

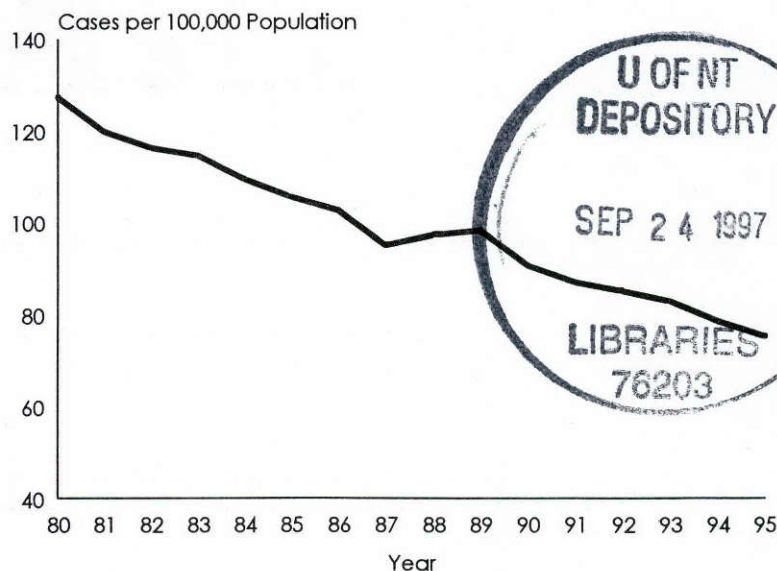
September 1, 1997

## Child Mortality in Texas, 1980-1995

More than 10 out of every 10,000 Texas children younger than 18 years of age died in 1980 (Figure 1). In 1995 approximately 7 of every 10,000 children died—a decrease of 41%. While this trend is encouraging, the fact that more than 4,000 Texas children still die each year warrants continued public health concern.

A closer examination of child mortality rates reveals that deaths from certain causes, such as motor vehicle crashes, have declined dramatically from 1980 to 1995, while intentional injury deaths (homicide and suicide) increased 32%. In addition to the different trends in causes of death, there are also different patterns in the distribution of deaths. Child mortality rates are higher for males than for females, and rates for African American children are higher than for children of other racial groups. The most marked differences, however, are among age groups.

Figure 1. Child Mortality, 1980-1995



### Infant Deaths

Figure 2 shows the number of deaths by age group due to "natural"<sup>1</sup> and "external" causes. Deaths identified as natural are deaths associated with diseases, congenital anomalies, perinatal conditions, and certain ill-defined conditions. They are to be distinguished from external causes of death which generally can point to one specific external event--such as collision, shooting, fire, or shaking--that initiates a chain of morbid conditions that resulted in death.

The majority of child fatalities occur to infants, (children younger than 1 year old). Nearly 60% of these infants die during the first month of life. Infant mortality is distinguished from that of older children not only by the number of deaths, but also by the manner. In 1995 more than 95% of the infant deaths were attributed to natural causes, the most notable of

which were congenital anomalies, sudden infant death syndrome (SIDS), and disorders related to prematurity and low birth weight.

### Child Deaths

While the overwhelming majority of infant deaths are due to natural causes, injuries are the leading cause of death for children older than 1 year, accounting for nearly 40% of the fatalities in this age group. The proportion of injury deaths increases with age: among chil-

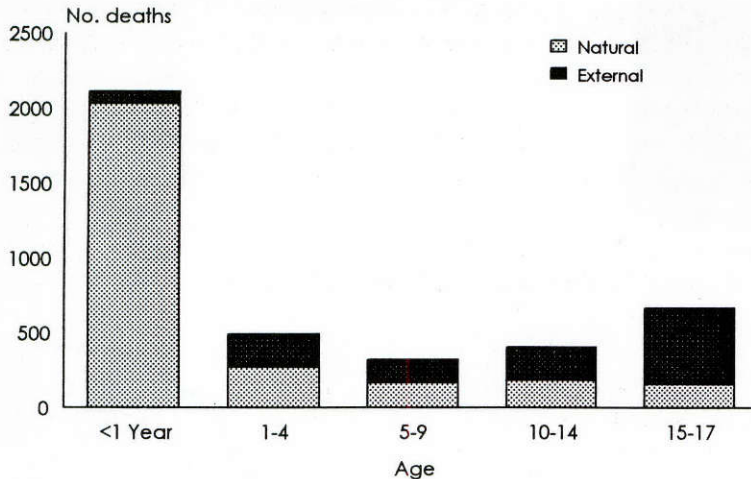
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<sup>1</sup>This term is somewhat of a misnomer, since these deaths are not necessarily expected, and many are preventable. "Natural" is used in this context only to distinguish them from deaths due to external causes.

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**Figure 2. Child Fatalities by Age, 1995**

n=4,009

**Natural:** diseases, congenital anomalies, perinatal conditions, and certain ill-defined conditions  
**External:** one specific external event—such as collision, shooting, fire, or shaking—that initiates a chain of morbid conditions

dren older than 9 years, nearly 70% of fatalities were due to some type of injury.

The most common cause of injury death among children is motor vehicle crashes (Table 1), which in 1995 claimed the lives of 475 children in Texas. Not surprisingly, nearly half of these deaths were to children aged 15 to 17 years. Intentional injury deaths (homicide and suicide) accounted for an additional 31% of the child fatalities in 1995. The 32% increase in the number of intentional injury deaths from 1980 through 1995 is associated with the increase in firearm fatalities during this period. Of the 238 intentional injury deaths to children in 1980, 123 (58%) involved firearms. In 1995, 253 (68%) of the 374 intentional injury deaths to children involved firearms.

**Table 1. Child Fatalities by Cause, 1995**

Cause	No.	(%)
Motor Vehicle	475	(40)
Homicide	259	(22)
Drowning	126	(10)
Suicide	115	(10)
Other	88	(7)
Fire	78	(6)
Suffocation	40	(3)
Poisoning	14	(1)
Falls	8	(1)
<b>Total</b>	<b>1203</b>	<b>(100)</b>

## Child Fatality Review Teams

Until recently, there has been no system for coordination and communication among agencies that have information about a child, family, or circumstances of death. Until each piece of the puzzle is brought together, knowledge about the causes and circumstances of death of Texas' children is limited.

In 1995 the Texas Legislature amended Chapter 264 of the Family Code with the Child Fatality Review Team and Investigation statute, creating an organized approach for child fatality review. The legislation authorized local child fatality review teams, established a state committee charged with oversight and support, and assigned specific duties to 3 state agencies: the Texas Department of Health, the Texas Department of Protective and Regulatory Services, and the Children's Trust Fund Council. The child fatality review teams are made up of law enforcement personnel, prosecutors, medical examiners, health care professionals, child advocates and protective service professionals, public and mental health experts, and justices of the peace. They screen deaths in their jurisdictions for detailed information regarding the nature and circumstances of each death. This review includes information about other people living with the child, the use of safety devices such as seat belts or smoke alarms, events surrounding SIDS deaths, the relationship of perpetrator to victim, and information about the weapon in intentional injury fatalities.

While local teams are busily involved in reviewing child deaths, the state child fatality review team committee is trying to improve the necessary components of an effective statewide child fatality review system: death certification, reporting, and training for professionals who investigate child deaths. Efforts are being made to strengthen procedures to insure that child abuse cases are properly investigated by both law enforcement and

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child protective services agencies in a coordinated fashion. In addition, the committee has made specific recommendations for legislation designed to reduce the number of preventable child deaths in Texas.

The future of the State of Texas lies in the health and safety of its children today. Working together, agency officials, child

advocates, and concerned citizens can find new and innovative ways to reduce the tragic impact of the unnecessary death of Texas children.



Prepared by John Hellsten, PhD, TDH  
Bureau of Epidemiology, (512) 458-7268

## Texas Department of Health Regional Offices

### Public Health Region 1

James K. Morgan, MD, MPH  
Public Health Regional Director  
Bryce McGregor, Asst. Reg. Dir. for Admin.

#### Regional Headquarters

**Lubbock** 1109 Kemper 79403  
(806) 744-3577  
FAX (806) 741-1366

### Public Health Regions 2 & 3

James A. Zoretic, MD, MPH  
Public Health Regional Director  
Bill Harris, Asst. Reg. Dir. for Admin.

#### Regional Headquarters

**Arlington** P. O. Box 181869 76096-1869  
1351 E. Bardin 76018  
(817) 264-4000  
FAX (817) 264-4455

### Public Health Regions 4&5 North

Paul K. McGaha, DO, MPH  
Public Health Regional Director  
Pete Wilson, Asst. Reg. Dir. for Admin.

#### Regional Headquarters

**Tyler** 1517 W. Front Street 75702  
(903) 595-3585  
FAX (903) 593-4187

### Public Health Regions 6&5 South

H. Mark Guidry, MD, MPH  
Public Health Regional Director  
Greta Etnyre, Asst. Reg. Dir. for Admin.

#### Regional Headquarters

**Houston** 5425 Polk, Suite J 77023  
(713) 767-3000  
FAX (713) 767-3049

### Public Health Region 7

Clarence C. Skrovan, MD, MPH  
Public Health Regional Director  
Tom Bever, Asst. Reg. Dir. for Admin.

#### Regional Headquarters

**Temple** 2408 South 37th Street 76504-7168  
(254) 778-6744  
FAX (817) 778-4066

### Public Health Region 8

W. S. Riggins, Jr., MD, MPH  
Public Health Regional Director  
Anita Martinez, Asst. Reg. Dir. for Admin.

#### Regional Headquarters

**San Antonio** 7430 Louis Pasteur Dr. 78229  
(210) 949-2000  
FAX (210) 949-2010, \*(210) 949-2015

### Public Health Regions 9&10

Miguel A. Escobedo, MD, MPH  
Public Health Regional Director  
Demetrio Gutierrez, Ed.D., Asst. Reg. Dir. for Admin.

#### Regional Headquarters

**El Paso** P.O. Box 9428 79984-0428  
6070 Gateway East  
Suite 401 79905-2060  
(915) 774-6200  
FAX (915) 774-6280, \*(915) 783-1138

### Public Health Region 11

Leonel Vela, MD, MPH  
Public Health Regional Director  
Sylvia Garces-Hobbs, Asst. Reg. Dir. for Admin.

#### Regional Headquarters

**Harlingen** 601 W. Sesame Drive 78550  
(956) 423-0130  
FAX (956) 423-0130 ext. 505



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## DPN Renewal Deadline Approaching

Last winter, new guidelines for receiving print copies were implemented. The *DPN* target audience remained eligible for complimentary print copies and other readers were asked to pay modest fees for print subscriptions and individual copies. These changes were effective in accomplishing our goal of continuing to improve cost-effective production of this newsletter. Unfortunately, even with the generous contributions received, funding is still inadequate to provide complimentary print copies to all currently targeted readers, much less to expand eligibility for complimentary services to other appropriate health professionals.

Few changes have been made in the guidelines for 1998. Once again the subscription period begins January 1. However, *the renewal deadline is earlier for 1998. Subscribers who wish to receive DPN without interruption must return completed renewal forms by December 31, 1997.* Detailed subscription guidelines, including the revised renewal form, will be mailed to all subscribers in October 1997.