
Congenital Anomaly	40	15.3	4	7.3	44	13.8
Cardiovascular Condition	5	1.9	11	20.0	16	5.0
Cancer	1	0.4	12	21.8	13	4.1
Pneumonia	7	2.7	2	3.6	9	2.8
Neurological/Seizure Condition	1	0.4	8	14.5	9	2.8
SIDS	3	1.1	0	0.0	3	0.9
Asthma	0	0.0	1	1.8	1	0.3
Other Medical Condition	26	9.9	12	21.8	38	11.9
Other Infection	12	4.6	6	10.9	18	5.7
Other Perinatal Condition	3	1.1	0	0.0	3	0.9
Total	262	100	56	100	318	100

RISK FACTORS AMONG DEATHS DUE TO PREMATURITY

Based on data that has been collected, the leading causes of preterm births are: maternal complications of pregnancy, maternal smoking, multiple births, and previous preterm births. We are not able to comment on maternal

drug use nor prenatal care because a large number of records have missing information for these indicators. However, the Life Course Perspective/ Theory (i.e., a woman's preconception health status is an excellent predictor of birth outcomes), as well as research on the social determinants of health, tell us that individual behaviors do not exist in a vacuum; but rather, they must be examined within the larger context of opportunities for health (e.g., housing, education, employment, etc.) in the neighborhoods in which we live.

Risk Factors for Prematurity (n=164)	Yes	No	Unknown	Percent Yes Excluding Unknowns
Maternal Complications	143	1	20	99.3
Maternal Smoking	29	123	12	19.1
Multiple Births	28	134	2	17.3
Previous Preterm Birth	16	148³	NA	9.8

Notes:

³ Includes cases with unknown and missing information, without discriminating between unknown and missing information.

EXTERNAL CAUSES OF DEATH

Non-infant deaths (1-17 years) account for 86% of all child deaths due to external causes or injuries. The five leading external causes of death among children ages 1-17 years are: weapon (including body parts), motor vehicle or other transport, asphyxia, fall or crush, and drowning. For infants (under 1 year), the leading external cause of death is asphyxia.

Specific External Causes of Death	Infant (< 1 Year)		Other (1-17 Years)		Total	
	Number	Percent	Number	Percent	Number	Percent
Weapon, Including Body Part	3	27.3	31	46.3	34	43.6
Asphyxia	4	36.4	8	11.9	12	15.4
Motor Vehicle or Other Transport	1	9.1	10	14.9	11	14.1
Fall or Crush	1	9.1	7	10.4	8	10.3
Drowning	0	0.0	6	9.0	6	7.7
Fire, Burn or Electrocution	0	0.0	3	4.5	3	3.8
Poisoning, Overdose or Acute Intoxication	2	18.2	1	1.5	3	3.8
Other	0	0.0	1	1.5	1	1.3
Total	11	100	67	100	78	100

MANNER OF DEATH

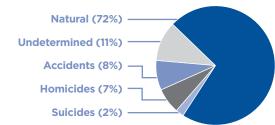
Deaths resulting from natural causes occurred most often among infants, specifically those in the neonatal

period (0-27 days). 70% of suicides were among White, non-Hispanics and 70% happened among children ages 10-14 years. No Black, non-Hispanic children committed suicide, but the population did have 20 cases of homicides. Homicides represented 10% of all Black, non-Hispanic child deaths and 37% of Black, non-Hispanic child deaths among 1-17 year olds. Homicide was also the leading manner of

death for 15-17 year olds of all races.

Of the 440 deaths that occurred among children in Franklin County during 2015-2016, the manner of death in:

- 72% (317 cases) was natural.
- 11% (50 cases) could not be determined.
- 8% (33 cases) was accident.
- 7% (30 cases) was homicide.
- 2% (10 cases) was suicide.



Manner of Death	Natural	Undetermined	Accidents	Homicides	Suicides	Total			
Age									
Younger than 1 year	262	41	4	4	0	311			
Neonatal (0-27 days)	213	9	0	0	0	222			
Post-neonatal (28-364 days)	49	32	4	4	0	89			
1-4 years	16	8	13	3	0	40			
5-9 years	11	0	7	4	0	22			
10-14 years	17	1	3	6	7	34			
15-17 years	11	0	6	13	3	33			
Race									
White, Non-Hispanic	106	20	18	8	7	159			
Black, Non-Hispanic	140	23	13	20	0	196			
Hispanic	32	3	1	2	1	39			
Other, Unknown	39	4	1	0	2	46			
Gender									
Male	173	30	22	18	7	250			
Female	144	20	11	12	3	190			
Total	317	50	33	30	10	440			

RECOMMENDATIONS

Recommendations from the CFR process are used to plan public health interventions and to prioritize resources. The most frequently made recommendations to prevent future deaths include:

- Encourage pregnant women to get early and regular prenatal care.
- Provide infant safe sleep education and resources.
- Offer culturally sensitive and appropriate mental health services.
- Offer culturally sensitive and appropriate training on pedestrian and traffic safety.
- Expand driver education classes to include modules on defensive driving.
- Supervise infants and young children, especially around water.
- Protect children from tobacco smoke, alcohol and other drugs.
- Limit access to firearms.
- Provide suicide prevention education for children and caregivers.

MEMBER AGENCIES

FCCFR Member Agencies:

- ADAMH Board of Franklin County*
- Franklin County Board of Developmental Disabilities
- CASA of Franklin County
- CHOICES of Columbus
- Columbus City Schools
- Columbus Police Department*
- Columbus Division of Fire
- Columbus Public Health (Lead Agency)*
- Franklin County Children's Services*
- Franklin County Coroner's Office*
- Franklin County Court of Common Pleas
- Franklin County Juvenile Court
- Franklin County Job & Family Services
- Franklin County Prosecutor's Office
- Franklin County Public Defender's Office
- Franklin County Public Health
- Franklin County Sheriff's Office
- LOSS (Local Outreach for Suicide Survivors)
- Nationwide Children's Hospital (Department of Pathology, Center for Injury Research and Policy, Center for Child & Family Advocacy, Primary Care Pediatrician*)
- U.S. Consumer Product Safety Commission

*Indicates a mandated member



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