Trends and Prevention Recommendations: The 2013 Child Fatality Report

February 19, 2015

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"This project was supported in part by the Georgia Department of Human Services - Division of Family and Children Services (DHS-DFCS) and from the U.S. Department of Health and Human Services, Administration for Children and Families, Community Based Child Abuse Prevention and Treatment Act (CFDA 93.590). Points of view or opinions stated in this document are those of the author(s) and do not necessarily represent the official position or policies of the DHS-DFCS or from the U.S. Department of Health and Human Services, Administration for Children and Families, Community Based Child Abuse Prevention and Treatment Act (CFDA 93.590)."
Creation of Child Fatality Review

The child fatality review process was initiated in Georgia in 1990 as an amendment to an existing statute for child abuse protocol committees.

The legislation provided that each county child abuse protocol committee establish a subcommittee to systematically and collaboratively review child deaths that were sudden, unexpected, and/or unexplained among children younger than 18 years of age.
Purpose of Child Fatality Review

The purpose of these reviews is to describe trends and patterns of child deaths in Georgia and to identify prevention strategies.

The Annual Report presents data derived from the reviews, and identifies specific policy recommendations to reduce child deaths in Georgia.
Reviewable Deaths Reviewed

In 2013, CFR committees identified 540 child deaths that met the “reviewable” criteria (sudden, unexpected, and/or unexplained).

Of those 540 deaths, the committees completed reviews on 502, a 93% compliance rate.

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
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</thead>
<tbody>
<tr>
<td>Reviewable Deaths</td>
<td>540</td>
<td>516</td>
<td>557</td>
<td>xx</td>
</tr>
<tr>
<td>Identified</td>
<td></td>
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<td></td>
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<tr>
<td>Reviewed Deaths</td>
<td>502</td>
<td>464</td>
<td>495</td>
<td>594</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>
Demographic Information

35.7% of deaths were among children younger than 12 months of age

20.3% were between 1-4 years

8% were 5-9 years

11.8% were 10-14

24.3% were 15-17 years old

<table>
<thead>
<tr>
<th>Ethnicity/Gender</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Male</td>
<td>143</td>
<td>28.50%</td>
</tr>
<tr>
<td>White Female</td>
<td>78</td>
<td>15.50%</td>
</tr>
<tr>
<td>African-American Male</td>
<td>147</td>
<td>29.30%</td>
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<tr>
<td>African-American Female</td>
<td>102</td>
<td>20.30%</td>
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<td>4%</td>
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<tr>
<td>Hispanic Female</td>
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<td>3%</td>
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<td>Multi-Race Male</td>
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<td>0.60%</td>
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<tr>
<td>Multi-Race Female</td>
<td>4</td>
<td>0.80%</td>
</tr>
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<td>Other Race Male</td>
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<td>1%</td>
</tr>
<tr>
<td>Other Race Female</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>502</td>
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</tr>
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</table>
Reviewed Deaths of children age 1-17

Motor vehicle related injuries were identified as the leading cause of death (97), followed by medical causes (59), homicide (44) and suicide (40)
Deaths among age 1-4

**Medical** causes (24), **homicide** (19), and **motor vehicle** (19) were the leading causes of reviewed deaths.
Deaths among age 5-9

Motor vehicle-related causes (16), followed by fire (8), and medical (7) were identified as the leading causes of reviewed deaths.
Deaths among age 10-14

Motor vehicle-related (16), suicide (13), and medical causes (12) were identified as the leading causes of reviewed deaths.
Deaths among age 15-17

Motor vehicle-related (46), suicide (27), medical (16) and homicide (15) were the leading causes of reviewed deaths.
RISK FACTORS IDENTIFIED FROM REVIEWS
Medical Deaths Reviewed

Most of the infant/toddler deaths (younger than 5 years) were due to cardiovascular diseases (9), pneumonia (8), other medical conditions (10), and undetermined causes (6).

Adolescent/teen deaths (age 10-17) were mostly due to cardiovascular diseases (8), neurological/seizure disorder (5), and other medical conditions (7).
Prevention Recommendations

1. Early and comprehensive prenatal care and nutrition
2. Early diagnosis of physical illness or disease to improve access to care and treatment
3. Emphasize regular medical care to increase chances of detecting chronic disease
4. School based health centers to improve access to care
5. Enhancements to youth sports physicals
Action Steps

Georgia CFR has recently been awarded 4-year funding support from the CDC to improve the investigation, review, reporting, and prevention of Sudden Deaths in the Young (SDY)

SDY includes sleep-related infant deaths, as well as sudden medical deaths due to cardiac or neurological/seizure disorders
Maltreatment Deaths Reviewed

There were 123 child deaths identified that had HISTORY of maltreatment

- “History” is described as having any involvement with child protective services (DFCS) at any point during the child’s life

In 39 cases, maltreatment was the direct cause or contributing factor in the death
Prevention Recommendations

1. Home visiting programs should be implemented statewide
2. Low-cost childcare should be available to families at risk of abuse or neglect
3. Parenting education programs should be offered in schools and communities
4. Increase community education on domestic violence and child abuse
Action Steps

Following the 2014 legislative session, Governor Deal created the Child Welfare Reform Council. Modeled after the successful Criminal Justice Reform Council, the Child Welfare Reform Council was tasked with completing a comprehensive review of the Division of Family and Children Services and to advise the Governor on possible executive agency reforms and legislative fixes if necessary.

The Council members focused on policies and procedures, laws and regulations, and personnel

Findings from the Council were reported in January 2015, and made several recommendations, including:
1. Data sharing between agencies
2. Creating a child abuse registry
3. Reducing caseloads and improving technology for caseworkers
4. Creating a predictive analytics model to better assess child safety/risk
1-800-CHILDREN

Join us in our efforts to protect Georgia’s children.

- The Helpline supports families and parents and connects them with appropriate resources in their community. It offers information about child abuse and family violence prevention, counseling and support groups.

The Helpline is:

- Toll Free
- Open Monday to Friday, 8 a.m. to 7 p.m.
- Staffed by professionals
- Bilingual (Spanish/English)
- A source of information and support
Suicide Deaths Reviewed

Half of the 40 reviewed suicide deaths involved the use of a firearm (20)

Asphyxia was the mechanism used in 18 suicides
Reported risk factors for reviewed suicides

- Family Discord: 18
- Prior Mental Health Services: 12
- School-Related issues: 12
- Argument/Break-Up GF/BF: 11
- Prior Maltreatment: 10
- Substance Abuse History: 7
- Delinquency History: 6
- Bullying Victim: 3
- Drug/Alcohol: 3
Prevention Recommendations

1. Restrict access to lethal means (including firearms, medications, and alcohol) when there is concern that a child might be feeling suicidal
2. Increase accessibility and availability of mental health services to children, youth, and families
3. Advocate for safe and secure storage of firearms
4. Increase awareness of suicide warning signs and emphasize community training on how to respond to a suicidal youth
Reviewed Infant Deaths

Sleep-related causes were identified as the leading cause of death:

**SUID + Sleep-related asphyxia + SIDS = 139 deaths**
Risk Factors Identified

Reviewed Infant Deaths were often due to unsafe sleep environments:

- Adult bedding
- Bed-sharing
- Prone position (on stomach)
Georgia Safe Sleep Action!

Terri Miller, MPH
Program Consultant - Safe to Sleep Program
Georgia Department of Public Health

Upcoming webinar with Dr. Artis, Director of the National Safe to Sleep Campaign

Promoting safe infant sleep environments is the goal we all work toward, and the Georgia Infant Safe Sleep Coalition has been making great strides in raising awareness and encouraging our leadership to promote policies and programs that will help reduce the risk. This webinar is another opportunity to increase our own education - please share this webinar information widely within your networks, Safe Kids Coalitions, PCA chapters, Family Connections collaboratives, hospital and/or nursing staff, and your Child Fatality Review teams.

Tuesday, February 24, 2015
11:00 am – 12:00 pm

Register online at
https://iqsolutions.webex.com/iqsolutions/j.php?RGID=rca4e666643cbd7b3ed90a99793ece365
The Georgia Safe to Sleep Campaign 2015 Action Plan:

Vision: A Georgia where sleep-related infant deaths are no longer an issue.

Mission: To ensure every family in Georgia will be given the tools and information needed to make conscientiously informed decisions regarding safe sleep positions and environments for their infants.

3 year Bold Goal: In 3 years see a reduction in infant sleep-related deaths.

5 to 10 year Bold Goal: Measure a significant reduction in the infant sleep-related death rate to be the lowest in the United States and significantly reduce the racial/ethnic disparities in those numbers.
The Georgia Safe to Sleep Campaign 2015 Action Plan (abbreviated)

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5 Strategies

**Strategy 1:** To standardized training for health educators, professionals, and others to ensure accurate and consistent messaging in order to achieve measurable increases in the adoption of the 2011 American Academy of Pediatrics recommended infant sleep behaviors.

- Educational Flipchart has been developed for educators “in the field” who do not have access to PowerPoint presentations etc.
  - Next Steps: Print 50 flipcharts to be used locally and evaluate the effectiveness of the communication and styling.
  - Once evaluation is complete – make flipcharts available online and in print for all educators.

- Host webinars and provide training opportunities as possible and as requested.

**Strategy 2:** To positively change or influence policy at birthing centers throughout the state to ensure that birthing hospitals are modeling safe sleep best practices.

- A “Hospital-Based Safe to Sleep Policy Implementation Guide” has been created.
  - Next Steps: 2 to 3 volunteer “Safe to Sleep Champions” are needed to pilot the hospital-based implementation and assist with feedback and editing. An incentive for participation will be offered.
Strategy 3: Implement a crib/bassinet distribution program in order to accurately measure and evaluate the effectiveness and validity of the program.

- Pilot a local crib distribution program with evaluation assistance from the University of Georgia (in the planning stages).
  - Next Steps: Secure funding.

Strategy 4: Engage nontraditional partners to assist in reaching as many families as possible in as many different situations as possible.

- Host a training event in 2015 for Direct On-Scene Education (DOSE) for 1st Responders in the Augusta and surrounding areas.
- Continue to work with the Department of Family and Children Services (DFCS) to create solid training for staff about educating families on Safe to Sleep recommendations.
- Create a “toolkit” for local groups and organizations to use in their communities to help spread Safe to Sleep messages and champion Safe Sleep locally.
  - Next Steps: gain departmental approval.
- Align messaging with Breastfeeding advocates.

Strategy 5: Maintain and create strategic partnerships to address racial disparities.

- Focus efforts and resources in highest areas of infant mortality due to sleep related causes as identified by the Georgia Child Fatality Review Panel.
- Engage the Georgia Safe to Sleep Coalition to locate new avenues of influence.
Sleep Related Infant Death Prevention

Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet.

Make sure nothing covers the baby's head.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Always place your baby on his or her back to sleep, for naps and at night.

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Dress your baby in light sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Do not smoke or let anyone smoke around your baby.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.
Safe Sleep Programs

- These programs aim to educate caregivers on the safest infant sleep practices
- Place infants in a supine sleep position (on their back) to sleep
- Place infants in a safety-approved crib, portable crib or bassinet
- No bed-sharing; however, room-sharing is encouraged
- Removal of pillows, quilts, comforters and other soft surfaces due to suffocation risks
- Consider the use of a pacifier, after breastfeeding is established
Resources

For more information, please contact:

Terri Miller, Georgia Safe to Sleep Coordinator at; 404-657-2904 or terri.miller@dph.ga.gov

To Access National Campaign Materials:
