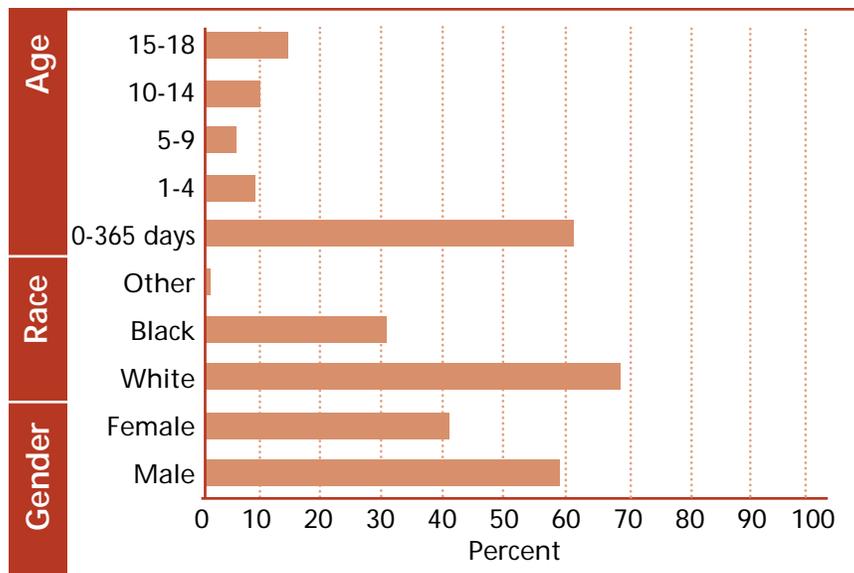


Summary of CFR Reviews on Causes of Death

Number and Percent of Reviews by Cause of Death	Cause of Death	# of Reviews	% of all Reviews
	Natural Death	794	63%
	Vehicular	154	12%
	Sudden Infant Death Syndrome	96	8%
	Suffocation/strangulation	51	4%
	Firearms/Weapons	35	3%
	Drowning/submersion	28	2%
	Fire & burn	22	2%
	Child Abuse & neglect	20	2%
	Other	13	1%
	Unknown	43	3%
	Total	1256	100%

CFR Reviews Conducted in 2002 by Age, Race and Gender



SUMMARY OF CFR REVIEWS ON CAUSES OF DEATH

Summary of CFR Reviews
on Causes of Death

	White	Black	Other
Cause of Death	n	n	n
Natural	506	262	9
> 1	140	47	2
0-1	366	215	7
Sudden Infant Death Syndrome	55	39	0
Vehicular	141	10	3
Suffocation/strangulation	34	16	0
Drowning/submersion	20	8	0
Fire & burn	16	5	0
Firearms/weapons	17	18	0
Abuse & neglect	10	10	0
Poisoning	8	1	0
Falls	3	0	0
Unknown	27	8	1
Total	837	377	13

CFR Data on
Cause of Death
by Race



Summary of CFR Reviews on Causes of Death

CFR Data on Cause of Death by Gender

	Male	Female
Cause of death	n	n
Natural	438	345
0-1	328	267
>1	110	78
Sudden Infant Death Syndrome	55	41
Vehicular	101	51
Suffocation/strangulation	28	22
Drowning/submersion	19	9
Fire & burns	12	9
Firearms/weapons	31	4
Abuse & neglect	7	13
Poisoning	6	2
Falls	3	0
Electrocution	1	0
Total	701	496



Summary of CFR Reviews on Causes of Death

Age	0-365 days	1 to 4	5-9 & 10-14	15-17
Cause of death				
Natural	602	66	97	29
0-1	602			
>1		66	97	29
Sudden Infant Death Syndrome	94			
Vehicular	6	11	49	87
Suffocation/strangulation	33	3	7 (All 7 in 10-14)	8
Drowning/submersion	4	5	14	5
Fire & burns	2	13	6	1
Firearms/weapons	0	1	5 (4 in 10-14)	28
Abuse & neglect	7	12	1	0
Poisoning	0	1	0	7
Falls	0	0	1	2
Unknown	11	4	11	9
Total	759	116	192	176

CFR Data on Cause of Death by Age



Ohio Vital Statistics



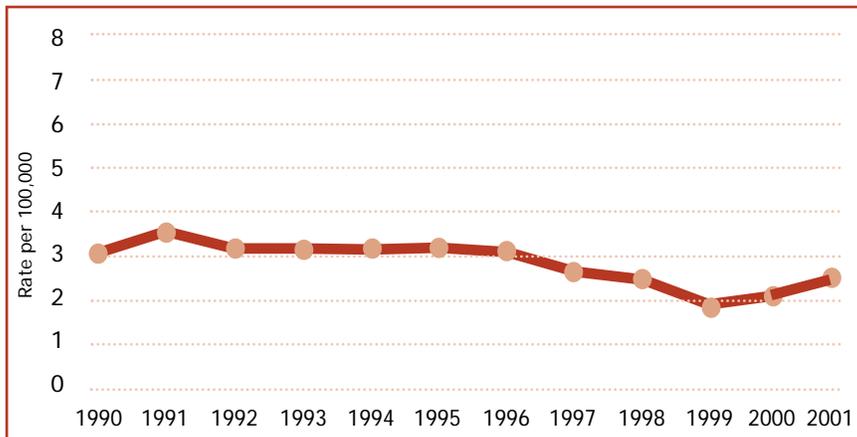
Trends in Child Death

Vital Statistics data provide the source for trends of child death rates. The categories of causes of death are different in the International Classification of Diseases (ICD) system than in the child fatality review system. They can be compared as follows: Assault = Homicide*, Transport Accidents = Vehicular-related*, SIDS = SIDS*, Suicide = Suicide. Other types of accidental injury in Vital Statistics are the sum of other injury deaths not related to vehicles. Accidental injury and transport are the only sources of injury related deaths in vital statistics. For CFR, there are several causes of injury fatalities that are addressed separately such as fire, falls, drowning and others.

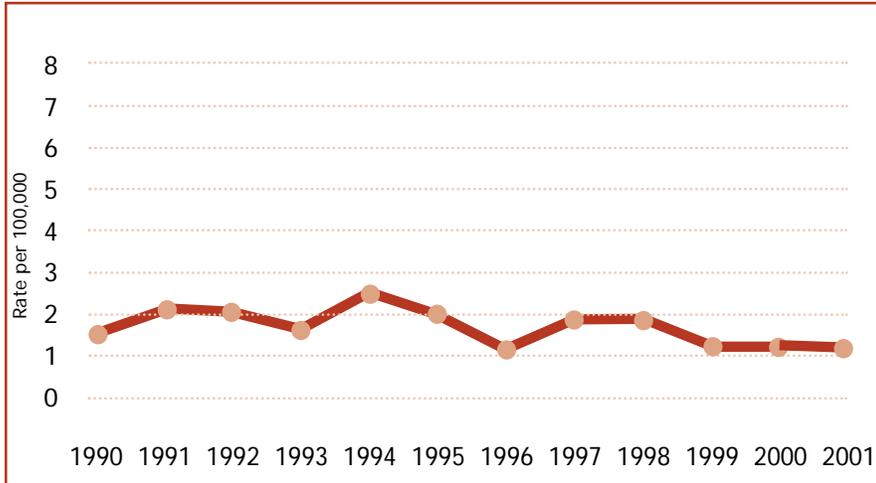
NOTE: In 1999 Ohio began coding causes of death with ICD-10 codes. This change from ICD-9 to ICD-10 may have caused the differences in trends noted in 1999 and 2000, particularly in those injury related causes of death.

Homicide

Trend of death rate in Ohio residents Age 0 - 17 Determined from Death records Ohio 1990 - 2001

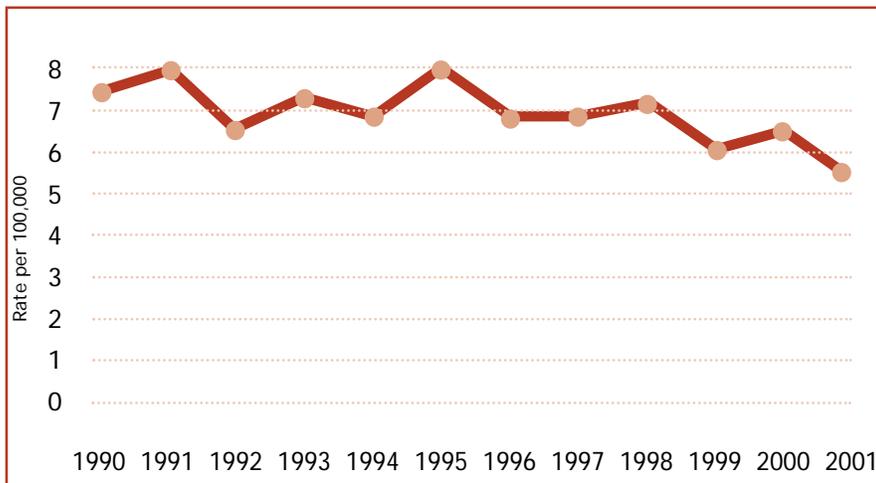


Ohio Vital Statistics



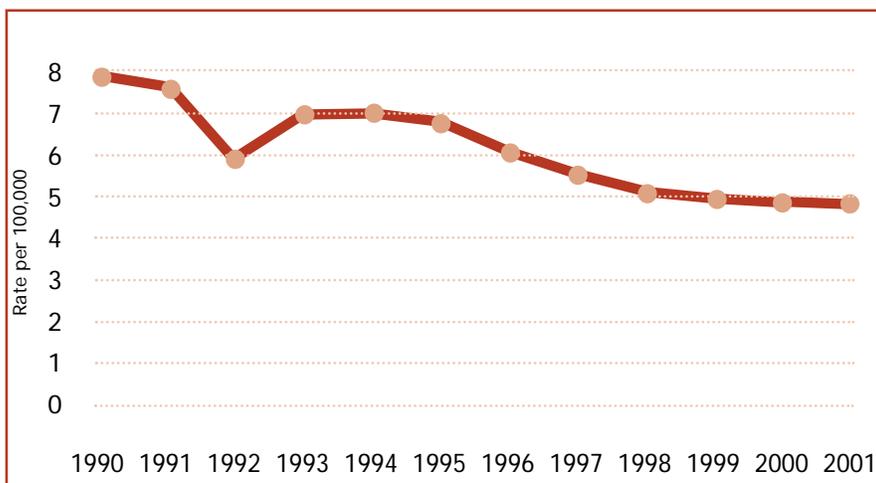
Suicide

Trend of death rate in Ohio residents Age 0 - 17
Determined from Death records
Ohio 1990 - 2001



Vehicle-related

Trend of death rate in Ohio residents Age 0 - 17
Determined from Death records
Ohio 1990 - 2001



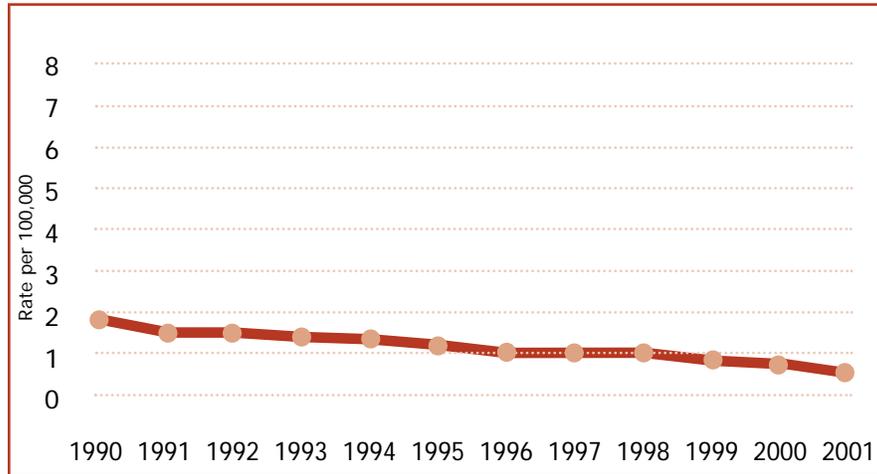
Non Vehicle-related

Trend of death rate in Ohio residents Age 0 - 17
Determined from Death records
Ohio 1990 - 2001

Ohio Vital Statistics

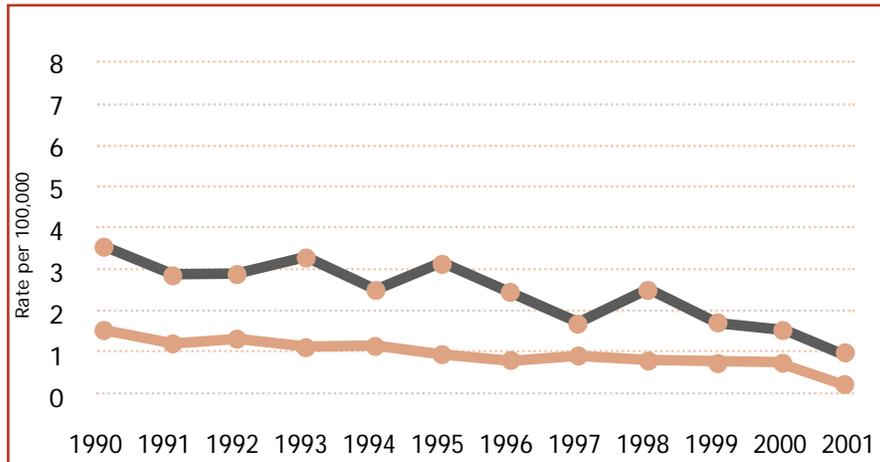
SIDS

Trend of death rate in Ohio residents Age 0 - 1 Determined from Death records Ohio 1990 - 2001



SIDS by Race

Trend of death rate in Ohio residents Age 0 - 1 Determined from Death records Ohio 1990 - 2001



— =Black
— =White



Ohio Vital Statistics

Ten Most Frequent Causes of Death Ohio Resident Children 0-17 Years From Vital Statistics Death Records Ohio 2001

Year 2001 N=1813		
Cause of death	Rank of all causes	Number of deaths due to stated cause
Congenital Anomalies	1	263
Disorders related to short gestation and low birth weight	2	184
Transport accidents	3	170
Respiratory and cardiovascular disorders	4	156
Fetus and newborn affected by maternal factors and by complications	5	153
Other external causes of accidental injury	6	141
Sudden Infant Death Syndrome (SIDS)	7	92
Assault	8	70
Malignant Neoplasms	9	67
Ill-defined and unknown causes of mortality	10	65
		75% of all causes

OHIO VITAL STATISTICS





Healthy People 2010

Healthy People 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century. Healthy People 2010 is grounded in science, built through public consensus, and designed to measure progress. Healthy People 2010 is designed to achieve two overarching goals: 1) Increase quality and years of healthy life, 2) Eliminate health disparities. These two goals are supported by specific objectives in 28 focus areas. Each objective was developed with a target to be achieved by the year 2010. There are many Healthy People 2010 (HP 2010) objectives that CFR addresses. The following are a list of the objectives that directly relate to CFR:

- ◆ 15-3. Reduce firearm-related deaths.
- ◆ 15-4. Reduce the proportion of persons living in homes with firearms that are loaded and unlocked.
- ◆ 15-6. (Developmental) Extend state-level child fatality review of deaths due to external causes for children 14 and younger.
- ◆ 15-8. Reduce deaths caused by poisonings.
- ◆ 15-9. Reduce deaths caused by suffocation.
- ◆ 15-13. Reduce deaths caused by unintentional injuries.
- ◆ 15-15. Reduce deaths caused by motor vehicle crashes.
- ◆ 15-16. Reduce pedestrian deaths on public roads.
- ◆ 15-25. Reduce residential fire deaths.
- ◆ 15-27. Reduce deaths from falls.
- ◆ 15-29. Reduce drownings.
- ◆ 15-32. Reduce homicides.
- ◆ 15-33. Reduce maltreatment and maltreatment fatalities of children.
- ◆ 16-1. Reduce fetal and infant deaths.
- ◆ 16-2. Reduce the rate of child deaths.
- ◆ 16-3. Reduce deaths of adolescents and young adults.
- ◆ 18-1. Reduce the suicide rate.
- ◆ 26-1. Reduce deaths and injuries caused by alcohol- and drug-related motor vehicle crashes.
- ◆ 26-3. Reduce drug-induced deaths.

HEALTHY PEOPLE 2010

Healthy People 2010

Additional HP 2010 objectives that are indirectly related to CFR include:

- ◆ 15-1. Reduce hospitalization for nonfatal head injuries.
- ◆ 15-5. Reduce nonfatal firearm-related injuries.
- ◆ 15-7. Reduce nonfatal poisonings.
- ◆ 15-12. Reduce hospital emergency department visits caused by injuries.
- ◆ 15-14. (Developmental) Reduce nonfatal unintentional injuries.
- ◆ 15-17. Reduce nonfatal injuries caused by motor vehicle accidents.
- ◆ 15-18. Reduce nonfatal pedestrian injuries on public roads.
- ◆ 15-19. Increase use of safety belts.
- ◆ 15-20. Increase use of child restraints.
- ◆ 15-22. Increase the number of states and the District of Columbia that have adopted a graduated driver licensing model law.
- ◆ 15-23. (Developmental) Increase use of helmets by bicyclists.
- ◆ 15-24. Increase the number of states and the District of Columbia with laws requiring bicycle helmets for bicycle riders.
- ◆ 15-26. Increase the number of functioning residential smoke alarms.
- ◆ 15-39. Reduce weapon carrying by adolescents on school property.
- ◆ 16-6. Increase the proportion of pregnant women who receive early and adequate prenatal care.
- ◆ 16-10. Reduce low birth weight and very low birth weight births.
- ◆ 16-11. Reduce preterm births.
- ◆ 16-13. Increase the percentage of health full-term infants who are put down to sleep on their back.
- ◆ 18-2. Reduce the rate of suicide attempts by adolescents.
- ◆ 18-7. (Developmental) Increase the proportion of children with mental health problems who receive treatment.
- ◆ 26-6. Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol.



Ohio Administrative Code

3701-67-01 Definitions

- (A) "Cause of death" means the classification of death as listed in box 30 on the Ohio death certificate, or an equivalent box on future forms. Examples of causes include, but are not limited to, birth defects, drowning and submersion, electrocution, extreme prematurity, falls, fire and burn, firearms and weapons, pneumonia, poisoning, shaken baby syndrome, sudden infant death syndrome, suffocation and strangulation, vehicular, and other cause.
- (B) "Child" means any person under eighteen years of age.
- (C) "Child fatality review (CFR) board" means a county or regional board established or appointed to review deaths of children residing in the county or region for the purpose of decreasing the incidence of preventable child deaths.
- (D) "Circumstance of death" means any accompanying or surrounding details of the death beyond the cause and manner of death. Examples include, but are not limited to, drowning in a bucket or house fire in rental unit.
- (E) "Contributing factors" mean other factors beyond the cause and manner of death that may be partly responsible for the child's death. Examples of contributing factors include medical factors; alcohol use by parent, caretaker or child; drug use by parent, caretaker or child; tobacco use by parent, caretaker or child; use or non-use of safety devices; level of supervision; environmental factors; and mental or behavioral factors of parent, caretaker or child.
- (F) "County commissioners" means the board of county commissioners established under Chapter 305. of the Revised Code or an alternative form of county government established pursuant to Chapter 301. of the Revised Code with the responsibilities of county commissioners.
- (G) "County of residence" means the county of residence as identified on the Ohio death certificate.
- (H) "Department or director" means the director of the Ohio Department of Health or any official or employee of the department designated by the director of the Ohio Department of Health.
- (I) "Geographic location of death" means the county in which the child was pronounced dead.

Ohio Administrative Code

- (J) "Health commissioner" means the health commissioner of a general, city or county health district or the individual with the responsibilities of a health commissioner in a city or county health district.
- (K) "Manner of death" means the classification of death listed in box 32 on the Ohio death certificate, or equivalent box on future forms. The classification is limited to natural, accident, homicide, suicide and undetermined.
- (L) "Preventable" means the degree to which an individual or community could have reasonably done something that would have changed the circumstances that led to the child's death.
- (M) "Public record" means any record defined in division (A)(1) of section 149.43 of the Revised Code.
- (N) "Review" means a general assessment or examination of the death of a child. The review shall at least consider the cause of death; manner of death; circumstance of death; contributing factors; age; sex; race and ethnicity; and geographic location of death.

3701-67-02 Child fatality review boards.

- (A) In accordance with sections 307.621 and 307.622 of the Revised Code, each county in Ohio shall establish a CFR board or join a regional CFR board for the purpose of reviewing the deaths of children residing in that county.
- (B) The purpose of the CFR board is to decrease the incidence of preventable child deaths by doing all of the following:
 - (1) Promoting cooperation, collaboration and communication between all groups, professions, agencies or entities that serve families and children.
 - (2) Maintaining a comprehensive database of all child deaths that occur in the county or region served by the CFR board in order to develop an understanding of the causes and incidence of those deaths.
 - (3) Recommending and developing plans for implementing local service and program changes to the groups, professions, agencies or entities that serve families and children that might prevent child deaths.
 - (4) Advising the Ohio Department of Health of aggregate data, trends and patterns concerning child deaths.

Ohio Administrative Code

3701-67-03 Child fatality review board meetings.

- (A) The board of county commissioners shall designate either the health commissioner that establishes the CFR board or a representative of the health commissioner to convene and be the chairperson of the CFR board. If a regional CFR board is established, the health commissioner appointed to establish the regional CFR board or his or her designee shall convene the CFR board meetings and be the chairperson of the CFR board. In any county that has a body acting as a CFR board on the effective date of this rule, the board of county commissioners of that county, in lieu of having a health commissioner establish a CFR board, shall appoint that body to function as the CFR board for the county. The body shall have the same duties, obligations and protections as a CFR board appointed by the health commissioner. The board of county commissioners or an individual designated by the CFR board shall convene the body as required by section 307.624 of the Revised Code.
- (B) If a regional CFR board includes a county with more than one health district, the CFR board meeting shall be convened in that county. If more than one of the counties participating in a regional CFR board has more than one health district, the person convening the meeting shall select one of the counties containing more than one health district as the county in which to convene the CFR board meeting.
- (C) Each CFR board shall be convened at least once a year to review the deaths of all children who, at the time of death, were residents of the county or, in the case of a regional board, were residents of one of the participating counties.
- (D) If a child dies in an Ohio county other than the child's county of residence, the review shall be conducted in accordance with this paragraph. For purposes of this paragraph, the CFR board with jurisdiction over the county of residence shall be referred to as the lead CFR board. The CFR board with jurisdiction over the county in which the child died shall be referred to as the secondary CFR board.
- (1) Except as provided in paragraph (D)(2) of this rule, the lead CFR board shall conduct the child death review;

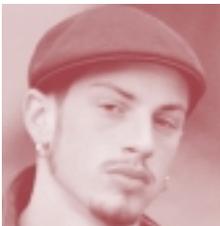


Ohio Administrative Code

- (2) The lead CFR board may delegate the responsibility for conducting a child death review to the secondary CFR board if the lead CFR board and the secondary CFR board both agree that the secondary CFR board will conduct the review;
 - (3) The lead and secondary CFR boards shall cooperate with each other to make relevant information available for the review. The CFR board which conducts the review shall provide a complete copy of the review to the CFR board not conducting the review;
 - (4) Regardless of which CFR board conducts the review, only the lead CFR board shall include the review information in its annual report to the department.
- (E) Meetings of CFR boards established under section 307.621 of the Revised Code shall not be considered public meetings and, as such, are not subject to section 122.22 of the Revised Code.

3701-67-04 Data collection; confidentiality of records.

- (A) Each CFR board shall implement a system for collecting information determined necessary by the CFR board to review the deaths of children who were residents of the county, or if a regional board, one of the participating counties, at the time of death.
- (B) The director shall develop a data collection tool for the review of child deaths. The CFR board may use the director's data collection tool in whole or in part or develop its own data collection tool. Regardless of the data collection tool used, the CFR board shall review at least the information required to be reported to the department under rule 3701-67-07 of the Administrative Code.
- (C) The CFR board shall maintain the data collected and any work product of the CFR board in a confidential manner. All confidential information shall be used by the CFR board and its members only in the exercise of the proper functions of the CFR board.
- (D) Each CFR board shall take measures to ensure the security and confidentiality of information obtained during the course of conducting child death reviews. The CFR board shall develop and maintain written policies and procedures that address the following:



Ohio Administrative Code

- (1) Confidentiality of information that is collected or obtained in the course of conducting child death reviews.
 - (2) A system to assure only authorized persons are allowed unsupervised access to an area where confidential records are stored, which includes access to records stored electronically.
 - (3) Security measures to prevent inadvertent or unauthorized access to any records containing sufficient information that could reasonably lead to the identity of the child whose death is being reviewed.
 - (4) Storing, processing, indexing, retrieving and destroying information obtained in the course of conducting child death reviews.
- (E) Each CFR board shall maintain child death review records for the time period required by the CFR board's retention schedule or seven years if there is no retention schedule.
- (F) The CFR board shall provide each CFR board member with a copy of the policies and procedures developed under paragraph (D) of this rule. If any task of the CFR board member is delegated to another person, the CFR board member is responsible for assuring that the person who is delegated a CFR board task is familiar with the policies and procedures and has access to such policies and procedures.

3701-67-05 Training guidelines.

- (A) The Ohio Department of Health shall provide an annual CFR training seminar. The Ohio Department of Health may provide additional seminars if the director determines such additional seminars are necessary.
- (B) The CFR training curriculum will be a combination of lectures, discussions, and team review of actual case studies and may include, but is not be limited to, the following topics found in the standardized protocols/guidelines developed by the Ohio Department of Health and the state CFR advisory council:
- (1) Overview of the CFR law and rules;
 - (2) CFR board membership and maintenance;
 - (3) CFR board operating procedures (including conducting an effective meeting);
 - (4) Death reviews;

OHIO ADMINISTRATIVE CODE





Ohio Administrative Code

- (5) Role of courts and prosecutors;
 - (6) Data collection;
 - (7) Database guidelines;
 - (8) Annual reporting guidelines;
 - (9) Preventing child deaths.
- (C) Each CFR board shall require at least one member of the CFR board attend the annual seminar. The CFR board shall encourage all CFR board members to attend. If not all members of the CFR board attend the training, the chairperson of the CFR board shall be responsible for assuring that those CFR board members who did not attend are trained or given access to the training materials.

3701-67-06 Child fatality review information system.

- (A) Each CFR board shall maintain an information system that includes, but is not limited to, the information required to be submitted to the Ohio Department of Health in the annual report required by rule 3701-67-07 of the Administrative Code.
- (B) The information system established by the CFR board shall have the capability of maintaining information obtained and maintained by the CFR board and any work product of the CFR board in a confidential manner and shall be secure from unauthorized users.

3701-67-07 Annual report filed with Ohio Department of Health.

- (A) By April 1 each year, each CFR board shall prepare and submit an annual report to the Ohio department of health in a manner and format that is prescribed by the director. The report shall include all of the following with respect to each child death that was reviewed by the CFR board in the previous calendar year:
 - (1) Demographic information, that includes:
 - (a) Age of the child;
 - (b) Sex of the child, identified as male or female; and
 - (c) Race or ethnicity of the child, identified as black, white, native american, asian, hispanic, bi-racial, multi-racial, or unknown.

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- (2) Death related information, that includes:
 - (a) Year of child's death;
 - (b) Geographic location of death;
 - (c) Cause of death; and
 - (d) Contributing factors to death.
- (B) In addition to the information required under paragraph (A) of this rule, the CFR board shall report:
 - (1) The total number of child deaths in the county or region, whichever is applicable to the CFR board submitting the report;
 - (2) The total number of child death reviews completed by the CFR board; and
 - (3) The total number of child deaths not reviewed, including the number of child death reviews not completed.
- (C) The report may include recommendations for actions that might prevent other deaths, as well as any other information the CFR board determines should be included.
- (D) Reports prepared under this section are public records and subject to section 149.43 of the Revised Code.

3701-67-08 Joint annual report by Ohio Department of Health and Children's Trust Fund Board.

- (A) On or before Sept. 30 of each year, the Ohio Department of Health and the Children's Trust Fund Board shall jointly prepare and publish a report organizing and setting forth the data contained in all reports provided by CFR boards in their annual reports from the previous calendar year. The report shall also contain any recommended changes to law and policy that might prevent future deaths.
- (B) A copy of the report shall be provided to the governor, the speaker of the Ohio House of Representatives, the president of the Ohio Senate, the minority leaders of the Ohio House of Representatives and Ohio Senate, each Ohio county or regional CFR board and each Ohio county or regional Family and Children First Council.

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