

The Cuyahoga County
Child Fatality Report 2022

25th Edition

PROTECTING OUR FUTURE



The Cuyahoga County
Child Fatality Review Board

Invest in Children

Cuyahoga County
Office of Early Childhood
Invest in Children

WE DEDICATE THIS REPORT TO ALL THE FAMILIES
WHO MOURN THE DEATH OF THEIR CHILD.
THE COMMUNITY HONORS THEIR MEMORY
BY PLEDGING ITSELF TO A COURSE OF ACTION
THAT STRIVES TO PREVENT THE DEATH OF ANOTHER.

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Recommendations

The purpose of the Cuyahoga County Child Fatality Review Board is to decrease the number of preventable child deaths. The Board reviews the deaths of all children less than 18 years old who live in Cuyahoga County. This confidential review is conducted by an interdisciplinary team who identifies the contributing causes, risk factors, and trends. The Board makes data-driven recommendations to protect the health and safety of all children in the community.

Infant Mortality and Inequities

1. Promote the strategies of the Ohio Institute for Equity in Birth Outcomes to reduce infant deaths and eliminate racial inequities in Cuyahoga County.

Prematurity

1. Support research and public awareness regarding the causes, risk factors, and lifelong effects of prematurity. Continue to educate women and expectant parents about the warning signs of preterm labor, the importance of interconception care, and the significance of a “Life Course Perspective” to decrease the risks of preterm births.
2. Support evidence-based and promising practices that decrease preterm births such as CenteringPregnancy® and appropriate birth spacing.
3. Promote a seamless system for perinatal services that also addresses the social determinants of health and the complex needs of many pregnant women by linking them to services for chronic health problems, drug treatment, mental health counseling, housing, and transportation.

Sleep Related Deaths

1. Partner with family serving agencies to provide safe sleep education to other infant caregivers, such as grandparents, relatives, and friends, with a focus on providing a safe sleep environment in any location.
2. Continue to educate childbirth instructors and staff at maternity and pediatric hospitals in Cuyahoga County about the importance of role modeling safe sleep in the hospital, educating all caregivers, having conversations with families about barriers to safe sleep, and providing tips to help parents continue safe sleep after discharge.
3. Increase home visitor programs and family serving agencies awareness of the components of a safe infant sleep environment by providing staff training on risk factors, local sleep related fatality data, and the most recent American Academy of Pediatrics safe sleep recommendations.
4. Promote the Ohio safe sleep campaign and the Cribs for Kids program to hospitals and agencies in Cuyahoga County.

Medically Related Deaths

1. Reinforce the importance of a medical home, care coordination, keeping appointments for children with chronic illnesses, and assessing for barriers and caregivers understanding of the treatment plan.
2. Reinforce among providers that multiple missed appointments for potentially life-threatening conditions

(asthma, diabetes, acute mental health issues, etc.) are frequently noted in child fatality case reviews. Providers observing such patterns are in a unique position to assess the situation for barriers to compliance and determine if reporting a suspicion of medical neglect is warranted.

Unintentional Injuries

1. Support University Hospitals Rainbow Injury Prevention Center and the Safe Kids/Safe Communities Coalition in their comprehensive efforts to prevent injuries and educate the community on safety issues that include child passenger seats/restraints; teen drivers; pedestrian, bus, and bicycle safety; and fire, water, and sports safety.
2. Partner with child/family agencies to disseminate the message stressing the importance of adequate and appropriate adult supervision of children in homes, around water, and in neighborhoods.
3. Reinforce the importance of gun safety in the home -- unloaded, locked and out of the reach of children.
4. Monitor the opioid epidemic in Cuyahoga County to identify how and where it is affecting the health, welfare and safety of children.

Homicide

1. Support educational programs that assist parents and guardians in understanding age appropriate behaviors, using alternative methods of discipline and choosing suitable caregivers.
2. Support domestic violence education and programs that help families identify warning signs; outline actions to take, especially for escalating behaviors; provide access to counseling and emergency shelter; and initiate early intervention to limit the effects on children in the home.
3. Advocate for community-based safe haven centers for teens, to provide supervised activities and programs after school and on weekends.
4. Support the development and collaboration of violence intervention programs.

Suicide

1. Support school programs and mental health social platforms for depression awareness, bullying and suicide prevention that also include resources for assistance.
2. Advocate for additional inpatient child psychiatric beds to meet the mental health needs of this population.

Interagency

1. Support the continued growth of the newly established Cuyahoga County Child Protection Team program as it works to operate to the full guidelines of the National Children’s Alliance. Align efforts and funding so that a cross-system multidisciplinary team – backed by interagency memorandums of understanding – is enabled to provide medical chart review, triage, coordination, assessment, diagnosis, and provide information to authorities.

Technical Glossary

Infant – A person under 1 year of age.

Neonatal Period – The time period for all infants from their date of birth through the 27th day of life.

Postneonatal Period – The time period for all infants from the 28th day of life until the day before their 1st birthday.

Child – A person who has not yet reached their 18th birthday (all references to “child” in this report specify which age group/range is being discussed).

Cause of Death – Event that causes a physical problem, no matter how brief or prolonged, that leads to a child’s death.

Manner of Death – Description of circumstances under which a child died. There are five categories for manner of death.

1. Natural: the death is a consequence of natural disease.
2. Accident: unintended and essentially unavoidable death, not by a natural, suicidal, or homicidal manner.
3. Suicide: death caused by self, with some degree of conscious intent.
4. Homicide: death caused by another human.
5. Undetermined: not enough evidence, yet or ever, to determine the manner of death.

Prematurity – Any birth that occurs before 37 completed weeks of gestation.

Sleep Related Deaths – Deaths to infants under the age of 1 year that occur while sleeping. They can be classified as the following three types:

1. Sudden Infant Death Syndrome (SIDS): a sudden, unexplained death of an infant less than 1-year-old. It is a diagnosis of exclusion, meaning that after an extensive review of the infant’s medical history, a complete autopsy, and a death scene investigation, no cause can be identified.
2. Accidental Suffocation: a result of another person lying on the baby, wedging of the baby, or the baby’s face in a soft surface such as a pillow, blanket, or bumper pad.
3. Sudden Unexplained Infant Death (SUID)/Undetermined: ruled as the cause of death when an exact reason cannot be found, but the scene investigation indicates that there were dangers in the baby’s sleep area.

All Other Races – A person who does not have ancestry in any of the original peoples of Europe, the Middle East, or Africa. It includes people, who indicate their race is not “white” or “black,” such as American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander, as well as ethnicities such as Hispanic.

Black – A person having origins in any of the black racial groups of Africa. It includes people who self-report their race as “Black” on demographic documents.

Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White – A person having ancestry in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who self-report their race as “White” on demographic documents.

Rate – Measure that indicates how often an event is occurring during a certain time period; it is calculated by taking the count of an event during a specific time period and dividing this number by the population that is at risk for experiencing the event during the time period. Rates are often expressed in units of 10, such as per 100, per 1,000, or per 100,000.

Example: The infant mortality rate (IMR) is expressed as the number of deaths that occurred among infants 1 to 364 days old who were born alive during a given year, divided by the number of live births that occurred in the same year, multiplied by 1,000. Since 91 infants died during 2022, and there were 12,701 live births, the IMR is 7.2 per 1,000 live births (calculated by taking 91 divided by 12,701 and multiplying by 1,000).

Ratio – Comparison made between two things; the fraction formed by the division of one amount by another.

Example: The population of Anytown, USA, was 100,000. It had 40,000 dwelling units. The ratio of people to dwelling units was 2.5 (100,000 divided by 40,000 equals 2.5).

Trend – The general direction in which data are headed over a period of time. It often is demonstrated by placing a line in a chart. There needs to be a minimum of two data points to start a trend line, but as a general rule, most researchers prefer a minimum of six data points to predict a trend.

Disparity – Term used to describe a difference between two groups.

Example: If the White infant mortality rate (IMR) was lower than the Black IMR, a racial disparity exists because one racial group (Black) has a higher rate of infant deaths compared to another racial group (White).

Equity – Fair and just distribution of resources and opportunities in order to ensure the possibility for similar outcomes for residents within the community.

First Ring Suburbs of Cleveland – Municipalities whose borders touch some portion of the city of Cleveland. See Appendix A in data tables section.

Outer Ring Suburbs of Cleveland – Municipalities whose borders don’t touch some portion of the city of Cleveland. See Appendix A in data tables section.

THERE WERE 152 CHILD DEATHS; TIED FOR THE LOWEST NUMBER OF CHILD DEATHS IN COUNTY HISTORY.

The total number of child deaths (152) decreased by 13 in 2022. This total tied with 2020 for the lowest number in the county's history. Deaths to children 1 to 9 years old decreased by 24% and infant deaths decreased by 6% (from 97 to 91). Child deaths between 10 and 17 years old increased by 3%. The total number of child deaths for 2022 included 91 infants, 26 children 1 to 9 years old and 35 children 10 to 17 years old (Table 1).

Table 1: Annual Number of Deaths by Age Group

Age Group	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Total
Under 1 Year	133	121	155	128	118	120	120	101	97	91	1,184
1 - 9 Years	31	18	25	15	31	33	26	20	34	26	259
10 - 17 Years	22	26	20	29	39	32	28	31	34	35	296
Total	186	165	200	172	188	185	174	152	165	152	1,739

Lowest number of infant deaths in the county's history.

Ninety-one infants died in 2022, the lowest total number of infant death in the county's history. This was six less than 2021 and 27 lower than the 10-year average of 118. There were 10 fewer infant deaths due to birth defects and five fewer deaths due to other medical causes. Sleep related and undetermined deaths increased by three, and assault, gunshot wound and prematurity deaths increased by one.

Eight fewer deaths to children between 1 and 9 years old in 2022.

Twenty-six children between 1 and 9 years of age died in 2022, which was eight less than in 2021. Deaths caused by other medical causes decreased by five, and birth defects and other unintentional injury deaths had three fewer deaths. There were two fewer fire deaths, while cancer, drowning and hanging deaths decreased by one. Motor vehicle accident deaths increased by three. Poisoning deaths increased by two and assault, prematurity and undetermined deaths increased by one.

Second-highest number of child deaths between 10 and 17 years old in the last ten years.

Thirty-five children aged 10 to 17 years died in 2022; one more than in 2021 and the second-highest total in the last 10 years. There were five more gunshot wound and other medical cause deaths. Birth defects and fire deaths increased by one. Drowning and motor vehicle accident deaths decreased by four in 2022. Poisoning had two fewer deaths and hanging deaths decreased by one.

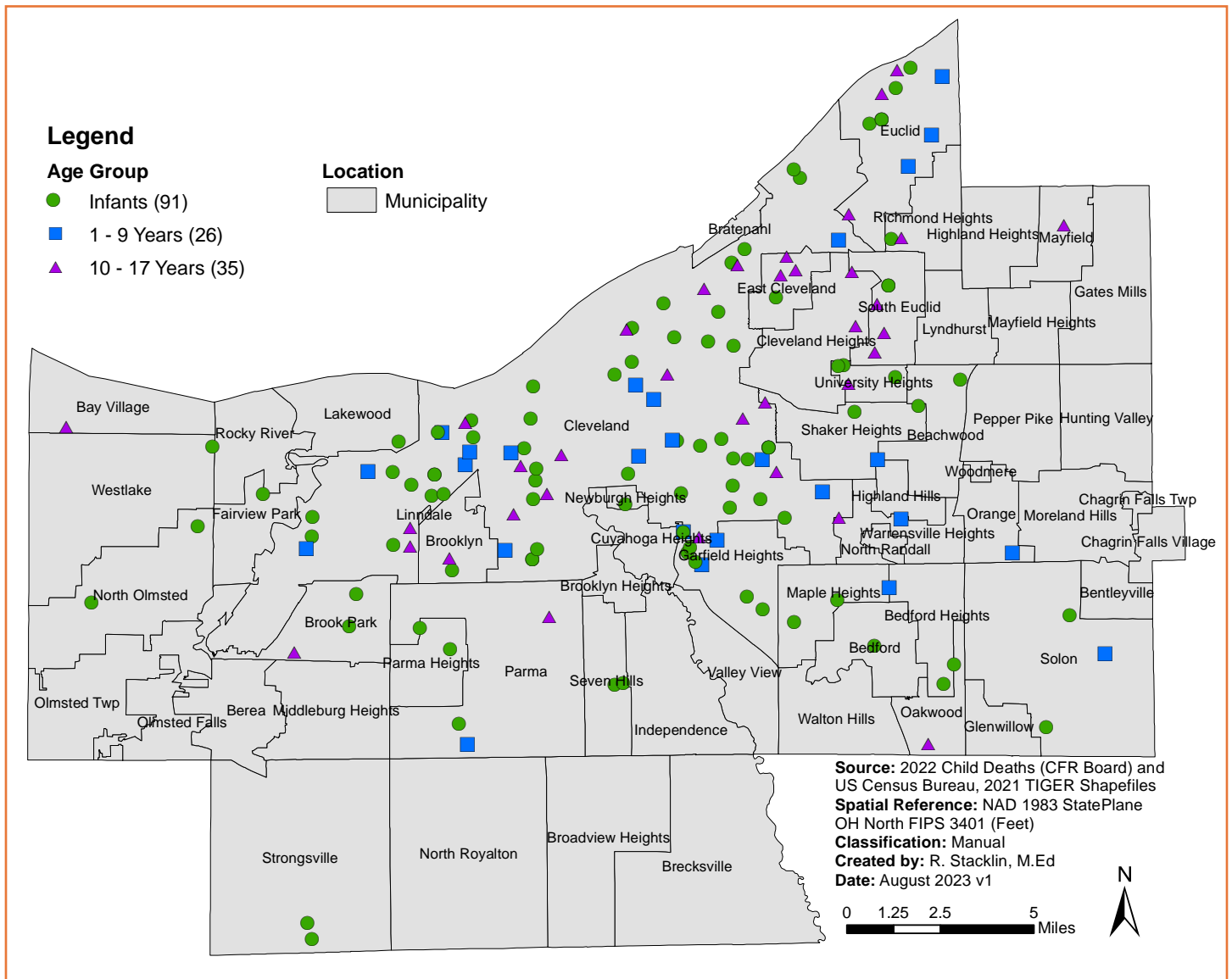


An Overall Look at 2022

Map 1 shows the location of all child deaths in 2022.¹ More than half the deaths (52%) occurred within the city of Cleveland, which has only 22% of the child population in Cuyahoga County

(Table 6).² Deaths of children living in the first ring suburbs accounted for 31% and the remaining 17% of children lived in the outer ring suburbs **(Appendix A)**.

Map 1: 2022 Child Deaths by Age Group in Cuyahoga County, OH (n=152)

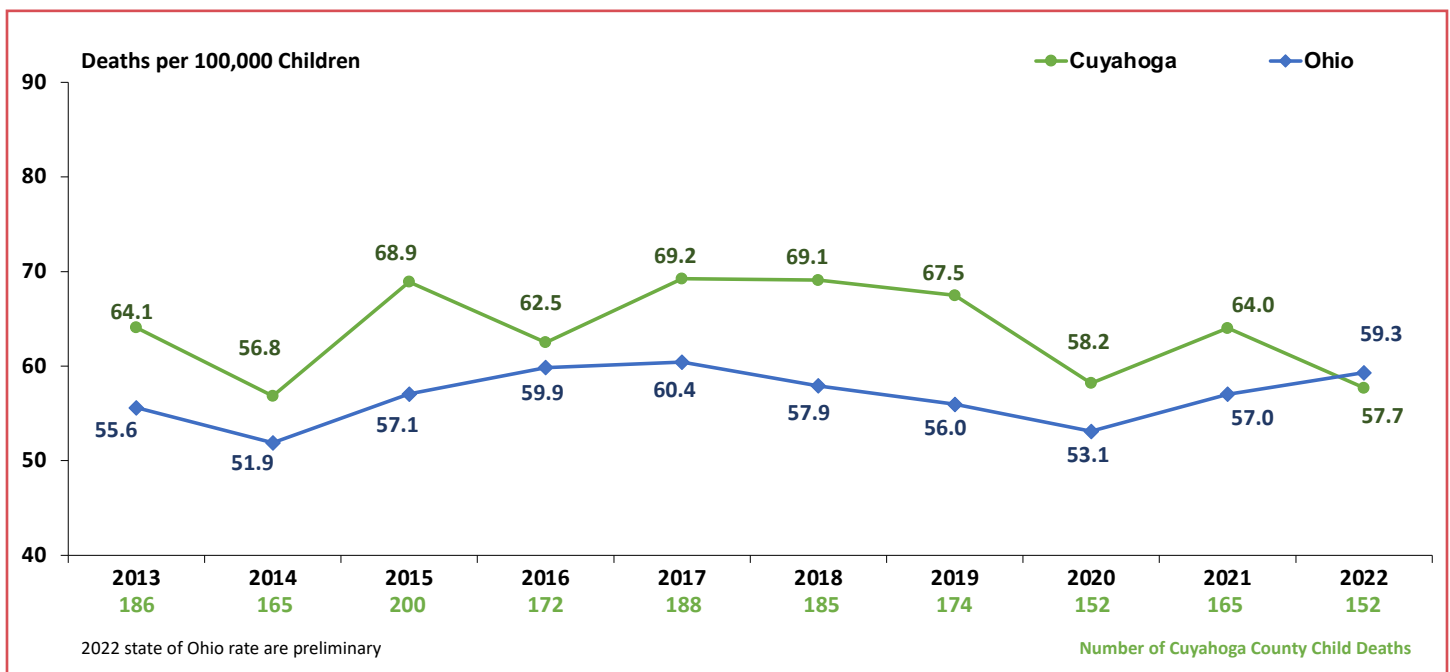




THE CHILD DEATH RATE WAS THE SECOND-LOWEST IN THE LAST TEN YEARS.

Figure 1 shows Cuyahoga County and the state of Ohio child death rates in the last ten years.³⁻⁶ The 2022 county child death rate was lower than the state of Ohio for the first time in at least 15 years. The county rate of child deaths in 2022 (57.7) was 10% lower than in 2021 and second-lowest rate in the last ten years. Thirteen fewer deaths in 2022 led to an 8% decrease, which was due to a significant decrease of deaths to infants and children 1 to 9 years. The decrease in the number was mostly caused by fewer medically related deaths.

Figure 1: Total Child Deaths (age 0-17) Cuyahoga County and State of Ohio



Taking a Closer Look

Table 2 provides a breakdown of the leading causes of death by age group. This data is also available for the last 10 years (**Table 7**). The majority (58%) of deaths continue to be rooted in medical causes such as prematurity, birth defects, cancer, infection, and other medical conditions (**Table 10**). The top three causes of infant death continue to be prematurity, sleep related and birth defects. Other medical cause were the leading cause of death in the 1- to 9-year-old age group, while gunshot wound was the leading cause of death in the 10- to 17-year-old age group.

Table 2. Leading Causes of Death by Age Group in 2022

Cause of Death	Under 1 Year	1 - 9 Years	10 - 17 Years	Total
Prematurity	52	1	0	53
Gunshot Wound	1	2	17	20
Other Medical Cause	5	7	8	20
Sleep Related	20	0	0	20
Birth Defect	7	2	3	12
Assault	2	3	0	5
Cancer	0	2	2	4
Fire	1	2	1	4
Motor Vehicle Accident	0	3	1	4
Poisoning	0	2	1	3
Undetermined	2	1	0	3
Hanging	0	0	2	2
Drowning	0	1	0	1
Other Unintentional Injury	1	0	0	1
Total	91	26	35	152

The cause of death with the largest year-over-year decrease was birth defects (from 24 in 2021 to 12 in 2022). Deaths due to drowning and other medical cause decreased by five and other intentional injury deaths decreased by three. There were two fewer deaths due to hanging. One less death due to cancer and motor vehicle accident in 2022.

There were six more gunshot wound deaths in 2022 and the highest total number in the last 10 years. Sleep related and undetermined deaths increased by three, and two more assault and prematurity deaths occurred.

In 2022, there were no COVID-19 related deaths to children in Cuyahoga County. In Ohio, 21 children died of COVID-19 and more than 470 children in the United States passed away from this disease in 2022⁷. For children 6 months to 4 years, the COVID-19 vaccine was not accessible until June 2022. The most effective way to protect children from this disease is getting them vaccinated and washing hands frequently.

2022 FAST FACTS

- Infant deaths were the lowest in the county's history at 91.
- Gunshot wound deaths were the highest total in the last 10 years.
- Birth defect related deaths were the lowest in the last ten years.

Peer County Comparisons

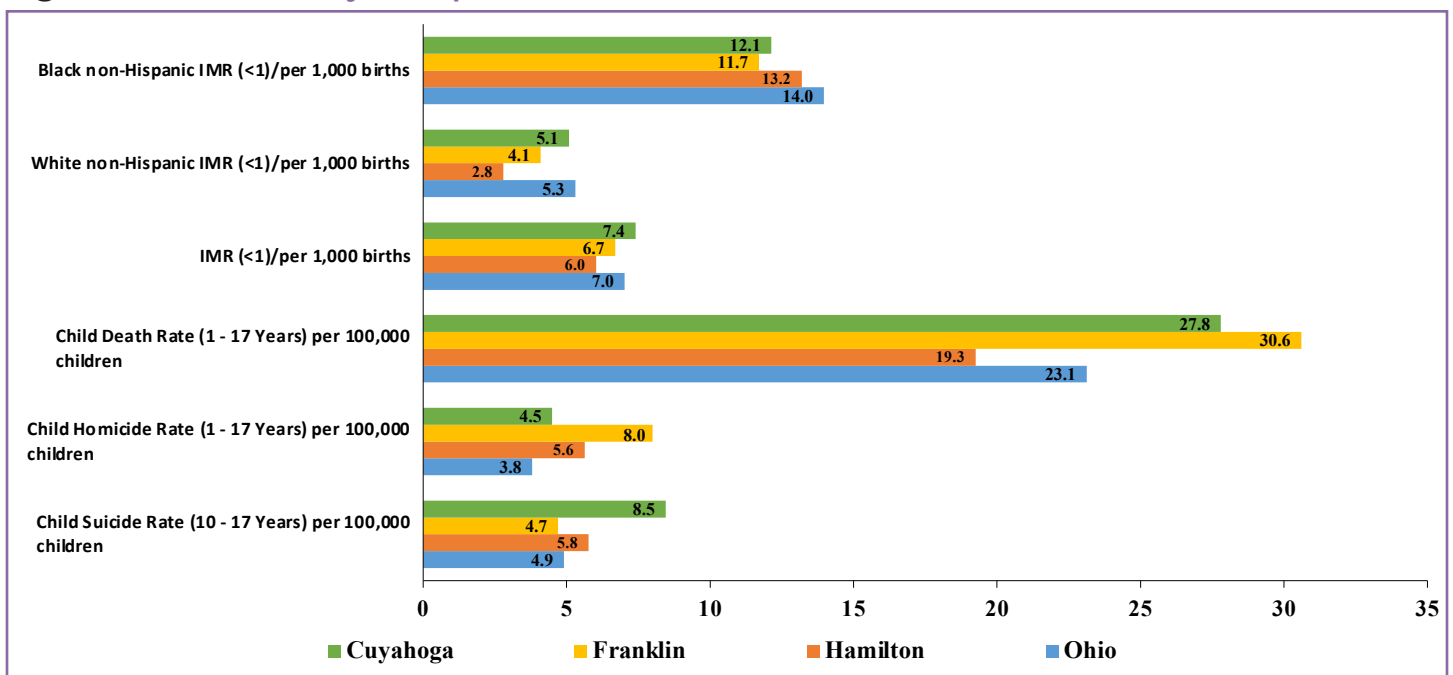


CUYAHOGA COUNTY HAD THE HIGHEST CHILD SUICIDE RATE IN 2021.

The Child Fatality Review Board⁸ sought data sources that allowed direct comparisons to other large, urban areas⁹⁻¹⁰ and the state of Ohio,¹¹⁻¹² all of whom are focusing on child death and infant mortality rates (IMR). The other counties include Franklin (Columbus area) and Hamilton (Cincinnati area). The 2021 data were the most current data available.

Cuyahoga (8.5 per 100,000 children) had the highest child suicide rate in 2021 which was significantly above its 10-year average (Figure 2). Cuyahoga's overall IMR (7.4 per 1,000 live births) was the highest rate as well. White non-Hispanic IMR was higher than both counties, but lower than the state of Ohio. Rates where Cuyahoga County was lower than at least one of the other two counties were the Black, non-Hispanic IMR and child death rate. The child homicide rate was lower than the other counties, but higher than the state rates.

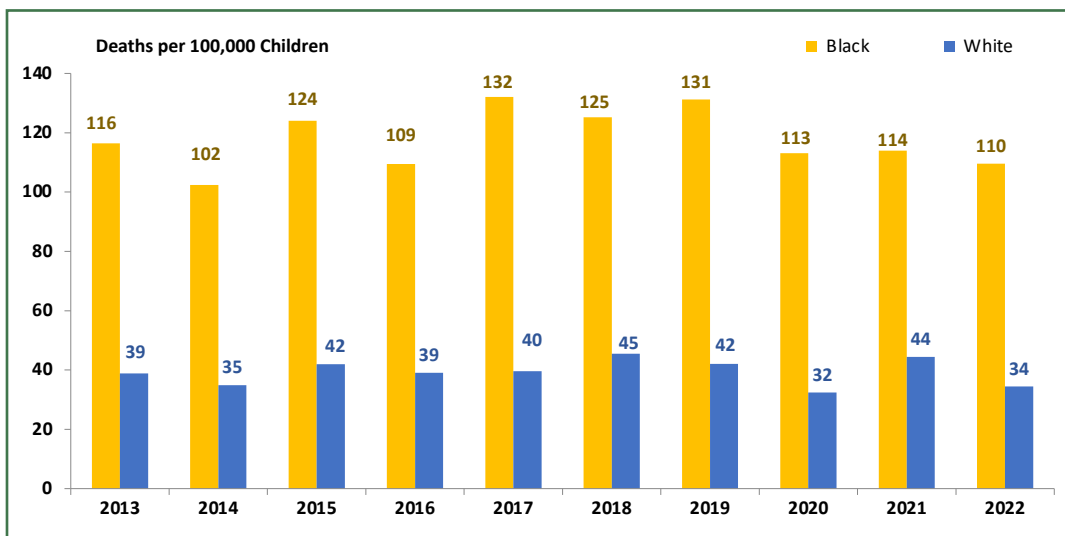
Figure 2. Peer County Comparisons in 2021



Racial & Economic Inequities

THE BLACK-WHITE CHILD DEATH DISPARITY RATIO WAS THE THIRD-HIGHEST IN THE LAST 10 YEARS.

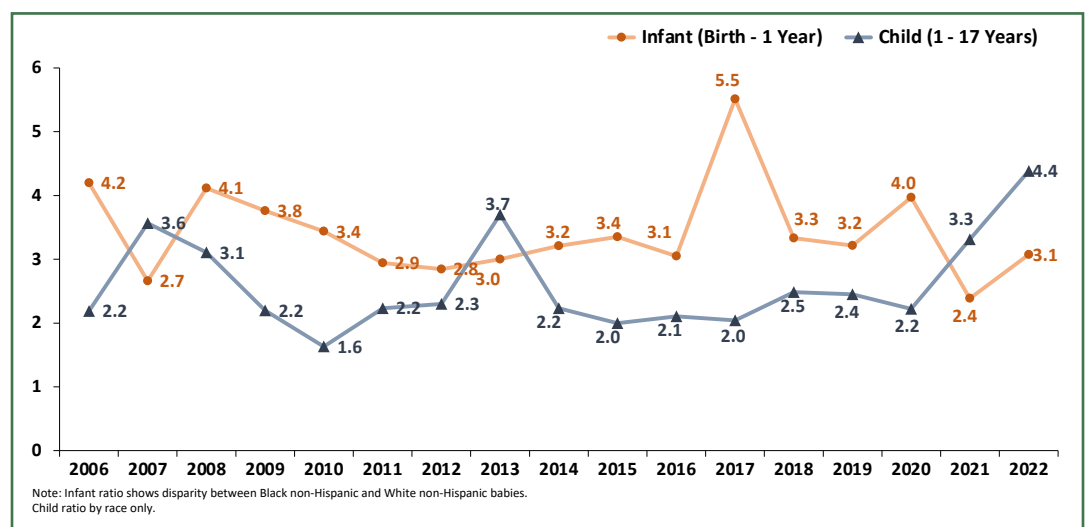
Figure 3: Child Death Rate by Race (age 0-17)



The Black-White child death racial disparity ratio increased to 3.2 in 2022, which was the third-highest ratio in the last ten years (Table 9). The ratio increased because the White child death rate (34.4) decreased by 23%, while the Black rate (109.6) decreased by 4% (Figure 3). The White rate was the second-lowest rate in the last ten years, and the Black rate was the third-lowest over the same time period. Of the 152 child deaths, 100 were Black, 45 were White, 6 were of another race, and 1 was of an unknown race.

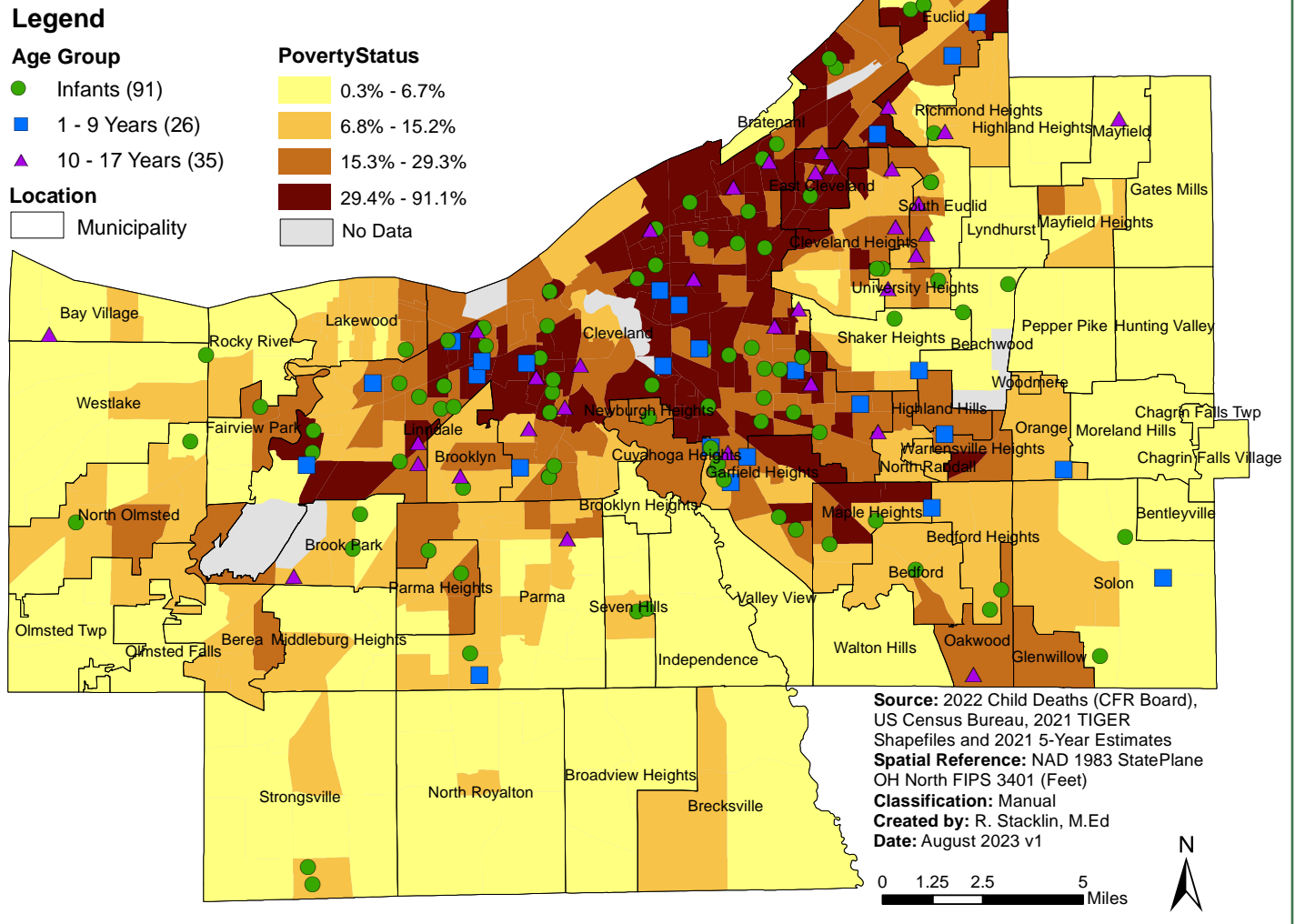
Figure 4: Infant and Child Deaths; Black-White Racial Disparity Ratio

It is important to look at the racial disparity for infants and children separately, as illustrated in Figure 4. The child Black-White racial disparity ratio of 4.4 was the highest in more than 25 years. The racial disparity ratio of infant deaths (3.1) was tied for the third-lowest in the last 10 years. The 2022 infant death racial disparity ratio in the state of Ohio is 2.8¹³ and the US ratio is 2.4.¹⁴



Racial & Economic Inequities

Map 2: 2022 Child Deaths by Age Group and Poverty Rates by 2020 Census Tracts in Cuyahoga County, OH (n-152)



Map 2 illustrates the close relation between poverty, race and child deaths.¹⁵⁻¹⁶ The highest poverty levels are concentrated in the county's urban core with significantly lower levels of poverty in the outer ring suburbs. Less than seven percent of people living in the lightest shaded area were below the federal poverty guideline, while the areas with the darkest shade had 29% to 91% of the population who lived in poverty. Black residents (27.2%) in Cuyahoga County were almost three times as likely to live in poverty compared to White residents (9.5%).¹⁷ The 2022 federal poverty guideline for a family of four was \$27,750.¹⁸

In the last ten years, the Black child death rate was three times as high as the White rate in Cuyahoga County. The majority of Black child deaths occurred on the eastern side of the county, whereas the largest portion of White child deaths occurred on the western side. Higher rates of child deaths occurred in areas that experienced high levels of poverty.¹⁹

2022 FAST FACTS

- Black-White child (1 to 17 years) death disparity ratio was highest in the last 25 years.
- 38 Black non-Hispanic babies that died would have needed to survive to equal the White non-Hispanic infant mortality rate.

COMMUNITY ACTIONS:

OHIO EQUITY INITIATIVE (OEI): WORKING TO ACHIEVE EQUITY IN BIRTH OUTCOMES

The **Cuyahoga County Board of Health (CCBH)** serves as the lead of the local OEI activities. This initiative explores public health strategies to eliminate health inequities in birth outcomes and improve local and state infant mortality rates and was established in 2014. Under the direction of the **Ohio Department of Health (ODH)**, the Cleveland/Cuyahoga County OEI team has expanded best practice strategies to include:

- Neighborhood Navigation – identify pregnant women who are currently not engaged in services and provide a connection to home visiting, clinical care and other services. **The Neighborhood Leadership Institute (NLI)** has implemented multiple outreach strategies to identify women which include community partnerships, canvassing, community events, and securing permission from **Cuyahoga County Health and Human Services** to have space in their offices to recruit women.
 - Since January 2019, in partnership with NLI, over 5,000 unserved pregnant women have been connected to services.
- Social Determinants of Health (SDOH) Task Force – identify opportunities to adopt policies that impact social determinants of health.
 - Policy/system changes include:
 - Increasing patient awareness of labor and delivery locations through the creation and integration of a palm card that is provided through home visiting programs and prenatal care visits.
 - Increasing awareness around the benefits maternal/paternal leave.
 - The SDOH task force partnered with the **Greater Cleveland Regional Transit Authority** to secure a \$500,000 grant for the creation of the **Baby on Board (BoB)** project. BoB addresses social determinants of health in relation to transportation for families who are pregnant and/or caring for a child under the age of one. Eligible families may receive vouchers to accommodate travel needs associated with, but not limited to, medical and social service appointments, work, school, childcare or acquiring necessities such as food, clothing, and personal items.

While receiving bus tickets, families are required to be enrolled in a partner program to ensure wrap around services are received to help cultivate family vitality. Through August 2023, more than 1,500 bus tickets were distributed to families with the help of partner agencies in the community.

- Improved coordination of pregnancy related referrals for families who utilize public assistance.
- Enhanced coordination of referrals and follow up through the Unite Us platform, which allows direct electronic referrals between clinical and social service providers.
- Placed Based Approach - provide support to families who reside in targeted communities using the collective impact model. Systems, organizations, and residents come together to establish a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations to move community driven strategies forward. The **One Community** efforts in 44108, 44110, 44128 and 44137 have informed strategies such as advocacy for labor and delivery services, breastfeeding friendly churches, first responder trainings, and community friendly events for families. These family events have encouraged community members to increase social connectedness, expand health education, and improve resource connections.
- A Fetal Infant Mortality Review (FIMR) Committee was established to review the root causes of fetal and infant deaths in Cuyahoga County (**Appendix B**).
- A Fourth Trimester work group was developed to explore opportunities to address medical and social needs of mothers and fathers during the first few months after birth of the infant. Most recently, this group partnered with the **OhioHealth Mothers' Milk Bank** to open a milk drop site at the Cuyahoga County Board of Health. The OhioHealth Mothers' Milk Bank, under the guidelines of the Human Milk Banking Association of North America (HMBANA), provides pasteurized human milk to those infants whose parents are unable to provide milk to nourish their babies.

CUYAHOGA COUNTY'S IMR WAS THE LOWEST RATE IN THE COUNTY'S HISTORY FOR THE THIRD CONSECUTIVE YEAR.

The 2022 Cuyahoga County IMR was 7.2 infant deaths per 1,000 live births, the lowest rate in the county's history (**Figure 5**). The current rate is based on 91 infant deaths among 12,701 live births (Table 6).²⁰ The county IMR was slightly higher than the provisional Ohio IMR of 7.0,²¹ and much higher than the United States IMR of 5.6.²² *In order for Cuyahoga County to match the 2022 US IMR, 20 infants who died in 2022 would have needed to live.*

Figure 5: Infant Mortality Rate per 1,000 Live Births

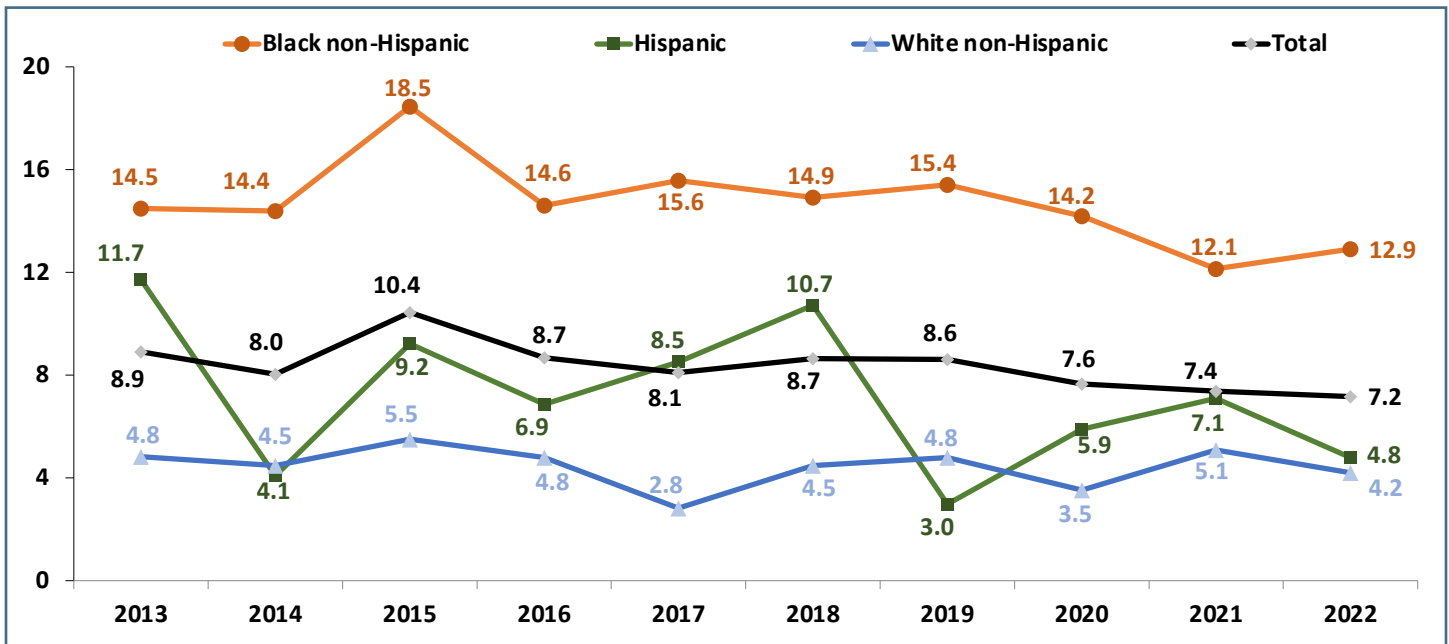


Figure 5 shows that the Black non-Hispanic IMR of 12.9 was 6% higher than 2021 but was the second-lowest rate in the last 10 years. The White non-Hispanic IMR of 4.2 was third-lowest rate in the last ten years and decreased by 18% from 2021. The Hispanic IMR of 4.8 was the third-lowest rate in the last 10 years.

The most frequent causes of infant death continued to be prematurity (52), sleep related deaths (20) and birth defects (7) (Table 2). These top three causes accounted for 87% of all infant deaths. Of the 12 remaining infant deaths, five were medically related, two assaults, two undetermined deaths, and one death each due to fire, gunshot wound and unintentional injury.

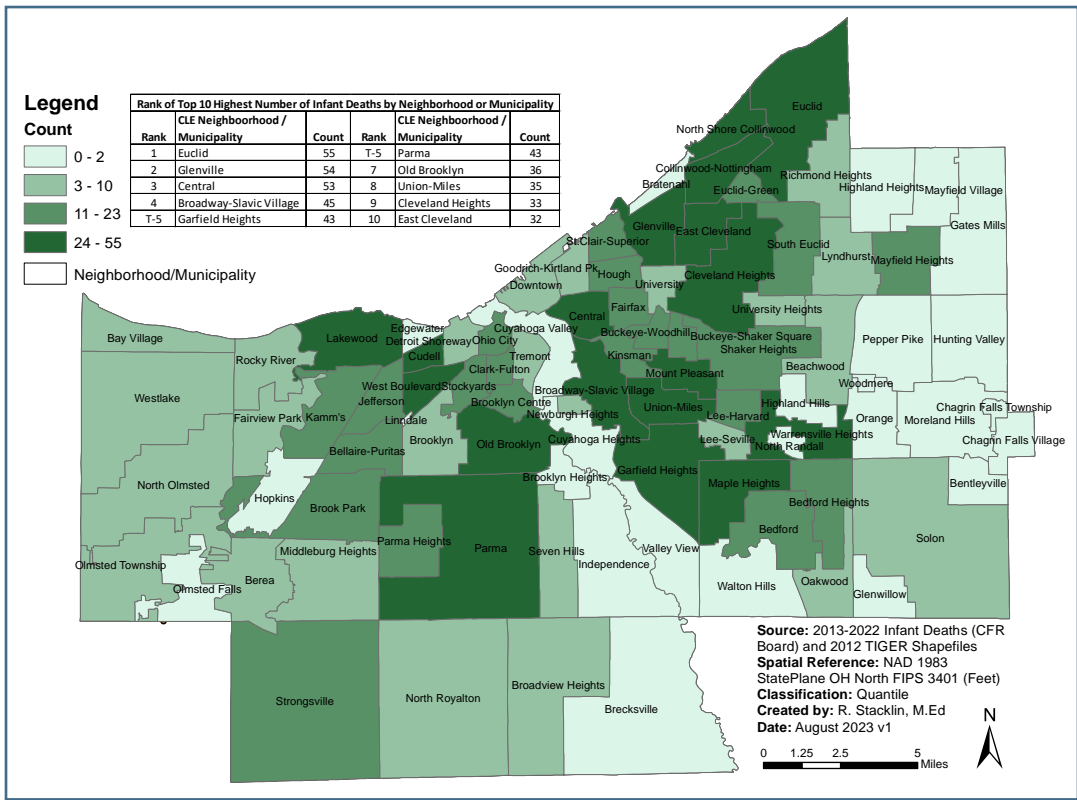
Birth defects was the third-leading cause of infant death in 2022, but the total number of birth defect deaths was the fewest number of deaths in the county's history. More than 90% of these deaths were due to congenital abnormalities. More than 60% percent of these deaths were due to a heart defect.

2022 FAST FACTS

- Overall IMR was the lowest rate in the county's history.
- 2022 Black IMR is higher than the 1993 White IMR.

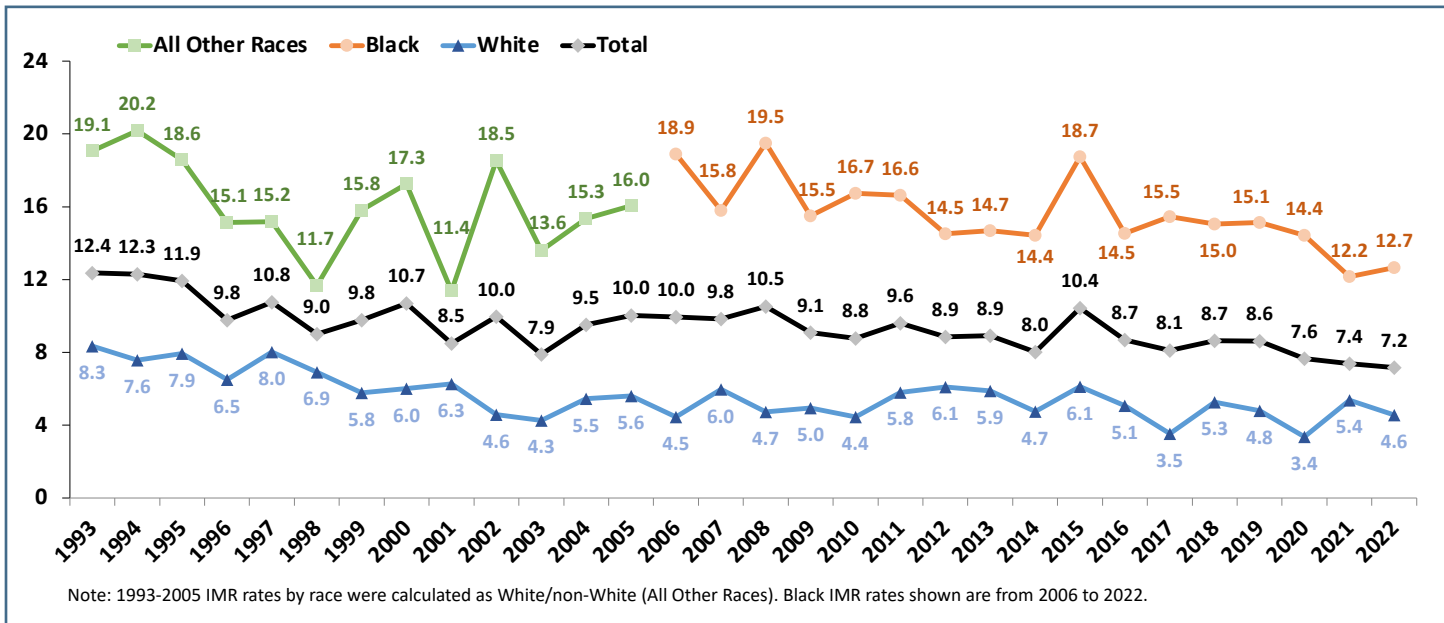
Infant Mortality

Map 3: 2013 to 2022 Infant Deaths by Cleveland Neighborhoods and Suburban Municipality, Cuyahoga County, OH (n=1, 184)



Map 3 shows the frequency of infant deaths for the last ten years.²³ Locations that ranked in the top ten had more than 30 infant deaths and accounted for 36% of infant deaths in Cuyahoga County. Eight of the top ten locations with the highest number of infant deaths are located on the eastern side of the county. Five are municipalities that are first ring suburbs.

Figure 5B: 1993-2022 Infant Mortality Rate by Race per 1,000 Live Births



HISTORICAL HIGHLIGHT

In the 25th edition of the CFR report, the Board wanted to highlight the trend in infant mortality in Cuyahoga County in the last 30 years. Historically, IMR data was shown as White/non-White, but Black IMR data has been provided for the last 16 years. **Figure 5B** shows the infant mortality trends and the consistent disparity that exists between Black and White infants. The best Black IMR in 2021 (12.2) is significantly higher than the 1993 White IMR (8.3). *Forecasting future IMR by race predicts that the 2040 Black IMR will equal the the 1993 White IMR, an unacceptable disparity of 47 years.*



COMMUNITY ACTIONS:

The **Cleveland Clinic Foundation, MetroHealth Medical Center (MHMC), and University Hospitals** continue to identify infant mortality as a key priority for community outreach. University Hospitals opened a labor and delivery unit with a neonatal intensive care unit at its Ahuja site in summer 2023. This new site provides access to women living in the southeast side of Cuyahoga County where no labor and delivery services existed.

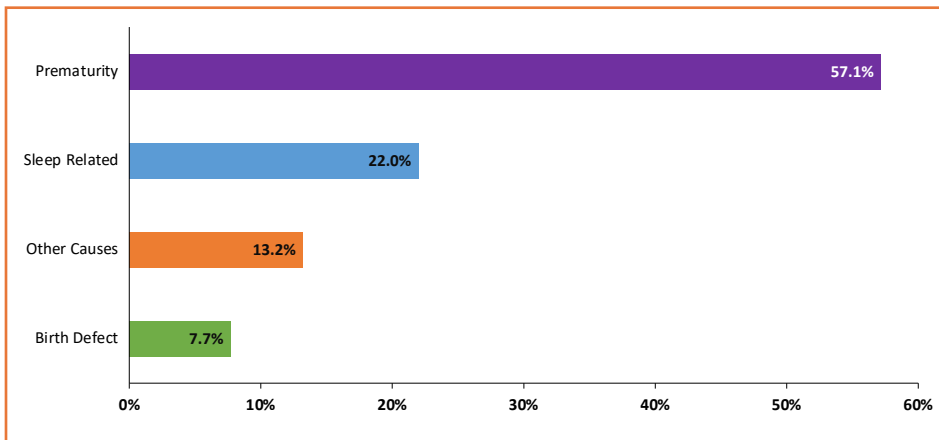
Home visiting programs for high-risk mothers and infants have been identified as best practice to improve birth outcomes.

- The **MomsFirst Program** uses a community health worker model to provide support to women beginning with prenatal care and continues until a child is 18 months old. Core services include outreach, case management, health education, and interconception care. The program served 754 participants in 2022 and their infant mortality rate was 3.0
 - In commemoration of National Infant Mortality Awareness month in September, MomsFirst hosts an annual Baby Buggy Walk and Baby Crawl event. In addition to these activities, a resource fair was held and Mayor, Justin M. Bibb, read a story to the children in attendance.
 - In collaboration with CCBH's Newborn Home Visiting program, MomsFirst developed a protocol for embedding Newborn Home Visiting into their array of services provided. MomsFirst will notify Newborn Home Visiting once the participant delivers so that a visit with a registered nurse can be scheduled.
- The **Cuyahoga County Board of Health Newborn Home Visiting Program (NHVP)** provides a home visit by a registered nurse after mom and baby are discharged from the hospital for qualifying families. The visit includes assessments of mom and baby, infant care education, breastfeeding support, discussion of available community resources, and referrals as needed. NHVP currently sees eligible mothers and babies that delivered at University Hospitals and MetroHealth Medical Center and recently expanded services to Hillcrest and Fairview Hospitals.
- **Moms and Babies First (MBF)** is a public health initiative to reduce infant mortality and improve birth outcomes in at-risk African American communities. Using a community health worker model, the staff provides intensive case management to assist pregnant women and their families with accessing services, parenting, health education, family planning, and social service referrals until the child reaches age 1. The team is able to remove barriers that limit access to care and thereby influence overall health status and quality of life. In 2019, the program expanded to eleven additional areas in order to increase its reach in Cuyahoga County suburbs. The program now serves women in Euclid, East Cleveland, Cleveland Heights, University Heights, South Euclid, Bedford Heights, Garfield Heights, Maple Heights, Shaker Heights, Oakwood Village, Richmond Heights, Warrensville Heights, and Cleveland. In 2022, MBF served over 400 pregnant and postpartum women and families.
- **MHMC Nurse Family Partnership** serves low-income, first-time mothers during their pregnancy and for two years after the birth of the baby.
- **UH Rainbow Babies and Children's** conducts a weekly virtual presentation on early childhood safety topics, including safe sleep, through a program called Safe & Sound. Parents learn about the prominence of infant mortality in Cuyahoga County and the importance of safe sleep practices. After completion of the virtual presentation, families choose up to \$200 worth of free baby items including pack n plays, sleep sacks, and baby monitors.

THIRD-LOWEST NUMBER OF PREMATURETY-RELATED DEATHS IN 2022.

In 2022, 52 infants died due to prematurity, accounting for 57% of all infant deaths (**Figure 6**). The cause-specific IMR for prematurity is 4.2 deaths per 1,000 live births (Table 6).²⁴ This is the third-lowest rate in the last ten years. A preterm birth is an infant born before 37 completed weeks of gestation.

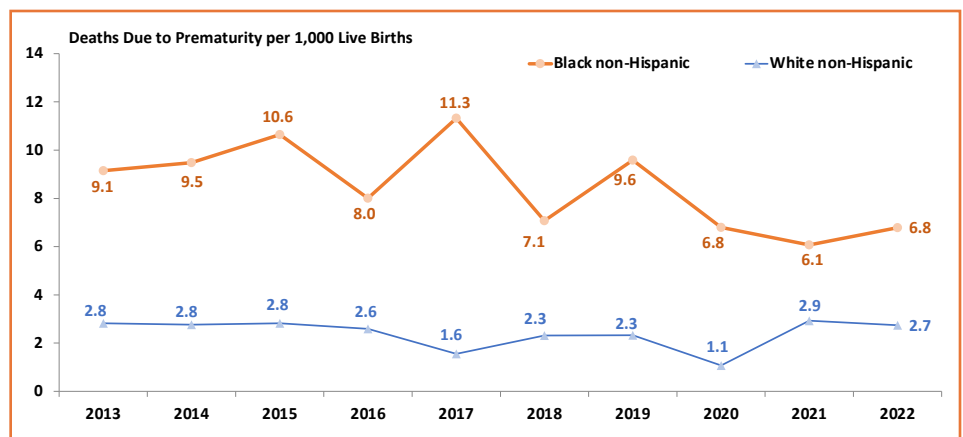
Figure 6: The Impact of Prematurity on Infant Deaths in 2022



The prematurity-related IMRs by race are illustrated in **Figure 7**. The Black non-Hispanic prematurity death rate of 6.8²⁵ tied for the second-lowest in the last ten years but 12% higher than the 2021 rate. The White non-Hispanic rate of 2.7²⁶ decreased by 6%, but was slightly higher than the 10-year average rate of 2.4.²⁷ The Black-White racial disparity ratio increased to 2.5, but was the second-lowest in the last ten years. If the 2022 Black non-Hispanic prematurity death rate was equal to the White non-Hispanic death rate, the overall Black IMR would have decreased from 12.9²⁸ to 8.8.²⁹

Figure 7: Rates of Infant Death Due to Prematurity by Race

The percentage of preterm births in Cuyahoga County increased from 11.6% in 2021 to 12.0% in 2022.³⁰⁻³¹ The 2022 Black non-Hispanic preterm birth rate of 16.0% was significantly higher than the White non-Hispanic preterm birth rate of 9.6%.³² The county preterm birth rate was significantly higher than the provisional Ohio preterm birth rate of 10.9%,³³ and 2022 US preterm rate of 10.4%.³⁴ *Cuyahoga County would have needed 200 fewer preterm births to equal the US rate.*



2022 FAST FACTS

- Black non-Hispanic infant deaths due to prematurity tied for the second-lowest in the last ten years.
- Prematurity accounted for 57% of infant deaths.

Prematurity

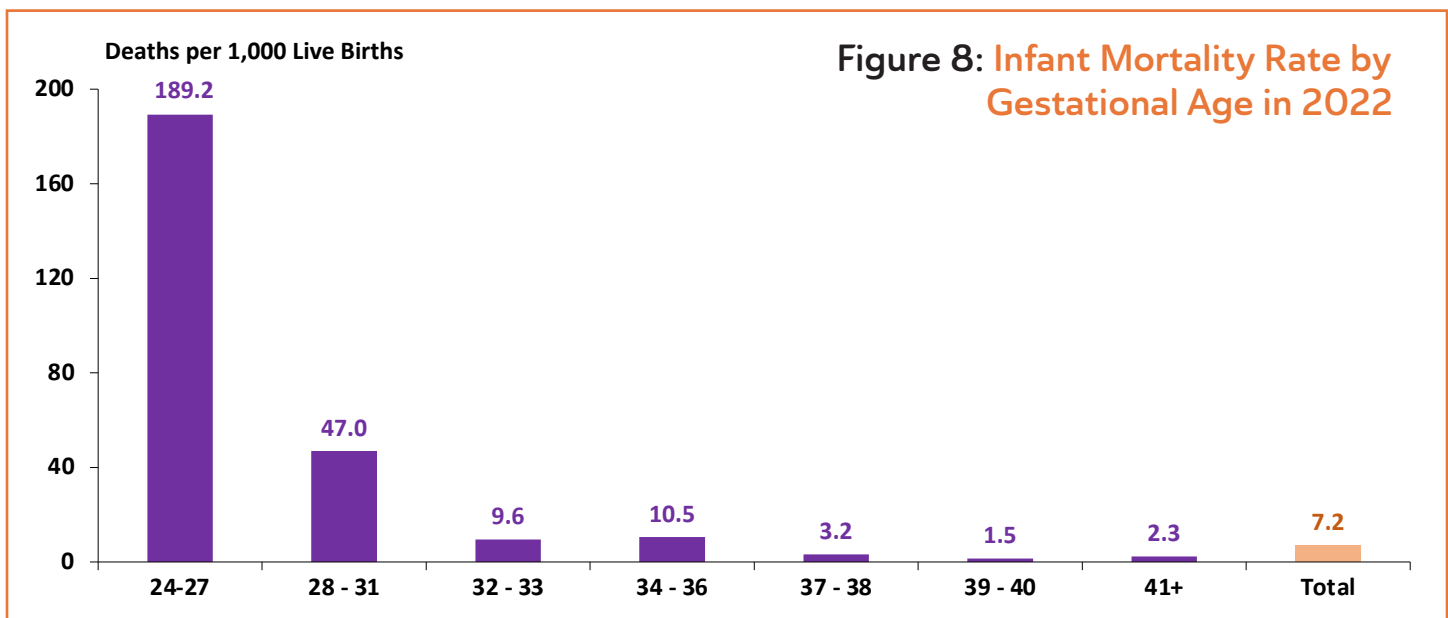
Medical, economic and social risk factors that were identified in at least 15% of the prematurity-related deaths are listed for 2022 (Table 3). Poverty, the most common risk factor, was noted in 74% of the cases. Mom with a chronic health condition was noted in 45% of prematurity related deaths. Obesity was the leading risk factor in the category “Mom with a chronic health condition”. Maternal history of a mental health condition, past history of a sexually transmitted infection, and premature rupture of membranes (PROM), were three risk factors noted in at least one-third of all preterm deaths.

Table 3: Common Risk Factors Associated with 53 Deaths Due to Prematurity in 2022

Risk Factor	#	%
Poverty	39	73.6
Mom with a chronic health condition	24	45.3
Maternal history of a mental health condition	19	35.8
Sexually transmitted infections - past history	19	35.8
Premature rupture of membranes (PROM)	18	34.0
Chorioamnionitis	17	32.1
Cervical insufficiency	16	30.2
Multiple gestation	16	30.2
Placental abruption	14	26.4
Unplanned pregnancy	13	24.5
Previous fetal loss	12	22.6
Sexually transmitted infections - during pregnancy	12	22.6
At-risk maternal age - 35 years old or older	10	18.9
Birth spacing - less than 18 months	10	18.9
Infection	8	15.1
Intrauterine growth restriction (IUGR)	8	15.1
Parental illicit substance use	8	15.1
Previous preterm delivery	8	15.1

Of the 52 infant deaths caused by prematurity, 32 (62%) were male and 30 (58%) were Black non-Hispanic. Infants who lived in the city of Cleveland accounted for 52% of these deaths, 29% lived in a first ring suburb and 19% lived in an outer ring suburb. Prematurity continues to be the number one cause of infant death. The majority of deaths occurred to infants born less than 23 weeks gestation (52%). Twelve percent were born at 23 weeks and the remaining 36% were born between 24 and 34 weeks. More than three in five (63%) of the infants were born so early that they lived less than 12 hours, and only 17% survived more than seven days.

Figure 8 illustrates the 2022 IMR by gestational age (stated in completed weeks of gestation) for infants born 24 weeks or more. For all babies born at 24 to 27 weeks of gestation, the IMR was 189.2.³⁵ The graph shows the IMR of infants 28 to 31 weeks (47.0).³⁶ Infants born at 32 to 33 weeks (9.6) was lower than babies born at 34-36 weeks gestation (10.5).³⁷ Full term infants (39 to 40 weeks) IMR of 1.5 was more than twice as low as the IMR of infants born early term (37 to 38 weeks).³⁸ *Infants born term (37 weeks or more) were 87 times more likely to survive than those born at 24 to 27 weeks in 2022.*



Sleep Related Deaths

FOUR OUT OF FIVE SLEEP RELATED DEATHS WERE PLACED IN AN UNSAFE SLEEP LOCATION.

There were 20 sleep related deaths in 2022, which is three more than 2021 (Table 4). Sixteen of the sleep related deaths were ruled as accidental suffocation (80%) that tied 2019 for the highest number in the last ten years. Conversely, SUID/undetermined deaths potentially due to hazards in the sleep environment was the second-lowest number over the same time period. A large majority of infants (74%) were placed on their back, as self-reported by their caregiver at the time of death. However, in some cases, autopsy findings and Child Fatality Review Board case reviews do not corroborate the self-reported sleep position. *Eighty percent of the babies were sleeping in an unsafe sleep location even though 77% of infants had a crib, bassinet or portable crib available.* Fifty-five percent of sleep related deaths involved surface sharing with a parent or another sibling. For the 14th consecutive year, all sleep related deaths involved some type of sleep hazard (such as soft bed surface, position baby was placed for sleep, or pillows, blankets, surface sharing, and other items where the baby slept).



Table 4: Number of Sleep Related Deaths by Type and Presence of Risk Factors

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Total
Type of Death											
SIDS	0	0	1	0	0	0	0	0	0	0	1
SUID/Undetermined	10	17	16	13	8	7	8	8	3	4	94
Accidental Suffocation	6	2	10	8	5	12	16	15	14	16	104
Total Number of Deaths	16	19	27	21	13	19	24	23	17	20	199
Risk Factors Present											
Surface sharing at time of death	11	10	17	13	13	11	16	13	11	11	126
Hazards in sleep area	16	19	27	21	13	19	24	23	17	20	199
Placed Sleep Position^{1,2}											
Back	10	8	13	12	8	15	16	15	13	14	124
Stomach	2	7	8	5	4	0	6	3	2	5	42
Side	4	3	5	3	0	3	2	1	1	0	22
Crib Availability³											
No	5	4	4	3	4	4	6	7	1	4	42
Yes	10	15	21	18	8	15	16	12	15	13	143
Unknown	1	0	2	0	1	0	2	4	1	3	14
Sleep Location⁴											
Crib/Bassinet/Portable Crib	2	4	7	5	0	4	3	5	3	4	37
Bed or Air Mattress	10	12	14	9	11	12	12	9	14	12	115
Couch	2	2	3	2	2	1	6	4	0	1	23
Other Location	2	1	3	5	0	2	3	4	0	3	23

¹ One case in 2014-2018 & 2021-2022 had an unknown sleep position & 2020 had 4 unknowns.

² Self reported during medical examiner's office death scene investigation.

³ Either a crib, bassinet or portable crib.

⁴ One case in 2020 with unknown sleep location.

Sleep Related Deaths

Table 5 shows that, over a ten-year period, 69% of all sleep related deaths occurred to a city of Cleveland resident (137), with 23% in first ring suburbs (46), and 8% in outer ring suburbs (16). Black non-Hispanic infants accounted for nearly 80% of sleep related deaths in the last ten years. There was an even split of male and female infants that died in the sleep environment in 2022. The highest percentage of mothers who experienced an infant sleep related death were between 20 to 29 years old.

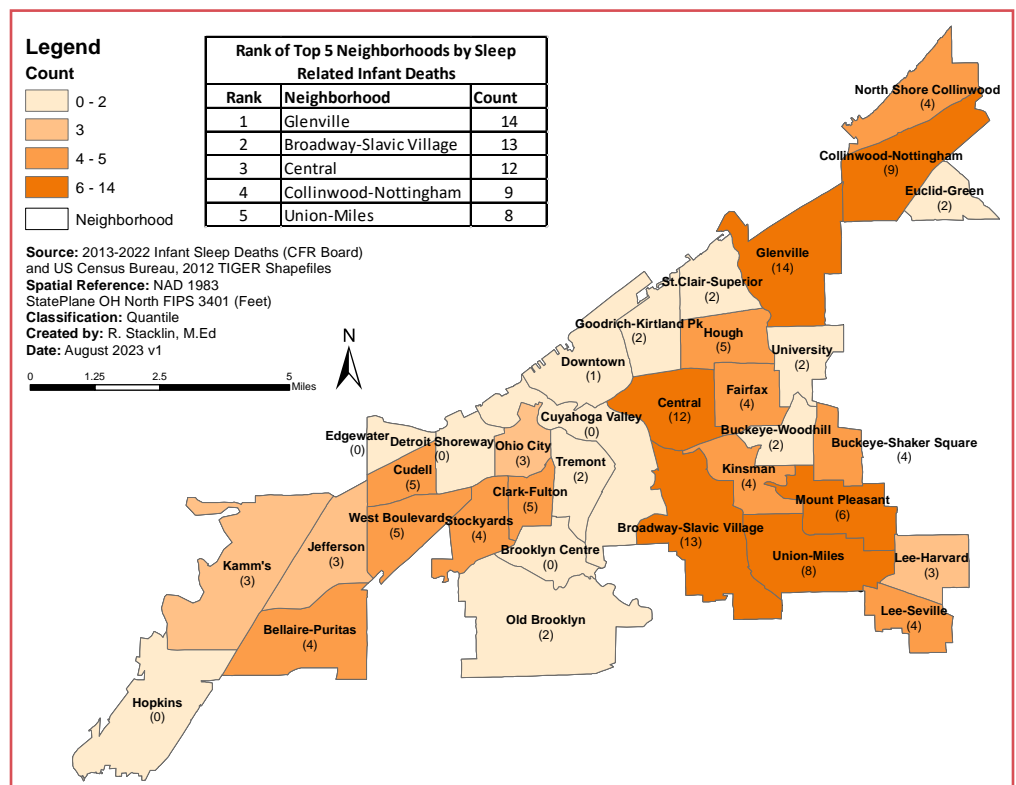
Table 5: Sleep Related Death Demographics

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Total
Neighborhood											
Cleveland	7	14	17	16	10	13	15	19	12	14	137
First Ring	8	4	7	4	2	5	6	3	4	3	46
Outer Ring	1	1	3	1	1	1	3	1	1	3	16
Infant's Sex											
Female	8	11	14	10	7	10	11	10	8	10	99
Male	8	8	13	11	6	9	13	13	9	10	100
Mom's Age											
< 20 Years	3	7	5	2	0	0	2	0	4	4	27
20 - 29 Years	11	10	15	17	11	16	17	14	6	11	128
30 - 39 Years	1	2	5	2	2	3	5	8	7	5	40
> 40 Years	1	0	2	0	0	0	0	1	0	0	4
Unknown	0	0	0	0	0	0	0	0	0	0	0
Infant's Race¹											
Black non-Hispanic	12	16	21	15	12	16	18	18	14	15	157
Hispanic	1	1	1	1	0	1	0	0	1	1	7
White non-Hispanic	3	2	5	4	1	2	5	5	2	3	32
Total Number of Deaths	16	19	27	21	13	19	24	23	17	20	199

¹ One case in 2016, 2019 & 2022 was of another race.

Map 4: 2013 to 2022 Sleep Related Infant Death by Cleveland Neighborhood (n=137)

Map 4 illustrates the distribution of sleep related deaths in Cleveland neighborhoods over the last ten years.³⁹ The top five neighborhoods are located on the east side of Cleveland and accounted for 41% of all Cleveland sleep related deaths. Overall, east side neighborhoods accounted for 73% of all sleep related deaths in Cleveland.



Sleep Related Deaths

Figure 9: 2013-2022 Sleep Related Deaths by Age of Infant (n=199)

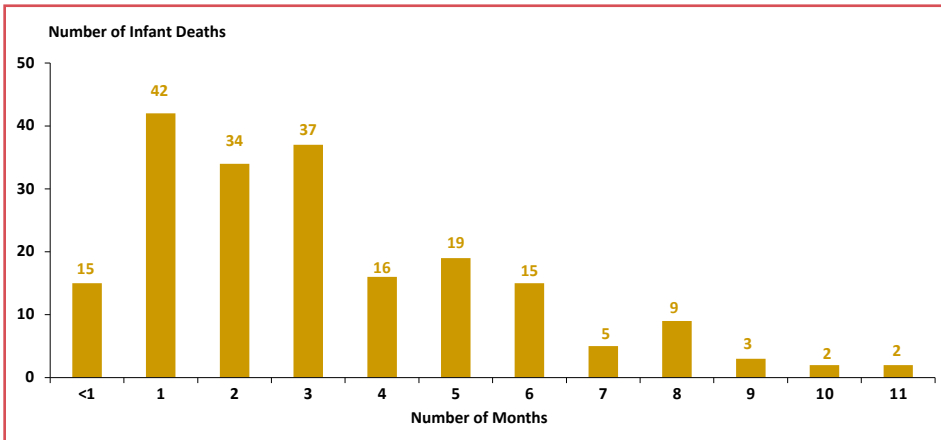


Figure 9 illustrates the age of infants when sleep related deaths occurred over a ten-year span. Eighty-nine percent of all sleep related deaths occurred when the infant was six months of age or younger. More than 55% of all sleep related deaths happened when the infant was one month to three months old, the peak for sleep related deaths. Twenty-one infant sleep related deaths occurred to older infants (7 to 11 months old) in the last ten years, which is why the safe sleep message should be followed until at least the infant has reached his or her first birthday.

Figure 10: 2013-2022 Sleep Related Deaths by Neighborhood/Risk Factor

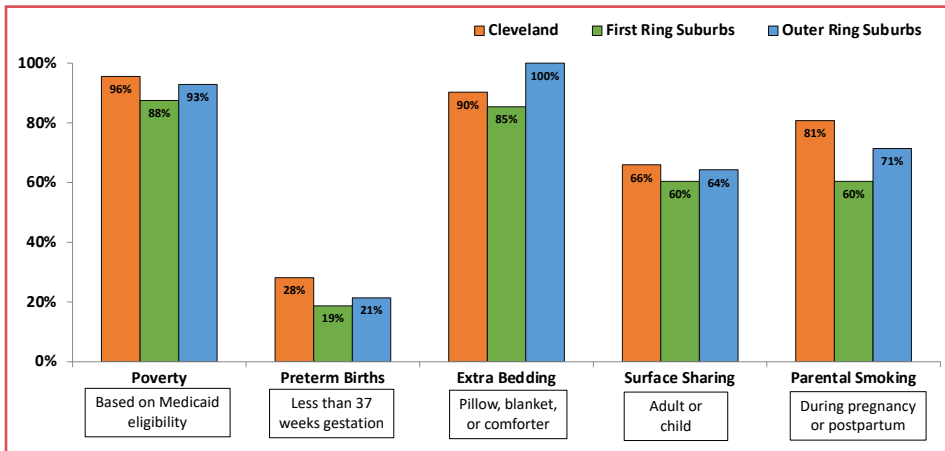


Figure 10 examines the economic, environmental and medical risk factors noted in sleep related deaths by geographic location. In the last ten years, more than 90% of the infants who died from sleep related causes were Medicaid eligible. One-in-four infants were born prematurely meaning that the large majority of these infants would be expected to reach their first birthday.

Environmental risk factors (extra bedding, parental tobacco use and surface sharing) were commonly found in these deaths. In the last ten years, extra bedding were found in 90% of all sleep related deaths, but the rate has decreased slightly to 87% of the deaths in the last five years. Over the last ten years, 75% of the deaths had environmental smoking as a risk factor. From 2013 to 2022, nearly 65% of infants shared their sleep surface with another child or adult. The data suggests that environmental and economic risk factors far outweigh the impact of medical risk factors for sleep related deaths in Cuyahoga County.

2022 FAST FACTS

- 75% of sleep related deaths were Black non-Hispanic infants.
- In 80% of sleep related deaths, infants were placed in an unsafe sleep location.



COMMUNITY ACTIONS:

The **Cuyahoga County Board of Health (CCBH)** is a **Cribs for Kids** partner, providing one-on-one education often in the parent's home, and a free, portable crib to families in need. CCBH served over 700 families in 2022.

- CCBH provides safe sleep education for childbirth educators, social workers, and nursing staff at maternity and pediatric hospitals. Education is also made available for family serving agencies and for staff and clients of home visiting programs.
- The Maternal Child Health (MCH) team at CCBH partners with the Neighborhood Leadership Institute (NLI) which hosts multiple events aimed at community engagement and promoting safe sleep awareness. Included in these events are community baby showers and safe sleep information tables that include a safe sleep environment display. Cribettes are also distributed to eligible families.
- CCBH offers safe sleep cards with the message, "I sleep Alone, on my Back, in an empty Crib, and Don't smoke around me". This also includes local data about sleep related deaths and a picture of a safe sleep environment. These cards continue to be distributed throughout Cuyahoga County to hospitals, home visiting programs, community centers, neighborhood clinics, churches, and family serving agencies.
- In partnership with Regional Transit Authority (RTA), CCBH launched a safe sleep campaign on all busses that travel through zip codes with the highest incidence of sleep related deaths. The campaign includes interior and exterior safe sleep ads. These ads include a QR codes that link community members to safesleep.ohio.gov, which provides safe sleep information, education and a direct link to Cribs for Kids.

The staff of the **University Hospitals Rainbow Injury Prevention Center** visits all mothers on the postpartum floors in MacDonald Women's Hospital to deliver safe sleep education. They also coordinated the display of safe sleep posters in postpartum rooms and elevators.

The social work department at **MetroHealth Medical Center** has partnered with CCBH to provide safe sleep education and cribettes to inpatient families in need prior to discharge.

Cleveland Clinic Hillcrest and Fairview Hospitals have initiated quality indicators for safe sleep in the neonatal intensive care units that include role modeling and parent education. They also display safe sleep posters in the hospital including above every diaper changing station. Cleveland Clinic also hosts a variety of baby shower events which includes safe sleep messaging.

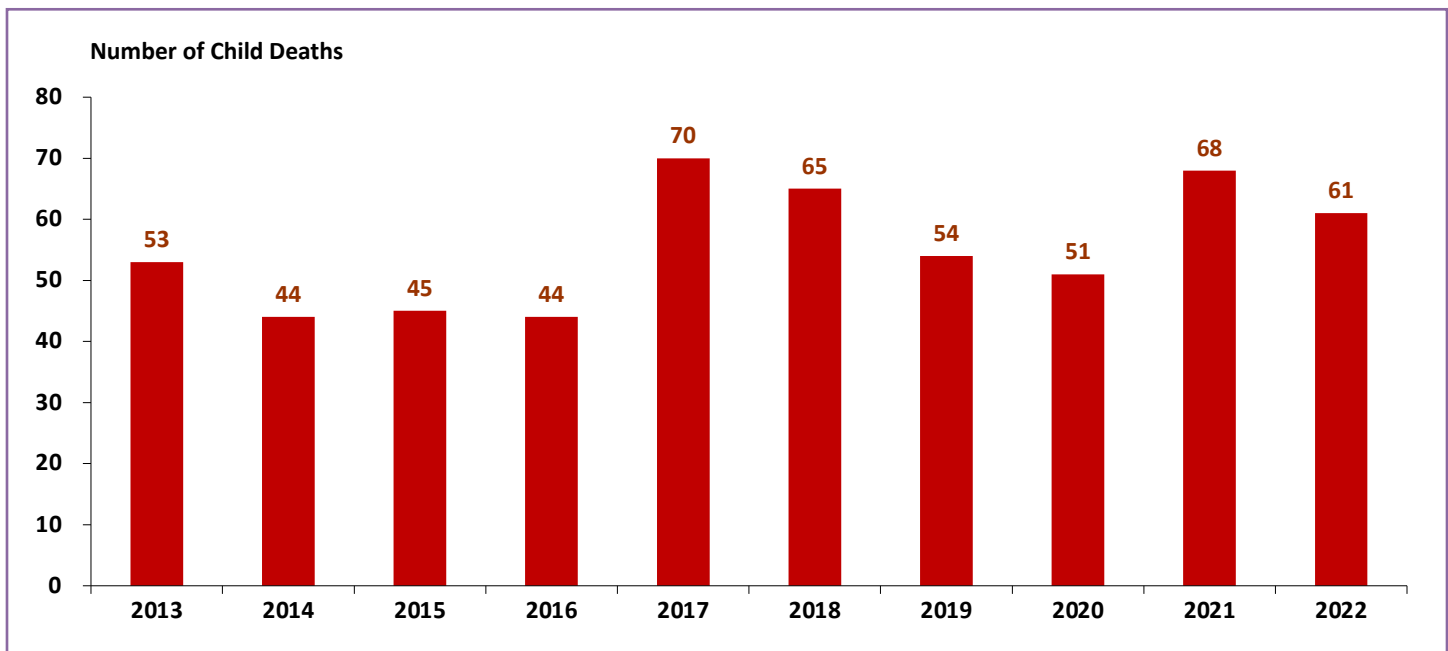
First Year Cleveland (FYC) is a public private partnership that is dedicated to helping all babies celebrate their first birthdays. They serve the community in partnership as a "Connector" by providing direct funding, support, and training to local organizations and care providers for their community's needs. As a "Protector" by centering their work to honor and uplift the voices and lived experiences of Black families, building on the strengths and assets of Black communities to create conditions for families to thrive. As a "Activator" by acknowledging racism as the root cause for infant death and poor health outcomes among Black families. FYC works in partnership with communities to identify and advocate for policy and system changes centered in racial and social justice to ensure equity and accountability to support infant vitality.

Child Deaths (1 to 17 Years of Age)

THE CUYAHOGA COUNTY CHILD DEATH RATE WAS LOWER THAN THE PROVISIONAL STATE RATE IN 2022.

Sixty-one children aged 1 to 17 died in 2022, which was seven fewer deaths than 2021 (**Figure 11**). The 2022 county child death rate (1 to 17 years) of 24.3 per 100,000⁴⁰ was lower than the provisional state of Ohio rate (25.5)⁴¹ but higher than the provisional United States rate (23.3).⁴²

Figure 11: Total Child Deaths per Year (ages 1-17)



In 2022, 36 injury related deaths accounted for nearly 60% of all fatalities among 1- to 17-year-olds (Table 10). The 2022 Cuyahoga County injury death rate of 14.4 per 100,000 children 1- to 17 years⁴³ was slightly higher than the state of Ohio (13.6) and the United States (12.8) rates.⁴⁴⁻⁴⁵ Injury related deaths were attributed to: gunshot wound (19), motor vehicle accident (MVA) (4), assault (3), fire (3), poisoning (3), hanging (2), drowning (1), and undetermined (1) (Table 2). The number of children who died because of assault, gunshot wound and poisoning increased, while deaths due to drowning, fire, hanging, MVA, and other unintentional injury decreased in 2022.

The number of medical related deaths (25) was tied for the third-highest in the last ten years (Table 10). The causes of death included other medical causes (15), birth defects (5) cancer (4), and prematurity (1) (Table 2). Birth defects and cancer deaths decreased, prematurity deaths increased and other medical causes was equal to 2021.

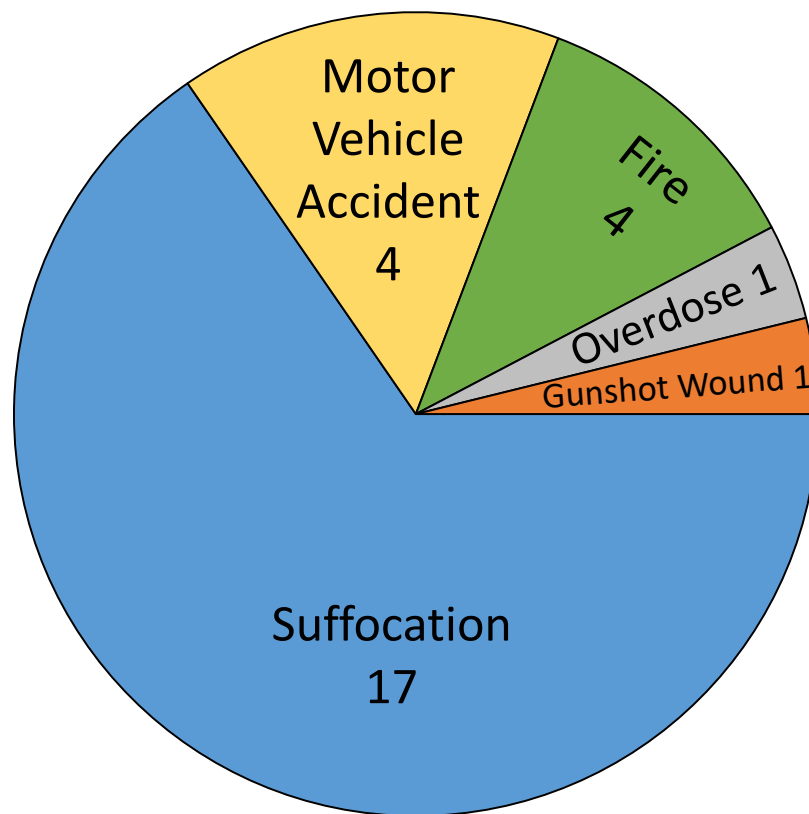


Unintentional Injury Deaths

LOWEST NUMBER OF UNINTENTIONAL INJURY DEATHS IN THE LAST FIVE YEARS.

In 2022, 27 children died due to unintentional injuries, which was slightly higher than the ten-year average (23) but the lowest in the last five years. The decrease was largely due to a significant decrease in drowning deaths. Of the 27 children, 22 were Black non-Hispanic (81%), 15 were male (55%) and 14 were city of Cleveland residents (54%). The causes for the 27 unintentional injury deaths are illustrated in Figure 12. All but one of the suffocation deaths were related to unsafe infant sleep. The 2022 rate for unintentional deaths was 9.9 per 100,000.⁴⁶ This rate was nearly equal to the provisional state of Ohio (9.5), but higher than the United States rate (8.5).⁴⁷⁻⁴⁸

Figure 12: Unintentional Injury Deaths in Cuyahoga County in 2022 (n=27)

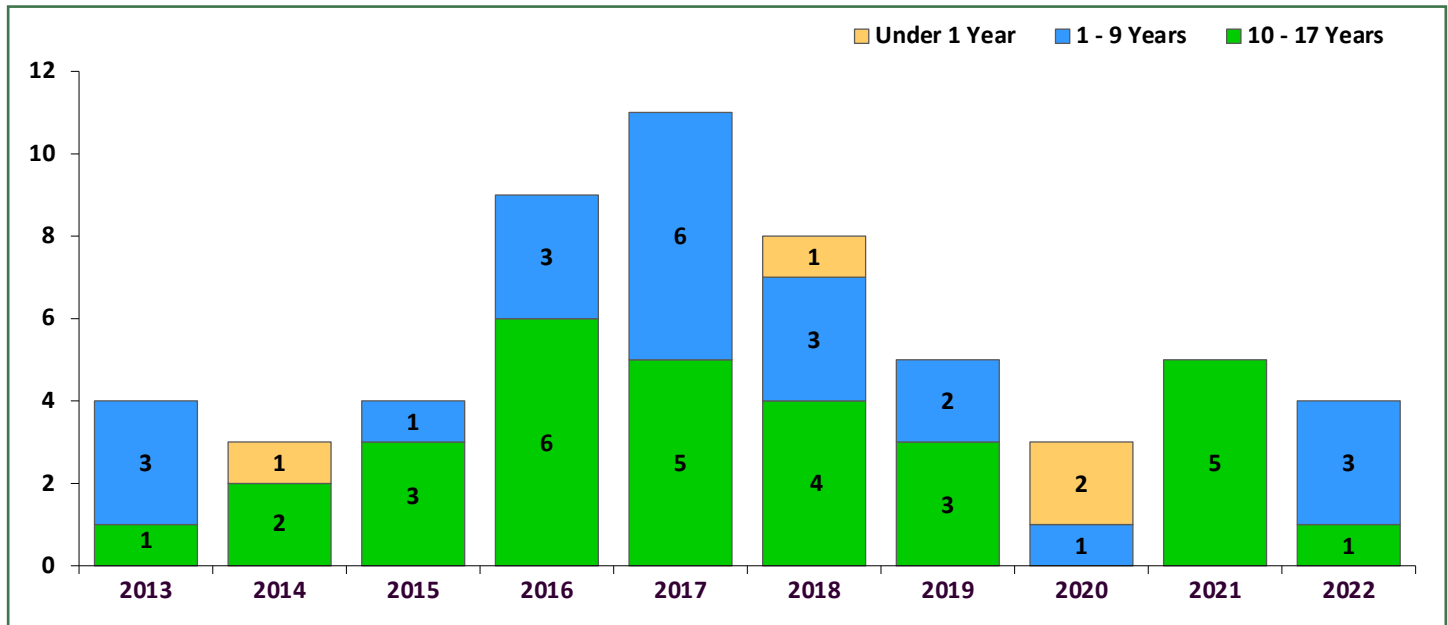


Case reviews revealed risk factors identified in at least 50% of these deaths include poverty (22), parental suspected history of abuse/neglect as a child (16), child suspected history of abuse/neglect or domestic violence in the home (13), and parental history of abuse/neglect as a child (13).

Unintentional Injury Deaths

Figure 13 gives a historical perspective of the age distribution for traffic related fatalities. Four MVA deaths tied with 2013 and 2015 for the third-lowest number in the last ten years. There were no deaths in the 10- to 17- year age group for only the second time in 10 years.

Figure 13: Total Motor Vehicle Deaths by Age Group per Year



Of the four motor vehicle deaths, two were pedestrians that ran into the street and one was a bicyclist who was hit while riding on the road. All three drivers hit the child and left the scene without stopping. One MVA death was ruled as a homicide as the passenger was in a car that was fleeing the police.

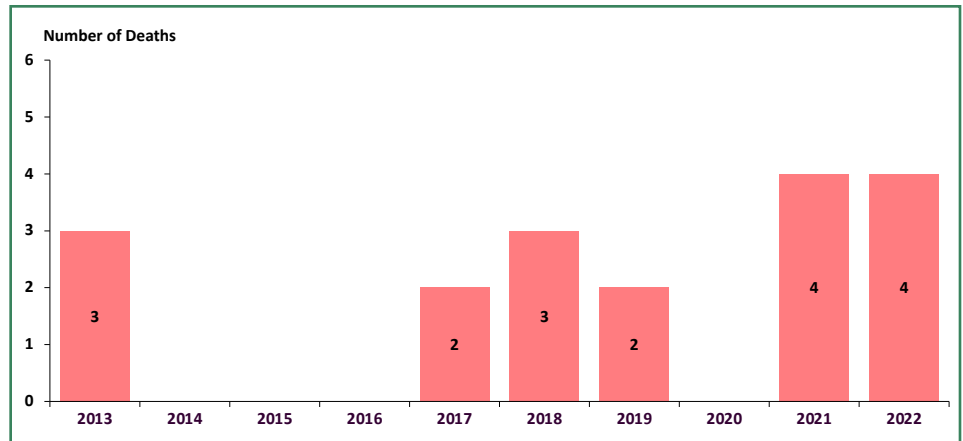
Cuyahoga County's rate for children (1.6 per 100,000)⁴⁹ in the 1- to 17- age category was at least 50% lower than the provisional state of Ohio (3.3) and the national rate (3.2).⁵⁰ MVA related deaths in the US accounted for 46% of all unintentional injury deaths for children, while in the state of Ohio they accounted for 50%.⁵¹



Unintentional Injury Deaths

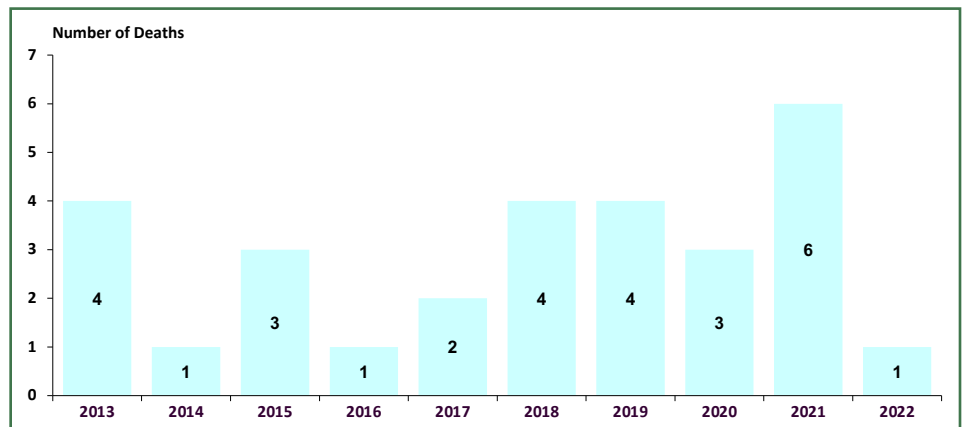
Four accidental fire deaths occurred in 2022, which tied with 2021 for the highest total in the last ten years (Figure 14). From 2013 to 2017, there were five fire deaths, but between 2018 to 2022, there have been 13 fire deaths. The children that died in fire deaths were between 1 month and 16 years of age. All four children were Black non-Hispanic and two were female. The following risk factors were noted in at least 75% of the 2022 fire deaths and include lack of a working smoke detector, maternal criminal history, parental history of suspected child abuse or neglect as a child, and poverty. The Cuyahoga County fire death rate for children 1- to 17- years (1.2 per 100,000)⁵² was more than twice as high as the provisional rates for the state of Ohio (0.6) and the US (0.4).⁵³

Figure 14: Total Fire Deaths per Year



One drowning death in 2022 tied with 2014 and 2016 for the lowest in the last ten years (Figure 15). From 2013 to 2017, there were 11 drowning deaths, but 18 such deaths occurred in the last five years. The lone drowning was an intentional death caused by the child's parent. The Cuyahoga County 1-to-17 year olds drowning death rate (2.5 per 100,000)⁵⁴ was significantly lower than the provisional state of Ohio (1.1) and US rate (1.2).⁵⁵

Figure 15: Total Drowning Deaths per Year



COMMUNITY ACTIONS:

University Hospitals Rainbow Babies & Children's conducts outreach aimed at making teen drivers safe by educating them on the dangers of distracted and impaired driving and the importance of seat belt use.

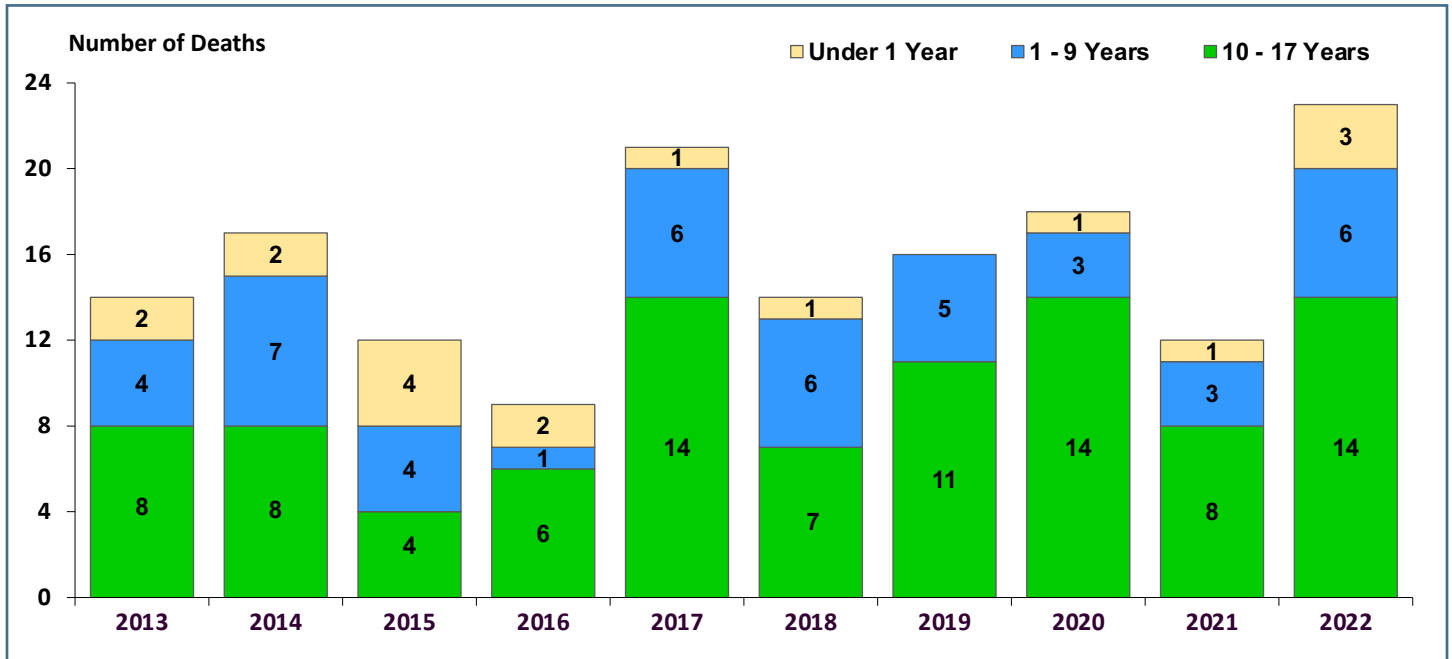
- Annual Click It For a Ticket program where high school students who are caught buckling up are rewarded with treats and a chance to win a gift card for \$149-representing the cost of fees and fines associated with a ticket for not wearing a seat belt
- Annual Teen Driving ROADeo where parents and teen drivers work their way through stations with education on how to change a tire, how to drive near semi-trucks, impaired driving, how to interact with law enforcement on a traffic stop, and distracted driving
- Hosting contests to engage teens in developing traffic safety messages that resonate with other teens including; creation of billboard artwork, social media memes, and movie theater ads.

Intentional Injury Deaths

THE HIGHEST NUMBER OF HOMICIDES IN THE LAST 10 YEARS.

Intentional injury deaths include homicide and suicide. Twenty-three homicides in 2022 was the highest total in the last 10 years. **Figure 16** illustrates that 3 infants, 6 children ages 1 to 9 years, and 14 children ages 10 to 17 years, died due to homicide. For children aged 10 to 17 years, it tied 2014 for the highest number in the last 10 years.

Figure 16: Total Child Homicide Deaths by Age Group per Year



For the 1-to-17-year-olds, homicide was the leading cause of death in 2022 in Cuyahoga County. The county child homicide rate (8.0 per 100,000)⁵⁶ was more than twice as high as than the provisional state of Ohio (3.6) and the US rate (3.1).⁵⁷

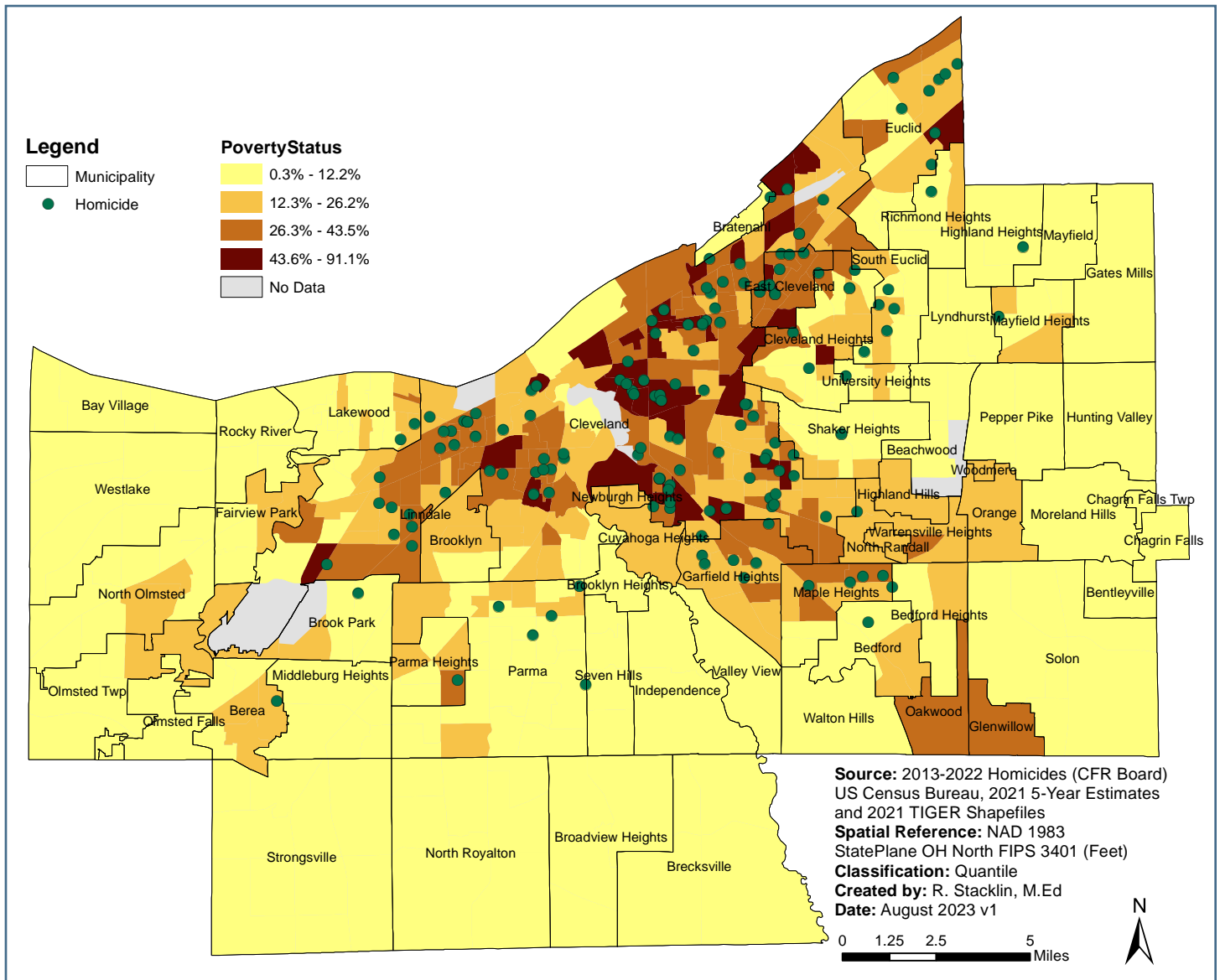
Of the 23 homicide victims this year, 20 were Black non-Hispanic children, 15 were boys, 13 lived in the city of Cleveland, and 9 lived in the first ring suburbs. The number of homicides in first ring suburbs was the highest in the last 10 years. The ages of the children were <1 year (3), 1 year (2), 2 years (1), 4 years (1), 5 years (1), 8 years (1), 10 years (2), 14 years (3), 15 years (1), 16 years (4) and 17 years (3). All 14 homicides to children between 10 and 17 years of age were gun related.

Case reviews revealed risk factors associated in more than half the homicides include history of child abuse (18), poverty (17), negative influence of family and/or friends (17), child suspected history of abuse/neglect or domestic violence in the home (16), and gun access (16).



Intentional Injury Deaths

Map 5: 2012 to 2021 Child Homicides (n=147) and Poverty Rates in Cuyahoga County, OH



Map 5 displays the association between poverty and child homicides in the last ten years. From 2013 to 2022, there have been 156 homicides. Over 60% of the children resided in the city of Cleveland where poverty is most concentrated in Cuyahoga County. In fact, more than 80% of city of Cleveland homicide victims lived in poverty, while less than half of outer ring suburb homicide victims had the same risk factor noted. This map can assist in targeted prevention efforts to reduce child homicides.

Intentional Injury Deaths

Figure 17: Total Firearm Deaths by Manner per Year

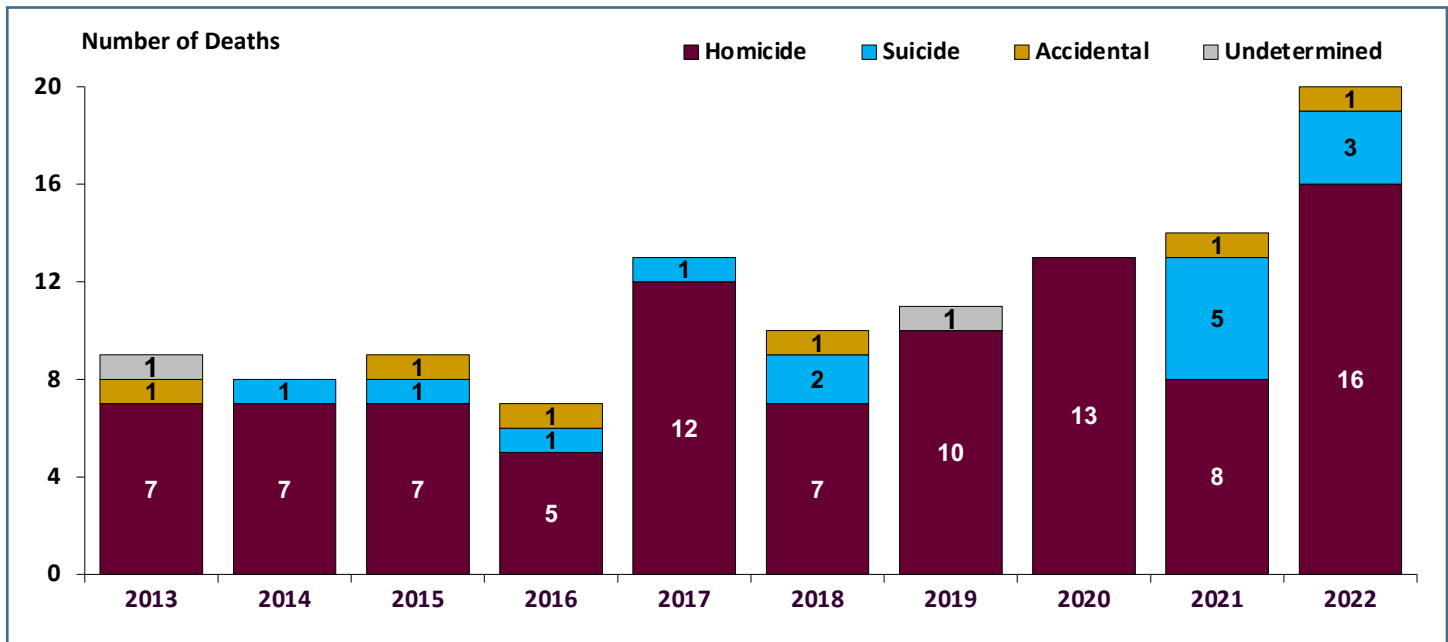


Figure 17 portrays the number of firearm deaths by manner (homicide, suicide, accidental, and undetermined) over a ten-year span. In 2022, there were 20 firearm deaths, which was the highest number in the last 10 years. Sixteen gun deaths were homicide, three were suicide and one was ruled an accident. The homicide gun deaths were the highest in the last 10 years, and three suicide gun deaths were the second-highest in the last ten years. Sixteen were Black non-Hispanic, 15 were male, 11 were city of Cleveland residents, and 9 lived in a first ring suburb. Both boys and girls had ten year highs in homicide gun deaths. The 1- to 17- years child firearm death rate in Cuyahoga County (8.0 per 100,000)⁵⁸ was significantly higher than the state of Ohio (4.1) and the United States rate (3.6).⁵⁹

COMMUNITY ACTIONS:

University Hospitals Rainbow Babies and Children’s has a grant supported through the Rainbow Foundation to support a project to freely distribute 1000 gun trigger locks to families seen at the Rainbow Pediatric Emergency Department. Information and signage were placed throughout the department and a free gun trigger lock, and well as an informational handout were provided to interested persons. An **orange demo handgun was made available in the department as a teaching and practice tool.**

Cleveland Division of Police provides gun safety education at elementary schools and daycares using the Eddie Eagle Gun Safe Program. They also distribute gun trigger locks at community events

The Cuyahoga County Camp HOPE America program, managed by the **Witness Victim Service Center**, continues to provide a trauma-informed camping experience for children residing in Cuyahoga County that have been

impacted by violence and trauma. The camp aims to build resilience and help children exposed to trauma find pathways to hope and healing.

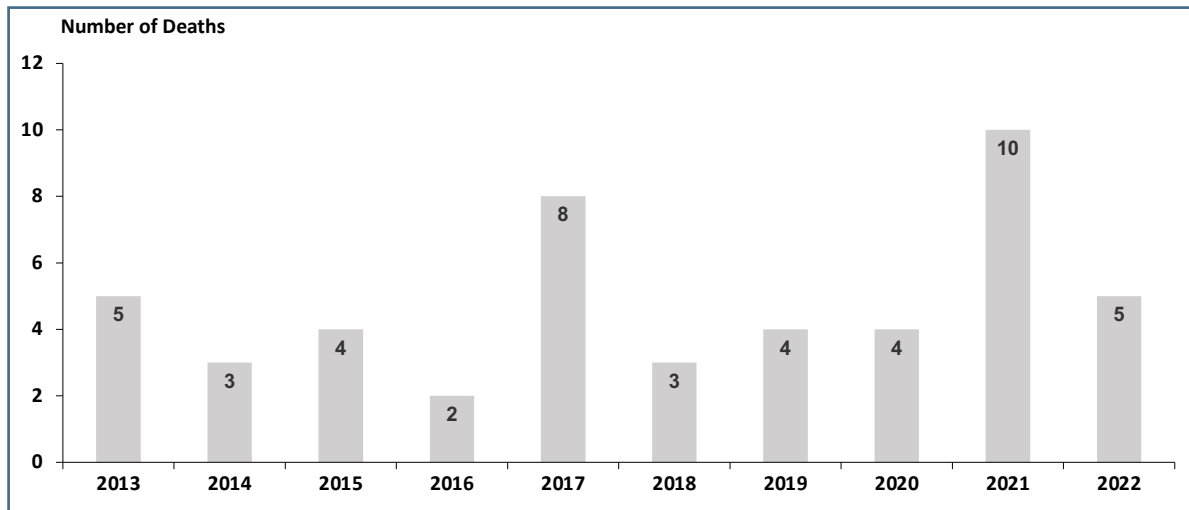
- In 2022, 26 campers participated in an enriching overnight residential camp, contributing to their journey of recovery and growth

The Cuyahoga County’s Defending Childhood program, managed by the **Witness Victim Service Center**, offers trauma-informed therapeutic treatment to children of families impacted by trauma resulting from exposure to violence through the Defending Childhood program. The program is comprehensive for children between 0 to 17 years of age that aims to prevent and reduce the impact of violence in their homes, school and communities.

- In 2022, the program received a total of 238 referrals for specialized therapeutic services

Intentional Injury Deaths

Figure 18: Total Child Suicide Deaths per Year



There were five suicides in 2022, which tied with 2013 for the third-highest in the last ten years (**Figure 18**). Ages ranged from 11 to 17 years old. Four were males and three were Hispanic children. This year saw the highest number of Hispanic children die by suicide in the last 10 years. Two deaths were residents of the outer ring suburbs and two lived in the first ring suburbs. Three children used a gun and two died by hanging.

According to provisional CDC data, suicide was the second-leading cause of death among 10- to 17-year-olds in the state of Ohio and the third-leading cause in the United States.⁶⁰ The Cuyahoga county rate (4.1 per 100,000)⁶¹ was lower than the provisional state of Ohio (5.9) and the US rate (4.7).⁶² According to the Cuyahoga County Youth Risk Behavior Survey in 2022, middle school students reported that 12.1% had seriously considered attempting suicide and 7.4% had attempted suicide* within the last year.⁶³

*self-reported by the teens based on their perceptions, not a universally applied definition of what constitutes a suicide attempt.

COMMUNITY ACTIONS:

The **Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) Board** of Cuyahoga County collaborates with and has many programs and outreach efforts to address child mental health and suicide prevention.

- The Cuyahoga County Suicide Prevention Coalition is composed of organizations, community members and survivors dedicated to instilling hope, raising awareness, providing education and promoting resources in an effort to reduce the incidence of suicide and suicidal behavior in Cuyahoga County. The Coalition membership spans a broad range of community partners including mental health and addiction treatment and recovery agencies, social service, family advocates as well as representatives from the education, healthcare and the faith-based community
- Mobile Response & Stabilization Services (MRSS)

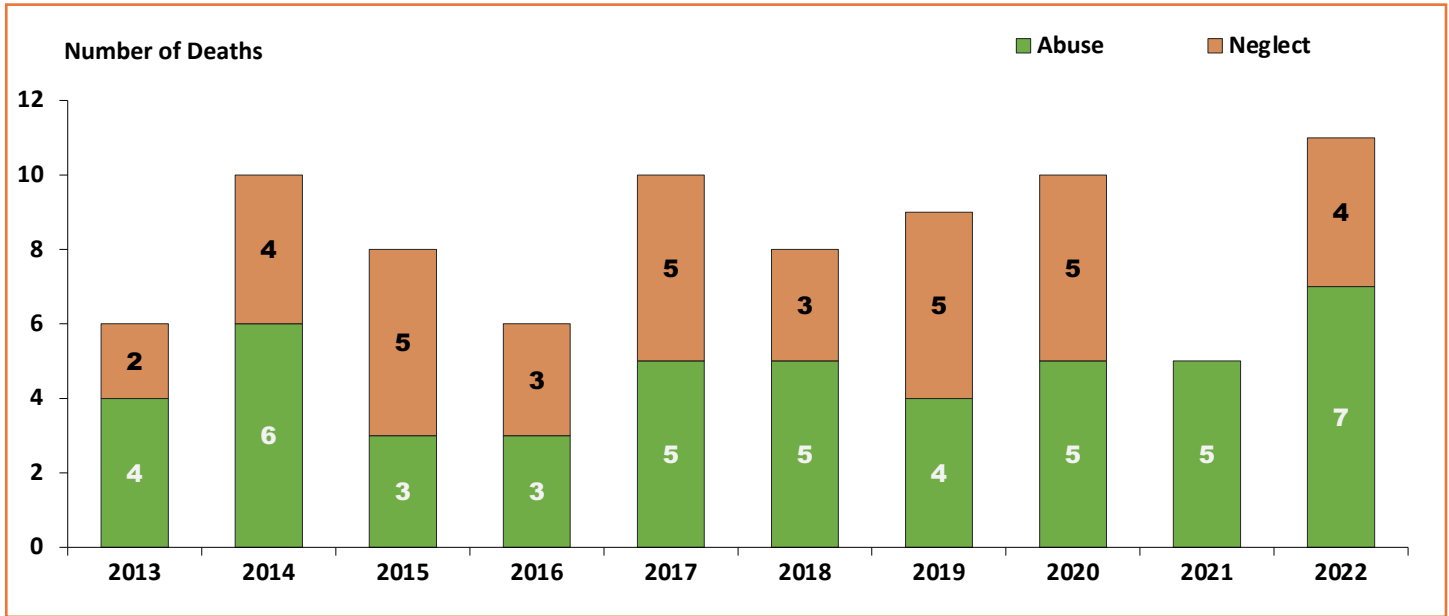
a comprehensive program that provides crisis de-escalation, stabilization and linkage services available to youth ages 0 to 20 and their families. MRSS staff meet with youth and families in person wherever they are to provide intensive services to address emotional and/or behavioral issues that require intervention

- Life Side Ohio Advocacy Team and Campaign Partner. Life Side Ohio is a suicide prevention campaign for firearms communities focused on public safety. The campaign shares messages of safety in the home and suicide prevention

The **UH Rainbow** child and adolescent division has been a longstanding referral source for high school and middle school students identified in LifeAct's depression awareness programs as warranting a mental health evaluation. LifeAct's mission is to provide purposeful mental health education guided by the goal of preventing suicide.

Child Abuse and Neglect

Figure 19: Child Deaths due to Abuse and Neglect



In 2022, there were 11 abuse or neglect related child deaths, which was the highest number in the last 10 years (Figure 19). The national rate for child fatalities due to abuse or neglect was 2.46 per 100,000 children (federal fiscal year 2021 [October 2020 – September 2021]).⁶⁴ The 2022 county child abuse or neglect fatality rate of 4.17 per 100,000 children⁶⁵ was significantly higher than the national rate.

Of the 11 child abuse victims, 10 were Black non-Hispanic, 7 were males, 6 were residents in a first ring suburb, and 5 were gun related. The ages ranged from 3 months to 17 years old, with six of the deaths occurring to children 4 years of age or younger. All abuse and neglect cases were ruled as homicides. The top five risk factors were poverty (8), parental use of illicit drugs (5), history of abuse and neglect to a victim’s parent as a child (4), suspected history of abuse and neglect to a victim’s parent as a child (4), and maternal history of mental health illness (3).



Table 6: Demographic Profiles and Cause Specific Rates

	2021 Census Data ¹									
	Population Under 18 Years	Percent of Population Under 18								
Cuyahoga County (Total)	263,532	21								
Cuyahoga County (Black)	91,276	25								
Cuyahoga County (White)	130,666	17								
City of Cleveland	81,632	22								
Annual Birth Data ²	2013	2014	2015	2016	2017	2018	2019	2020 ³	2021	2022
Cuyahoga County	14,920	15,079	14,843	14,747	14,558	13,871	13,937	13,204	13,143	12,701
% Black non-Hispanic	38.8	37.8	38.0	38.1	38.8	37.7	38.2	37.9%	38.1%	36.3%
% Hispanic	6.3	6.5	6.6	6.9	7.3	7.4	7.2	7.7%	7.7%	7.8%
% White non-Hispanic	49.9	50.3	50.2	49.6	48.7	49.9	49.4	49.4%	49.6%	51.1%
Annual Death Data	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Annual Child Deaths	186	165	200	172	188	185	174	152	165	152
Annual Infant Deaths	133	121	155	128	118	120	120	101	97	91
% Infants to Total Deaths	71.5	73.3	77.5	74.4	62.8	64.9	69.0	66.4	58.8	59.9
Child Mortality / 100,000 Children	64.1	56.8	68.9	62.5	69.2	69.1	67.5	58.2	64.0	57.7
Annual Total Medical Death Rate	47.5	40.7	50.3	45.4	44.9	47.1	44.6	35.2	40.7	33.8
Cancer	1.4	1.7	1.7	1.1	0.7	3.0	0.8	1.9	1.9	1.5
Annual Total Injury Death Rate	16.5	16.2	18.6	17.1	24.3	21.7	22.5	23.0	23.3	23.9
Gunshot Wound	3.1	2.8	3.1	2.5	4.8	3.7	4.3	5.0	5.4	7.6
Motor Vehicle Accident	1.4	1.0	1.4	3.3	4.1	3.0	1.9	1.1	1.9	1.5
Fire	1.0	0.0	0.0	0.0	0.7	1.1	0.8	0.0	1.6	1.5
Drowning	1.4	0.3	1.0	0.4	0.7	1.5	1.6	1.1	2.3	0.4
Poisoning	0.3	0.7	0.0	0.4	2.2	0.7	1.2	0.8	1.2	1.1
Infant Mortality / 1,000 Births	8.9	8.0	10.4	8.7	8.1	8.7	8.6	7.6	7.4	7.2
Neonatal Mortality / 1,000 Births	6.7	6.2	7.3	6.1	6.0	5.9	5.7	4.7	5.0	4.3
Postneonatal Mortality / 1,000 Births	2.2	1.8	3.2	2.6	2.1	2.8	2.9	2.9	2.4	2.8
Prematurity	5.5	5.1	5.9	4.7	5.6	4.4	5.0	3.6	3.9	4.2
SIDS Only	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SIDS and Sleep Related	1.1	1.3	1.8	1.4	0.9	1.4	1.7	1.7	1.3	1.6

¹ 2016-2022 rates use American Community Survey estimates, 2011-15 rates use 2010 decennial census count.

² Ohio Department of Health, Ohio Public Health Information Warehouse. Available at <https://odhgateway.odh.ohio.gov/EDWS/DataCatalog> (accessed Aug 7, 2023).

³ 2020 birth count includes 2 births that the state file geocoded to another county.

Table 7: Cause of Death by Age Group and Year

	2013	2014	2015	2016	2017	2018 ²	2019 ²	2020	2021	2022	Total per Cause
Prematurity											682
Under 1 Year	82	77	87	69	81	61	70	48	51	52	
1 - 9 Years	1	0	0	0	0	1	0	1	0	1	
10 - 17 Years	0	0	0	0	0	0	0	0	0	0	
Birth Defect											229
Under 1 Year	23	13	21	22	12	23	15	12	17	7	
1 - 9 Years	9	2	4	4	4	3	3	2	5	2	
10 - 17 Years	3	3	1	4	5	3	0	2	2	3	
SIDS and Sleep Related Deaths											199
Under 1 Year	16	19	27	21	13	19	24	23	17	20	
Cancer and Other Medical Conditions											266
Under 1 Year	10	9	15	13	6	11	10	16	10	5	
1 - 9 Years	7	5	11	5	9	14	10	4	15	9	
10 - 17 Years	4	10	6	8	5	10	7	7	5	10	
Gunshot Wound											114
Under 1 Year	0	0	1	0	0	0	0	0	0	1	
1 - 9 Years	1	2	3	1	0	2	2	0	2	2	
10 - 17 Years	8	6	5	6	13	8	9	13	12	17	
Motor Vehicle Accident											56
Under 1 Year	0	1	0	0	0	1	0	2	0	0	
1 - 9 Years	3	0	1	3	6	3	2	1	0	3	
10 - 17 Years	1	2	3	6	5	4	3	0	5	1	

¹ Includes falls, violence of undetermined origin, and other accidents.

² There is a 2018 and 2019 case where the cause of death is unknown due to lack of information because death occurred outside state of Ohio.



Table 7: Cause of Death by Age Group and Year Continued

	2013	2014	2015	2016	2017	2018 ²	2019 ²	2020	2021	2022	Total per Cause
Assault											41
Under 1 Year	1	1	2	2	0	0	0	0	1	2	
1 - 9 Years	2	4	1	1	5	3	0	3	2	3	
10 - 17 Years	0	2	0	1	2	0	1	2	0	0	
Hanging											31
1 - 9 Years	0	0	0	0	0	0	0	0	1	0	
10 - 17 Years	5	2	3	2	5	2	3	3	3	2	
Drowning											29
Under 1 Year	0	0	0	0	1	0	0	0	0	0	
1 - 9 Years	3	0	2	0	0	0	2	2	2	1	
10 - 17 Years	1	1	1	1	1	4	2	1	4	0	
Poisoning											23
Under 1 Year	1	0	0	0	1	0	0	0	0	0	
1 - 9 Years	0	2	0	1	2	2	1	1	0	2	
10 - 17 Years	0	0	0	0	3	0	2	1	3	1	
Fire											18
Under 1 Year	0	0	0	0	0	0	0	0	0	1	
1 - 9 Years	3	0	0	0	2	3	2	0	4	2	
10 - 17 Years	0	0	0	0	0	0	0	0	0	1	
Other Accidents¹											29
Under 1 Year	0	0	2	0	1	2	0	0	1	1	
1 - 9 Years	2	3	2	0	2	1	2	3	3	0	
10 - 17 Years	0	0	1	1	0	0	0	2	0	0	
Undetermined											20
Under 1 Year	0	1	0	1	3	2	1	0	0	2	
1 - 9 Years	0	0	1	0	1	1	2	3	0	1	
10 - 17 Years	0	0	0	0	0	1	0	0	0	0	
Total per Year	186	165	200	172	188	184	173	152	165	152	1,737

¹ Includes falls, violence of undetermined origin, and other accidents.

² There is a 2018 and 2019 case where the cause of death is unknown due to lack of information because death occurred outside state of Ohio.

Table 8: Annual Number of Infant Deaths by Ethnicity or Race

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Total
Black non-Hispanic	84	82	104	82	88	78	82	71	56	57	784
Hispanic	11	4	9	7	9	11	3	6	7	5	72
White non-Hispanic	36	34	41	35	20	31	33	23	33	26	312
Subtotal	131	120	154	124	117	120	118	100	96	88	1,168
All Other Races	2	0	1	3	1	0	2	1	1	3	14
Missing Race Info	0	1	0	1	0	0	0	0	0	0	2
Total	133	121	155	128	118	120	120	101	97	91	1,184
Rates of Death											
Black non-Hispanic Infant Mortality / 1,000 Births ¹	14.5	14.4	18.5	14.6	15.6	14.9	15.4	14.2	12.1	12.9	14.8
Hispanic Infant Mortality / 1,000 Births ²	11.7	4.1	9.2	6.9	8.5	10.7	3.0	5.9	7.1	4.8	7.2
White non-Hispanic Infant Mortality / 1,000 Births ³	4.8	4.5	5.5	4.8	2.8	4.5	4.8	3.5	5.1	4.2	4.5
Ratio of Black to White IMR	3.0	3.2	3.4	3.1	5.5	3.3	3.2	4.0	2.4	3.1	3.3

¹ Total Infant Black non-Hispanic deaths/total Black non-Hispanic live births x 1,000 (annual birth data in Table 6)

² Total Hispanic deaths/total Hispanic live births x 1,000 (annual birth data in Table 6)

³ Total Infant White non-Hispanic deaths/total White non-Hispanic live births x 1,000 (annual birth data in Table 6)

Table 9: Annual Number of Child Deaths by Race and Age Group

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Total
Race and Age Group											
Black											
Under 1 Year	86	83	107	83	89	80	82	74	57	57	798
1 - 9 Years	25	10	15	9	17	21	17	13	22	16	165
10 - 17 Years	13	16	10	16	23	19	16	17	24	27	181
Total	124	109	132	108	129	120	115	104	103	100	1,144
White											
Under 1 Year	45	37	47	40	28	40	36	24	38	31	366
1 - 9 Years	6	8	9	6	13	12	9	7	11	6	87
10 - 17 Years	9	9	9	12	16	12	12	13	9	8	109
Total	60	54	65	58	57	64	57	44	58	45	562
Other											
Under 1 Year	2	0	1	4	1	0	2	2	2	3	17
1 - 9 Years	0	0	1	0	1	0	0	0	0	3	5
10 - 17 Years	0	1	1	1	0	1	0	1	1	0	6
Total	2	1	3	5	2	1	2	3	3	6	28
Missing Race Info	0	1	0	1	0	0	0	1	1	1	5
Rates of Death											
Black Crude Death Rate ¹	116.4	102.4	124.0	109.5	132.1	125.2	131.2	113.1	114.0	109.6	117.7
White Crude Death Rate ²	38.8	34.9	42.0	39.0	39.6	45.4	42.0	32.4	44.5	34.4	39.3
Ratio of Black to White	3.0	2.9	2.9	2.8	3.3	2.8	3.1	3.5	2.6	3.2	3.0
Black Death Rate (excl Infants) ³	37.8	25.8	24.8	26.9	43.5	44.5	40.1	34.5	53.7	49.6	38.1
White Death Rate (excl Infants) ⁴	10.2	11.6	12.2	12.8	21.3	17.9	16.4	15.5	16.2	11.3	14.5
Ratio of Black to White (excl Infants)	3.7	2.2	2.0	2.1	2.0	2.5	2.4	2.2	3.3	4.4	2.7

¹ Total Black deaths/91,276 x 100,000 (2021 census data)

² Total White deaths/130,666 x 100,000 (2021 census data)

³ Total Black deaths (exclude Infants)/91,276 minus Black live births x 100,000 (2021 census data)

⁴ Total White deaths (exclude Infants)/130,666 minus White live births x 100,000 (2021 census data)

Table 10: Cause of Death by Age Group and Year

	2013	2014	2015	2016	2017	2018 ¹	2019 ¹	2020	2021	2022	Total
Total Injury Related Deaths											
Under 1 Year	18	23	31	24	18	24	25	25	19	27	234
1 - 9 Years	14	11	10	6	19	15	11	13	14	14	127
10 - 17 Years	16	13	13	17	29	19	22	22	27	22	200
Total	48	47	54	47	66	58	58	60	60	63	561
Total Deaths from Medical Causes											
Under 1 Year	115	98	124	104	100	95	95	76	78	64	949
1 - 9 Years	17	7	15	9	12	18	15	7	20	12	132
10 - 17 Years	6	13	7	12	10	13	5	9	7	13	95
Total	138	118	146	125	122	126	115	92	105	89	1,176
TOTAL ALL CAUSES	186	165	200	172	188	184	173	152	165	152	1,737

NOTE: Injury related deaths include sleep related accidental suffocation and "undetermined" deaths of infants, but not SIDS deaths.

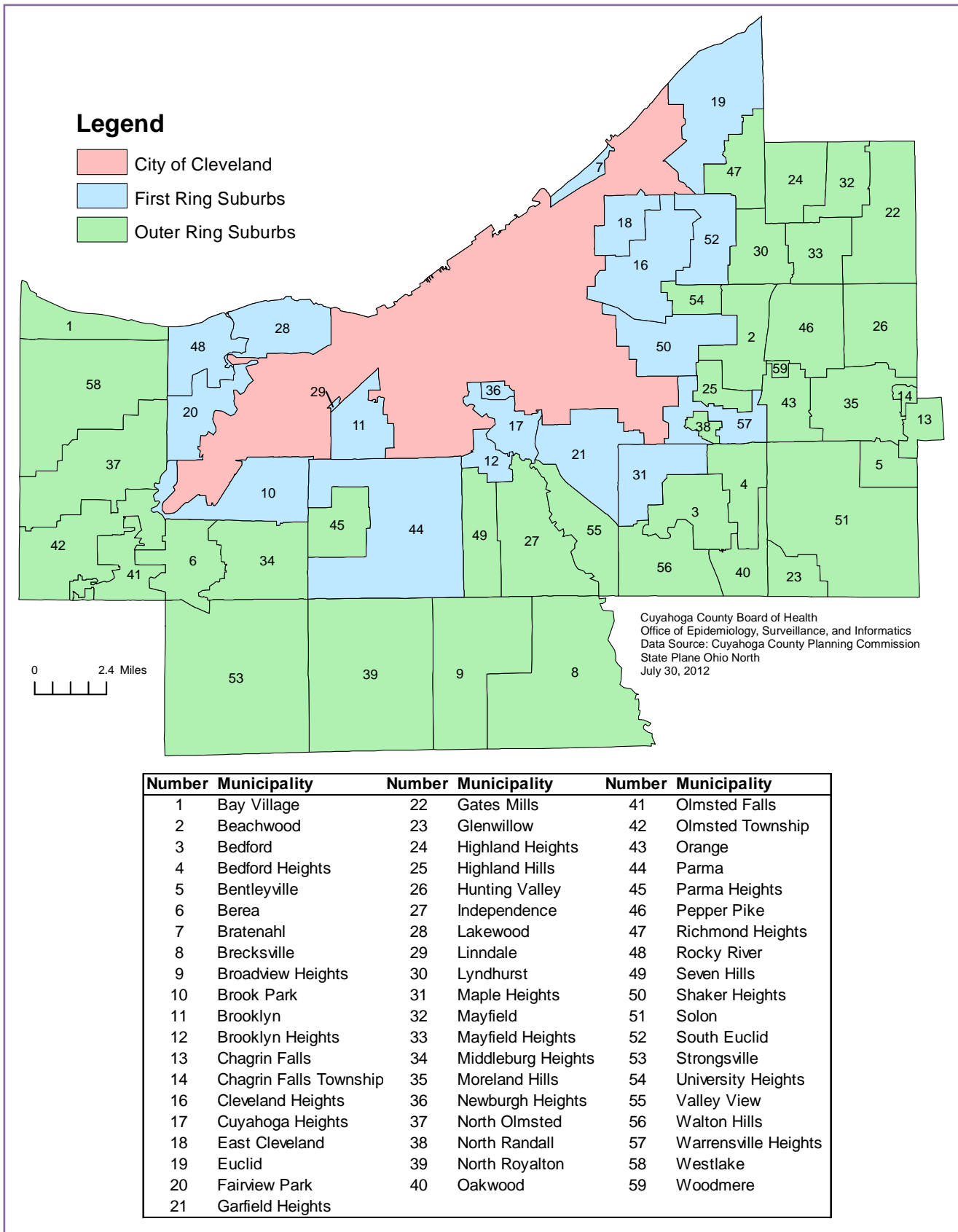
¹ There is a 2018 and 2019 case where the cause of death is unknown due to lack of information because death occurred outside state of Ohio.

Table 11: Annual Number of Child Deaths by Sex and Age Group

	2013	2014 ¹	2015	2016	2017	2018	2019 ¹	2020	2021	2022	Total
Sex and Age Group											
Female											
Under 1 Year	64	49	70	57	52	43	54	43	39	41	512
1 - 9 Years	15	10	6	8	13	17	9	8	12	12	110
10 - 17 Years	8	10	7	11	9	7	10	12	10	12	96
Total	87	69	83	76	74	67	73	63	61	65	718
Male											
Under 1 Year	69	71	85	71	66	77	65	58	59	50	671
1 - 9 Years	16	8	19	7	18	16	17	12	21	14	148
10 - 17 Years	14	16	13	18	30	25	18	19	24	23	200
Total	99	95	117	96	114	118	100	89	104	87	1,019
TOTAL ALL	186	164	200	172	188	185	173	152	165	152	1,737

¹ In 2014 and 2019 one infant had unknown sex.

Appendix A: City of Cleveland with First Ring and Outer Ring Suburbs





Program Description:

The Cuyahoga County Board of Health (CCBH) implemented the first county-wide Fetal Infant Mortality Review (FIMR) Program in 2014. The FIMR Program examines local infant mortality issues through the review of infant deaths and fetal deaths 20 weeks or more gestation.

Figure 1: Number of Fetal Deaths in Cuyahoga County (2017-2022) [n=504]

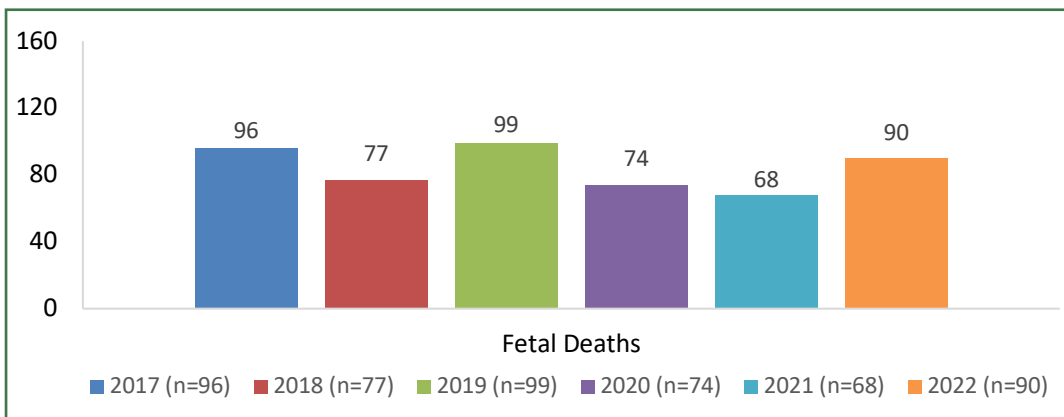
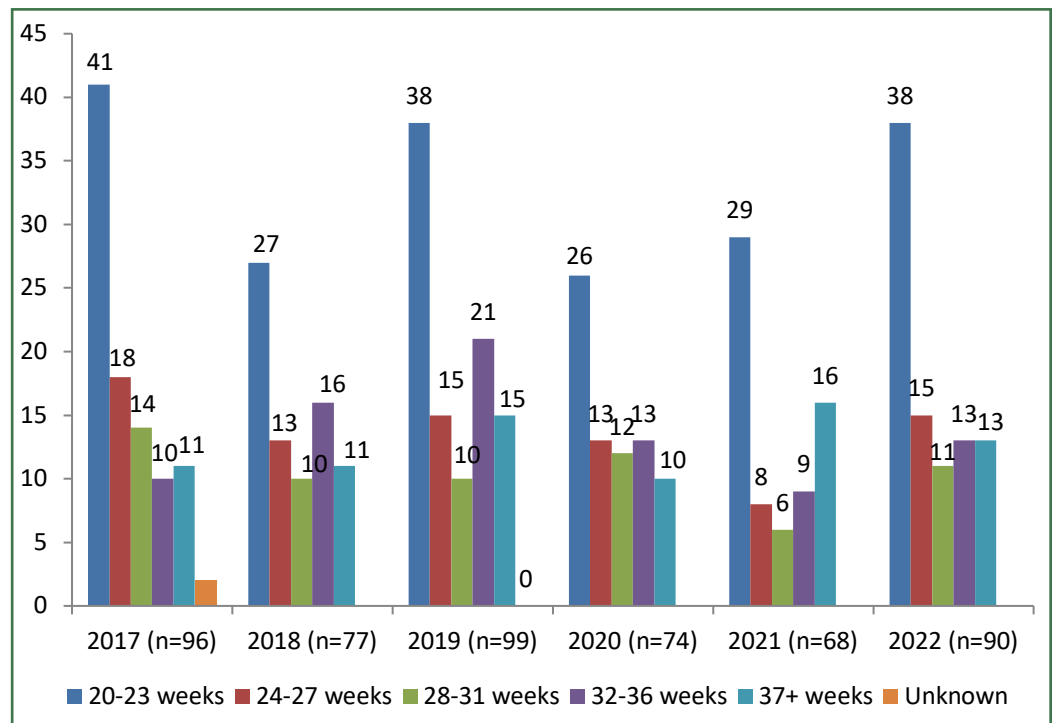


Figure 1 shows the number of fetal deaths in the last six years. In 2022, fetal deaths increased by 22. The fetal mortality rate (FMR) was 7.0 per 1,000 live births plus fetal deaths, which is higher than the 2019 Ohio rate of 6.3 and the Healthy People 2030 goal of 5.7 (most recent data available).

Figure 2: Gestational Age of Fetal Deaths (2017-2022) [n=504]

Figure 2 shows the gestational age of all fetal deaths from 2017-2022. 42% of fetal deaths occurred before the age of viability (24 weeks gestation). Looking closer, 41.1% of fetal losses occurred in the third trimester (beginning at 28 weeks), a time when babies have a high survival rate.



Appendix B

Figure 3: Fetal Deaths by Race of the Mother (2017-2022) [n=504]

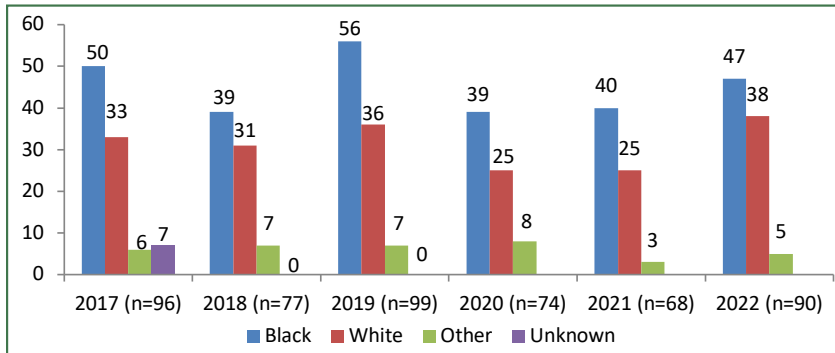


Figure 3 illustrates fetal deaths by race in Cuyahoga County. The Black fetal mortality rate (FMR = 10.3) was almost twice as high as the White fetal mortality rate (FMR = 5.6) in 2022.

Table 2 Spotlight: Baby on Board Program

Baby on Board is a pilot program developed by the Greater Cleveland Regional Transit Authority and the Cuyahoga Ohio Equity Initiative to reduce transportation barriers for families who are pregnant and/or caring for a child under the age of one. Eligible families may receive vouchers to accommodate travel needs associated with, but not limited to, medical and social service appointments, work, school, childcare or acquiring necessities such as food, clothing, and personal items. While receiving bus tickets, families are required to be enrolled in a partner program to ensure wrap around services are received to help cultivate family vitality.

Through August 2023, more than 1,500 bus tickets were distributed to families with the help of partner agencies in the community.



Table 2 displays a spotlight of a FIMR community initiative that has produced positive results in 2022.

Table 3: FIMR Case Review

Team Recommendations in 2022
Promote fetal movement awareness education and the importance of reporting decreased movement.
Support dual diagnosis services for mental health and drug abuse for women of childbearing age.
Promote COVID-19 vaccination awareness in pregnant women or women of childbearing age.
Provide ACES (Adverse Childhood Events Score) education for community members.
Support alternate grief support methods to encourage families that are hesitant to reach out for services.
Ongoing education and awareness of the importance of going to emergency departments with OB care.
Support cultural awareness education among providers for improved patient care.
Support chronic health management in pregnant women or women of childbearing age.
Support CenteringPregnancy, especially for moms with multiple stressors and lack of support.
Support pre-conception health patient education.

Table 3 shows the 10 most recurring FIMR Case Review Team Recommendations in 2022.

Table 1: FIMR Reviewed Cases

Demographics in 2014-2022	
Type of Loss	
Fetal	80
Infant	30
Insurance*	
Medicaid	64
Private	43
Mother's Race**	
Black	56
White	40

* 4 Moms were uninsured

** 9 Moms were of Hispanic ethnicity and 8 Moms were of another race.

Table 1 shows the demographics of the 110 FIMR cases that have been reviewed from 2014-2022.

Footnotes

- ¹ US Census Bureau. 2021 TIGER/Line® Shapefiles: US county subdivisions. <https://www.census.gov/cgi-bin/geo/shapefiles/index.php>
- ² US Census Bureau. 2017-2021 American Community Survey (ACS) 5-year estimates. <https://data.census.gov/cedsci/>
- ³ Ohio Department Health (ODH), Ohio Public Health Information Warehouse. Preliminary 2022 mortality data. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.
- ⁴ Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. National Vital Statistics System, Provisional mortality on CDC WONDER online database. Data are from the final Multiple Cause of Death Files, 2018-2021, and from provisional data for years 2022-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. <http://wonder.cdc.gov/mcd-icd10-provisional.html>
- ⁵ US Census Bureau. 2017-2021 estimates.
- ⁶ The Cuyahoga County Child Fatality Review Board. Protecting our future: Child fatalities for 2021 (24th ed.). (2022). <https://hhs.cuyahogacounty.us/departments/invest-in-children/child-fatality-review-board>
- ⁷ CDC, Provisional mortality on CDC Wonder online database (2022).
- ⁸ The Cuyahoga County Child Fatality Review Board, Child Fatalities for 2021.
- ⁹ Columbus Public Health, Bureau of Epidemiology. 2021 Infant and child deaths.
- ¹⁰ Hamilton County Public Health. 2021 Infant and child deaths.
- ¹¹ ODH. 2021 Ohio infant mortality data.
- ¹² ODH. 2021 Child death data.
- ¹³ US Census Bureau. 2017-2021 5-year estimates.
- ¹⁴ CDC, Provisional mortality on CDC Wonder online database (2022).
- ¹⁵ Ibid.
- ¹⁶ US Census Bureau. 2021 TIGER/Line Shapefiles: US census tracts. <https://www.census.gov/cgi-bin/geo/shapefiles/index.php>
- ¹⁷ US Census Bureau. 2021 ACS 5-year estimates. <https://data.census.gov/cedsci/>
- ¹⁸ US Census Bureau. 2021 ACS 1-year estimates. <https://data.census.gov/cedsci/>.
- ¹⁹ US Department of Health and Human Services (HHS). The 2022 HHS poverty guidelines. <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2021-poverty-guidelines#guidelines>
- ²⁰ US Census Bureau. 2016-2020 estimates.
- ²¹ ODH, Bureau of Vital Statistics. Preliminary 2022 birth data. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.
- ²² CDC, Provisional mortality on CDC Wonder online database (2022).
- ²³ Ibid.
- ²⁴ Cleveland State University (CSU), Northern Ohio Data and Information Service (NODIS). 2010 TIGER/Line Shapefile: 2012 city of Cleveland neighborhoods and suburban municipalities.
- ²⁵ ODH, Bureau of Vital Statistics. Preliminary 2022 birth file.
- ²⁶ Ibid.
- ²⁷ Ibid.
- ²⁸ Ibid.
- ²⁹ Ibid.
- ³⁰ Ibid.
- ³¹ ODH, Bureau of Vital Statistics. 2021 Infant birth data.
- ³² ODH, Bureau of Vital Statistics. Preliminary 2022 birth file.
- ³³ Ibid.
- ³⁴ Martin JA, Hamilton BE, Osterman MJK. (2023). Births in the United States, 2022. NCHS data brief, no. 477. Hyattsville, MD: CDC: <https://www.cdc.gov/nchs/nvss/index.htm>
- ³⁵ ODH, Bureau of Vital Statistics. Preliminary 2022 birth file.
- ³⁶ Ibid.
- ³⁷ Ibid.
- ³⁸ Ibid.
- ³⁹ CSU, NODIS. 2012 Cleveland Neighborhoods.
- ⁴⁰ US Census Bureau. 2017-2021 estimates.
- ⁴¹ CDC, Provisional mortality on CDC Wonder online database (2022).

Footnotes

⁴² Ibid.

⁴³ US Census Bureau. 2017-2021 estimates.

⁴⁴ CDC, Provisional mortality on CDC Wonder online database (2022).

⁴⁵ Ibid.

⁴⁶ US Census Bureau. 2017-2021 estimates.

⁴⁷ CDC, Provisional mortality on CDC Wonder online database (2022).

⁴⁸ Ibid.

⁴⁹ US Census Bureau. 2017-2021 estimates.

⁵⁰ CDC, Provisional mortality on CDC Wonder online database (2022).

⁵¹ Ibid.

⁵² US Census Bureau. 2017-2021 estimates.

⁵³ CDC, Provisional mortality on CDC Wonder online database (2022).

⁵⁴ US Census Bureau. 2017-2021 estimates.

⁵⁵ CDC, Provisional mortality on CDC Wonder online database (2022).

⁵⁶ US Census Bureau. 2017-2021 estimates.

⁵⁷ CDC, Provisional mortality on CDC Wonder online database (2022).

⁵⁸ US Census Bureau. 2017-2021 estimates.

⁵⁹ CDC, Provisional mortality on CDC Wonder online database (2022).

⁶⁰ CDC, Provisional mortality on CDC Wonder online database (2022).

⁶¹ US Census Bureau. 2017-2021 estimates.

⁶² CDC, Provisional mortality on CDC Wonder online database (2022).

⁶³ Prevention Research Center for Healthy Neighborhoods. 2022 Cuyahoga County Youth Risk Behavior Survey: Trend data. <http://prchn.org/ccyrbs-hs/>

⁶⁴ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2023). Child maltreatment 2021. <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>

⁶⁵ US Census Bureau. 2017-2021 estimates.



Review Board Membership

Cuyahoga County Child Fatality Review Board Membership 2022-2023

Board Chairperson
Katie Parker

Lorrie Considine, RN, BSN
Cuyahoga County Board of Health

Daralynn Constant, LISW-S
Rainbow Babies & Children's Hospital

**Cuyahoga County Medical Examiner's
Death Scene Investigation Team**

Erin DiVincenzo, MS, LPCC-S
Alcohol, Drug Addiction & Mental Health Services Board

Erin Dodds, MA, LPC
Cuyahoga County Board of Health

Anna Faraglia, JD.
Cuyahoga County Prosecutor's Office

Josh Friedman, MD
MetroHealth Medical Center/Cleveland Clinic Foundation

Susan Hatters Friedman, MD
University Hospitals Cleveland Medical Center
Case Western Reserve University

Holly Galicki, RN
Cuyahoga County Board of Health

Thomas Gilson, MD
Cuyahoga County Medical Examiner

Sgt. Teresa Gomez
Cleveland Div. of Police

Jakolya Gordon, MSW
Witness/Victim Service Center & Family Justice Center

Jacqueline Hairston, MS
Cuyahoga County Juvenile Court

Britany King, LPC
Alcohol, Drug Addiction & Mental Health Services Board

Matthew Krock, MSSA, LISW-S
Rainbow Babies & Children's Hospital

John Ladd, MNO
Invest In Children
Cuyahoga County Office of Early Childhood

Emily Mally, LISW-S
Dept. of Social Work
MetroHealth Medical Center

Lolita McDavid, MD, MPA
Rainbow Babies & Children's Hospital

Katie Parker, MA
Bright Beginnings

Barbara Riley, MPA
Cuyahoga County WIC Program

Kitty Russ, RNC, MSN, MSHA
Cleveland Clinic Fairview Hospital

Leah Schraff, LSW, MSW
Cleveland Clinic Children's Hospital

Richard Stacklin, MEd
Cuyahoga County Board of Health

Sgt. Paolo Tantangelo, EMT-P, PSM, MPA
Dept. of Public Safety
Div. of Emergency Medical Services

Allison Turton, MSSA, LISW-S
Dept. of Social Work
MetroHealth Medical Center

Hannah Verba, MPH
MomsFirst
Cleveland Dept. of Public Health

Sarah Werner, LSW, MSW
Cleveland Clinic Children's Hospital

Nicole Williams, MSSA, LSW
Cuyahoga County Div. of Children & Family Services



Invest in Children

For more information on the Child Fatality Review Program,
contact either of the following individuals or go to:

<https://hhs.cuyahogacounty.us/departments/invest-in-children/child-fatality-review-board>



Holly Galicki, RN
Cuyahoga County
Board of Health
(216) 201-2001 ext. 1529

John Ladd, MNO
Cuyahoga County
Office of Early Childhood
Invest In Children
216-443-6583

Cuyahoga County Board of Health
The Child Fatality Review Program is funded by:
The Cuyahoga County Office of Early Childhood
Invest in Children

and

The Ohio Equity Initiative Grant
provided through the Ohio Department of Health

The Child Fatality Review Program is administered by:
The Cuyahoga County Board of Health

The Child Fatality Report was prepared by:
The Cuyahoga County Board of Health (CCBH) & Invest in Children (IIC)
Holly Galicki, RN, (CCBH)
John Ladd, MNO (IIC)
Richard Stacklin, MEd (CCBH)