

# FRANKLIN COUNTY CHILD FATALITY REVIEW

# 2017-2020 DATA SNAPSHOT

PUBLISHED 12/2021

## INTRODUCTION

This data snapshot is a summary of the deaths of 768 children (under the age of 18 years) residing in Franklin County, Ohio that occurred during 2017-2020. It provides demographics, 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 ongoing 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 at the end of this report.

## LIMITATIONS

Data in this report reflect the information that is collected at the FCCFR meetings. However, the board members and agencies do not always have all of the information, so some factors of the death remain unknown even after the review and therefore cannot be reflected in these data. Additionally, deaths that have open investigations or pending litigation cannot be reviewed. The demographics of those fatalities are included in these data, but the circumstances surrounding the deaths are not.

## DEMOGRAPHICS OF CHILD DEATHS, FRANKLIN COUNTY, 2017-2020

	Number	Percent	Rate	Population*
<b>Total</b>	<b>768</b>			
<b>Age</b>				
<1 year	535	69.7%	719.9	74,311
1-4 years	61	7.9%	20.7	294,846
5-9 years	27	3.5%	7.9	343,140
10-14 years	51	6.6%	15.8	321,988
15-17 years	94	12.2%	51.1	183,988
<b>Race</b>				
Non-Hispanic White	238	31.0%	37.3	638,508
Non-Hispanic Black	382	49.7%	98.0	389,631
<i>The disparity rate between the child death rate of Non-Hispanic Black children and Non-Hispanic White children is <b>2.6</b>.</i>				
Hispanic	57	7.4%	48.9	116,589
Other	91	11.8%	123.7	73,545
<b>Sex</b>				
Male	447	58.2%	72.2	619,381
Female	319	41.5%	53.3	598,892
Unknown	2	0.3%		
<b>ZIP Code of Residence</b>				
Within CelebrateOne priority areas <sup>1</sup>	399	52.0%	99.2	402,052
Within Ohio Equity Institute (OEI) areas <sup>2</sup>	98	12.8%	66.9	146,520
Non-CelebrateOne/Non-OEI areas	271	35.3%	40.5	669,701
<i>The disparity rate between the child death rate in CelebrateOne ZIP codes and non-CelebrateOne/non-OEI ZIP codes <b>2.5</b>.</i>				

Notes:

1. CelebrateOne priority areas include ZIP codes 43203, 43204, 43205, 43206, 43207, 43211, 43219, 43222, 43223, 43224, 43227, 43229, and 43232

2. OEI areas include ZIP codes 43068, 43213 and 43228

\*Source: Ohio Public Health Information Warehouse, Population Data for Calculating Rates, last updated 7/21/2020; U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates, Table

# MANNER OF DEATH

70% of all child deaths in Franklin County from 2017-2020 were due to natural causes.

## DEMOGRAPHICS OF CHILD DEATHS BY MANNER OF DEATH, FRANKLIN COUNTY, 2017-2020

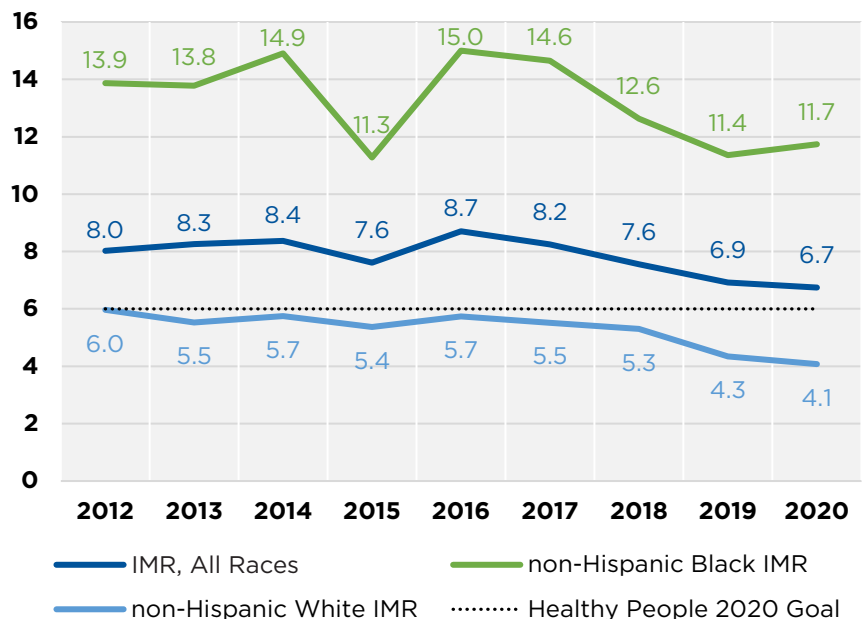
	Natural	Accidents	Suicides	Homicides	Undetermined	Total
<b>Age</b>						
< 1 year	442	20	0	7	66	535
Neonatal (0-27 days)	359	2	0	2	10	374
Post-neonatal (28-364 days)	82	18	0	5	56	161
1-4 years	29	16	0	8	8	61
5-9 years	15	10	0	1	1	27
10-14 years	28	8	6	9	0	51
15-17 years	22	21	20	30	1	94
<b>Race</b>						
Non-Hispanic White	170	25	16	6	21	238
Non-Hispanic Black	254	37	5	45	41	382
Hispanic	41	6	1	3	6	57
Other, Unknown	71	7	4	1	8	91
<b>Gender</b>						
Male	291	53	18	43	42	447
Female	243	22	8	12	34	319
Unknown	2	0	0	0	0	2
<b>Total</b>	<b>536</b>	<b>75</b>	<b>26</b>	<b>55</b>	<b>76</b>	<b>768</b>

# INFANT MORTALITY

Infant mortality is the death of a live-born infant before their first birthday, and is a critical indicator of community health. Franklin County's infant mortality rate (IMR) has improved over the last decade, but the disparity between the non-Hispanic White IMR and the non-Hispanic Black IMR persists. In fact, each year between 2016 & 2020, the non-Hispanic Black IMR was more than 2.5 times higher than the non-Hispanic White IMR.

The top cause of infant mortality in Franklin County is prematurity, with 49% (261/535) of all infant deaths being due to prematurity in 2017-2020.

## INFANT MORTALITY RATE BY RACE, FRANKLIN COUNTY, 2012-2020

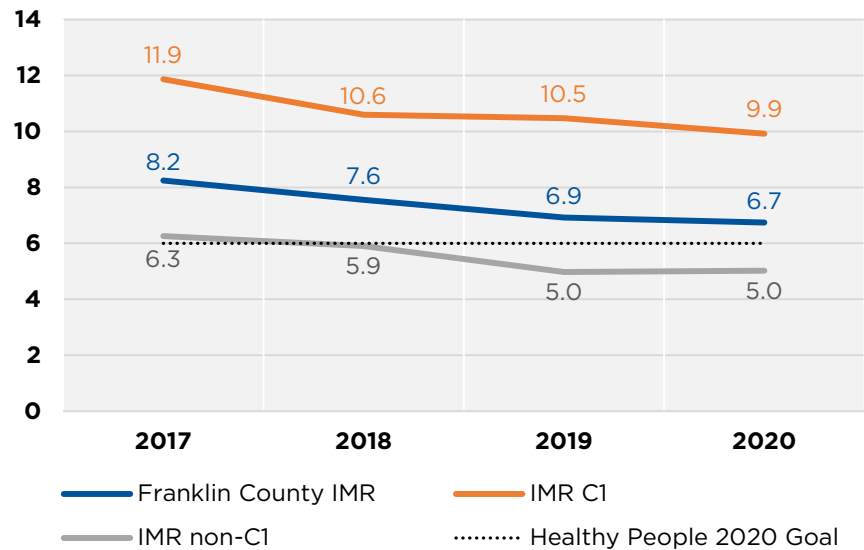


## INFANT MORTALITY, CONTINUED

There are neighborhoods in Columbus where higher unemployment, lower graduation rates, homelessness, lack of access to nutritious food, higher instances of crime and lower access to health coverage and timely access to prenatal care contribute to babies being born too small or too soon, and not thriving during their first year of life.

These neighborhoods, including the Hilltop, Linden, Franklinton, South Side, Near East, Southeast, Northeast and the Northland areas, are referred to as the CelebrateOne priority ZIP codes (43203, 43204, 43205, 43206, 43207, 43211, 43219, 43222, 43223, 43224, 43227, 43229, and 43232). These are areas that continue to struggle due to historic and systemic racism.

INFANT MORTALITY RATE BY ZIP (C1 ZIP OR NON-C1 ZIP), FRANKLIN COUNTY, 2017-2020



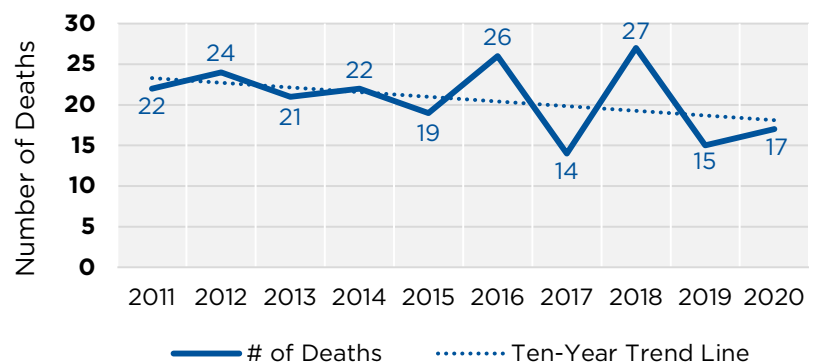
## SLEEP-RELATED INFANT DEATHS

There are two main categories of sleep-related infant deaths:

- Sudden Infant Death Syndrome (SIDS): SIDS is defined as the sudden death of an infant that cannot be explained even after a full investigation that includes a complete autopsy, examination of the death scene, and review of the clinical history.
- Other sleep-related infant deaths, also referred to as Sudden Unexpected Infant Deaths (SUIDs): SUID is the death of an infant younger than 1 year of age that occurs suddenly and unexpectedly.

Subgroups of SUID include accidental suffocation in bed, entrapment, overlay and undetermined. In Franklin County over the past decade, SIDS has become rare as a cause of infant death. This reflects a shift in the classification of sudden infant deaths by coroners/pathologists, as well as advancements in death scene investigations.

NUMBER OF SLEEP-RELATED INFANT DEATHS, FRANKLIN COUNTY, 2011-2020



## INFANT MORTALITY, CONTINUED

The American Academy of Pediatrics' (AAP) guidelines for creating a safe sleep environment for infants state that babies should sleep Alone, on their Backs and in an empty, safety-approved Crib (ABCs of Safe Sleep).

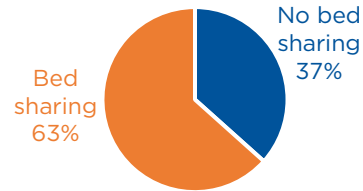
Babies should share a room with parents, but never the same sleep surface. Infants should never be placed to sleep on adult beds, couches, chairs or air mattresses. Other important AAP recommendations include:

- Avoiding smoke exposure as well as alcohol and illicit drug use during pregnancy and after birth.
- Keeping potential suffocation hazards, such as blankets, pillows, soft toys or bumper pads, out of the sleep area. Infants' cribs should be completely empty except for a tight-fitted sheet.
- Breastfeeding or feeding expressed milk, ideally exclusively for the first 6 months.

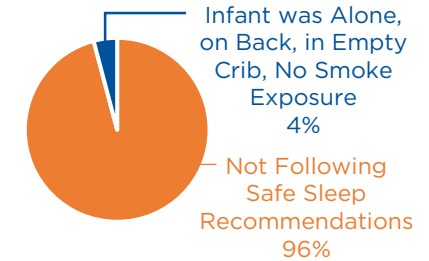
It is important for caregivers to follow all of the ABCs of Safe Sleep--not just one or two, to ensure infants are as safe as possible while sleeping. Columbus Public Health promotes these standards to parents, caregivers and health care professionals.



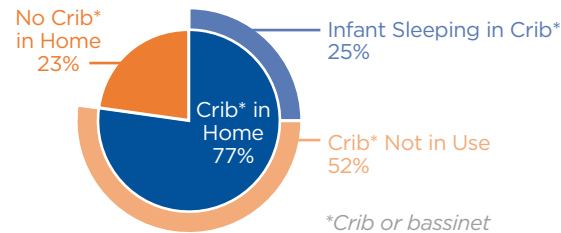
### SLEEP-RELATED INFANT DEATHS AND BED SHARING, FRANKLIN COUNTY, 2017-2020 (N=71)



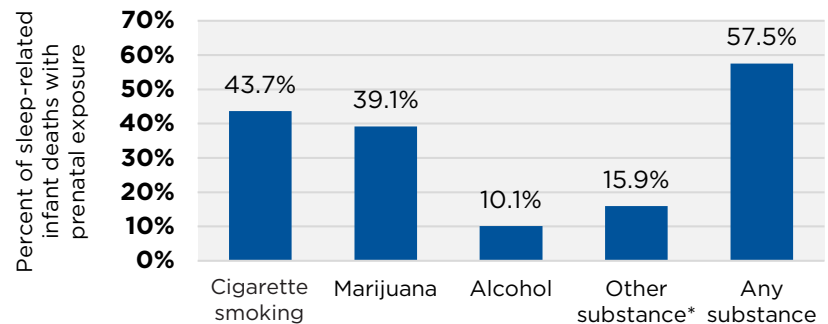
### SLEEP-RELATED INFANT DEATHS AND SAFE SLEEP RECOMMENDATIONS, 2017-2020 (N=73)



### CRIB OR BASSINET PRESENCE & USE, FRANKLIN COUNTY, 2017-2020 (N=66)



### PRENATAL SUBSTANCE USE AMONG SLEEP-RELATED INFANT DEATHS, FRANKLIN COUNTY, 2017-2020



\*Includes cocaine, opiates, medications to treat drug addiction (such as methadone), heroin, and benzodiazepine; no use of methamphetamine or other painkillers reported; tobacco, marijuana, and alcohol use reported separately (not included in this column)

# CAUSES OF DEATH

## TOP CAUSES OF DEATH BY AGE GROUP, FRANKLIN COUNTY, 2017-2020

Infant (<1 year) (n=535)		1-4 years (n=61)		5-9 years (n=27)		10-14 years (n=51)		15-17 years (n=95)	
Cause	Percent	Cause	Percent	Cause	Percent	Cause	Percent	Cause	Percent
1 Prematurity	48.8%	Drowning	16.4%	Motor Vehicle/Other Transport	14.8%	Assault/Weapon/Body Part <sup>2</sup>	29.4%	Assault/Weapon/Body Part <sup>3</sup>	50.0%
2 Congenital Anomaly	20.4%	Congenital Anomaly	13.1%	Drowning	14.8%	Cancer	13.7%	Motor Vehicle/Other Transport	11.7%
3 Other Perinatal Condition	6.0%	Assault/Weapon/Body Part <sup>1</sup>	11.5%	Cardio-vascular	14.8%	Neurological/Seizure Disorder	13.7%	Poisoning, Overdose, or Acute Intoxication <sup>4</sup>	7.4%
4 Unintentional Asphyxia	3.7%	Other Medical Condition	11.5%	Other Medical Condition	14.8%	Motor Vehicle/Other Transport	9.8%	Cancer	5.3%
						Other Medical Condition	9.8%	Drowning <sup>5</sup>	5.3%
5 All Other Causes	21.1%	All Other Causes	47.5%	All Other Causes	40.7%	All Other Causes	23.5%	All Other Causes	20.2%

Notes on manner of death for certain causes and age groups:

1. Of the 7 deaths in this category, the manner was Homicide for 6; one was Undetermined.
2. Of the 15 deaths in this category, the manner was Homicide for 9, Suicide for 6.
3. Of the 47 deaths in this category, the manner was Homicide for 30 and Suicide for 16; one was Undetermined.
4. Of the 7 deaths in this category, the manner was Suicide for 3 and Accident for 4.
5. Of the 5 deaths in this category, the manner was Suicide for 1 and Accident for 4.

## EXTERNAL CAUSES OF CHILD DEATHS, FRANKLIN COUNTY, 2017-2020

	Infant (<1 year)		1-4 years		5-9 years		10-14 years		15-17 years		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Assault/Weapon/Body Part	7	17.9%	7	25.9%	1	8.3%	15	65.2%	47	65.3%	77	44.5%
Weapon Type - Firearm	1	2.6%	3	11.1%	0	0.0%	9	39.1%	35	48.6%	48	27.7%
Motor Vehicle/Other Transport	2	5.1%	3	11.1%	4	33.3%	5	21.7%	11	15.3%	25	14.5%
Unintentional Asphyxia	20	51.3%	1	3.7%	0	0.0%	0	0.0%	0	0.0%	21	12.1%
Drowning	0	0.0%	10	37.0%	4	33.3%	1	4.3%	5	6.9%	20	11.6%
Poisoning, Overdose, or Acute Intoxication	6	15.4%	2	7.4%	1	8.3%	2	8.7%	7	9.7%	18	10.4%
Fire, Burn or Electrocution	1	2.6%	2	7.4%	0	0.0%	0	0.0%	2	2.8%	5	2.9%
Fall or Crush	1	2.6%	0	0.0%	1	8.3%	0	0.0%	0	0.0%	2	1.2%
Other	1	2.6%	0	0.0%	1	8.3%	0	0.0%	0	0.0%	2	1.2%
Undetermined	0	0.0%	2	7.4%	0	0.0%	0	0.0%	0	0.0%	2	0.6%
Unknown	1	2.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.6%
<b>Total</b>	<b>39</b>	<b>22.5%</b>	<b>27</b>	<b>15.6%</b>	<b>12</b>	<b>6.9%</b>	<b>23</b>	<b>13.3%</b>	<b>72</b>	<b>41.6%</b>	<b>173</b>	<b>100%</b>

Note: Percent data represents the percent of age group total except in "Total" row where percent data is the percent that each age group represents of all deaths due to external cause.



## CAUSES OF DEATH, CONTINUED

### DROWNINGS

Drowning is the number one cause of death for children ages 1-4, and one of the top causes of death for ages 5-9 in Franklin County.

- 55% of all drowning victims were Black. 80% of all drowning victims were male.
- Drownings made up 12% of all deaths due to external injury in children ages 17 and under.
- Half of children killed in drownings were immigrant children or children of immigrant parents.
- **60% of child drowning victims lived in CelebrateOne ZIP codes.**

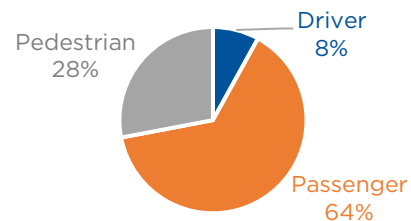
**Drowning is PREVENTABLE.** To see the Drowning Call to Action document for community leaders, click [here](#).

### MOTOR VEHICLE COLLISIONS

Motor vehicle collisions are a leading cause of unintentional injury death in children. Motor vehicle collisions made up 14.5% of all deaths due to external injury in children ages 17 and under.

In Franklin County from 2017-2020, 64% of children killed in motor vehicle crashes were a passenger; nearly 30% were a pedestrian.

CHILD POSITION IN MOTOR VEHICLE DEATHS, FRANKLIN COUNTY, 2017-2020 (N=25)



### SUICIDES

**From 2017-2020, 18% (26/145) of all deaths of Franklin County children ages 10-17 were due to suicide.**

From 2017-2020, of all external injury deaths to children ages 10-17, 27% (26/95) were due to suicide.

Professionals believe that suicide is largely preventable if communities have the appropriate tools. For more information on youth suicides, see our suicide-specific report [here](#).

Suicide is complex and can rarely be attributed to one single cause; instead, there are many risk factors—both internal and environmental—that contribute to suicide. Suicide affects people of all races, genders, income levels, religions and sexual orientations.



## CAUSES OF DEATH, CONTINUED

### HOMICIDES

In Franklin County, 2020 saw the highest number of homicides of any year on record for both adults & children, with the 2020 preliminary homicide count at 198. (Source: Ohio Public Health Information Warehouse)

In the four years from 2017-2020, 55 homicides occurred among Franklin County children. Of the 45 homicides in which the weapon was known, 91% were committed with a firearm.

**More children ages 10-17 in Franklin County died from homicide than from any other single cause.**

**75% of children who died as a result of homicide lived in CelebrateOne priority neighborhoods.**

### DEATHS BY FIREARM

In the four years from 2017-2020, 48 Franklin County children died by firearm.

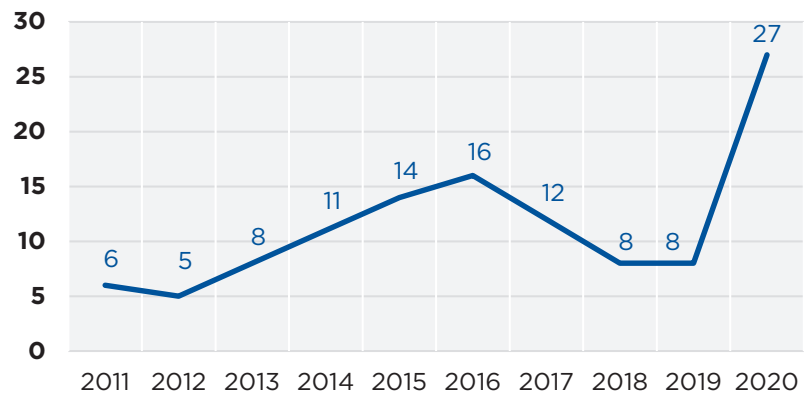
Deaths due to firearms made up 28% (48 of 173) of all external injury deaths in children ages 17 and under.

**The number of non-hispanic Black children who died by a firearm was more than 10 times greater than the number of non-Hispanic White children who died by firearm.**

73% (35 of 48) of all children who died by firearm were between 15-17 years old.

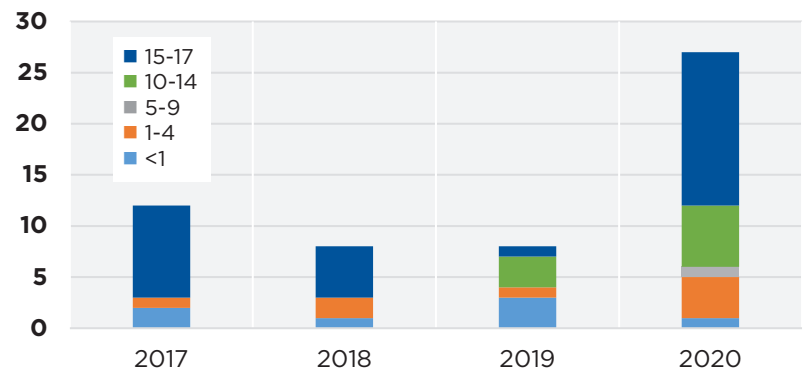
Homicides made up 85% (41 of 48) and suicides made up 10% (5 of 48) of all firearm deaths of Franklin County children in 2017-2020.

HOMICIDES, AGES 0-17, FRANKLIN COUNTY, 2011-2020 (N= 115)

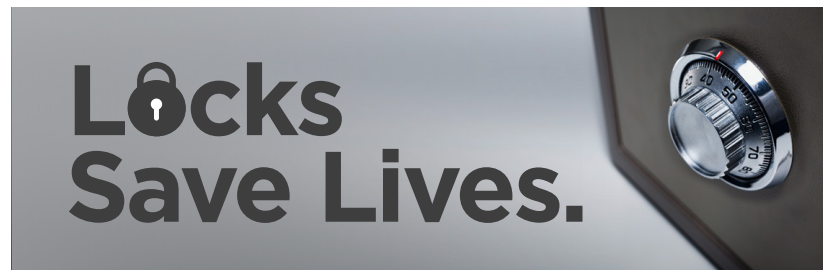
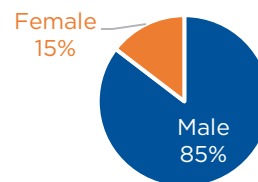


Source: Franklin County Child Fatality Review Data, 2011-2020

HOMICIDES BY AGE GROUP, FRANKLIN COUNTY, 2017-2020 (N=115)



FIREARM DEATHS BY SEX, AGES 0-17, FRANKLIN COUNTY, 2017-2020 (N=48)



# RECOMMENDATIONS

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## TRAUMA & MENTAL HEALTH

- Address Adverse Childhood Experiences (ACEs) and generational trauma.
  - Training for teachers.
- Expand trauma informed care in multiple settings (OB/GYN, pediatricians, teachers, daycare providers).
- Increase community awareness of human trafficking/sex exploitation, how to recognize the signs and what to do.
- Gather advice from adult CATCH Court graduates on how to incentivize similar programs for youth.
- Enhance wrap around services for parents in high risk social situations.
  - Identify parents who need assistance through schools, churches, doctor's offices and link them to case management.
  - Referral to mental health care for parents and parenting classes.
- Improve infrastructure and increase funding for mental health services; decrease wait lists by increasing capacity for mental health intervention (adult and youth).
- Provide screenings in primary care for suicidality & depression at each visit.
- Follow up with victims of sexual assault for linkage with counseling services.
- State mandated school suicide prevention programs in schools K-12.
- Develop public service announcements (PSAs) of suicide warning signs and where to seek help.
- Increase caregiver knowledge of implementing safety plans if child has history of suicide threats.
- Refer parents to mental health care for parents and parenting classes from CPS and pediatricians.
- Increase community awareness of human trafficking/sex exploitation.
- Appropriate review & investigation of criminal sex acts; referral from schools, CPS notification to law enforcement.

## AGENCY COLLABORATION

- Enhanced informational collaboration between the police agencies and child protective services for missing children who have gone "AWOL" from placements. [Franklin County Children's Services & Columbus Police have started holding meetings for this purpose as a result of this recommendation.]
- Increase our awareness regarding how we manage "difficult" kids.
  - Case management services to bring the system together to work for the child.
- Enhance cultural awareness, sensitivity and diversity training around high-risk and perceived troubled youth.
- Add domestic violence resources to the "Know your Partner" campaign that is led by the local CPS agency. [Franklin County Children's Services has made this addition as a result of this recommendation.]
- Evidence collection post-mortem. Agency awareness of whose responsibility it is to request evidence collection.
- Make immediate referral to hospital social work if a child does not have health insurance; linkage to Medicaid.

## FIREARMS/COMMUNITY SAFETY

- Increase funding for after school/evening/weekend programs starting in elementary school. Expand ages served so there are no gaps in programming.
  - Incentivize participation; remove barriers to participation by providing transportation and hot meals.
- Expand youth engagement programming that includes swimming lessons & opportunities.
- Firearm take back programs and incentives for turning in found or stolen firearms for the community.
- Fund programs for grassroots gun education.
- Fund more youth court diversion programs.
  - Appropriate responses for youth crimes.
  - Revise the "reception center" protocol; gun crimes and gang involvement should mean immediate court ordered services for the entire family.
- Promote mass distribution of lock boxes for suicide prevention and violence prevention.
- Provide community education on how to store weapons to decrease likelihood of personal weapons being stolen or used by children.
- Expand "shot spotter" program to multiple neighborhoods.
- Expand community safety cameras.



## RECOMMENDATIONS, CONTINUED

A recurring theme of recommendations was to expand offerings of youth programming. Engaging as many youth as possible in quality, positive programming can promote resiliency, build conflict resolution skills, and allow them to begin to envision a future for themselves. Look at what other cities have successfully implemented and think outside the box of traditional programming. For example, New Orleans' "The Roots of Music" program empowers children from low-income neighborhoods through music. The Louisiana Drumline has a similar goal of fostering ownership of the community in children through percussion camps for youth. See the links below for further information on these programs.

- [www.therootsofmusic.org](http://www.therootsofmusic.org)
- [www.nola.com/entertainment\\_life/music/article\\_a968023c-f7f7-5420-a016-c759fb2cca66.html](http://www.nola.com/entertainment_life/music/article_a968023c-f7f7-5420-a016-c759fb2cca66.html)

## PREGNANCY AND INFANT HEALTH & SAFETY

- Promote available smoking cessation preconception & during pregnancy.
- Eliminate barriers for linkage with home visiting services.
- Host "trade-in" events where people can drop off their recalled or unsafe baby sleep products and receive a gift card or pack n play instead. [First event completed by Columbus Public Health in October 2021.]
- Utilize Consumer Product Safety Commission inspections of second hand stores
- Increase CPS support and involvement for moms with chronic drug abuse with infants, peer support programs or support groups.
- Expand options for drug treatment within prenatal care.
  - Support and program linkage rather than punitive action for positive drug tests.
- Improve access to and utilization of early and adequate prenatal care.
- Promote early prenatal care, especially when at risk for preterm delivery due to previous preterm birth, progesterone treatment.
- Expand smoking cessation education to include information about marijuana use during pregnancy.
  - Create "hot card" or literature for OB/GYNs to give to mothers about risks of marijuana use prenatally, including safer options to reduce morning sickness/nausea.
- Develop education on strategies to stay awake during nighttime infant feedings, staying smoke-free postpartum.
- Provide safe sleep education for all caregivers, reinforcing safe sleep messaging at all doctors' visits & wellness checks.
- Normalize & increase acceptance rate of home visiting.
- Offer smoking cessation for everyone around baby, not just mother.
- Expand community education or develop PSAs on Medicaid eligibility for pregnant women.

## VEHICLE & PEDESTRIAN SAFETY

- Develop PSA about helmet ordinance.
- Improve infrastructure/environmental supports, i.e., better lighting/flashing lights at crosswalks. Urban areas should have the same safety features as suburban areas.
- Increase funding for & install more traffic cameras in areas with high concentration of pedestrians to assist in hit-skip investigations.

## WATER SAFETY

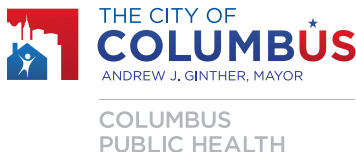
- Promote adequate supervision of small children and provide parental education on what this looks like.
  - TV and radio ads in multiple languages.
- Require water hazard signage with pictures and rescue equipment on shores of neighborhood ponds.
- Educate New American and immigrant populations on water safety/drowning risk for children.
- Expand program offerings for free and low cost swim lessons, especially in at-risk neighborhoods.
- Develop competitive swim teams that can be easily accessed by minority children; increase youth engagement programming that includes swimming lessons & opportunities.
- Break down cultural barriers to swimming.
  - Promote local collaboration with national organizations like Black Kids Swim.

# MEMBER AGENCIES

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FCCFR Member Agencies: (\*Indicates a mandated member)

- 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 Defenders 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



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