Child Deaths in Idaho 2015

A Report of Findings by the

Idaho Child Fatality Review Team

www.idcartf.org

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IDAHO CHILD FATALITY REVIEW
2015

This report is a review of child deaths occurring in Idaho, summarizing the state's Child Fatality Review (CFR) process and findings. The Idaho Child Fatality Review Team was established in 2013 following an executive order from Gov. C.L. "Butch" Otter (No. 2012-03). The CFR Team is tasked with performing comprehensive and multidisciplinary reviews of deaths to Idaho 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 CFR 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 FATALITY REVIEW TEAM

The statewide CFR Team is established and supported by the Governor's Task Force for Children at Risk. The following members were appointed and participated in 2015 reviews:

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ASSISTANTS TO THE CHILD FATALITY REVIEW TEAM

The Idaho Department of Health and Welfare serves as the fiscal agent, and provides staff support to the CFR Team utilizing Children's Justice Act Grant funding. In addition, the team employs assistants for analytical, report writing, and administrative support. These adjunct team members do not have decision making or voting authority on the CFR Team.

Teresa Abbott, MBA, Principal Research Analyst, Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare
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The CFR 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 CFR Team would like to express 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
Steve Rich, Principal Research Analyst, Idaho Transportation Department

THE OBJECTIVES OF CHILD FATALITY REVIEW

The National Center for Child Death Review provides resources and guidance to the Idaho CFR 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, 2005):*

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 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 children under the age of 18 years which occurred in Idaho during calendar year 2015 were reviewed. Deaths occurring out of state were not reviewed since pertinent records are not available for the team's use.

The designated CFR research analyst within Idaho Department of Health and Welfare's Bureau of Vital Records and Health Statistics identified the deaths using the Vital Records system and retrieved 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 CFR research 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
- Child protection records

Although the team attempted to obtain all relevant records from the various agencies, the team does not have subpoena power and could not always obtain confidential records. Agencies are cooperative and responsive to information requests, overall. Agreements are now in place with

some Idaho hospitals to provide medical records to the team, while adhering to specific practices to safeguard patient privacy in compliance with Health Insurance Portability and Accountability Act (HIPAA). However, in the absence of subpoena power or statutory authority, the team continued to face barriers due to the inability to obtain certain records.

The challenges include:

- Incomplete or missing records such as coroner reports or law enforcement incident reports (not available, redacted, or refused on the basis of privacy concerns)
- Missing academic and behavioral records from schools, due to cited restrictions under the Family Educational Rights and Privacy Act (FERPA)

Of 163 child deaths occurring in Idaho in 2015, 77 were selected for detailed review by the CFR Team. Deaths that were not selected for full CFR Team review included most deaths due to extreme prematurity, malignancies, and severe and/or multiple congenital anomalies.

2015 Deaths to Children (Birth to Age 18) Occurring in Idaho

	Total	Screened by CFR Subcommittee	Reviewed by CFR Team
Perinatal Conditions/Congenital Malformations	65	65	4
Unintentional Injuries (Accidents)	36	36	36
Suicide	17	17	17
Unexplained Infant Death*	15	15	15
Assault (Homicide)	2	2	2
Malignancies	6	6	0
Flu/Pneumonia	1	1	1
Non-ranking/All Other Causes	21	21	2
	163	**163**	**77**

**Includes Sudden Unexplained Infant Death (SUID) as well as "ill-defined" undetermined causes of infant death*

The CFR Team met five times between April 2017 and January 2018 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 were entered into the National Child Death Review Case Reporting System by the CFR 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 CFR Team does not have subpoena power and consequently, some information required for a thorough review was not released.

The CFR 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 CFR 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 CFR data because not all child deaths are reviewed. Instead of rates, CFR statistics have been reported as a proportion of the total reviews. Sample sizes are often small which result in unstable results. Please use caution in interpreting changes over time or comparing demographic subgroups.

DATA NOTES

In addition to data based on the child deaths reviewed by the CFR 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 relationship to the subset of deaths selected for CFR Team review. Mortality data is based to all Idaho residents (regardless of where the incident occurred or where the child actually died) and CFR data is based 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).

EXECUTIVE SUMMARY

The Idaho Child Fatality Review (CFR) Team presents its annual report on child deaths occurring in Idaho in 2015. The team was formed by the Governor's Children at Risk Task Force (CARTF), 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 reviewed deaths to children under the age of 18 which occurred in Idaho during calendar year 2015. Deaths were identified and manner and cause of death were categorized using the Vital Records system. The team utilized information already gathered by coroners, law enforcement, medical providers, and state government agencies in their reviews.

Although the team attempted to obtain all relevant records from the various agencies, it does not have subpoena power and could not always obtain confidential records. Challenges include incomplete, redacted or missing records, with some agencies citing privacy concerns. Schools cited Family Education Rights and Privacy Act (FERPA) restrictions in denying record requests.

SUMMARY OF FINDINGS

There were 163 child deaths occurring in Idaho in 2015. The CFR Team screened these deaths by cause to determine whether the case met the criteria for full review (was due to an external cause *OR* was unexplained *OR* was due to a cause with identified risk factors). The team conducted full reviews for 77 of these child deaths.

Sudden Unexplained Infant Death

Sudden Unexpected Infant Death (SUID) is the sudden death of an infant under one year of age, which remains unexplained after a comprehensive investigation. There were 9 SUID cases occurring in Idaho in 2015. The team also reviewed 6 infant deaths of "undetermined" cause plus another 3 accident deaths to infants or toddlers in the sleeping environment.

Commonalities frequently observed in these infant deaths included improper sleeping position or sleep environment (including co-sleeping with adults), tobacco smoke exposure, hazardous or unsanitary living conditions, and not breast feeding. The team encourages continued public education promoting American Academy of Pediatrics (AAP) safe sleep guidelines along with new research highlighting the protective factors of breastfeeding (which may be supplemented by formula without diminishing the benefits) in the first months of life. At risk families may be supported by home visiting programs offered through agencies like Head Start and Idaho Department of Health and Welfare (IDHW).

The CFR Team has observed continued improvement in the consistency of investigating and classifying unexplained infant deaths by coroner and law enforcement agencies. More agency cooperation (e.g. sharing investigative resources, information on family history, etc.) may help identify at-risk children and prevent additional tragedies. The team recognizes the challenges of managing larger caseloads resulting from growing populations in many parts of the state. Additional resource allocation for coroner and law enforcement agencies in high growth regions may be required to carry out their crucial work.

Motor Vehicle Accidents

In 2015, 21 children or teens died from motor vehicle accidents. Excess speed and distracted driving were leading causes. There were 5 fatal accidents resulting from children operating off-road recreational vehicles like ATVs. Two accident victims were pedestrians or cyclists who were struck by moving vehicles.

More than half of those killed in traffic accidents were not properly restrained by a child safety seat or seatbelt. All drivers are urged to equip their vehicles with correctly installed, age-appropriate safety restraints. They should be familiar and comply with safety restraint laws and recommendations. Pickup beds are not a safe area for passengers of any age.

Adults should closely supervise young children when walking or biking near roadways, driveways and parking lots.

Operators of off-road vehicles like ATVs, UTVs and motorcycles are urged to follow safety guidelines, use proper equipment (including helmets), and make sure they are using the vehicle in accordance with manufacturer recommendations related to terrain, speed, and operator age.

Traffic accidents with a teen driver often involve late night driving, multiple teen passengers, and/or winter road conditions. Parents should make sure that teens have completed an approved drivers' training program and that they have adequate skills and judgement before being allowed to drive. Public safety messages reminding drivers to avoid sources of distraction and impaired driving may prevent traffic fatalities.

Refinements to the Idaho Transportation Department crash form and detailed reports by law enforcement officers are recommended to help better understand the factors contributing to motor vehicle fatalities such as electronic device use, drug and alcohol impairment, speeding, and road conditions.

Drowning

The team reviewed 6 drowning deaths occurring in 2015. The most common scenario was a pond or canal drowning of a toddler or preschool aged child.

Children should be closely supervised when playing in or around open water. Parents should be mindful of the possibly of a young child accessing or slipping into bodies of water. Fencing or other borders around canals, ponds, streams and pools should be installed and carefully maintained.

The continued emphasis of irrigation canal safety in public service messaging may play an important role in reducing deaths and injuries to Idaho children.

Fires/Carbon Monoxide

A structure fire resulted in the death of 1 child in 2015.

The National Safety Council (NSC) reports that a working smoke alarm cuts the chances of dying in a house fire in half. Fire extinguishers should be stored in accessible areas of the home. Heating and cooking appliances should be used only as directed by manufacturers.

Accidental Shootings/Firearms

Three Idaho children died of accidentally inflicted gunshots in 2015. All 3 victims were middle school or high school aged males

The CFR Team identified unsecured guns and a family history of substance abuse and/or domestic violence as common risks in these cases. Public health messaging should include reminders of responsible gun ownership and safe handling practices (keeping guns out of reach of children, using gun locks and storing guns and ammunition in separate, secure locations).

Overdose

Two Idaho children died of accidental overdose of prescription medications in 2015.

Recommended actions include improving opioid prescribing (to reduce exposure, prevent abuse, and stop addiction), promoting prescription drug monitoring programs among health care providers, and expanding access to substance abuse treatment.

Prescription and over-the-counter medications (even those seemingly harmless when taken at recommended dosages) should be stored out of reach and out of sight of children and teens, especially those with a history of substance abuse or mental health concerns.

Suicides

Idaho's rate of suicide is more than double that of the U.S. overall. There were 17 youth suicides in Idaho in 2015. Victims were predominantly male and ranged in age from 13 to 17. The most commonly used injury mechanism was firearms, closely followed by hangings.

Mental health concerns, previous suicidal ideation or attempts, CPS history in the family, and access to unsecured firearms were commonly observed risk factors.

Many of these suicides were preceded by a recent disciplinary action or conflict in the family. Romantic and/or sexual relationship volatility was frequently reported. In some cases, investigators found recent negative interactions with peers on social media.

Limiting access to highly lethal means, such as firearms and prescription medications, reduces the risk of a major injury during an emotionally charged moment. Suicide awareness should be included as a basic tenant of firearm safety and responsible gun ownership.

Education for parents and educators about warning signs may help prevent suicides. School and community programs which encourage open communication and meaningful connections provide broader perspective and help young people navigate through academic pressures, relationship turmoil, family conflict, and other emotionally intense experiences commonly encountered during the middle and high school years.

Homicides

The team reviewed a total of 4 fatal assaults to children (1 occurring in 2015 and 3 occurring in 2014 which were pending criminal investigation at the time of the first attempted review). All 4 resulted in the death of an infant or toddler under the age of 2 years.

Causes of death included blunt force trauma and intentional poisoning.

Substance abuse, mental health issues, and criminal history of the parent or caregiver are common risk factors in child homicides due to abuse and neglect. Caretakers who abuse their children sometimes cite crying, bedwetting, fussy eating and disobedience as common "triggers."

Professionals who work with children should seek training to identify signs of abusive behavior and injuries. They should be familiar with Idaho's mandatory reporting laws (*Idaho Statute 16-1605, see page 36)* and readily report concerns to local law enforcement or to the Idaho Department of Health and Welfare.

Preventable Natural Deaths

Pneumonia

The subcommittee reviewed 1 pneumonia death to a teenager which occurred in 2015. The influenza virus was not positively identified in this death.

An annual flu vaccine may prevent viral infections that can contribute to pneumonia. Parents should consult their child's healthcare professional for recommendations regarding pneumococcal vaccines. Several other vaccines (e.g. pertussis, varicella, measles) prevent infection by bacteria or viruses that may cause pneumonia.

Everyday hygiene habits can prevent the spread of germs and viruses that may cause serious illness.

Refusal of Medical Treatment Due to Religious Beliefs

The subcommittee determined that 2 infants who died in 2015 were from Idaho families who refused to seek medical treatment due to religious beliefs.

Immediate cause of death in these cases included hypoxia, meconium aspiration and bronchial pneumonia. The CFR Team determined that these deaths may have been prevented with timely medical treatment and/or proper prenatal care.

KEY RECOMMENDATIONS

To improve the health and safety of Idaho children and prevent tragic deaths in the future, the CFR Team recommends the following actions (organized by stakeholder group).

Public Health Agencies

Idaho Department of Health and Welfare (IDHW) can support CFR Team recommendations through improved coordination with outside agencies to identify high risk families (particularly for those at risk of infant death, suicide, or child maltreatment), and ensuring that appropriate support is offered.

Public education opportunities were found related to the following topics:

- Using age appropriate safety restraints in vehicles (seat belts or child safety seats, properly installed).
- Promoting American Academy of Pediatrics (AAP) safe sleep practices and new findings on protective factors of (even partial) breastfeeding.
- Warnings of health risks to infants and children of tobacco smoke (smoking in pregnancy *and* second-hand exposure).
- Water safety messaging including reminders to closely supervise children around water, and to maintain fences or other barriers around open water.
- Reminders to call 9-1-1 immediately when an infant or child may be in distress.
- Responsible gun ownership and safe storage/handling practices.
- Safe storage and disposal of prescription and over-the-counter medications.
- Awareness of the warning signs of suicide.
- Installing and maintaining working smoke alarms and keeping accessible fire extinguishers in the home.
- Compliance with recommended vaccinations and basic hygiene habits in preventing the spread of germs and viruses.

Improved cooperation and communication between agencies can help identify at-risk families and prevent child injuries and deaths. Along with knowing how to recognize potentially unsafe home environments, case workers should be mindful of Idaho's mandatory reporting requirements and thoroughly investigate concerns with assistance from law enforcement agencies.

Home visitation and parent education programs help families build and maintain nurturing, healthy households. Nationally, these programs have been found to be effective at reducing child maltreatment. The team also commends the partnership of local public health agencies with Idaho Children's Trust Fund in disseminating the "Crying Plan," a tool developed to help parents cope with inconsolable babies.

Mental health concerns (either pertaining to the parent/caregiver or directly to the child/teen) were found to be a factor in many types of preventable deaths to children (infant deaths, suicides, homicides). The CFR Team supports IDHW goals of expanding mental health services throughout Idaho and reducing stigma in seeking treatment.

The CFR Team will continue to partner with IDHW's Office of Suicide Prevention and to incorporate their findings in annual reviews and recommendations.

Coroners

With Idaho's high rate of population growth, the team recognizes the resource constraints of county coroner offices as they manage increasingly demanding caseloads. Recommended actions for improving death investigations may require additional staffing and funding to be accomplished.

Coroners are encouraged to stay current on training opportunities and to comply with IDHW guidelines in categorizing information on death certificates. Though less frequently observed than in past years, the team found a few instances of inconsistent designations of "cause" and "manner."

Consistent usage of the CDC's SUID investigation form (or local equivalent) is recommended to properly guide investigations (to include home environment, incident re-enactments, family medical history, etc.) of unexplained infant deaths.

Coroners should work cooperatively with law enforcement agencies to ensure that suspected suicides and homicides are thoroughly investigated. The National Center for the Review and Prevention of Child Deaths provides guidelines and resources to assist investigators (https://www.ncfrp.org/tools_and_resources/investigation-protocols/).

The CFR Team recommends that Idaho coroners routinely include toxicology testing as part of death investigations when suicide is a possible cause. Consistent access to this information may help to better understand the precursors and contributing factors of suicide.

Health Care Providers

Health care providers play an important role in educating parents on topics like the protective factors of breastfeeding (including new AAP research on the benefits of partial breastfeeding) and scheduled immunizations. The team also encourages discussions on proper seat belt/safety seat usage and safe storage of hazardous household objects/materials (e.g. guns, ammunition, medications or other toxins) as a way of reducing risk of injury.

Hospitals should model a safe infant sleep environment. Parents should be warned against tobacco smoke exposure, substance use, co-sleeping (including when accidentally falling asleep while breastfeeding), and soft sleep surfaces. Providers can also promote awareness of home visiting programs such as those offered by Head Start and IDHW's Division of Public Health to qualified parents needing extra support.

Health care providers should be aware of the increased number of deaths related to prescription opioids. The team found evidence that prescription drug misuse or abuse (by children, teens, parents or caretakers) played a role in many accidental and intentional injury deaths. Recommended actions include improving opioid prescribing (to reduce exposure, prevent abuse, and stop addition), prescription drug monitoring programs and expanded access to substance abuse treatment.

Providers can continue to provide information on healthy relationships and ask patients about perceived threats or worries for their personal safety. Health professionals who work with children should be familiar with Idaho's mandatory reporting laws *(Idaho Statute 16-1605, see page 36).* They should be able to identify signs of abusive behavior and injuries and readily report concerns to the appropriate agency.

In addition to knowing the risk factors and warning signs of suicide, providers should take advantage of resources offered by IDHW's Office and Suicide Prevention (http://healthandwelfare.idaho.gov/Families/SuicidePreventionProgram/tabid/486/Default.aspx) and the Idaho Lives Project (www.idaholives.org).

Parents and Child Care Providers

Parents and providers are reminded to call 9-1-1- immediately when an infant or child may be in distress. Prompt medical assistance can save a life.

In compliance with AAP safe sleep recommendations, infants should be placed on their backs to sleep until they are one year old. The safest sleeping area is the infant's own crib or bassinet, on a firm, uncluttered surface.

Mothers are strongly encouraged to breastfeed newborn infants. New research shows that breastfeeding (even when limited to the first two months of life and when supplemented by formula) significantly reduces the risk of infant death. When breastfeeding in bed, mothers should be sure to return the infant to his/her own crib or bassinet once feeding is complete, to avoid suffocation risk.

Infants should not be exposed to tobacco smoke (prenatal or second hand) and should receive scheduled vaccinations as recommended by a physician.

The CFR Team urges parents to maintain a safe and hygienic home environment that is uncluttered and free of hazardous objects. Care should be taken to see that medications/drugs, tobacco products, cleaning supplies and sharp objects are kept out of the reach of children.

Proper safety restraint (seat belts or child safety seats appropriate for passenger weight and age) usage has been proven to prevent injuries and deaths in motor vehicle accidents.
In Idaho, use of a seat belt or child safety seat is legally required for drivers and vehicle occupants of all ages. Idaho's Child Passenger Safety Law requires that all children six years of age or younger be properly restrained in an appropriate child safety restraint. Since many safety seats are installed improperly, the Idaho Transportation Department (ITD) recommends inspection by a trained professional. Safety check sites throughout Idaho may be found at:
www.nhtsa.gov/equipment/car-seats-and-booster-seats

Riding in pickup beds presents a clear safety hazard. Severe injuries can be caused by non-crash events like stopping or swerving. Drivers should remember that cargo areas and pickup beds do not meet safety standards for passenger seating.

Parents should make sure teen drivers are able to maintain focus while driving and avoid distractions like electronic devices and multiple passengers. Resources and information from ITD can be found at: www.idahoteendriving.org

Adult drivers can role model safe habits and should closely supervise children when walking or biking near roadways, driveways, and parking lots. Drivers should use extra caution when driving near schools and parks.

Even when not mandated by law, off-road vehicle riders are urged to follow manufacturers' safety recommendations. Parents should closely supervise young riders and make sure they know how to safely operate off-road vehicles like ATVs, snowmobiles and motorcycles *(See page 51).* Idaho law requires that any person without a valid motor vehicle license who wishes to operate an ATV or motorcycle on US Forest Service roads take an approved safety course. (https://parksandrecreation.idaho.gov/activities/atv-motorbike).

Drivers should strictly avoid *any* level of alcohol and narcotic use before getting behind the wheel. Parents can establish clear guidelines and create advance plans about how their teens will get home safely when they (or their driver) may be impaired.

To prevent the risk of drowning, fences or other barriers restricting access to open water and pools should be installed and carefully maintained, especially in areas where young children may be present. Parents should be mindful of the possibility of children accessing or slipping into water from yards, parks, or walking paths. Young children should be carefully supervised when playing near bodies of water and should remain within arm's reach of an adult while swimming.

The National Safety Council offers tips in the event of a house fire such as maintaining smoke alarms, planning escape routes, and having access to fire extinguishers. Heating and cooking appliances should be used only as directed by manufacturers *(See page 56).*

A reported 80 percent of unintentional firearm deaths to those under the age of 15 occur at home. To prevent firearm injuries, the CFR Team reminds gun owners follow safe handling practices like using gun locks and separately securing guns and ammunition. The ASK campaign (www.askingsaveskids.org), a collaboration between the Brady Center to Prevent Gun Violence and the AAP, encourages parents to inquire about unsecured guns at homes where their children play.

Prescription and over-the-counter medications should be stored out of the reach and sight of children and teens, especially those with a history of substance abuse and mental health concerns. For medication drop box locations and other safety tips visit Drug Free Idaho at: www.drugfreeidaho.org/rx_take_back.html

Parents should familiarize themselves with warning signs of suicide risk and promptly consult health care providers and/or educators for support when concerns arise *(See pages 64-65).* A strong and positive connection to parents, family and/or school has been shown to provide immunity for teens.

The CFR team observed cases of teen suicides which appeared to be an impulsive act, accomplished by easy access to a lethal method (typically a firearm) during an emotionally charged moment. Households with any family member who has a history of mental health disturbances or suicide ideation should be particularly restrictive with access to firearms and controlled substances. The Idaho Suicide Prevention Hotline offers referrals to mental health professionals and other prevention resources: **1-800-273-TALK (8255)**

With support from partner agencies, IDHW's Maternal and Child Health (MCH) Program developed the "Crying Plan" (www.cryingbabyplan.org), a tool to help parents and caregivers cope with inconsolable, crying babies which research has found to be a trigger for abusive incidents. Parents and child care providers are encouraged to complete their own "Crying Plan" and post it in a prominent place in their home or care facility.

The fact that most children are physically abused over time presents opportunities to intervene. Providers should seek training to identify signs of abusive treatment and injuries and be familiar with Idaho's mandatory reporting laws (*Idaho Statute 16-1605, see page 36)*. To report suspected child abuse, neglect or abandonment in Idaho call: **1-855-552-KIDS (5437)**

The team recommends an annual flu vaccine for those 6 months of age and older to prevent pneumonia and flu related deaths. Parents should consult their child's healthcare professional for recommendations regarding vaccines for their infants and children. For information on free or low cost vaccinations plus recommended immunization schedules go to: (healthandwelfare.idaho.gov/Health/IdahoImmunizationProgram/tabid/2288/Default.aspx).

Public Transportation Agencies

The CFR Team recommends updates to the ITD crash report forms to ensure that they completely capture relevant information pertaining to the cause of the accident. Specifically, they request 1) the addition of a field for the estimated speed of vehicles at the time of the crash and 2) the addition of specific phone/device usage fields (including whether the device was handheld or hands free/Bluetooth® enabled) as options for the "contributing circumstances" listed on the form.

CFR findings show a need for continued messaging that promotes safety restraint use, pedestrian and bicycle safety and warnings of impaired and distracted driving. The team also identified a need to increase public awareness of safe off-road vehicle riding (e.g. ATVs, motorcycles, and snowmobiles) which may best be achieved through collaboration between Idaho Transportation Department (ITD), recreational, and public health agencies.

Law Enforcement

Law enforcement agencies are encouraged to work cooperatively and share information with partner agencies (i.e. coroners, CPS, etc.) to investigate health and safety concerns within families. Unsafe situations may be better substantiated and addressed through complete information and family history obtained from multiple sources. Officers should familiarize themselves with Idaho's mandatory reporting laws (*Idaho Statute 16-1605, see page 36)* and readily communicate with partner agencies to investigate health and safety concerns involving children.

The CFR recognizes the need for additional resources for law enforcement agencies stretched by larger caseloads, particularly in regions with growing populations. In the absence of more staffing or funding, partnerships with larger law enforcement agencies may provide needed assistance with investigations and community support.

Consistent use of the CDC's SUID investigation form (www.cdc.gov/sids/SUIDRF.htm) can help guide infant death investigations and ensure that all pertinent information is captured so that other possible causes of death may be identified or ruled out.

The CFR Team was left with questions about the role that alcohol or drug impairment may have played in some of the fatal incidents, particularly infant deaths and suicides. Routine toxicology

testing of all involved parties (including subject, parents and caregivers) may lead to improved understanding of the contributing circumstances of these events.

To prevent traffic fatalities, law enforcement agencies can continue to promote compliance with vehicle safety restraint laws and safe driving practices.

In completing narrative sections of ITD crash report forms, officers are encouraged to provide details such as estimated vehicle speed and source of driver distraction (e.g. cell phones, passengers) as a contributing cause of accidents

The team recommends strict enforcement of alcohol and drug (including prescribed and over-the-counter medication) impairment laws and supports ongoing public education on the potential deadly consequences of substance abuse.

Officers should work cooperatively with coroners and other law enforcement agencies to ensure that suspected suicides and homicides are thoroughly investigated. The National Center for the Review and Prevention of Child Deaths provides guidelines and resources to assist investigators (https://www.ncfrp.org/tools_and_resources/investigation-protocols/).

Social media accounts and electronic devices are often preferred communication channels for teens and can offer insights into the circumstances surrounding the deaths. Investigators should exhaust all available options for obtaining passcodes and/or witness accounts of recent text exchanges or posts.

Educators

In addition to knowing the risk factors and warning signs of suicide *(See page 64-65)* school administrators, counselors, and teachers are encouraged to take advantage of resources offered by the Idaho Lives Project http://www.idaholives.org/

Professionals who work closely with children should know the signs of abusive behavior and injuries and should readily report concerns to the appropriate agencies, in compliance with Idaho's mandatory reporting laws (*Idaho Statute 16-1605, see page 36)*.

RECENT ACTIONS AND COLLABORATIVE EFFORTS

Related to Idaho Child Fatality Review Team Recommendations

- **New Funding for Home Visitation Programs**. Per Senate Bill 1362 By Finance Committee, $1,600,000 of Section 8 appropriations (from Child Welfare) is allocated to the home visitation program through contracts with each Public Health District of Idaho. The health districts currently have home visitation programs, either by Parents As Teachers or the Nurse Family Partnership models, historically funded through other sources. The addition of these monies will allow for the expansion of home visitation services. Home visiting is a service provided within the home to parents, prenatally and/or with young children to support positive parenting, nurturing homes and child development.

- **Maternal and Child Health Infant Mortality Collaborative.** This national initiative was established in 2013 within the IDHW Division of Public Health's Maternal and Child Health (MCH) Program to focus on safe sleep practices and tobacco cessation for pregnant women. MCH partnered with Inland Northwest SIDS/SUID Foundation and Cribs for Kids with the goal of getting all Idaho birthing facilities certified as Safe Sleep Hospitals. The Program recently became a Cribs for Kids Partner allowing the Program to purchase safe sleep materials and survival kits (playpen, sleep sack, etc.) that can be given to families in need, and has partnered with Ada County Paramedics to support their community safe sleep education efforts. The MCH Program is also partnering with Project Filter (Idaho Tobacco Prevention and Control Program) to implement *Baby & Me - Tobacco Free*, a smoking cessation program for women during the prenatal and postpartum period. The IDHW Pregnancy Risk Assessment Survey (PRATS) supported "Back to Sleep" messaging by providing survey participants with a copy of a board book that incorporated safe sleep practices.

- **Dissemination of "The Crying Plan."** Women Infants and Children (WIC) and home visiting programs collaborated with the Idaho Children's Trust Fund to disseminate the "Crying Plan" tool to parents and caregivers of infants and various community programs throughout Idaho. The goal of "The Crying Plan" is to help parents and caregivers identify strategies for coping with inconsolable, crying babies which some research has found to be a trigger of abusive head trauma. Find this tool at: www.cryingbabyplan.org

- **Ada County Paramedics Safe Sleep Campaign.** The Ada County Paramedics produced an award-winning campaign in February 2017 to inform the public about the ABC's of safe sleep. Messaging featured on the back windows of ambulances included photos of a baby in a safe sleep position and graphics of building blocks highlighting the fundamental points:

  "**A**lone, on their **B**ack and in their own **C**rib."

- **Child Care Safe Sleep Policies.** During the 2018 legislative session, the Idaho Child Care Program (ICCP) presented rules to update safe sleep practices as a condition of annual health and safety inspections for all ICCP providers. The new rules will go into effect beginning July 1st, 2018. The Rule states that as a condition of their inspection, all providers serving infants must have incorporated safe sleep practices into

their policies and operations. Safe Sleep is defined as ALONE, On their BACK, and in a Certified Product Safety Commission CRIB.

- **Development of IDHW Suicide Prevention Program.** In 2016, the Idaho State Legislature approved funding to support the formation of the Office of Suicide Prevention within the Idaho Department of Health and Welfare (IDHW). This program implements and supports statewide suicide prevention efforts including funding for youth education and the Idaho Suicide Prevention Hotline.

- **Adolescent Depression Screening Learning Collaborative.** The Idaho Health and Wellness Collaborative (IHAWCC) along with the Children's Healthcare Improvement Collaboration launched this project to increase early detection and initiation of treatment for depression in patients aged 12 to 17**.** Health care providers throughout Idaho participated. Results revealed a significant increase in depression and substance abuse screening and confirmed documented follow-up plans for 88 percent of patients who were found to have evidence of depression risk.

- **Idaho Suicide Prevention Hotline upgrades.** Funding in 2014 and 2015 from private sources has allowed the hotline (1-800-273-TALK) to expand coverage to 24 hours and improve communication infrastructure. The hotline expanded and improved their infrastructure in 2016. The hotline established a 208 number (208-398-HELP) to offer text response to better reach young people in crisis.

- **Critical Congenital Heart Disease Screening**. During the 2018 legislative session, the Idaho Newborn Screening (NBS) Program successfully added rules to require that all babies born in Idaho be screened for Critical Congenital Heart Disease (CCHD) beginning on July 1, 2018. CCHD refers to a group of serious heart defects occurring in infants that can be life threatening without early detection and intervention. Research shows that states with mandatory CCHD screening policies had significantly fewer infant cardiac deaths. State adoption of mandatory CCHD screening was linked with a 33% decline in infant deaths due to CCHD compared with states without mandatory screening.

- **Poison Control and Prevention**. The Maternal and Child Health Program and Emergency Medical Services co-fund Idaho's poison control center which enables any person within the geographical boundaries of Idaho to call a toll-free number and receive personalized, expert advice on any possible poisonings. For Idaho, about half of the calls made to the poison center were for children under five years of age. During Poison Prevention Week 2017, the MCH Program partnered with Idaho State University pharmacy students, Idaho pharmacists, Cassia Regional Medical Center, and several school districts across the state to provide education to K-3rd grade classrooms resulting in 41 presentations in 14 Idaho elementary schools. The MCH Program also sent all child care facilities, WIC clinics, and elementary schools in Idaho information regarding Poison Prevention Week, and staffed booths at four kids fairs.

TOP 10 HIGH IMPACT ACTIONS TO PREVENT CHILD INJURIES AND DEATHS

1. Follow American Academy of Pediatrics (AAP) revised 2016 Safe Sleep guidelines. Place infant to sleep in room with parents/caregivers in a *separate crib or bassinet.* Ensure that the *sleep surface is firm* and avoid soft bedding and objects. To *avoid falling asleep* with baby in bed, remove baby to own crib/bassinette once breastfeeding is complete.

2. Do not smoke during pregnancy or around infants or children of any age.

3. Use age appropriate safety restraints in vehicles (seat belts or child safety seats, properly installed).

4. Be attentive when driving (avoid distractions such as multiple passengers, phones, texting) and maintain a safe speed for conditions.

5. Do not drive while impaired by alcohol or drugs (including prescription meds).

6. Closely supervise children of all ages when swimming or playing near open water.

7. Store guns safely and securely.

8. Know the signs of suicide risk and take action.

9. Get your child immunized (including an annual flu vaccine).

10. Have a "Crying Plan" *(See page 15)* completed and posted in a place visible to parents and caregivers so that they can be reminded of strategies for coping with inconsolable, crying babies. Find customizable "Crying Plan" form at www.cryingbabyplan.org/files/crying-baby-plan.pdf

POPULATION

The total population of Idaho in 2015 was estimated at 1,654,930. Of that number, 432,837 were children under the age of 18 (26.2% of total).

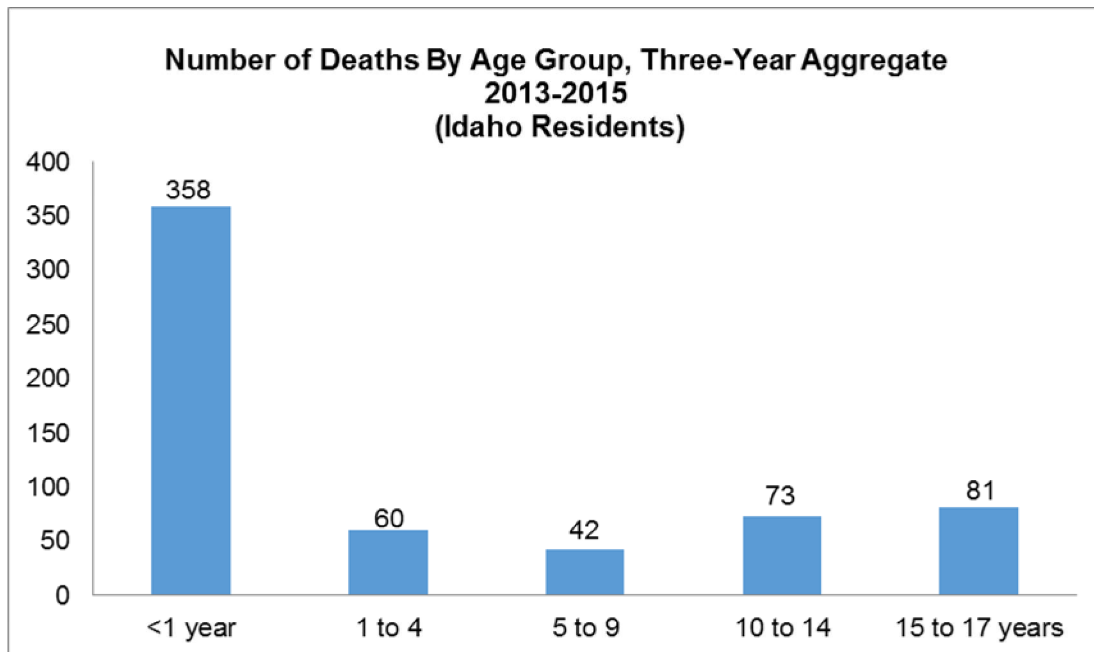
Population	Number	Percent
Idaho total	1,654,930	100%
Age 0-17	**432,837**	**26.2%**
Residents, age 0-17 by sex		
Males	221,326	51.1%
Females	211,411	48.9%
Residents age 0-17 by race		
White	404,769	93.5%
Black	8,230	1.9%
American Indian or Alaska Native	11,170	2.6%
Asian/Hawaiian/Pacific Islander	8,668	2.0%
Residents age 0-17 by ethnicity		
Hispanic	78,453	18.1%
Non-Hispanic	354,384	81.9%

Source: Census Bureau in collaboration with the National Center for Health Statistics.
Internet release date June 28, 2016

OVERVIEW

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

The number and cause of death to Idahoans under age 18 varied dramatically by age group. Among Idaho residents, there were 614 deaths to infants and children from 2013 through 2015. The majority (358) of those deaths were to infants (under 1 year of age). Common causes of infant deaths were 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 generally reflect the composition of the child population in Idaho:

Number of Deaths to Children Under Age 18 by Race and Ethnicity, Three-Year Aggregate 2013-2015 (Idaho Residents)	
Non-Hispanic	
White	477
Black	7
American Indian	15
Asian/Pacific Islander	4
Hispanic (all races)	108

For the three-year period of 2013 through 2015, 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, with suicide a distant second. While most accident fatalities were related to motor vehicle crashes, other accident types included drowning, fires and poisoning.

Leading Causes of Death to Idaho Child Residents, Three-year aggregate, 2013-2015

Rank	Infants (<1-year-old)	Age 1-17
1	Congenital Malformations (91)	Accidents (116)
2	Short Gestation/Low Birth Weight (48)	Intentional Self-Harm (Suicide) (48)
3	Sudden/Unexplained Infant Death (38)	Malignant Neoplasms (17)
4	Maternal Complications of Pregnancy (29)	Congenital Malformations (12)
5	Complications of Placenta, Cord, Membranes (17)	Assault (Homicide) (10)
6	Accidents (15)	Influenza and Pneumonia (5)
7	***Tie:*** Neonatal Hemorrhage (6) *and*	Diseases of Heart (4)
8	Maternal complications unrelated to pregnancy (6)	**Tie:** Septicemia (2) *and*
9	Diarrhea and gastroenteritis of presumed infectious origin (5)	Chronic lower respiratory disease (2)
10	***Tie:*** Assault (4) *and*	
	Newborn complications of labor and delivery (4) *and*	
	Necrotizing enterocolitis of newborn (4) *and*	
	Intrauterine hypoxia and birth asphyxia (4)	

SUDDEN UNEXPLAINED INFANT DEATH

Sudden Unexpected Infant Death (SUID) is the sudden death of an infant under one year of age, which remains unexplained after a comprehensive investigation. Though the exact cause is not known, most of these deaths occur while the infant is sleeping in an unsafe sleeping environment (www.cdc.gov/sids/AboutSUIDandSIDS.htm).

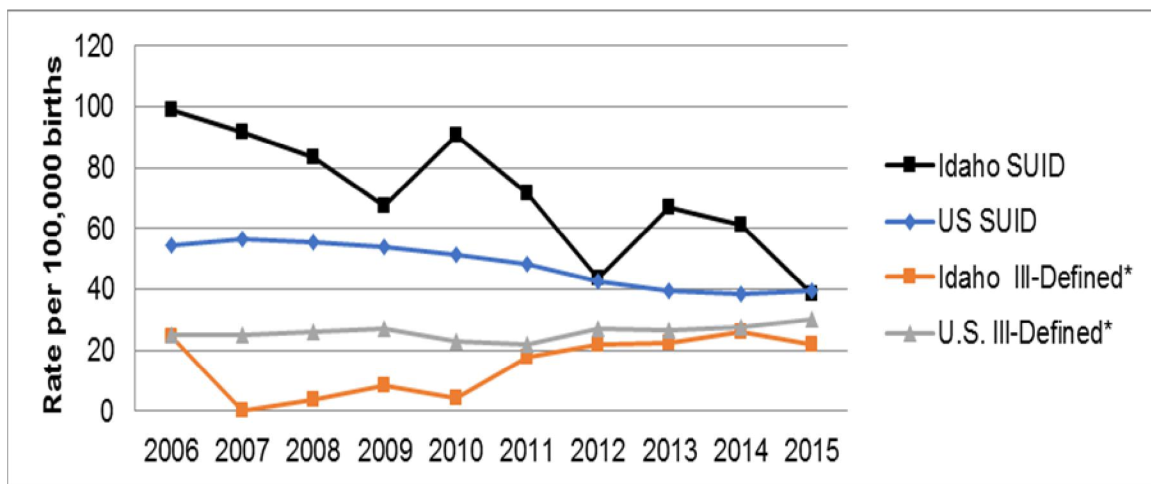
Infant deaths not meeting the CDC's definition of "SUID" (see above) may be reported as "other ill-defined and unknown causes of mortality." Historically, the SUID death rate has been higher for Idaho than for the U.S. overall while the rate of ill-defined infant deaths has been lower. In 2015, the Idaho the rates for both classifications were similar to U.S. rates. This may reflect recent coroner training content emphasizing more consistent investigation and coding practices.

Idaho and U.S. Resident SUID Deaths (< age 1 year)
and Rates per 100,000 Births, 2006-2015

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total Number Idaho Resident SUID deaths	**24**	**23**	**21**	**16**	**21**	**16**	**10**	**15**	**14**	**9**
Idaho Resident SUID death rate	99.2	91.9	83.5	67.4	90.5	71.7	43.6	67.1	61.2	39.4
U.S. Resident SUID death rate	54.5	56.8	55.4	53.9	51.6	48.3	42.5	39.7	38.7	39.4

Idaho and U.S. Resident Ill-Defined Infant Deaths (< age 1 year) and Rates per 100,000 Births, 2006-2015

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total Number Idaho Resident Ill-defined infant deaths	**6**	**0**	**1**	**2**	**1**	**4**	**5**	**5**	**6**	**5**
Idaho Resident Ill-defined death rate	24.8	0	4.0	8.4	4.3	17.9	21.8	22.4	26.2	21.9
U.S. Resident Ill-defined* death rate	24.9	25.3	26.3	27.2	23.0	22.1	26.9	26.8	27.4	30.1



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

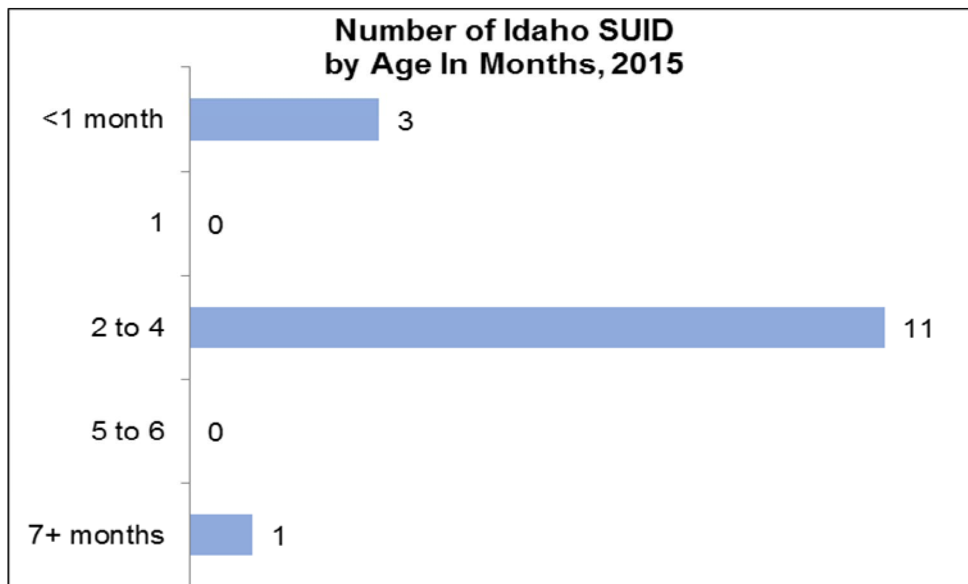
Source: *Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare*
Rates based on 20 or fewer deaths may be unstable. Use with caution.

Idaho CFR Team Findings: Unexplained Infant Death

In 2015, there were 9 Idaho resident deaths with an immediate cause of "Sudden Unexplained Infant Death (SUID)," "Sudden Unexplained Death in Infancy," *or* "Sudden Infant Death Syndrome (SIDS)." Deaths listed with any of these immediate causes are collectively referred to throughout this report as "SUID". All 9 of the SUID cases occurred in Idaho and were reviewed by the CFR Team. Because of their commonalities, the CFR reviewed the SUID cases along

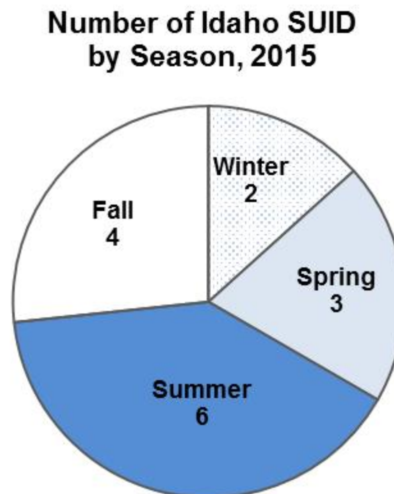
with 6 infant deaths of “undetermined” cause *and* manner, plus another 3 suffocation or asphyxiation deaths to infants in the sleeping environment with a manner listed as “accident”.

According to the American Academy of Pediatrics (AAP), most SUID events in the U.S. occur when a baby is between two and four months old, and during the winter months.
The majority (11 of 15) of the Idaho unexplained infant deaths in 2015 occurred between two and four months of age.



[Based on 15 SUID/Undetermined cause cases]

Although summer was the most common season of SUID occurrence in 2015, there was no clear relationship of SUID and seasonality.



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[Based on 15 SUID/Undetermined cause cases]

Systems Issues

As SUID is a diagnosis of exclusion to be made only if there is no other possible cause of death, a comprehensive investigation is essential. This includes an autopsy, scene investigation and health history. The CFR Team noted marked improvement in following CDC and state guidelines related to investigating and coding unexplained infant deaths. However, there were still areas needing improvement which could be addressed through continued child death investigation trainings for coroners and law enforcement agencies. Improved agency cooperation may also help identify at-risk families to prevent additional infant deaths.

Resource Constraints

The CFR Team recognizes the challenges of a growing state population and a higher number of incidents on the ability of coroner and law enforcement agencies to thoroughly investigate cases and issues of concern within families. Many agencies have historically operated with small staff sizes and lean budgets and have not received additional funding to support ever-increasing caseloads. The following recommendations may require additional resource allocation at the agency level to be accomplished.

Scene Investigation and SUIDI Reporting Form

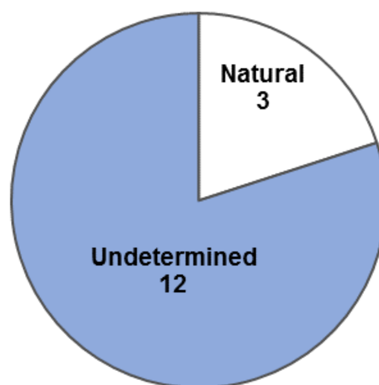
The Centers for Disease Control and Prevention (CDC) designed the Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF) as a tool for investigative agencies to better understand the circumstances and factors contributing to unexplained infant deaths. The team was able to confirm that the SUIDIRF (or local equivalent) was used by law enforcement or coroner investigations for 7 of the 15 reviewed SUID cases. While still not utilized consistently in every jurisdiction, use of this tool has increased over past years and may be attributed to consistent coroner training throughout the state.

Death Certificate Coding

The IDHW 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 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 (natural, accident, suicide, homicide, or could not be determined) provides a broader classification for each death and should agree with the cause noted on the death certificate.

Idaho guidelines state that, "Deaths known to be not due to external causes should be checked as "Natural". In 3 of these 15 cases, the manner coded on death certificates was inconsistent with the cause.

Number of Idaho SUID by Certified Manner of Death, 2015



[Based on 15 SUID/Undetermined cause cases]

Autopsies

Complete autopsies are an essential step in ruling out other causes of infant death. Autopsies were performed in all 15 of the unexplained infant deaths in 2015.

Inadequate or inconsistent agency cooperation

In approximately one-third of the 2015 SUID cases, the team found instances where improved agency communication and information sharing might have prompted legal or child protective service (CPS) intervention for additional family support and/or child protection measures. There were cases in which hospitals delayed or overlooked injury reports to CPS. In other cases, police and IDHW case workers separately investigated issues of concern which may have been substantiated or more thoroughly addressed had these agencies found a cooperative approach in sharing information on the home and family environment.

Common Factors and Associations

The CFR Team observed the following associations among the 2015 Idaho SUID and infant deaths of undetermined cause (ranked by frequency with number of instances in parenthesis):

1. Improper sleep position (8)

Tie:

2. Improper sleep surface/environment (7)
3. Co-sleeping with adult (7)
4. Maternal smoking (7)

5. Hazardous/extremely unsanitary home conditions (5)
6. Delayed 911 call (4)

Tie:

7. Infant never breastfed (3)
8. Substance impairment by caregivers (3)
9. CPS history in family (3)

10. Parent with mental health history, not compliant with medical treatment (2)

[Based on 15 SUID/undetermined infant deaths]

According to AAP guidelines, the safe sleeping position for infants is on their backs (face up) in their own crib or bassinet. The team frequently observed improper sleep positions such as face-down and side sleeping in their case reviews. Improper sleep environment/unsafe sleep surface was noted when an infant was placed to sleep on any type of furniture or other object not intended for infant sleep (e.g. adult sized bed, couch/recliners, floor) or on surfaces with thick bedding, toys, or other objects. In nearly half of the cases, the team noted co-sleeping (typically an infant sharing a bed with an adult) as a commonality.

Maternal smoking was noted when the birth certificate reported prenatal smoking or where incident reports provided evidence of frequent and habitual smoking in or around the home.

The team's observations of "hazardous/extremely unsanitary home conditions" were based on descriptions and scene photographs provided in law enforcement, coroner, or child protective service (CPS) reports. Examples of described unsanitary conditions included the presence of animal feces, uncontained soiled diapers and/or food waste in the home environment. Some reports described living areas cluttered with hazardous objects within the reach of children (e.g. illicit drugs/paraphernalia, medications, cigarette ashes/vaping pipes, sharp objects or large trip hazards). The fact that one-third of the 2015 SUID cases shared the commonality of unsanitary conditions and/or unsafe home environment helps to better understand the circumstances involved in these tragic incidents. Although it is not the goal of the CFR Team to identify conditions that meet the legal standard of child neglect based on secondary accounts, highlighting safety hazards that can be addressed by parents, CPS case workers and law enforcement may prevent similar incidents in the future.

Accidents in the Sleeping Environment

In addition to these 15 SUID and infant deaths of undetermined cause, the CFR Team reviewed 3 infant or toddler deaths with a manner of "accident." Each of these incidents occurred in the sleeping environment. Similar factors were observed in these cases--most notably, improper sleep position and unsanitary home environment. Two of the accidents involved the infant or toddler accessing a choking hazard prior to going to sleep.

Recommended Actions for Understanding and Preventing SUID

In 2016, the American Academy of Pediatrics (AAP) updated their safe sleep guidelines for infants up to 1 year of age (www.aappublications.org/news/2016/10/24/SIDS102416).

Guidelines emphasize the importance of placing infants to sleep on their backs, in their own uncluttered crib or bassinet, and avoiding exposure to tobacco smoke (both in the prenatal period and exposing infants to second hand smoke indoors).

Past AAP research found that breastfeeding cuts the risk of SUID in half. New AAP research published by the journal Pediatrics in 2017 found that just two months of breastfeeding, even when combined with formula, provides the same benefit as exclusive breastfeeding. Although the reason for the protective factors are not fully understood, some researchers believe it is because breastfed babies wake up more easily than exclusively formula-fed babies. Babies also receive immune benefits from breastfeeding which can reduce their risk of a viral infection. Other properties of breastmilk may also reduce risk of SIDS through their influence on brain development (www.aappublications.org/news/2017/10/30/BreastfeedingSIDS103017).

Recent AAP guidelines warn against the use of soft bedding and stress the dangers of placing infants to sleep on couches and armchairs. While room sharing with parents (for the first 6 to 12 months) is encouraged as a way of convenient breastfeeding, parents must be mindful of the danger of falling asleep while feeding the baby. Infants should be placed in their own crib or bassinet immediately following feeding.

To better understand the role of alcohol or drug impairment, the CFR Team recommends consistent blood alcohol or drug testing of parents or caretakers as a routine part of infant death investigations.

Improved communication between agencies (CPS, law enforcement, healthcare providers and/or child care providers) and understanding of mandatory reporting requirements could prevent additional tragedies. Idaho Statute 16-1605 states:

> *"Any physician, resident on a hospital staff, intern, nurse, coroner, school teacher, day care personnel, social worker, or other person having reason to believe that a child under the age of eighteen (18) years has been abused, abandoned or neglected or who observes the child being subjected to conditions or circumstances which would reasonably result in abuse, abandonment or neglect shall report or cause to be reported within twenty-four (24) hours such conditions or circumstances to the proper law enforcement agency or the department."*

Health or safety concerns can be reported to law enforcement or to the Idaho Department of Health and Welfare by calling **2-1-1** so that issues can be properly investigated and potentially addressed.

Home visiting programs have proven successful at helping families build their capacity for creating and maintaining nurturing, healthy households. These programs strive to prevent child abuse and neglect, improve maternal and child health and promote school readiness. The Idaho Division of Public Health and Head Start currently provide home visiting services to eligible families. Home visitors provide information on prenatal health, newborn care and child development. They offer referrals for needed resources including nutritional support, housing and utility assistance, substance and mental health referrals, and home safety plans. The CFR Team applauds these efforts and recommends expanding access and promoting awareness of home visiting programs to parents and those who work with children and families.

In past years, CFR Team has recommended more consistent utilization of a SUID Investigation Reporting Form (SUIDIRF) by coroners and law enforcement as a way of better understanding the preventive factors and ruling out other potential causes of infant death. After 5 review years, the team saw significant improvements in SUIDIRF utilization and increasingly thorough infant death investigations in Idaho. The CDC makes a standard form available and alternatively, some agencies have developed a simplified, version of this tool for use at the state or local level.

For Coroners

Idaho's growing population will require additional resources for county coroner offices to allow them to adequately manage child death investigations despite substantially larger caseloads. Resources should be allocated with consideration to population growth in various regions of the state. Smaller county agencies with funding and staffing constraints are encouraged to seek assistance from larger coroner and law enforcement agencies.

While the great majority of unexplained infant deaths appeared to be thoroughly investigated (including performing autopsies) and coding was generally in compliance with state and CDC guidelines, there continued to be a few SUID cases which were coded inconsistently on death certificates. Coroners should certify the cause of death as SUID only when all external causes have been ruled out. Therefore, *all* unexplained infant deaths should be coded with a manner of

“Could not be determined.” The CFR team recommends that this guideline is continually reinforced in coroner training content.

Coroners should be familiar with Idaho’s mandatory reporting laws (*Idaho Statute 16-1605*, *see page 35*) and are encouraged to work cooperatively with their partners in law enforcement and CPS agencies to share concerns and thoroughly investigate incidents. Coroners often play an important role in protecting surviving children in a home where a prior death occurred.

Coroners are encouraged to work with law enforcement agencies and medical personnel to complete a thorough investigation in these types of infant deaths. Consistent usage of the CDC’s SUID Investigation Reporting Form (www.cdc.gov/sids/SUIDRF.htm), or local equivalent, is recommended to properly guide these investigations. Thorough investigations (including home environment, incident re-enactments, family medical history, autopsies, etc.) and consistent documentation helps to identify commonalties and risk factors which can prevent future deaths.

For Public Health Agencies

Local public health agencies already include safe sleep messaging as part of public education campaigns. IDHW Maternal and Child Health programs can continue to support CFR Team recommendations through coordination with outside agencies and by educating parents and providers on known SUID risks.

Case workers should familiarize themselves with Idaho’s mandatory reporting laws (*Idaho Statute 16-1605*, see *page 35)* and readily communicate with partners to investigate health and safety concerns. The CFR team found multiple situations in which separate agencies (e.g. police and CPS) each received similar but unsubstantiated reports of child abuse or neglect. Some of these concerns might have been substantiated and addressed through cooperative efforts and information sharing between agencies. The team recommends more cooperative approaches in supporting families and investigating concerns for child safety. Case workers should be cognizant of the association of certain factors in infant deaths (i.e. improper infant sleep environment, smoking, drug and alcohol impairment, mental health concerns, unsanitary/hazardous living spaces) as identified by the Idaho CFR team and other research findings.

The CFR Team recognizes the effectiveness of home visiting programs in helping families build and maintain nurturing, healthy households. Expanded access and greater awareness of such programs in public health and non-profit agencies is recommended to prevent or correct unsafe situations for infants and young children.

Because of the risk of parents falling asleep during late night feedings, health educators and case workers should be sure that parents understand that the protective factors of breastfeeding do not negate the high risk of co-sleeping. Case workers are often in a unique position to identify problematic sleep environments and other hazards during home visits and can play a key role in educating parents and child care providers.

For Law Enforcement

Law enforcement agencies are encouraged to work cooperatively and share information with partner agencies (i.e. coroners, CPS, etc.) to investigate health and safety concerns within families. Unsafe situations may be better substantiated and addressed through complete information and family history obtained from multiple sources. Officers should be familiar with the factors that are commonly associated with infant deaths (*see page 33*) so that they can be addressed in advance to prevent injuries or deaths.

Officers should familiarize themselves with Idaho's mandatory reporting laws (*Idaho Statute 16-1605*, see *page 35*) and readily communicate with partner agencies to investigate health and safety concerns involving children.

Consistent usage of the CDC's SUID Investigation Reporting Form (www.cdc.gov/sids/SUIDRF.htm), or local equivalent, is recommended to properly guide infant death investigations. Thorough investigations (including home environment, incident re-enactments, family medical history, etc.) and consistent documentation helps to identify commonalities and risk factors which can prevent future deaths. When resources are limited, smaller agencies are encouraged to seek support from other law enforcement agencies or coroner's offices which may provide additional expertise and resources to assist with these investigations.

For Health Care Providers

Health care professionals play an important role in educating parents on the protective factors of prenatal care, breastfeeding, timely immunization and the dangers of tobacco smoke exposure. They should endorse AAP safe sleep guidelines and model them at medical facilities. Health care providers should be aware of home visiting programs offered by The Idaho Division of Public Health's Maternal, Infant, and Early Childhood Home Visiting Program and help identify families who may benefit from this support to create and maintain a safe home environment. In addition to providing information on prenatal health and newborn care home visitors offer referrals for needed resources like nutritional support, housing and utility assistance, substance and mental health referrals, and home safety plans.

Providers should also be familiar with Idaho's mandatory reporting laws (*Idaho Statute 16-1605*, *see page 35*) and are encouraged to work cooperatively with their partners in law enforcement and CPS agencies. Health or safety concerns can be reported to law enforcement or to the Idaho Department of Health and Welfare by calling **2-1-1** so that they can be properly investigated and potentially addressed.

For Parents and Child Care Providers

Parents and caretakers should familiarize themselves and comply with the current AAP safe sleep recommendations (www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx).

Infants should be placed on their back to sleep until they are 1 year old. The safest place to sleep is in their own crib or bassinet, on a firm sleeping surface, free of toys, pillows, small objects and loose bedding. Parents and caretakers should be especially mindful of sleep environment when the infant is away from home. Couches, recliners or car seats are not safe for long periods of sleep. A safer alternative when away from home is a portable crib such as a play-yard (e.g. "Pack 'n Play"). Consumers are warned not to rely on marketer's claims of safe sleep products for infants. Wedges, positioners, special mattresses and heart/breathing monitors have not been shown to reduce the risk of SUID.

Breastfeeding and staying current with immunizations have both been shown to significantly reduce the risk of infant death. Because the reduced risk of SUID to breastfed infants is now

well established, mothers are strongly encouraged to breastfeed newborn infants. Even mothers who combine breastfeeding with formula for only the first few months of life are providing significant protective benefits (www.forbes.com/sites/tarahaelle/2017/10/31/any-breastfeeding-even-partial-cuts-sids-risk-in-half/#9d609df25191).

AAP recommends that the infant's sleep area be in the same room (but *not* the same bed) as the parents for at least 6 months (ideally for the first year) to make it easier to feed and comfort the baby. When breastfeeding in bed, mothers should be sure to return the infant to his/her own crib or bassinet once feeding is complete, to avoid suffocation risk. Parents should avoid alcohol and drug use while caring for an infant, as impairment can make it difficult to wake up and respond to an infant.

The CFR Team urges parents to maintain a safe and hygienic home environment that is uncluttered and free of hazardous objects. Infants may be more susceptible to infections when exposed to bacteria that result from unwashed clothing, bedding, dishes, spoiled food and animal waste. Care should be taken to see that medications/drugs, tobacco products, cleaning supplies and sharp objects are kept out of the reach of children.

Because of the known risk to infants from tobacco smoke exposure, it must be stressed that there is no safe level of smoking during pregnancy. In addition, infants should never be exposed to second hand smoke. Idaho's Project Filter offers the "Quit Now" program to support smoking cessation efforts: http://projectfilter.org

As in any emergency, parents are reminded to **call 9-1-1** immediately when an infant or child may be in distress. In these situations, every second is critical and prompt medical assistance can save a life.

Home visiting programs, like those offered by Idaho Department of Health and Welfare and Idaho's Head Start, provide support services to eligible families. Home visitors provide information on prenatal health, newborn care and child development. They offer referrals for needed resources including nutritional support, housing and utility assistance, substance and mental health referrals, early education and home safety plans.

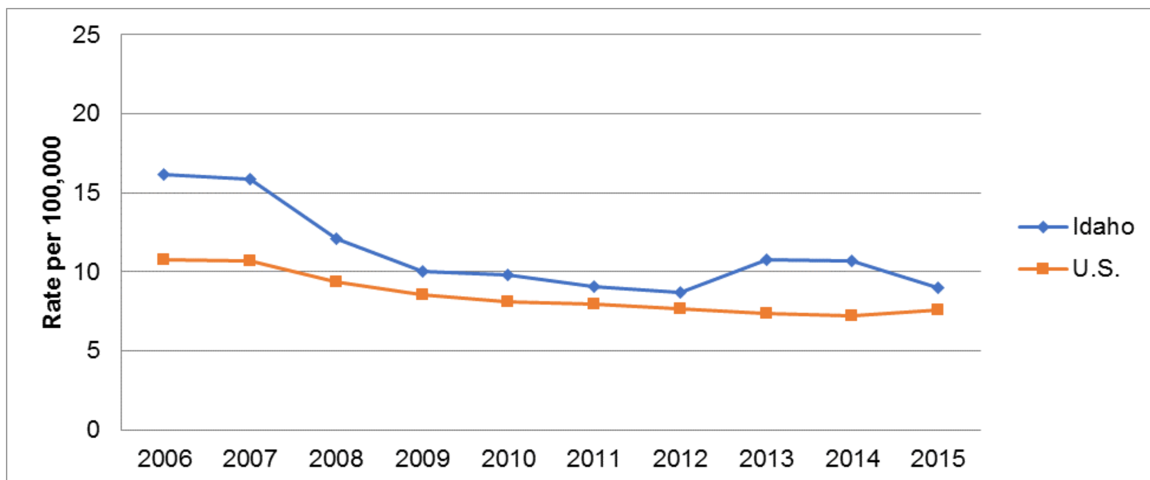
For information on eligibility, to seek family support, or report a safety concern, call the Idaho Department of Health and Welfare's Care Line: **2-1-1** or Idaho Head Start at: http://www.idahohsa.org

UNINTENTIONAL INJURIES

Unintentional injuries (accidents) are those that were not planned or were inflicted by another person. Nationally, the leading causes of fatal accidents are motor vehicle collisions, drowning, fires, and poisoning. In 2015, the rate of accident deaths in Idaho did not differ significantly from that of the U.S. overall.

Idaho and U.S. Resident Accident Deaths (Age <18)
and Rates Per 100,000, 2006-2015

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total number Idaho Resident accident deaths	**64**	**65**	**50**	**42**	**42**	**39**	**37**	**46**	**46**	**39**
Idaho Resident accident death rate	16.2	15.9	12.1	10.0	9.8	9.1	8.7	10.8	10.7	9.0
U.S. Resident accident death rate	10.8	10.7	9.4	8.6	8.1	8.0	7.7	7.4	7.2	7.6

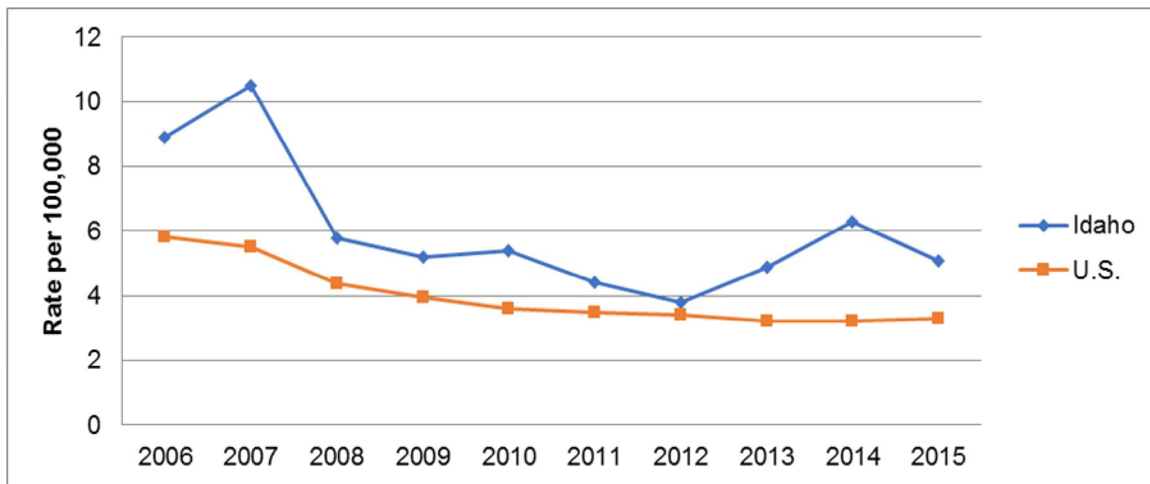


Source: *Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare*

Idaho's rate of child motor vehicle fatalities declined slightly after a sharp increase in 2014. In 2015, the state's motor vehicle death rate was not significantly higher than the U.S. rate, overall.

Idaho and U.S. Motor Vehicle Accident Resident Deaths (Age <18) and Rates per 100,0000, 2006-2015

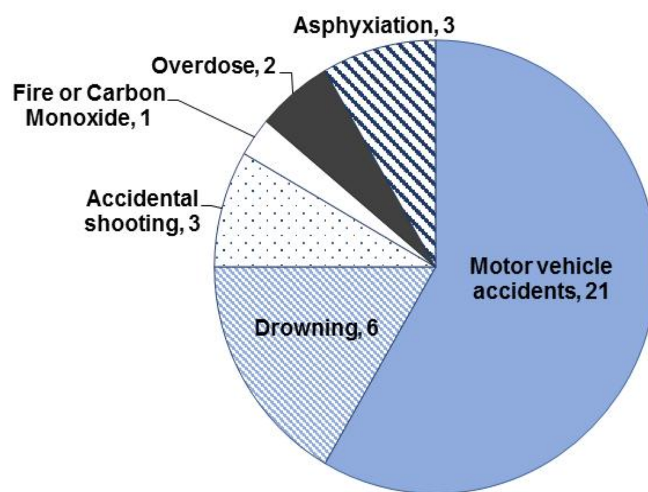
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total number Idaho Resident accident deaths	**35**	**43**	**24**	**22**	**23**	**19**	**16**	**21**	**27**	**22**
Idaho Resident accident death rate	8.9	10.5	5.8	5.2	5.4	4.4	3.8	4.9	6.3	5.1
U.S. Resident accident death rate	5.8	5.5	4.4	4.0	3.6	3.5	3.4	3.2	3.2	3.3



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 CFR Team Findings: Accidents

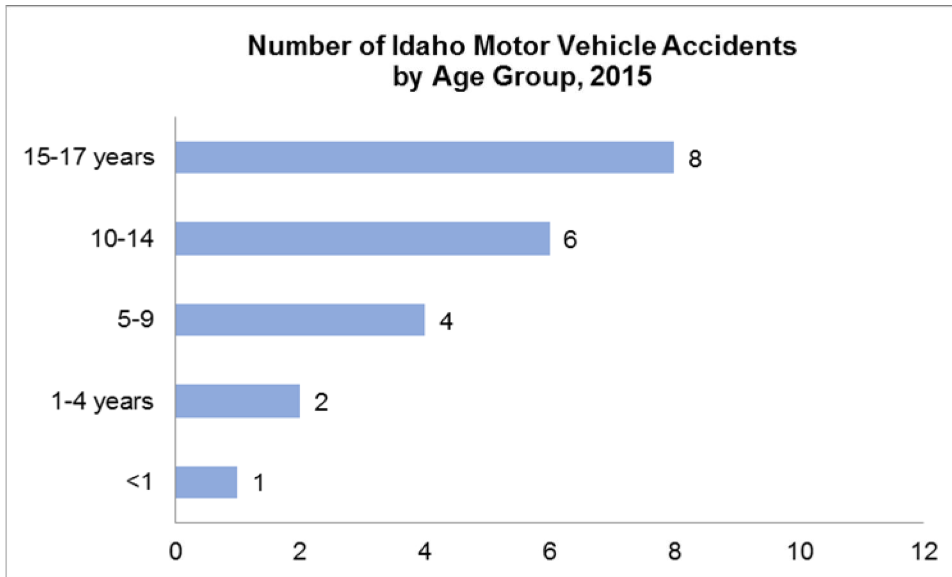
In 2015, there were 36 accident deaths occurring in Idaho. The majority (21 of 36) were motor vehicle accidents. Drowning deaths accounted for another 6 of these cases. There was 1 smoke inhalation death resulting from a house fire, 3 accidental shootings, and 2 accidental overdoses. The 3 asphyxiation deaths were to infants or toddlers and are discussed in this report's section on SUID.

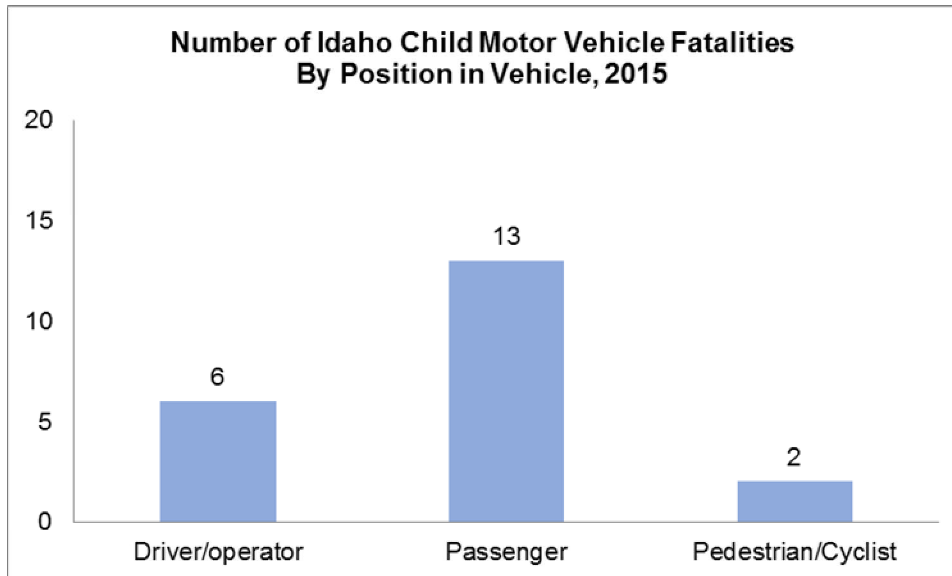


[Based on 36 accident deaths]

MOTOR VEHICLE ACCIDENTS

The CFR Team reviewed the 21 motor vehicle deaths that occurred in Idaho in 2015. The victims were commonly in their mid to late teen years. Most of the victims were male (15 males, 6 females). The majority (13) of the victims were passengers while 6 were drivers (or operators of an off-road vehicle) and 2 were pedestrians.





[Based on 21 motor vehicle fatalities]

Because 2 of these accidents resulted in multiple fatalities, there were actually 19 separate motor vehicle accidents accounting for the 2015 child deaths. Additionally, 5 of the accidents occurred off-road (3 ATVs, 1 SUV, and 1 golf cart). One death was the result of a water craft accident. The following findings are based on the remaining 13 *traffic* accidents.

Vehicle Type

In 2015, the type of vehicles involved in traffic fatalities varied but nearly one-third of the accidents were in pick-up trucks. Two of the accidents involved motor vehicles striking a pedestrian or cyclist.

Vehicle type of 2015 Idaho Accidents (child as occupant)

Car	Pick-up or truck	SUV, Bus or Van	Motorcycle	Pedestrian or bicycle
3	4	3	1	2

[Based on 13 motor vehicle traffic accidents]

Teen drivers

In 2015, 6 of the traffic accidents involved a teen driver. In most cases, multiple risk factors were observed in the same accident. Late night driving, multiple teen passengers, no seat belt usage, winter road conditions, speeding, and unlicensed drivers were top risk factors in the teen driver accidents.

Seat Belt and Safety Restraint Usage

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. Idaho Statute 49-673 mandates that seat belts are worn by all occupants whenever a vehicle is in motion, except under certain specific conditions.

While Idaho law does not explicitly dictate children's position in a vehicle, the NHTSA states that the rear seat is the safest place for children of any age to ride. Idaho's Child Passenger Safety Law requires that all children six years of age or younger be properly restrained in an appropriate child safety restraint. An appropriate child safety restraint is a safety seat for children up to 40 pounds and a belt-positioning booster seat for children aged six years or younger.

As in past years, improper safety restraint use was repeatedly noted as a factor in the 2015 motor vehicle fatalities. Of the 13 traffic fatalities, 8 of the victims (more than half) were not using an age appropriate safety restraint (seat belt or child safety seat).

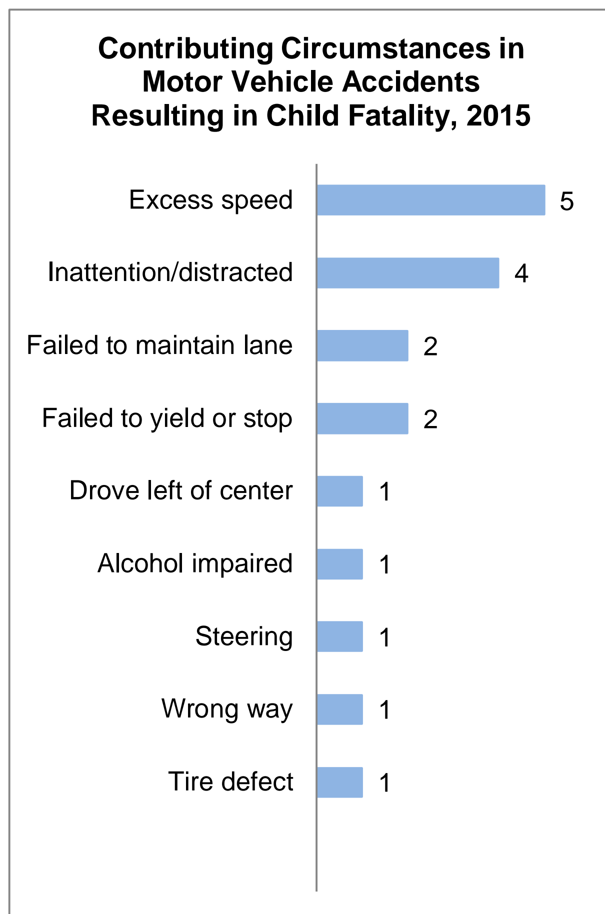
Safety Restraint Not Used

Seat belts not used	Child safety seats/booster seats not used OR used improperly
6	2

*[Based on 13 **motor vehicle traffic** fatalities]*

Contributing circumstances

For each vehicle involved in a traffic collision, the investigating officer may indicate up to three circumstances that contributed to the resulting accident. These are summarized in Idaho Transportation Department (ITD) crash reports. The most commonly cited circumstances in the 2015 motor vehicle traffic accidents were excess speed and inattention/distraction.



Excess speed includes "too fast for conditions" and "exceeded posted speed"

*[Based on 13 **motor vehicle traffic** accidents]*

Systems Issues

As in past years, the CFR Team found that key details were missing from the ITD crash report form. The narrative section of the form did not consistently provide the pertinent details and left the team with unanswered questions such as the speed of the vehicle, toxicology results of all drivers (if performed), and the source of distraction when “inattention” or “distracted driving” was a contributing circumstance.

Additional information pertaining to the role of electronic devices and other common types of distractions while driving could aid in identifying focus areas for prevention messages. The team felt that detailing the specific source of distraction on the ITD form (e.g. handheld phone, radio, pet, passengers, etc.) would improve the analysis of preventable factors.

Common Factors and Associations

Along with the contributing circumstances obtained from ITD crash reports, Idaho’s CFR Team separately captured common factors which may have played a role in these accidents. This additional step provides information which may be used to increase the safety of children as opposed to strictly identifying direct causes of accidents. Some of the factors identified by the team (such as multiple passengers or not using seat belts) may not directly *cause* accidents but may increase the likelihood or the severity of the accident. The Idaho CFR Team identified the following common factors in the 2015 motor vehicle accidents (ranked by frequency with number of instances in parenthesis):

1. Seat belts not used (6)
2. Late night driving (5)
3. Speed too fast for conditions (5)

Tie:

4. Winter driving conditions (3)
5. Inexperienced driver (3)
6. Multiple teen passengers (3)

Tie:

7. No child safety seat used (2)
8. Unlicensed driver (2)
9. Alcohol *OR* drug impaired driver (2)

Tie:

10. Pickup bed riding (1)
11. Texting while driving (1)
12. Failure to secure load (1)

[Based on 13 ***motor vehicle traffic*** *accidents]*

Off-road vehicles

In 2015, there were 5 *non-traffic* accidents to children riding or operating vehicles off-road for recreational or work purposes. Vehicle types included all-terrain or utility task vehicles (ATV or UTV, 3 accidents), one golf cart, and one sports utility vehicle.

In all except one of the off-road vehicle accidents, the fatally injured child was operating the vehicle. The ages of the vehicle operators ranged from 10 to 17 years old. Only two of the five victims were wearing a helmet at the time of the accident. The CFR Team found that alcohol or drug impairment played a role in 3 of the 5 off-road accidents.

Recommended Actions for Preventing Motor Vehicle Accident Deaths

Many of the recommendations for preventing motor vehicle accident deaths are related to drivers' education and safe passenger practices. Law enforcement agencies may look for opportunities to partner with ITD and the State Department of Education (SDE) to accomplish their shared goals of reducing traffic fatalities through consistent messaging.

For Parents and Teen Drivers

Safety Restraints

Improper safety restraint usage played a significant role in the 2015 fatalities (8 of the 13 traffic fatality victims were not using an age-appropriate seat belt restraint or safety seat). Many of the fatal injuries resulting from traffic accidents may have been less severe or prevented entirely with proper seat belt or safety seat use. In Idaho, use of a seat belt or child safety seat is legally required for drivers and vehicle occupants of all ages.

Idaho's Child Passenger Safety Law requires that all children six years of age or younger be properly restrained in an appropriate child safety restraint. The stricter National Transportation

Safety Board (NTSB) recommendations are based on height and weight as well as age (booster seats until 4 feet 9 inches *OR* eight years old).

To ensure that the correct safety seat is used and installed correctly, ITD recommends routine inspection by a trained professional. Safety seat installation and check sites throughout Idaho may be found at following website: https://www.nhtsa.gov/equipment/car-seats-and-booster-seats#inspection-inspection

Safe Driving Habits

Parents should model good driving behavior by always wearing a seat belt, maintaining a safe speed, and not driving while distracted or under the influence of alcohol or drugs.

Electronic device usage while driving has been linked to an increase in distracted driving accidents. The National Highway Transportation Safety Administation (NHTSA) reports that young drivers have been observed manipulating electronic devices at higher rates than older drivers (www.nhtsa.gov/risky-driving/distracted-driving).

Teens driving with multiple passengers has been repeatedly found as common risk factor in traffic accidents. In addition to learning safe driving techniques, teens should be prohibited from driving late at night with other passengers whenever possible. Teen-parent contracts that place restrictions of the teen driver are a useful way to communicate expectations and remind drivers to avoid risky behaviors.

The Idaho Teen Driving program offered by ITD aims to improve the practice of safe driving among young adults and provide an avenue for learning safe driving skills. Resources and information can be found at: http://www.idahoteendriving.org

Off-Road Vehicle Safety

Recreational and utility vehicles like ATVs, UTVs, Jeeps, and motorcycles are commonly used by young, unlicensed drivers for both work and play. Parents should recognize that even when following precautions and protective laws, these are inherently risky activities. Operators and their parents are urged to follow safety guidelines, use proper equipment, and make sure they are using off-road vehicles in accordance with manufacturer recommendations.

Even when not mandated by law, ATV riders are urged to use caution and follow safety recommendations. Kids Health (http://kidshealth.org/parent/firstaid_safe/travel/atv-safety.html#) offers specific guidelines for safe ATV riding.

Idaho law requires that any person without a valid motor vehicle license who wishes to operate an ATV or motorcycle on US Forest Service roads take an IDPR-approved safety course. Riders under age 16 must be supervised by an adult. (https://parksandrecreation.idaho.gov/activities/atv-motorbike)

Pickup Bed Riding

While Idaho law does not explicitly prohibit pick-up bed riding for children over the age of 7 years, doing so presents a known safety hazard. Injuries may occur during non-crash events like stopping or swerving. Drivers should remember that cargo areas of trucks do not meet occupant safety standards for passenger seating.

Pedestrian and Bicycle Safety

Walk Smart, by ITD and Idaho Highway Safety Coalition (http://itd.idaho.gov/safety/) reminds parents of the vulnerability of young children in navigating roadway and traffic environments. Children typically have limited understanding of traffic signals and patterns and their shorter physical stature makes them difficult for motorists to spot. Parents and caregivers can role model safe behavior and should closely supervise children when walking or biking near roadways, driveways, and parking lots. Drivers should use extra caution when driving near schools and parks or anywhere that children may be present.

For Public Transportation Agencies

The CFR Team recommends updates to the ITD crash report forms to ensure that they completely capture relevant information pertaining to the cause of the accident. Specifically, they request: 1) the addition of a field for the estimated speed of vehicles at the time of the crash and 2) the addition of specific phone/device usage fields (including whether the device was handheld or hands free/Bluetooth® enabled) as options for the “contributing circumstances” listed on the form.

Continued messaging reminding drivers of proper seat belt/safety restraint use, bicycling safety and warnings against impaired and distracted driving may help prevent traffic fatalities. Other opportunities may exist for more public education related to safety seat installation checkpoints and pedestrian safety.

While child fatalities related to ATV, motorcycle and snowmobile riding typically occur off-road, there may be opportunities to increase public awareness of safe riding through collaboration with recreational and public health agencies.

For Law Enforcement

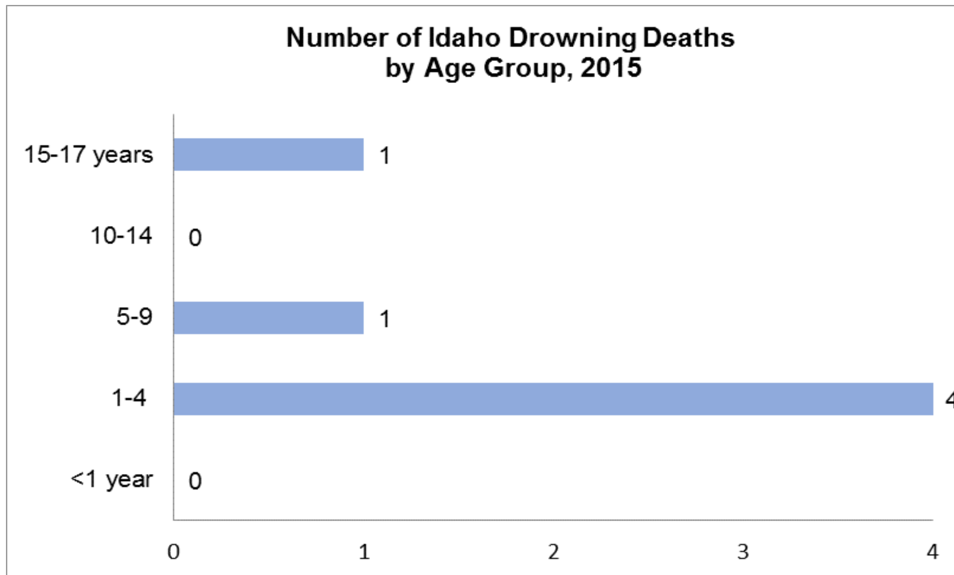
Law enforcement agencies should continue to promote compliance with vehicle safety restraint laws through community/school meetings, public education campaigns and strict enforcement of state laws.

In completing narrative sections of ITD crash report forms, officers are encouraged to provide details such as estimated vehicle speed and source of driver distraction (e.g. cell phones, passengers) as a contributing cause of accidents. Although not currently required fields on crash reports, this addition could potentially increase understanding of the cause of accidents and lead to improved preventive efforts.

The team supports continued strict enforcement of alcohol and drug impairment laws. Ongoing public education on the consequences of impaired driving (including prescription drug impairment) should be emphasized.

DROWNING

The team reviewed the 6 drowning deaths that occurred in Idaho in 2015. The most common scenario was a pond or canal drowning of a toddler or preschool aged child. The single bathtub drowning was related to an underlying medical condition.



Number of drowning deaths by location

Body of water	#
Pond	2
River	1
Canal	2
Bathtub	1

[Based on 6 drowning deaths]

Common Factors and Associations

The CFR Team found that inadequate supervision was a factor in half (3) of the drowning deaths. In 4 of the incidents, there was no secure barrier to prevent the child from entering the water.

1. Inadequate supervision (3)
2. Unsecured access to river/pond (2)
3. No barrier/fence installed between play area and canal (2)
4. Delayed 911 call (1)

[Based on 6 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.

For Public Health Agencies

The team recommends that public education campaigns emphasize the importance of closely supervising children while near the water.

The continued emphasis of canal safety in public service messaging may play an important role in reducing deaths and injuries to Idaho children.

The team identified the need for continued water safety messaging for a general audience. Warnings of the unpredictable nature of rivers, lakes and reservoirs should be directed to teens as well as parents of young children.

For Parents and Child Care Providers

Property owners should install and carefully maintain fences or other barriers to prevent children from accessing open water. Safety gates or doors that provide access to water should be shut securely.

Parents should be mindful of the possibility of children accessing or slipping into open water from yards, parks or walking paths. Icy lakes and ponds, swift moving canals, creeks and rivers can be hazardous to children playing near the water.

Those supervising young children near water should remain within arm's reach while swimming. They should avoid alcohol and drug use and other distractions so that they remain alert and vigilant.

FIRE AND CARBON MONOXIDE INHALATION

In 2015, a structure fire resulted in the smoke inhalation death of 1 child.

The National Safety Council (NSC) studies have shown that a working smoke alarm cuts the chances of dying in a house fire in half. The NSC offers safety tips in the event of a house fire

such as planning an escape route and teaching family members how to use fire extinguishers, which should be stored in accessible areas of the home (www.nsc.org/learn/safety-knowledge/Pages/safety-at-home-fires-burns.aspx).

Heating appliances should be used only as directed by manufacturers. Gas cooking appliances should never be used for heating. Gas camp stoves can cause carbon monoxide to build up and should never be used indoors.

ACCIDENTAL SHOOTINGS (FIREARMS)

Three Idaho children died of accidentally inflicted gunshots in 2015. All 3 victims were middle school or high school aged males. All were routinely allowed access to guns at home without adult supervision. The CFR Team identified unsecured guns and a family history of substance abuse and/or domestic violence as common risks in these cases.

A recent study by *Pediatrics* reported that an average of 1,300 U.S. children die of gunshot wounds each year and another 5,790 are treated for gunshot wounds. Boys, older children and minorities are disproportionately affected. The shooter playing with a gun was the most common circumstance surrounding unintentional firearm deaths of children. (http://pediatrics.aappublications.org/content/early/2017/06/15/peds.2016-3486)

According to the journal *Injury Prevention*, Idaho ranks third among all states in gun ownership rates. Specifically, 57% of Idaho adults report owning a gun compared with 29% nationally (http://injuryprevention.bmj.com/content/injuryprev/early/2015/06/09/injuryprev-2015-041586.full.pdf?keytype=ref&ijkey=doj6vx0IaFZMsQ2). A reported 80 percent of unintentional firearm deaths to those under the age of 15 occur within a home.

The CFR Team recommends improved coordination between agencies (i.e. CPS and law enforcement) to help identify and address unsafe situations in homes, including improper gun handling.or easy access to guns and ammunition by children.

Public health messaging should include reminders of responsible gun ownership and safe handling practices (keeping guns out of reach of children, using gun locks and storing guns and ammunition in separate, secure locations).

The ASK (Asking Saves Kids, http://www.askingsaveskids.org) campaign is a collaboration between the Brady Center to Prevent Gun Violence and the American Academy of Pediatrics which encourages parents to ask about unsecured guns in homes where their children play.

Project Child Safe (www.projectchildsafe.org), a non-profit organization committed to promoting firearm safety, offers additional resources such as educational materials, firearm safety tips, and free gun lock kits.

OVERDOSE

Two Idaho children died of accidental overdoses of prescribed medications in 2015. The CDC reports that nationally, deaths from prescription opioids have more than quadrupled since 1999 (https://www.cdc.gov/drugoverdose/epidemic/index.html). Recommended actions include improving opioid prescribing (to reduce exposure, prevent abuse, and stop addiction), promoting prescription drug monitoring programs among health care providers, and expanding access to substance abuse treatment.

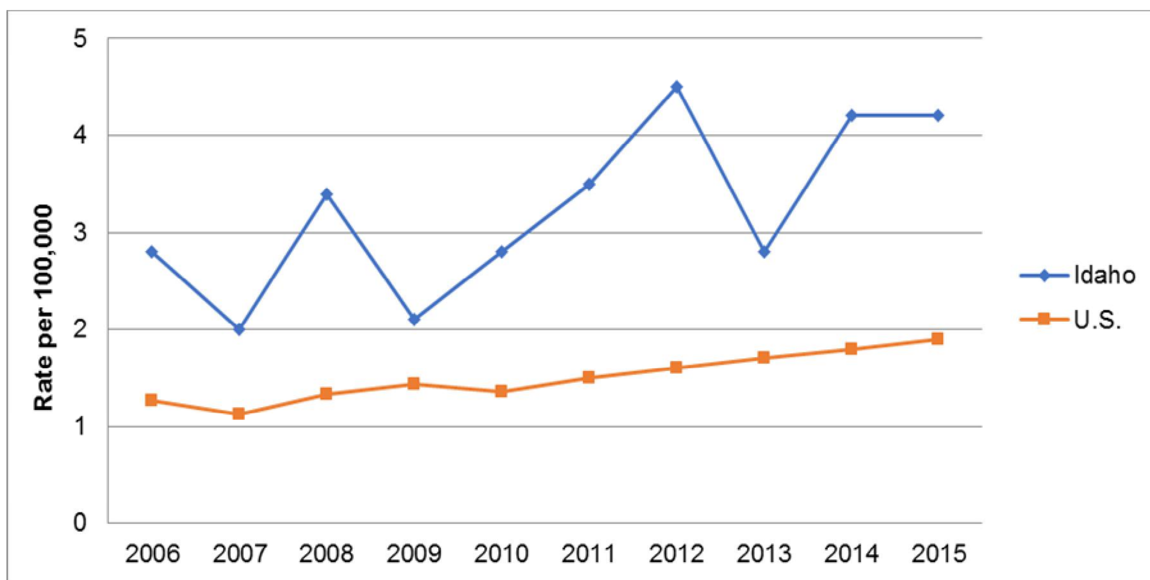
Prescription and over-the-counter medications (even those seemingly harmless when taken at recommended dosages) should be stored out of reach and out of sight of children and teens, especially those with a history of substance abuse or mental health concerns. Drug Free Idaho (www.drugfreeidaho.org/rx_take_back.html) provides information on medication drop box locations and community “shred days” for safely disposing of medications.

SUICIDES (Intentional Self Harm)

Suicide is the second highest cause of death to Idaho children over the age of 1 year. Idaho's rate of youth suicide is more than double that of the overall U.S. rate. Teens between 15 and 17 have the highest incidence of suicide.

Idaho and U.S. Resident Suicide Deaths (Age <18)
and Rates per 100,000, 2006-2015

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total Number Idaho Resident suicides	**11**	**8**	**14**	**9**	**12**	**15**	**19**	**12**	**18**	**18**
Idaho Resident suicide death rate	2.8	2.0	3.4	2.1	2.8	3.5	4.5	2.8	4.2	4.2
U.S. Resident suicide death rate	1.3	1.1	1.3	1.4	1.4	1.5	1.6	1.7	1.8	1.9

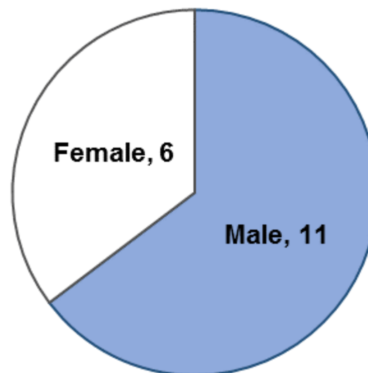


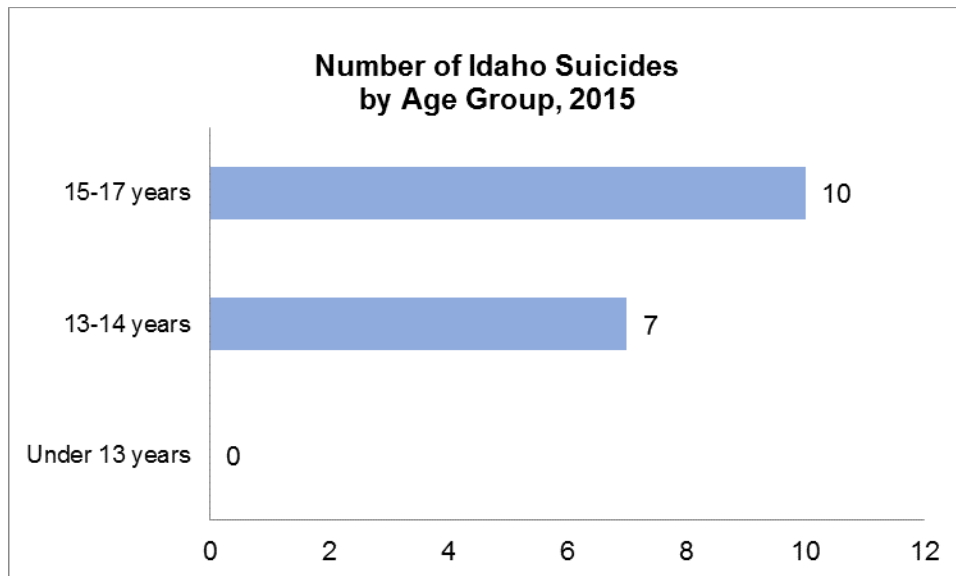
Source: *Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare*
Rates based on 20 or fewer deaths may be unstable. Use with caution.

Idaho CFR Team Findings: Suicides

The CFR Team reviewed 17 suicides occurring in Idaho in 2015. Nearly two-thirds of the victims were male. All of the 2015 suicide victims were teenagers.

The National Center for Child Death Review reports that U.S. adolescent males are four times more likely to complete suicides than females. However, females are twice as likely as males to attempt suicide.



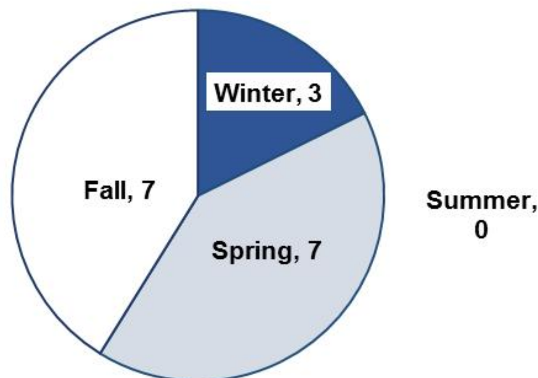


[Based on 17 suicide deaths]

The most commonly used injury mechanism was firearms, closely followed by hangings. While these deaths occurred most often during the spring and fall months, no obvious trend emerged with regard to seasonality.

Number of Suicides in Idaho by Mechanism, 2015

Injury Mechanism Used	#
Firearm	9
Hanging/asphyxiation	7
Intentional fall/jump	1



[Based on 17 suicide deaths]

Systems Issues

As in past years, the CFR Team was hindered by the absence of school records in completing thorough reviews. Schools deny requests for academic and behavioral history, citing Family Education Rights and Privacy Act (FERPA) restrictions. The CFR Team continues to work with the State Department of Education to find an agreeable solution so that the commonalities and predictors of youth suicide can be more thoroughly studied and understood.

The team identified a lack access to high quality mental health treatment, particularly in rural areas, as a precursor to some of the suicide deaths. In some instances, the children had

received counseling through schools or churches, but the team had questions about the qualifications of the counselors and whether appropriate professional referrals and/or prescription medications were offered. The team also raised questions about the effect of non-compliance with medications as a possible risk factor in some of the suicides.

The CFR team found that coroner and law enforcement investigations did not consistently include questioning into the home or family environment, medical and mental health history, and toxicology testing of the deceased. Investigators were sometimes unable to search the victims' electronic devices or social media accounts due to password protected accounts or deleted information. Having access to this information could help better understand the mindset of the victim prior to the event as well as the role of social media, bullying, or other social interactions contributed to these deaths.

Common Factors and Associations

Idaho's CFR Team found the following factors in reviewing the suicide deaths (ranked by frequency with number of instances in parenthesis):

1. Family discord/recent conflict (10)

Tie:

2. Sexual/romantic relationship volatility (9)
   Access to unsecured firearm (9)

3. CPS history in family (7)

Tie:

4. Previous ideation/attempts (5)
   No counseling/mental health services in presence of symptoms (5)

5. Out of compliance with prescribed medication (4)

Tie:

6. Diagnosed mental health issues (3)
   Recent academic problems or disciplinary event at school (3)
   History of domestic violence in family (3)
   Social pressure (social media, suicide pact) (3)
   Relative/close friend's suicide (3)

[Based on 17 suicide deaths]

Many of the suicide deaths involved an interaction of risk factors. Teens with a history of mental health concerns or a chaotic home life (i.e. alleged domestic violence, substance abuse or other criminal history in family) may be particularly vulnerable when facing a stressful event loss of a close relationship or a disciplinary event.

Romantic and/or sexual relationship volatility reportedly preceded several of the suicide events. In some cases, investigators discovered recent negative social media interactions with peers (discussing methods of suicide, possible cyber-bullying, etc.) which might have contributed to the victim's feelings of isolation or despair.

Easy access to lethal methods was repeatedly found to be a commonality of suicides. The team is concerned about the number of emotionally distraught victims who accessed a firearm in their own home in an impulsive act.

Several of the suicide victims had evidence of a complex history of generational neglect (as indicated by CPS history, suicide or criminal history of a family member, past violence or substance abuse at home). Research suggests that one-third of individuals who were abused or neglected will subject their own children to maltreatment (*Cycle of Abuse*, www.childwelfare.gov).

Recommended Actions for Preventing Suicide Deaths

Limiting access to highly lethal means, such as firearms, reduces the risk of a major injury during an emotionally charged moment. The 2012 National Strategy for Suicide Prevention, (http://actionallianceforsuicideprevention.org/nssp) recommends that firearm dealers and gun owners consider suicide awareness as a basic tenant of firearm safety and responsible ownership.

The CFR Team continues to find evidence of a shortage of mental health services throughout the state. The team supports the work of IDHW's Office of Suicide Prevention and additional funding for Idaho's Suicide Prevention Hotline (1-800-273-TALK) and efforts to reduce the stigma of seeking mental health services.

Education for parents and educators on suicide warning signs may help prevent suicides. School and community programs which encourage open communication and meaningful

connections provide broader perspective and help young people navigate through academic pressures, relationship turmoil, family conflict, and other intense emotional experiences commonly encountered during the middle and high school years.

IDHW's Office of Suicide Prevention urges the public to be aware of the warning signs of suicide and seek help when someone exhibits the following behaviors (http://healthandwelfare.idaho.gov/Families/SuicidePrevention/tabid/486/Default.aspx):

- Threatening suicide
- Talking or writing about suicide
- Isolation or withdrawal (from family, friends, activities, etc.)
- Agitation, especially combined with sleeplessness
- Nightmares
- Previous suicide attempt(s)
- Seeking methods to kill oneself
- Feeling hopeless or trapped

The **Idaho Suicide Prevention Hotline at 1-800-273-TALK (8255)** offers referrals to mental health professionals and other resources.

For Educators and Health Care Providers

In addition to knowing the risk factors and warning signs of suicide (see previous section) school administrators, counselors, teachers, and medical professionals are encouraged to take advantage of resources offered by the Idaho Lives Project (www.idaholives.org). Their mission is to foster connectedness and resilience throughout Idaho school communities to prevent youth suicide. To expand their reach and ensure sustainability, Idaho Lives is also developing and supporting a statewide cadre of Idaho trainers to help implement their model in non-participating schools.

For Public Health Agencies

Public education campaigns related to safe storage of guns, ammunition, and drugs (prescription and OTC) may prevent tragedies in volatile situations. Families with a known risk for suicide should remove firearms and certain controlled medications from the home entirely.

Many teen suicide victims had a personal or family history of mental health concerns. The CFR Team continues to see a need for improved access to high quality mental health services, particularly in rural areas of the state.

The CFR Team identified a potential research topic of the role of non-compliance with medications prescribed to mental health patients in suicide deaths. The team will continue to partner with IDHW's Office of Suicide Prevention to integrate their findings and recommendations.

For Parents

Parents should familiarize themselves with warning signs of suicide risk and promptly consult health care providers and/or educators for support when concerns arise *(See page 62).*

The National Center for the Review and Prevention of Child Deaths cites research examining the protective factors that can prevent teen suicide. A strong and positive connection to parents, family and/or school has been shown to provide immunity for teens when they are troubled (www.ncfrp.org/reporting/suicide).

While social media offers benefits like supportive connections with peers, some studies have linked excessive screen time (especially on smart phones and other electronic devices) with anxiety and depression in teens (www.npr.org/2017/12/17/571443683/the-call-in-teens-and-depression). Parents should model responsible technology use and establish boundaries on time and content limits. The American Academy of Pediatrics (https://www.aap.org/en-us/about-the-aap/aap-press-room/news-features-and-safety-tips/pages/Talking-to-Kids-and-Teens-About-Social-Media-and-Sexting.aspx) and Safe Search Kids (www.safesearchkids.com) both offer tips for protecting teens on social media and the internet.

Because of the impulsive nature of many suicidal acts, parents should take extra steps to make sure that firearms are not accessible to children and teens. Guns and ammunition should be

stored separately, in locked locations that are out of the reach of children. Keys and combinations should be kept hidden. Children and teens with a history of mental health issues or suicide threats/attempts should not have access to a firearm in homes, vehicles, garages, workshops or any other household areas.

Prescription and over-the-counter medications should be stored out of reach of children and teens, especially those with a history of mental health issues or emotional volatility. Drug Free Idaho (www.drugfreeidaho.org/rx_take_back.html) provides information on medication drop box locations and community "shred days" for safely disposing of medications.

For Coroners and Law Enforcement Agencies

Coroners and law enforcement agencies should work cooperatively to ensure a complete investigation and that the circumstances leading to death is determined based on all available information.

In 2016, the National Center for the Review and Prevention of Child Deaths developed new guidelines and a questionnaire to assist investigators and reviewers of youth suicides. It includes sections on history of the deceased, circumstances of death, injury mechanism, expressed suicidal intent, medical and mental health history, substance abuse, and family history. For guidelines on investigative protocols and tools, see: (https://www.ncfrp.org/tools_and_resources/investigation-protocols/).

Social media accounts and electronic devices are often preferred communication channels for teens and can offer insights into the circumstances surrounding the deaths. This information may also uncover opportunities for interventions for peers and relatives in need of support following a suicide. Investigations should routinely include searches of personal social media accounts and devices of victims, friends and family members. Investigators should exhaust all available options for obtaining passcodes and/or witness accounts of recent text exchanges or posts.

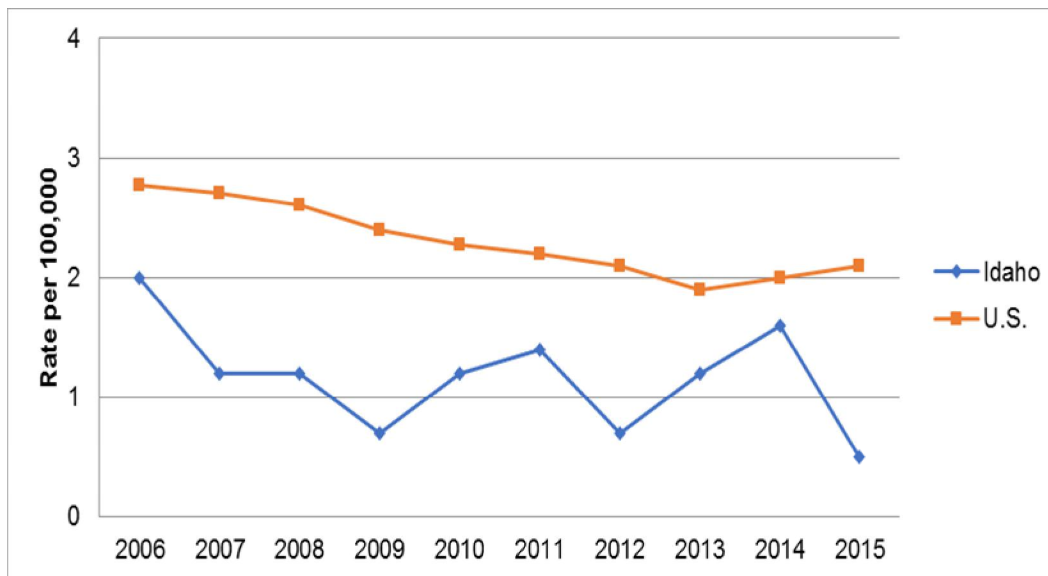
The CFR Team recommends that coroners include toxicology testing as a part of death investigations when suicide is a possible cause. Consistent access to this information may lead to better understanding of precursors and contributing factors of suicide.

HOMICIDES (Assault)

There were 2 fatal assaults to Idaho resident children in 2015. The rate of homicide in Idaho has historically been lower than for the United States overall.

Idaho and U.S. Resident Homicide (Assault) Deaths (Age <18)
and Rates per 100,000, 2006-2015

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total Number Idaho Resident homicides	**8**	**5**	**5**	**3**	**5**	**6**	**3**	**5**	**7**	**2***
Idaho Resident homicide death rate	2.0	1.2	1.2	0.7	1.2	1.4	0.7	1.2	1.6	0.5
U.S. Resident homicide death rate	2.8	2.7	2.6	2.4	2.3	2.2	2.1	1.9	2.0	2.1



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.

**Note:* One (1) 2015 homicide was a firearm injury determined to be of accidental nature.

Idaho CFR Team Findings: Homicides (Assault)

The team reviewed 1 assault death which occurred in Idaho in 2015 (1 additional death coded as "homicide" was accidentally inflicted and was discussed in this report's section on accidents). They also reviewed 3 cases occurring in 2014 (1 homicide and 2 of undetermined manner) which had pending criminal proceedings at the time of the first attempted review. All 4 of the cases reviewed resulted in the death of an infant or toddler under the age of 2 years.

In 2 of these cases, the direct cause of death could not be conclusively determined but law enforcement found suspicious circumstances which resulted in a criminal investigation. Homicide death causes included blunt force trauma and intentional poisoning.

Common Factors and Associations

Substance abuse, mental health issues, and criminal history of the parent or caregiver are commonly observed risk factors in child homicides due to abuse and neglect. Caretakers who abuse their children sometimes cite crying, bedwetting, fussy eating and disobedience as common "triggers." The National Center for Child Death Review cites research showing that children who die from physical abuse are often abused over time, but a one-time event causes their death. Nationally, most children and their abusers had no prior contact with CPS at the time of death.

Recommended Actions for Preventing Homicide Deaths

The fact that children who die from physical abuse are often abused over a period of time provides opportunities for early intervention. Professionals who work closely with children should seek training to identify signs of abusive behavior and injuries and should readily report concerns to the appropriate agencies. *Prevent Child Abuse America* offers educational materials targeted at parents and professionals (www.preventchildabuse.org).

Health care providers, law enforcement officers and others who work with children should be familiar with Idaho's mandatory reporting laws (*Idaho Statute 16-1605*, *see page 35).* Concerns for a child's safety should be reported to local law enforcement or to the Idaho Department of Health and Welfare (call **2-1-1**) so that they can be properly investigated and potentially addressed.

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

IDHW programs (Women, Infants and Children/WIC and home visiting programs) collaborate with Idaho Children's Trust Fund to disseminate "The Crying Plan" (www.cryingbabyplan.org), a tool to help parents and caregivers cope with inconsolable, crying babies which some research has found to be a trigger of abusive head trauma. The CFR Team recommends that parents and those who work with children (e.g. health care providers and caretakers) familiarize themselves with this tool and post it in a prominent place.

IDHW provides services to help protect children while providing support to strengthen families to prevent abuse and neglect. When a child's safety warrants removal from their home, IDHW personnel and law enforcement officers work closely with families to lower safety concerns and return the child home as soon as it is safe. To report suspected child abuse, neglect or abandonment in Idaho call the Careline at **2-1-1** or report to law enforcement by calling **9-1-1.**

CFR TEAM SCREENING: *Preventable Natural Deaths*

In addition to detailed reviews of deaths by external causes, a CFR subcommittee (made up of physicians, coroners, law enforcement and public health representatives from the CFR Team) screened death records certified with a manner of “natural.” Causes of natural manner deaths include perinatal conditions, congenital malformations, malignancies, influenza and pneumonia, cerebrovascular, and other non-ranking causes. In an effort to review all preventable deaths, the subcommittee identified cases for further review when questions were raised about the information listed the death certificate and/or if a direct link to an existing medical condition was not apparent.

The subcommittee selected 7 of the natural manner deaths for a more thorough review with complete death certificates, birth certificates, coroner/autopsy reports, and/or medical records. The natural manner cases selected for additional review fell into the following categories:

Perinatal Conditions	4
Pneumonia	1
Non-ranking/All Other Causes	2
Total Reviews of Deaths of Natural Manner	***7***

No system wide issues were identified in the review of additional information (medical records, coroner reports, etc.) in these natural manner deaths.

Pneumonia

The subcommittee reviewed 1 pneumonia death to a teenager which occurred in 2015. The influenza virus was not positively identified in this case. There were no other child deaths attributed to influenza in 2015.

Recommended Actions for Preventing Pneumonia Deaths:

The CDC reports that pneumonia is the leading cause of death in children younger than 5 years of age worldwide (www.cdc.gov/pneumonia). The pneumococcal conjugate and/or polysaccharide vaccines may be recommended for those younger than 2 years old, and for older children who are at increased risk for disease due to certain medical conditions. Parents

should consult their child's healthcare professional for recommendations regarding pneumococcal vaccines.

Several other vaccines (e.g. pertussis, varicella, measles) prevent infection by bacteria or viruses that may cause pneumonia. The Idaho Immunization Program provides information on free or low cost vaccinations plus recommended immunization schedules (healthandwelfare.idaho.gov/Health/IdahoImmunizationProgram/tabid/2288/Default.aspx).

Those at risk of serious flu complications (i.e. young children, pregnant women and those with chronic health conditions like asthma, diabetes and heart disease) are especially urged to get a flu vaccine each year and early in the season.

Everyday hygiene habits can prevent the spread of germs and viruses. Those who do get sick should limit contact with others as much as possible to keep from infecting them (www.cdc.gov/flu/protect/preventing.htm).

Refusal of medical care because of religious or personal beliefs

Since Idaho Vital Statistics does not compile the number of deaths to children who are not treated medically on the basis of religious beliefs, it is difficult to estimate the actual number of preventable deaths to religious objectors. The subcommittee determined that 2 infants who died in 2015 were from Idaho families who refused to seek medical treatment due to religious beliefs. Both deaths were to newborns under the broad category of "conditions originating in the perinatal period," a leading cause of infant death. Immediate cause of death in these cases included hypoxia, meconium aspiration and bronchial pneumonia. After more thorough reviews of the circumstances involved, the CFR Team determined that both of these deaths may have been prevented with timely medical treatment and/or proper prenatal care.

Perinatal condition deaths and home births

Since 2010, Idaho law requires midwives to be licensed under the Bureau of Occupational Licenses and includes minimum continuing education requirements. Additional research leading to recommendations for improved prenatal care, family and mid-wife education, and/or additional licensing requirements may help reduce infant deaths in this leading category of natural manner deaths.

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Safety at Home, Fires and Burn Injuries

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APPENDIX

Executive Department
State of Idaho

C.L. "BUTCH" OTTER
GOVERNOR

EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE

State Capitol
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