

Partners for Child Fatality Prevention

American Academy of Pediatrics Orange County Chapter (est 2021)

Goal: Create a sustainable partnership between our CDRT and AAP-OC and our partners to inform local prevention interventions and advocacy

1. Review OC CDRT data & recommendations (0-17 years of age)
2. Conduct Webinar(s) for pediatricians, and community health, education and social service providers to inform on
 - i) Role of CDRT
 - ii) Causes of child fatalities
 - iii) Prevention at the individual, community and policy levels
 - Webinar 1: Child Death Review Teams
 - Webinar 2 & 5: Childhood Drowning
 - Webinars 3 & 4: Youth Suicide
3. “Partners for Child Fatality Prevention”: Sustainability

Funding provided by: National Center for Fatality Review and Prevention and AAP Section on Child Death Review and Prevention 2021. Hoag Hospital Community Benefit Grant for Clinic in the Park, a fiscally sponsored project of AAP-OC.



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Faculty

Phyllis Agran, MD, MPH

Professor Emeritus UCI School of Medicine, American Academy of Pediatrics Former member Executive Committee National Council on Injury, Violence, & Prevention, AAP and Chair of the AAP-OC Committee

Van Nguyen Greco, MD

Associate Clinical Professor, UCI School of Medicine, Child Abuse Pediatrician. OC Child Death Review Team; Child Abuse Services (CAST). We CAN Coalition. Partners for Child Fatality Prevention and Drowning Prevention Team Lead

Heather Huszti, PhD

Chief Psychologist at Children's Hospital Orange County (CHOC). Oversees mental health programming. Works with children with suicidal ideation. CHOC is one of 16 hospitals nationally in the Zero Suicide initiative.

Joan Jeung, MD, MPH

HS Clinical Professor, Department of Pediatrics Division of Developmental Medicine, University of California San Francisco (UCSF) School of Medicine, UCSF Benioff Children's Hospitals. Senior Associate Director of UCSF's Child and Adolescent Psychiatry Portal, a mental health care access portal. AAP Exec Council on Mental and Emotional Health.



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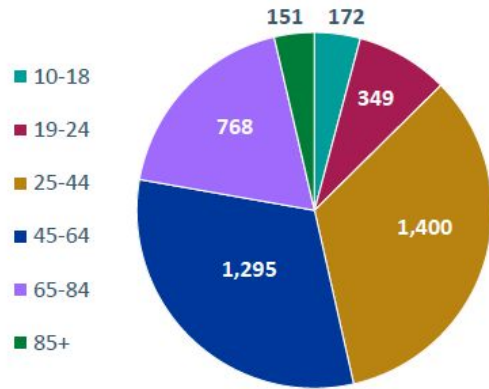


Objectives

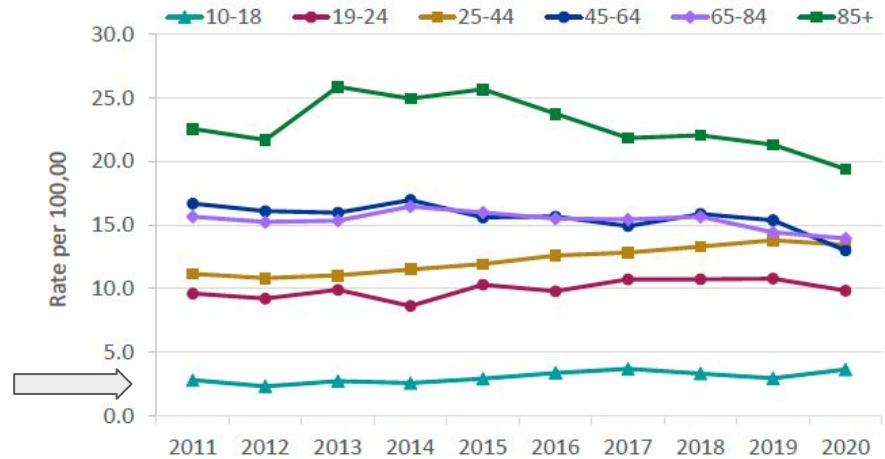
1. Discuss the epidemiology of youth suicide including risk and protective factors and clinical interventions
2. Define the role of Child Death Review Team in youth suicide prevention
3. Be prepared with an intervention plan based on acuity of situation and community resource availability

Suicide Counts (Burden) and Rates (Risk) by Age Group in California

Suicide Counts (Burden) by Age Group, 2020



Suicide Rates (Risk) by Age Group, 2011-2020



Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2020 deaths: CDPH, CA Comprehensive Master Death File (CCMDF); CA Dept. of Finance P-3 Population Projection File (2010-2060)

Center for Healthy Communities
Injury and Violence Prevention Branch

5 Leading Causes of Injury Deaths, Children 0-17 Years of Age: California Residents (2018-2020)

<u>Age <1</u> (N=239)	<u>Ages 1-4</u> (N=329)	<u>Ages 5-9</u> (N=196)	<u>Ages 10-14</u> (N=391)	<u>Ages 15-17</u> (N=930)
Suffocation (128)	Drowning (139)	MVT, Unspec. (41)	Suicide (102)	Suicide (257)
Homicide (46)	Homicide (66)	Drowning (32)	MVT, Unspec. (64)	Homicide (202)
MVT, Unspec. (18)	Pedestrian (44)	Homicide (26)	Homicide (48)	Poisoning (131)
Drowning (10)	MVT, Unspec. (34)	MV Occupant (25)	Pedestrian (43)	MVT, Unspec. (123)
All Other (37)	Suffocation (26)	Pedestrian (20)	MV Occupant (22)	MV Occupant (69)



1. “Homicide” – Assaults & Homicides
2. “MVT, Unspec.” – Motor Vehicle Traffic, Unspecified
3. “MV Occupant” – Motor Vehicle Occupant
4. “Pedestrian” – Pedestrian, Traffic & Nontraffice

**N = total # of fatalities for
age group**

Source: EpiCenter, CA Department of Public Health

Agran P. Winn D. Bhalla J.



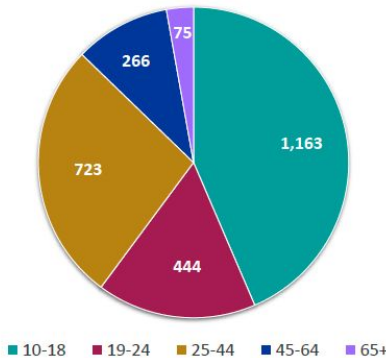
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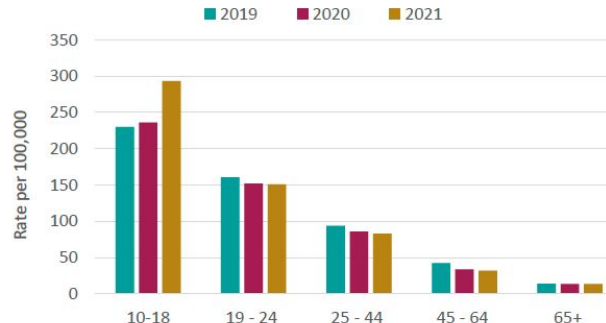
Suicide and Self-Harm Emergency Department (ED) Visit Trends in California

Average Monthly Self-harm ED Visits (Burden) and Rates (Risk) by Age in California

Average Monthly Self-Harm ED Visits (Burden) by Age, 2021



Average Monthly Self-Harm ED Visit Rate (Risk) by Age, 2019-2021



Source data: OSHPD ED data, CA DOF P-3 Population Projection File



Center for Healthy Communities
Injury and Violence Prevention Branch

Suicide After Deliberate Self-Harm in Adolescents and Young Adults **FREE**

Mark Olfson, MD ; Melanie Wall, PhD; Shuai Wang, PhD; Stephen Crystal, PhD; Jeffrey A. Bridge, PhD; Shang-Min Liu, MS; Carlos Blanco, MD

CONCLUSIONS:

After nonfatal self-harm, adolescents and young adults were at markedly elevated risk of suicide. Among these high-risk patients, those who used violent self-harm methods, particularly firearms, were at especially high risk underscoring the importance of follow-up care to help ensure their safety.