



FRANKLIN COUNTY
CHILD FATALITY REVIEW

2021-2024 DATA SNAPSHOT



THE CITY OF
COLUMBUS
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COLUMBUS
PUBLIC HEALTH

PUBLISHED APRIL 2026

INTRODUCTION

This data snapshot summarizes the 830 deaths of children (under age 18) who resided in Franklin County, Ohio and died between 2021 and 2024. The Franklin County Child Fatality Review (FCCFR) is a multidisciplinary, community-based process that examines demographics and cause of death information to identify preventable factors, highlight emerging patterns, and support evidence-informed prevention efforts.

FCCFR brings together experts from public health, medicine, social services, law enforcement, education, and community organizations. Through collaborative review, the team seeks to understand not only how children die, but also how future deaths can be prevented.

LIMITATIONS

Data reflect the information available from the FCCFR meetings. Some deaths cannot be reviewed immediately due to active investigations or pending legal processes; these cases include demographic information but may lack contextual details.

Availability and completeness of information vary across agencies, which may result in missing or incomplete variables.

Comparisons to previous reporting periods should consider changes in classification practices, improvements in documentation, and evolving investigative standards.

DEMOGRAPHICS OF CHILD DEATHS, FRANKLIN COUNTY, 2021-2024

Demographic information helps identify disparities, population-specific risks, and areas where targeted outreach and prevention efforts may be most impactful.

	Number	Percent	Rate (per 100,000)	Population*
Total	830			
Age				
Under 5 years	623	75.1%	181.3	343,694
5-9 years	46	5.5%	13.5	339,922
10-14 years	63	7.6%	18.2	345,672
15-17 years	97	11.7%	48.7	199,290
Unknown	1	0.1%		
Race				
Non-Hispanic White	215	25.9%	38.7	555,268
Non-Hispanic Black	438	52.8%	122.9	356,360
<i>The disparity ratio of the child death rates of Non-Hispanic Black children and Non-Hispanic White children is 3.2.</i>				
Hispanic	86	10.4%	62.0	138,681
Other/Unknown	91	11.0%		62,656
Sex				
Male	497	59.9%	79.5	625,336
Female	333	40.1%	55.2	603,242
ZIP Code of Residence				
Within CelebrateOne priority areas ¹	406	48.9%	102.7	395,459
Within Ohio Equity Institute (OEI) areas ²	105	12.7%	68.3	153,696
Non-CelebrateOne/Non-OEI areas	315	38.0%	46.4	679,423
Unknown	4	0.5%		
<i>The disparity ratio of the child death rates in CelebrateOne ZIP codes and non-CelebrateOne/non-OEI ZIP codes is 2.2.</i>				

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

2. Ohio Equity Institute (OEI) ZIP codes are 43068, 43213, and 43228

* Source: U.S. Census Bureau, 2024 American Community Survey 5-Year Estimates, Table S0101

MANNER OF DEATH

From 2021-2024, most child deaths in Franklin County (64.9%) were due to natural causes.

	Natural*	Accidents	Suicides	Homicides	Undetermined**	Total
Age						
< 1 year	419	18	0	10	78	525
Neonatal (0-27 days)	352	2	0	0	14	368
Post-neonatal (28-364 days)	67	16	0	10	64	157
1-4 years	47	28	0	9	14	98
5-9 years	26	8	0	9	3	46
10-14 years	24	15	11	9	4	63
15-17 years	22	16	17	41	1	97
Race						
Non-Hispanic White	147	25	14	5	24	215
Non-Hispanic Black	268	43	8	66	53	438
Hispanic	63	9	2	2	10	86
Other/Unknown	61	8	4	5	13	91
Gender						
Male	307	58	17	54	61	497
Female	232	27	11	24	39	333
Total	539	85	28	78	100	830

* One natural death is missing age

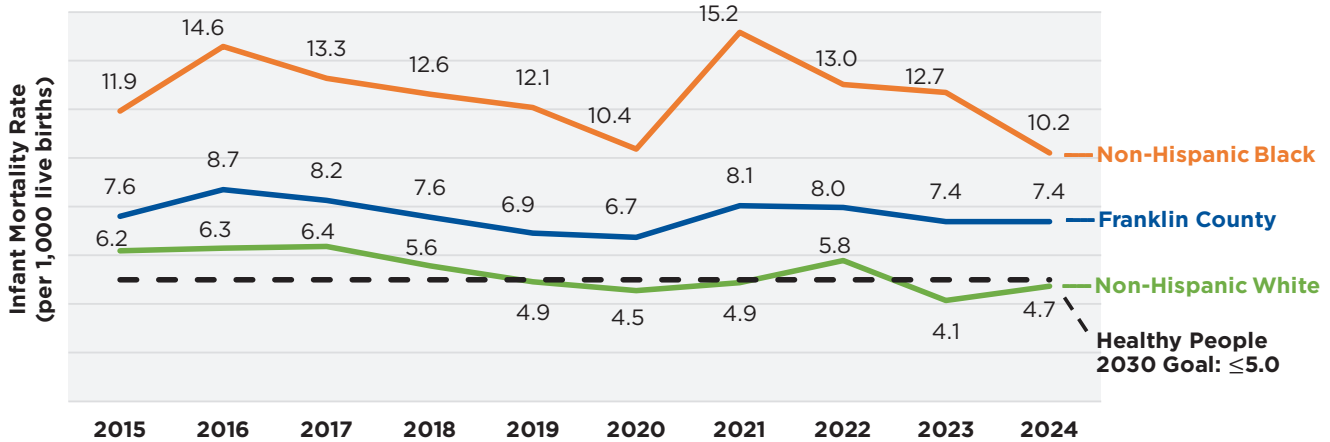
** Eleven cases with missing manner of death are included as undetermined

INFANT MORTALITY (LESS THAN ONE YEAR OLD)

Infant mortality remains one of the most sensitive indicators of community health, reflecting the health of mothers before and during pregnancy, the quality of medical care, and broader social conditions.

Infant deaths make up a large share of all child deaths in Franklin County. The leading contributor for all infant deaths is prematurity, accounting for 44% (231/525) in 2021-2024. Although Franklin County's infant mortality rate (IMR) has improved over the last decade, disparities between the Non-Hispanic White IMR and the Non-Hispanic Black IMR persist. A combination of factors such as systemic racism, limited access to quality care, socio-economic disparities, and biases in health care all contribute to the racial disparities in birth outcomes.

Non-Hispanic Black infants died at a rate that is 2.4 times that of Non-Hispanic White infants (Franklin County, 2015-2024).

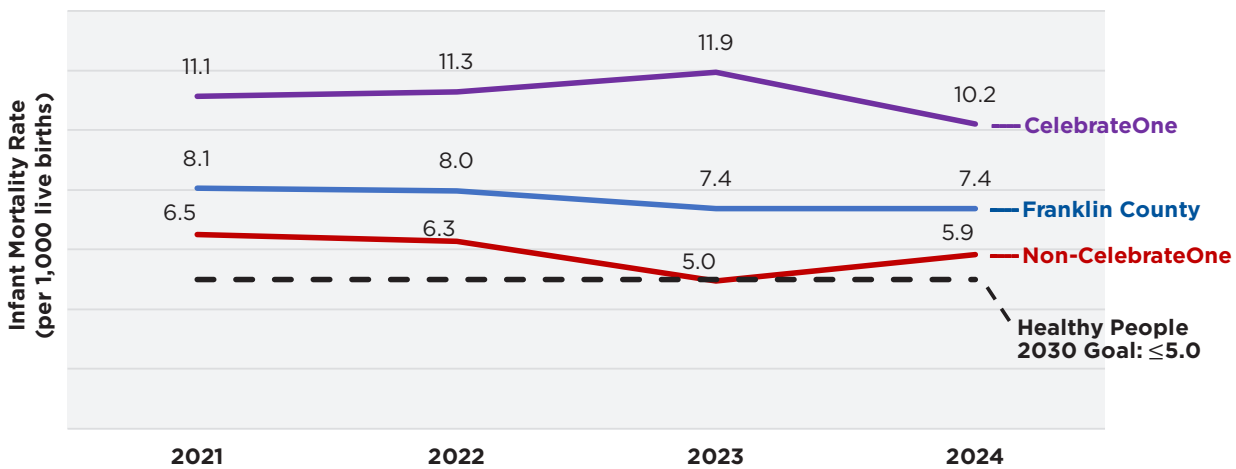


Source: Ohio Department of Health, Office of Vital Statistics

CelebrateOne priority areas are neighborhoods in Columbus where higher unemployment, lower graduation rates, unstable housing, lack of access to nutritious food, higher instances of crime, and lower access to health coverage and timely prenatal care contribute to poor outcomes for babies.

CelebrateOne priority areas include the Hilltop, Linden, Franklinton, South Side, Near East, Southeast, Northeast and Northland neighborhoods.

CelebrateOne Neighborhoods experience infant mortality at almost double the rate of Non-CelebrateOne neighborhoods (Franklin County, 2021-2024).



Source: Ohio Department of Health, Office of Vital Statistics

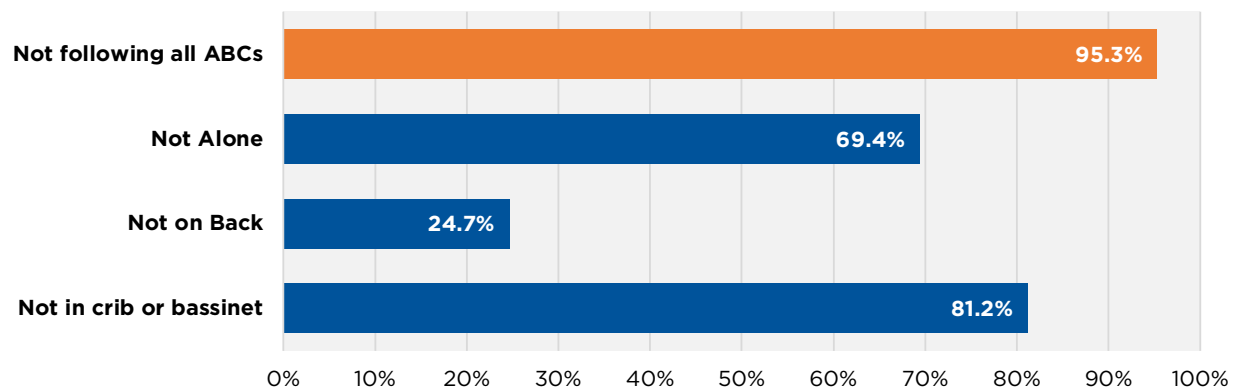
SLEEP-RELATED INFANT DEATH

Sleep-related infant deaths (SRIDs) occur when infants die during sleep. Franklin County had 85 SRIDs in 2021-2024, accounting for 16% of all infant deaths during this time. While not a leading cause of death, SRIDs are considered preventable and can indicate a need for increased community support in the lives of pregnant women and families to decrease deaths in the future.

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).

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. For more information on SRIDs, see our most recent [Sleep-Related Infant Death Report here](#).

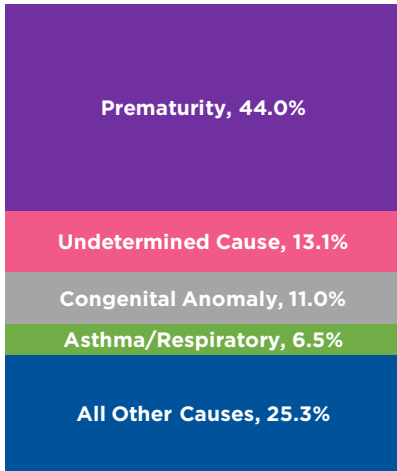
Most sleep-related infant deaths in Franklin County were not following safe sleep recommendations (2021-2024).



CAUSES OF DEATH

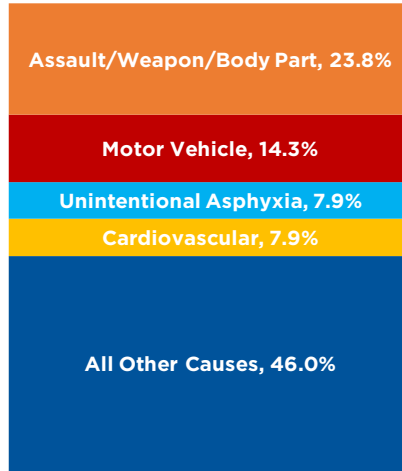
Patterns in cause of death vary significantly by age. Understanding these patterns is essential for age-specific prevention strategies.

Prematurity was the number one cause of death for children under one (Franklin County, 2021-2024).

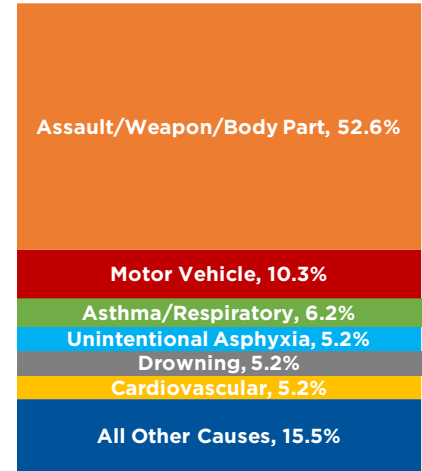


UNDER ONE YEAR OLD

Assault and motor vehicle crashes were the top causes of death among 10-14 and 15-17-year-olds (Franklin County, 2021-2024).



10-14 YEARS OLD



15-17 YEARS OLD

In Franklin County, the top causes of death for youth ages 1-4 were asthma or respiratory (12.2%) followed by drowning (11.2%). For youth ages 5-9, assault, weapon (15.2%) and cancer (15.2%) were the top causes of death.

External Causes of Death by Age Group in Franklin County (2021-2024)

	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	5	16.1%	2	5.0%	7	36.8%	15	39.5%	51	68.0%	80	39.4%
Weapon Type - Firearm*	2	6.5%	0	0.0%	7	36.8%	13	34.2%	50	66.7%	72	35.5%
Motor Vehicle/Other Transport	4	12.9%	5	12.5%	5	26.3%	9	23.7%	10	13.3%	33	16.3%
Unintentional Asphyxia	13	41.9%	5	12.5%	1	5.3%	5	13.2%	5	6.7%	29	14.3%
Drowning	3	9.7%	11	27.5%	1	5.3%	2	5.3%	5	6.7%	22	10.8%
Poisoning, Overdose or Acute Intoxication	2	6.5%	7	17.5%	0	0.0%	3	7.9%	4	5.3%	16	7.9%
Fire, Burn or Electrocution	1	3.2%	4	10.0%	3	15.8%	3	7.9%	0	0.0%	11	5.4%
Fall or Crush	0	0.0%	0	0.0%	1	5.3%	0	0.0%	0	0.0%	1	0.5%
Other	1	3.2%	5	12.5%	0	0.0%	1	2.6%	0	0.0%	7	3.4%
Undetermined	1	3.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.5%
Unknown	1	3.2%	1	2.5%	1	5.3%	0	0.0%	0	0.0%	3	1.5%
Total	31	15.3%	40	19.7%	19	9.4%	38	18.7%	75	36.9%	203	100%

*Firearm deaths are a subset of assault, weapon, or person's body part

External injury deaths are largely preventable and often reflect a combination of social, behavioral, and environmental factors.

CAUSES OF DEATH, CONTINUED

DROWNINGS

Drowning is the second leading cause of death for children ages 1-4 in Franklin County.

77% of all drowned children were male.

Drownings made up 11% of all deaths due to external injury in children.

30% of children (5-17) killed in drownings were immigrant children or children of immigrant parents (among those with known foreign-born status).

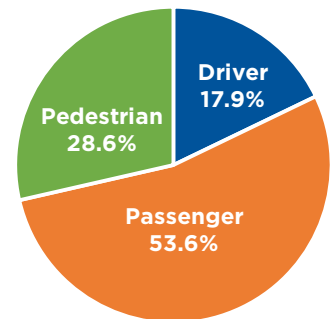
50% of children who drowned lived in CelebrateOne Priority ZIP codes.

Drowning is PREVENTABLE.

MOTOR VEHICLE COLLISIONS

Motor vehicle collisions are a leading cause of unintentional injury death in children, making up 16.3% of all deaths due to external injury in children.

More than half of children killed in motor vehicle crashes were passengers; nearly 30% were pedestrians (n=28; Franklin County, 2021-2024).



SUICIDES

Suicide is complex and can rarely be attributed to one single cause; instead, there are many internal and environmental risk factors, such as mental health conditions, prior attempts, exposure to trauma, challenges accessing timely care, and access to lethal means, that contribute to suicide. Suicide affects people of all races, genders, income levels, religions and sexual orientations.

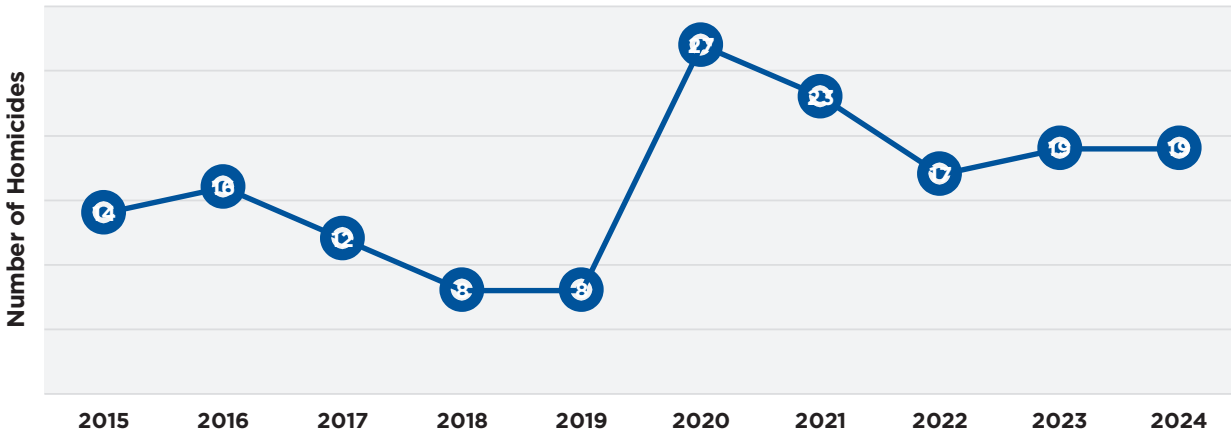
18% of all deaths of children ages 10-17 were due to suicide.

Expanded early intervention, school-based supports, and culturally responsive mental health services remain important strategies for prevention. (Source: <https://www.nationwidechildrens.org/conditions/suicidal-behaviors>)



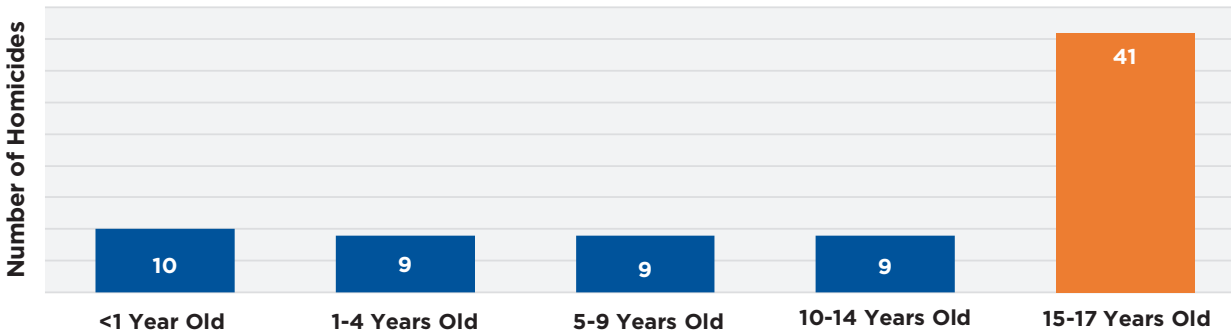
HOMICIDES

Homicides among children in Franklin County have declined since a peak in 2020, but they remain higher than they were pre-pandemic.



Homicides remain a leading cause of death among older adolescents.

Over half of children who died by homicide were 15-17 years old (Franklin County, 2021-2024).



59% of children who died as a result of homicide lived in CelebrateOne priority areas though only 32% of Franklin County children live in these ZIP codes.

Understanding the geographic and social context of these deaths helps identify opportunities for upstream prevention and community-level intervention. A substantial proportion of these deaths involve firearms, and many occur in neighborhoods disproportionately affected by economic hardship, community violence, and systemic inequities.

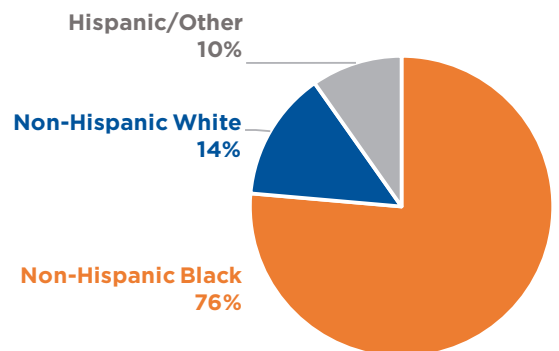
FIREARM-RELATED DEATHS

Deaths due to firearms made up 36% of all external injury deaths in children. Firearm-related deaths disproportionately affect older adolescents and Non-Hispanic Black children. Of all firearm deaths in children, 69% were ages 15-17.

Safe storage practices, community-based violence prevention, and improved access to behavioral health support are critical to reducing firearm-related harm.

Two-thirds of children who died by firearm were male (48/72).

The percent of Non-Hispanic Black children who died by firearm was 3.5 times greater than the percent of Non-Hispanic White children who died by firearm (Franklin County, 2021-2024).



RECOMMENDATIONS

The Franklin County Child Fatality Review Board comes up with recommendations after each case is discussed. Here are some of those recommendations, alongside current initiatives addressing the recommendations and ideas for future action.

ALCOHOL, TOBACCO & OTHER DRUGS

Recommendations:

- Expand addiction resources, harm reduction, and education
- Reduce children's exposure to substances
- Improve safe storage of medications and substances
- Smoking cessation during pregnancy and while caring for an infant

Current Initiatives:

- Franklin County Public Health (FCPH): Naloxone distribution, addiction recovery supports, prescriber education, and medication disposal
- Central Ohio Primary Care (COPC): provides lockboxes, cabinet locks, poison education, drug/vaping prevention, safe disposal, outreach to incarcerated pregnant/new parents, and recovery centers
- Columbus Public Health (CPH): Safe Sleep Ambassador training, tobacco education, and prenatal/postpartum substance use screening
- Franklin County Children Services (FCCS): partnership with Volunteers of America for inpatient substance use disorder services for families

Action Ideas:

- Increase research-based community resources for addiction
- Promote family and peer support services
- Education for parents and children that THC products are not safe for children
- Better enforcement of THC sales to children

DROWNING PREVENTION & WATER SAFETY

Recommendations:

- Physical barriers, signage, rescue equipment
- Swim education
- Supervision and wandering prevention

Current Initiatives:

- CPH: Paid media campaigns for Pool Safely and neighborhood ponds
- CPH/Franklin County Board of Development Disabilities/YMCA partnerships: Free swim lessons
- FCPH: conducts home visiting safety reviews for children at risk of wandering
- Nationwide Children's Hospital (NCH): research informing prevention strategies

Action Ideas:

- Promote barriers to all bodies of water, particularly within neighborhoods
- Install motion lighting and alarms on fences around pools

FIRE SAFETY & PREVENTION

Recommendations:

- Working smoke detectors
- Fire escape planning and education
- Community awareness of free resources

Current Initiatives:

- FCPH: home visits include smoke detector checks, battery changes, and fire escape planning
- Columbus Fire Department (CFD): provides free smoke alarms and batteries
- FCCS: Safety Fair, including fire safety education

Action Ideas:

- Further advertising of free smoke alarm programs for community awareness
- Provide a "fire safety checklist" to every child and their families through the school system

PASSENGER, PEDESTRIAN & VEHICLE SAFETY

Recommendations:

- Child passenger safety and car seat access
- Teen driver education and distraction prevention
- Pedestrian/bike safety and infrastructure awareness

Current Initiatives:

- Franklin County Safe Communities at CPH: bike rodeos, helmet education, child/parent pledges, signage, teen driver education
- CPH: distracted and impaired driving education, hosted teen driver assemblies, provided education about safe walking, biking and micromobility practices and behaviors
- CPH: Car seat education and Child Passenger Safety Technician training for home visitors
- Safe Communities and Vision Zero: collaboration on signage and traffic calming through CPH

Action Ideas:

- Utilize well-child visits to review child passenger safety and type of car seat child should be in
- Create innovative messaging and hold media campaigns around distracted driving, particularly with new parents

PREGNANCY, INFANT & CHILD HEALTH & SAFETY

Recommendations:

- Prenatal care, high-risk referrals and continuity of care
- Safe sleep, feeding, soothing, and infant CPR education
- Home visiting, respite care, maternity support
- Safe Haven awareness

Current Initiatives:

- CPH/FCPH: Extensive home visiting programs (prenatal, postpartum, RN support, insurance linkage, immunizations, Edinburgh Postnatal Depression Scale screening)
- CPH: Cribs for Kids/portable crib distribution, Safe Sleep Ambassadors & Allies trainings
- CPH: Safe sleep coaching, ABCs of sleep, soothing education and Baby Helpline material distribution
- FCPH: Children with Medical Handicaps program case management for medically complex infants
- FCCS: Zero to three training, 0-36-month home visit assessments, and staff training

Action Ideas:

- Provide free infant CPR training to families who are expecting or have a new infant
- Utilize social media to reach families and mothers to provide education around safe sleep and breastfeeding
- Provide free or low-cost babysitting classes
- Offer basic health classes within the school system, including some education around caring for younger children

SYSTEMS/FAMILY SUPPORTS

Recommendations:

- Care coordination and culturally responsive services
- FCCS coordination and mandated reporting
- Basic needs support and follow-up
- Parenting education and community linkage

Current Initiatives:

- FCPH: conduct Core 5 and Social Determinants of Health screening in home visiting programs
- FCPH: provides care coordination services to residents in Franklin County as part of the Central Ohio Pathways HUB
- FCCS: partnership meetings with law enforcement and NCH
- FCCS: utilizes the ASAP Coaching model with service team for high-risk cases

Action Ideas:

- Provide reunification support when children transition back into high-risk living situations
- Advocate for standardization across similar cases and scenarios statewide, particularly for integrity of data
- Develop training at the coroner's office for making reports to FCCS whenever applicable to protect children still in the home

VIOLENCE, SUICIDE PREVENTION, HIGH-RISK YOUTH

Recommendations:

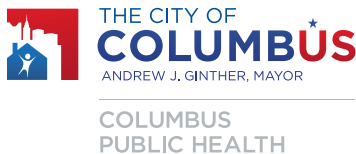
- Mental health screening and crisis intervention
- Lethal means safety and firearm storage
- School-based suicide prevention
- Caregiver education and stigma reduction

Current Initiatives:

- FCCS: Lock It Up campaign and firearm safety partnerships
- Columbus City Schools (CCS): Signs of Suicide program, school nurse-led pregnancy support groups in multiple high schools, and district licensed social workers work with families and provide services as needed
- CPH/FCCS: lockbox distribution and Counseling on Access to Lethal Means training
- FCCS: Hosts youth mental health summits, and public campaigns on teen violence, trauma, and suicide prevention
- CPH: Question, Persuade, and Refer (QPR) training for staff, Hope at Home in-home counseling services, and Edinburgh Postnatal Depression Scale screening with clients

Action Ideas:

- Funding and conducting research to explore and understand children's root concerns leading to suicidal thought/ideation
- Education around harm reduction during waiting period for mental health services, including reinforcing a safety plan at every interaction
- Rephrasing education for parents not around suicide prevention, but coping mechanisms, resiliency building, and identifying triggers



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Published April 2026