

Child Deaths in Idaho

2013

A Report of Findings by the
Idaho Child Fatality Review Team

www.idcartf.org

Prepared May 2016



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EXECUTIVE SUMMARY

The Idaho Child Fatality Review (CFR) Team presents its annual report on child deaths occurring in Idaho in 2013. 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 2013. 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 182 child deaths occurring in Idaho in 2013. The team screened all of 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 of 92 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 14 SUID cases which occurred in Idaho in 2013. The team also reviewed 4 infant deaths of “undetermined” cause plus another 4 accident deaths to infants or toddlers in the sleeping environment.

Better understanding of the circumstances contributing to these infant deaths will lead to improved prevention efforts. The team urges coroners to follow Idaho and Centers for Disease Control and Prevention (CDC) guidelines in investigating and coding SUID deaths. The CFR Team plans to work with CARTF and investigative agencies to expand usage of the CDC’s SUID investigation reporting form or an equivalent tool.

The team again identified a need for ongoing education directed at parents and caretakers stressing the importance of a safe sleeping environment. Health care providers and public health agencies can help promote American Academy of Pediatrics recommendations.

Motor Vehicle Accidents

There were 20 motor vehicle accident deaths to children and teens in 2013. Distracted driving, speeding and driver error were leading causes of the accidents. More than half of the victims of traffic accidents were not properly restrained with a seat belt or safety seat. Two were pedestrians who were struck by backing vehicles. Two children died while riding in the bed of a pick-up.

The team found evidence that many drivers are unclear about safe and legal practices in transporting children. In addition to reinforcing messages on proper safety restraint use (seat belts and correctly installed child safety seats), they recommend new public education highlighting the dangers of pick-up bed riding and clarifying the safest seating position for young children.

Non-use of seat belt and safety restraints appeared to be a major factor in the 2013 fatalities. Among the victims of fatal traffic accidents, about 7-in-10 were **not** using a seat belt or a developmentally appropriate child safety/booster seat. The severity of the injuries sustained in these accidents may have been substantially lessened by using proper safety restraints.

While only a minority of the 2013 accidents involved a teen driver, teens are particularly prone to crashes resulting from distractions like electronic devices and multiple passengers. Parents should take steps to see that teen drivers have adequate training, skills, and sound judgment before allowing them behind the wheel.

All drivers are urged to develop safe driving habits. They should strictly avoid use of electronic devices and other sources of distraction while driving. Drivers should learn proper backing techniques and be especially alert in areas where children may be playing. They should never drive when they could be impaired by alcohol or drugs (including OTC and prescription medications). Law enforcement and other public agencies can help promote these messages to drivers.

Drowning

The team reviewed 8 drowning deaths to children. Nearly all occurred in open water such as a lake or river. Most of the victims were between the ages of 10 and 17 years and many had limited swimming skills.

Inadequate supervision was found to be a common factor in these incidents. Parents must closely supervise children of *all ages* while swimming or playing near water.

Young children should be within arm's reach of an adult. Even older children and teens should be observed closely and should use a floatation device.

The team identified the need for improved water safety messaging and more access to swimming lessons. Notably, one half of the children who drowned in 2013 had recently resettled in Idaho from another country. Cultural sponsors and resettlement agencies are encouraged to include water safety as part of health and safety training for refugee families.

Fires

One house fire in 2013 resulted in the deaths of 3 children. The deaths were attributed to carbon monoxide poisoning.

The team recommends proper installation of smoke and carbon monoxide detectors in sleeping areas of the home. Batteries should be checked and replaced at least once per year. Users should carefully follow manufacturer's recommendations when using electric extension cords.

Crush Injuries

Two of the accident deaths were the result of crush injuries to young children. Both occurred on the premises of their own homes.

Parents and caretakers are urged to childproof their homes. Furniture, televisions and appliances should be secured to ensure they do not tip when a child climbs on or falls against them. Children should be closely supervised while playing in unfamiliar rooms or outside areas where they may encounter safety hazards.

Firearms

In 2013, there were 2 accidental deaths to children which were inflicted by firearms.

Proper gun storage and improved gun safety education can prevent similar deaths. Gun owners with children in the home should store guns and ammunition separately in locked locations and use guns locks. *Project Child Safe* partners with Idaho law enforcement agencies to offer free gun safety kits. Guns should be stored out of the reach of children. Young children should be taught that guns are not toys.

Suicides

Idaho's rate of suicide continues to be higher than for the U.S. overall. There were 14 youth suicides in Idaho in 2013. While the majority of victims were teens between 15 to 17 years of age, 3 of the victims were elementary or middle school aged.

The team found that most of the victims had a history of mental health concerns (though several went untreated) and that nearly half had expressed suicide ideation prior to the act. As seen in past years, some of these acts had an impulsive component arising during a short-term crisis. Limiting access to highly lethal methods (such as guns or drugs) may reduce the risk of a major injury during an emotionally charged moment.

Parents and educators should be aware of emotional stressors and suicide warning signs in children of *all* ages and should seek help when concerns arise. The Suicide Prevention Network of Idaho offers educational resources and referrals for mental health support.

The team continues to see evidence of limited of mental health services throughout the state and particularly in Idaho's rural area.

Homicides

The team reviewed 2 assault deaths which occurred in Idaho in 2013. One additional assault from 2012 (previously deferred due to pending court proceedings) was also reviewed. Each of these victims was under the age of 5-years-old.

Prior contact with child protective services (CPS) and/or a family history of domestic violence are repeatedly seen in studying child homicides and the team found evidence of this again in the 2013 reviews.

The team calls for improved coordination between agencies to identify at-risk families and take swift action to prevent other such tragedies. The fact that children who die from physical abuse have often been abused over time provides opportunities for early intervention.

Prevent Child Abuse America offers educational materials for parents and professionals on topics like child discipline, anger management, and home safety. The Early Childhood Coordination Council and Idaho Children's Trust Fund recently began disseminating the *Crying Plan*, a tool to help parents and caregivers identify strategies for coping with inconsolable, crying babies--a common trigger of abusive head trauma.

Preventable Natural Deaths

Influenza and pneumonia

The team subcommittee reviewed 5 influenza or pneumonia deaths to children which occurred in the 2012-13 flu season. The age range was between 1 month and 7 years of age.

The team recommends an annual flu vaccine for everyone over the age of 6 months.

Since newborn infants cannot receive the flu vaccine, those who care for infants should be vaccinated each year. Those with chronic health conditions are more at risk for flu complications and are especially encouraged to get their vaccine early each flu season. Proper hygiene habits can prevent the spread of germs and viruses.

Refusal of Medical Treatment Due to Religious Beliefs

In 2013, the CFR Team identified 5 deaths to infants from families whose religious beliefs prevented them from seeking medical intervention. All of these 2013 deaths were to newborn infants.

In 3 consecutive review years, the team has encountered a total of 10 deaths to infants or children who were reportedly not treated medically due to the parents' religious beliefs. These cases were identified using information provided on death certificates and coroner reports. Since Vital Statistics does not compile the number of deaths in this category, it is difficult to estimate the actual number of preventable deaths to children of religious objectors.

For the 2013 review year, the causes of death to infants from families who did not seek medical treatment included meconium aspiration, intestinal blockages, and sepsis. The CFR Team determined that each of these deaths may have been prevented with proper and timely medical treatment.

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 and by sponsoring public health education in specific areas.

IDHW health promotion programs should consider new or additional campaigns for a general audience on the following topics:

- AAP safe sleep practices
- Health risks to infants of smoking (in pregnancy and in home)
- Calling 911 as a first line of response in an emergency
- Awareness of drowning risk factors and water safety tips for children of *all ages*
- Proper installation and maintenance of smoke and carbon monoxide detectors
- Child safety proofing at home
- Safe home storage of guns, ammunition, and medications
- Awareness of suicide warning signs in children of *all ages* and protective factors

Health and safety training provided by refugee resettlement agencies and cultural sponsors should include water safety information and provide access to swimming lessons as part of reducing the risk of drowning deaths.

The CFR Team will look for opportunities to partner with the newly formed Office of Suicide Prevention in understanding the factors contributing to youth suicide and to incorporate their findings in annual reviews. The team advocates for improved access to mental health services to children throughout the state, especially in rural areas.

In an effort to reduce the high number of motor vehicle fatalities to teen drivers, the CFR Team sees opportunities for joint projects between IDHW, Idaho Transportation Department (ITD) and the Department of Education (SDE) for driver education updates in public schools.

The National Center for Injury Prevention and Control details examples of programs that have been effective at the local level in reducing child maltreatment. Programs focus on parent education, strong agency coordination, improved screening and home visitation programs. The CFR Team identified opportunities related to child care facility regulation and monitoring as a way of preventing child neglect and assault.

IDHW Bureau of Vital Records and Health Statistics personnel should work with certifiers of death certificates to correct designations of “cause” and “manner” that appear to be inconsistent or out of compliance with guidelines.

Coroners

The team commends Idaho coroners for their consistent practice of performing autopsies in all infant deaths of undetermined cause. While improvements were observed in the consistency of coding cause of death on certificates and in thoroughly investigating child deaths, the team found cases that appeared to be out of compliance with state guidelines.

Coroners should continue to take advantage of training opportunities to stay current on national guidelines related to defining and coding cause and manner of death on death certificates. As one example, unexplained infant deaths should be coded with a manner of “could not be determined.”

Coroners should work with law enforcement agencies to complete a thorough investigation of unexplained infant deaths. Consistent usage of the CDC’s SUID investigation reporting form (or local equivalent) is strongly recommended.

To better understand the precursors and contributing factors of accidents and suicides, the CFR Team recommends that Idaho coroners complete toxicology testing as part of these death investigations.

Coroners (working with medical personnel) should be familiar with CDC’s updated guidance on improving the quality and consistency of data on abusive head trauma.

Health Care Providers

Health care professionals can support CFR recommendations by educating patients on risk factors in the infant's sleeping environment including stomach sleeping, soft bedding materials, co-sleeping, smoking, and alcohol/drug impairment. They should role model safe sleep practices while infants are in the hospital.

In accordance with recent American Academy of Pediatrics research, medical professionals should advise parents to consider pacifier use and breast feeding, stay current on immunizations, and to learn infant CPR. Providers should be aware of the higher risk of infant deaths in families with a history of CPS referrals and to premature infants. These families may be in need of extra home support and education.

In addition to knowing the risk factors, warning signs and protective factors related to suicide, medical professionals are encouraged to take advantage of the tools and education offered by the Idaho Lives Project. Providers should readily provide mental health referrals for young patients showing signs of emotional distress or mental illness.

Those who work with children should be familiar with signs of physical or sexual abuse (including neglect) and promptly report occurrences to local authorities. Prevent Child Abuse America offers educational materials for parents and providers.

Child Care Providers

Child care facilities should have policies in place for safe sleeping position and environment. All employees should be properly trained in and strictly comply with those procedures. Child care providers should be trained in and stay current on child and infant CPR training.

Idaho law requires that anyone who believes a child has been abused report the incident to local law enforcement or child protective authorities. Those who care for children should be familiar with the signs of physical and sexual abuse. Prevent Child Abuse America offers resources and education on this topic. IDHW provides services to help protect children while providing support to strengthen families to prevent abuse and neglect. To report suspected child abuse, neglect or abandonment in Idaho call: 1-855-552-KIDS (5437).

Parents

Parents and babysitters should remember to call 911 (or local equivalent) as the first line of response in an emergency.

The CFR Team encourages parents to familiarize themselves with AAP safe sleep recommendations (see *page 35*) for infants and make sure that child care providers are also following these practices.

Smoking during pregnancy and exposure to second hand smoke present significant health risks to infants and children. Idaho's Project Filter offers the "Quit Now" program to support individuals' smoking cessation efforts: www.quitnow.net/idaho/About/Overview

Parents are urged to follow the Idaho Transportation Department (ITD) safety steps for transporting children in motor vehicles (see *page 50*). Children under age 13 should ride in the back seat. Young passengers should be restrained in a developmentally appropriate safety seat or with a seat belt. ITD recommends routine inspection by a trained professional to ensure that safety seats are properly installed.

Pick-up bed riding presents a significant safety hazard and should be strictly avoided. A person riding in the cargo area of a truck is 26 times more likely to be ejected than a person riding in the cab (see *page 49*).

Young children must be closely supervised when walking or biking near road traffic. Drivers should take extra care to watch for children on roadways and in parking lots, especially while backing up (see *page 51*).

Parents should be aware of the higher risk of car crashes to teen drivers. They should ensure that their teens develop safe driving habits through drivers' training courses and frequently remind them of the dangers of distracted driving (see *page 51*).

All drivers should avoid any level of alcohol and narcotic use before getting behind the wheel. Medications (whether OTC or prescription) may also cause driver impairment. Drivers under the age of 21 are considered legally impaired at a blood alcohol concentration (BAC) of .02 or higher and violations may result in a suspended license. Parents should work with their teens to

create a plan for how they will get home safely when they (or their driver) have been drinking or using drugs.

Parents must closely supervise children of all ages while swimming or playing near open water and pools. Young children should be within arm's reach while in or near the water. Even older children and teens should be carefully observed and encouraged to use floatation devices. When chaperoning groups, it is a good idea to verify the swimming abilities of children (and consult with their parents) before allowing them access to open or deep water. Drop-off points, fast moving currents, and loud groups of people near natural water settings can create a dangerous environment.

To avoid potentially severe injuries, parents and caretakers should take steps to child proof their home (securing heavy furniture and appliances). Young children should be closely supervised when playing in an unfamiliar environment (whether indoors or outdoors).

Along with teens, younger children can also be at risk for suicide. It is important for parents to be familiar with the warning signs of suicide attempts and to work to provide protective factors at home (see page 66). They should promptly consult health care providers and/or educators for support when concerns arise. Parents can find additional information and support from Idaho Lives www.idaholives.org/forms-and-handouts

Families should ensure that firearms and medications in the home are secured and out of reach of children and teens—especially those with a history of mental health concerns or who are under extreme emotional distress.

Caregivers who abuse children cite common triggers such as crying, bedwetting, and fussy eating. Prevent Child Abuse America offer tools and resources to help counter unrealistic expectations and prevent lashing out (<http://preventchildabuse.org/resource/tips-for-parents-teaching-discipline-to-your-children>).

IDHW provides services to help protect children while providing support to strengthen families to prevent abuse and neglect. To report suspected child abuse, neglect or abandonment in Idaho call: 1-855-552-KIDS (5437).

Infants and children over the age of 6 months and especially those with chronic health conditions are strongly encouraged to get an annual flu vaccine. Those who care for infants should also be sure to get vaccinated each flu season.

Public Transportation Agencies

The CFR Team recognizes and supports Idaho Transportation Department (ITD) initiatives promoting seat belt and child safety seat use, bicycle traffic safety, and awareness of the dangers of impaired and distracted driving. The team found opportunities for additional partnerships with public agencies and community organizations related to strengthening laws and education related to distracted driving and increasing the number of safety seat installation checkpoints.

To better understand the circumstances leading to motor vehicle accidents, the CFR Team requests updates to the ITD crash report forms with 1) the addition of a field for the estimated speed of vehicles at the time of the crash and 2) the addition of a field to indicate the specific phone or device type on the “contributing circumstances” section of on the form.

Law Enforcement

Law enforcement agencies should work closely with coroners in investigating infant deaths. To encourage complete investigations and rule out other possible causes of death, the CDC’s SUID investigation reporting form (or local equivalent) should be consistently used in incident investigations.

The team supports strict enforcement of alcohol and drug impaired driving laws along with ongoing public education as a way of reminding drivers of the potential deadly consequences.

Officers are encouraged to communicate directly with motorists in encouraging safe driving habits, even in the absence of law violations. Parents may look to the law in deciding which driving and riding habits (pick-up bed riding, safety seat requirements, seating position in vehicle, electronic device use) are safe and law enforcement can help provide clarification.

The need for additional detail on motor vehicle crash report forms was addressed in this report with the Idaho Transportation Department (ITD). Though not currently mandated on the forms,

reporting officers are encouraged to provide details on estimated speed and the source of driver distraction (when known) in the narrative section.

To better understand the impact of impaired driving, law enforcement agencies should complete toxicology testing (to detect the presence of alcohol or prescription/OTC/illicit drug impairment) for all drivers involved in motor vehicle accidents.

Educators

In addition to knowing the risk factors, warning signs, and protective factors related to suicide, school administrators, teachers and counselors are encouraged to take advantage of the tools and education offered by the Idaho Lives Project.

Those who work with children should be familiar with signs of physical or sexual abuse (including neglect) and promptly report occurrences to local authorities. *Prevent Child Abuse America* offers educational materials for parents and providers. To report suspected child abuse, neglect or abandonment in Idaho call: 1-855-552-KIDS (5437).

IDAHO CHILD HEALTH AND SAFETY: *Recent Collaborative Efforts*

- **Development of IDHW Office of Suicide Prevention.** 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). The new office will be focused on reducing Idaho's high suicide rate and improving access to mental health services.
- **Adolescent Depression Screening Learning Collaborative.** In 2014, the Idaho Health and Wellness Collaborative (IHAWCC) along with the Children's Healthcare Improvement Collaboration launched this quality improvement to improve early detection and initiation of treatment for depression in patients aged 12 to 17. Health care providers from 16 different practice sites in Idaho participated. Results revealed a significant increase in depression and substance abuse screening and confirmed documented follow-up plans for 95 percent of patients who were found to have evidence of depression.
- **Idaho county coroner support of CFR efforts.** CFR Team representation from coroner offices has provided strong linkage to these county agencies. Coroners have been very cooperative in providing information used in child fatality reviews. Coroner training sessions routinely incorporate CFR findings and recommendations.
- **Linkage with IDHW's MCH Program.** Kris Spain, Director of Maternal and Child Health (MCH) Program and Bureau Chief, Clinical and Preventive Services, joined the Idaho CFR Team in 2015. This representation provides direct linkage to the MCH program expertise and knowledge base. It also facilitates access to team recommendations in MCH program action planning.
- **The Infant Mortality Collaborative Improvement and Innovation Network (ColIN).** This national initiative was established in 2013 within the IDHW Division of Public Health to focus on safe sleep practices and tobacco cessation for pregnant women.
- **October proclaimed Safe Sleep Awareness month.** Governor Otter issued this proclamation in 2015 to support public awareness of safe sleep practices for infants.
- **Dissemination of "The Crying Plan."** The Early Childhood Coordinating Council collaborated with the Idaho Children's Trust Fund to disseminate the "Crying Plan" (www.cryingbabyplan.org) to IDHW case workers, birthing hospitals, child care facilities, parenting education courses and various community programs throughout Idaho. The goal of "The Crying Plan" tool 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.

- **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. Beginning in 2016, the hotline will offer text and chat response to better reach young people in crisis.
- **New process for CFS internal reviews, improved interagency collaboration.** In March 2013, IDHW's Child and Family Services Program (CFS) modified its policy and standardized the internal child fatality review process. Reviews now include participation from partner agencies. Review summaries and recommendations are shared with the statewide child fatality review panel commissioned by the Governor's Children at Risk Task Force (CARTF). One such review led to revisions in the Mountain Home AFB and CFS Memorandum of Understanding, leading to improved clarity and education.
- **New driver's license exam questions related to bicycling and pedestrian safety.** As of January 2016, Idaho Transportation Department exams include at least two mandatory questions on bicycle and pedestrian safety. Questions are randomly assigned from eleven possible questions related to bicycles and pedestrians and are based on information in the Idaho Driver's Manual.
- **Proposed state legislation on religious shield laws.** A bill seeking to modify the religious exemption to child abuse and neglect was originally proposed to the Idaho legislature in 2014. At the beginning of the 2016 legislative session, Governor Otter asked legislative leaders to form a committee to study Idaho's faith-healing exemption, citing findings from the 2012 Idaho Child Fatality Review Team report.

RESOURCE LIST

The Governor's Task Force for Children at Risk, <http://idcartf.org/>

Idaho Department of Health and Welfare, Care Line, Dial: **2-1-1** or **1-800-926-2588**
www.idahocareline.org

Idaho Suicide Prevention Hotline, Dial: **1-800-273-TALK**
www.idahosuicideprevention.org

Suicide Prevention Action Network of Idaho, www.spanidaho.org

Idaho Lives Project, www.idaholives.org

American Academy of Pediatrics, www.aap.org

Centers for Disease Control and Prevention, www.cdc.gov

Idaho Children's Trust Fund, <http://idahochildrenstrustfund.org>

National Highway Traffic Safety Administration, www.nhtsa.gov

Idaho Transportation Department, <http://itd.idaho.gov>

Safe Kids Worldwide, www.safekids.org

Project Child Safe, www.projectchildsafe.org

Idaho State Police, www.isp.idaho.gov

Idaho Supreme Court, <http://isc.idaho.gov>

Idaho Legislature, <http://www.legislature.idaho.gov>

TOP 10 HIGH IMPACT ACTIONS TO PREVENT CHILD INJURIES AND DEATHS

1. Follow American Academy of Pediatrics (AAP) infant safe sleep practices (place infant on back, give infant his/her own crib, avoid thick bedding/bumpers/pillows)
2. Do not smoke during pregnancy or around 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 when swimming or playing near the water
7. Enroll children in formal swimming lessons that include water safety techniques
8. Store guns safely and securely
9. Know the signs of suicide risk and take action
10. Get your child immunized (including an annual flu vaccine)

IDAHO CHILD FATALITY REVIEW

2013

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 2013 reviews:

Jerrilea Archer, Ada County Sheriff's Office (retired), CFR Team Chair

Alfred Barrus, JD, Cassia County Prosecutor

Glen Groben, MD, Ada County Coroner, Forensic Pathologist

Christine Hahn, MD, Idaho Department of Health and Welfare, State Epidemiologist,
Medical Director

Margaret Henbest, Executive Director, Nurse Leaders of Idaho, Pediatric Nurse

Paul McPherson, MD, St. Luke's Medical Center, Pediatrician

Kathryn Rose, JD, Bonner County Coroner

Erwin Sonnenberg, Ada County Coroner

Miren Unsworth, Idaho Department of Health and Welfare, Deputy Administrator, Child
and Family Services

Tahna Barton, Court Appointed Special Advocates (CASA)

Aaron Gardner MD, Eastern Idaho Regional Medical Center, Pediatric Critical Care
Kris Spain MS, RD, LD, Idaho Department of Health and Welfare, Maternal and Child
Health Director, Bureau Chief, Clinical and Preventive Services

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

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

ACKNOWLEDGEMENTS

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 relay its appreciation to following individuals for providing data support to the team:

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

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 legislation, policy and practices and expanded efforts in child health and safety to prevent child deaths.
9. Increase public awareness and advocacy for the issues that affect the health and safety of children.

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

METHODOLOGY

Deaths of children under the age of 18 years which occurred in Idaho during calendar year 2013 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 182 child deaths occurring in Idaho in 2013, 92 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.

2013 Deaths to Children (Birth to Age 18) Occurring In Idaho

	Total	Screened by CFR Subcommittee	Reviewed by CFR Team
Perinatal Conditions/Congenital Malformations	76	76	5
Unintentional Injuries (Accidents)	41	41	41
Suicide	14	14	14
Unexplained Infant Death (SUID)	18	18	18
Assault (Homicide)	3	3	3
Malignancies	5	5	0
Flu/Pneumonia	5	5	5
Cerebrovascular/Heart Disease	2	2	0
Non-ranking/All Other Causes	18	18	6
	182	182	92

The CFR Team met five times between April 2015 and March 2016 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).

POPULATION

The total population of Idaho in 2013 was estimated at 1,612,136. Of that number, 427,781 were children under the age of 18 (26.5% of total).

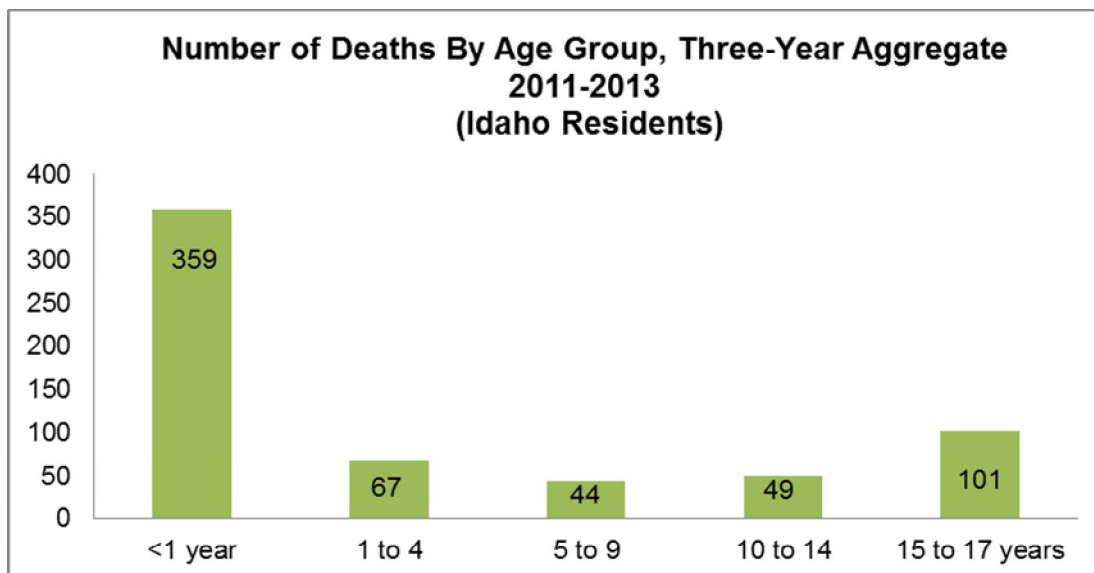
Population	Number	Percent
Idaho total	1,612,136	100%
Age 0-17	427,781	26.5%
<i>Residents, age 0-17 by sex</i>		
Males	219,248	51.2%
Females	208,533	48.7%
<i>Residents age 0-17 by race</i>		
White	401,459	93.8%
Black	7,903	1.8%
American Indian or Alaska Native	10,507	2.5%
Asian/Hawaiian/Pacific Islander	7,912	1.8%
<i>Residents age 0-17 by ethnicity</i>		
Hispanic	75,920	17.7%
Non-Hispanic	351,861	82.3%

Source: Census Bureau in collaboration with the National Center for Health Statistics.
Internet release date July 26, 2014

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 620 deaths to infants and children from 2011 through 2013. More than one-half (359) of those deaths were to infants (under 1 year of age). The majority of infant deaths were due to birth defects and conditions originating in the perinatal period such as birth trauma, short gestation/low birth weight, maternal conditions, and complications during birth.



The race and ethnicity of children who died reflect the composition of the child population in Idaho:

Number of Deaths to Children Under Age 18 by Race and Ethnicity, Three-Year Aggregate 2011-2013 (Idaho Residents)	
<i>Non-Hispanic</i>	
White	470
Black	9
American Indian	14
Asian/Pacific Islander	9
Other/multiple race	2
<i>Hispanic (all races)</i>	112
<i>Ethnicity not stated</i>	4

For the 10-year period of 2004 through 2013, 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, suffocation, fires and firearms.

Ten Leading Causes of Death to Idaho Child Residents, Ten-year aggregate, 2004-2013

Rank	Infants (<1 year-old)	Age 1-17
1	Congenital Malformations (331)	Accidents (454)
2	Short Gestation/Low Birth Weight (192)	Intentional Self-Harm (Suicide) (115)
3	Sudden/Unexplained Infant Death (177)	Malignant Neoplasms (76)
4	Maternal Complications of Pregnancy (85)	Congenital Malformations (52)
5	Complications of Placenta, Cord and Membranes (68)	Assault (Homicide) (37)
6	Accidents (50)	Diseases of Heart (28)
7	Neonatal Hemorrhage (40)	Influenza and Pneumonia (16)
8	Tie: Diseases of Circulatory System (25) and	Septicemia (10)
9	Intrauterine hypoxia and birth asphyxia (25)	Chronic lower respiratory diseases (9)
10	Bacterial sepsis of newborn (21)	Cerebrovascular diseases (8)

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/about/suidandsids.htm).

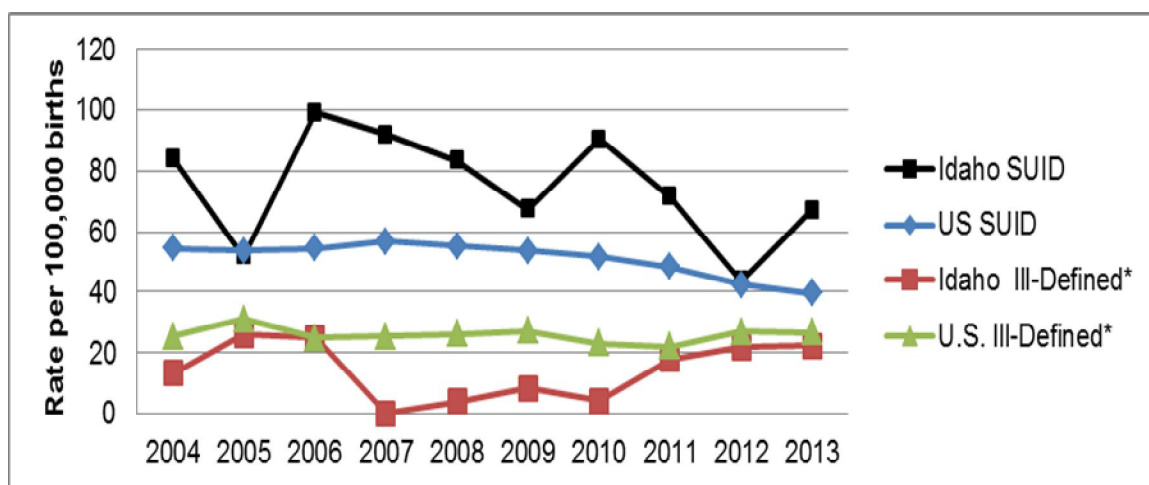
It is important to note that SUID is not reported uniformly. Infant deaths not meeting the CDC's definition of "SUID" (see above) may be reported as "other ill-defined and unknown causes of mortality." Historically, the SUID death rate has been higher for Idaho than for the U.S. overall while the rate of ill-defined infant deaths has been lower.

Idaho and U.S. SUID Resident Deaths (< age 1 year) and Rates per 100,000 Births, 2004-2013

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total Number Idaho Resident SUID deaths	19	12	24	23	21	16	21	16	10	15
Idaho Resident SUID death rate	84.3	52.0	99.2	91.9	83.5	67.4	90.5	71.7	43.6	67.1
U.S. Resident SUID death rate	54.6	53.9	54.5	56.8	55.4	53.9	51.6	48.3	42.5	39.7

**Idaho and U.S. Ill-Defined Infant Resident Deaths (< age 1 year)
and Rates per 100,000 Births, 2004-2013**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total Number Idaho Resident Ill- defined infant deaths	3	6	6	0	1	2	1	4	5	5
Idaho Resident Ill- defined death rate	13.3	26.0	24.8	0	4.0	8.4	4.3	17.9	21.8	22.4
U.S. Resident Ill- defined* death rate	25.4	31.2	24.9	25.3	26.3	27.2	23.0	22.1	26.9	26.8



*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.

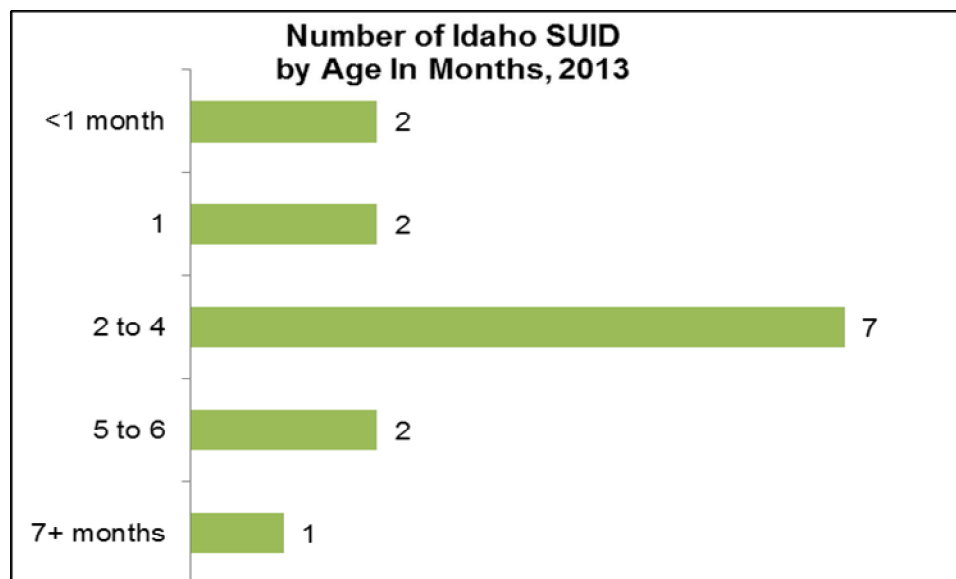
Source: Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare
Rates based on 20 or fewer deaths may be unstable. Use with caution.

Idaho CFR Team Findings: Unexplained Infant Death

In 2013, there were 15 Idaho resident deaths listing an immediate cause of “Sudden Unexplained Infant Death,” “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”. Of those 15 deaths, 14 occurred in Idaho and were reviewed by the CFR Team. Because of their commonalities, the CFR reviewed the SUID

cases along with 4 infant deaths of “undetermined” cause *and* manner, plus another 4 suffocation or asphyxiation deaths (age range: 2 months to 2 years) in the sleeping environment with a manner listed as “accident”.

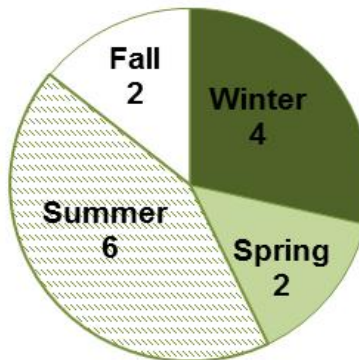
According to the American Academy of Pediatrics (AAP), most SUID events in the U.S. occur when a baby is between two and four months old, and during the winter months. Of the 14 SUID cases in Idaho in 2013, one-half (7) occurred between two and four months of age.



[Based on 14 SUID cases]

In 2013, SUID most commonly occurred in the summer and winter months

**Number Idaho SUID
by Season, 2013**



[Based on 14 SUID cases]

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

Number of Idaho SUID by Race and Ethnicity, 2013

Caucasian/White	14
African American/Black	0
American Indian	0
Hispanic (any race)	1
Non-Hispanic (any race)	13

[Based on 14 SUID 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. As in prior year reviews, the CFR Team again found inconsistencies between agencies and counties in applying national guidelines in both investigations and coding of unexplained infant deaths.

Autopsies

Autopsies were performed on all 14 of the SUID cases in 2013.

Scene Investigation and SUIDI Reporting Form

The Centers Disease Control and Prevention (CDC) designed the Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF) as a tool for investigative agencies to better understand the circumstances and factors contributing to unexplained infant deaths. The team was able to confirm that the SUIDIRF (or equivalent) was used by law enforcement or coroner investigations for only 2 of the 14 reviewed SUID cases. The team uncovered an opportunity for promoting the use of the SUIDIRF (or local equivalent) to guide investigations and to consistently document findings. They felt more clarification is needed as to which agencies (i.e. law enforcement or coroners) should take primary responsibility and ownership of the tool.

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

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

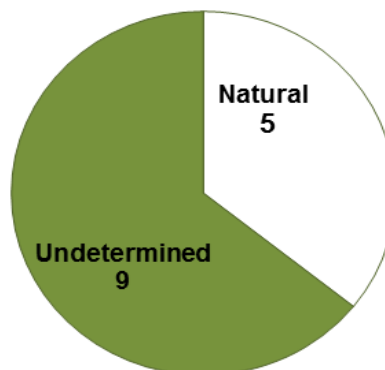
1. determining accurate causes of death
2. processing insurance claims
3. statistical studies of injuries and deaths

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

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

Idaho guidelines state that, “Deaths known to be not due to external causes should be checked as “Natural”. The CFR Team again found issues with compliance on that guideline. The manner coded on 2013 death certificates was inconsistent with the cause in more than one-third of the SUID cases.

**Number of Idaho SUID
by Certified Manner of Death, 2013**



[Based on 14 SUID cases]

The team found other systems issues related to the absence of toxicology testing of the parent or caretaker (2 instances) and failure to notify child protection authorities when another child was in the home (1 instance).

Drug Testing of Parent or Caretaker

In 2 of the 2013 SUID cases, questions arose as to the possible drug or alcohol impairment of the parent or caretaker in the period prior to the infant's death. These questions were based on information from police reports noting the presence of drugs or alcohol in the home, and/or observations of the caretakers' demeanor. The team recommends toxicology testing of caretakers when impairment is suspected to better understand the circumstances leading to the infant death.

Failure to Notify Child Protective Services

IDHW Child and Family Services (CFS) policy dictates a case will be assigned for safety assessment when death of a child is alleged to be due to physical abuse or neglect by the child's parents, guardian, or caregiver and information and the referral indicates there may be safety threats to any minor siblings remaining in the family home. The CFR Team found one case where CFS was not notified of the death of a child who had siblings remaining in the family home.

Common Factors and Associations

In 2011, the American Academy of Pediatrics (AAP) expanded its recommendations for reducing the risk of sudden unexplained infant death (www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Expands-Guidelines-for-Infant-Sleep-Safety-and-SIDS-Risk-Reduction.aspx). The recommendations described in this policy statement include supine positioning, use of a firm sleep surface, breastfeeding, consideration of using a pacifier, and avoidance of soft bedding (including crib bumpers), overheating, and exposure to tobacco smoke, alcohol, and illicit drugs.

The CFR Team observed the following associations among the 2013 Idaho SUID and infant deaths of undetermined cause (ranked by frequency with number of instances in parenthesis):

1. Improper sleep surface (11)
2. Smoking in home(8)
- Tie:*
3. Co-sleeping (6)
4. Smoking in pregnancy (6)
5. Improper sleeping position (4)

Tie:

6. Premature birth (3)
7. CPS history (3)

Tie:

8. Illicit drug use in home (2)
9. Put to bed with bottle (2)
10. Not breast fed (2)
11. Delayed 911 call (2)
12. Supervisor alcohol/OTC drug impaired (2)
13. Inadequate supervision (2)
14. Parents mental illness (*not compliant with prescribed meds*) (2)

[Based on 18 SUID/undetermined infant deaths]

Ill-Defined, Infant Deaths in the Sleeping Environment

In addition to these 18 SUID and infant deaths of undetermined cause, the CFR Team reviewed 4 infant or toddler deaths with a manner of “accident.” All of these occurred in the sleeping environment. Similar factors were repeatedly observed in these cases--most notably delayed 911 call (3 instances), co-sleeping (2), improper sleep position (2) and smoking in home (2).

Recommended Actions for Understanding and Preventing SUID

The team again discovered multiple systems issues that hindered investigation and categorization of unexplained infant deaths. Better understanding of the circumstances contributing to these infant deaths will lead to improved preventive efforts. In addition, the team identified a need for additional education for parents and caretakers, some of which may be delivered by medical professionals and public health agencies.

Idaho’s CFR Team plans to work with Idaho Children at Risk Task Force (CARTF) and law enforcement agency partners to define a process for more consistent utilization of the SUID investigation reporting form. They will consider creating an alternate version of the form for use at the state level.

For Coroners

The team commends Idaho coroners for their consistent practice of performing autopsies in all infant deaths of undetermined cause. While the CFR Team also found improved compliance by Idaho coroners in coding cause and manner of death on certificates, there continued to be a high number of cases that were coded inconsistently. The team urges coroners to follow Idaho and CDC guidelines in coding SUID cases. 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.”

Inconsistent investigation and documentation of these cases makes it difficult to identify commonalities and risk factors which may lead to the prevention of similar deaths in the future. Coroners should work with law enforcement agencies 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.

For Public Health Agencies

IDHW can continue to support the CFR recommendations through improved coordination with outside agencies and by educating parents on known risks to infants in the home environment.

IDHW Maternal and Child Health programs should continue to incorporate and expand public education campaigns encouraging AAP safe sleep practices and the risks to infants of smoking (both prenatal and second-hand smoke).

A 2015 study published in the Journal of Pediatrics (www.cnn.com/2015/12/01/health/crib-bumper-deaths-rise/index.html) found that crib bumpers may have played a role in 77 infant deaths nationally between 1985 and 2012. Notably, the study authors believe that number is significantly underreported. Although these products are widely available in retail stores, a few states have banned bumper sales and the American Academy of Pediatrics has advised parents not to use them at all. The CFR Team has identified this topic as an opportunity for public health promotion programs to provide additional education aimed at alleviating parents’ confusion about safe bedding for infants.

IDHW’s Bureau of Vital Records and Health Statistics is responsible for finalizing death certificate filings and verifying information submitted by coroners or the attending physician. Personnel should carefully review the previous recommendations to coroners and work with them to correct designations of “cause” and “manner” that seem to be out of compliance or inconsistent.

IDHW case workers should be aware of the higher risk of infant deaths in families with a history of CPS referrals. Ensuring that parents in high-risk families are aware and compliant with sleep practices and conducting regular home safety assessments are paramount.

For Law Enforcement

The team found that for some infant deaths, investigation reports did not provide enough information to uncover possible risk factors contributing to deaths of undetermined cause and manner. Notably in 2013, there were 2 cases in which it was implied that the parent or supervisor may have been impaired by drugs or alcohol, but toxicology testing was not conducted. Consistent use of the CDC's SUID investigation form (www.cdc.gov/sids/SUIDRF.htm) can help guide investigations and ensure that all pertinent information is captured so that other possible causes of death may be identified or ruled out. Toxicology testing of parents/caretakers should also be considered where impairment may have been a contributing factor in the incident.

For Health Care Providers

In accordance with AAP safe sleep recommendations, the CFR Team urges health care professionals to educate parents on known risk factors in the sleeping environment including those repeatedly observed in Idaho SUID reviews:

- Soft infant sleep surfaces and loose bedding (including crib bumpers)
- Tobacco smoke exposure and prenatal smoking
- Infant stomach or side sleeping
- Bed-sharing and co-sleeping
- Alcohol and illicit drug impairment

Hospital obstetrics personnel must be mindful of their role modeling to parents of newborns in following safe sleep practices. Whenever possible, hospitalized infants should be placed to sleep on their backs on safe sleep surfaces. In situations where infants are placed in other positions for medical treatment (when closely supervised by trained personnel), the proper sleep position within the home environment should be clearly communicated to parents.

In addition, medical professionals should be aware of the higher risk of infant deaths in families with a history of CPS referrals and to infants born prematurely or with low birth weights. Special

attention paid to high-risk infants can help ensure that families receive support and education which may prevent infant deaths.

For Parents

Infants are safest when sleeping in their own crib or bassinet. Bed-sharing (with adults, other children, or pets) should be avoided. Soft sleep surfaces, loose bedding and crib bumpers also present a safety hazard. The stomach (prone) position should never be used to calm an upset baby. The CFR Team encourages parents to familiarize themselves and comply with safe sleep recommendations (see previous section for health care providers). Parents should make sure that child care providers are also following safe sleep practices. Healthy Child Care America offers training resources and information (based on AAP guidelines) for parents and child care providers: <http://www.healthychildcare.org/sids.html>

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: www.quitnow.net/idaho

While the reasons are still not definitively known, national studies have found that breastfeeding significantly reduces the risk of infant death, including SUID (*American Academy of Pediatrics*, 2009, <http://pediatrics.aappublications.org/content/123/3/e406>). Mothers should consider this possible protective factor when deciding whether to breast feed or bottle feed their infants.

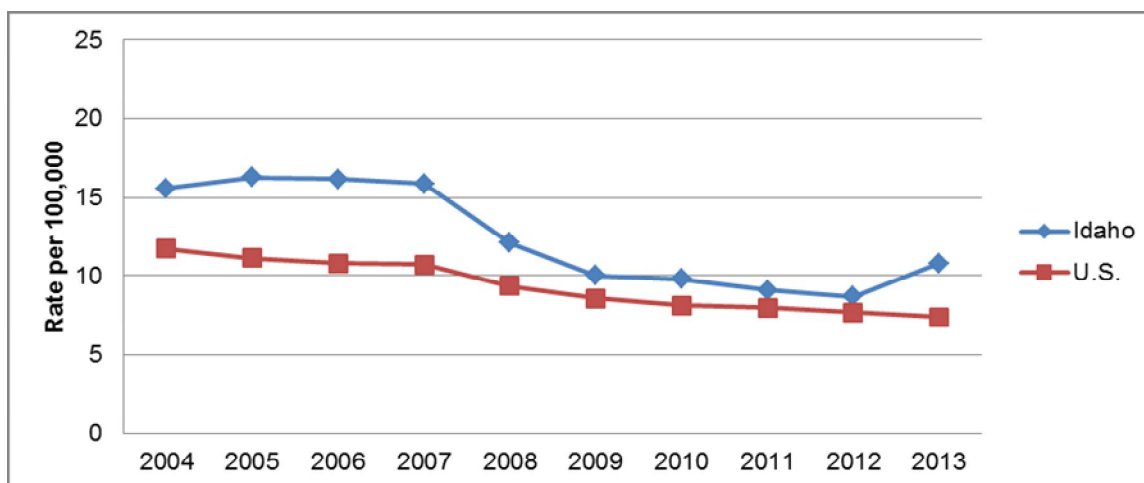
Parents should remember to call 911 (or local equivalent) as a first line of response in an emergency and remind their babysitters to do the same.

UNINTENTIONAL INJURIES

Unintentional injuries (accidents) are those that were not planned or inflicted by another person. Nationally, the leading causes of fatal accidents are motor vehicle collisions, drowning, fires, falls, and poisoning. In 2013, the rate of accident deaths in Idaho was significantly higher than for the U.S. overall.

Idaho and U.S. Accident Deaths (Age <18) and Rates Per 100,000, 2004-2013

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total number										
Idaho Resident										
accident deaths	58	61	64	65	50	42	42	39	37	46
Idaho Resident										
accident death rate	15.6	16.3	16.2	15.9	12.1	10.0	9.8	9.1	8.7	10.8
U.S. Resident										
accident death rate	11.7	11.1	10.8	10.7	9.4	8.6	8.1	8.0	7.7	7.4

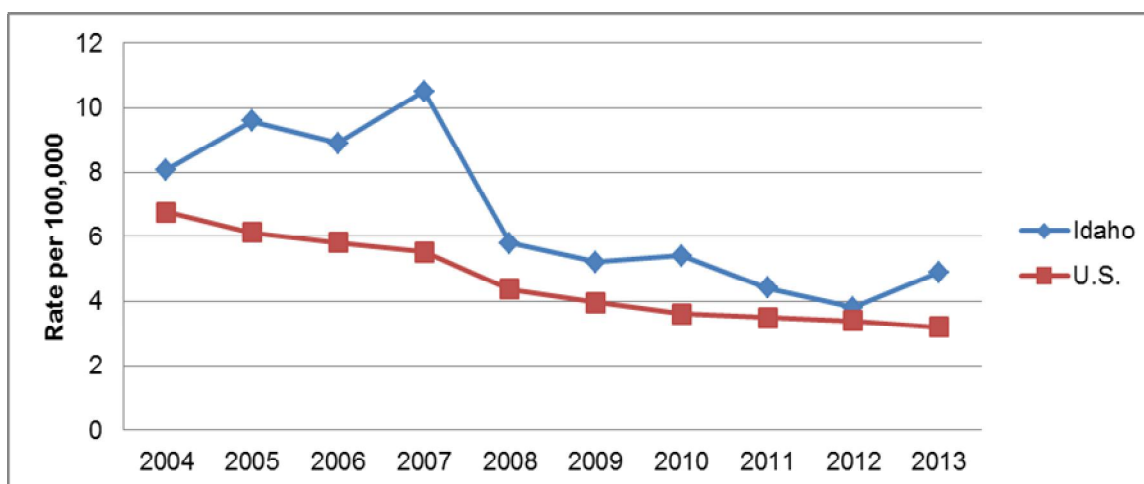


Source: Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare

During the 10-year period, the rate of child motor vehicle fatalities declined significantly in Idaho and the U.S. The Idaho Transportation Department (ITD) cites the economic recession, higher gas prices (both resulting in fewer cars on roads) along with safe driving programs as possible contributors to this decline. Despite a slight uptick in 2013, the motor vehicle death rate in Idaho was not significantly higher than for the U.S., overall.

**Idaho and U.S. Motor Vehicle Accident Deaths (Age <18)
and Rates per 100,000, 2004-2013**

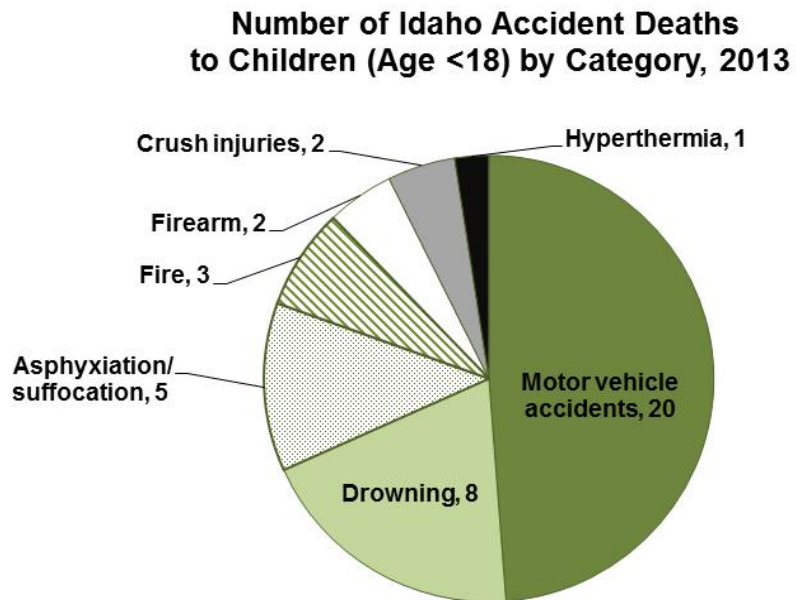
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total number Idaho Resident accident deaths	30	36	35	43	24	22	23	19	16	21
Idaho Resident accident death rate	8.1	9.6	8.9	10.5	5.8	5.2	5.4	4.4	3.8	4.9
U.S. Resident accident death rate	6.8	6.1	5.8	5.5	4.4	4.0	3.6	3.5	3.4	3.2



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

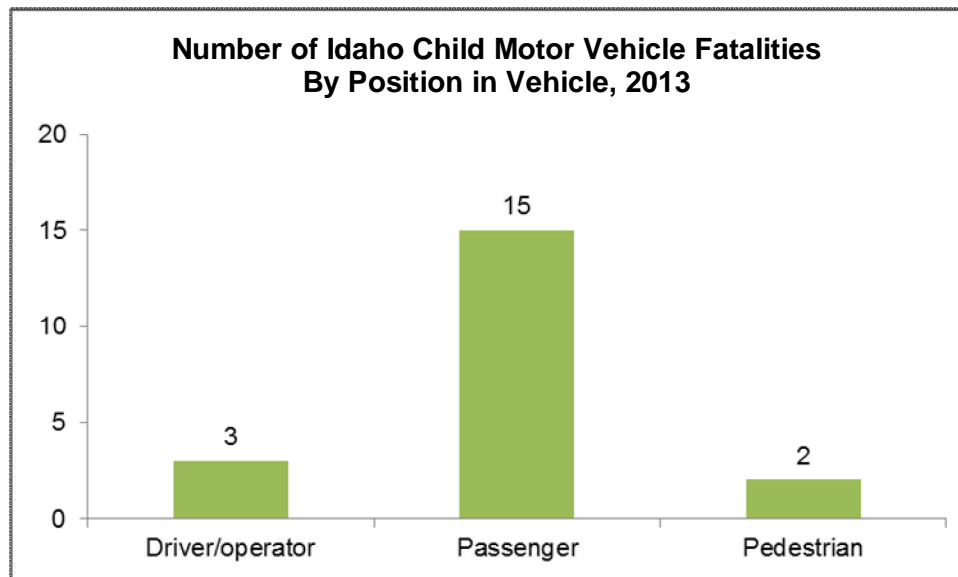
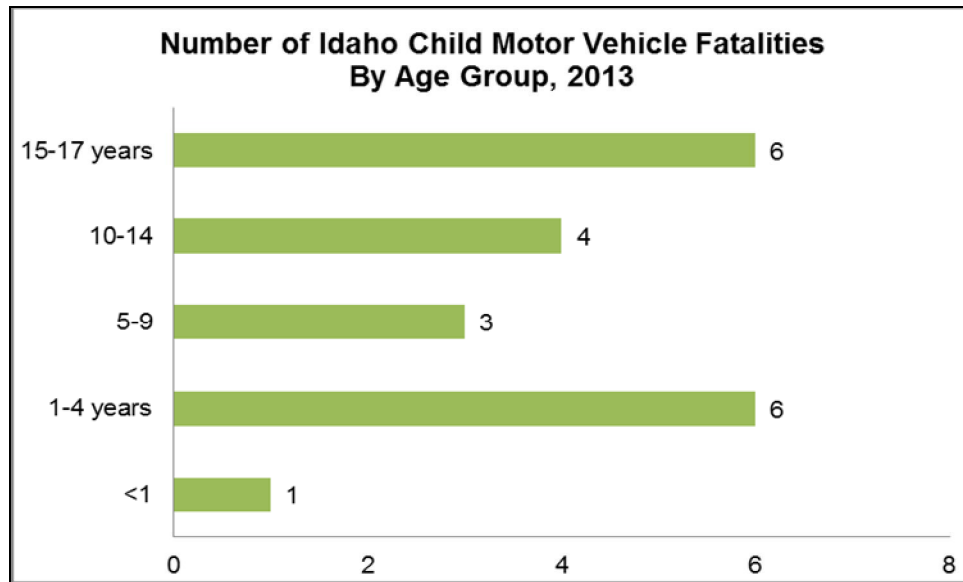
There were 41 accident deaths to children occurring in Idaho in 2013. Nearly one-half were motor vehicle accidents. Drowning deaths accounted for another 8 of these cases. Two of these accident deaths were caused by crush injuries. Of the 5 accidental suffocation or asphyxiation deaths, 4 were to infants or toddlers and were discussed in this report's section on SUID.



[Based on 41 accident deaths]

MOTOR VEHICLE ACCIDENTS

The CFR Team reviewed the 20 motor vehicle deaths that occurred in Idaho in 2013. About one-third of these victims were teens between the ages of 15 to 17. There was no significant difference by gender (9 females, 11 males). The great majority (15) of the victims were passengers while 3 were drivers and 2 were pedestrians.



[Based on 20 motor vehicle fatalities]

Because 3 of these accidents resulted in multiple fatalities, there were actually 17 separate motor vehicle accidents accounting for the 2013 child deaths. Further, 3 of the accidents were non-traffic related (one aircraft crash, two off-road accidents involving non-operational vehicles). The following findings are based on the 14 separate *traffic* accidents.

Vehicle Type and Teenaged Drivers

In 2013, accidents involving Sport Utility Vehicles (SUVs), cars, and pick-ups had a similar incidence. One of the fatalities resulted from a school bus accident. Two of the accidents involved motor vehicles striking pedestrians. There were no deaths resulting from bicycle or ATV accidents in 2013.

While past research has found an increased risk of accidents when a teen driver was behind the wheel, only a minority (3 out of 14) of the 2013 cases in Idaho involved a teenaged driver. Still, these teen driver accidents resulted in a total of 5 deaths and 1 additional incapacitating injury. The CFR Team found driver error and/or law violations as contributing factors in each of the accidents involving a teen driver.

Vehicle type of 2013 Idaho Accidents (child as occupant)

Car	Pick-up	SUV, Bus or Van	Pedestrian
4	4	5	2

[Based on 14 motor vehicle traffic accidents]

Pick-up Bed Riding

Two children died while riding unrestrained in the bed of a pick-up in 2013. Except for laws requiring safety seats for children aged six and under, Idaho has no laws restricting pick-up bed riding on roadways. Safety seat belt laws in Idaho apply only to passengers seated in the interior areas of vehicles therefore bed riders are exempt from seat belt requirements.

Seat Belt and Safety Restraint Usage

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

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 restraint is a child safety seat for children up to 40 pounds and a belt-positioning booster seat for children six years or younger. 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.

Improper safety restraint use appeared to be a major factor in the 2013 motor vehicle fatalities. Of the 17 deaths reviewed in this category, 12 of the victims were not using an age appropriate safety restraint (seat belt or child safety seat). Additionally, in 2 of these cases, airbags were either not installed or did not deploy in the accident.

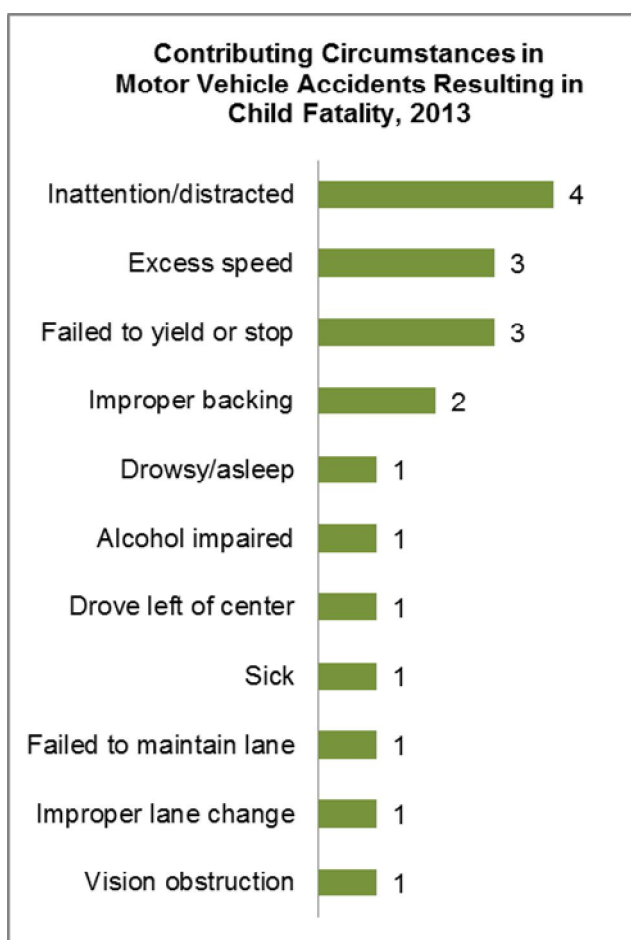
Safety Restraint Not Used

Seat belts not used	Air bags (not present or deployed)	Child safety seats/booster seats not properly used
9	2	3

*[Based on 17 **motor vehicle traffic** fatalities]*

Contributing circumstances

For each vehicle involved in a traffic collision, the investigating officer may indicate up to three circumstances that resulted in the accident. These are summarized in Idaho Transportation Department (ITD) crash reports. The most commonly cited circumstances in the 2013 motor vehicle traffic accidents were inattention/distraction, speeding, failing to stop or yield, and improper backing.



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

*[Based on 14 **motor vehicle traffic** accidents]*

Systems Issues

ITD crash reports are a useful tool in analyzing causes of accidents and enacting measures to prevent similar accidents in the future. However, the CFR Team found that certain key details were missing from the form. Specifically, the current form does not include a field for the officer to enter the actual speed of the vehicle. While there are two options for contributing circumstances related to speed ("speed too fast for conditions" and "exceeded posted speed")

and there is a section on the form for a narrative description, the completed forms did not consistently provide all of the relevant details and left the team with unanswered questions about the cause of the accident.

The CFR Team is concerned about the number of accidents resulting from distracted or inattentive driving. 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 ITD crash form includes fields related to distracted and inattentive driving but details were often not provided as to the specific source of distraction (e.g. handheld phone, radio, pet, passengers, etc.). The team felt that more specific information (rather than a broad category in an optional field as currently exists) is needed to better understanding the cause of accidents. This additional information may lead to preventing similar accidents in the future.

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 teen passengers or not using seat belts) may not directly *cause* accidents but may increase the likelihood or severity of an accident. The Idaho CFR Team found the following top common factors in the 2013 motor vehicle accidents (ranked by frequency with number of instances in parenthesis):

1. Seat belts not used (9)
2. Multiple youth or teen passengers (4)

Tie:

3. Inattentive driving (3)
4. Improper backing (3)
5. Speeding (3)
6. No safety seat installed/used (3)

Tie:

7. No airbags equipped (2)
8. Riding in pick-up bed (2)
9. Weather conditions (2)
10. Driver drug or alcohol impaired (2)

*[Based on 14 **motor vehicle traffic** accidents]*

The team considered the seasonal impact associated with motor vehicle accidents. As in the prior year, these accidents often occurred in the summer months (7 of the 14 accidents). However, more than one-third of the accidents (5) occurred during the winter months with road and weather conditions playing a possible role. In the 2013 reviews, the team less commonly observed accidents occurring in the fall and spring. As the small number of observations in a single year makes it difficult to draw conclusions, the team will continue to monitor this issue.

Recommended Actions for Preventing Motor Vehicle Accident Deaths

Many of the recommendations for preventing motor vehicle accident deaths are related to public education and are best targeted to parents of young children and teen drivers. Coordination between law enforcement and other public agencies like ITD and the State Department of Education (SDE) will permit optimal resource utilization and ensure consistent messaging.

For Parents and Teen Drivers

Pick-up Bed Riding and Safe Riding Position

The team found that Idaho laws related to seating position of vehicles are unclear and that parents may be understandably confused about suitable and legal practices in transporting children. Drivers should consider the safety of their young passengers rather than solely using state laws to dictate appropriate seating position in vehicles.

The ITD recommends that all passengers are restrained with a seat belt or developmentally appropriate safety seat (see following section). They further advise that children under the age of 13 ride in the back seat to avoid air bag injuries. Idaho laws require correctly installed child safety or booster seats for passengers aged 6 years and under. It is therefore unlikely that a young child riding in the cargo area of a pick-up would be compliant with state safety seat requirements. However, Idaho is in the minority of states that has no law explicitly prohibiting or restricting pick-up bed riding (Insurance Institute for Highway Safety, 2016 <http://www.iihs.org/iihs/topics/laws/cargoareas>).

While current Idaho law does not prohibit pick-up bed riding for children over the age of 7 years, doing so presents a known safety hazard. A National Conference for State Legislatures publication titled, "Protecting Children: A Guide to Traffic Safety Laws" reported that a person riding in the cargo area of a truck is *26 times more likely to be ejected* than a person riding in

the cab. Injuries may occur during non-crash events as stopping or swerving. Young children and teens are especially vulnerable to injuries (even in slowly moving vehicles) as they may stand-up or engage in horseplay while riding in a pick-up bed. Drivers should remember that cargo areas of trucks do not meet occupant safety standards relevant to passenger seating positions.

Safety Restraints

The team found evidence that improper safety restraint usage played a significant role in the 2013 fatalities (12 of the 17 traffic fatalities were to children who were not using appropriate safety restraints, see page 44). Many of the fatal injuries resulting from road accidents may have been less severe or prevented entirely with proper seat belt or safety seat use. Drivers should be aware that Idaho state laws for child safety restraints differ from national recommendations.

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. However, the National Transportation Safety Board (NTSB) recommendations base recommendations on height and weight as well as age (booster seats until 4 feet 9 inches *OR* eight years old).

Idaho statute requires all passengers (regardless of age) to use safety restraints (seat belt or car seat). ITD recommends the following four "child safety steps":

1. Restrain children on every trip, every time.
2. Keep children in the back seat until age 13.
3. Use the correct safety seat for child's size.
4. Use child safety seats and seat belts correctly.

To ensure that the correct safety seat is used and installed correctly, ITD recommends routine inspection by a trained professional (often via community hospitals or local fire and police stations). Safety seat check sites can be located throughout Idaho by consulting the following website: www.safercar.gov/cpsApp/cps/index.htm

Safe Driving Habits

Driver error continues to be a factor in most motor vehicle accidents. Developing safe driving habits and ensuring that teens have the opportunity for high quality drivers' education can prevent tragedies.

Distracted or inattentive driving is a leading contributing cause of motor vehicle accidents. Drivers should strictly avoid using electronic devices (such as cell phones, tablets, navigational screens) while driving. Even hands free and Bluetooth® enabled devices can present a source of distraction and should be used with caution or avoided entirely while driving.

According to the National Safety Council (NSC), teen drivers have three times the risk of car crashes compared with adults over the age of 20. Because teens are less experienced drivers they are even more prone to distracted driving. This makes the practice of using electronic devices in the car more dangerous for teens. In addition, having multiple passengers in a car with a teen driver has been repeatedly found to be a common risk factor in many accidents. Parents should take steps to make sure teen drivers are able to maintain focus while driving. In addition to learning safe driving techniques, teens should be prohibited from driving late at night with other passengers whenever possible.

Drivers should be aware of the higher incidence of accidents (particularly motor vehicle vs. pedestrian) caused by improper backing. The NSC estimates that 25 percent of accidents can be blamed on poor backing techniques. Victims of backing accidents are often small children, who are especially hard for drivers to see. A study by the National Highway Traffic and Safety Administration (NHTSA) found that almost half of those killed in backing accidents are younger than 4 years old (www.safety.com/articles/backing-dangers).

The NHTSA encourages the following good driver habits to avoid backing accidents:

- Double check all of your mirrors before you put your vehicle in reverse
- Do not rely on mirrors. Know and check your vehicle's blind spots.
- Inspect all around your vehicle to check for pedestrians (especially children), potholes, tire hazards, and to accurately gauge your clearance between other vehicles or objects.
- Be aware that steep inclines and large SUVs, vans and trucks may impair your line of vision.
- Use a spotter to guide you and ward off pedestrians or other vehicles until you have pulled away.
- Be extra cautious in wintery weather as small children can slip on ice and snow and fall out of drivers' sight.

- Never back a vehicle when the rear window or mirrors are covered with frost, snow or other substances.
- Blow the horn twice as a warning before backing.
- When practical, look for an easy-exit “pull through” space so you won't have to back out.
- As an added precaution, opt for rearview cameras (available on some newer vehicle models).

Impaired Driving

The Idaho Department of Transportation (ITD) estimates that 40 percent of all fatal crashes involve impaired drivers. (“2012 Impaired Driving Statistical Report”, ITD). While strict drunk driving laws and increased public education over the past 30 years have resulted in a reduction in impaired driving, increased community involvement can prevent more tragedies.

Idaho law prohibits operating a vehicle with a blood alcohol concentration (BAC) of .08 or above. For drivers under the age of 21 the BAC limit is .02 and violations may result in a suspended license.

A recent ITD initiative found that most Idaho adults support strong enforcement of impaired driving laws and believe establishments that serve alcoholic beverages should have a role in preventing drinking and driving (www.itd.idaho.gov/ohs/courageousvoices.htm). The CFR Team urges drivers to be aware of the dangers using prescription and illicit drugs while driving, as well.

All drivers should strictly avoid *any* level of alcohol and narcotic use before getting behind the wheel. They should follow their pharmacist or physician’s advice before driving after taking prescription drugs. Parents can establish clear guidelines and create advance plans about how their teens will get home safely when they (or their drivers) have been drinking or using drugs. Teens should be encouraged to intervene without fear of repercussions when they encounter a peer who should not be driving.

For Public Transportation Agencies

The CFR Team supports ITD’s public initiatives promoting seat belt/safety restraint usage and proper installation, bicycle safety and improving awareness of risks of impaired driving and texting while driving.

The team applauds the response of ITD to the Boise Bicycle Project's campaign to improve bicycle safety and road sharing. This joint effort resulted in changes to Idaho driver's licenses exams so that each will now include at least one mandatory question on bicycle safety (www.idahostatesman.com/news/local/article51208785.html, www.boisebicycleproject.org/themax). This is an excellent example of how public agencies and community organizations can work together to improve health and safety in Idaho. Other opportunities for similar partnerships may exist related to strengthening laws and/or education related to distracted driving (i.e. cell phone use and texting) and increased availability of safety seat installation checkpoints.

The CFR Team again 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.

For Law Enforcement

Police officers are in a unique position to communicate directly with motorists in encouraging safe driving habits, even in the absence of law violations. The 2013 motor vehicle fatalities highlighted a few areas in which Idaho's laws are not widely understood by drivers. Notably, parents may look to the law in deciding which driving and riding habits are safest for their children (see previous sections on pick-up bed riding, safety seat requirements, front seat position for young children and electronic device use). Officers are encouraged to provide clarification to drivers on safe practices.

Although the estimated vehicle speed and source of distractions (e.g. cell phones, passengers) as a contributing cause of accidents are not currently required fields on the ITD crash report form, officers are encouraged to provide these details in the narrative section. These additions will make the information gleaned from the reports more actionable in preventing motor-vehicle accidents.

State and local law enforcement agencies can continue to play a major role in supporting public education of safe driving practices (see previously discussed focus areas under "Parents and

Teen Driver” section) through their own social marketing campaigns as well as through officer presentations at schools and community groups.

The team recommends strict enforcement of impaired driving laws and supports ongoing public education as a way of reminding drivers of the potential consequences. While most drivers are well aware of the hazards of drunk driving, they may not consider that prescription drugs also potentially cause impairment.

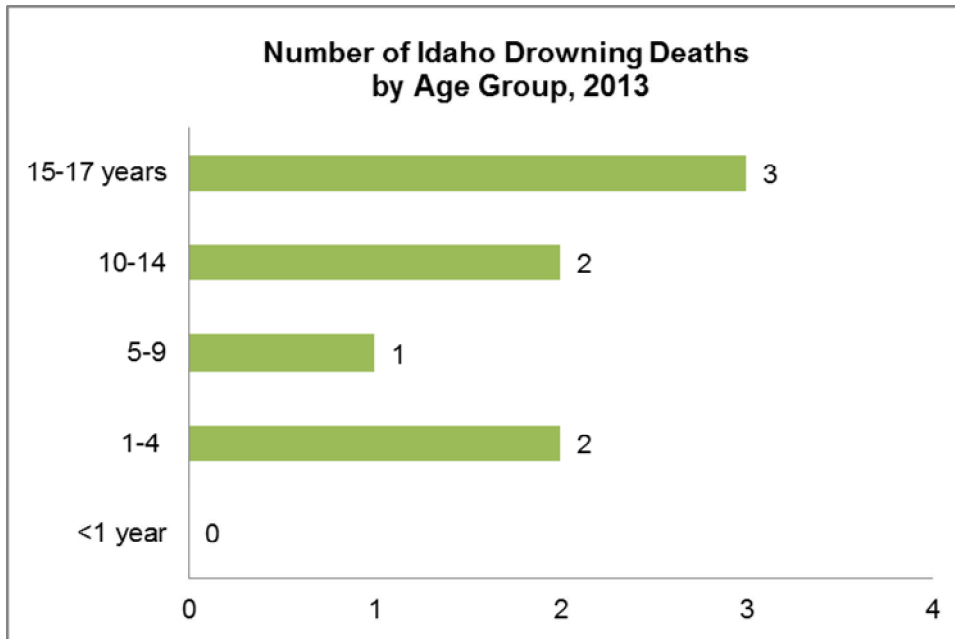
As in past years, the 2013 reviews uncovered situations in which driver impairment may have contributed to the accident. However, in the absence of toxicology testing, this was not able to be confirmed or disproved. In accordance with Idaho State Police policy, drivers who are found to be alcohol impaired do not undergo additional drug testing. In order to better understand the role of impairment on all drivers as well as the impact of individual substances (prescription drug, marijuana, stimulants, etc.), the CFR Team calls for routine, complete toxicology testing for all drivers involved (even those not found to be directly at fault) in motor vehicle accidents.

DROWNING

According to the CDC, three children die every day in the U.S. as a result of drowning accidents. For every child who dies from drowning, another five receive emergency department care for nonfatal submersion injuries. Idaho is second only to Florida in having the highest unintentional drowning rate in the nation for the 1 to 5 year-old age group (www.healthandwelfare.idaho.gov/Health/InjuryPrevention/Drowning/tabid/1390/Default.aspx).

The team reviewed the 8 drowning deaths that occurred in Idaho in 2013. Consistent with national findings, males had a higher incidence of drowning (6 of the 8 deaths were to males).

Nearly all of the drowning incidents occurred in open water. Six of the deaths occurred in a lake, reservoir, creek, or river.



Number of drowning deaths by location

Body of water	#
Lake/reservoir	4
River/creek	2
Canal	1
Swimming pool	1

[Based on 8 drowning deaths]

Common Factors and Associations

Most (5 of 8) of the drowning deaths occurred while the children were swimming or wading. Most of the 2013 drowning deaths were to teenagers or older children. Two of the deaths involved a small child (both aged 2 to 4 years) playing near water and either slipping into or deliberately entering the water without adult supervision.

The CFR Team found that inadequate supervision was a commonality in 5 of the cases. While it is unclear if family history played a role in any of the cases, the team found that 2 of the

victims came from families with a history of CPS notifications (prior reports of abuse and/or neglect).

1. Inadequate supervision (5)
2. CPS history in family (2)

[Based on 8 drowning deaths]

Several of the accidents were to teens without swimming skills who were on group outings with others of a similar age (some with adult supervision, some without).

Systems Issues

The team identified the need for improved swimming education or water safety messages for a general audience. They were concerned about the number of these deaths that occurred to older children and teens, many of whom had adult supervisors or chaperones close by.

Notably, one-half (4 of 8) of the drowning deaths were to children who had recently resettled in Idaho from another country (and 3 of those 4 were children of refugee families). These findings may highlight an opportunity for education targeted to audiences who may not have had access to swimming lessons or water safety information in early childhood.

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 identified the need for improved water safety messaging for a general audience. In particular, the 2013 cases highlighted the importance of emphasizing water safety information as part of health and safety training provided by refugee resettlement agencies.

The Refugee Act of 1980 created The Federal Refugee Resettlement Program to provide for the effective resettlement of refugees after arrival in the United States. This act formalized Idaho's role in the process of refugee resettlement. Boise and Twin Falls serve as host cities for refugees and Idaho welcomes around 1,000 new arrivals per year. The Idaho Office for Refugees (IOR)

reports that the majority of refugees are women and children (www.idahorefugees.org/refugee-101.html).

IDHW houses the Idaho Refugee Health Program. The program goals include identifying and managing refugees at risk for communicable diseases or health conditions that may adversely impact resettlement and their quality of life. The program also introduces refugees to the Idaho health care system and supports access and utilization of health services.

Like the CFR Team, the Idaho Refugee Health Program has identified the need for enhanced swimming education for the refugee population. Many of those from different cultures have not had the opportunity to learn swimming skills and may lack awareness of water safety practices. Idaho's lakes, rivers, canals, and swimming pools and the multitude of recreational activities involving water sports, present hazards that many families have never previously encountered. While Idaho resettlement agencies are already offering some water safety education (e.g. YMCA swimming lessons, paramedic-led drowning prevention trainings, etc.) cultural sponsors are encouraged to emphasize additional education and provide access to swimming lessons as a way of preventing unnecessary deaths and injuries within this population segment.

As many of the drowning deaths occurred to older children without close supervision while playing in the water, the team recommends that public education campaigns emphasize the importance of closely supervising children off *all ages* while near the water and to verify swimming ability before allowing them in open or deep water. Water safety messaging should also stress the importance of wearing personal flotation devices, regardless of swimming ability.

In three consecutive years of CFT reviews (2011, 2012, 2013), there have been a total of 2 child deaths resulting from a canal drowning in Idaho (or 9.1% of the 22 drowning deaths during the 3-year period). Idaho Vital Records data shows that during the prior 10-year-period (2001-2010), there were a total of 51 drowning deaths to children and that 10 of these were canal drowning deaths (or 19.6% of the 51 drowning deaths).

Though the small number of observations makes it difficult to draw conclusions, the lower incidence of canal drowning deaths in recent years may be notable. It is despite a sizeable number of irrigation canals throughout Idaho and a higher overall drowning rate relative to most other states. The emphasis of canal safety in public service messaging may play an important role in reducing deaths and injuries to Idaho children.

For Parents

Parents must closely supervise children of *all ages* while swimming or playing near open water and pools. Because drowning occurs quickly and quietly, adults should not be involved in any other distracting activity and should be within arm's reach while supervising children, even when lifeguards are present.

Most parents understand the importance of carefully watching unpredictable toddlers and preschoolers in and near the water. However, even those chaperoning older children and teen swimmers should carefully observe them and encourage them to use flotation devices. Some older children have never had the opportunity to develop strong swimming skills and may be reluctant to admit their limited abilities their peers. It is a good idea to verify the swimming abilities of children of any age (and consult their parents) before allowing them access to open or deep water. Nationally, most drowning accidents to teenagers occur in natural water settings. Drop-off points in lakes and rivers, fast moving currents, and large, loud groups of swimmers can present distinct water safety challenges.

Even older children and teens with swimming skills should be warned about the unpredictable nature of open water—especially swift moving rivers and creeks. Parents should also warn teens of the high risk of alcohol consumption while engaging in water sports and swimming. The CDC estimates that alcohol is a factor in 70 percent of adult and adolescent deaths associated with water recreation. Alcohol influences balance, coordination, and judgment, and its effects are heightened by sun exposure and heat (www.cdc.gov/HomeandRecreationalSafety/Water-Safety/waterinjuries-factsheet.html).

FIRE AND SMOKE INHALATION

One house fire in 2013 resulted in the deaths of 3 children. All 3 of these deaths were attributed to carbon monoxide poisoning.

According to a report by the National Safety Council (NSC), 2,200 deaths in the U.S. were caused by destructive fires in 2013. Working smoke alarms cut 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).

The CFR Team recommends proper installation of smoke and carbon monoxide detectors in the home near sleeping areas. Batteries should be checked and replaced at least once per year. Landlords should be aware that Idaho law requires the installation of working smoke detectors in all rental units. Tenants are responsible for checking and maintaining smoke detectors throughout the rental period (<https://legislature.idaho.gov/idstat/Title6/T6CH3SECT6-320.htm>). City ordinances may have other requirements pertaining to smoke detector and carbon monoxide detectors (including responsibility for maintenance and required locations) in rental properties.

The team reminds users to follow manufacturer's recommendations in using electric extension cords to prevent fires and resulting injuries.

CRUSH INJURIES

Two of the accident deaths were the result of crush injuries to young children. Both occurred on the premises of their family homes. The common risk factors in these incidents were unsecured furniture or heavy objects in the play area and lack of direct supervision. Parents and caretakers are urged to diligently childproof their homes. Furniture, televisions and appliances can tip over when children climb onto or fall against them. Heavy objects can be anchored to the floor or attached to walls. Kitchen appliances can be installed with anti-tip brackets. School age and younger children should be closely supervised while playing in unfamiliar rooms or outside areas where they may encounter safety hazards. The U.S. Product Safety Commission offers more tips for home childproofing at:

www.cpsc.gov/en/Safety-Education/Safety-Guides/Kids-and-Babies/Childproofing-Your-Home--12-Safety-Devices-To-Protect-Your-Children/

FIREARMS

In 2013, there were 2 accidental deaths to children which were inflicted by firearms. The ages of the victims, gun type and the circumstances of each incident differed significantly. However, the team found that both children were unsupervised at the time of the shooting and that proper gun storage and improved gun safety education may prevent similar deaths.

An estimated 57 percent of Idaho adults own at least one gun (www.businessinsider.com/gun-ownership-by-state-2015-7). Gun owners with children at home should be mindful of safe gun handling practices (storing guns and ammunition separately in locked locations, keeping guns out of reach of children, equipping guns with child resistant gun locks, and teaching children that guns are not toys). *Project Child Safe* partners with law enforcement agencies throughout Idaho to offer free safety kits, including gun locks and safety instructions: www.projectchildsafe.org/safety/find-a-safety-kit.

IDHW also suggests that parents consider ideas presented by the Asking Saves Kids (ASK) Campaign: <http://211.idaho.gov/elibrary/GunSafety.html>. ASK recommends that before sending children to play at friend's house, the parents should be asked whether there is a gun in the home, and if so, how it is stored. The campaign suggests bringing up the topic along with other questions that might normally be discussed before sending a child to a new friend's house such as the presence of sick children or allergens. While this can be a sensitive topic, the goal is to ensure that the child is in a safe environment.

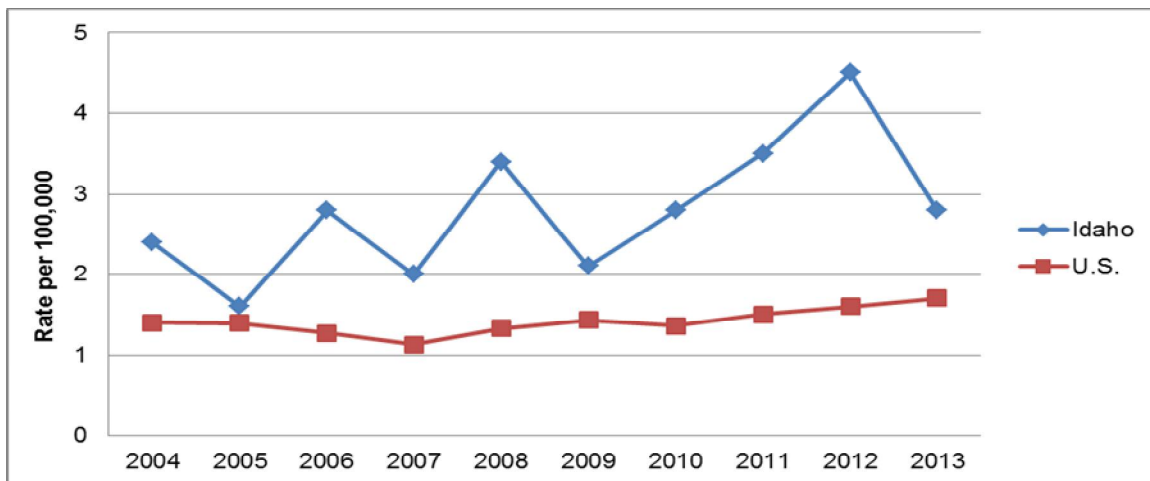
Parents should periodically and repeatedly talk to their own children about guns. It is important to teach children that contrary to what they may see on TV and in video games, guns cause real injuries. It should be emphasized that children should never touch a gun and should always tell an adult if they come across one. Children and teens should be closely supervised when handling a gun for any purpose

SUICIDES (Intentional Self Harm)

Suicide is the second highest cause of death to Idaho children over the age of 1 year. Teens between 15 and 17 have the highest incidence of suicide. Idaho's lower suicide rate in 2013 is not a statistically significant change from recent years. Idaho's rate of youth suicide during the 10-year period was consistently higher than the U.S. rate, overall.

**Idaho and U.S. Resident Suicide Deaths (Age <18)
and Rates per 100,000, 2004-2013**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total Number Idaho Resident suicides	9	6	11	8	14	9	12	15	19	12
Idaho Resident suicide death rate	2.4	1.6	2.8	2.0	3.4	2.1	2.8	3.5	4.5	2.8
U.S. Resident suicide death rate	1.4	1.4	1.3	1.1	1.3	1.4	1.4	1.5	1.6	1.7



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.

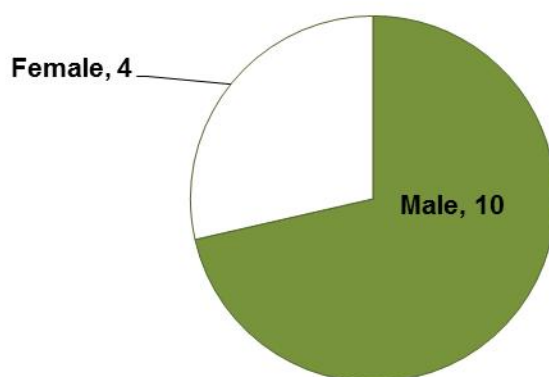
Idaho CFR Team Findings: Suicides

The 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. The methods used most often include firearms, hanging, and drug overdose.

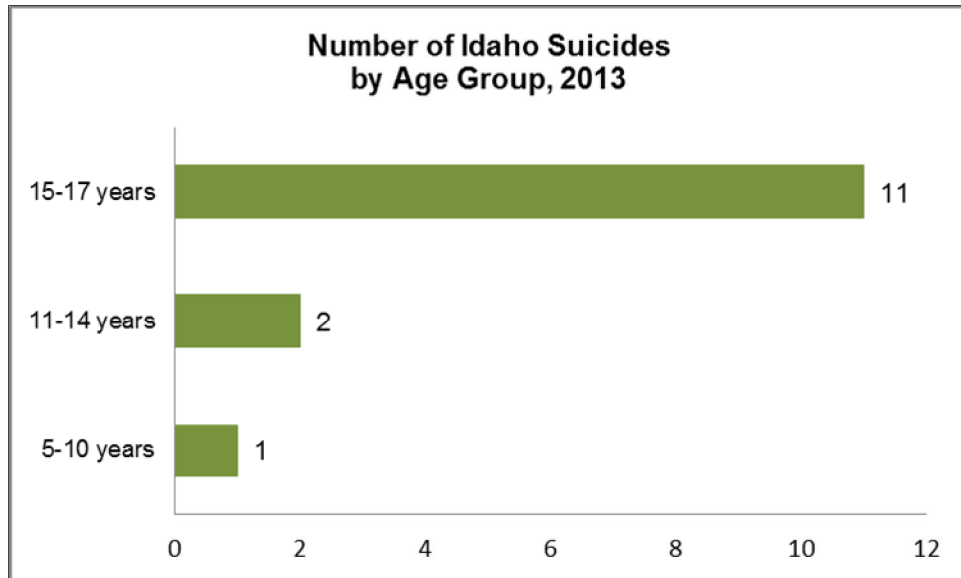
While suicide in younger children is rarer than in teens, it does occur. The Center for Suicide Prevention estimates that 12,000 U.S. children between the ages of 5 and 14 are admitted to psychiatric hospital units each year for intentionally self-destructive behavior. Hanging and suffocation are the most common methods for younger children. Because such incidents are uncommon and not well understood, officials may misclassify suicides in young children as accidents. Recent research has found that the suicide rate to preteens has remained stable over the past 20 years (Bridge JA, JAMA Pediatrics, 2015).

The CFR Team reviewed 14 suicides occurring in Idaho in 2013. Two of the victims were non-Idaho residents but as the incidents occurred in state, the team included those cases for review. Victims were predominantly male. The majority of the suicides were to teens between 15 to 17 years of age. While in past review years, suicide victims were exclusively teens, 3 of the 2013 victims were elementary or middle school aged children.

**Number of Idaho Suicides to Children (< age 18)
by Sex, 2013**



[Based on 14 suicide deaths]



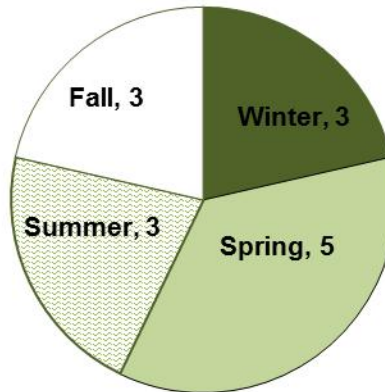
[Based on 14 suicide deaths]

In a departure from past years in which firearms were the most common injury mechanism, the majority of the 2013 suicide victims died of hangings. No obvious trend emerged with regard to seasonality of the suicide deaths.

Number of Suicides in Idaho by Mechanism, 2013

Injury Mechanism Used	#
Firearm	5
Hanging/asphyxiation	8
Drug (OTC) overdose	1

**Number of Idaho Suicides to Children (< age 18) by
Season of Occurrence, 2013**



[Based on 14 suicide deaths]

Systems Issues

In 4 of the 14 suicide cases, toxicology testing was not conducted as part of the coroner's investigation or autopsy. The CFR Team found that toxicology results are necessary to fully understand the circumstances that may have led to the suicidal act.

The team uncovered opportunities for improved communication between agencies in completing investigations.

Many of the victims had a documented history of mental illness or emotional trauma while others showed some symptoms but were never formally diagnosed. The team found instances in which families had sought mental health services for the child but were placed on waiting lists because of limited availability. Triaging mental health services in communities with limited access may prevent tragic outcomes by granting priority to those who show signs of being a danger to themselves or others.

Common Factors and Associations

Among major risk factors for suicide, the CDC cites previous suicide attempts, depression or other mental illness, substance abuse and access to lethal methods

(www.cdc.gov/violenceprevention/pub/youth_suicide.html).

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

1. Past mental health issues or emotional disturbances (12)
2. History of suicidal ideation (6)

Tie:

3. Access to guns (5)
4. CPS referrals of family (5)

Tie:

5. Criminal history (3)
6. Recent death of a close friend or family member (3)
7. History of drug abuse (3)
8. Problems/disciplinary actions at school (3)
9. Allegations of past sexual or physical abuse (3)

10. Intoxicated immediately prior to event (2)

[Based on 14 suicide deaths]

An interaction of these factors was often present with suicides. For example, teens with a history of mental health concerns may be particularly vulnerable when facing a stressful event like disciplinary action or loss of a close relationship. They may also be in a heightened emotional state while under the influence of drugs or alcohol.

Having access to lethal methods is a known risk factor for suicide. The team is concerned about the number of suicide victims who accessed an unsecured firearm in their own home in an impulsive act.

The team did not find evidence of clusters in their reviews of 2013 suicides. However, Idaho Department of Health and Welfare has recently formed an Office of Suicide Prevention and plans to study suicide trends at a macro level in the state. The CFR Team supports the work of this team and will stay abreast of their findings to help identify risk factors and recommend preventive actions.

Recommended Actions for Preventing Suicide Deaths

Given the increasing number of suicides to younger children, parents and educators should be aware of stressors and warning signs in children of all ages and not just teenagers.

The CFR Team has repeatedly observed suicides with an impulsive component, arising during a short-term crisis. The National Association of City and County Health Officials (NACCHO) reports that 24 percent of suicide attempts were decided within five minutes and 70 percent were decided within 60 minutes (<http://nacchovoice.naccho.org/2014/12/15/safe-storage-of-firearms-prevents-suicide/>).

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 the following actions to reduce access to lethal means, thereby reducing suicide risk:

- Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means
- Partner with firearm dealers and gun owners to incorporate suicide awareness as a basic tenant of firearm safety and responsible firearm ownership
- Develop and implement new safety technologies to reduce access to lethal means

The Suicide Prevention Network of Idaho (SPAN, www.spanidaho.org) discusses several of the same risk factors found by the CFR Team (e.g. easy access to lethal methods, mental disorders, substance abuse, history of trauma/abuse, relationship loss, social isolation). Parents and others who interact with young people should familiarize themselves with the warning signs of suicide and immediately seek help from trained professionals when they are observed.

Warning Signs of Suicide

- Talking, writing about death or suicide or seeking out methods
- Dramatic mood or behavior changes (sudden changes in school or work habits, sudden drug abuse, agitation, changes in sleeping or eating habits)
- Making final arrangements: giving away possessions or putting affairs in order
- Withdrawing from friends, family, and favorite activities/hobbies
- Chronic headaches, stomach aches, fatigue

The CFR Team continues to see evidence of a shortage of mental health services throughout the state. This appears to be most critical in Idaho's rural areas. The team is encouraged by the

formation of IDHW's Office of Suicide Prevention and additional funding for Idaho's Suicide Prevention Hotline (1-800-273-TALK). The CFR Team recommends that training to counselors and hotline volunteers incorporate recent findings of common factors and behavioral associations for suicide so that high risk callers can be readily identified.

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. To expand their reach and ensure sustainability, Idaho Lives is also developing and supporting a statewide cadre of Idaho trainers to help implement in their model in non-participating schools. The project also makes information and tools available to the general public in an effort to prevent suicide attempts. Triaging mental health services in communities with limited access may prevent tragic outcomes by granting priority to those who show signs of being a danger to themselves or others.

For Public Health Agencies

The CFR Team commends the Idaho Legislature for responding to higher suicide rates by funding and launching the Office of Suicide Prevention within IDHW in 2016. The team will continue to partner with IDHW to integrate their findings in annual reviews.

The high number of suicides to teens with a history of mental illness highlights the need for more mental health services across the state. In particular, the CFR Team advocates for improved access to mental health services in rural areas.

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

For Parents

Parents should be aware that like teens, younger children may be at risk for self-harm and suicide. Parents should learn to recognize the warning signs and be aware of protective factors. They should promptly consult health care providers and/or educators for support when concerns arise.

Among better known risk factors like depression, drug use, and social isolation, the Idaho Lives Project warns parents to watch for signs that their children are feeling excessive academic or social pressures. Parents can find additional guidance from Idaho Lives at:

<http://www.idaholives.org/forms-and-handouts>

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. When guns are not stored, they should be within the parent's line of sight. Children and teens with a history of mental health issues or suicide threats/attempts should not have access to a firearm in the home.

Prescription and OTC 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 mental health issues or emotional volatility. More information on medication safety can be found at: www.safekids.org

For Coroners

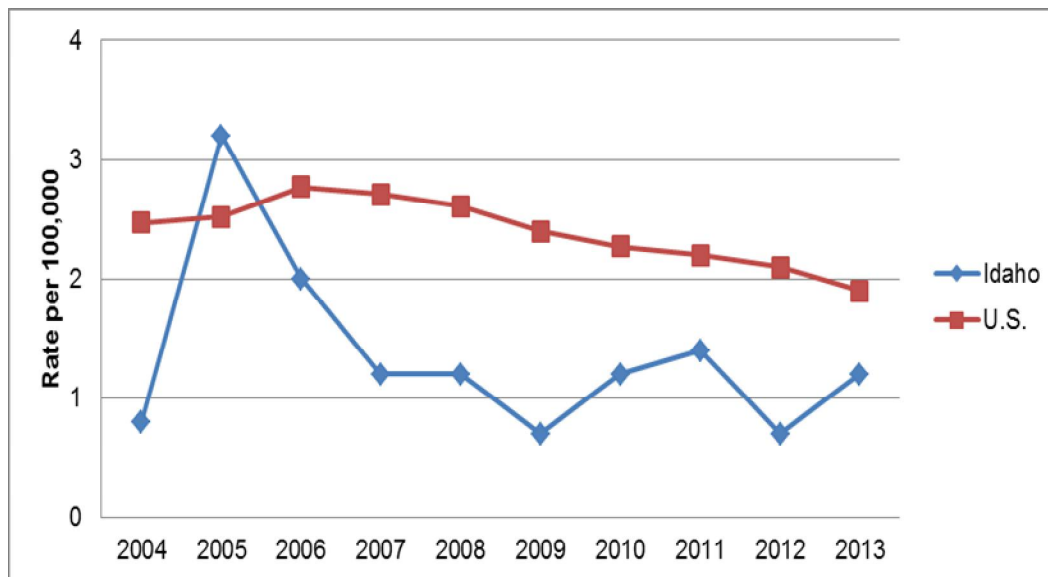
To better understand the precursors and contributing factors of suicide, the CFR Team recommends that Idaho coroners include toxicology testing as a part of death investigations when suicide is a possible cause. They should work closely with law enforcement agencies to ensure a complete investigation and that the manner of death is determined based on all available information.

HOMICIDES (Assault)

There were 5 fatal assaults to Idaho resident children in 2013. 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, 2004-2013

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total Number Idaho Resident homicides	3	12	8	5	5	3	5	6	3	5*
Idaho Resident homicide death rate	0.8	3.2	2.0	1.2	1.2	0.7	1.2	1.4	0.7	1.2
U.S. Resident homicide death rate	2.5	2.5	2.8	2.7	2.6	2.4	2.3	2.2	2.1	1.9



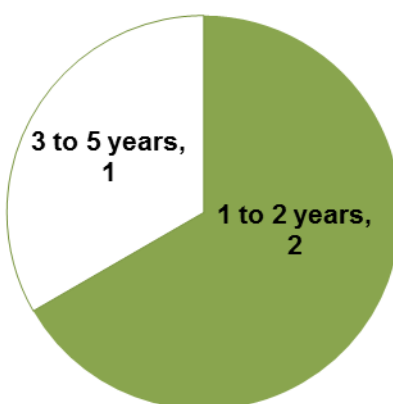
Source: Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare
Rates based on 20 or fewer deaths may be unstable. Use with caution.

*One 2013 death coded as homicide was determined to be of accidental manner and was reviewed with accidents.

Idaho CFR Team Findings: Homicides (Assault)

The team reviewed the 2 homicides from 2013 that occurred in Idaho. Additionally, they reviewed a single 2012 homicide which was previously deferred due to an unresolved legal proceeding at the time of the initial review attempt.

**Number of Idaho Assault Victims,
By Age Group, 2013**



[Based to 3 homicide deaths]

Each of the homicide victims was under the age of 5 years. Of the 3 homicide deaths reviewed, 1 died by abusive head trauma, 1 by blunt force trauma, and 1 died of neglect for medical attention.

Common Factors and Associations

The National Center for Child Death Review has found that children under age 5 account for the majority of assault deaths. Abusive head trauma is the leading cause of child abuse deaths. The second most common cause is blunt force trauma to the abdomen. Recent research has shown that parents (acting alone or together) are the most common perpetrators of abuse fatalities, followed by the mothers' unmarried male partners

(<https://www.psychologytoday.com/blog/somatic-psychology/201105/who-are-the-perpetrators-child-abuse>).

The Idaho CFR Team noted the following top risk factors in the 2013 assault deaths to children (ranked by frequency with number of instances in parenthesis):

Tie:

1. Prior contact with CPS (2)
2. Biologically unrelated male caregiver (2)

3. Domestic violence history in home (1)

[Based to 3 homicide/assault deaths]

System Issues

The team found systems issues related to incomplete police investigations in rural areas. Regulation and monitoring of child care facilities was also identified as a potential focus area.

Recommended Actions for Preventing Homicide Deaths

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

The team also identified a need for additional resources related to child care facility regulation and monitoring. Further, they encourage additional investigative support from state and federal agencies to assist law enforcement agencies with limited resources.

For Public Health Agencies

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

The CFR Team recommends system improvements in the regulation and monitoring of child care facilities to help prevent child assault and neglect incidents.

For Educators, Law Enforcement and Health Providers

Idaho law requires that anyone who believes a child has been physically or sexually abused report the abuse to local authorities. Professionals who work closely with children require specific training to identify abusive injuries and report occurrences to the appropriate agencies. Prevent Child Abuse America offers educational materials targeted at parents and professionals (www.preventchildabuse.org). They highlight the following as signs of physical abuse in children:

Consider the possibility of physical abuse when the child:

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

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

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

Law enforcement agencies with limited resources should seek support from Idaho State Police and federal agencies to ensure that suspected assault cases are thoroughly investigated and referred to prosecutors, as appropriate.

For Parents and Child Care Providers

Caregivers who abuse children cite common triggers such as crying, bedwetting, and fussy eating. Parents and child care providers are encouraged to seek education and support offered by hospitals, non-profit organizations and public health agencies. This can help counter unrealistic expectations of child behavior and provide anger management techniques which prevent "lashing out." Prevent Child Abuse America offers expert advice on topics like child

discipline and home safety (<http://preventchildabuse.org/resource/tips-for-parents-teaching-discipline-to-your-children/>).

The Early Childhood Coordination Council (EC3) collaborated with the Idaho Children's Trust Fund to disseminate the "Crying Plan" (www.cryingbabyplan.org) through EC3 council members and partners including Maternal, Infant and Early Childhood Home Visiting program and the Women, Infants and Children program. The goal of "The Crying Plan" tool 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.

IDHW provides services to help protect children while providing supports to strengthen families to prevent abuse and neglect. The Department strives to keep children with their families whenever possible. 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: 1-855-552-KIDS (5437)

For Coroners

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

CFR TEAM SCREENING: *Preventable Natural Deaths*

In addition to detailed reviews of deaths by external causes, a CFR subcommittee (made up of physicians and law enforcement 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 cause as coded on the death certificate and/or if a direct link to an existing medical condition was not apparent. The subcommittee selected 16 of the natural manner deaths for a more thorough review with complete death certificates, birth certificates, coroner/autopsy reports, law enforcement reports, and/or medical records. The natural manner cases selected for additional review fell into the following categories:

Perinatal Conditions	5
Influenza/Pneumonia	5
Non-ranking/All Other Causes	6
<i>Total Reviews of Deaths of Natural Manner</i>	16

Overall, no system wide issues were identified in the review of additional information (medical records, coroner reports, etc.) in these natural manner deaths. However, the team did find issues of concern in particular circumstances.

Influenza and Pneumonia

The subcommittee reviewed 5 influenza or pneumonia deaths to children in 2013. The victims ranged in age from 1 month to 7 years. The influenza virus (Type A and/or Type B) was positively identified in 3 of the victims. All of these influenza-related deaths to children in Idaho occurred in January 2013.

Flu Season*	2009-10	2010-11	2011-12	2012-13
Influenza-Related Deaths to Children (< age 18) Occurring in Idaho	4	2	0	3

*Flu season is typically defined as October 1 through May 1

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

The CDC described the U.S. flu season of 2012-13 as “moderately severe, with a higher percentage of outpatient visits for influenza-like illness (ILI), higher rates of hospitalization, and more reported deaths attributed to pneumonia and influenza compared with recent years” (www.cdc.gov/mmwr/preview/mmwrhtml/mm6223a5.htm).

Recommended Actions for Preventing Flu and Pneumonia Deaths:

The team recommends an annual flu vaccine for everyone 6 months of age and older as the first and most important step in avoiding the flu virus. Flu vaccination can reduce flu illnesses, doctors’ visits, and missed work and school as well as prevent flu-related hospitalizations and deaths. Since infants under the age of 6 months cannot receive the flu vaccine, those who care for infants should be sure to get vaccinated each year.

The CFR Team found that these flu and pneumonia deaths most often occurred to infants and children with chronic health conditions. 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 the flu vaccine early in the season.

The CDC reports that pneumonia is the leading cause of death in children younger than 5 years of age worldwide (www.cdc.gov/pneumonia). Infections can often be prevented with vaccines. In addition to the flu vaccine, several other vaccines (pneumococcal, 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).

Everyday hygiene habits can prevent the spread of germs and viruses. It is important to wash hands often with soap and water. Children should be taught to cover their noses and mouths

with a tissue or the crook of their elbow when they cough or sneeze. They should avoid touching their eyes, nose and mouth. 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

After 3 consecutive review years, the Idaho Child Fatality Review team has identified a total of 10 deaths to infants and children in families who did not seek medical intervention due to religious beliefs. These cases were identified by information provided on death certificates and coroner reports. 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.

Year of Review	2011	2012	2013
Number of <i>identified</i> deaths to children who were not treated medically due to religious objections	3	2	5

All 5 of these 2013 deaths were to newborn infants (less than one month of age). Statewide, perinatal conditions are a leading cause of death to infants (resulting in a total of 58 deaths in Idaho that year). The category includes deaths related to prematurity, respiratory issues and various labor complications. However, the team determined that the 5 deaths to infants who were reportedly not medically treated (for example, those caused by meconium aspiration, intestinal blockages, and sepsis) may have been prevented with proper and timely medical treatment.

Idaho civil and criminal codes (*Section 16-1602 (28)(a)*, *Section 16-1627(3)*, *Section 18-15-1501(4)*) provide religious exemptions on child abuse and neglect (<https://legislature.idaho.gov/idstat/Title16/T16CH16.htm>).

Idaho Statutes:

Juvenile Proceedings, Section 16-1602(28)(a): “[N]o child whose parent or guardian chooses for such child treatment by prayers through spiritual means alone in lieu of medical treatment, shall be deemed for that reason alone to be neglected or lack parental care necessary for his health and well being. . . .”

Juvenile Proceedings, Section 16-1627(3) in Authorization of emergency medical treatment : “In making its order under subsection (a) of this section, the court shall take into consideration any treatment being given the child by prayer through spiritual means alone, if the child or his parent, guardian or legal custodian are adherents of a bona fide religious denomination that relies exclusively on this form of treatment in lieu of medical treatment.”

Crimes and Punishments, Section 18-1501(4) in Injury to children: “The practice of a parent or guardian who chooses for his child treatment by prayer or spiritual means alone shall not for that reason alone be construed to have violated the duty of care to such child.”

While most states offer some level of exemption for parents who withhold medical care for their children on religious grounds, Idaho is reportedly one of six states where religious exemptions for negligent homicide, manslaughter or capital murder are allowed

[\(www.spokesman.com/blogs/boise/2016/apr/13/idahos-faith-healing-exemption-child-deaths-draws-international-attention/\)](http://www.spokesman.com/blogs/boise/2016/apr/13/idahos-faith-healing-exemption-child-deaths-draws-international-attention/).

The CFR Team’s position is that these exemptions may prevent authorities from investigating and monitoring neglect cases and discourage reporting of these incidents. Apart from strengthening laws to protect children from preventable deaths, current law is confusing for medical providers and investigative agencies.

Governor Otter addressed the issue at the beginning of the 2016 legislative session by asking legislative leaders to form a committee to study Idaho’s faith-healing exemption. A bill seeking to modify the exemption was originally proposed in 2014 but to date has not received a legislative hearing.

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APPENDIX



Executive Department
State of Idaho

C.L. "BUTCH" OTTER
GOVERNOR

State Capitol
Boise

EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE

EXECUTIVE ORDER NO. 2012-03

GOVERNOR'S TASK FORCE FOR CHILDREN AT RISK

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

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

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

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

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

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

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

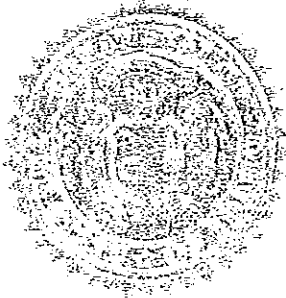
The Task Force shall be composed of not more than 18 members appointed by the Governor. The membership shall include, but will not be limited to, the following with consideration of geographical representation:

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

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

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

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



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

A handwritten signature in cursive script, reading "C.L. Butch Otter".

C.L. "BUTCH" OTTER
GOVERNOR

A handwritten signature in cursive script, reading "Ben Ysursa".

BEN YSURSA
SECRETARY OF STATE