



Mahoning County Child Fatality Review Board

2003 Report and Recommendations

The mission of the Mahoning County Child Fatality Review Board is to decrease the incidence of preventable fetal and child deaths by:

- Promoting cooperation, collaboration, and communication between all groups, professions, agencies, or entities that serve families and children
- Maintaining a comprehensive database of all fetal and child deaths that occur in Mahoning County in order to develop an understanding of the causes and incidences of those deaths
- Recommending local service and program changes to the groups, professions, agencies, or entities that serve families and children that might prevent fetal and child deaths.
- Advising the Ohio Department of Health of aggregate data, trends, and patterns concerning child deaths.

The Board meets quarterly to review the deaths of children who die under these circumstances:

- Due to an injury, either intentional or unintentional
- Whose death is unattended by a physician
- Whose death has been investigated by the coroner
- When a review is requested by any child fatality review board participant

These organizations participating in child death reviews in 2003:

Healthy Babies, Healthy Moms Program
Mahoning County Alcohol and Drug Addiction Services Board
Mahoning County Children Services
Mahoning County District Board of Health
Mahoning County Mental Health Board
Saint Elizabeth Health Center
Tod Children's Hospital
Youngstown City Health District
Youngstown Police Department

The Board reviewed 11 of the 39 Mahoning County resident child deaths reported in 2003. A table summarizing these 39 child deaths is presented on page 4. Based on these 11 reviews, the Board makes these recommendations:

Recommendation #1: Prevent teen motor vehicle fatalities by strengthening Ohio's graduated licensing law.

Motor vehicle crashes are the leading cause of death among 15-17 year-olds in Mahoning County as in Ohio and the U.S. The Board has reviewed nine motor-vehicle related deaths of teen drivers and passengers since 2000. One motor vehicle-related teen death occurred in 2003 in Mahoning County. Almost all of these deaths shared common risk factors: (1) a teen driver without an adult in the vehicle, and (2) at least one teen passenger in the vehicle. Further, most of the crashes that caused these deaths occurred during the late evening or early morning hours.

Young drivers are at significant risk on the road without adult supervision because they lack both the judgment that comes with maturity and the skill that comes with experience. Thirty-seven states, including Ohio, have enacted some form of graduated motor vehicle operator licensing law, requiring young drivers to demonstrate responsible driving behavior before they receive full driving privileges. In North Carolina, which bars learner's and intermediate permit holders from driving without adult supervision after 9 p.m., nighttime motor vehicle crashes dropped nearly 50 percent after this restriction was enacted into law. According to the Insurance Institute for Highway Safety and Traffic Injury Research Foundation's [Graduated Licensing: A Blueprint for North America](#), graduated licensing laws have three stages with these features:

Stage 1: Learner's Permit

- Meet minimum age requirement determined by the state
- Pass vision and "rules of the road" knowledge tests
- Complete basic vehicle operation skills training
- Be accompanied by a licensed adult at all times
- Complete required number of hours of supervised practice
- Wear safety belts at all times, including passengers
- Refrain from any alcohol or drugs while driving
- Permit is visually distinctive from other drivers' licenses
- Cause no at-fault crashes and remain traffic offense conviction-free for six months
- The learner's permit must be visually distinctive from other driver's licenses.

Stage 2: Intermediate or Provisional License

- Complete stage one
- Meet minimum age requirement set by state
- Pass an on-road test
- Complete advanced driver education training
- Wear safety belts, including passengers
- Observe nighttime driving restrictions
- Follow passenger restrictions
- Refrain from any alcohol and drugs while driving
- Driver improvement actions are initiated at a lower point level than for adult drivers
- Provisional license is distinct in appearance from regular license
- Cause no "at fault" crashes and remain conviction-free for at least twelve months

Stage 3: Full License

- Complete stage two
- Meet minimum age requirements, usually 17
- Refrain from any alcohol and drugs while driving

According to the Insurance Institute, an optimal graduated licensing system would have these features:

- the minimum age for a learner's permit is 16
- the learner's permit lasts at least 6 months, during which parents must certify at least 30-50 hours of supervised driving
- the intermediate stage lasts until at least age 18 and includes both a night driving restriction starting at 9 or 10 p.m. and a strict teenage passenger restriction allowing no teenage passengers, or no more than one teenage passenger.

In its 2004 review of state's graduated licensing laws, the Insurance Institute assigned a grade of "fair" to Ohio's law. Ohio did not make the grade for its minimum age for a learner's permit (15 years, six months), for its night driving restrictions (1 a.m. to 5 a.m.), and for its lack of any passenger restrictions.

The Board recommends that the Ohio General Assembly adopt these missing features of an optimal graduated licensing law for the protection of Ohio's teen drivers. A poll by the American Automobile Association reported in the August-September 2004 *Ohio Motorist* found that almost three-quarters – 74 percent – of Americans support laws limiting the number of teen passengers who may ride with inexperienced teen drivers.

Additional recommendations from the Board:

Recommendation #2: Enact primary seat belt and child booster seat legislation in Ohio.

Seat belt and child booster seat non-use was a factor in several child deaths reviewed in 2003 and previous years. According to the [National Highway Traffic Safety Administration](#), states with primary seat belt laws (laws that enable police officers to stop drivers for not wearing seat belts) have seat belt use rates of 84 percent in 2004 compared with 73 percent in states with secondary enforcement laws. Ohio is one of 28 states that still have secondary enforcement laws. The [Insurance Institute for Highway Safety](#) estimates that 441 motor vehicle fatalities in Ohio could have been prevented since 1996 if Ohio had a primary seat belt use law. Ohio also does not require booster seats for children over the age of four or greater than 40 pounds in weight, although children cannot be safely restrained in adult seat belts until they are at least eight years old or weigh 80 pounds. Children who are moved to seat belts too early may be up to four times more likely to sustain a serious head injury than those restrained in booster seats. In its 2001 rating of child occupant protection laws, the National Safe Kids Campaign assigned a grade of "F" to Ohio based on its [model law standards](#).

Recommendation #3: Support the Gun Reduction Interdiction Plan (GRIP) in Youngstown.

During the four-year period 2000-2003, nine children in Mahoning County were killed with firearms; seven of these deaths were homicides. In 2003, federal, state and local law enforcement authorities initiated GRIP to reduce unlawful firearms possession and use in Youngstown. Subsequently, homicide numbers dropped considerably (to 19 in 2003). The Board credits this concerted effort for this success and urges law enforcement authorities to continue GRIP.

After a three-month old infant was killed when up to a dozen shots were fired through the walls of his home from a 7.62-millimeter semi-automatic assault-type weapon in early 2003, the Board wrote a letter to Youngstown City Council stating that "*the deaths of innocent victims... could be prevented if Youngstown City Council intervenes... to regulate the sale and possession of these especially lethal weapons,*" and that "*the lethality of such weapons increases the likelihood that unintended victims like [this child] will be killed when these weapons are fired indiscriminately in neighborhoods as an act of intimidation.*"

Links

Graduated Licensing: A Blueprint for North America. Insurance Institute for Highway Safety.

www.hwysafety.org/safety%5Ffacts/teens/blueprint.pdf

Primary Enforcement of Seat Belt Use Laws Saves Lives and Reduces Injuries. National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/traffic_tech/1995/TT093.htm

Primary Seat Belt Laws Would Save 700 Lives per Year. Insurance Institute for Highway Safety.

www.hwysafety.org/news_releases/2005/pr011305.htm

Winston, FK, Durbin DR, Kallan MJ, Moll EK. The danger of premature graduation to seat belts for young children. *Pediatrics* 2000; 105(6):1179-83. <http://pediatrics.aappublications.org>

Ross TC, Mickalide AD, Korn AR, DiCapua KE, Colella JM, Paul HA. *Child Passengers at Risk in America: A National Rating of Child Occupant Laws.* Washington, D.C.: National Safe Kids Campaign, 2001 February.

www.safekids.org/content_documents/child_passengers_at_risk.pdf

For more information about child deaths in Mahoning County and child fatality review, contact Matthew Stefanak, board chair, at 330-270-2855 or mstefanak@mahoning-health.org

Child Deaths in Mahoning County 2003

Ages

- 39 child deaths in 2003
 - ◆ 28 (72%) deaths were infants (birth-1 year)
 - 17 infant deaths (61%) were neonates (birth-28 days)
 - 11 infant deaths (39%) were post-neonates
 - ◆ 5 deaths (13%) were preschool-age (1-4 years)
 - ◆ 1 death (2%) was 5-9 years
 - ◆ 5 deaths (13%) were teens (15-17 years)

Deaths by Age Group by Cause

| Cause | 0-1 Month | 1-12 Months | 1-4 Years | 5-9 Years | 10-14 Years | 15-17 Years | Unknown | Total |
|-------------------------|--------------|----------------|--------------|--------------|----------------|----------------|---------|-----------|
| Prematurity | 12 | | | | | | | 12 |
| Birth defects | 5 | 3 | 2 | | | | | 10 |
| SIDS | | 6 | | | | | | 6 |
| Homicide | | 1 | 2 | | | 2 | | 5 |
| Motor vehicle accidents | | | | 1 | | 1 | | 2 |
| Cancer | | | 1 | | | 1 | | 2 |
| Infectious disease | | 1 | | | | | | 1 |
| Pending/unknown | | | | | | 1 | | 1 |
| Total | 17 | 11 | 5 | 1 | | 5 | | 39 |

Residence

- 18 in Youngstown (46%)
- 5 in Austintown (13%)
- 5 in Boardman (13%)
- 2 in Beaver Township (5%)
- 2 in Canfield (5%)
- 2 in Springfield Township (5%)
- 2 in Struthers (5%)
- 1 each (2%) in Campbell, Goshen and Poland Townships

Race

- 25 were white (64%); 14 were black (36%)

Sex

- 24 were boys (62%); 15 were girls (38%)

** from death certificates on file with the Youngstown City Health District and Ohio Department of Health*

Source: Mahoning County District Board of Health

Updated January 3, 2006