Child Deaths in Idaho

2011

A Report of Findings by the

Idaho Child Death Review Team

April 2014

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EXECUTIVE SUMMARY

The Idaho Child Death Review Team (CDRT) presents its annual report on child deaths occurring in Idaho in 2011. The team was formed by the Governor's Task Force for Children at Risk, under Executive Order 2012-03 to review deaths to children under the age of 18 using a comprehensive and multidisciplinary process. The team is tasked with identifying information and education that is needed to improve the health and safety of Idaho's children. Their goal is to identify common links or circumstances in these deaths that may be addressed to prevent similar tragedies in the future.

The team utilizes information already gathered by coroners, law enforcement, medical personnel and state government agencies in their reviews. While most agencies readily cooperated with information requests, the work of the team was hampered by the inability to obtain certain records.

The challenges include:

- Medical facilities' refusal to provide medical records, citing Health Insurance Portability and Accountability Act (HIPAA) restrictions
- Schools' refusal to provide academic and behavioral records, citing Family Educational Rights and Privacy Act (FERPA) restrictions
- Incomplete or missing records such as coroner reports or law enforcement incident reports (not available, not detailed or refused on the basis of privacy concerns)
- Lack of subpoena power or statutory authority to obtain medical or other records

SUMMARY OF FINDINGS AND RECOMMENDATIONS

There were 195 child deaths occurring in Idaho in 2011. The team screened each death by cause to determine if the case met the criteria for full review (i.e. the death was due to an external cause *OR* was unexplained *OR* was due to a cause with identified risk factors). The team conducted full reviews of 82 of these child deaths.

Sudden Unexplained Infant Death

Sudden Infant Death Syndrome (SIDS) or Sudden Unexplained Infant Death (SUID) was the recorded cause of death to 14 infants. National guidelines dictate that SIDS and SUID is a diagnosis of exclusion and should be utilized only after other causes have been ruled out by a thorough scene investigation and post-mortem evaluation (including autopsy).

The team is concerned about inconsistencies in investigations as well as classification of SIDS/SUID deaths. They recommend additional training to coroners, law enforcement, and state agencies to include correct interpretation of national guidelines.

The team recommends promoting the American Academy of Pediatrics updated policy statement on safe sleep to the medical community and to the general public.

Motor Vehicle Accidents

There were 18 motor vehicle deaths occurring in Idaho. The majority of the accidents involved a teen driver. The leading contributing causes of these accidents were impaired driving and inattention. Many of these deaths could have been prevented by the proper use of safety restraints.

The team recommends continued efforts to deter impaired driving including strict enforcement of “zero tolerance” laws for underage drinking and education and increased use of sobriety checkpoints.

The team supports public education to encourage proper seat belt and child safety seat use. Idaho child safety seat laws should be expanded to incorporate National Transportation Safety Board guidelines based on child height and weight, rather than age alone.

To address specific safety hazards specific to teen drivers, public education campaigns should be aimed at Idaho teen drivers and their parents. Idaho drivers training programs should incorporate recent National Safety Council approaches to reducing high risk behaviors.

Drowning

There were 8 accidental drowning deaths in 2011 and almost all occurred in open water. Children under age 5 were the most common victims.

The team recommends education reminding parents to closely supervise young children ("within arm's reach") and to always use approved personal floatation devices when playing in or near the water.

Homicides

The team reviewed 6 homicide (assault) deaths to Idaho children. Of those, one-half died by abusive head trauma and one-half died by a firearm shooting. Most of these children lived in families with a history of domestic violence.

The team calls for increased coordination between state agencies, schools, and medical professionals to identify and vigilantly protect children who show signs of abuse.

The team supports parent education programs that provide anger management techniques and media messages that emphasize the dangers of shaking infants and toddlers.

Suicides

Idaho's child suicide rate is higher than the national rate. There were 14 suicides occurring in Idaho in 2011. Thirteen of these were to males. All were to teens. Firearms were most commonly used as the injury mechanism (9 of the 14 suicides).

The team supports Idaho's Suicide Prevention Hotline goals to expand staffing to 24/7 levels. The team deems the hotline's current limited availability inadequate given the high suicide rate in Idaho.

The team recommends public education related to safe storage of guns and ammunition.

IDAHO CHILD DEATH REVIEW
2011

This report is a review of child deaths occurring in Idaho, summarizing the state's Child Death Review (CDR) process. The Idaho Child Death Review Team was established in 2013 following an executive order from Gov. C.L. "Butch" Otter (No. 2012-03). The CDR team is tasked with performing comprehensive and multidisciplinary reviews of deaths to children under age 18 in order to identify what information and education may improve the health and safety of Idaho's children.

Idaho's current CDR process is in response to the longstanding public concern for the welfare of children, particularly those who are abused or neglected. Efforts to understand all of the factors that lead to a death may help prevent other injuries or deaths to children in the future. Following national guidelines and best practices, this is accomplished by a collaborative process that incorporates expertise and perspectives of multiple disciplines.

CHILD DEATH REVIEW TEAM

The statewide CDR team is established and supported by the Governor's Task Force for Children at Risk. The following members were appointed and participated in 2011 reviews:

Jerrilea Archer, Ada County Sheriff Department (retired), CDR Team Chair
Alfred Barrus, Cassia County Prosecutor
Chuck Dudley, Court Appointed Special Advocates (CASA)
Charles Garrison MD, Forensic Pathologist
Randy Howell, Boise Fire Department, Division Chief, EMS
Glen Groben, MD, Ada County Coroner, Forensic Pathologist
Christine Hahn, MD, Idaho Department of Health and Welfare, State Epidemiologist
Margaret Henbest, Executive Director, Nurse Leaders of Idaho, Pediatric Nurse
Paul McPherson, MD, St. Luke's Medical Center, Pediatrician
Kathryn Rose, Bonner County Coroner
Erwin Sonnenberg, Ada County Coroner
Miren Unsworth, Idaho Department of Health and Welfare, Family and Child Services

ASSISTANTS TO THE CHILD DEATH REVIEW TEAM

The Department of Health and Welfare serves as the fiscal agent, provides staff support to the CDR team and monitors contracts to carry out activities as Children's Justice Act Grant funding is available. In addition, the team employs assistants for analytical, reporting, and administrative support. These adjunct team members do not have decision making or voting authority on the CDR team.

Teresa Abbott, Principal Research Analyst, Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare

Mindy Peper, Administrative Support, The Governor's Children at Risk Task Force (CARTF)

ACKNOWLEDGEMENTS

The CDR team relies on the support of many state agencies in their efforts to obtain records and review information. These reviews are made possible because of the cooperation of numerous law enforcement agencies, coroner offices, and medical facilities throughout the state. In particular, the CDR team would like to relay its appreciation to following individuals for providing data support to the team:

Pam Harder, Research Analyst Supervisor, Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare

Max Rich, Senior Research Analyst, Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare

Steve Rich, Principal Research Analyst, Idaho Transportation Department

THE OBJECTIVES OF CHILD DEATH REVIEW

The National Center for Child Death Review provides resources and guidance to the Idaho CDR process. While multi-agency death review teams now exist in all 50 states and the District of Columbia, there are variations on how the process is implemented. However, all U.S. Child Death Review processes share the following key objectives *(National Center for Child Death Review, Program Manual for Child Death Review):*

1. Ensure the accurate identification and uniform, consistent reporting of the cause and manner of every child death.
2. Improve communication and linkages among local and state agencies and enhance coordination of efforts.
3. Improve agency responses in the investigation of child deaths.
4. Improve agency responses to protect siblings and other children in the homes of deceased children.
5. Improve delivery of services to children, families, providers and community members.
6. Identify specific barrier and system issues involved in the deaths of children.
7. Identify significant risk factors and trends in child deaths.
8. Identify and advocate for needed changes for legislation, policy and practices and expanded efforts in child health and safety to prevent child deaths.
9. Increase public awareness and advocacy for the issues that affect the health and safety of children.

The team‘s focus is to seek out common links or circumstances that may be addressed to avert future tragedies.

METHODOLOGY

Deaths of Idaho residents, less than 18 years of age occurring in Idaho during calendar year 2011 were reviewed. Deaths occurring out of state were not reviewed since pertinent records are not available for the team's use.

The assigned CDR analyst who resides in Idaho's Bureau of Vital Records and Health Statistics identifies the deaths using the Vital Records system and retrieves death certificates. A subcommittee met prior to each full review team meeting to screen the list of deaths by cause and identify possibly preventable deaths for further review. The subcommittee selected a death for further review when it met one or more of the following criteria:

- Death was due to an external cause
- Death was unexplained
- Death was due to a cause with identified risk factors

The subcommittee next identified what additional information was necessary for a comprehensive review. The CDR analyst then requested information from the appropriate agency. The information may include:

- Death certificates
- Birth certificates (full form)
- Autopsy reports
- Coroner reports
- Law enforcement reports
- Transportation Department crash and injury reports
- National Transportation Safety Board reports
- Medical records
- Emergency medical systems records
- School records
- Child protection records

Although the team attempted to obtain all relevant records from the various agencies, the team does not have subpoena power and was unable, in many instances, to obtain necessary

records for a complete and thorough case review. This was of particular concern in various cases related to SIDS/SUID, suicide, and undetermined deaths.

Of 195 child deaths occurring in Idaho in 2011, 88 were initially selected for detailed review by the CDRT. However, during the research process the team learned that one death of undetermined cause and one assault were still under criminal investigation. So as not to interfere with pending litigation, the team will reconsider these incidents for review once the criminal/legal cases have been resolved. Further, medical records relating to 4 flu/pneumonia deaths were either not available or were not shared with the team. Therefore, a full assessment of risk factors and preventability for these flu/pneumonia deaths could not be conducted.

Deaths that were not selected for full CDR team review included most deaths due to extreme prematurity, malignancies and severe and/or multiple congenital anomalies.

2011 Deaths to Children (Birth to Age 18) Occurring In Idaho

	Total	Screened by CDR Subcommittee	Reviewed by CDR Team
Perinatal Conditions/Congenital Malformations	68	68	0
Unintentional Injuries (Accidents)	39	39	39
Suicide	14	14	14
Sudden Infant Death Syndrome (SIDS)	14	14	14
Assault (Homicide)	7	7	6*
Malignancies	6	6	0
Flu/Pneumonia	4	4	0**
Cerebrovascular/Heart Disease	2	2	0
Undetermined/All Other	41	41	9*
	195	**195**	**82**

*One assault and one undetermined death had pending criminal investigations at time of review.

**Lack of availability of/access to medical information prohibited complete CDRT review.

The CDR team met 6 times between February 2013 and January 2014 to conduct case reviews. Risk factors, systems issues, and recommended actions were identified for each case and were summarized by cause of death. If the team determined that additional records were needed to complete a thorough review for a specific case, that review was revisited at the next meeting using newly obtained information.

Information gathered from various sources and team conclusions was entered into the National Child Death Review Case Reporting System by the CDR analyst. A data use agreement between the Michigan Public Health Institute and the Idaho Department of Health and Welfare establishes the terms and conditions for the collection, storage and use of data entered into the case reporting system. Summary statistics from the case reporting system are used throughout this report.

LIMITATIONS

Records relevant to the circumstances leading to deaths are retained by multiple agencies and are often carefully guarded as sensitive and confidential information. Idaho's CDR Team does not have subpoena power and consequently, some information required for a thorough review was not released.

The CDR team is aware that for the purposes of seeking medical treatment, some deaths to Idaho residents occur out-of-state following an illness or injury that initiated within the state of Idaho. While the team makes every effort to consult with CDR coordinators and agencies in neighboring states to obtain complete information, it acknowledges the limitation of that approach in identifying all relevant cases and supporting information.

Calculation of rates is not appropriate with Idaho's CDR data because not all child deaths are reviewed. Instead of rates, CDR statistics have been reported as a proportion of the total reviews. Sample sizes are often small which limits the efficacy of data analysis. Please use caution in interpreting changes over time or comparing demographic subgroups.

DATA NOTES

In addition to CDR data based to the cases reviewed by the CDR team, this report includes Idaho and U.S. mortality data from the Vital Statistics System. Mortality data is presented as a way of understanding all child deaths to Idaho residents and their relation to the subset of deaths that were selected for CDR team review. Mortality data is based on all Idaho residents (regardless of where the incident occurred or where the child actually died) and CDR data relates to deaths occurring in Idaho. Mortality data may be based on aggregated years to provide larger population sizes, allowing for more stable analysis. Therefore, these data sources are not comparable.

Idaho Vital Statistics mortality trend data are from the Idaho death certificates and out-of-state death records for Idaho residents. Numbers of deaths by cause and rates are from the Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare. National rates are from the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

POPULATION

The total population of Idaho in 2011 was estimated at 1,584,985. Of that number, 428,116 were children under the age of 18 (27 percent of the total). Idaho's child population (under age 18) has increased more than 15 percent since 2001, up from 370,645.

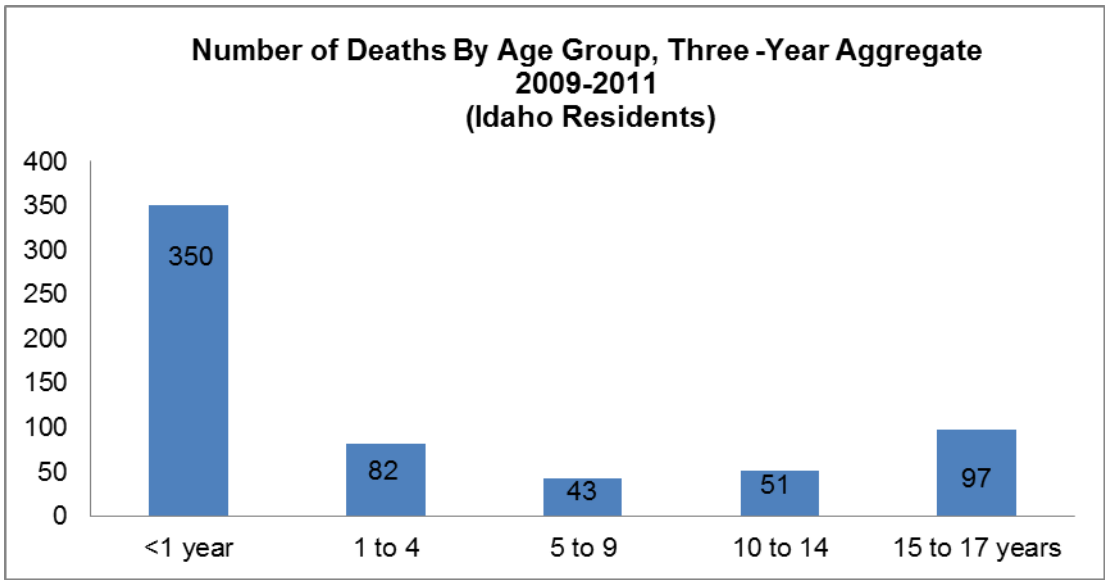
Population	Number	Percent
Idaho total	1,584,985	100%
Age 0-17	**428,116**	27.0%
Residents, age 0-17 by sex		
Males	219,621	51.3%
Females	208,495	48.7%
Residents age 0-17 by race		
White	402,332	94.0%
Black	7,791	1.8%
American Indian or Alaska Native	10,347	2.4%
Asian/Hawaiian/Pacific Islander	7,646	1.8%
Residents age 0-17 by ethnicity		
Hispanic	74,422	17.4%
Non-Hispanic	353,694	82.6%

Source: Census Bureau in collaboration with the National Center for Health Statistics. Includes bridged-race estimates. Internet release date July 18, 2012

OVERVIEW

As a framework for single year death reviews, Idaho mortality data analyzed over longer periods provides insight to the major causes of child death and highlights vulnerable demographic groups.

The number and causes of death to Idahoans under age 18 varied dramatically by age group. Among Idaho residents, there were 623 deaths to infants and children between 2009 and 2011. More than one-half (350) of those deaths were to infants (under 1 year of age). The majority of infant deaths (69 percent) were due to birth defects and conditions originating in the perinatal period such as birth trauma, short gestation/low birth weight, maternal conditions and complications during birth.



The race and ethnicity of children who died reflects the composition of the population in Idaho.

Number of Deaths by Race and Ethnicity, Three-Year Aggregate 2009-2011 (Idaho Residents)	
Non-Hispanic	
White	469
Black	8
American Indian	16
Asian/Pacific Islander	7
Other race	2
Hispanic (all races)	112
Ethnicity not stated	9

From 2002 through 2011, the most common cause of death for infants was congenital malformations. Among children over 1 year of age, the leading cause of death was accidents. Motor vehicle and other transportation accidents accounted for the majority of accident deaths (60.9 percent). Non-transport accident fatalities were most commonly related to drowning, suffocation, firearms, poisoning, and falls.

Ten Leading Causes of Death to Idaho Child Residents, Ten-year aggregate, 2002-2011

Rank	Infants (<1 year-old)	Age 1-17
1	Congenital Malformations (343)	Accidents (477)
2	Sudden/Unexplained Infant Death (SIDS/SUIDS) (184)	Intentional Self-Harm (Suicide) (101)
3	Short Gestation/Low Birth Weight (173)	Malignant Neoplasms (88)
4	Maternal Complications of Pregnancy (83)	Congenital Malformations (60)
5	Complications of Placenta, Cord, and Membranes (66)	Assault (Homicide) (40)
6	Accidents (55)	Diseases of Heart (28)
7	Neonatal Hemorrhage (38)	Influenza and Pneumonia (18)
8	Diseases of Circulatory System (32)	Chronic Respiratory Diseases (10)
9	Respiratory Distress of Newborn (27)	***Tie:*** Cerebrovascular Diseases and
10	Intrauterine and birth asphyxia (25)	Septicemia (9 each)

SUDDEN UNEXPLAINED INFANT DEATH

Sudden Infant Death Syndrome (SIDS) or Sudden Unexpected Infant Death (SUID) is the sudden death of an infant under one year of age, which remains unexplained after a comprehensive investigation. This must include an autopsy, examination of the death scene and review of the clinical history.

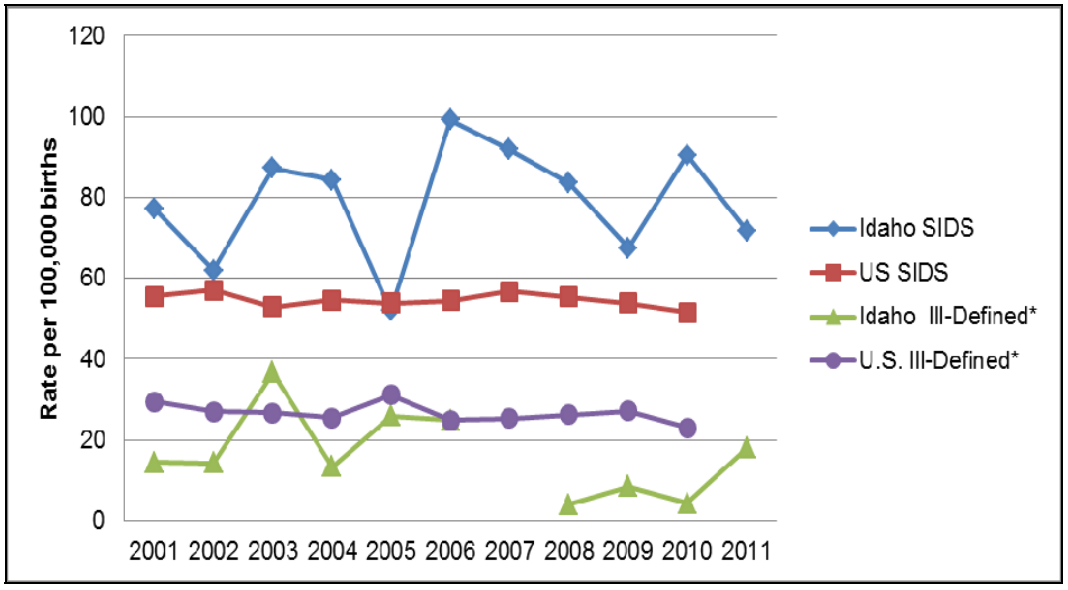
Over the past ten years, the SIDS death rate in Idaho has been higher for Idaho than for the U.S. overall. Conversely, Idaho typically has had fewer ill-defined or undetermined infant deaths when compared nationally. This may highlight differences in how undetermined infant deaths are categorized on death certificates from one state to the next.

Idaho and U.S. SIDS/SUID Resident Deaths (< age 1 year) and Rates per 100,000 Births, 2001-2011

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Number Idaho Resident SIDS/SUID deaths	**16**	**13**	**19**	**19**	**12**	**24**	**23**	**21**	**16**	**21**	**16**
Idaho Resident SIDS death rate	77.3	62.0	87.2	84.3	52.0	99.2	91.9	83.5	67.4	90.5	71.7
U.S. Resident SIDS death rate	55.5	57.1	52.9	54.6	53.9	54.5	56.8	55.4	53.9	51.6	n/a

Idaho and U.S. Ill-Defined Infant Resident Deaths (< age 1 year) and Rates per 100,000 Births, 2001-2011

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Number Idaho Resident Ill-defined infant deaths	**3**	**3**	**8**	**3**	**6**	**6**	**--**	**1**	**2**	**1**	**4**
Idaho Resident Ill-defined death rate	14.5	14.3	36.7	13.3	26.0	24.8	--	4.0	8.4	4.3	17.9
U.S. Resident Ill-defined* death rate	29.4	27.0	26.7	25.4	31.2	24.9	25.3	26.3	27.2	23.0	n/a



*All other ill-defined and unknown causes of mortality: ICD-10 codes: R96-R99.
SIDS deaths are shown mutually exclusive in the tables and graph: ICD-10 code R95.

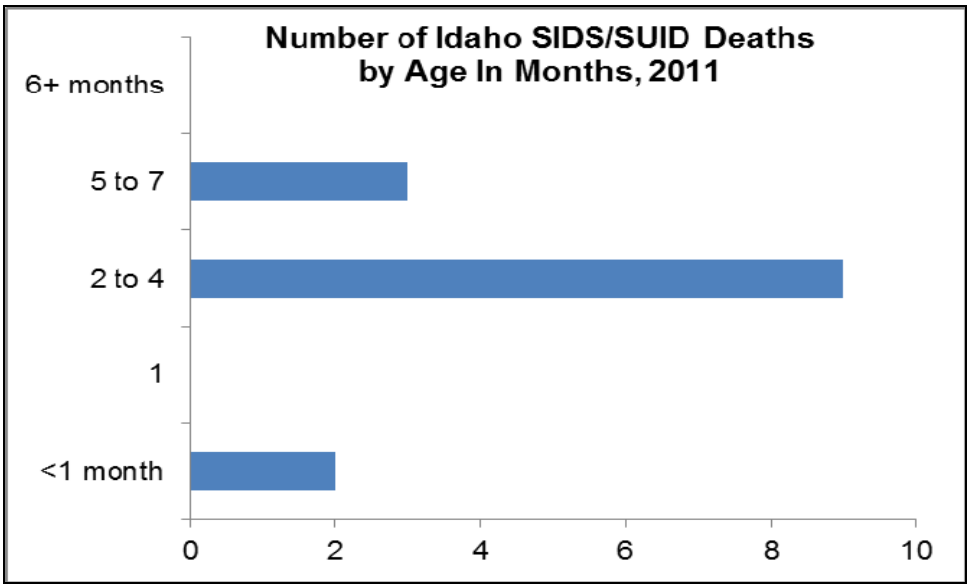
Source: *Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare*

Rates based on 20 or fewer deaths may be unstable. Use with caution.

Idaho CDR Team Findings: SIDS/SUID

Although SIDS is a diagnosis of exclusion rather than a scientific cause of death, it was the most frequently cited "immediate cause" of death to infants (12 or fewer months of age) on 2011 Idaho death certificates. Of the 16 SIDS deaths to Idaho residents in 2011, 14 occurred within the state and were reviewed by the CDR team.

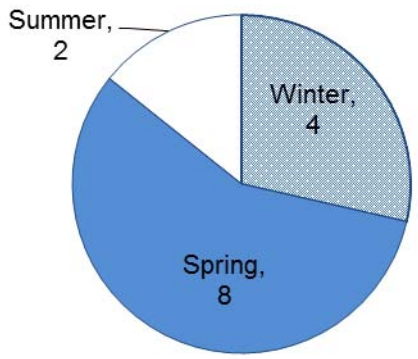
According to the American Academy of Pediatrics (AAP), most SIDS/SUID deaths in the U.S. occur when a baby is between two and four months old, and during the winter months. Of the 14 SIDS/SUID deaths in Idaho in 2011, 9 occurred between 2 and 4 months of age. Although a death of a child under 1 month of age is not consistent with the definition of SIDS, there were 2 deaths to infants under one month of age in Idaho which cited SIDS as a cause of death.



[Based to 14 SIDS/SUID deaths]

In Idaho, most of the 2011 SIDS/SUID deaths occurred in the spring and about one-third occurred in the winter. Only two of these SIDS/SUID deaths were during the summer months and none were recorded in the fall.

Number Idaho SIDS/SUID Deaths by Season, 2011



[Based to 14 SIDS/SUID deaths]

National studies have found that SIDS rates are two to three time higher among African Americans and American Indians than among whites (National Center for Child Death Review). While the small number of observations makes it difficult to draw state level conclusions, disparities by race and ethnicity were considered by the team. The following figures are shown for comparison and future study.

Number of Idaho SIDS/SUID Deaths by Race and Ethnicity, 2011

White	12
Black	1
American Indian	1
Hispanic (any race)	2
Non-Hispanic (any race)	10

[Based to 14 SIDS/SUID deaths]

Systems Issues

As SIDS and SUID is a diagnosis of exclusion to be made only if all other causes have been ruled out, a comprehensive investigation is essential. This includes an autopsy, scene investigation and health history. The CDR team found inconsistencies between agencies and counties in applying national guidelines in both investigations and coding of SIDS/SUID deaths.

Autopsies

All 14 of the SIDS/SUID deaths in 2011 were autopsied. However, in 4 of those cases, the autopsy was either not provided to the CDR team or was deemed to be incomplete.

Scene Investigation

The Centers Disease Control and Prevention (CDC) designed the Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF) as a tool for investigative agencies to better understand the circumstances and factors contributing to unexplained infant deaths. The SUIDIRF was developed to establish a standard death scene investigation protocol for the investigation of all sudden, unexplained infant deaths. The team was able to confirm that the SUIDIRF form (or equivalent) was used by law enforcement or coroner investigations for only 1 of the 14 SIDS/SUID cases. It should be noted that the form was also used in two infant or toddler sleep related deaths categorized as undetermined.

Death Certificate Coding

Idaho Department of Health and Welfare's Bureau of Vital Records and Health Statistics provides guidelines for completing and certifying death certificates. Both *cause* and *manner* of death are documented on the death certificate by a coroner or physician following these

established guidelines. According to the Idaho guidelines, cause of death is "a simple description of the sequence or process leading to death." Manner of death provides a broader classification for each death and should agree with the cause noted on the death certificate.

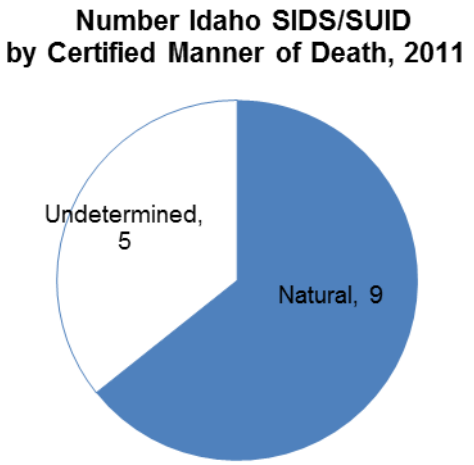
According to Vital Records guidelines, manner of death is important for:

1. determining accurate causes of death
2. processing insurance claims
3. statistical studies of injuries and deaths

On the Idaho death certificate there are six options for coding manner of death:

- Natural
- Accident
- Suicide
- Homicide
- Pending investigation (to be used while the death is under investigation)
- Could not be determined

The CDR team found that the manner coded on death certificates were often inconsistent with the cause for SIDS/SUID deaths. Idaho guidelines state that, "Deaths known to be not due to external causes should be checked as "Natural." Of the SIDS/SUID cases, 9 were coded as "Natural." The remaining 5 displayed a manner of "Undetermined." The interpretation of this classification appears to vary by agency, county and certifier.



Risk Factors

In 1992, after studies showed that SIDS rates were lower in societies in which infants were place for sleep on their backs, the AAP recommended that all healthy U.S. infants be placed to sleep in a non-prone position. The incidence of SIDS sharply decreased over that decade. However, the SIDS/SUID rate has plateaued in more recent years. In the 2000s, other causes of infant death that occur in the sleeping environment increased-- including suffocation, asphyxia, entrapment, and ill-defined causes. To address this, the AAP expanded its recommendations in 2011 for reducing the risk of sudden unexplained infant death (www.pediatrics.org/cgi/doi/10.1542/peds.2011-2220). The new recommendations were developed to reduce the risk of infant death from SIDS as well as death from known sleep-related causes. The recommendations described in this policy statement include supine positioning, use of a firm sleep surface, breastfeeding, room-sharing *without* bed-sharing/co-sleeping, routine immunizations, consideration of using a pacifier, and avoidance of soft bedding, overheating, and exposure to tobacco smoke, alcohol, and illicit drugs.

With consideration to the national findings, the CDR team observed the following known risk factors among 2011 Idaho SIDS/SUID infant deaths (ranked by frequency with number of instances in parenthesis):

1. Not breast fed (9)
2. Maternal smoking during pregnancy (6)
3. Obesity of parent or supervisor (4)
4. (Tie):
   Co-sleeping (3)
   Improper bedding/sleeping surface (3)
   Prematurity/low birth weight (3)
   Non-parent significant other as caretaker (3)
   Drug or alcohol use of supervisor (3)
   Prematurity or low birth weight (3)
5. (Tie):
   Infant sleeping on stomach (2)
   Second hand smoke exposure (2)
   Inadequate supervision at time of death (2)

[Based to 14 SIDS/SUID deaths]

Ill-Defined, Sleep-Related Deaths

In addition to these 14 SIDS/SUID deaths, the CDR team reviewed 5 infant or toddler deaths with a manner of "undetermined" and another 6 with a manner of "accident"--all of which occurred in the sleeping environment. Of these 11 additional deaths, 4 of the deceased children were between 1 and 2 years of age so did not fit the definition of SIDS. However, several similar risk factors were repeatedly observed in these cases including improper sleeping surface, low birth weight, second hand smoke exposure, co-sleeping and obesity of a parent.

Recommended Actions for Understanding and Preventing SIDS/SUID Deaths

Consistency in evaluation and coding

The team noted glaring inconsistencies in evaluating and reporting unexplained infant deaths across Idaho agencies. This was particularly a factor in coding cause and manner of death on death certificates. Inconsistent investigation and documentation of these cases makes it difficult to identify commonalties and risk factors which may lead to the prevention of similar deaths in the future.

To improve reporting consistency, additional training and collaboration between agencies is needed. There are three main components to this issue:

1. Improved evaluations of the circumstances of death by from law enforcement and coroners through thorough and consistent use of tools like the CDC's Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF), scene reenactments, and complete autopsies.

2. More communication and training provided to coroners related to defining and coding cause and manner of death on death certificates.

3. Improved training and collaboration for Vital Records personnel and coroners/certifiers so that National Association for Public Health Statistics and Information System (NAPHSIS) guidelines are consistently interpreted and applied.

Promote New Recommendations from AAP

In an attempt to reduce the risk of *all* sleeping related deaths, The American Academy of Pediatrics has expanded its recommendation from being only SIDS-focused to focusing on a safe sleep environment. (Full text at: www.pediatrics.org/cgi/doi/10.1542/peds.2011-2220).

In addition to continued support of safe sleep campaigns like "Back to Sleep," the team recommends that the health care community adopt the AAP's revised policy statement. The CDR team urges health care professionals and parents to become educated about known risk factors in the sleeping environment including those repeatedly observed in Idaho SIDS/SUID reviews:

- Infant stomach sleeping
- Soft infant sleep surfaces and loose bedding
- Bed-sharing and co-sleeping
- Tobacco smoke exposure
- Prenatal smoking
- Alcohol and illicit drug use in the home

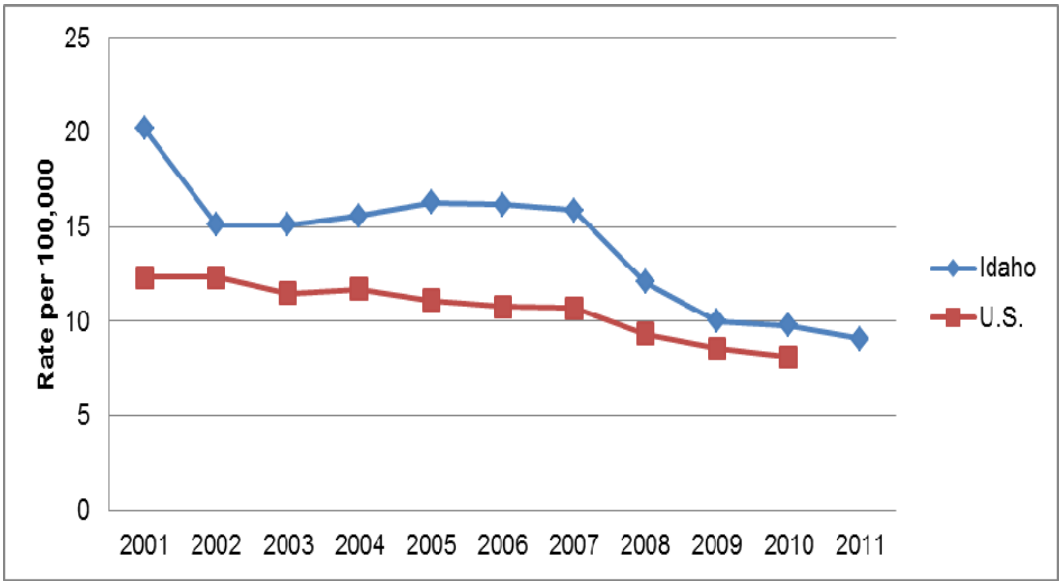
Further, the apparent protective effects of breastfeeding, routine immunizations, room sharing, (*without* co-sleeping) and pacifier use should be emphasized to the medical community and parents.

UNINTENTIONAL INJURIES

Unintentional injuries (accidents) are those that were not planned or inflicted by another person. Nationally, the leading causes of fatal accidents are motor vehicle collisions, fires, drowning, falls, and poisoning.

Idaho and U.S. Accident Deaths (Age <18)
and Rates Per 100,000, 2001-2011

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total number Idaho Resident accident deaths	**75**	**56**	**56**	**58**	**61**	**64**	**65**	**50**	**42**	**42**	**39**
Idaho Resident accident death rate	20.2	15.1	15.1	15.6	16.3	16.2	15.9	12.1	10.0	9.8	9.1
U.S. Resident accident death rate	12.4	12.3	11.5	11.7	11.1	10.8	10.7	9.4	8.6	8.1	n/a

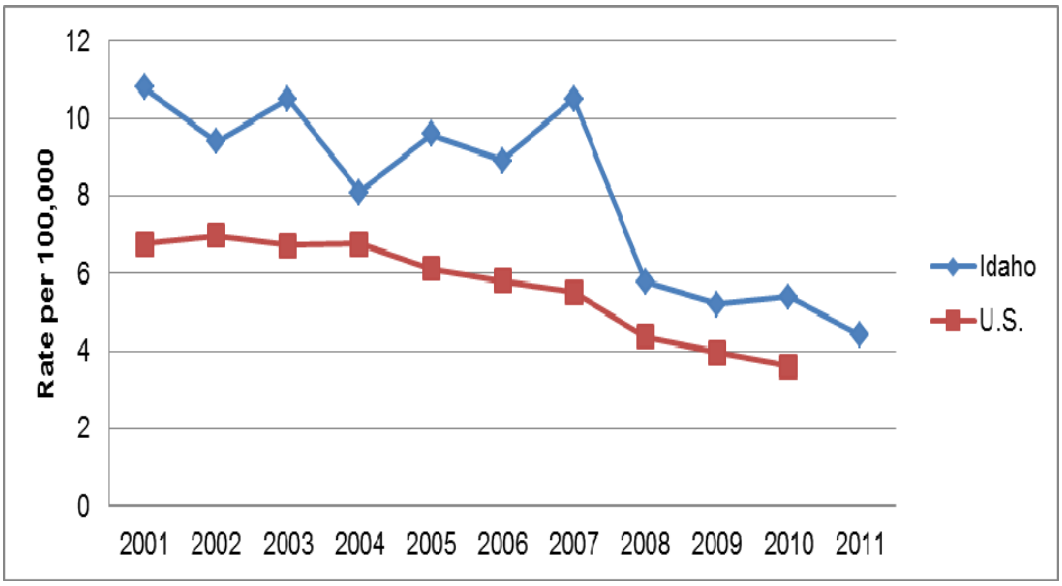


Source: *Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare*

The number of child motor vehicle fatalities declined sharply in 2008 in Idaho and the U.S. and has continued to steadily decrease. The Idaho Department of Transportation cites the economic recession, higher gas prices (both resulting in fewer cars on roads) as well as new funding for safe driving programs as possible reasons for this decline. The motor vehicle death rate in Idaho is higher than for the U.S. overall.

Idaho and U.S. Motor Vehicle Accident Deaths (Age <18) and Rates per 100,0000, 2001-2011

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total number Idaho Resident accident deaths	**40**	**35**	**39**	**30**	**36**	**35**	**43**	**24**	**22**	**23**	**19**
Idaho Resident accident death rate	10.8	9.4	10.5	8.1	9.6	8.9	10.5	5.8	5.2	5.4	4.4
U.S. Resident accident death rate	6.8	7.0	6.7	6.8	6.1	5.8	5.5	4.4	4.0	3.6	n/a

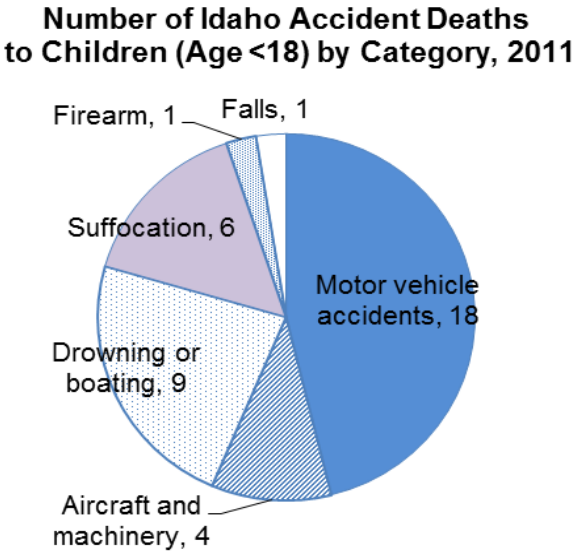


Source: *Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare*

Rates based on 20 or fewer deaths may be unstable. Use with caution.

Idaho CDR Team Findings: Accidents

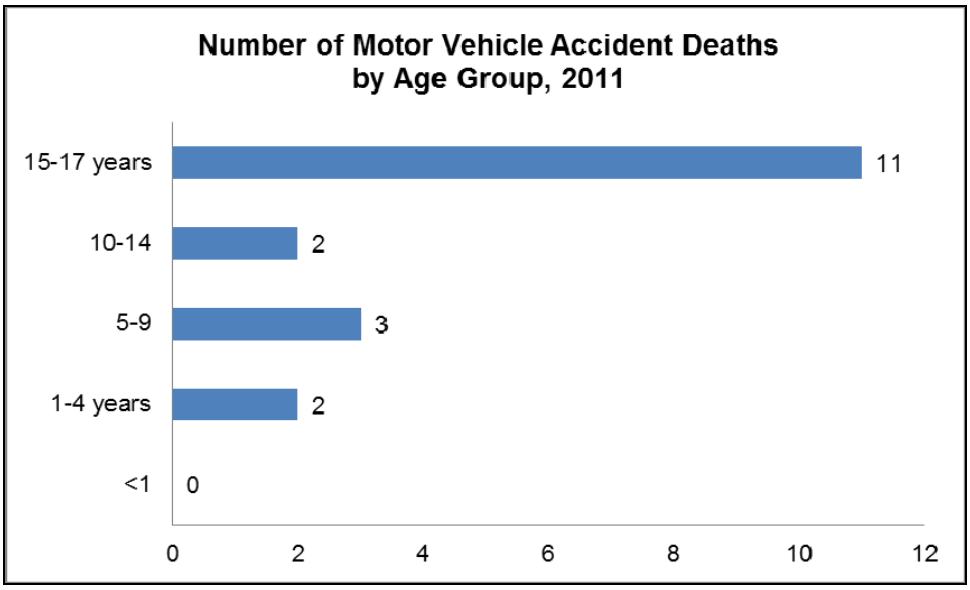
There were 39 accident deaths to children occurring in-state in 2011. Nearly one-half of those deaths were due to motor vehicle accidents. Drowning and boating accidents accounted for another 9 of these deaths. The 6 accidental suffocation deaths were all to infants (under 12 months of age) and were discussed in this report's section on SIDS/SUID.

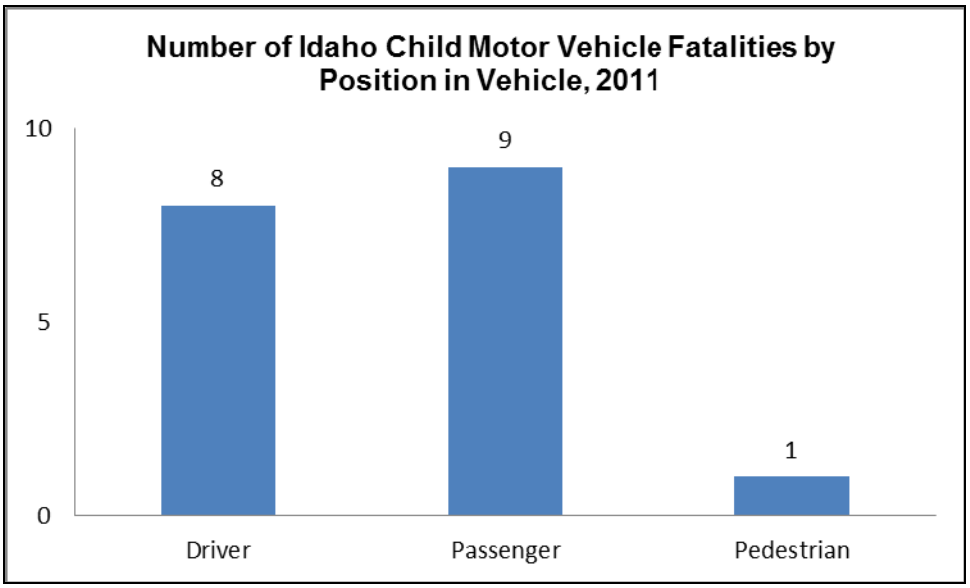


[Based to 39 accident deaths]

MOTOR VEHICLE ACCIDENTS

The CDR team reviewed the18 motor vehicle deaths which occurred in Idaho in 2011. Nearly two-thirds of these victims (11 of 18) were teens between the ages of 15 to 17. For this particular year, there were more motor vehicle accident deaths to females than to males (11 females and 7 males). The group was almost equally split between being drivers (8) and passengers (9) of the involved vehicles. One of these motor vehicle accidents involved a pedestrian.





[Based to 18 motor vehicle fatalities]

Seat Belt and Safety Restraint Usage

Idaho Statute 49-673 mandates that seat belts are worn by all occupants whenever a vehicle is in motion, except under certain specific conditions. When used properly, National Highway Traffic Safety Administration (NHTSA) estimates that seat belts (lap/shoulder belts) reduce the risk of fatal injury to front seat passenger car occupants by 45 percent. Further, NHTSA estimates that the combination of an airbag plus a lap/shoulder belt reduces the risk of serious head injury among drivers by 85 percent.

As of 2005, Idaho's Child Passenger Safety Law requires that all children 6 years of age or younger be properly restrained in an appropriate child safety restraint. An appropriate child restraint is a child safety seat for children up to 40 lbs and a belt-positioning booster seat for children 6 years or younger.

Of the 2011 motor vehicle deaths reviewed, 8 of the young victims were not wearing a seat belt and one child under 5 years of age was unrestrained (no safety seat *or* seat belt used). In 6 of these cases, airbags were either not installed or did not deploy in the accident.

Safety Restraint Not Properly Used

Seat belts not used	Air bags (not present/ not deployed)	Child safety seats/booster seats not properly used
8	6	1

[Based to 18 motor vehicle fatalities]

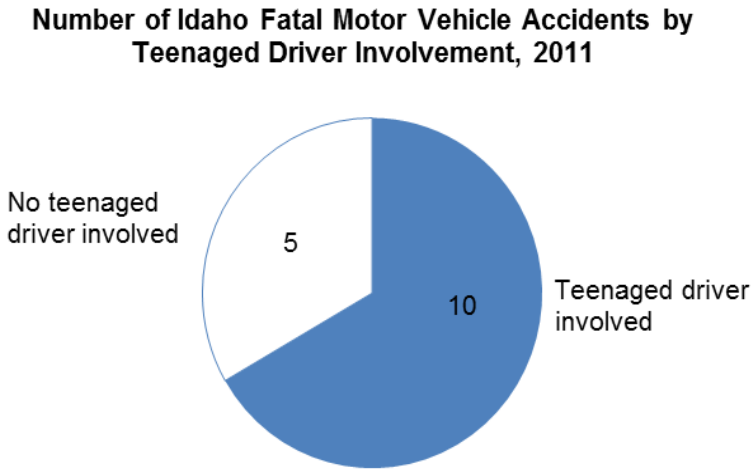
Because 2 of these accidents resulted in multiple fatalities, there were 15 separate motor vehicle accidents accounting for the 2011 child deaths. The following findings are based on the number of separate accidents rather than the number of fatalities.

Vehicle Type and Teenaged Drivers

The team found that cars were the most common vehicle type involved in these accidents, followed closely by pick-ups. A full two-thirds of these accidents involved teenaged drivers (under age 18).

Vehicle type of 2011 Idaho Accidents (child as occupant)

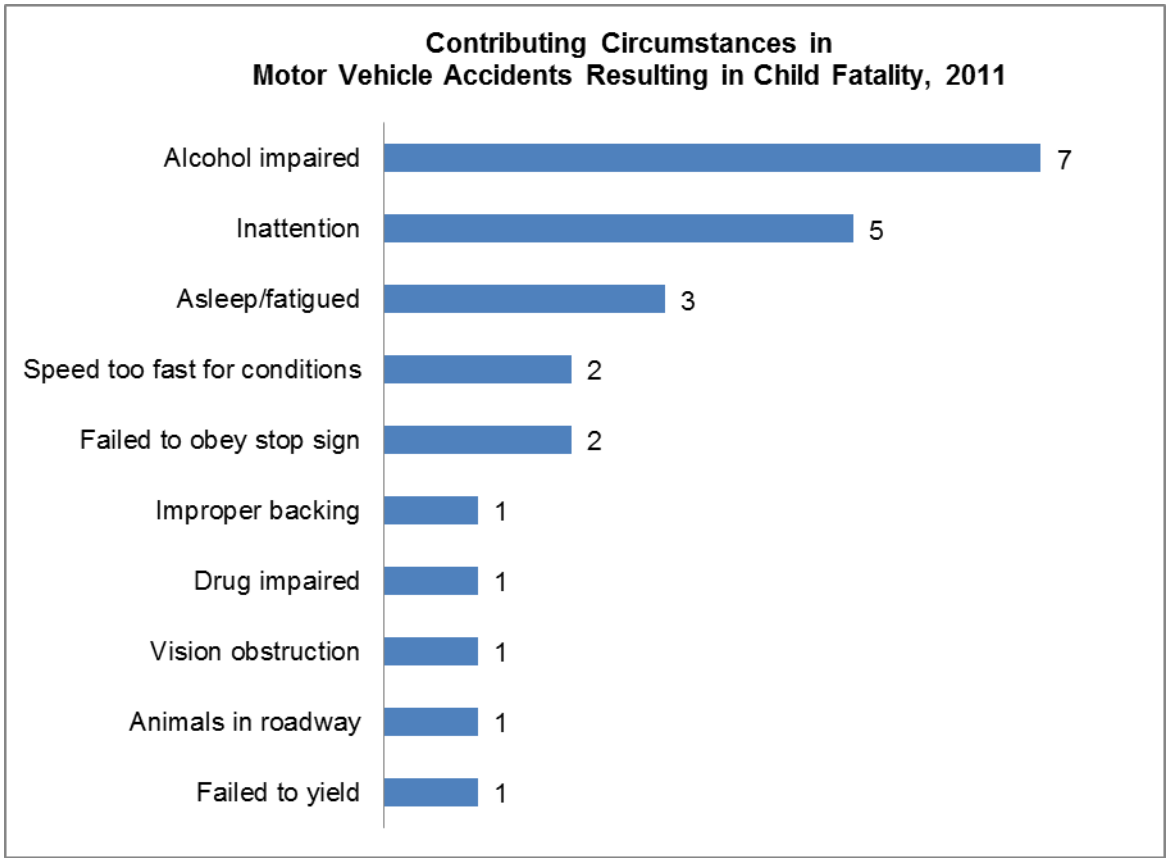
Car	Pick-up	Pedestrian (child struck by SUV)
8	6	1



[Based to 15 motor vehicle accidents]

Contributing circumstances

For each vehicle involved in a traffic collision, the investigating officer may indicate up to 3 circumstances that resulted in the accident. These are summarized in Idaho Transportation Department (ITD) crash reports. More than one-half of the 2011 motor vehicle accidents involved a driver who was alcohol and/or drug impaired. The 1 accident caused by a drug impaired driver was the result of prescription drug use. Inattention and fatigue were also repeatedly cited as contributing circumstances.



[Based to 15 motor vehicle accidents]

Systems Issues

The CDR team found that detail on toxicology testing was not consistently included in all law enforcement or coroner reports. In 3 of the cases, drug testing was either not conducted or the results were not provided for reviews. The team was made aware of an Idaho State Police Forensic Services policy that prohibits additional toxicology testing when a blood alcohol content (BAC) result of 0.10/100 cc is found in either blood or urine. While this policy was apparently made in light of resource issues, lack of complete toxicology testing is of concern to the team as it may result in under-reporting the number of drug impaired drivers thereby masking the dangers of prescription and illicit drug impairment.

Also of concern is the lack of detail in coroner reports on the source of blood draw in post-mortem blood alcohol content (BAC) testing. The CDR team's coroners and forensic pathologists emphasize that vitreous humor or femoral blood should be used for BAC testing whenever possible as other techniques may lead to a false result. This recommendation is well documented in medical literature (Kugelberg, Jones, Forensic Science International 2007, www.ncbi.nlm.nih.gov/pubmed/16782292)

Risk Factors

While the contributing circumstances obtained from IDT crash reports provide important insight to the major causes of motor vehicle accidents, Idaho's CDR team also captured observed risk factors in these types of child fatalities. This additional step provides information which may be used to increase the safety of children as opposed to strictly identifying causes of accidents. Some of the risk factors identified by the team (such as teen passengers or not using seat belts) may not directly *cause* accidents but may increase the likelihood or severity of an accident.

Notably, the team observed that a confluence of factors was present in many of the accidents. For example, 3 of the 15 accidents involved an impaired teen driver, with teen passengers, occurring after midnight.

The Idaho CDR team found the following top risk factors in the 2011 motor vehicle accidents to children (ranked by frequency with number of instances in parenthesis):

Tie:

1. Alcohol impairment (7)
   No seat belts (7)

2. Teen passengers (6)

Tie:

3. No air bags/not deployed (5)
   Teen driving between midnight and 4 a.m. (5)
   Inattentive driving (5)
   Speed too fast for conditions (5)

4. Illicit drug use—with or without documented impairment (4)

[Based to 15 motor vehicle accidents]

The team also considered whether or not accidents were more likely to occur during certain times of year. In 2011, 8 of the 15 accidents occurred during the summer months while another 3 noted winter driving conditions. As the small number of observations makes it difficult to draw conclusions from a single year, the team will continue to monitor this issue in the future.

Idaho's CDR Team findings related to motor vehicle deaths were supported by national research.

- The National Safety Council (NSC) reports that car crashes are the leading cause of death for teens in the U.S.

- According to the Centers for Disease Control and Prevention (CDC), alcohol-impaired drivers are involved in about 1 in 3 crash deaths nationally.

- The NSC estimates the risk of teen crashing at three times that of drivers over the age of 20. This is attributed mostly to their lack of driving experience.

- The NSC also cites research that shows that having teen passengers in the car doubles the risk of a fatal crash.

- Most fatal car accidents to teens occur between 9 p.m. and midnight.

- In these national studies, more than one-half of teens who died in a car accident were not wearing a seatbelt.

Recommended Actions for Preventing Motor Vehicle Accident Deaths

Impaired Driving

The team is concerned about the high number of fatalities that continue to be caused by alcohol and drug impaired driving. The State of Idaho has an alcohol impaired driving law that prohibits operating a vehicle with a blood alcohol concentration (BAC) of .08 percent or above. For drivers under the age of 21 the BAC limit is .02 and violations may result in one year suspension of driving privileges.

The team recommends strict enforcement of impaired driving laws and supports ongoing public education as a way of reminding drivers of the potential consequences. This should include building awareness of the ability of many prescription drugs to cause impairment.

Based on large scale, national assessments, the CDC deems the following measures as effective for reducing deaths and injuries from impaired driving:

- Actively enforcing existing 0.08% BAC laws, minimum legal drinking age laws, and zero tolerance laws for drivers younger than 21 years old in all states

- Promptly taking away the driver's licenses of people who drive while intoxicated

- Increased use of sobriety checkpoints

- Putting health promotion efforts into practice that influence economic, organizational, policy, and school/community action

- Using community-based approaches to alcohol control and DUI prevention

- Requiring mandatory substance abuse assessment and treatment, if needed, for DUI offenders

- Raising the unit price of alcohol by increasing taxes

Toxicology Testing

To prevent underreporting of impaired driving, the team recommends that coroner training routinely incorporates proper techniques for post-mortem toxicology testing as established in medical literature. So that the prevalence of prescription and illicit drug impairment is fully understood, the team would like the Idaho State Police to reconsider the policy of refusing additional toxicology testing when the ethanol concentration is 0.10g/100cc or greater. With the passage of laws in neighboring states legalizing marijuana use, it is not unrealistic to expect future risks involving impaired driving. It is important that Idaho State Police and other public safety agencies develop policies and protocols to address such a potential.

Safety Restraints

The Idaho Transportation Department (ITD) reports that Idaho's observed safety restraint use rate was 79 percent in 2011. However, only 43 percent of the motor vehicle occupants killed in crashes were wearing seat belts. If everyone had been wearing seat belts, 37 of the 73 unbelted motor vehicle occupants may have been saved (Idaho Traffic Crashes, 2012, ITD).

Because of the high number of vehicle fatalities that may have been prevented by using a seat belt or a properly installed child safety seat, the team supports recent changes in Idaho seat belt and child safety seat laws. However, current laws may not go far enough to protect Idahoans, particularly children, from fatal crashes.

Idaho statute requires everyone in a vehicle to wear a safety restraint and allows law enforcement officers to issue a citation solely for a safety restraint violation. While this is stricter language than in past Idaho laws (which required seat belts only in the front seat), the penalties ($10 citation for adults plus an additional $10 fine for any unrestrained passenger under age 18) may not be a significant deterrent.

Since 2005, Idaho's Child Passenger Safety Law requires that all children 6 years of age or younger be properly restrained in an appropriate child safety restraint with a $79 fine for violators. Child safety seat guidelines promoted by the National Transportation Safety Board (NTSB) go further and base recommendations on height and weight, rather than age alone.

The NTSB recommends that children be placed in booster seats until they are 4 feet, 9 inches tall or age 8 (www.ntsb.gov/doclib/safetyalerts/SA_002.pdf).

The team supports continued public education campaigns like "Click It, Don't Risk It!" (itd.idaho.gov/ohs/ClickIt/ClickIt2.htm) as well as child safety seat installation check points offered by the Office of Highway Safety and local public health departments.

The team recommends that Idaho safety restraint laws be expanded to incorporate recent NTSB findings. The team suggests that stricter enforcement of seat belt and harsher penalties for violators be considered. The team supports continued public education campaigns reminding the public of the importance of seat belt and proper safety seat installation

Teen Driving

Teen drivers were involved in the majority of Idaho's motor vehicle fatalities to children under 18. Many of these accidents involved late night driving, alcohol and/or drug impairment, and driving with teenaged passengers.

The team recommends public education campaigns aimed at Idaho teen drivers and their parents, which focus on reducing these risky behaviors, The National Safety Council (NSC) (www.nsc.org/safety_road/TeenDriving) has publically available educational materials and publishes recent research on the hazards of teen driving. Parents and the community are ultimately responsible for promoting safe behaviors in teen drivers.

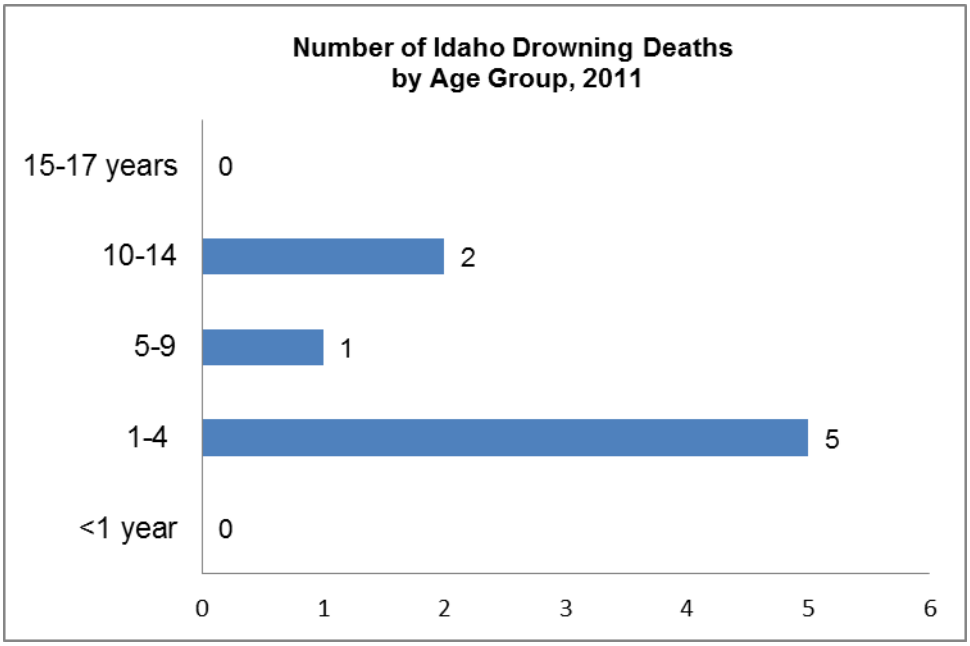
Idaho employs graduated drivers licensing requirements for drivers under the age of 17 (http://www.itd.idaho.gov/dmv/DriverServices/young_drivers.htm). Teen drivers who violate the restrictions of their graduated license or any traffic laws may have their driving privileges suspended. The team supports strict enforcement of these requirements and supports added restrictions for teen drivers, especially those that include "zero tolerance" for alcohol/drug usage (while driving or otherwise), unrestrained vehicle occupants, and a well enforced curfew system to restrict night driving.

Lack of driving experience in teens is cited by the NSC as key reason for their higher incidence of motor vehicle accidents. The team supports additional resources dedicated to drivers' training courses. It recommends that drivers' training programs in public high school routinely update the curriculum to incorporate the latest NSC research and recommendations

DROWNING

According to the CDC, drowning is the second-leading cause (behind motor vehicle crashes) of unintentional injury death to children aged 1 to 14 years in the U.S. The team reviewed 8 drowning deaths that occurred in Idaho in 2011. Of those, 5 occurred to children under the age of 5 years old. The other 3 were to children between the ages of 5 and 14 years. There were no drowning deaths to infants or to older teens in 2011.

All except 1 of these drowning incidents occurred in open water. One-half (4 of 8) of the drowning deaths occurred in a river or creek. Two of the children drowned in a lake and 1 in drowned in a canal. The single bathtub drowning was to an alcohol impaired teen. One of these drowning deaths occurred following a boating accident.



Number of drowning deaths by location

Body of water	#
River/creek	4
Lake/pond	2
Canal	1
Bathtub	1

[Based to 8 drowning deaths]

Risk Factors

Each of the 2011 drowning deaths was the result of a unique set of circumstances. The only risk factor that was repeatedly observed by the team was inadequate supervision. This was a factor in one-half the eight cases, all occurring to children under five years of age.

1. Inadequate supervision (4)

Also observed:

2. Improper floatation device (1)
   No floatation device (1)
   Alcohol use (1)
   Boat operator error/inexperience (1)

[Based to 8 drowning deaths]

Recommended Actions for Preventing Drowning Deaths

According to the CDC (www.cdc.gov/HomeandRecreationalSafety/Water-Safety/waterinjuries-factsheet.html), the main factors that affect drowning risk include lack of swimming ability, lack of barriers to prevent unsupervised water access, lack of close supervision while swimming, failure to wear life jackets and alcohol use.

Idaho's CDR team recommends that public education campaigns emphasize the importance of supervising young children when or around water. Because drowning occurs quickly and quietly, adults should not be involved in any other distracting activity and should be within arm's reach while supervising children, even if lifeguards are present. Water safety messaging should also stress the importance of wearing personal floatation devices.

The National Center for Injury Prevention and Control reports that when adequate supervision is combined with approved personal floatation devices, drowning occurrences are rare.
More prevention tips can be found at the National Center for Injury Prevention and Control's website: http://www.cdc.gov/injury

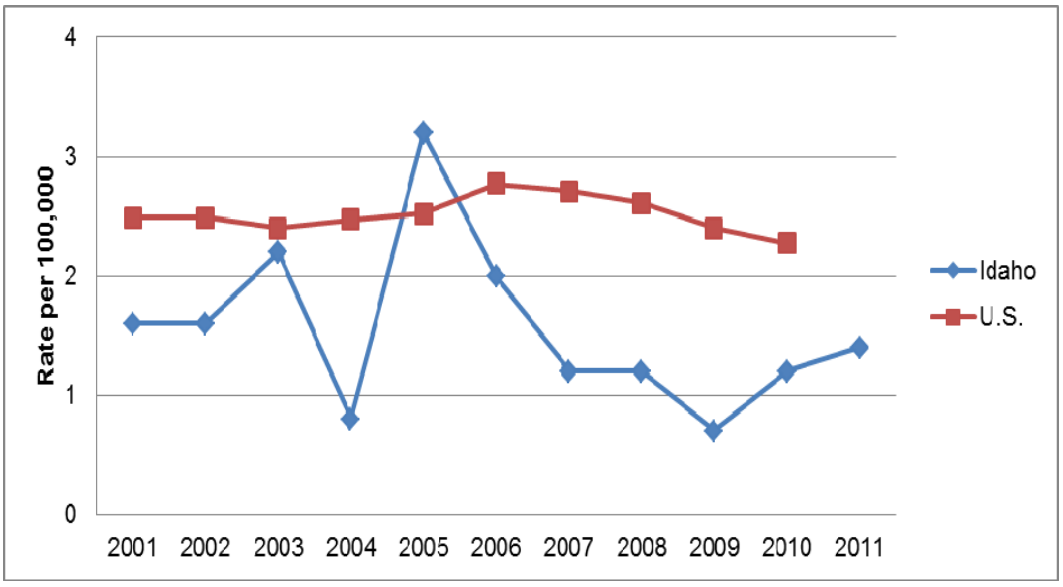
INTENTIONAL INJURIES

HOMICIDES (ASSAULTS)

There were 6 fatal assaults to Idaho children in 2011. The rate of homicide in Idaho is lower than for the United States, overall.

Idaho and U.S. Resident Homicide (Assault) Deaths (Age <18) and Rates per 100,000, 2001-2011

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Number Idaho Resident homicides	**6**	**6**	**8**	**3**	**12**	**8**	**5**	**5**	**3**	**5**	**6**
Idaho Resident homicide death rate	1.6	1.6	2.2	0.8	3.2	2.0	1.2	1.2	0.7	1.2	1.4
U.S. Resident homicide death rate	2.5	2.5	2.4	2.5	2.5	2.8	2.7	2.6	2.4	2.3	n/a

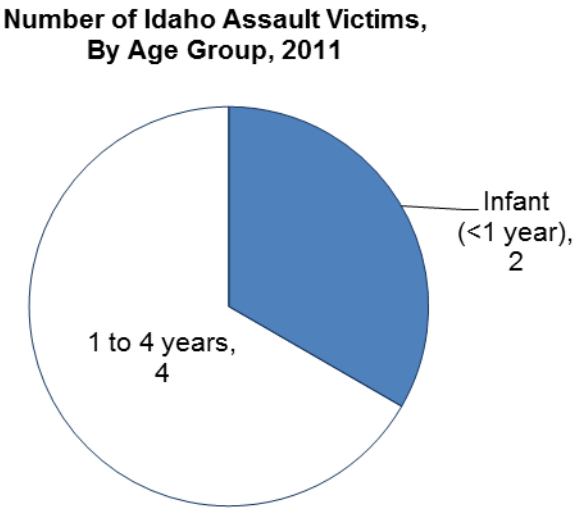


Source: *Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare*

Rates based on 20 or fewer deaths may be unstable. Use with caution.

Idaho CDR Team Findings: Homicides (Assault)

The team reviewed 6 deaths occurring in Idaho that were the result of an assault. All of these were inflicted to children under the age of 5 years.



[Based to 6 homicide deaths]

Of the 6 homicide deaths reviewed, one-half (3) died by abusive head trauma and the other one-half (3) died by firearm shootings.

Risk Factors

The National Center for Child Death Review has found that assault deaths most often occur to children of low-income, younger parents (under age 30) with emotional or health problems. Often these factors are interrelated. On a national basis, children under age 5 account for the majority of assault deaths. This research has also shown that fathers and mothers' male partners are the most common perpetrator of abuse injuries.

The Idaho CDR team noted the following top risk factors in the 2011 assault deaths to children (ranked by frequency with number of instances in parenthesis):

1. Domestic violence history in home (4)

2. (Tie:)
   Young parents (3)
   Biologically unrelated male caregiver (3)
   Homicide or suicide threats by caregivers (3)

3. Mental health issues of caregiver (2)

[Based to 6 homicide/assault deaths]

Recommended Actions for Preventing Homicide Deaths

The CDR team calls for improved coordination between agencies in sharing information to identify at-risk families and prevent other tragic deaths in the future. The fact that children who die from physical abuse have often been physically abused over time (National Center for Child Death Review) provides opportunities for early intervention. Idaho Department of Health and Welfare case workers, medical professionals and law enforcement officers should employ coordinated efforts to identify high risk families and act swiftly to resolve safety issues.

The National Center for Injury Prevention and Control describes numerous programs that have been proven to be effective at the local level at reducing child maltreatment. The programs focus on preventing abuse through parent education (beginning in the prenatal period), stronger agency coordination, improved screening, and home visitation programs (http://www.cdc.gov/violenceprevention/childmaltreatment/prevention.html).

Educators, child protective service professionals, and law enforcement and medical personnel require specific training to identify abusive injuries and report occurrences to the appropriate agencies. Prevent Child Abuse America (*www.preventchildabuse.org*) offers educational materials for parents and professionals. They highlight the following as signs of physical abuse in children:

Consider the possibility of physical abuse when the child:

- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home*
- Shrinks at the approach of adults*
- Reports injury by a parent or another adult caregiver.

**When not age and/or developmentally appropriate as determined by medical professionals.*

Consider the possibility of physical abuse when the parent or other adult caregiver:

- Offers conflicting, unconvincing, or no explanation for the child's injury
- Describes the child as "evil," or in some other very negative way
- Uses harsh physical discipline with the child
- Has a history of abuse as a child

Abusive Head Trauma

Nationally, most child abuse deaths are the result of injuries due to violent shaking, slamming, or striking (National Center for Child Death Review). However, the lack of consistent information about the number of children affected by abusive head trauma limits the ability of the public health community to respond to the problem. Many of these deaths may be misclassified with other or unknown causes and thus go unaddressed. The Idaho medical community and coroners should be made aware of the CDC's recently published guidance focused on improving the quality and consistency of data on abusive head trauma (www.cdc.gov/violenceprevention/pdf/pedheadtrauma-a.pdf)

Caregivers who abuse children cite common triggers such as crying, bedwetting, and fussy eating. The CDR team recommends education programs for parents (targeted particularly to first-time and younger parents) to help counter unrealistic expectations of child behavior and provide anger management techniques which prevent "lashing out." Media campaigns that emphasize the dangers of violently shaking infants and toddlers may also help reduce these incidents.

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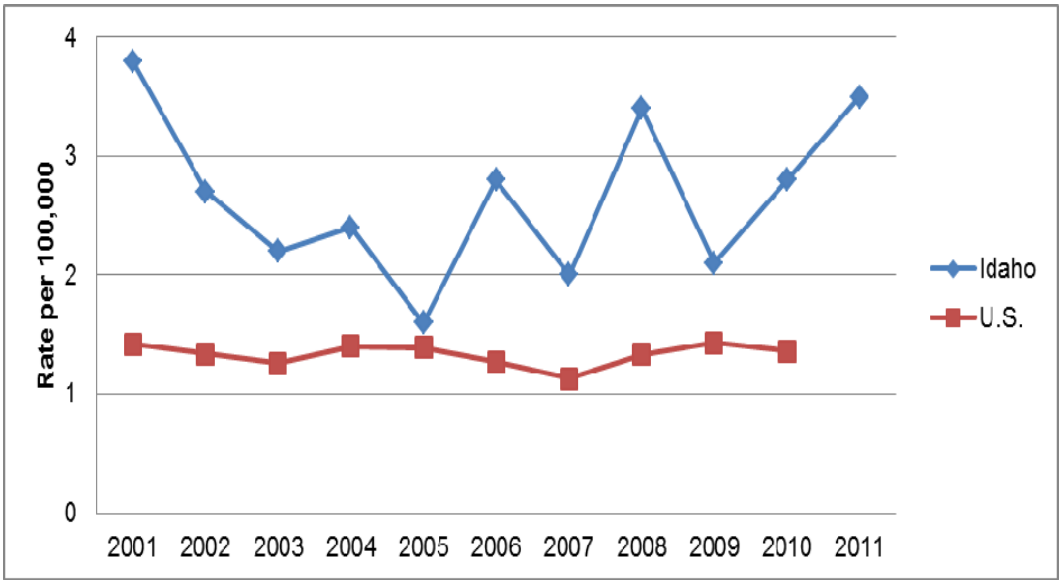
SUICIDES (INTENTIONAL SELF HARM)

Suicide is the second highest cause of death to Idaho children over the age of 1 year. Teens between 15 and 17 have the highest incidence of suicide. Idaho's suicide rate between 2001 and 2011 was higher than for the United States, overall.

Idaho and U.S. Resident Suicide Deaths (Age <18)
and Rates per 100,000, 2001-2011

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Number Idaho Resident suicides	**14**	**10**	**8**	**9**	**6**	**11**	**8**	**14**	**9**	**12**	**15**
Idaho Resident suicide death rate	3.8	2.7	2.2	2.4	1.6	2.8	2.0	3.4	2.1	2.8	3.5
U.S. Resident suicide death rate	1.4	1.3	1.3	1.4	1.4	1.3	1.1	1.3	1.4	1.4	n/a

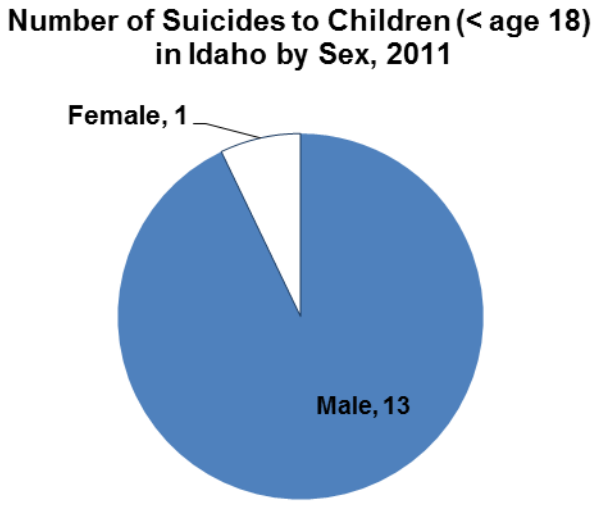


Source: *Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare*
Rates based on 20 or fewer deaths may be unstable. Use with caution.

Idaho CDR Team Findings: Suicides

The National Center for Child Death Review reports that adolescent males are four times more likely to complete suicides than females. They conclude that males complete suicide more often because they most often use firearms.

Idaho's teen suicides mirrored the national statistics. The team reviewed 14 suicides occurring in Idaho in 2011. All of these were to teens between 15 and 17 years of age. All except one of the victims were male. Nearly two-thirds of these self-inflicted injuries were from a firearm.



Number of Suicides in Idaho by Mechanism, 2011

Injury Mechanism Used	#
Firearm	9
Hanging/strangulation	4
Poisoning or drug exposure	1

[Based to 14 suicide deaths]

Systems Issues

For the suicide deaths, the team encountered more difficulty in obtaining relevant records than for other causes of death. All except one law enforcement agency (citing privacy concerns) provided the requested reports. However, 5 of the coroner reports were either denied or were deemed by the team to be incomplete. Requests for mental health history from medical facilities were not granted. The team also made requests for academic and mental health information from schools which were almost uniformly denied.

While consideration for the families' privacy is understandable, the lack of interagency cooperation is of concern to the team as it may hamper efforts to identify at-risk children and prevent similar suicides deaths in the future. All records provided to the team are used under strict rules of confidentiality and subsequent reports do not contain information that result in identification of any child.

Risk Factors

Among major risk factors for suicide, the CDC cites previous suicide attempts, depression or other mental illness, substance abuse and access to lethal methods.
www.cdc.gov/violenceprevention/pub/youth_suicide.html

Idaho's CDR team found the following top risk factors in reviewing the 14 suicide deaths (ranked by frequency with number of instances in parenthesis):

1. Access to firearms (8)
2. Child Protective Services referral history (6)
3. Mental health concerns (5)
4. Recent legal/criminal problems (5)
5. Victim of past abuse (alleged or corroborated) (5)

Tie:

6. Prior suicide attempts or ideation (4)
   Rural location (4)
   Drug or alcohol issues (4)
   School difficulties (4)

As with other causes of death, an interaction of these risk factors was often present with suicides. For example, teens with mental health issues may be particularly vulnerable when

facing a stressful event like disciplinary action or relationship turmoil. It should also be noted that in two separate suicides cases, the victims had recently been involved in alcohol incidents at school which resulted in legal consequences.

The CDC and other public health authorities have documented occurrences of “cluster” suicides which are sometimes committed by other teens following a peer’s suicide. The CDR team will continue to consider this topic in reviewing Idaho deaths but found nothing conclusive to indicate the presence of clusters in 2011.

Recommended Actions for Preventing Suicide Deaths

The high number of suicides to teens with a history of mental illness highlights the need for additional mental health services across the state. In particular, the CDR team recommends advocating for improved access to mental health services in rural areas.

Idaho’s Suicide Prevention Hotline (1-800-273-TALK) relies on volunteers and funding from private and public sources to support Idahoans in crisis. The phone line is currently staffed on a limited basis (weekdays from 9:00 a.m. to 1:00 a.m.) and callers who reach the center after hours are directed to a national hotline. Given the high rate of teen suicides in Idaho, the CDR team believes the current hotline availability is inadequate and recommends expanding the program to accept calls 24 hours a day, 7 days a week.

The CDR team recommends education programs targeted to teens and their parents to recognize the warning signs of suicides and direct them to support resources.

Efforts should be made to increase awareness among educators and medical professionals of the higher likelihood of suicide when multiple risk factors are present (e.g. prior abuse, behavioral and academic problems, and mental health concerns).

The team is concerned about the number of suicide victims who accessed an unsecured firearm in their own home in an impulsive act. They recommend public education campaigns related to safe storage of guns and ammunition, particularly those with children or teens in the home. Families with children with a demonstrated high risk for suicide should consider removing firearms from the home entirely.

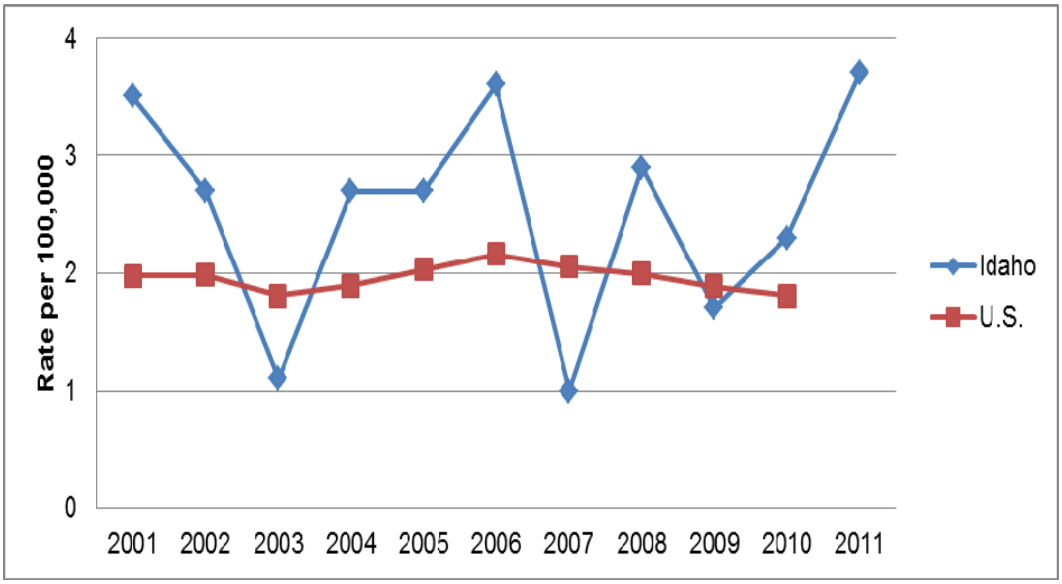
FIREARMS AS INJURY MECHANISM

***Note**: This section focuses on firearms as a mechanism of injury. Deaths resulting from firearms resulted in accidents, homicides, suicides, and those of an undetermined manner. These deaths were separately analyzed by manner and the results are summarized in the corresponding sections of this report.*

In 2011, Firearm injuries (both intentional and unintentional) resulted in the deaths of 16 Idaho children. While Idaho's firearm death rate over the past decade was slightly higher than the national rate, the small number of deaths per year makes it difficult to draw firm conclusions.

Idaho and U.S. Resident Firearm Injury Deaths (Age < 18)
and Rates per 100,0000, 2001-2011

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Number Idaho Resident firearm deaths	**13**	**10**	**4**	**10**	**10**	**14**	**4**	**12**	**7**	**10**	**16**
Idaho Resident firearm death rate	3.5	2.7	1.1	2.7	2.7	3.6	1.0	2.9	1.7	2.3	3.7
U.S. Resident firearm death rate	2.0	2.0	1.8	1.9	2.0	2.2	2.1	2.0	1.9	1.8	n/a



***Source:** Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare*
Rates based on 20 or fewer deaths may be unstable. Use with caution.

Idaho CDR Team Findings: Firearm Injury Deaths (all manners of death)

The team reviewed 15 deaths to children that resulted from firearm injuries in Idaho. The majority (9) of those shootings was self-inflicted and 3 were from homicides. Two of the firearm deaths were caused by an accident and 1 was of undetermined manner.

Number of Firearm Deaths in Idaho by Manner, 2011

Manner of death	#
Accident	2
Homicide	3
Suicide	9
Undetermined	1

[Based to 15 firearm deaths, intentional and unintentional injuries combined]

Both of the accidental firearms deaths were inflicted by children age 10 or younger. The Idaho CDR team found that all 11 of the guns and ammunition used in the 2011 suicide and accident deaths were unsecured.

Recommended Actions For Preventing Firearm Deaths:

While current information on the percentage of Idaho households with guns is not available, Safekids Worldwide (www.safekids.org/safetytips/field_risks/guns) estimates that one-third of U.S. households with children under age 18 have a gun in the home. The Idaho CDR team endorses the following Safekids recommendations:

- Guns should be stored in a locked location, unloaded, out of the reach and sight of children.
- Ammunition should be kept in a separate locked location, out of the reach and sight of children.
- Keys and combinations should be kept hidden.
- When a gun is not in its lock box, keep it in your line of sight.
- Make sure all guns are equipped with effective, child-resistant gun locks
- Teach children that guns are not toys. Young children may not understand the difference between real guns and those they see on television or in video games.

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APPENDIX

Executive Department
State of Idaho

C.L. "BUTCH" OTTER
GOVERNOR

State Capitol
Boise

EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE

EXECUTIVE ORDER NO. 2012-03

GOVERNOR'S TASK FORCE FOR CHILDREN AT RISK

WHEREAS, Idaho's children are her most valuable resource; and

WHEREAS, it is the responsibility of all Idahoans to provide a community system of support and protection for these children; and

WHEREAS, the protection of children from abuse and neglect is in the best interest of all Idahoans; and

NOW, THEREFORE, I, C.L. "Butch" Otter, Governor of the State of Idaho, by the authority vested in me by the Constitution and laws of the State of Idaho, do hereby order the continuance of the Governor's Task Force on Children at Risk (Task Force).

The Task Force is responsible for reviewing and developing programs, as well as facilitating local jurisdictions to operate programs designed to improve:

a. *The handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation;*
b. *The handling of cases of suspected child abuse or neglect related fatalities;*
c. *The investigation and prosecution of cases of child abuse and neglect, particularly child sexual abuse and exploitation; and*
d. *The handling of cases involving children with disabilities or serious health-related problems who are victims of abuse or neglect.*

Further, the Task Force shall establish and support a statewide child fatality review team (CFRT) to allow comprehensive and multidisciplinary review of deaths of children younger than 18 years-old, in order to identify what information and education may improve the health and safety of Idaho's children. The statewide CFRT established and supported by the Task Force is separate and apart from child death reviews convened by the Department of Health and Welfare in circumstances where the death of a child is suspected or confirmed to have resulted from abuse or neglect.

The Task Force shall be composed of not more than 18 members appointed by the Governor. The membership shall include, but will not be limited to, the following with consideration of geographical representation:

- *Law Enforcement Community*
- *Criminal Court Judge*
- *Civil Court Judge*
- *Prosecuting Attorney*
- *Defense Attorney*
- *Child Advocate Attorney for Children*
- *Court Appointed Special Advocate Representative (where such programs operate)*
- *Health Professional*
- *Mental Health Professional*
- *Child Protective Service Agency*
- *Individual experience in working with children with disabilities*
- *Parent Group Representative*
- *Education Representative*
- *Juvenile Justice Representative*
- *Adult former victim of child abuse or neglect*
- *Individual experienced in working with homeless children/youth*

The members of the Task Force shall serve at the pleasure of the Governor for a four-year term. Members of the Task Force shall elect their chair from among their members.

The Task Force shall submit a written report by June 1 of each year to document its achievements.

The Department of Health and Welfare shall be the fiscal agent, providing support for the Task Force, and shall monitor contracts for staff to carry out the activities directed by the Task Force, as Children's Justice Act Grant funding is available.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho at the Capitol in Boise on this 8th day of May in the year of our Lord two thousand and twelve and of the Independence of the United States of America the two hundred thirty-sixth and of the Statehood of Idaho the one hundred twenty-second.

C.L. "BUTCH" OTTER
GOVERNOR

BEN YSURSA
SECRETARY OF STATE