

**From:** [Freeburn, Vicki](#)  
**To:** [Freeburn, Vicki](#)  
**Subject:** FW: Annual Report required by A.C.A. 20-27-1707  
**Date:** Thursday, January 05, 2017 9:57:01 AM  
**Attachments:** [ICDR Annual Report December 2016.pdf](#)

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From: "Williamson, Sherry J COM on Abuse" <[WilliamsonSherryJ@uams.edu](mailto:WilliamsonSherryJ@uams.edu)>  
Date: 12/29/2016 9:57 AM (GMT-06:00)  
To: "Garrity, Marty" <[garritym@blr.arkansas.gov](mailto:garritym@blr.arkansas.gov)>  
Cc: "Snowden, Max D" <[SnowdenMaxD@uams.edu](mailto:SnowdenMaxD@uams.edu)>, "Aitken, Mary E" <[AitkenMaryE@uams.edu](mailto:AitkenMaryE@uams.edu)>, "Maize, Martin O" <[MOMaize@uams.edu](mailto:MOMaize@uams.edu)>, "MULLINS, S. HOPE" <[MullinsSamanthaH@uams.edu](mailto:MullinsSamanthaH@uams.edu)>  
Subject: Annual Report required by A.C.A. 20-27-1707

Good Morning Ms. Garrity,

Please accept the attached document as the Arkansas Child Death Review Panel 2016 Annual Report, as required by A.C.A. 20-27-1707. The report was compiled by the Arkansas Infant and Child Death Review Program (ICDR) which is housed within the Injury Prevention Center at Arkansas Children's Hospital. Dr. Mary Aitken is the Director of the ICDR Program and has been included on this correspondence, should you have any questions about the content of the report.

Thank you,

Sherry Williamson, MPA  
Child Abuse Project Coordinator  
Arkansas Commission on Child Abuse, Rape and Domestic Violence  
4301 W. Markham #606  
Little Rock, Ar 72205  
501.661.7975  
[williamsonsherryj@uams.edu](mailto:williamsonsherryj@uams.edu)

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Arkansas Infant and Child Death Review Program

Annual Report

December 2016

Compiled by:

Arkansas Infant and Child Death Review Program

Injury Prevention Center at Arkansas Children's Hospital

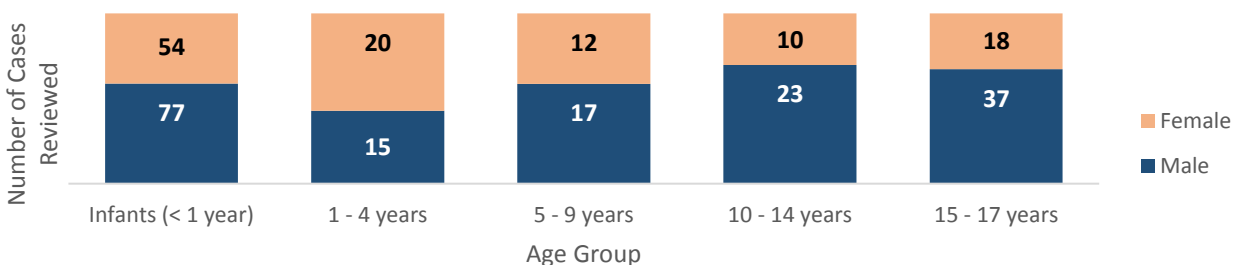
Funding provided by:

The Family Health Branch of the Arkansas Department of Health (ADH)



## ICDR Program Summary

Number of Cases Reviewed	283			
Total Potentially Reviewable	1,155			
Proportion Reviewed 2010 - 2015	24.5%			
Proportion Reviewed by Year of Death <i>2010 – 2012 data was reviewed by the 3 pilot teams during the formative phase of the program</i>	2010 – 2012	2013	2014	2015
	17.1%	35.8%	42.5%	20.4% *
Manner	Accident (N=129)	Homicide (N=5)	Suicide (N=31)	Undetermined (N=118)
# potentially Reviewable	506	98	89	462
Proportion Reviewed (by manner)	25.4%	5.1%	34.8%	25.5%
Cause Distribution (reviewed cases)				
Animal Bite/Attack				
Asphyxia	19		9	
Drowning	23			
Exposure	2	1		
Fall/Crush	8			
Fire/Burn/Electrocution	12			
Motor Vehicle and Other Transport	57		1	
Poisoning/Overdose/Acute Intoxication	4		1	3
SIDS/SUID				110
Weapon	3	4	20	
Unknown	1			5
<b>* 2015 cases currently being reviewed by all teams</b>				



**Summary Figure: Age Group and Gender Distribution in Reviewed Cases, 2010 – 2015, N=283**

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## Infant and Child Death Review Program

The Arkansas (AR) Infant and Child Death Review (ICDR) Program, established in 2010, has grown to 10 local review teams that review unexpected deaths of Arkansas children ages birth to 17 years old. These teams cover all 75 counties in the state, giving the ICDR Program the potential to evaluate 100% of all reviewable pediatric deaths, as required by ACT 1818 of 2005.

Local teams consist of representatives from the following agencies or disciplines: the Crimes Against Children Division of the AR State Police; the AR Department of Human Services, Division of Children and Family Services; Emergency Medical Services; Law Enforcement; State Medical Examiner's Office; County Coroner's Office; Prosecuting Attorney's Office; Public Health; and Pediatricians or nurses with specialized training. Counties covered by the local ICDR teams are shown in **Figure 1**.

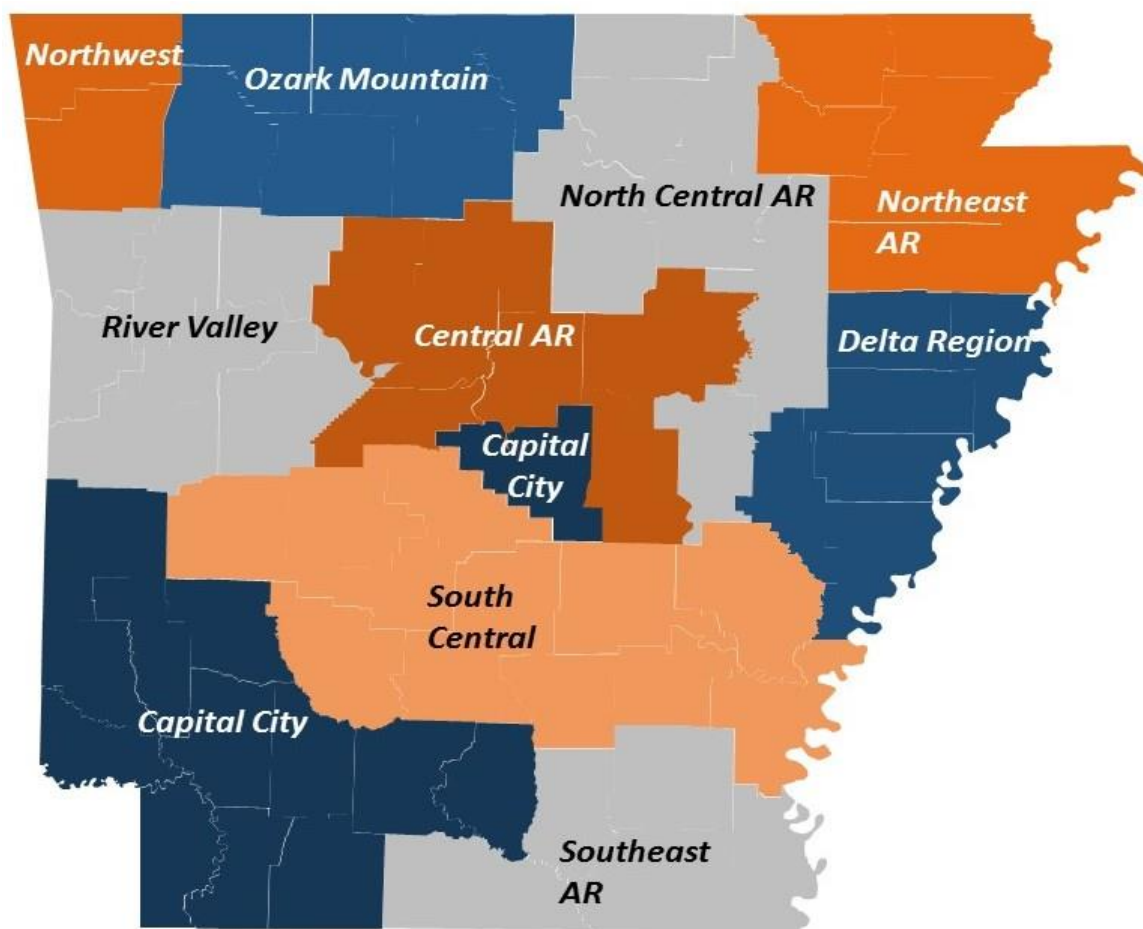
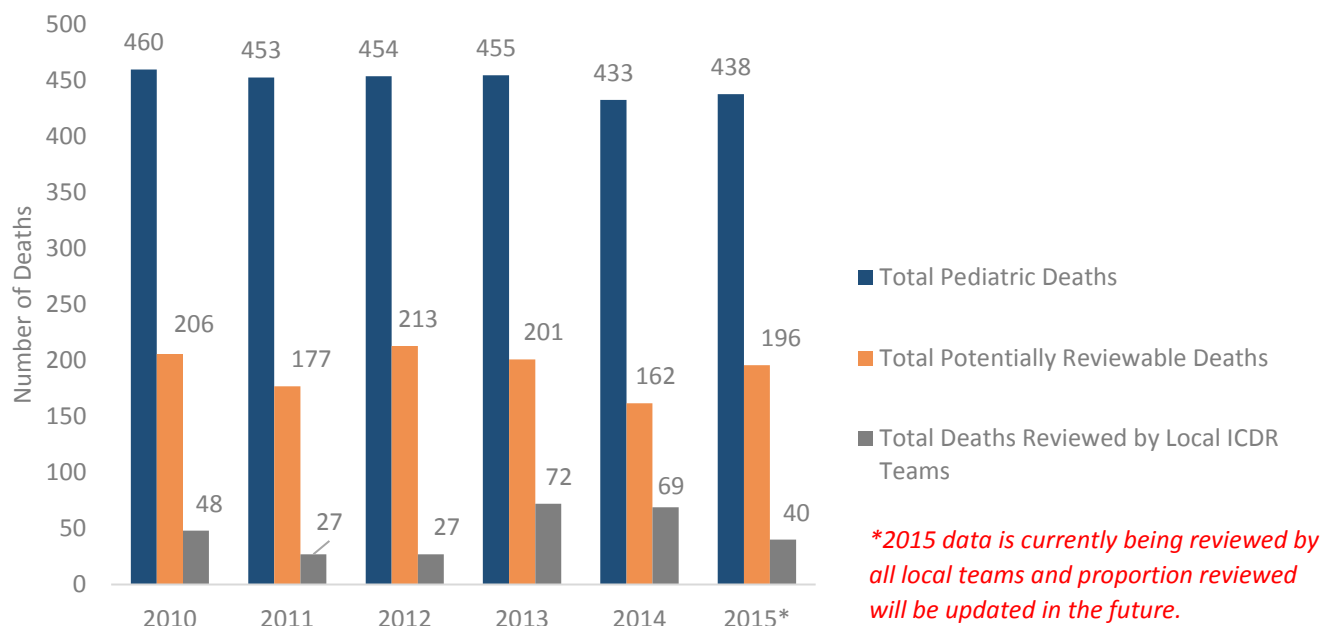


Figure 1: Infant and Child Death Review Team Regions, 2016

Teams meet and review cases quarterly to identify circumstances of unexpected deaths of children in AR and make recommendations for prevention based on their findings. Data from review meetings are entered into the National Center for Fatality Review and Prevention's (CFRP) online Child Death Review Case Reporting System. This online reporting system allows systematic data collection and reports on findings from reviews over time. It also allows the ICDR Program to compare review findings with mortality data from state vital statistics and national statistics from the Centers for Disease Control and Prevention and other sources. These reports allow the ICDR Program and local teams to gain support for local interventions, develop recommendations and action plans for state policy and practice improvements, and help identify gaps in agency investigations and reporting. In concert with other groups, the data can be used to educate the citizens of AR regarding the incidence and cause of injury to and death of children and encourage the community members to assist in reducing this risk.

Based on data received by the AR Department of Health (ADH), Health Statistics Branch Vital Records Section, there were 2,693 total pediatric deaths (ages birth to 17) in AR between 2010 and 2015 (**Figure 2**).



**Figure 2: Total Pediatric Deaths, Potentially Reviewable Deaths, and Deaths Reviewed by Local ICDR Teams, 0-17 years, 2010 – 2015, N=2693**

Source: AR Infant and Child Death Review Program, 2010 – 2015. AR Department of Health, Health Statistics Branch Vital Records Section, Death Records, 2010 – 2015.

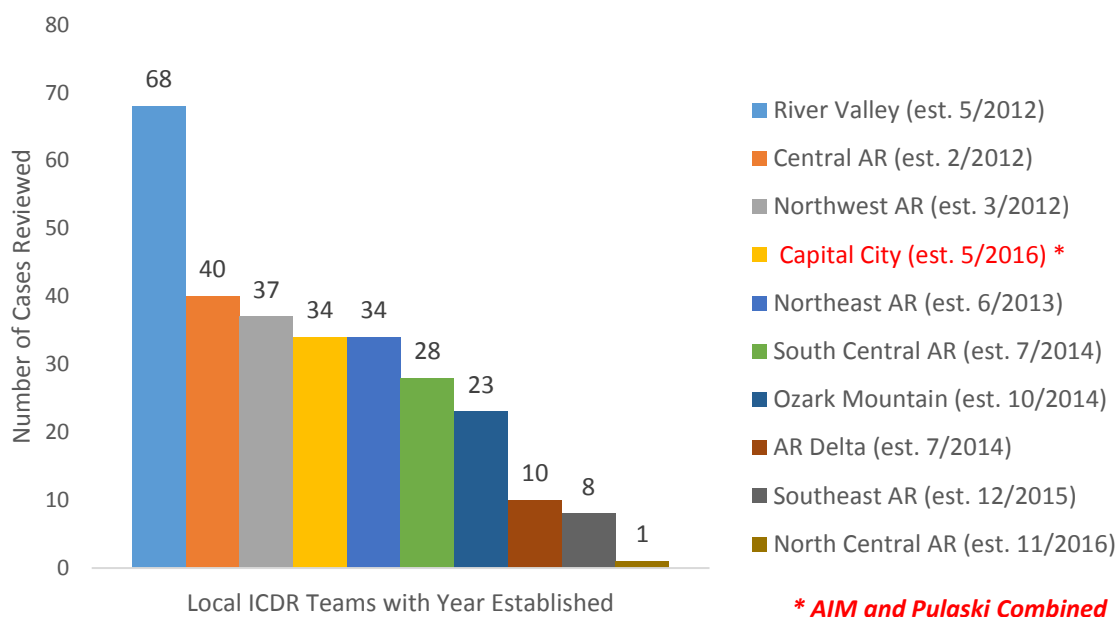
Under Act 1818 of 2005, cases that are reviewable meet the following criteria: a) child was not under the care of a licensed physician for treatment of an illness that is the cause of death; b) death was due to Sudden Infant Death Syndrome (SIDS); c) death was due to an unknown cause; d) death is not under criminal investigation or being prosecuted. Since 2012, 1,155 (42.8%) of all pediatric deaths in AR were determined to be potentially reviewable based on these criteria. To date, 283 cases have been reviewed by local teams, which make up approximately 25% of the total potentially reviewable deaths in the state from 2010 – 2015.

Teams started actively reviewing cases in 2012, starting with 2010 data for 3 pilot teams: Northwest AR, Central AR and River Valley local ICDR teams, as shown in **Figure 1**. Pilot teams reviewed data from years 2010 -2012, which accounted for 198 deaths in the 10 counties that were represented at the time. After these 3 teams became experienced with the review process, additional counties were added to existing teams and new local teams were formed now providing the opportunity to review all cases of unexpected death to children in the state. Newer teams started with reviews for the year prior to formation as they were phased in; for example, a team formed in 2015 started with 2014 data. Overall, 17% of the eligible cases were reviewed for the formative phase of the program between 2010 and 2012. The proportion of eligible cases reviewed has increased to 35.8% in 2013 and 42.5% in 2014. At the time of this report, 20.4% of eligible 2015 cases have been reviewed, and it is anticipated that this will rise to a minimum of about 60% reviewed by the end of fiscal year. By 2017, the program goal will be 75% of eligible cases reviewed, which can be achieved through continued training and education of local team members on the most effective review practices, based on knowledge and education received from the National CFRP.

## Local ICDR Teams

Local review teams provide the ability to examine the circumstances of the death of a child with detailed data through the eyes of the community and its members. All of the local team members work and/or reside in the area of the team they serve, which allows firsthand insight into the local environment and needs of the community. The Capital City ICDR team is an exception in which team members may not work and /or reside in the area being reviewed. This team was formed in 2016 by combining two former teams, the Pulaski ICDR team and the AR Infant Mortality (AIM) team. Since both former teams were based in Pulaski County, merging the groups allowed members from both teams to participate more efficiently.

Each local team reviews cases within their team's counties, based on the residence county of the deceased. The total number of cases reviewed by each of the local ICDR teams, along with the year the team was established are shown in **Figure 3**.

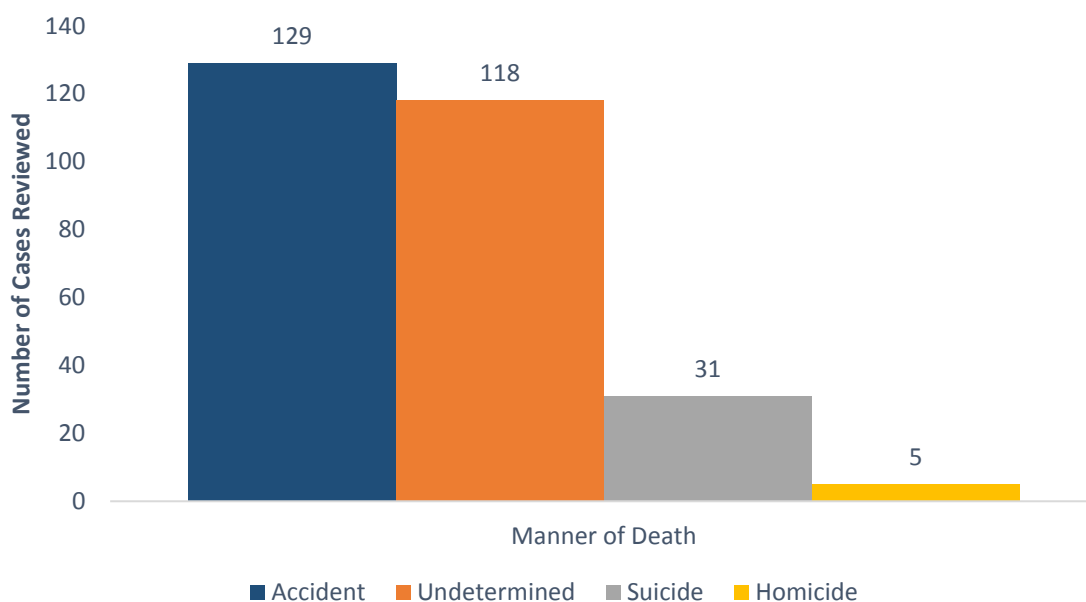


**Figure 3: Number of Cases Reviewed by Local ICDR Team with Year Team Established, N=283**



## Data Overview

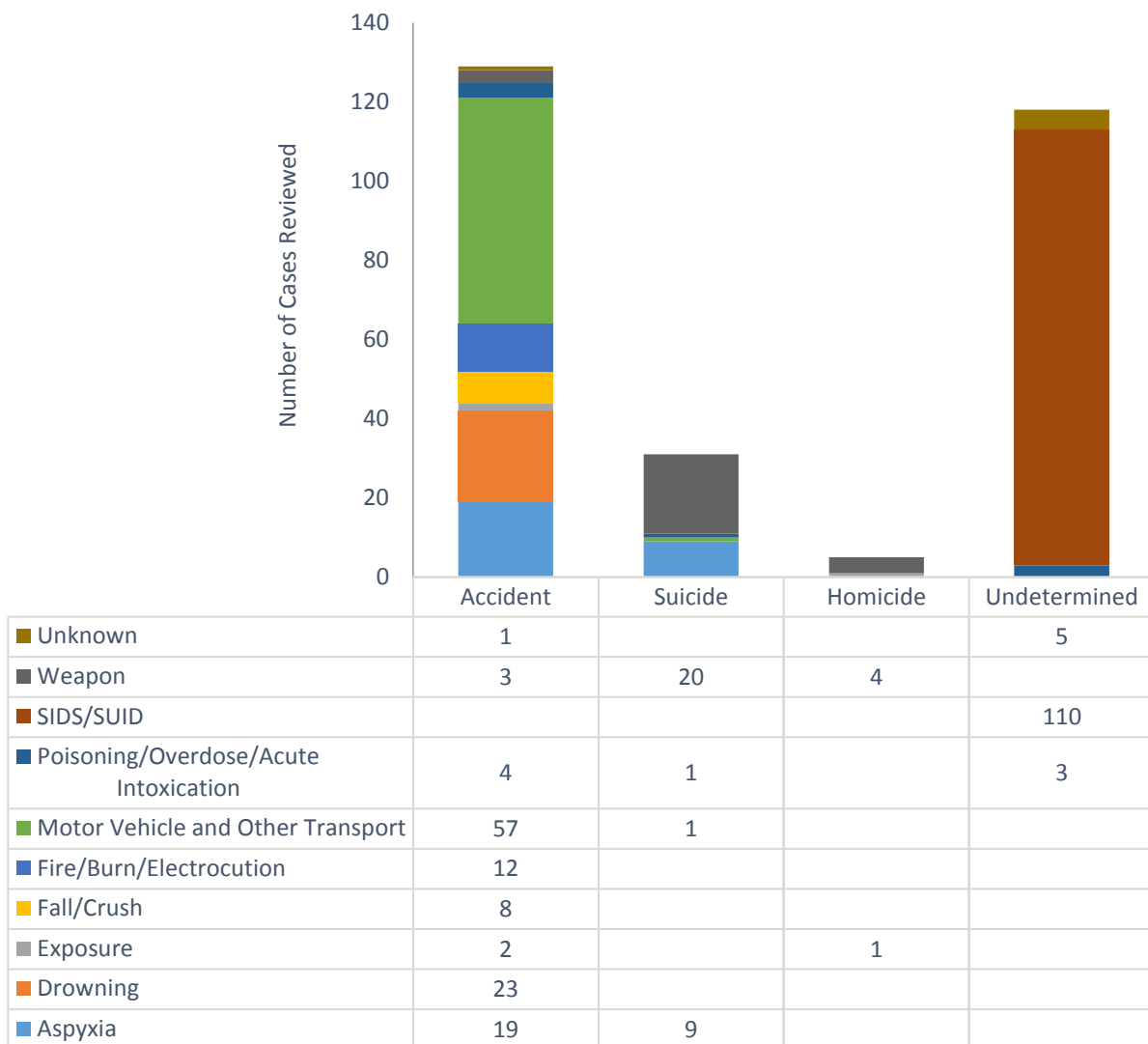
The manner of death is the fashion or circumstances that result in death, which are designated either natural or unnatural on state death certificates. Unnatural deaths are further designated as accident, homicide, suicide, or, in the absence of a determination of the manner of death, undetermined. A breakdown of cases reviewed by manner of death is shown in **Figure 4**. Nearly half of the deaths (N= 129, 45.5%) were accidental, and 31 (10.9%) were suicides. The manner of death was undetermined in 118 (41.6%) of cases. Most of the cases that were classified as undetermined were SIDS/SUID (N = 110), with an additional 5 cases listed as unknown mechanism and 2 cases of poisoning, overdose, or acute intoxication.



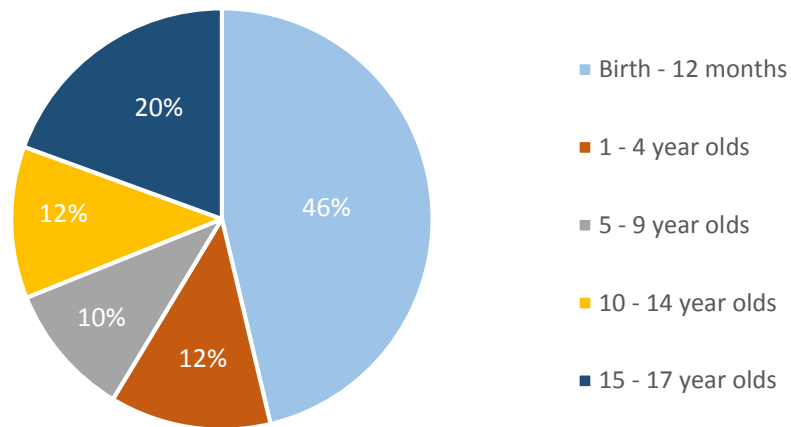
**Figure 4: Manner of Death in Reviewed Cases, 0-17 years, 2010 – 2015, N=283**

The cause of death is the official determination of conditions resulting in a death. Causes are classified as one of the following: animal bite or attack; asphyxia; drowning; exposure; fall or crush; fire, burn or electrocution; motor vehicle and other transport; natural; poisoning, overdose or acute intoxication; SIDS/SUID; weapon; unknown. Cause of death data for the cases reviewed to date are shown in **Figure 5**. Leading causes of death include: SIDS/SUID (N = 110, 38.8%), Motor Vehicle (N = 58, 20.4%), Asphyxia (N= 28, 9.8%), Weapon (N = 27, 9.5%), and Drowning (N =23, 8.1%).

Of the total cases reviewed, almost half were infants less than one year of age (N=131, 46.2%). Teens ages 15-17 years made up 20% of cases. See **Figure 6** for additional breakdown by age.



**Figure 5: Cause of Death in Reviewed Death Cases, 0 – 17 years, 2010 – 2015, N=283**



**Figure 6: Total Cases Reviewed by Age Group, 0 to 17 years, 2010 – 2015, N=283**

## Leading Mechanisms of Death

Several patterns in the mechanisms of death for Arkansas children have emerged from the reviews. In this section, the three leading mechanisms of death are described in detail. Further information about the data from each team can be found in the appendix.

## Sleep-Related Deaths

Sudden Infant Death Syndrome (SIDS) and Sudden Unexplained Infant Death (SUID) are the leading cause of death in reviewed cases. These deaths are frequently related to unsafe sleep practices, such as co-sleeping with parents, the placing of a child to sleep in an unsafe position or placing the child to sleep in an adult bed. Soft objects in the crib, such as pillows, blankets, bumper pads and stuffed animals are also indicated as contributing factors in many of these sleep related deaths as these types of objects can obstruct a child's airway, which may cause asphyxia. The American Academy of Pediatrics' Task Force on Sudden Infant Death Syndrome updated its recommendations on SIDS and other sleep-related infant deaths in 2016. Highlights of the recommendations include (but are not limited to):

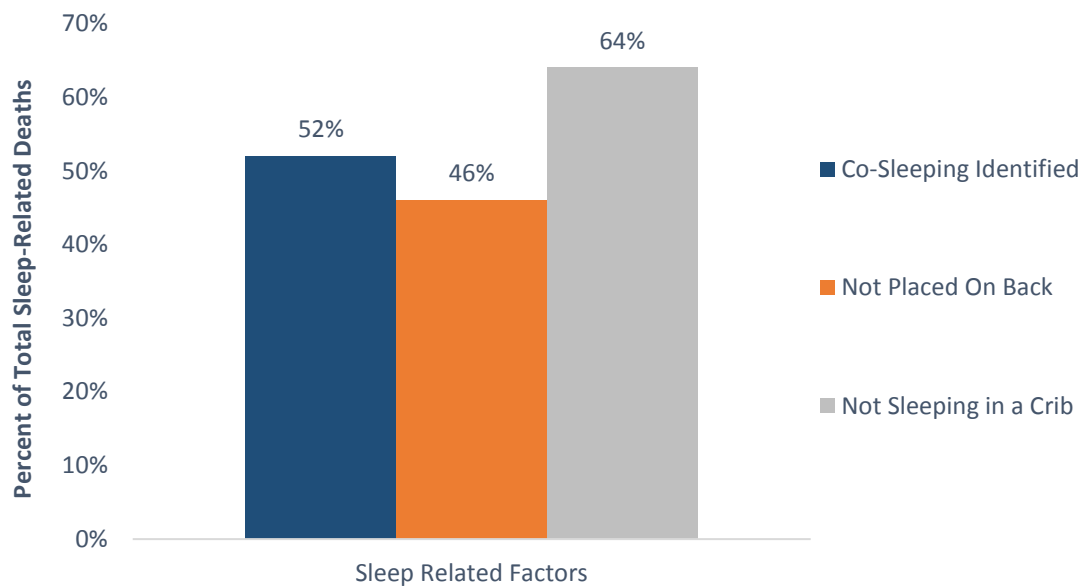
- Back to sleep for every sleep
- Use a firm sleep surface with no soft objects or loose bedding
- Breastfeeding is recommended
- Room sharing (without bed sharing) for up to 1 year
- Offer a pacifier at nap and bedtime
- Avoid smoking, alcohol and illicit drugs during pregnancy and after birth

- Avoid overheating your infant
- Obtain regular prenatal care during pregnancy
- Routine immunization for babies

For a complete list of recommendations, visit:

<http://pediatrics.aappublications.org/content/138/5/e20162938>

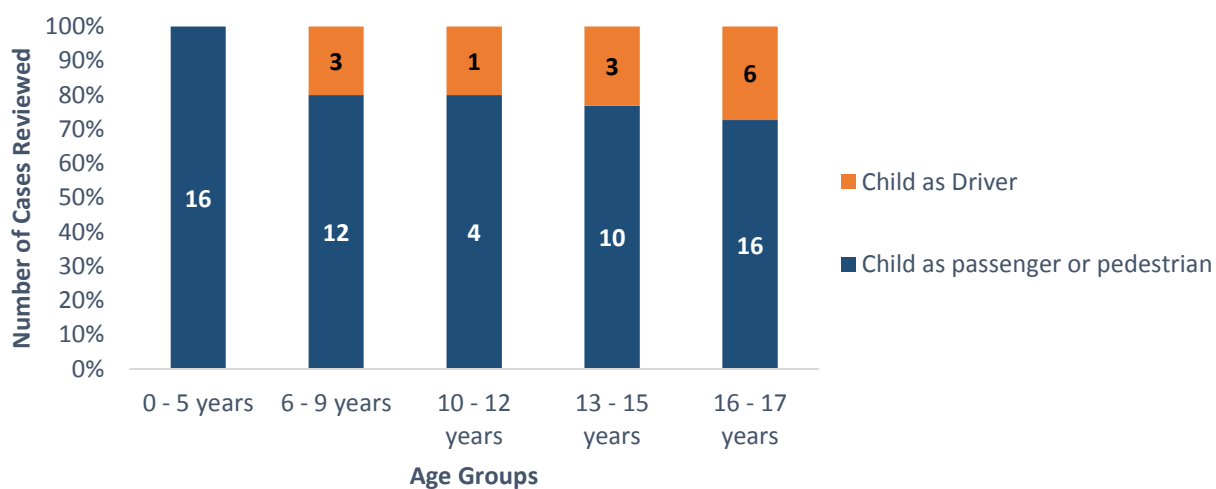
Through the review process, 123 (94%) of the infant cases reviewed as SIDS/SUID or asphyxia were determined to be sleep-related. Often, more than one unsafe sleep practice was identified during the review process. Among sleep-related deaths, co-sleeping was listed in 64 (52%); 55 (46%) were not placed on their backs to sleep; and 79 (64%) died while not in an approved crib, bassinette or play yard, as shown in **Figure 7**.



**Figure 7: Contributing Factors in Reviewed Sleep-Related Infant Deaths, 2010 – 2015, N=123**

## Motor Vehicle-Related Deaths

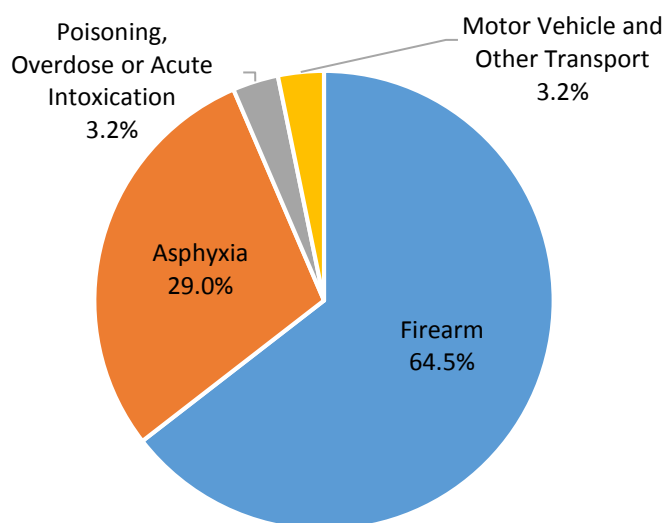
Motor vehicle-related deaths (including cars, trucks, motorcycles, and ATVs) account for over 20.4% (58) of the reviewed cases (**Figure 5**). **Figure 8** shows the age distribution of the reviewed motor vehicle-related deaths. In 13 (22.4%) of the cases, the child was the driver of the vehicle at the time of death; in 7 (53.8%) cases the driver was 15 years or younger. It was noted that 6 of the drivers under 15 were operating an ATV/4-wheeler or go-kart, with only 1 case identifying the use of a helmet.



**Figure 8: Age Distribution of Child as Passenger or Pedestrian (N=58) and Child as Driver (N=13) in Reviewed Motor Vehicle-Related Cases, 2010 – 2015**

## Suicide

Deaths by suicide made up 10.9% (31) of the cases reviewed (**Figure 4**). The mechanism of death was firearm in 20 (64.5%) of the suicide cases as shown in **Figure 9**. Other mechanisms include asphyxia, drug overdose, and a single case of motor vehicle. Among the children who died by suicide, 48% had made prior threats or previous attempts of suicide, 39% had previously talked about suicide with family or friends, and 42% left a suicide note. It was also noted that 52% of these children had a previously diagnosed mental health issue at the time of their death.



**Figure 9: Reviewed Suicide Cases by Cause Mechanism, 2010 – 2015, N=31**

## Prevention Recommendations

After cases are reviewed, teams decide if the death could have been prevented, and make recommendations for improved services, prevention education, policy changes and other interventions based on this assessment. The ultimate goal of the ICDR Program is to generate state and local action to prevent future deaths. Local ICDR teams help accomplish this goal through the identification of risk factors that can be modified. Recommendations and other activities from the ICDR Program and local teams for 2016 are summarized below, by mechanism for leading causes of death.

## **Sleep related death prevention recommendations**

### **Education**

- Media campaign to educate the public on proper sleeping environment
- Safe sleep education provided to underserved and minority communities

### **System**

- Death certificates should list unsafe sleep environment factors
- Safe sleep advocates needed in hospitals and clinic settings
- Insurance industry to provide incentives for safe sleep education for infant visits

### **Policy**

- Policy requiring parents of newborns to have documented safe sleep education prior to discharge
- Law to require drug testing of caregivers at time of sleep related death
- Law regulating the sale of recalled items used for infant sleep purposes

## **Motor vehicle-related prevention recommendations**

### **Education**

- Graduated Driver License training and re-training to teens and parents of young drivers
- Bicycle safety education given to school aged children during health or PE classes
- Targeted education on safety equipment use for ATV's and other non-car vehicles

### **System**

- Standardized scene reporting mechanism for all levels of law enforcement
- Photos and scene re-creation requirement for all deaths involving children under 18 years old
- Better agency response and disclosure for motor vehicle-related deaths and injuries on private sites and property

### **Policy**

- Law requiring helmet use for all motorized, non-car vehicles for riders under 18

### **Environment**

- Increased lighting in all work zones, with warning signs at least 5 miles prior to work site
- Improve availability of cell phone disabling technology for motor vehicles in motion

## **Suicide prevention recommendations**

### **Education**

- Better education to school administrators and students on risk factors and intervention for potentially suicidal students
- Incorporate suicide training with substance abuse trainings in schools

### **System**

- Mental health screenings available at schools, advocacy groups and community settings
- Improve access to regular follow-up and therapy provided for children diagnosed with mental health issues
- More frequent drug take back programs throughout the year in schools and communities

### **Policy**

- More strict gun laws for households with a person that has a diagnosed mental health history

## **ICDR Program Activities**

In addition to the program deliverables under the Infant and Child Death Review program contract, ICDR staff participated in a number of training, media, and outreach projects during the past year. These are summarized below:

### **Training Sessions**

- Dr. Pamela Tabor, presented on Sudden Unexplained Infant Death and Vicarious Traumatization, AR Annual Public Health Conference, Hot Springs, AR, May 2016
- Dr. Pamela Tabor, presented on ICDR Program/DCFS Involvement/Vicarious Trauma, Dept. of Children and Family Services Supervisor Training, Little Rock, AR, July 2016
- Dr. Pamela Tabor; Patrick Moore (Faulkner County Coroner, AR Coroner's Association President); Kevin Cleghorn (Saline County Coroner), conducted Sudden Unexplained Infant Death Investigation training, Benton Police Department, Benton, AR, July 2016
- ICDR Program, hosted Annual Team Training, Little Rock, AR, April 2016



## **Meetings and Conferences Attended**

- Martin Maize, committee member, National CFRP Advisory Committee Meeting, Washington, D.C., March 2016
- Martin Maize, coalition member, Southeast Coalition on Child Fatalities Annual Retreat, Charleston, S.C, May 2016
- Martin Maize, committee member, Safe Sleep Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality, Little Rock, AR, ongoing
- Martin Maize, committee member, Emergency Medical Services for Children committee, Little Rock, AR, ongoing

## **Safe Sleep Campaign**

With funding provided by the Arkansas Department of Health/Family Health Branch, the AR ICDR Program, supported by the Injury Prevention Center at AR Children's Hospital has responded to local ICDR teams' recommendations to increase safe sleep education throughout the state. This need was met through a statewide media campaign promoting the ABC message for infant safe sleep: Alone, Back, Crib.

### **Methods**

A planning meeting was conducted with representatives of local ICDR teams to prioritize messages and identify dissemination strategies and outlets. The campaign consists of five elements: kick off, print materials, billboards, public transportation display, and radio advertising and social media. A graphics company created materials that were vetted through project staff for accuracy, diversity, and appeal. Materials are at or below the 5<sup>th</sup> grade reading level. A pre/post campaign survey was administered to determine effectiveness of the campaign in changing knowledge, attitudes, and beliefs and the extent to which the campaign had a statewide reach.

### **Results**

The campaign is ongoing. A proclamation was signed by the governor on September 28, 2016 designating October as SIDS and Safe Sleep Awareness Month, followed by a press conference on October 28 with local media outlets providing coverage.

Seventy participants from 7 out of the 10 local ICDR team regions completed the 10-item pre-campaign survey in July and August 2016. Of those surveyed, 18% believed it is

safe to sleep in the same bed as an infant, 25% believe infants are safest when sleeping on the stomach or side, and 24% identified an adult bed as a safe sleep surface. The survey will be repeated at the end of the campaign in early 2017.

During the campaign, approximately 10,000 brochures, 10,000 door hangers, and 1,500 poster will be distributed by ICDR team members to local offices of the state's Department of Human Services, the Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC), Department of Health units, and doctors' offices and clinics.

Nineteen billboards will run from October 2016 to December 2016, to an anticipated reach of 258,000 citizens per day. We aligned billboards in areas, which according to the ICDR Program, have the highest rates of sleep-related deaths. Public transportation ads will be used in three regions with local bus services, allowing the message to be mobile and viewed by audiences that may not visit outlets with the print materials.

Social media is planned to reach the millennial-aged parent, since our survey found that social media was the preferred and most recent method that parents used to receive any type of parental education. The use of local radio will reinforce the message.

## **Moving Forward**

The ICDR Program remains committed to the goal of reducing preventable child death in Arkansas. This effort requires the steadfast commitment of all local team members, ICDR Program staff staying abreast of best practices regarding child death reviews, and the assistance of partner organizations for expertise in prevention strategies. Specific goals for the ICDR Program include, but are not limited to:

- Continued monitoring and training of all local teams and members
- Increasing the proportion of reviews to at least 75% of reviewable deaths annually
- More in-depth data audits and program evaluation to improve reliability and effectiveness of the program
- Identify and implement additional targeted prevention campaigns with local team support

## **Appendix**

### Local Team Summaries

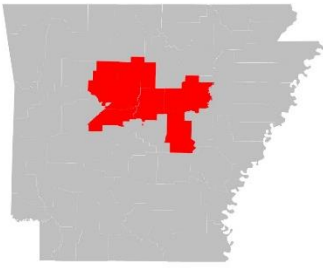
- i. River Valley ICDR Team
- ii. Central AR ICDR Team
- iii. Northwest AR ICDR Team
- iv. Capital City ICDR Team
- v. Northeast ICDR Team
- vi. South Central AR ICDR Team
- vii. Ozark Mountain ICDR Team
- viii. AR Delta Region ICDR Team
- ix. Southeast AR ICDR Team
- x. North Central AR ICDR Team



### River Valley ICDR Team Summary

Counties Served	Crawford, Franklin, Johnson, Logan, Scott, Sebastian and Yell
Year Established	2012
Number of Cases Reviewed	68
Total Potentially Reviewable 2010 – 2015	97
Proportion Reviewed	70.1%
Proportion Reviewed 2014	66.7%

Manner	Accident (N=29)	Homicide (N=3)	Suicide (N=8)	Undetermined (N=28)
Cause				
Animal Bite/Attack				
Asphyxia	3		3	
Drowning	5			
Exposure	1			
Fall/Crush	2			
Fire/Burn/Electrocution	4			
Motor Vehicle and Other Transport	12			
Poisoning/Overdose/Acute Intoxication	2			1
SIDS/SUID				26
Weapon		3	5	
Unknown				1



### Central ICDR Team Summary

Counties Served	Conway, Faulkner, Lonoke, Perry, Pope, Van Buren and White
Year Established	2012
Number of Cases Reviewed	40
Total Potentially Reviewable 2010 – 2015	153
Proportion Reviewed	26.1%
Proportion Reviewed 2014	16.6%

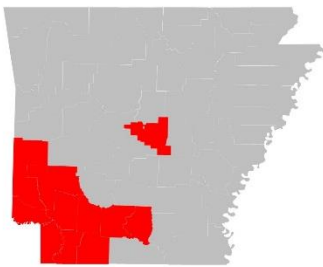
Manner	Accident (N=28)	Homicide (N=)	Suicide (N=3)	Undetermined (N=9)
Cause				
Animal Bite/Attack				
Asphyxia	3		1	
Drowning	1			
Exposure				
Fall/Crush	5			
Fire/Burn/Electrocution	1			
Motor Vehicle and Other Transport	17			
Poisoning/Overdose/Acute Intoxication				
SIDS/SUID				8
Weapon			2	
Unknown	1			1



### Northwest AR ICDR Team Summary

Counties Served	Benton/Washington
Year Established	2012
Number of Cases Reviewed	37
Total Potentially Reviewable 2010-2015	109
Proportion Reviewed	33.9%
Proportion Reviewed 2014	66.7%

Manner	Accident (N=14)	Homicide	Suicide (N=2)	Undetermined (N=21)
Cause				
Animal Bite/Attack				
Asphyxia	1		1	
Drowning	5			
Exposure				
Fall/Crush				
Fire/Burn/Electrocution	5			
Motor Vehicle and Other Transport	2			
Poisoning/Overdose/Acute Intoxication				1
SIDS/SUID				19
Weapon	1		1	
Unknown				1



### Capital City ICDR Team Summary

Counties Served	Calhoun, Columbia, Hempstead, Howard, Lafayette, Little River, Miller, Nevada, Ouachita, Pike, Polk, Pulaski, and Sevier
Year Established <i>*AIM and Pulaski team combined (both est. 2014)</i>	2016
Number of Cases Reviewed	34
Total Potentially Reviewable 2013 – 2015	110
Proportion Reviewed	30.9%
Proportion Reviewed 2014	21.6%

Manner	Accident (N=8)	Homicide (N=2)	Suicide (N=4)	Undetermined (N=20)
Cause				
Animal Bite/Attack				
Asphyxia	1			
Drowning	2			
Exposure	1	1		
Fall/Crush	1			
Fire/Burn/Electrocution				
Motor Vehicle and Other Transport	3			
Poisoning/Overdose/Acute Intoxication				1
SIDS/SUID				19
Weapon		1	4	
Unknown				

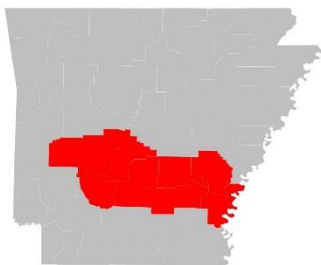


### Northeast AR ICDR Team Summary

Counties Served	Clay, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph
Year Established	2013
Number of Cases Reviewed 2012 – 2015	34
Total Potentially Reviewable	93
Proportion Reviewed	36.5%
Proportion Reviewed 2014	60%

Manner	Accident (N=13)	Homicide (N=)	Suicide (N=7)	Undetermined (N=14)
Cause				
Animal Bite/Attack				
Asphyxia	4		2	
Drowning	5			
Exposure				
Fall/Crush				
Fire/Burn/Electrocution				
Motor Vehicle and Other Transport	2		1	
Poisoning/Overdose/Acute Intoxication			1	
SIDS/SUID				14
Weapon	2		3	
Unknown				





Appendix (vi)

### South Central AR ICDR Team Summary

Counties Served	Arkansas, Clark, Cleveland, Dallas, Desha, Garland, Grant, Hot Spring, Jefferson, Lincoln, Montgomery and Saline
Year Established	2014
Number of Cases Reviewed 2013 – 2015	28
Total Potentially Reviewable	75
Proportion Reviewed	37.3%
Proportion Reviewed 2014	60.8%

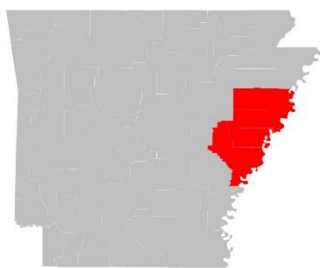
Manner	Accident (N=18)	Homicide (N=)	Suicide (N=3)	Undetermined (N=7)
Cause				
Animal Bite/Attack				
Asphyxia	5		1	
Drowning	3			
Exposure				
Fall/Crush				
Fire/Burn/Electrocution	1			
Motor Vehicle and Other Transport	7			
Poisoning/Overdose/Acute Intoxication	2			
SIDS/SUID				6
Weapon			2	
Unknown				1



## Ozark Mountain ICDR Team Summary

Counties Served	Baxter, Boone, Carroll, Madison, Marion, Newton and Searcy
Year Established	2014
Number of Cases Reviewed 2013 – 2015	23
Total Potentially Reviewable	31
Proportion Reviewed	74.1%
Proportion Reviewed 2014	100%

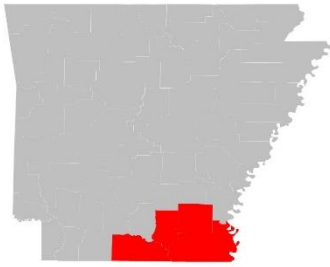
Manner	Accident (N=12)	Homicide (N=)	Suicide (N=1)	Undetermined (N=10)
Cause				
Animal Bite/Attack				
Asphyxia				
Drowning	2			
Exposure				
Fall/Crush				
Fire/Burn/Electrocution	1			
Motor Vehicle and Other Transport	9			
Poisoning/Overdose/Acute Intoxication				
SIDS/SUID				10
Weapon			1	
Unknown				



### AR Delta Region ICDR Team Summary

Counties Served	Crittenden, Cross, Lee, Monroe, Phillips and St. Francis
Year Established	2014
Number of Cases Reviewed	10
Total Potentially Reviewable 2013 – 2015	22
Proportion Reviewed	45.4
Proportion Reviewed 2014	33.3%

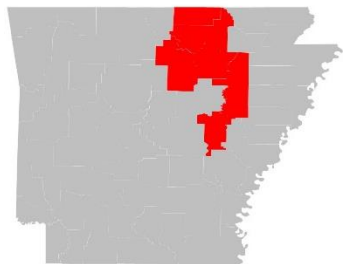
Manner	Accident (N=3)	Homicide (N=)	Suicide (N=3)	Undetermined (N=4)
Cause				
Animal Bite/Attack				
Asphyxia			1	
Drowning				
Exposure				
Fall/Crush				
Fire/Burn/Electrocution				
Motor Vehicle and Other Transport	3			
Poisoning/Overdose/Acute Intoxication				
SIDS/SUID				3
Weapon			2	
Unknown				1



### Southeast AR ICDR Team Summary

Counties Served	Ashley, Bradley, Chicot, Drew and Union
Year Established	2015
Number of Cases Reviewed	8
Total Potentially Reviewable 2014 – 2015	17
Proportion Reviewed	47%
Proportion Reviewed 2014	40%

Manner	Accident (N=4)	Homicide (N=)	Suicide (N=)	Undetermined (N=4)
Cause				
Animal Bite/Attack				
Asphyxia	2			
Drowning				
Exposure				
Fall/Crush				
Fire/Burn/Electrocution				
Motor Vehicle and Other Transport	2			
Poisoning/Overdose/Acute Intoxication				
SIDS/SUID				4
Weapon				
Unknown				



### North Central AR ICDR Team Summary

Counties Served	Cleburne, Fulton, Independence, Izard, Jackson, Prairie, Sharp, Stone and Woodruff
Year Established	2016
Number of Cases Reviewed	1
Total Potentially Reviewable 2015	14
Proportion Reviewed <i>*new team with first review date 11/16</i>	7.1%

Manner	Accident (N=)	Homicide (N=)	Suicide (N=)	Undetermined (N=1)
Cause				
Animal Bite/Attack				
Asphyxia				
Drowning				
Exposure				
Fall/Crush				
Fire/Burn/Electrocution				
Motor Vehicle and Other Transport				
Poisoning/Overdose/Acute Intoxication				
SIDS/SUID				1
Weapon				
Unknown				