



COUNTY OF HUMBOLDT

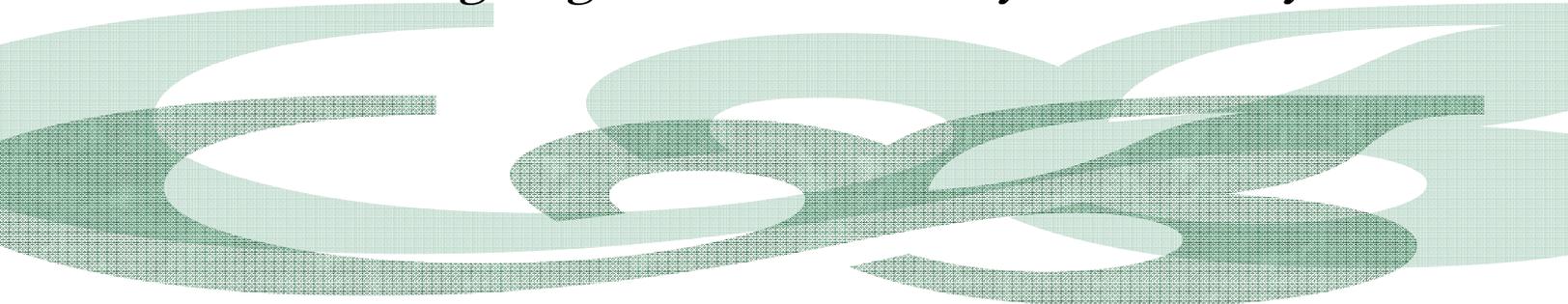
Department of Health & Human Services

Phillip R. Crandall, Director

Fetal-Infant Mortality Review & Child Death Review Team

**Recommendations Report
2005-2006**

“Working Together for a Healthy Community”



FIMR/CDR Team 2005-06

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ACKNOWLEDGEMENTS

There are many people who contribute to the success of the Fetal Infant Mortality Review and Child Death Review Team process:



First, a very special thank you to all the parents who participated in the program interviews. The information they provided enriched and strengthened team recommendations and actions.

Many thanks to St. Joseph Hospital for their generous donation of a meeting place and lunch. A consistent meeting time and place supports the work of the team and enhances the team process.



As always, participation of guest members and past team members has been invaluable. In 2005 and 2006 the following people participated in the case reviews:

Louis Brunhke, Helen Culver, Cheryl Del Rio, Patricia Ehlert-Abler, Peggy Falk, Jody Green, Karla Howe, Andrew Issac, Kay Gabriel, Nicole Gans, Susan Golledge-Rotwein, Willie Green, Rick Grimm, Mike Henderson, Greg Hill, Dr. Ted Humphry, Peter Jimenez, Rena Kay, Amy Kemp, Dr. Lisa Klinke, Alison Lorenz, Dr. Tim Nicely, Jan Ostrom, Dave Parris, Laura Power, Howie Acosta, Lian Adams, Dawn Arledge, Melanie Barry, Vikki Bernstein, Zach Bird, Carla Bolton, Erica Boyd, Shaun Brennemen, Audrey Bodeker, Oliver Puttler, Jeannie Reilly, Beth Shipley, Robin Stevenson, Dr. D.K. Stokes, Kathy Stone, Greg Suchanek, Cindy Sullivan, Cindy Sutcliff, April Wallace, Ann Warner, Angela Ward, Sandy Walsh, Greg Werronen, Jennifer Weatherbee, Amanda Winstead, Linda Yates

The Fetal Infant Mortality Project and this report were supported by funds received from the California, Department of Public Health, Maternal, Child and Adolescent Health Branch. AMERICANS WITH DISABILITIES ACT. The County of Humboldt does not discriminate on the basis of disability in services, programs, activities, or employment. Persons with disabilities requiring special assistance or accommodation may contact Susan Buckley at the Maternal, Child & Adolescent Health Division, Department of Health and Human Services, Public Health Branch, (707) 445-6210.

Humboldt County, CA Fetal-Infant Mortality Review & Child Death Review Team

Recommendations Report 2005-2006

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Executive Summary

“Children do well when their families do well, and families do better when they live in supportive communities.”

Annie Casey Foundation

This report presents recommendations and findings from the review of 37 fetal, infant, child and adolescent deaths (through age 17). The cases reviewed during 2005-2006 included eight fetal deaths, thirteen infant deaths, and sixteen deaths to children age 1-17. Please note that the cases reviewed in 2005-06 may have occurred during or before this two-year period. The Team found:

- alcohol and other drug use continue to play a role in fetal, infant and child deaths
- maternal depression, which includes perinatal and postpartum depression, is increasingly identified in infant and child cases
- Sudden Infant Death Syndrome (SIDS) is the cause of death in most of our postneonatal cases
- the sleeping environment of infants continues to be a contributing factor in “SIDS”, “asphyxia” and “undetermined” infant deaths
- unintentional injuries remain the leading cause of deaths for youth in Humboldt County

→ *These are recurring issues seen in past reports.*

The ultimate goal is to prioritize the health and safety of our children. To do this, we need to improve our understanding of how and why infants and children die. What is learned by reviewing individual cases can be used to more carefully target prevention practices and education, increase coordination and communication between agencies and systems, and to influence policy and program change that improves the health of families and their children. However, while health promotion campaigns may be effective and straight forward, systems issues, agency practices, and internal and external communication between organizations are much more difficult to impact.

We hope that the information contained in this report provides encouragement and motivation for our community to address risk factors, safety issues and services that will prevent the future deaths of our infants and children.

As always, we acknowledge and thank the members of the FIMR/CDR Team. Our community has benefited from their collaboration, commitment to the review process and the resulting positive outcomes.

Team Accomplishments 2005-2006:

- The Perinatal Services Coordinator increased efforts to encourage obstetric providers to refer high risk clients to Public Health Nursing.
- An all-day training was on the topic of Sudden Infant Death Syndrome was held in 2006.
- Education on SIDS and a safe infant sleep environment for families was provided through a collaborative effort by Public Health Nurses, home visitors, medical providers and community members.
- The MCAH Division addressed unintentional injury prevention collaboratively via the Childhood Injury Prevention Program, Child Passenger Safety Program, and the Youth Driving Coalition.
- The Health Education Division of the Public Health Branch continues to coordinate the Life Jacket Loaner Program and the Water Safety Coalition.

Humboldt County

Fetal-Infant Mortality Review and Child Death Review Team

The Composition and Purpose of the Team

The team is comprised of professionals representing diverse agencies that are involved with protecting and supporting families. There are approximately 25 members on the team representing the Department of Health and Human Services, coroner, law enforcement, hospitals, obstetricians and pediatricians in private practice, community-based organizations, emergency services, alcohol and other drug programs, childcare providers, and others. A multidisciplinary team approach is utilized because the circumstances involved in most child deaths are too multidimensional for responsibility to rest with a single individual or agency.

The purpose of the team is to investigate, in depth, the causes of death to fetuses (20 weeks gestation or over 500 grams), infants, and children up through age 17 years in Humboldt County. The team focuses on social, health, economic and safety issues that affect families and how community resources and local service systems respond to their needs. While some factors that contribute to fetal and infant death may not be modifiable with the skills and resources currently available, there are many factors that can be addressed. Through a comprehensive, broad review of these deaths, we can better understand how and why children die and we can use our findings to take action that can prevent other deaths and improve the health and safety of our children.

Since the beginning of the program over 300 cases have been reviewed.

Examples of Past Findings

The Humboldt County FIMR/CDR Team released bi-annual reports since 1993. Recommendations and findings from those reports addressed a number of major areas including:

- ◆ Autopsy, death investigations, and cause of death determinations
- ◆ Decentralization of service delivery to underserved areas
- ◆ Sudden Infant Death Syndrome and safe infant sleep practices
- ◆ Infant health
- ◆ Late/inadequate prenatal care
- ◆ Perinatal substance abuse
- ◆ Unintentional injuries, particularly motor vehicle and water safety

Historical Background

The California Fetal & Infant Mortality Review (FIMR) Program was created in 1991 using a Federal Title V block grant. Humboldt County became one of 11 counties that contracted with the California Department of Health Services, Maternal and Child Health Branch, to conduct a local FIMR program. Since that time additional programs have started and there are now approximately 17 FIMR projects and 56 Child Death Review teams in California. Humboldt and a few other small counties have chosen to combine FIMR activities with case review of older child deaths. The combined Humboldt County FIMR and Child Death Review Team (FIMR/CDR) began meeting monthly in 1992.

FIMR/CDRT Findings 2005 – 2006

Fetal and Infant Deaths

Fetal Deaths

Research into risk factors associated with fetal and perinatal mortality has identified a wide variety of related factors, including maternal obesity, smoking during pregnancy, severe or uncontrolled hypertension or diabetes, infections, placental and cord problems, intrauterine growth retardation, previous perinatal death, and other factors.

Eight fetal deaths were reviewed during 2005-06:

- The leading cause of fetal deaths in these cases were from placental complications.
- Four out of eight mothers reported using tobacco.
- One mother had a negative toxicology and one tested positive for marijuana. The remaining mothers were not tested.
- Seven of the eight women began care in the first trimester; one started care in the last trimester.

When fetal death occurs after 20 weeks of pregnancy it is called, “stillbirth.” These deaths occur in about one in 200 pregnancies. There are a number of known causes of stillbirth; some common causes include:

- Birth defects
- Placental problems
- Poor fetal growth
- Infections
- Umbilical cord accidents

Sometimes more than one of these may contribute to a baby’s death.



Infant Deaths

“According to the Center for Disease Control, the three leading causes of infant death are congenital malformations, low birthweight, and SIDS.”

Thirteen infant deaths were reviewed during 2005-06:

The FIMR/CDR team reviewed seven neonatal cases (babies up to 28 days old), and six postneonatal cases (babies 29 days old until their first birthday) during 2005-06.

- The leading causes of neonatal deaths were birth defects and prematurity.
- The leading cause of postneonatal deaths was attributed to SIDS; these accounted for 66 percent (n=4) of the six deaths.
- One infant’s cause of death was called “undetermined”, and one death was related to prematurity.
- Of the four SIDS deaths, three were sleeping with an adult in an adult bed. Three of four mothers smoked tobacco; one mother tested positive for marijuana and one mother had a past history of methamphetamine use.
- The infant who died from an “undetermined” cause was sleeping in an adult bed with one parent. This baby tested positive for marijuana, methamphetamines and pseudoephedrine.
- Fifty-four percent (n=7) of the women began prenatal care in the first trimester; 31 percent or four of the women began care in the second trimester, one started care in the last trimester and one was undocumented.
- Forty-six percent (6 of the 13 cases) of the mothers reported using tobacco.
- Thirty-one percent (4 of the 13) of the cases had maternal toxicology tests either during the pregnancy or at the time of delivery. Three women were positive for amphetamines and one for marijuana.

Infant mortality is defined as the death of an infant before his or her first birthday. A variety of factors, such as maternal health, quality of and access to medical care, socioeconomic conditions, and public health practices, are associated with infant mortality. Infant mortality is often viewed as a measure of the community’s social and economic well-being and overall health.

The infant mortality rate includes the neonatal and postneonatal periods. Neonatal and postneonatal mortality are examined separately because most deaths during the neonatal period are associated with events surrounding pregnancy and the birth process. Postneonatal deaths are more likely to be associated with conditions or events that arise after the delivery and reflect environmental factors.

While the infant mortality rate has fallen steadily over the last three decades, the US still ranks 23rd among industrialized nations in the world. Forty countries had lower infant mortality rates than the U.S. in 2004, and disparities remain. African American, Hispanic and Native American babies die at 2 times the rate of white babies.

Healthy People 2010 set an infant mortality rate goal of 4.5 as the target national objective. In 2004, the U.S. infant mortality rate reached a record low of 6.78 per 1,000 live births; California’s rate was 5.2.

Team Recommendations

Fetal and Infant Health

Preconception Health and Prenatal Care

Recommended Actions:

- ☞ Communicate with OB medical providers and hospitals regarding grief support resources. Discuss information on referrals to Public Health Nursing services and include grief & bereavement resource flyer.
- ☞ Encourage prenatal providers & others to refer high risk pregnancies to Public Health Nursing as early in the pregnancy as possible.
- ☞ Improve hospital completion of the Newborn Risk Summary Form (NBRSF). Explore implementing a similar tool at the provider level that could be utilized during the intake process by prenatal care providers to expedite needed referrals during pregnancy rather than after the birth.
- ☞ According to experts on postpartum depression, at least 10 percent of pregnant women will experience depression and up to 20 percent of mothers will experience postpartum depression and/or anxiety within the first year after having a baby. Locally, anecdotal information from medical providers and case reviews indicate postpartum depression may be becoming more prevalent. There is a need for systematic postpartum depression screening and referral to services.
- ☞ Increase patient education in primary care medical practices about the risks of alcohol, tobacco and other drugs. Use pictures to show patients the effects of ATOD use on the infant brain.
- ☞ Promote an approach to prenatal care that creates linkages to high risk women with the medical community for follow-up, case management, ancillary services and assures continuity of coordinated, risk-appropriate care. Services need to encompass a wide variety of culturally appropriate and non-traditional approaches; not all individuals are comfortable with agencies.

Progress:

- ➔ A letter discussing available Public Health Nursing services, including grief support, was sent to all OB offices and clinics with information on how to make a referral. The flyer with bereavement support resources was included, along with information on obtaining additional materials.
- ➔ The Perinatal Services Coordinator:
 - Distributed “kick count” cards to all OB provider settings.
 - Coordinated “Diabetes in Pregnancy” training for medical professionals in April 2006
 - Expanded the Prenatal Care Guidance program to improve referrals to Public Health Nursing and Early Head Start.
 - Added “CPR” to intake assessment tool for Prenatal Care Guidance program.
 - Presented to OB/Pediatric meeting on perinatal substance use, support services for high risk families, birth certificate data/ areas of focus.
 - Created an postpartum assessment tool for women and is developing a task force.

- ➔ With a grant from March of Dimes, the MCAH Division developed a program “Best Beginnings for Moms and Babies” to educate OB providers in screening for perinatal substance abuse using the “4 P’s plus” tool.
- ➔ A perinatal substance use brochure entitled “*Pregnant? Using? Worried? Want to Quit?*” was created, translated and distributed to community agencies and medical providers.

Challenges:

- * As cited in the previous team report, providing services for very high-risk pregnant women is difficult because they often enter into prenatal care late and miss appointments. Intensive coordinated case management resources are needed to reach this population. The Department of Health and Human Services is collaboratively working with local agencies and providers to identify possible strategies and opportunities for improved services.
- * Unintended pregnancy (an unwanted or mis-timed pregnancy) is becoming recognized as an important issue. Preconception care is a positive approach to pre-pregnancy health issues and family planning. Community collaboration is vital to address these concerns.

Sudden Infant Death Syndrome

Recommended Action:

- ☞ Hospital staff and other professionals need updated information on SIDS and SIDS research
- ☞ Educating caregivers on the "Back to Sleep" campaign and safe sleeping environments remains a priority.
- ☞ Assure that SIDS & “Back to Sleep” information reaches grandparents and caregivers.
- ☞ Obtain information on what SIDS education is provided to child care providers. Consider development of a training packet for providers.
- ☞ Continue to monitor role of alcohol, tobacco and other drugs & unintended pregnancy as risk factors.

Progress:

- ➔ The MCAH Division of the Public Health Branch held a training on SIDS in Eureka in September of 2006. Over 70 individuals attended, including nurses from local hospitals and Public Health, Fire Department personnel, and staff with home visiting agencies.
- ➔ A local diaper service continues to distribute the “Back to Sleep” door-hangers as part of this educational outreach campaign.

- The brochure ***“All Babies Need a Safe Place to Sleep”*** continues to be distributed via home visiting programs, hospitals, health care providers and children’s retail shops.
- In order to reach seniors who may care for infants, two articles were submitted to the *“Senior News”*, a publication by the Humboldt Senior Resource Center. One article discussed infant and child safety, especially over the holidays; the second article focused on SIDS and the safe infant sleep environment.
- The brochure **“Safe Sleep for My Grandbaby: Reduce the Risk of Sudden Infant Death Syndrome”** was given to the Senior Resource Center for distribution.
- Information was obtained and shared with the team on the issue of child care provider training about SIDS. An educational packet is under development for providers by the MCAH Division of Public Health.
- Data on risk factors such as the sleep environment, use of alcohol, tobacco and other drugs (ATOD), and prenatal care and health issues is maintained on all infant death cases.
- “Snuggle Nests”, a portable bed that can increase the safety of an infant’s sleep environment, is given to families that are screened by Public Health Nurses and home visitors as funding allows.

Challenges:

- * Reaching and educating the most high-risk families about SIDS and a safe infant sleep environment continues to be challenging and innovative approaches are needed.
- * Despite continued awareness campaigns, and education from home visitors, some families continue to place infants on their stomach or side to sleep.



Example of a “Snuggle Nest”

Issues Related to Fetal and Infant Mortality

“Infants born at the lowest gestational ages and birthweights have a large impact on overall U.S. infant mortality.”

CDC National Vital Statistics Report May 2007

Despite advances in medical care, poor birth outcomes continue to be a focus. Each year, 12% of babies are born premature, 8% are born with low birth weight, and 3% have major birth defects. Of women giving birth, 31% experience pregnancy complications. Risks associated with poor pregnancy outcomes remain prevalent among women of reproductive age. For example, 11% of women smoke during pregnancy, and 10% consume alcohol. Of women who could get pregnant, 69% do not take folic acid supplements, 31% are obese, and about 3% take prescription or over the counter drugs that are known to cause malformations in the development of an embryo or fetus. In addition, about 4% of women have preexisting medical conditions, such as diabetes, that can negatively impact pregnancy if unmanaged. *All of these factors can be addressed with proper health interventions.*

Prenatal Care – Babies born to mothers who received no prenatal care are three times more likely to be born at low birth weight, and five times more likely to die, than those whose mothers received prenatal care. The goal of prenatal care is to monitor the progress of a pregnancy and to identify potential problems before they become serious for either mom or baby. Early comprehensive prenatal care promotes healthier pregnancies by providing health education, early detection and treatment of risk factors and ongoing monitoring.



Humboldt County's 2003-2005 three-year average for early entry to prenatal care is 83 percent. We continue to make gradual improvement in this area. The Healthy People 2010 goal is 90 percent - no more than ten percent of women receiving late prenatal care.

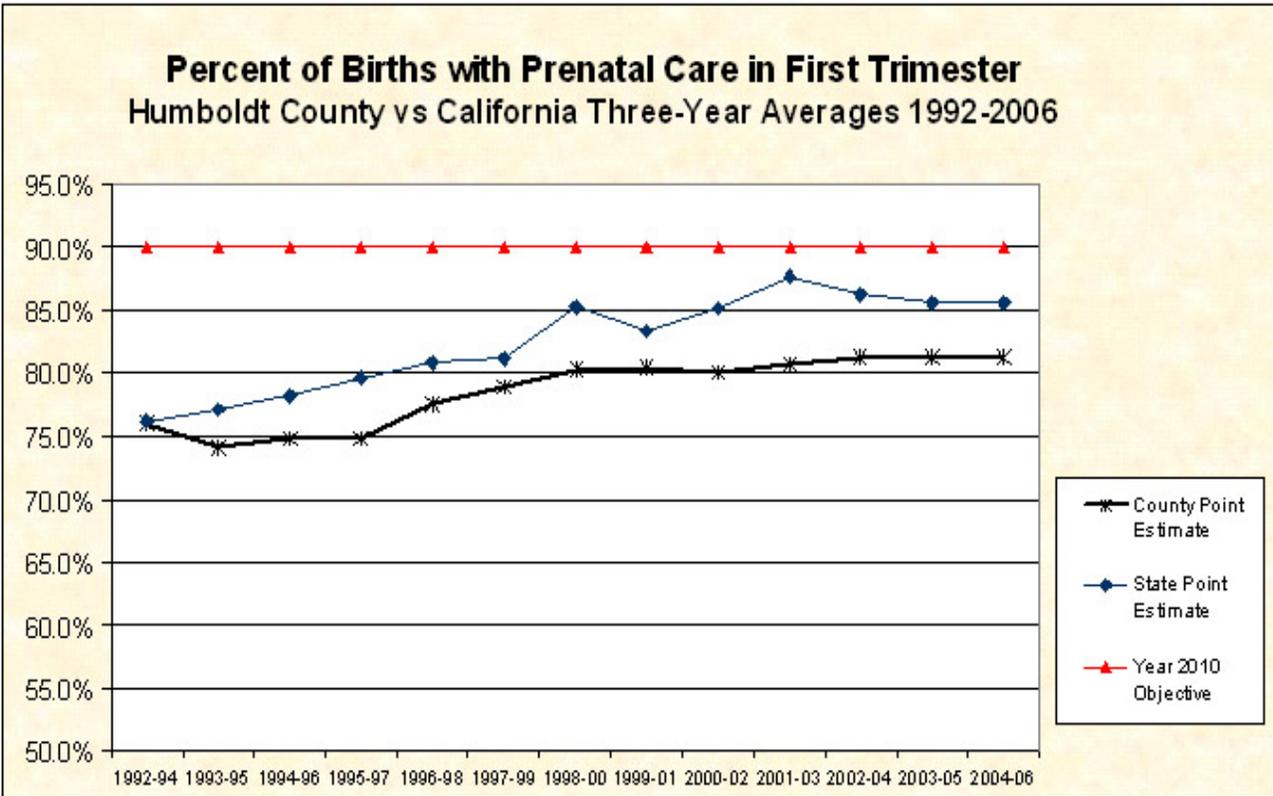
Prematurity - Despite decades of research, scientists have not yet developed effective ways to help prevent premature delivery. The March of Dimes notes that between 1981 and 2005 the rate of premature birth increased almost 35 percent (from 9.4 to 12.7 percent). While researchers have made some progress in learning the causes of prematurity, in nearly 40 percent of cases the cause is unknown.



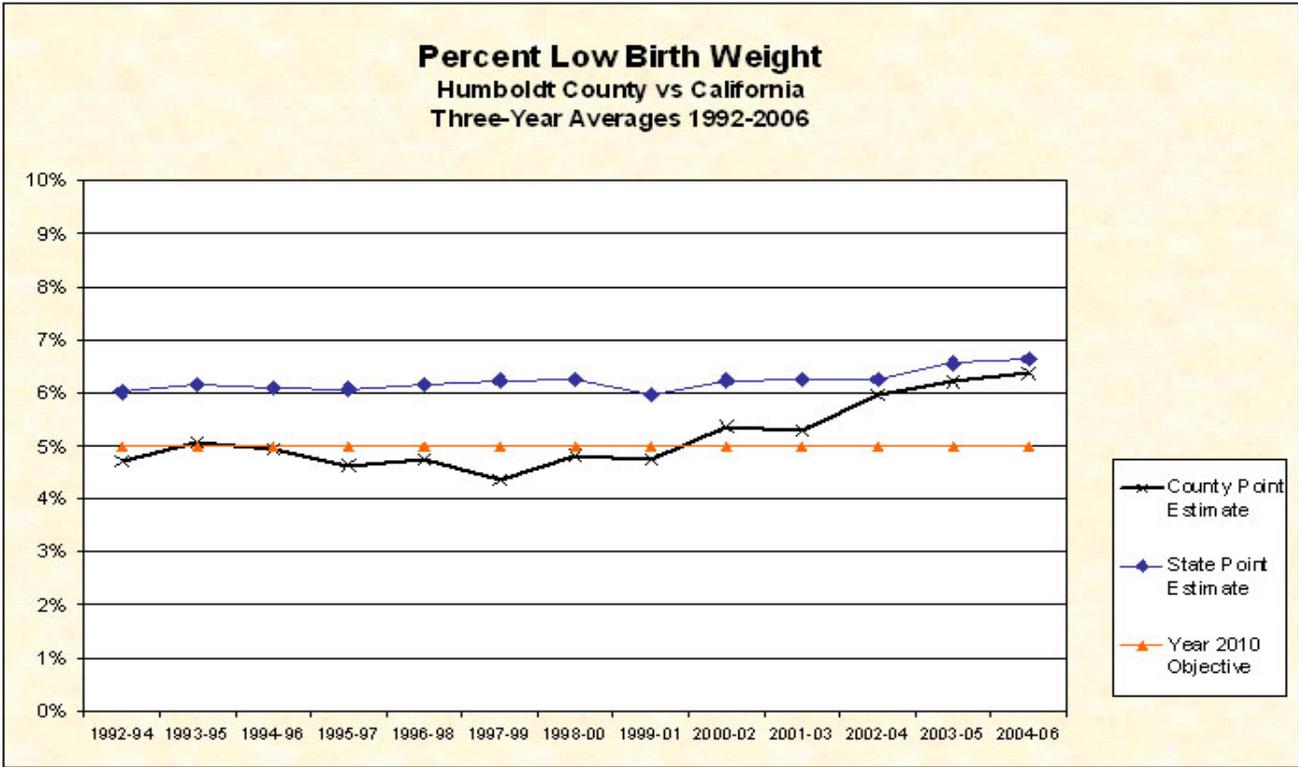
In 2004, 1 in 9 babies, (10.7% of live births) was born preterm in California. Humboldt County's 2004-06 three-year average was slightly better at 9.6%. The Healthy People 2010 goal is 7.6% or less.

Low Birthweight - Low birthweight infants (infants born weighing less than 2,500 grams, or 5 lb. 8 oz.) are at higher risk of death or long-term illness and disability than are infants of normal birthweight. Low birthweight results from an infant's being born preterm (before 37 weeks' gestation) or from being small for his or her gestational age. Low birthweight coupled with prematurity increases risk of future health problems for these infants.

Humboldt County's average low birth weight percentage for 2003-2005 was 6.2. The Healthy People 2010 goal is 5% or less.

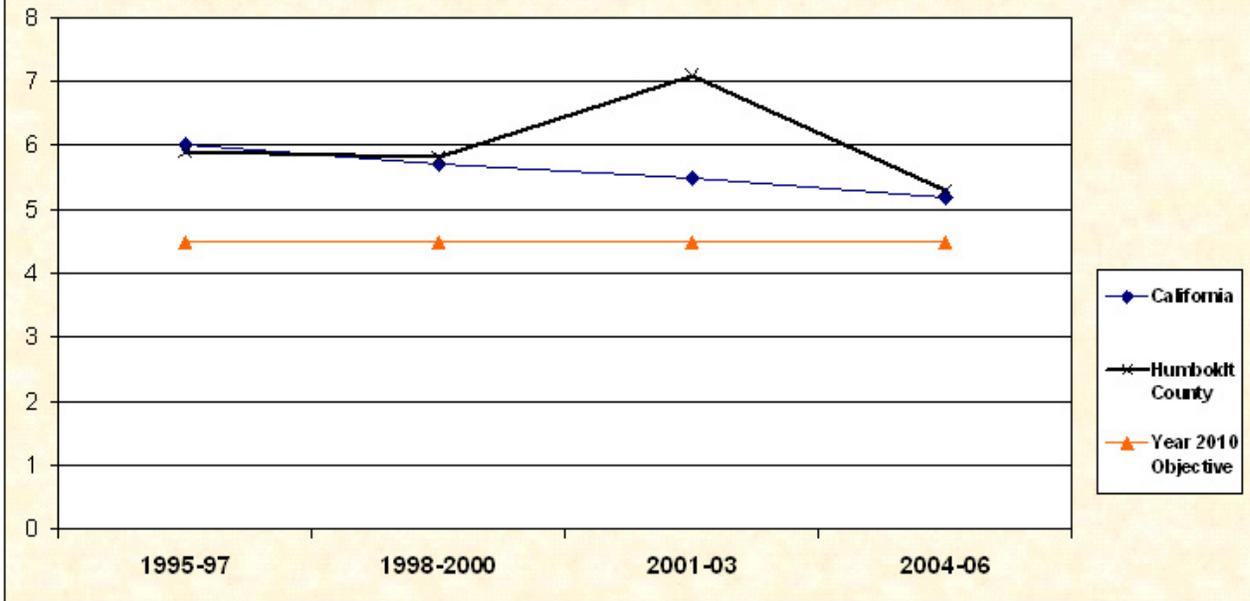


The County's first trimester prenatal care rate is making slow, steady improvement.

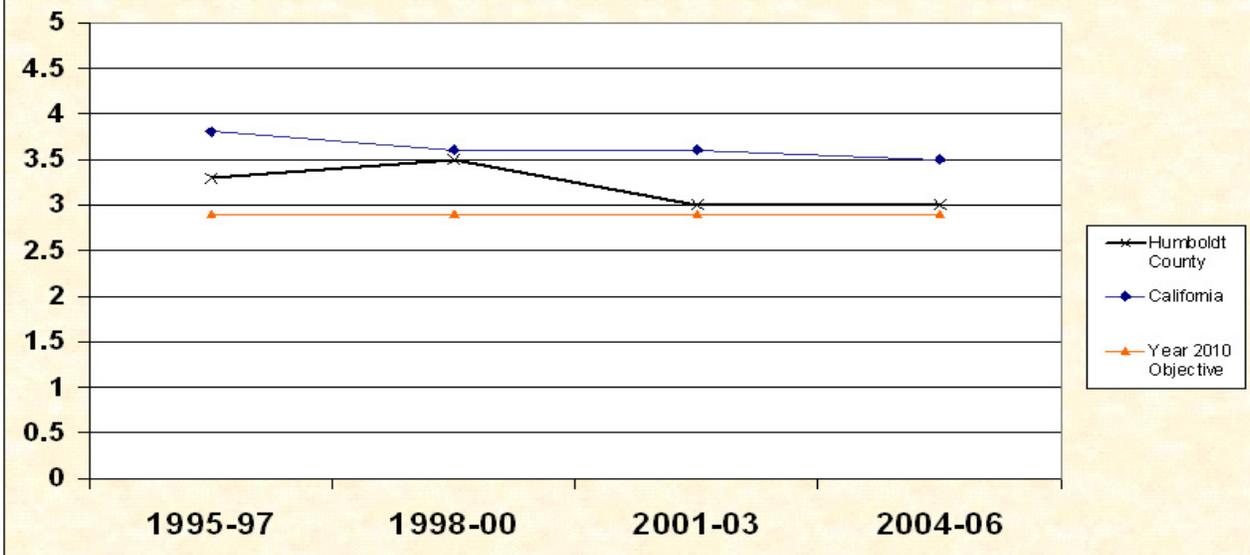


The County's low birthweight rate has been slowly rising, nearing the higher State rate.

Infant Mortality Rate California and Humboldt County, Three-Year Averages, 1995-2006

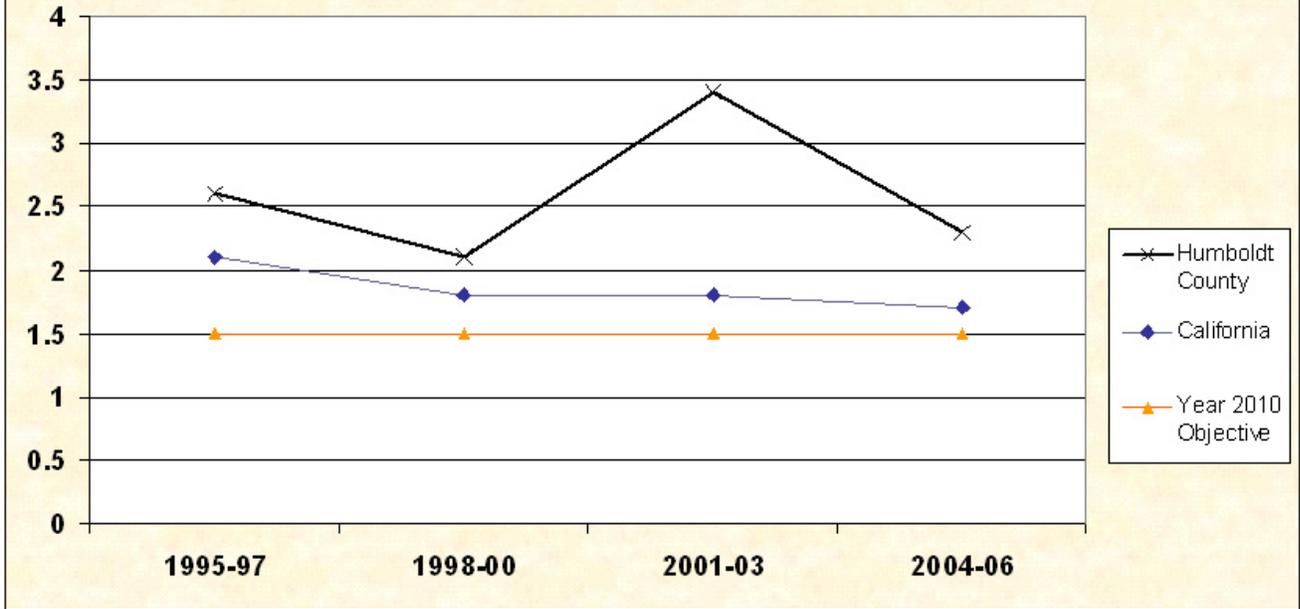


Neonatal Mortality Rate California and Humboldt County, Three-Year Averages, 1995-2006



Humboldt County's neonatal mortality rate has remained lower than the State rate for the last five years.

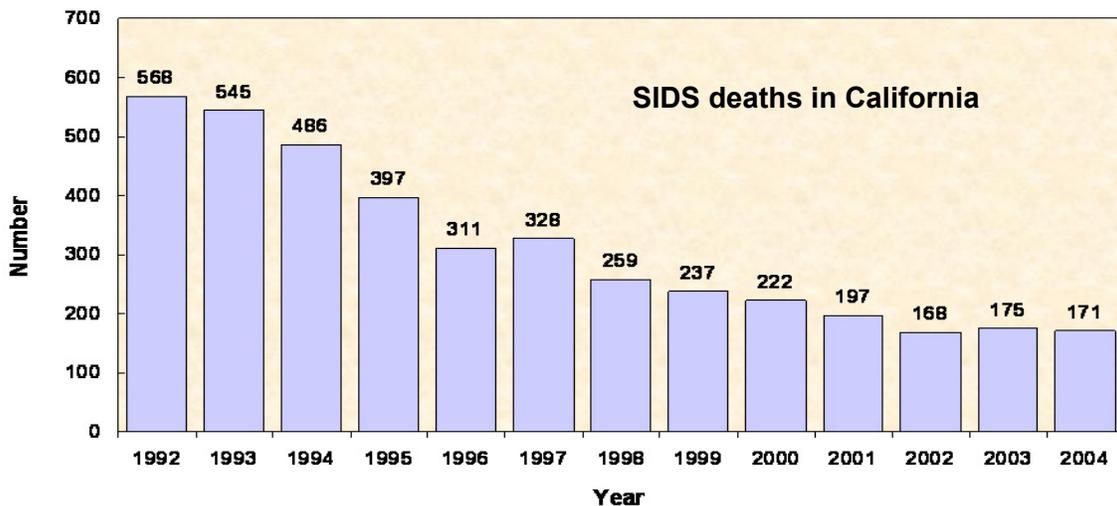
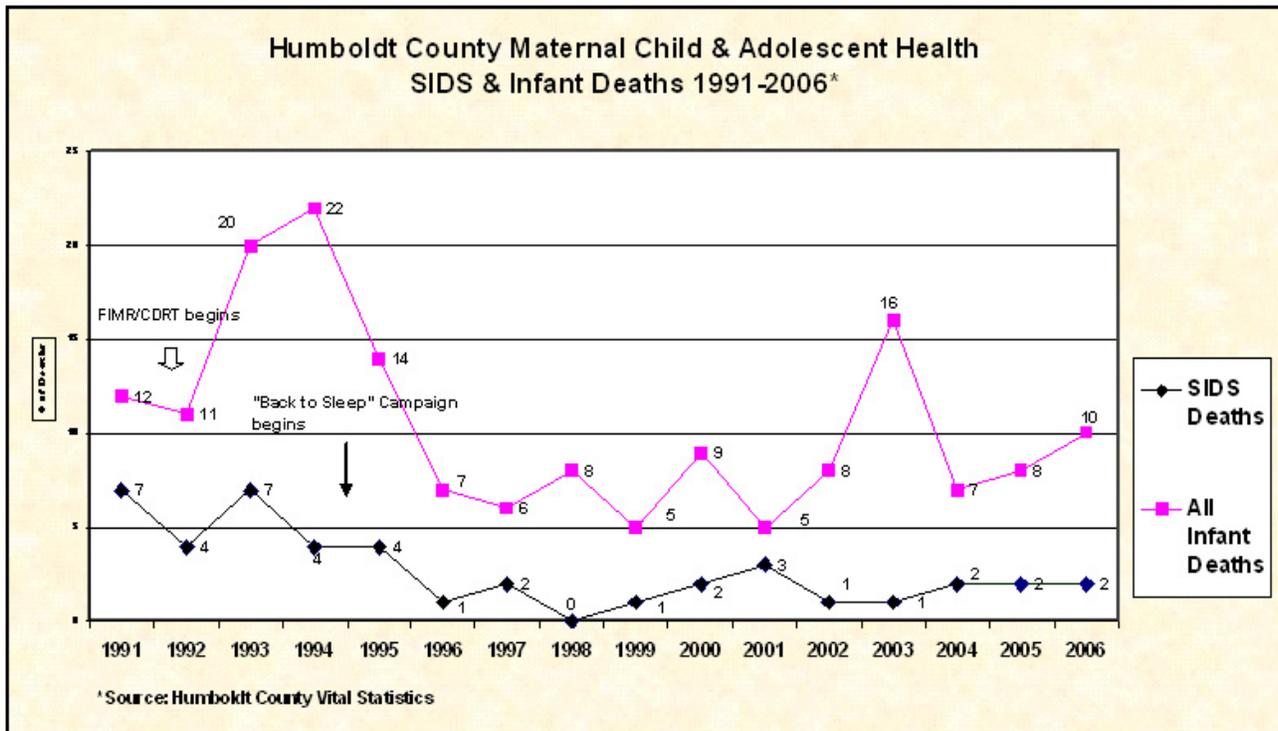
Postneonatal Mortality Rate California and Humboldt County, Three-Year Averages, 1995-2006



Improving the County's postneonatal rate remains a focus.

Sudden Infant Death Syndrome - Sudden Infant Death Syndrome (SIDS) is the sudden death of an infant less than one year of age that cannot be explained by information collected during a thorough investigation. A thorough investigation includes a complete autopsy, examination of the death scene, and a review of the clinical history. SIDS was the cause of death in four of the six postneonatal cases reviewed.

By far the most successful intervention for reducing SIDS has been the “Back to Sleep” campaign. Since the "Back to Sleep" campaign was begun in 1994, the SIDS rate has decreased 52% nationally. However, the rate has not continued to decline in the last three years, and has declined less among non-Hispanic Black and American Indian/Alaska Native infants. SIDS remains the third leading cause of infant mortality in the United States and the first leading cause of death among infants 28–364 days.



Future Focus

A healthy pregnancy outcome is influenced by a women's medical history and preconception health status.

Preconception Care- According to the U.S. Public Health Service, “preconception care may be the most important component of prenatal care.” The most critical periods of fetal development occur in the earliest weeks following conception, before many women even know they are pregnant. Prenatal care often begins at the 11th or 12th week of a pregnancy and it sometimes comes too late to prevent a number of serious maternal and child health problems.

About 41% of pregnancies in California are unplanned, and unintended pregnancy often occurs to women who are not in the most optimal health or who may be engaging in behaviors that can harm a developing baby. This highlights the value of preconception health care and planning.

Case reviews continue to indicate the need to foster awareness and education in the area of preconception health care. The Team supports increased efforts in this area.



FIMR/CDRT Findings 2005 – 2006

Child and Adolescent Deaths

“The majority of adolescent and young adult deaths are due to preventable causes.”

The deaths of 16 children and youth were reviewed during 2005-06; fourteen of these were from unintentional and intentional injuries:

- Nine deaths were due to motor vehicle crashes. The primary cause of these crashes was unsafe speed with distracted and/or impaired driving as secondary or contributing cause.
- Three of the 16 drowned; two youth drowned in rivers; neither were wearing a personal floatation device
- Two died as a result of suicide.
- One youth died from hypothermia.
- One youth died from aspiration of charcoal.

Children and adolescents are at high risk for many injuries that can lead to death or disability. According to the Center for Disease Control, the leading cause of death for children and adolescents ages 1 to 19 is unintentional injury. However, far more children who are injured survive. The National Center for Injury Prevention and Control reports that for each injury-related death in 2004, there were 22 hospital admissions resulting from children’s injuries and more than 1,400 injury-related emergency room visits.



Unintentional injuries continue to account for at least three times as many teen deaths as any other single cause, including homicide. Motor vehicle crashes remain the leading cause of unintentional injury death for children, adolescents and young adults. Child safety seats and safety belts, when installed and used correctly, can prevent injuries and save lives. Young children restrained in child safety seats have an 80 percent lower risk of fatal injury than those who are unrestrained. More than 64 percent of children, ages 5 to 14, who died as occupants in motor vehicle crashes in 2000 were not wearing a seatbelt or other restraint.

In Humboldt County from 2001-2006, unintentional injuries were the leading cause of death for ages 1 to 14, while motor vehicle injuries were the top cause of death for young people between the ages of 15 to 24.

Team Recommendations

Child and Adolescent Deaths

Unintentional Injury

*“Injuries do not result from random acts of fate or freak accidents. The causes of injuries are understandable and predictable, and resulting **injuries are preventable.**”*

Epidemiology & Prevention for Injury Control, California Department of Health Services

Motor Vehicle Safety

Recommended Action:

- ☞ Communicate with the California Department of Transportation regarding their decision making process on road improvements, discuss areas of concern on Highway 101 and the need for guardrails in certain areas.
- ☞ Educate & encourage the adoption of "best practices" regarding child passenger safety issues when the law does not enforce optimum safety. Examples include the placement of children in the back seat, rather than the front when they are 12 and under, and use of a booster seat based on the "5 step test" rather than the legal requirement of "6 & 60 pounds".
- ☞ Correct installation of car seats is vital. Support opportunities for agency & community car seat installations by certified technicians.
- ☞ More technicians are needed throughout the county. Encourage agencies to enable staff to become certified CPS technicians and collaborate with the DHHS Child Passenger Safety Program.
- ☞ Educate both parents and young drivers about the dangers of distracted driving. This includes the use of cell phones while driving.
- ☞ Support the Youth Driving Coalitions's work on educating parents & youth on the Graduated Driver's Licensing laws.

Progress:

- ➔ A representative from Cal Trans attended a meeting of the Child Death Review Team. The team shared driving safety concerns and learned how Cal Trans prioritizes road work and improvements. CalTrans does review fatality data and accesses that information in planning their projects.
- ➔ Community child safety seat check up events continue to be held several times a year throughout the community. Coordinated by the Public Health Branch's Child Passenger Safety Program, technicians from many local agencies provide staff support to make these collaborative activities successful. The program also conducts car seat usage observation surveys to determine the county's rate of child passenger safety seat use.

- Participated in community outreach events such as health fairs and children’s events including sharing a booth with the California Highway Patrol at the Humboldt County Fair each year.
- The Youth Driving Program, funded by the Office of Traffic Safety, began in 2005 and has:
 - created educational materials and public awareness campaigns on youth driving issues including driving under the influence, driving distractions and the importance of seat belt use.
 - developed a community event for parents and teens entitled “Drive Safe-Drive Smart” that includes a panel presentation by local experts and testimonials by families impacted by a motor vehicle crash. Topics covered include the graduated drivers licensing law, driving distractions, safety concerns, insurance issues and DMV information. These presentations have been held in McKinleyville and Fortuna, and more are planned through 2008.
 - held a poster contest for high school students. The top three winners received cash prizes and their work is being used to increase community awareness.
 - conducted numerous seat belt observation surveys at local high schools and coordinated a seat belt awareness campaign.
- In July of 2007, the fourth Humboldt County NHTSA Child Passenger Safety Technician training was held. Twenty-one individuals passed the course and became certified technicians.



Challenges:

- * Booster seat use is still much lower than child safety seats for younger children. A 2007 report from the National Highway Traffic Safety Administration on “Booster Seat Use in 2006” found that only 41% of children between the ages of 4-7 years old were appropriately restrained in booster seats. *(Once children outgrow their front-facing seats (usually around age 4 and 40 pounds), they should ride in booster seats, in the back seat, until the vehicle seat belts fit properly. Seat belts fit properly when the lap belt lays across the upper thighs and the shoulder belt fits across the chest - usually at age 8 or when they are 4’9” tall.)
- * Humboldt County’s geography, such as steep, windy roads, and often harsh weather conditions, plays a role in local motor vehicle crashes. Our large geographic area and terrain also affects our ability to respond quickly in certain emergency situations.

Drowning

Recommended Action:

- ☞ Continue offering the life jacket loaner program and water safety education in the community.
- ☞ More personal flotation devices and distribution outlets are needed.
- ☞ Increase community education re: water safety, the “water watchers” program and the importance of using a PFD.
- ☞ Determine the geographic areas drowning deaths occur.
- ☞ Investigate current pool fencing requirements for in-ground pools. Check with Environmental Health on who regulates for local pool (private and commercial) safety compliance.



Progress:

- ➔ The Public Health Branch Health Education Division established the Lifejacket Loan Programs in 2003. Locations for accessing the life jackets has increased from two locations to seven in 2007.
- ➔ United Indian Health Services provided 150 life jackets to young children at the Yurok Tribe Spring Flings in Klamath, McKinleyville and Weitchpec in June of 2006.
- ➔ The Public Health Branch analyzed data to determine demographic and geographic information of drowning deaths.
- ➔ The Northwestern Water Safety Coalition continues to meet to develop materials and conduct water safety campaigns. During 2005 and 2006 the coalition created a variety of flyers and posters that were placed at stores and agencies near river and ocean access.
- ➔ The Coalition also held several press conferences, and regularly conduct educational outreach activities. Redwood National and State Parks developed a brochure specifically addressing water safety while at the beach. This Coalition is a group of concerned citizens and representatives from water-related organizations working toward water safety awareness and drowning prevention. Members are from Six Rivers National Forest, National Weather Service, Humboldt County Sheriff’s Marine Patrol, Humboldt State University Activities Program, California Department of Forestry, Redwood National and State Parks, Bureau of Land Management, Park Rangers and marine equipment suppliers.

Challenges:

- * Water safety education must continue to stress the importance of adult supervision at all times, whether children are in a bathtub, swimming pool, or at the beach. Instruction must be clear on what adequate “supervision” involves.
- * Coalition members struggle to find time to devote to Coalition activities.

Intentional Injury

“Intentional injury is both physical and emotional.”

Suicide

According to the Centers for Disease Control in 2004 suicide was the third leading cause of death among youths and young adults. Locally, data from the Humboldt County Department of Health and Human Services indicates that from 2001-2006, suicide was the second leading cause of death for ages 15 to 24.

Research indicates that family discord, legal/disciplinary problems, school concerns, and mental health conditions such as depression increase the risk for suicide among youths of both sexes. Drug and alcohol use can exacerbate these problems.

Recommended Action:

- ☞ Investigate procedures for follow-up of at-risk youth in alternative schooling situations.
- ☞ Encourage inclusion of social isolation and emotional abuse risk factors in mandated reporter trainings.

Progress:

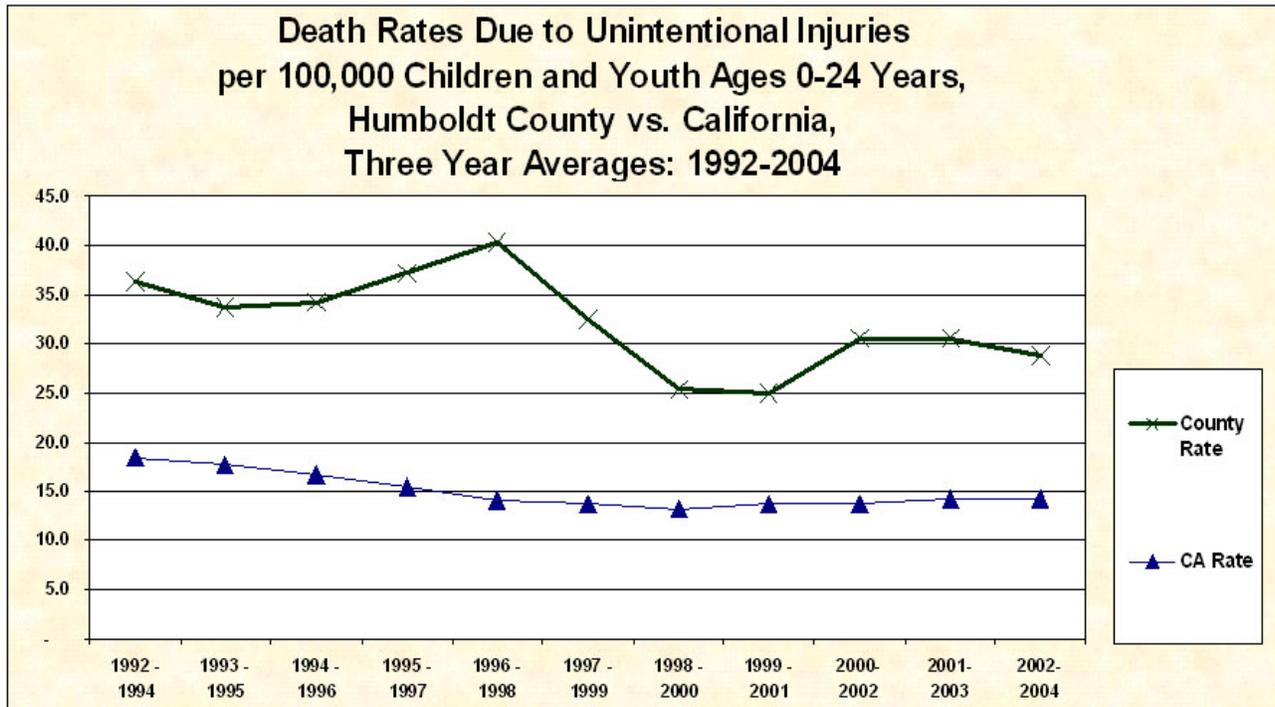
- ➔ Initiated communication with Humboldt County Office of Education regarding the social isolation associated with alternative school options for youth.
- ➔ Via Humboldt State University, suicide awareness training has regularly been made available to DHHS staff and other agency and community members.

Challenges:

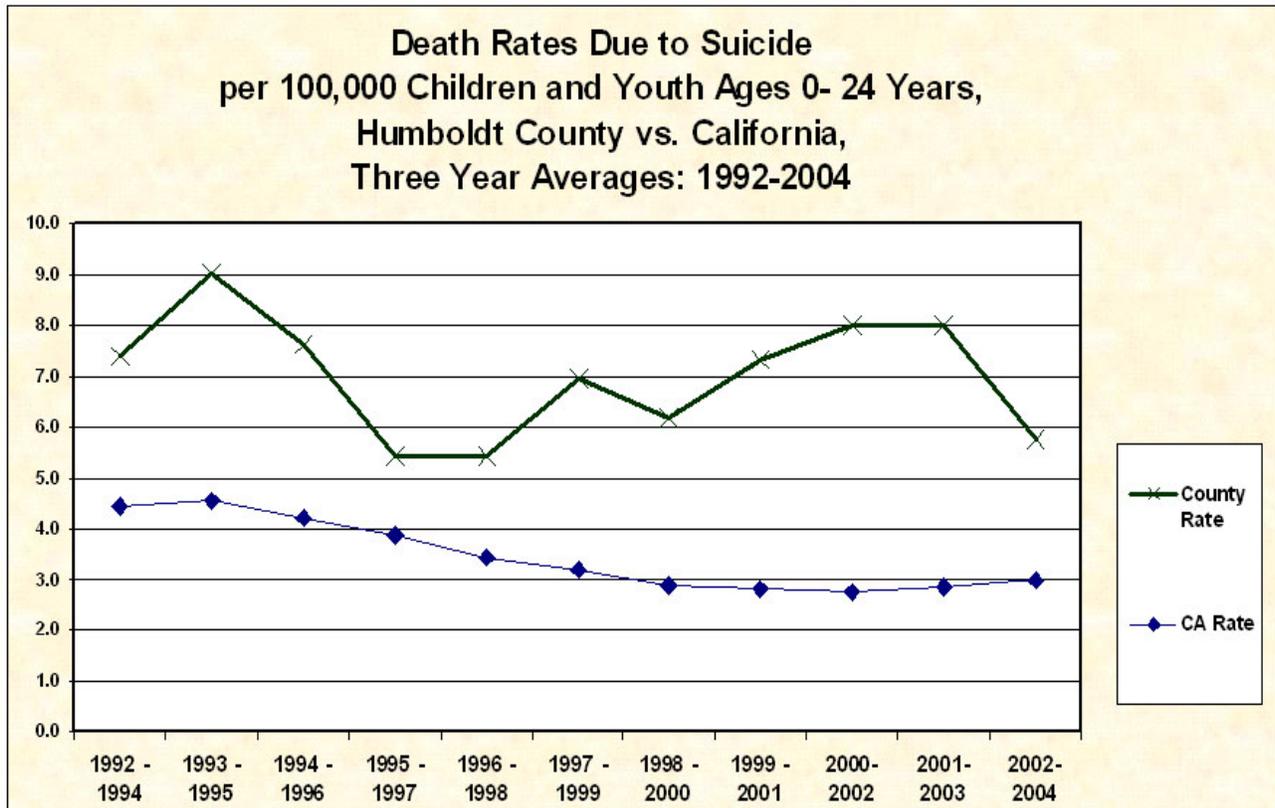
- * The geography and rural nature of our county can make accessibility to services more difficult and contributes to increased social isolation.



Additional Death and Injury Data



Humboldt County's rates for unintentional injuries and suicide in young people are much higher than the State's.

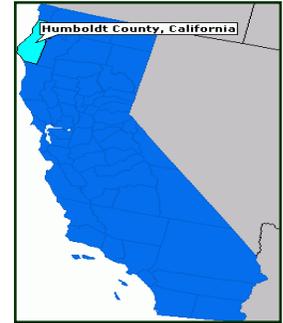


The Child Death Review Team covers youth up to age 17; State data is reported up to age 24.

APPENDICES

Humboldt County Community Profile

Geographic Features: Humboldt County is one of California's most rural counties. Located in far northern California, it is six to seven hours by car from the nearest major urban areas, San Francisco and Sacramento. The County is bound on the north by Del Norte County, on the east by Siskiyou and Trinity counties, on the south by Mendocino County and on the west by the Pacific Ocean. The County encompasses 2.3 million acres, 80 percent of which is forestlands, protected redwoods and recreation areas. In landmass it is one of the largest of California counties, about the size of Rhode Island.



In terms of population, the county of Humboldt ranks 35th in the State. According to the U.S. Census, in 2006 the population was 128,330 with almost half of residents living in outlying, unincorporated areas. Eureka, the county seat and largest city reported a 2006 population of 25,435.

Historically, the lumber and wood products industry, together with the fishing industry, has dominated Humboldt County's resource-based economy. Over the last five years, Humboldt County's economic focus has shifted from goods producing to service producing industries, with declines in natural resources being offset by gains in other areas. While natural resource industries have been shrinking, recent employment activity reflects a shift toward occupations in education, trade, transportation and utilities, and hospitality industries. Currently, government, services, retail trade, and manufacturing are the largest industries in the county.

Population Demographics: The population of Humboldt County is slowly growing, and the trend is towards greater racial and ethnic diversity. Minorities are the fastest growing population groups in Humboldt County. As of 2006, the Native American population comprises 6.0 percent of the total population, compared to one percent statewide, and the growing Hispanic population accounts for 8.0 percent of the population, up from 4.2 percent in 1990. (*State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050 Sacramento, CA, May 2004.*) The trend in births is even more striking— over 13 percent Hispanic and 10.4 percent Native American in 2006. (*Automated Vital Statistics System, 2006 Birth Records*)



Patricks Point Beach, Trinidad, CA

**Humboldt County Racial and Ethnic Distribution of Population and Births
1990 and 2006**

Racial/Ethnic Group	Percent of County Population 1990	Percent of Births 1990	Percent of County Population 2005*	Percent of Births 2006
White, non-Hispanic	87.9	82.3	87.5	71.6
Hispanic	4.2	3.5	7.6	13.4
Native American	5.2	9.4	5.4	10.4
African American	0.8	1.0	1.1	1.2
Asian/Pacific Islander	1.9	3.6	1.9	3.6

*Quickfacts.census.gov

**Healthy People 2010 Objectives Compared to
Humboldt County Rates for 2004-2006**

	HEALTHY PEOPLE 2010	HUMBOLDT COUNTY RATE 2004-2006
Infant Mortality Rate	4.5	5.3
Neonatal Mortality Rate	2.9	3.0
Postneonatal Mortality Rate	1.2	2.3
Fetal Death Rate	4.1	3.6
SIDS	.25	.92*
Early Entry to Prenatal Care	90%	82.0
Early & Adequate Prenatal Care	90%	67.1**
Low Birth Weight	5%	6.3
Very Low Birth Weight	0.9	1.04
Primary C-Section	15%	15.4

Note: Mortality rates are per 1,000 live births with the exception of the SIDS death rate

*Three-year average 2002-2004 (SIDS death rate per 100,000 live births)

** Three-year average 2003-2005

Many recommendations could not be implemented without the support of our community partners and service groups!



North Coast Emergency Medical Services Training Coordinator, Wendy Chapman, left, presented a check for \$500 to Humboldt County Health and Human Services Drowning Prevention Coordinator Jan Ostrom. The donation was used to purchase life jackets for the Life Jacket Loan Program that operates in Trinidad, Willow Creek, Hoopa, Garberville and Shelter Cove.



In February of 2007 the Department of Health and Human Services received financial support from the Baywood Women's Golf Association. Their fundraising activities in 2006 benefited the Maternal, Child and Adolescent Health and Child Welfare programs by providing funds to purchase "Snuggle Nests", car seats, and emergency supplies for infants and children.



With the support of the Childhood Injury Prevention Coalition, the public service announcement promoting “The Gift of Safety” was broadcast throughout November and December of 2006. The community was encouraged to consider giving “the gifts of safety” for the holidays, such as smoke alarms, lifejackets child safety seats, batteries, etc.

In response to unintentional injury deaths reviewed by the team, the Childhood Injury Prevention Coalition began in 2002 when funding was obtained to develop a childhood injury prevention strategic plan. The group continues to meet regularly and consists of representatives from North Coast Children’s Services, California Highway Patrol, Making Headway, Department of Health and Human Services, Eureka Police Department, North Coast Emergency Medical Services, United Indian Health Services, Changing Tides Family Services, Redwoods Rural Health Services, Shelter Cove Volunteer Fire Department, Eureka Fire Department, CalTrans, local insurance representatives, and Community Resource Centers.



Each year at the Humboldt County Fair Childhood Injury Coalition members partner with the California Highway Patrol to provide safety information.