

Franklin County Child Fatality Review 2011 Data Snapshot

Includes data from the 209 children, under the age of 18, who died in 2009 (the most recent data available).

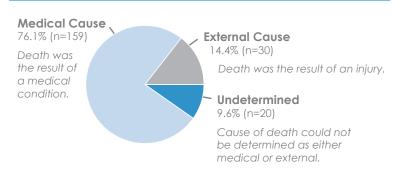
This Data Snapshot is released each year to examine the causes of child deaths, identify common themes and help us work toward preventing future deaths. In 2009, 209 children in Franklin County tragically died before reaching the age of 18.

- 76% were the result of a medical condition.
- 14% were the result of an injury.
- The cause of death could not be determined as either medical or external for the remaining 10%.

The following is a more detailed look at each of those 209 deaths.

General Causes of Death

General Cause of Death



The Franklin County Child Fatality Review (FCCFR) is 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, under the age of 18, who are residents of Franklin County, Ohio. The purpose of the review process is to identify common themes and trends surrounding these deaths and to develop recommendations for future prevention.

Compiled by Columbus Public Health - Franklin County Child Fatality Review, with assistance from the Columbus Public



Health - Franklin County Child Fatality Review, with assistance from the Columbus Public Health Office of Assessment & Surveillance and Communications Team; December 2011.

Demographic Information

Gender	Number	%	Rate*
Male	116	55.5	82.4
Female	93	44.5	68.9
Total	209	100	75.8

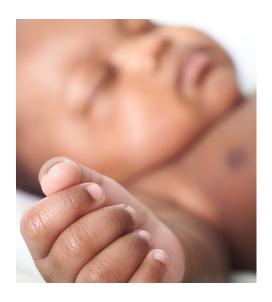
Race	Number	%	Rate*
White	104	49.8	55.7
Black	98	46.9	131.3
Other/Multi	7	3.3	**
Total	209	100	75.8

Age	Number	%	Rate*
< 1 year	155	74.2	896.3
1-4 years	18	8.6	**
5-9 years	7	3.3	**
10-14 years	15	7.2	**
15-17 years	14	6.7	**
Total	209	100	75.8

*Rate = per 100,000 subgroup population. Rates were calculated using postcensal estimates of the resident population of the United States for July 1, 2000-July 1, 2009, by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2009). Prepared under a collaborative arrangement with the U.S. Census Bureau; released June 20, 2010. Available from: http://www.cdc.gov/nchs/nvss/bridged_race.htm as of July 23, 2010

**Rate does not meet reliability standards of the National Center for Health Statistics as it is based on less than 20 observations and is therefore not printed

Note: Rate for 1-17 year olds combined = 20.9







Medical Causes of Death

Specific Medical Cause of Death (n=159)	Number	%
Prematurity	73	45.9
Congenital Anomaly	30	18.9
Cardiovascular	21	13.2
Cancer	8	5.0
Pneumonia	8	5.0
Sudden Infant Death Syndrome (SIDS)	7	4.4
Other Perinatal Condition	4	2.5
Other Medical Condition	3	1.9
Influenza	2	1.3
Other Infection	2	1.3
Asthma	1	0.6

By receiving early care, babies have the best chance of being born healthy. Babies born to mothers who don't get prenatal care are three times more likely to be born with a low birth weight and five times more likely to die than babies born to mothers who receive prenatal care.* In Franklin County, low birth weight/prematurity is the leading cause of death for infants

 ${\it *http://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.cfm}$

Risk Factors Among Deaths Due to Prematurity

Top Medical Cause of Death

Risk Factors for	Yes		No/Unknow	
Prematurity (n=73)	Number	%	Number	%
Late Access to Prenatal Care*	48	65.8	25	34.2
Maternal Complications During Pregnancy	32	43.8	41	56.2
Maternal Smoking	16	21.9	57	78.1
Multiple Birth	12	16.4	61	83.6
Previous Pre-term Birth	7	9.6	66	90.4

*Late Access to Prenatal Care = initiation of prenatal care after the first trimester, or not at all. No/unknown includes timely access to prenatal care or information is unknown.

External Causes of Death

Specific External Cause of Death (n=30)	Number	%
Motor Vehicle Crash	9	30.0
Weapon, including Body Part	9	30.0
Asphyxia	6	20.0
Drowning	2	6.7
Poisoning, Overdose or Acute Intoxication	2	6.7
Fall or Crush	1	3.3
Other	1	3.3

Infant sleep-related deaths is not listed on the table of external causes of death, but instead accounts for 3 of the 6 asphyxia deaths, and 18 of the 20 undetermined manner with undetermined cause deaths. Below is a more detailed look at infant sleep-related deaths.

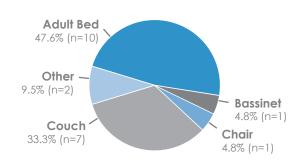


Infant Sleep-Related Deaths

Risk Factors for Infant Sleep-Related Deaths	Yes	No/Unknow		own
Excluding SIDS (n=21)	Number	%	Number	%
Unsafe Sleep Place*	20	95.2	1	4.8
Same Sleep Surface as Adult	15	71.4	6	28.6
Exposure to Secondhand Smoke	13	61.9	8	38.1
Unsafe Sleep Position**	5	23.8	16	76.2
Same Sleep Surface as Another Child	3	14.3	18	85.7

^{*}Unsafe Sleep Place = any place that is not a safety-approved crib or bassinet **Unsafe Sleep Position = any sleep position that is not on the back

Sleep-related Deaths by Location of Infant When Found







Recommendations to Prevent Future Deaths

Throughout the year specific recommendations are made as each case is reviewed. In 2009, the six most frequently made recommendations include:

- Make sure infants sleep safely
- Get early prenatal care
- Use pedestrian safety tips

- · Supervise infants and young children, especially around water
- Keep children away from tobacco smoke, alcohol, and drugs
- Limit access to firearms

FCCFR members also work to develop programs, laws, policies, or agency practices related to recommendations that can help prevent child deaths. Past work includes Top 10 Tips for Healthier, Safer Children, available at http://publichealth. columbus.gov/child-fatality-review.aspx.

In 2011, FCCFR members continued working with health care professionals on identifying and reporting symptoms of child abuse by holding four trainings that reached 110 health care professionals. The FCCFR is also working with law enforcement and coroner's offices on the implementation of more consistent investigative and reporting practices in cases of sudden, unexplained infant deaths. A sudden, unexpected infant death investigation training was held June 8-9, 2011. Over 100 professionals from across the state participated. The FCCFR is continually building relationships and sharing FCCFR recommendations with those that affect policy for improving the health and safety of children in Franklin County.

2011 FCCFR Members

The members listed below, and the agencies they represent, participated in the FCCFR in 2010. Their efforts made this data snapshot possible.

Shelly Biggs, RN Ohio State University Medical Center

Farah Brink, MD Center for Family Safety & Healing

Kathy Burns, MD **ADAMH Board of Franklin County**

Sharon Carney-Packard, Esa. **CASA of Franklin County**

Lieschen Compston Franklin County Children Services Columbus City Schools

Kathy Cowen, MS Columbus Public Health

Jan Gorniak, DO Franklin County Coroner

Karen Gray-Medina, MS, CHES Columbus Public Health

Andrea Hauser, MPH Columbus Public Health

Erin Heinzman Franklin County Job & Family Services

Richard Hicks, MPA Columbus Public Health

Christine Julian, JD Franklin County Prosecutor's Office

Gabbi Karpowicz, RN, BSN, MA

Grace Kolliesuah, MSW, LSW Caring for 2

Debra Lauahlin, MBA Franklin County Children Services

Sharon McCloy-Reichard, MA **CHOICES of Columbus**

Bryan Meister Franklin County Sheriff's Office

Kathleen Nicol, MD Nationwide Children's Hospital

Mike Nowlin, LISW-S Franklin County Children Services

Anne Pennington Columbus Police Department

Beth Pierson, MPH, CPH Franklin County Public Health

Anne Russell Franklin County Board of **Developmental Disabilities**

David Sawver Columbus Division of Fire Michelle Schackmann, MSW, MA, LSW

Franklin County Public Defender

Debbie Seastone, BSN, MSN, RN Columbus Public Schools

Karen Setterlin, MSW, LSW Franklin County Children Services

Carolyn Slack, MS, RN Columbus Public Health

Marcia Smoot Franklin County Department of **Job & Family Services**

Jonathan Thackeray, MD Center for Family Safety & Healing

Linda Tvorik. MPH Safe Kids Central Ohio

Technical Notes:

Columbus Public Health currently convenes the state-mandated Franklin County Child Fatality Review (FCCFR) process. The data presented here was collected through the FCCFR process and comes from individual agency records, investigation reports, and health documents including birth and death certificates.

For more information or additional resources visit: http://publichealth.columbus.gov/child-fatality-review.aspx.

