State Fiscal Year 2025 Annual Report on Child Fatality in New Hampshire



Department of HEALTH & HUMAN SERVICES | Division of Public Health

Table of Contents

Acknowledgement 3
Letter from Child Fatality Review Committee Co-Chairs 4
Definitions 5
Executive Summary and Key Findings 6
Overview and Protocol 7
Data Review of Child Death (Ages 0 to 21 Years) Data in NH 8
Data Review of Deaths of Infants, Age < 1 in New Hampshire 10
Data Review of Deaths of New Hampshire Children and Adolescents (Ages 1-14 Years) 12
Data Review of Deaths of New Hampshire Youth (Ages 15-21 Years) 14
Data Review of Suicide Deaths Among Youth (Ages 10-21) in New Hampshire 17
SFY 2025 CFRC Case Review Summary 18
- Deaths from Unintentional Injuries Reviewed in SFY 2025 18
- Deaths from Intentional Injuries Reviewed in SFY 2025 19

CFRC SFY 2024 Recommendations in Action 19
- MVC Recommendations in Action 19
- Suicide Recommendations in Action 20

Conclusion 21
Appendix A: CFRC Members July 2024-June 2025 22
Appendix B: Additional CFRC Activities in SFY 2025 23
Appendix C: Grief Resources 24
Appendix D: Prevention Resource List 25
Appendix E: SFY 2025 CFRC Recommendation Table: 26
Appendix F: CFRC Contact Information 32

Acknowledgement

The New Hampshire Child Fatality Review Committee pauses to honor the lives of all children in our state who have tragically passed away. The committee extends our deepest condolences to the families and communities that have been forever changed by these immeasurable losses.

This report is issued with a shared hope that it will inspire renewed commitment within local communities and among state leaders to safeguard the health and well-being of every child in New Hampshire.

The committee also wishes to recognize the unwavering dedication of every individual involved in the child fatality review process. Examining the circumstances surrounding any death is profoundly difficult, and even more so when it involves a child. Through the committee's members' participation, meaningful recommendations emerge to prevent future tragedies.

Thank you for your compassion, your perseverance, and your commitment to creating a safer future for our children.

Letter from Child Fatality Review Committee Co-Chairs

To Our Valued Partners in Child Fatality Prevention,

The New Hampshire Child Fatality Review Committee (CFRC) has begun the 29th year of reviewing fatalities of New Hampshire children. Our shared commitment is to better understand the patterns and circumstances of child deaths in our state to more effectively prevent further tragedy. Under an Executive Order in 1996, New Hampshire began systematically reviewing the preventable deaths of New Hampshire children to identify risks and provide feasible recommendations for prevention. The Executive Order guided the work of the CFRC for more than 20 years with the CFRC being put into statute in 2019. The Committee is composed of representatives from the medical, law enforcement, judicial, legal, victim services, public health, mental health, child protection, and education communities (RSA 132.41).

The CFRC recognizes that each child's fatality has an impact on the community and the family who suffers the loss of a child. We respect those impacted by these deaths, and we hope the difficult work of conducting comprehensive death reviews will lead to recommendations that can prevent further deaths.

The following CFRC annual report covers the activities of the CFRC during state fiscal year 2025, July 1, 2024, through June 30, 2025. This report includes data from 2024, as well as trends over the past 5 years (2020-2024) and 20 years (2004-2024), where available. Because there are relatively few child fatalities in New Hampshire on a yearly basis, single-year data can fluctuate greatly from year to year. A larger analysis of up to 20 years can provide a better picture of data trends. During this reporting period, the CFRC reviewed cases from five specific causes of death that are reflected in this report including opioid poisoning, recreational fatalities, motor vehicle crashes, homicide, and suicide.

In recognition of the Committee's commitment and dedication to this work, it is with great pride that we present the 22nd Annual Report of the NH Child Fatality Review Committee to: Kelly Ayotte, Governor of the State of New Hampshire; New Hampshire State Senate President Sharon Carson; Speaker of the House of the New Hampshire House of Representatives Sherman Packard; the Health and Human Services Oversight Committee; and the people of the State of New Hampshire.



Angie M. Leduc, MBA, ACPS, Co-Chair



Josephine Porter, MPH, Co-Chair

The CFRC extends its sincere appreciation to Dr. Marc Clement, long-term member and co-chair, for his many contributions. Dr. Clement served on the CFRC from its inception through his retirement in 2025. We are deeply grateful for his unwavering commitment to the State of New Hampshire and its children, and we wish him the very best in his retirement.

Definitions

Children: For the purposes of this report, children are defined as individuals from birth through age 21.

Cause of death: Refers to the disease process or injury that set into motion the series of events which eventually lead to death.

Homicide: Death resulting from acts of violence by another person with the intent to cause harm or death.

Injury intent: Referred to in this report and is classified as the circumstances under which an injury occurred, specifically whether the injury was inflicted intentionally or unintentionally.[1]

Legal intervention/Operations of war: Injuries caused by law enforcement in the line of duty (during military operations or armed conflict).

Manners of death: Refers to the circumstances under which death occurred.

Non-injury, no intent classified: This is used when the event does not meet the definition of an injury or when intent cannot be classified due to insufficient information.

Preventable: A death is considered preventable if a reasonable intervention, based on the conditions, circumstances, or resources available at the time, might have prevented the death. These interventions may be medical, educational, social, legal, or psychological in nature.

Suicide: Death caused by self-directed injurious behavior with the intent to die.

Undetermined intent: Cases where there is insufficient evidence to determine whether an injury was intentional or unintentional.

Unintentional injuries: Injuries that are not deliberately inflicted, often referred to as "accidents". Examples include motor vehicle crashes, falls, drowning, and accidental poisoning.

[1] WISQARS Glossary (for Unintentional, Suicide, Homicide, Legal Intervention, Operations of War, Undetermined Intent) Centers for Disease Control and Prevention. (n.d.). WISQARS glossary. National Center for Injury Prevention and Control. Retrieved December 2, 2025, from https://wisqars.cdc.gov/glossary/

Executive Summary and Key Findings

In 2024, 114 New Hampshire children and youth died before reaching their 21st birthday. Understanding the scope of child fatalities is essential for effective prevention. New Hampshire has relatively low numbers of child fatality cases each year, which causes annual data to vary. However, these figures reveal long-term trends. This information can help state agencies, community partners, and policymakers develop more targeted strategies to keep children safe, healthy, and protected.

Causes: Child and youth mortality patterns in New Hampshire vary significantly by age group. Among infants and children (ages 0–14), deaths are predominantly due to natural causes (Figure 3, pg. 9). Whereas youth aged 15–21 are affected by both intentional and unintentional injury-related deaths (Figure 3, pg. 9).

Data Trends: Overall child mortality rate (ages 0-21) in New Hampshire dropped from 50.1 per 100,000 in 2000 to a low of 35.3 per 100,000 by 2022, remaining steady through 2024. This is well below the 2024 national average of 53.3 per 100,000.

Infant deaths declined from 81 deaths in 2004 to 32 deaths in 2024. However, Sudden Unexplained Infant Death (SUID) remains a concern, ranking as the third leading cause of infant death with a five-year rate of 0.51 per 1,000, above the national rate of 0.39 per 1,000.

Preventability: The change in leading causes of death through different developmental stages highlights the importance of implementing targeted, age-specific prevention strategies to address the evolving causes of mortality across developmental stages.

Recommendations: State Fiscal Year 2025 priorities focus on improving driving safety, expanding suicide prevention and harm reduction efforts, enhancing mental health and family support, increasing public education on safety and grief, and sustaining a comprehensive statewide injury prevention strategy.

Overview and Protocol

In 2019, RSA 132:41 re-established a statewide CFRC to conduct comprehensive, multidisciplinary review of preventable infant, child, and adolescent deaths in New Hampshire. With the support of the New Hampshire Department of Health and Human Services (DHHS) and the Office of the Chief Medical Examiner (OCME) within the New Hampshire Department of Justice (DOJ), the charge of the CFRC is to identify factors associated with preventable deaths and to make recommendations for systemic changes to improve services for infants, children, and adolescents through age 21. The CFRC is not obligated to review all child deaths. The goal is not to investigate or adjudicate, but to learn from the past to take action to prevent future deaths. Recommendations focus on community-based prevention and should lead to effective strategies to keep children healthy, safe, and protected.

The CFRC is supported by the New Hampshire DHHS Maternal and Child Health section, which provides both administrative support and dedicated coordination through the Child Fatality Coordinator. The CFRC is comprised of co-chairs, an Executive Committee, and a formal subcommittee on Sudden Unexpected Infant Deaths (SUID) and Sudden Death in the Young (SDY). For more information on the subcommittee, please visit the Sudden Unexpected Infant Death page on the DHHS website.

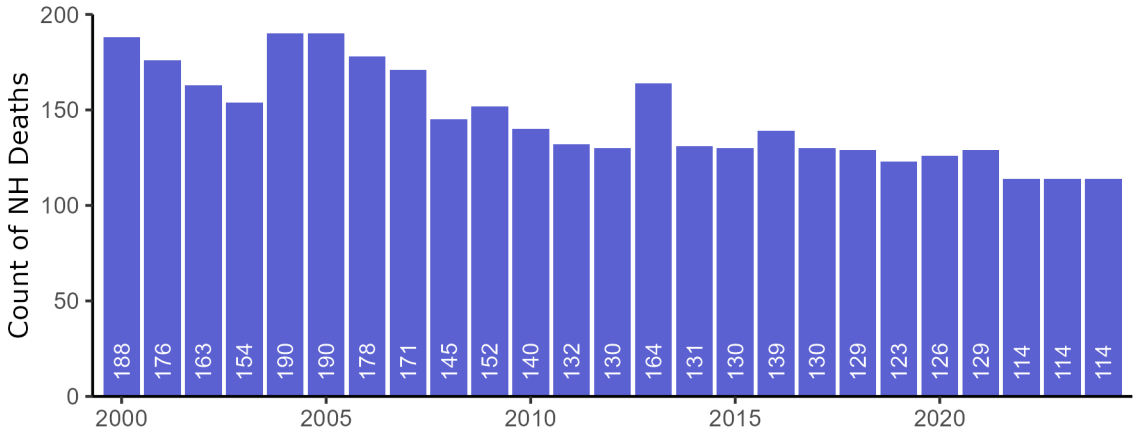
The Executive Committee develops protocols and selects child deaths for review based on data trends in the previous annual report and available information from the OCME. The Executive Committee uses the expertise and knowledge of CFRC members to discuss and answer the following questions after reviewing selected child deaths:
What changes could have prevented the deaths?
Are changes necessary to prevent future deaths?

Pursuant to RSA 91-A: 3, II(c) and RSA 91-A: 5, IV, the CFRC holds a non-public session during each case review to maintain the integrity and privacy of the review process. Each member of the committee is required to sign a confidentiality agreement that states they will not share any case specific information or any discussion that took place during the non-public session with anyone that was not present that was not present in the case review. This ensures that the information in each review remains confidential. All non-public information discussed during reviews is considered strictly confidential and must not be disclosed to anyone outside the review process. This report includes data on the causes of child deaths and recommendations to prevent the leading causes of preventable death among children and youth, as identified by the CFRC.

Data Review of Child Death (Ages 0 to 21 Years) Data in NH

Between 2000 and 2024, the number of child deaths for all ages in New Hampshire has shown an overall downward trend. The highest number of deaths was recorded in 2004 and 2005, with 190 cases each year. Since then, the numbers have generally declined, reaching their lowest point in 2022, 2023, and 2024, each with 114 reported deaths. Notably, this decline appears to have plateaued in recent years, with consistent counts observed from 2022 through 2024 (**Figure 1**).

Figure 1: Child Deaths, Ages 0-21 in New Hampshire (2000-2024)

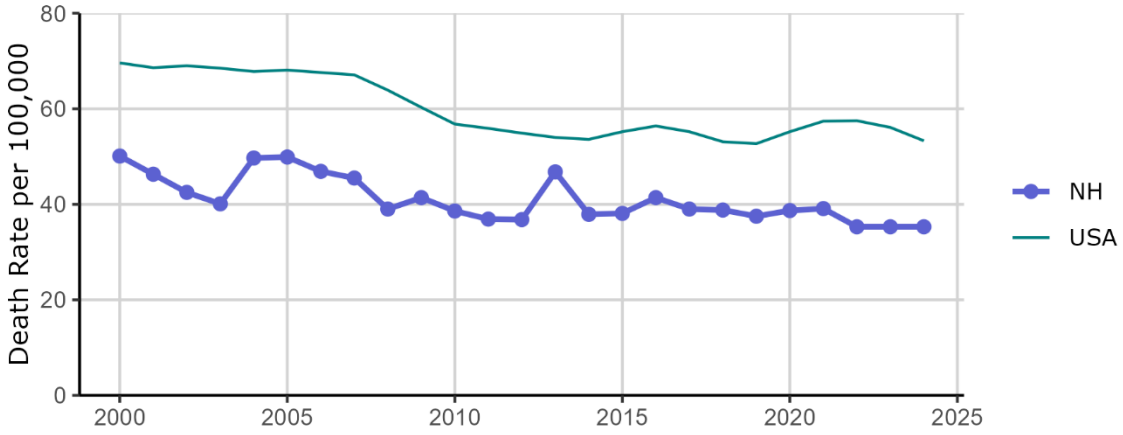


Data Source: CDC WONDER (accessed 11/10/2025). 2024 data is provisional.

In 2000, New Hampshire saw its highest child mortality rate of 50.1 per 100,000 deaths for children 0-21 years. However, this was significantly lower than the national rate of 69.6 per 100,000 for the same age group for that year.[2] This reflects the state's comparatively strong performance in child health outcomes. By 2022, New Hampshire achieved its lowest recorded rate at 35.3 deaths per 100,000, a figure that has remained consistent throughout 2023 and 2024 (**Figure 2,** pg. 9). In contrast, the national child mortality rate in 2024 was 53.3 per 100,000 for children ages 0-21 years of age. New Hampshire continues to perform favorably relative to national trends.

[2] Centers for Disease Control and Prevention. (2025). CDC WONDER. U.S. Department of Health & Human Services. Retrieved October 16, 2025, from https://wonder.cdc.gov

Figure 2: Mortality Rate, Ages 0-21, NH and USA (2000-2024)



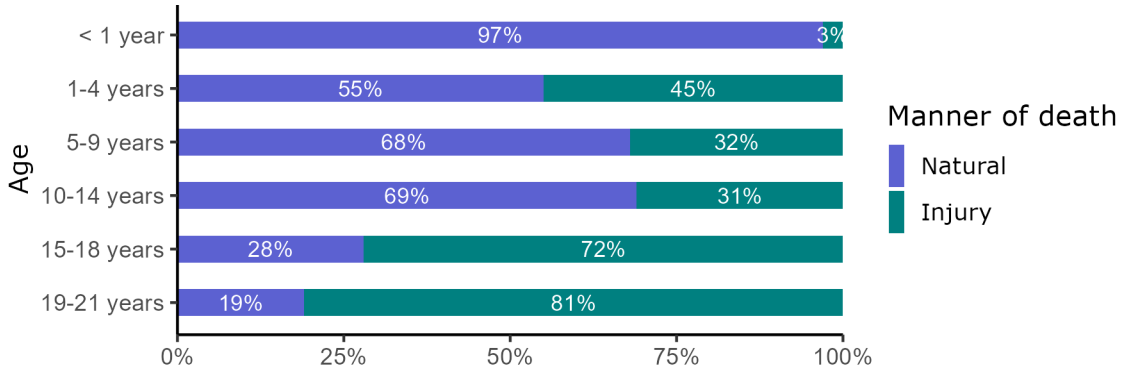
Data Source: CDC WONDER (accessed 11/10/2025). 2024 data is provisional.

Injury intent (manner of death) among children and youth (birth through age 21) in New Hampshire from 2020 to 2024, illustrate that patterns of mortality vary significantly by age group, underscoring the importance of analyzing these populations separately (**Figure 3**).

Infants (birth to age one) predominantly die from natural causes, and children (ages 1-14) predominantly die from mixed natural causes and injury.

In contrast, youth aged 15–21 are more likely to die from injuries, both intentional (e.g., suicide, homicide) and unintentional (e.g., accidents), highlighting that the change in leading causes of death through developmental stages warrants targeted prevention strategies.

Figure 3: Manner of Child Deaths, Ages 0-21: NH (2020-2024)

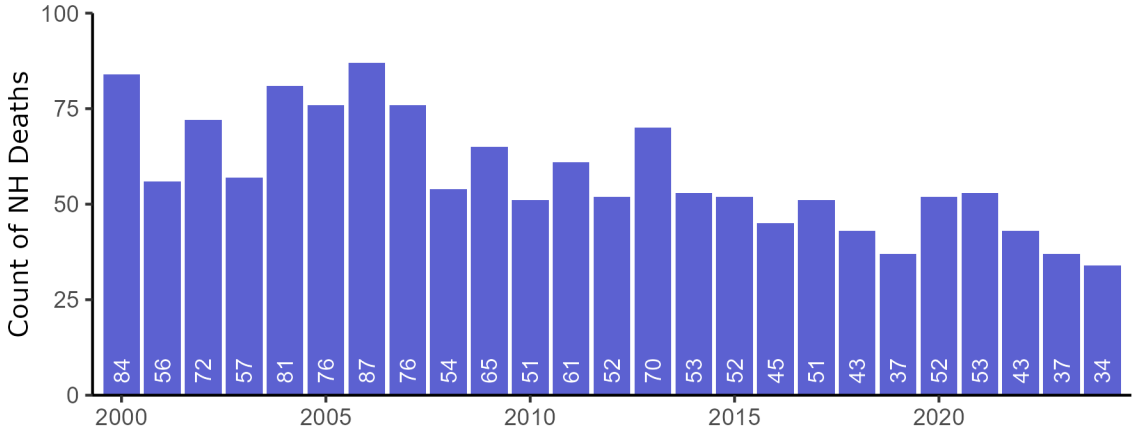


Data Source: CDC WONDER (accessed 11/10/2025). 2024 data is provisional.

Data Review of Deaths of Infants, Age < 1 in New Hampshire

Over the past two decades, New Hampshire has seen a marked and sustained decline in infant mortality. In 2000, the state recorded 84 infant deaths, with a peak of 87 deaths occurring in 2006 (**Figure 4**). Since that time, the overall trend has been downward, reflecting significant progress in maternal and infant health. More recently, the decline has become even more pronounced. Following 2021, infant mortality rates continued to fall, with 43 deaths reported in 2022, 37 in 2023, and a two-decade low of 34 in 2024, the most recent year for which data is available (**Figure 4**). This continued improvement suggests that sustained efforts in prenatal care, safe sleep education, and early childhood health programs are yielding positive outcomes for New Hampshire's youngest residents.

Figure 4: Infant Deaths, Age < 1: NH (2000-2024)

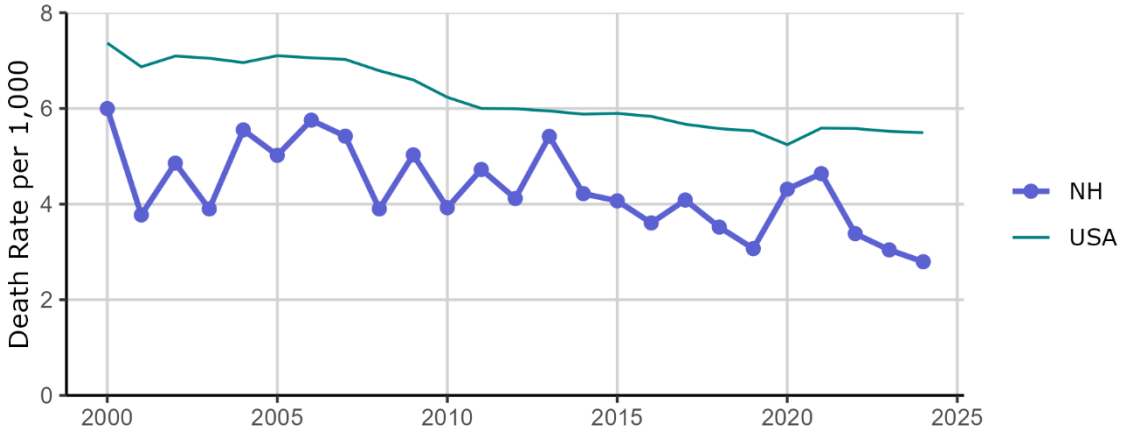


Data Source: CDC WONDER (accessed 11/10/2025). 2024 data is provisional.

While raw counts of infant deaths provide valuable insight, evaluating the rate of infant mortality offers a more accurate picture of trends over time, especially when accounting for changes in population size. The infant mortality rate, measured as the number of infant deaths per 1,000 has shown a steady and meaningful decline in New Hampshire over the past two decades. In 2000, the state recorded an infant mortality rate of 6.0 deaths per 1,000. Since then, the rate has gradually decreased, reaching a historic low of 2.8 per 1,000 in 2024.[3]

[3] Centers for Disease Control and Prevention. (2025). CDC WONDER. U.S. Department of Health & Human Services. Retrieved October 20, 2025, from https://wonder.cdc.gov

Figure 5: Mortality Rate, Age < 1: NH and USA (2000-2024)



Data Source: CDC WONDER (accessed 11/10/2025). 2024 data is provisional.

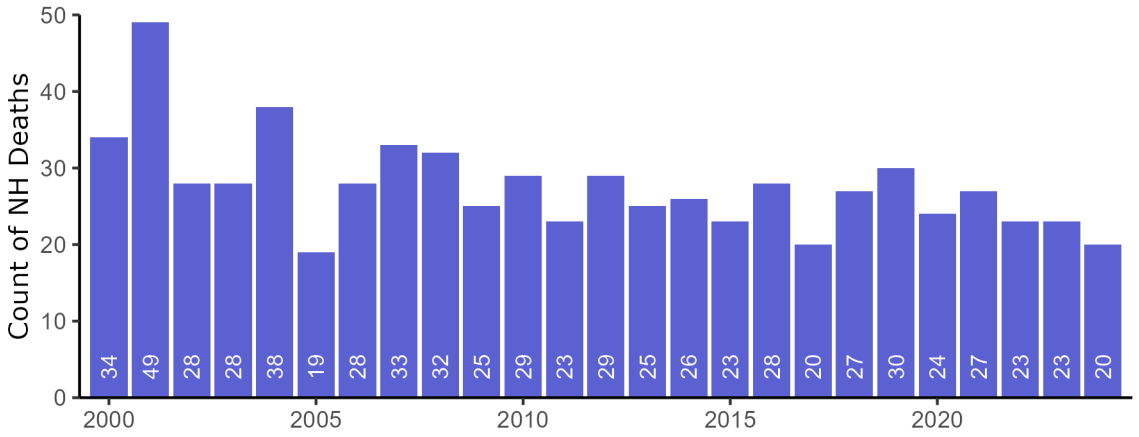
The leading cause of infant death in New Hampshire from 2020 to 2024 was natural causes related to congenital malformations, deformations, and chromosomal abnormalities, with a rate of 0.63 per 1,000, well below the national rate of 1.1 per 1,000. The second leading cause was disorders related to short gestation and low birth weight (0.58 per 1,000), also lower than the national rate of 0.81. However, Sudden Unexpected Infant Death (SUID) ranked third, with a rate of 0.51 per 1,000, which exceeds the national rate of 0.39.

The data definition of Sudden Infant Death Syndrome (SIDS), which is categorized as one specific cause within the broader SUID grouping is different from what New Hampshire's practice of reporting SUID is, which results in higher case counts. In New Hampshire, the SUID Program frequently identifies additional SUID cases, often marked as "undertermined" on the death certificate. These undetermined cases are subsequently reviewed by the Child Fatality Review Committee through its Sudden Unexpected Infant Death Case Review Subcommittee. Each year, the committee reviews approximately six to eight cases involving infants who die suddenly and unexpectedly.

Data Review of Deaths of New Hampshire Children and Adolescents (Ages 1-14 Years)

The number of child deaths from all causes in New Hampshire among children aged 1 to 14 from 2000 to 2024, shows that over a 25-year period, the annual number of deaths remained relatively stable, with some year-to-year variation. The highest numbers occurred in 2001, with 49 deaths, while the lowest was recorded in 2005, with 19 deaths. Notably low counts were also observed in 2017 and 2024, with 20 deaths each year (**Figure 6**).

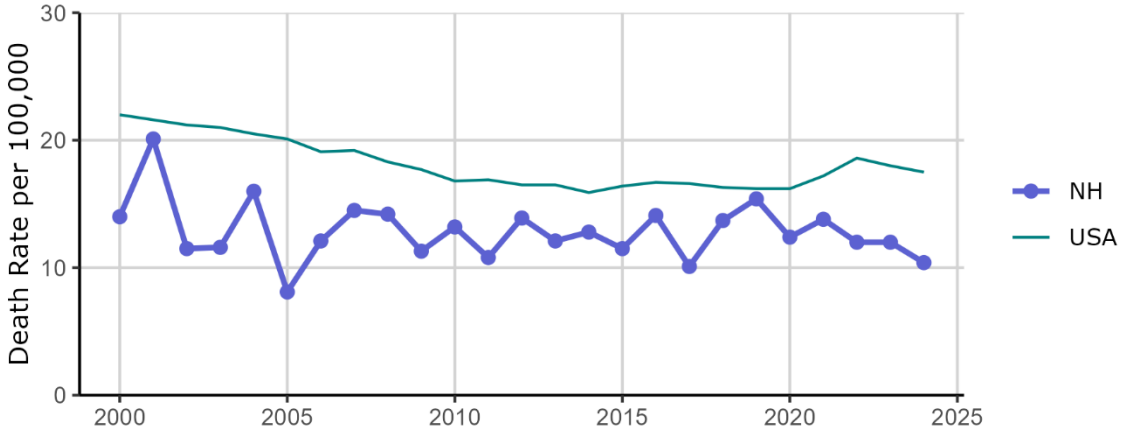
Figure 6: Child Deaths, Ages 1-14: NH (2000-2024)



Data Source: CDC WONDER (accessed 11/10/2025). 2024 data is provisional.

From 2000 to 2024, New Hampshire consistently reported lower child mortality rates for children ages 1–14 than the national average, reflecting strong child health and safety outcomes. The rate declined from 14.0 per 100,000 in 2000 to 10.4 in 2024, with the lowest rate of 8.1 per 100,000 recorded in 2005 and the highest at 20.1 per 100,000 in 2001 (**Figure 7**). Despite some year-to-year variation, the overall trend has remained stable, with no sustained increases.

Figure 7: Mortality Rate, Ages 1-14: NH and USA (2000-2024)



Data Source: CDC WONDER (accessed 11/10/2025). 2024 data is provisional.

Table 1 summarizes the leading manners (intent) of death among New Hampshire children aged 1–14 from 2020 to 2024.

- **Table 1** shows that the most common manner of death was non-injury/no intent classified (e.g., natural causes), with a rate of 7.7 per 100,000, which is below the national rate of 9.7. Unintentional injuries ranked second at 2.3 per 100,000 (vs. 5.1 nationally), followed by suicide at 1.1, which is similar to the national rate of 1.0. Other categories (e.g., homicide, undetermined) were suppressed due to low counts.

Table 1: Leading Manners of Child Death, Age 1-14: NH (2020–2024)

Intent	Count	NH Rate per 100,000	USA Rate per 100,000
Non-Injury, no intent classified	74	7.7 (6.0, 9.6)	9.7 (9.6, 9.8)
Unintentional	22	2.3 (1.4, 3.5)	5.1 (5.0, 5.2)
Suicide	11	1.1 (0.6, 2.0)	1.0 (0.9, 1.0)
Homicide	Suppressed	Suppressed	1.4 (1.4, 1.5)
Undetermined	Suppressed	Suppressed	0.3 (0.3, 0.4)
Legal Intervention / Operations of War	0	0 (0.0, 0.4)	0 (0.0, 0.0)
Total	117	12.1 (10, 14.5)	17.5 (17.3, 17.7)

Manner of death is defined using Injury Intent in CDC WONDER, which is defined using the External Cause of Injury Mortality Matrix (https://www.cdc.gov/nchs/injury/injury_tools.htm).

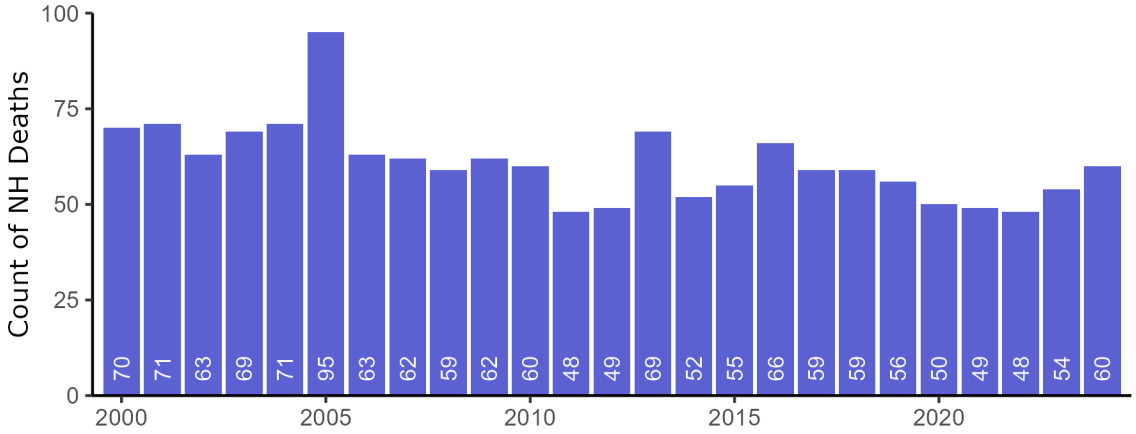
Counts and rates for 1-9 deaths are suppressed for privacy and statistical reliability.

Data Source: CDC WONDER (accessed 11/10/2025). 2024 data is provisional.

Data Review of Deaths of New Hampshire Youth (Ages 15-21 Years)

An analysis of death counts among youth in New Hampshire aged 15 to 21 from 2000 to 2024 indicates a relatively stable trend. In 2000, there were 70 recorded deaths, decreasing slightly to 60 by 2024. The highest number of deaths occurred in 2005, reaching a peak of 95, while the lowest numbers were recorded in both 2011 and 2022, with 48 deaths each (**Figure 8**).

Figure 8: Child Deaths, Ages 15-21: NH (2000-2024)

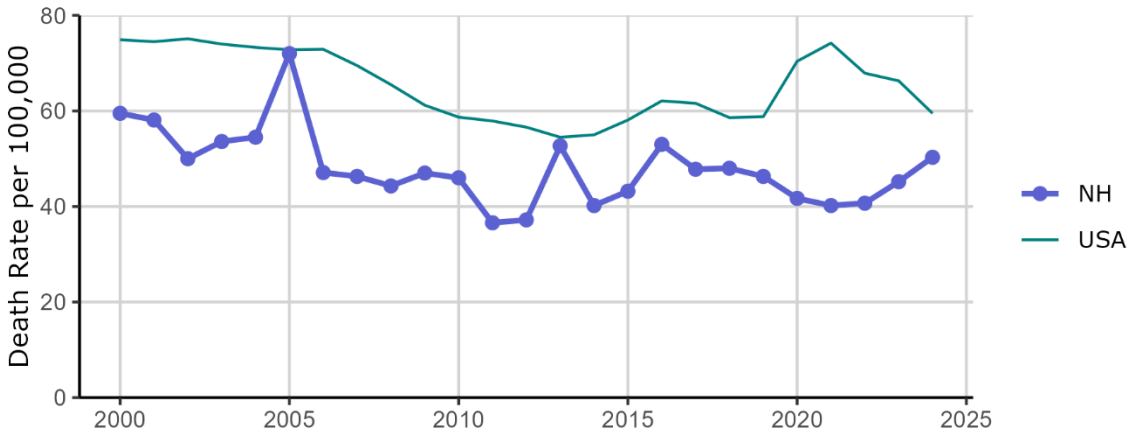


Data Source: CDC WONDER (accessed 11/10/2025). 2024 data is provisional.

From 2000 to 2024, youth mortality rates in New Hampshire for individuals aged 15 to 21 consistently remained below national averages, apart from 2005, when the state rate closely aligned with the national rate, 72.0 per 100,000 vs 72.8 per 100,000. In 2000, New Hampshire reported a youth death rate of 59.5 per 100,000, compared to the national rate of 74.9 per 100,000. By 2024, the state's rate had declined to 50.3 per 100,000, remaining below the national rate of 59.5 per 100,000.[4] The lowest rate was observed in 2011, at 36.6 per 100,000.

[4] Centers for Disease Control and Prevention. (2025). CDC WONDER. U.S. Department of Health & Human Services. Retrieved November 10, 2025, from https://wonder.cdc.gov

Figure 9: Mortality Rate, Ages 15-21: NH and USA (2000-2024)



Data Source: CDC WONDER (accessed 11/10/2025). 2024 data is provisional.

The data presented in **Tables 2** and **3** underscore the significant impact of unintentional injuries and suicide on youth mortality in New Hampshire. While overall rates for leading causes such as Motor Vehicle Crashes (MVC) and poisoning remain below national averages, certain suicide mechanisms, particularly suffocation and poisoning, exceed national rates, which highlight areas for targeted prevention efforts. The suppression of data for less common causes due to low counts reflects New Hampshire's relatively small population size but also emphasizes the importance of continued surveillance and intervention to address preventable deaths among youth. **Tables 2** and **3** present a summary of the leading manners (intent) and causes (mechanism) of death among New Hampshire youth aged 15–21 between 2020 and 2024:

- **Table 2** highlights that the most common manner of death in this age group was unintentional injury, with a rate of 20.0 per 100,000, which is lower than the national rate of 26.9 per 100,000. Suicide was the second most common manner of death, at 11.7 per 100,000, similar to the national rate of 12.
- **Table 3** provides a more detailed breakdown of selected specific causes of death. This table includes all causes with 10 or more deaths in New Hampshire (to be above the suppression threshold), as well as causes which are notable nationally but suppressed in New Hampshire. The leading cause was MVC, classified as unintentional, with a rate of 9.5 per 100,000, notably below the national rate of 14.5. The second leading cause was unintentional poisoning, at 8.4 per 100,000, similar to the national average of 8.9. Tied for the third leading cause were suicides by firearm and suicides by suffocation (e.g., hanging), each at 4.2 per 100,000. While the firearm suicide rate was below the national average of 6.2, the rate for suffocation was similar to the national rate of 3.6. New Hampshire homicide deaths by firearms in ages 15-21 are notably lower than the US rates. Nationally the rate is 12.3 per 100,000. The New Hampshire rate is suppressed due to small counts (1-9 deaths); however, even at the highest possible suppressed count (9), the NH rate would be only 1.5 per 100,000.

Additional causes were suppressed due to small numbers that fell below the threshold for public reporting.

Table 2: Manner of Child Death, Age 15-21: NH (2020–2024)

Intent	Count	NH Rate per 100,000	USA Rate per 100,000
Unintentional	120	20 (16.6, 24)	26.9 (26.6, 27.1)
Suicide	70	11.7 (9.1, 14.8)	12 (11.8, 12.1)
Non-Injury, no intent classified	60	10 (7.6, 12.9)	14.6 (14.5, 14.8)
Homicide	Suppressed	Suppressed	13.1 (12.9, 13.3)
Undetermined	Suppressed	Suppressed	0.8 (0.8, 0.9)
Legal Intervention / Operations of War	Suppressed	Suppressed	0.2 (0.2, 0.3)
Total	261	43.6 (38.5, 49.2)	67.6 (67.2, 68)

Manner of death is defined using Injury Intent in CDC WONDER, which is defined using the External Cause of Injury Mortality Matrix (https://www.cdc.gov/nchs/injury/injury_tools.htm).

Counts and rates for 1-9 deaths are suppressed for privacy and statistical reliability.

Data Source: CDC WONDER (accessed 11/10/2025). 2024 data is provisional.

Table 3: Leading Causes of Child Death, Age 15-21: NH (2020–2024)

Leading Mechanism and Intent	Count	NH Rate per 100,000	USA Rate per 100,000
Motor Vehicle Traffic - Unintentional	57	9.5 (7.2, 12.3)	14.5 (14.3, 14.7)
Poisoning - Unintentional	50	8.4 (6.2, 11)	8.9 (8.8, 9.1)
Firearm - Suicide	25	4.2 (2.7, 6.2)	6.2 (6.1, 6.3)
Suffocation - Suicide	25	4.2 (2.7, 6.2)	3.6 (3.5, 3.7)
All other diseases (Residual)	19	3.2 (1.9, 5)	3.8 (3.7, 3.9)
Malignant neoplasms (Cancers)	15	2.5 (1.4, 4.1)	2.9 (2.9, 3.0)
Diseases of Heart	12	2 (1, 3.5)	1.6 (1.5, 1.6)
Poisoning - Suicide	11	1.8 (0.9, 3.3)	1.1 (1.1, 1.2)

Other nationally-leading mechanisms and intents for comparison (NH counts below suppression level)

Firearm - Homicide	Suppressed	Suppressed	12.3 (12.1, 12.5)
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	Suppressed	Suppressed	1.1 (1.0, 1.1)
Total (all mechanisms/intents)	**261**	**43.6 (38.5, 49.2)**	**67.6 (67.2, 68)**

Injury intent and mechanism are defined using the External Cause of Injury Mortality Matrix (https://www.cdc.gov/nchs/injury/injury_tools.htm). Non-injury deaths are categorized according to the National Center for Health Statistics (NCHS) List of 113 Selected Causes of Death. 'All other diseases (Residual)' includes all non-injury causes not otherwise specified. For more information on the List of 113 Selected Causes of Death, including the codes included in 'All other diseases (Residual)', refer to Part 9 - Underlying Cause-of-Death Lists for Tabulating Mortality Statistics (https://www.cdc.gov/nchs/nvss/instruction-manuals.htm). For more information on Injury Intent and Injury Mechanism and All Other Leading Causes are defined refer to https://wonder.cdc.gov/wonder/help/mcd-provisional.html#Injury.

Counts and rates for 1-9 deaths are suppressed for privacy and statistical reliability. Total includes mechanisms and intents not shown.

Data Source: CDC WONDER (accessed 11/10/2025). 2024 data is provisional.

Data Review of Suicide Deaths Among Youth (Ages 10-21) in New Hampshire

Table 4 provides an analysis of youth suicide deaths in New Hampshire from 2020 to 2024, categorized by mechanism of injury, reveals the following trends in total counts, rates per 100,000 population, and comparisons to national figures:

- **Suffocation** was the leading mechanism of suicide, accounting for 30 deaths and a rate of 3.1 per 100,000. This rate is similar to the national average of 2.7 per 100,000.
- **Firearms** were the second most common method, with 29 deaths and a rate of 3.0 per 100,000. The national rate was 4.0 per 100,000.
- **Poisoning** ranked third, resulting in 12 deaths and a rate of 1.2 per 100,000. This is higher than the national average of 0.7 per 100,000, indicating a potential area for targeted public health intervention.
- The **"All Other"** category included 10 deaths, with a rate of 1.0 per 100,000, similar to the national rate of 0.7 per 100,000.
- **Overall**, there were 81 suicide deaths among youths in New Hampshire during this period, corresponding to a rate of 8.4 per 100,000, similar to the national rate of 8.1 per 100,000.
- These findings underscore the importance of implementing mechanism-specific suicide prevention strategies. While suffocation and firearms remain the most prevalent methods, the elevated rates of poisoning and other less common mechanisms highlight critical areas for enhanced prevention and intervention efforts.

Table 4: Mechanism of Child Suicide Death, Age 10-21: NH (2020–2024)

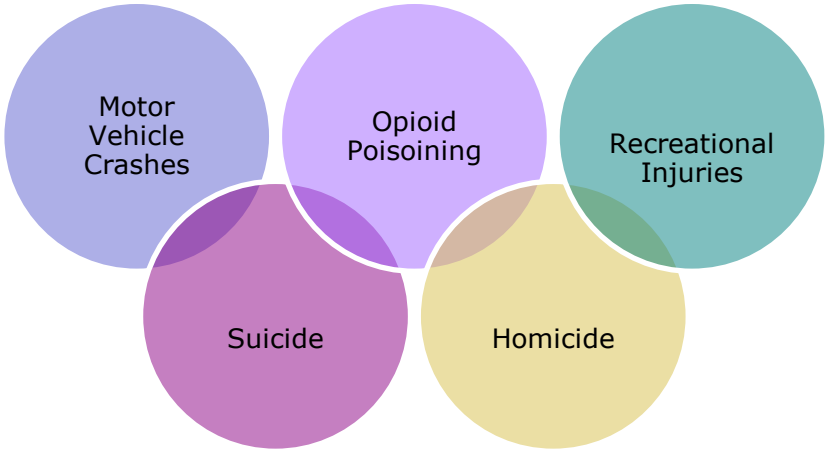
Mechanism	Count	NH Rate per 100,000	USA Rate per 100,000
Suffocation	30	3.1 (2.1, 4.4)	2.7 (2.6, 2.7)
Firearm	29	3 (2, 4.3)	4.0 (4, 4.1)
Poisoning	12	1.2 (0.6, 2.2)	0.7 (0.7, 0.8)
All other	10	1 (0.5, 1.9)	0.7 (0.6, 0.7)
All Suicide	**81**	**8.4 (6.6, 10.4)**	**8.1 (8, 8.2)**

Data Source: CDC WONDER (accessed 11/10/2025). 2024 data is provisional.

SFY 2025 CFRC Case Review Summary

The Child Fatality Review Committee (CFRC) meets every other month to review selected cases, drawing on data and member expertise to better understand the preventable causes of child deaths in New Hampshire. This section of the report highlights the common contributing factors and recurring risk factors identified through the fatality review process and uses these findings to inform recommendations focused on reducing future fatalities. Detailed SFY 2025 recommendations, including strategies can be found in **Appendix E**.

Types of Fatalities Reviewed by the CFRC in SFY 2025



Deaths from Unintentional Injuries Reviewed in SFY 2025

The CFRC reviewed two MVC fatalities involving young adults between the ages of 16 and 21. Both incidents occurred under circumstances that revealed common contributing factors including location (crashes occurred in both suburban areas and Interstate 93) and excessive speed.

The CFRC reviewed six fatalities resulting from opioid poisoning among youth aged 16 to 18. These cases revealed a complex interplay of behavioral health, social, and systemic risk factors. Common risk factors observed during review by the CFRC included history of mental health treatment and history of substance use disorder.

The CFRC reviewed two fatalities associated with recreational activities involving young adults between the ages of 18 and 21. Both incidents occurred within New Hampshire State Parks . Shared contributing factors included a history of substance use disorder (specifically marijuana and alcohol) and blunt force trauma as the cause of death.

Deaths from Intentional Injuries Reviewed in SFY 2025

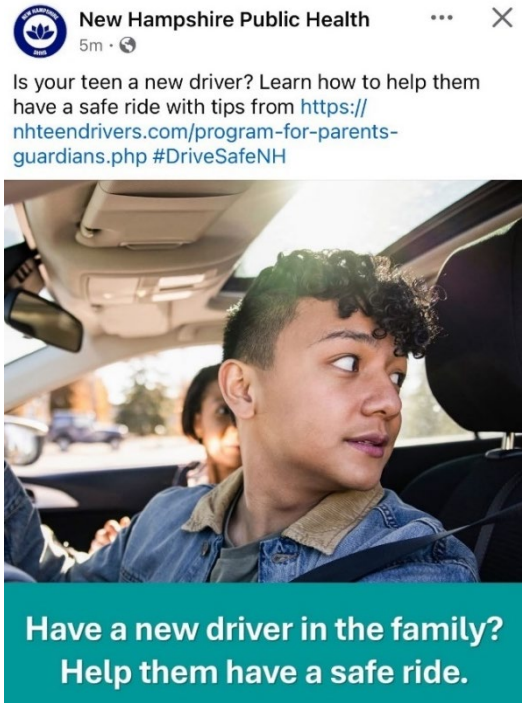
The CFRC reviewed two suicide fatalities involving young adults aged 18 to 19. The methods of injury in these cases did not include the more commonly reported means such as suffocation, poisoning/overdose, or firearms, but instead involved alternative mechanisms. During the reviews of these fatalities the CFRC identified a shared risk factor of age (suicide is the second leading cause of death for 10- to 24-year-olds in the United States)[5].

The CFRC reviewed three child fatalities classified as homicides. Each of these tragic incidents involved murder-suicides perpetrated by a parent, with a shared context of parental separation.

CFRC SFY 2024 Recommendations in Action

MVC Recommendations in Action

The CFRC member from the Dartmouth Health Injury Prevention Center Teen Driver Program disseminated the SFY 2024 CFRC Annual Report recommendations to their team and partners. With continued support from DHHS, they were able to advance their mission of preventing injuries and addressing key traffic safety concerns among youth drivers across New Hampshire. Their Youth Operator Program (YOP) conducted outreach to 86 high schools and middle schools statewide. A total of 5,152 high school students participated in either the Save a Life Tour or Think Fast Interactive educational programs. In total, 13 high schools and 2 middle schools hosted one of these impactful programs, helping to educate and empower young drivers with life-saving knowledge and skills.



In response to the SFY 2024 recommendation to increase driver safety messaging, the CFRC coordinator submitted social media posts aimed at raising public awareness of safety resources available for teen drivers to the New Hampshire DPH social medial accounts.

[5] Liwei L. Hua, Janet Lee, Maria H. Rahmandar, Eric J. Sigel, COMMITTEE ON ADOLESCENCE, COUNCIL ON INJURY, VIOLENCE, AND POISON PREVENTION; Suicide and Suicide Risk in Adolescents. Pediatrics January 2024; 153 (1): e2023064800. 10.1542/peds.2023-064800

Opioid Poisoning Recommendations in Action

In response to the SFY 2024 recommendation to strengthen suicide prevention efforts by increasing public awareness of access to lethal means, defined as any method, tool, substance, or environmental factor that could enable a person to cause serious self-harm or death if it is readily accessible[6] the CFRC coordinator submitted social media content to the New Hampshire DPH social media accounts. These posts focused specifically on safe removal and disposal of unused prescription medications, with the goal of reducing access to potentially harmful medications in the home and increasing community awareness of practical steps families can take to promote safety.

Suicide Recommendations in Action

The New Hampshire Department of Health and Human Services, Bureau for Children's Behavioral Health CFRC member disseminated the SFY 2024 CFRC Annual Report recommendations, focused on suicide prevention, to key partners. Together, they have implemented the following strategies:



- Increase awareness and access to mental health treatment programs;
- Promotion of suicide prevention training that includes lethal means safety and risk factor education for professionals in community, school, and healthcare settings;
- Delivery of Crisis Certification Trainings to community providers including Community Mental Health Centers and Centers for Mental Health;
- Expansion of Evidence-Based Practices (EBPs) through staff training in EBPs such as Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems, Rehabilitation Empowerment Natural Supports Education and Work (RENEW), The Seven Challenges, Child Parent Psychotherapy, Intercept, Cognitive Behavior Therapy, and Dialectical Behavior Therapy, all of which include suicide awareness and assessment components;
- Implementation of the Statewide Crisis System including a centralized access point, 988 crisis line, on-site mobile crisis response support, and crisis stabilization centers (safe locations for immediate care).

[6] National Action Alliance for Suicide Prevention, Lethal Means Stakeholder Group. (2020). Lethal means & suicide prevention: A guide for community & industry leaders. Washington, DC: Education Development Center.

The CFRC Coordinator from the DHHS Maternal and Child Health Section continues to collaborate with the Suicide Prevention Council. In alignment with the SFY 2024 CFRC recommendation to increase awareness of available programs that expand access to mental health treatment, the Coordinator developed and submitted social media content for use on the DPH accounts. These posts were designed to raise public awareness about mental health resources available to families and to promote timely access to support services across the state.

Conclusion

The work of the New Hampshire Child Fatality Review Committee underscores a shared commitment to understanding the circumstances surrounding child deaths and identifying opportunities to prevent future tragedies. Through careful analysis, collaboration, and a willingness to confront difficult realities, the CFRC provides valuable insights that can inform policy, strengthen systems, and support families and communities across the state. We hope this report reinforces the importance of ongoing vigilance, coordination, and advocacy on behalf of New Hampshire's children. Whether you serve in a public agency, a private organization, or as an individual community member, your efforts play a critical role in safeguarding the well-being of our youngest residents. Together, we can continue to build a safer, healthier environment where all children have the opportunity to grow, thrive, and reach their full potential.

Appendix A: CFRC Members July 2024-June 2025

- Honorable Susan Ashley (New Hampshire Circuit Court - Family Division)
- Marc Clement (Colby Sawyer College)
- Jessica Bates (DHHS, Maternal and Child Health, Administrative Support)
- Joy Barrett (Granite State Children's Alliance)
- Christine Brennan (Department of Education)
- Samantha Swetter (Hampstead Hospital)
- Jennie Duval (Department of Justice, Chief Medical Examiner)
- Sherry Ermel (DHHS, Division for Children, Youth, and Families)
- Adam Fanjoy (Department of Safety, Fire Marshal's Office)
- Wendy Gladstone (Maternal Child Health Specialist, Retired Pediatrician)
- Jennifer Hunter (Whole Village/Granite United Way)
- Robyn Guarino (Department of Justice, Office of the Attorney General)
- Kris Hering (New Hampshire Hospital Association)
- Angie Raymond Leduc (Injury Prevention Center - Dartmouth Health)
- Amy Roy (Dartmouth Health Child Advocacy and Protection Program)
- Fran McLaughlin (DHHS, Women, Infants, and Children Program, Nutrition Services)
- Amanda Merrill (DHHS, Maternal and Child Health, Administrative Support)
- Evan Nadeau (Department of Safety, State Police)
- David Parenteau (Statewide Law Enforcement Officers' Advisory Council)
- Sylvia Pelletier (New Hampshire Family Voices)
- Josephine Porter (New Hampshire Center of Justice and Equity)
- Matt Robblee (Department of Safety, Bureau of Emergency Medical Services)
- Daryll Tenney (DHHS, Division of Behavioral Health)
- Cassandra Sanchez (Office of the Child Advocate for the State of New Hampshire)
- Courtney Keane (DHHS, Bureau of Family Health and Nutrition)
- Marcia Sink (Court Appointed Special Advocates (CASA) of New Hampshire)
- Joi Smith (New Hampshire Coalition Against Domestic & Sexual Violence)
- Patricia Tilley (DHHS, Office of the Commissioner)
- Catrina Watson (New Hampshire Pediatric Society)

Appendix B: Additional CFRC Activities in SFY 2025

Throughout SFY 2025, the CFRC actively engaged with several subject matter experts to support its case reviews and policy discussions:

- **July 2024**: The Interim New Hampshire Overdose Fatality Review Facilitator presented to the committee, sharing data and strategies related to overdose prevention campaigns. To view the commission's most recent annual report and learn more about the SOR initiative, please visit the State Opioid Response Grant website.

- **November 2024**: The CFRC invited the DHHS Suicide Prevention Coordinator to present, but they were unable to attend. Updates were shared from the New Hampshire Suicide Prevention Council (SPC), which included working with the Suicide Fatality Review Committee to reduce suicide deaths through comprehensive fatality reviews that inform prevention strategies. For more information, visit the Suicide Prevention Council webpage.

- **January 2025**: Representatives from both New Hampshire Fish and Game and New Hampshire State Parks joined the committee to provide insight during the review of fatalities occurring in state parks. The representatives shared their expertise on outdoor recreation safety, their coordination of all rescues statewide and their involvement in the Hike Safe initiative, including the Hike Safe Card program.

May 2025: The CFRC welcomed the Highway Safety Program Manager from the New Hampshire Department of Transportation and the Youth Operator Program Coordinator from the Dartmouth Health Injury Prevention Center. They presented motor vehicle safety campaigns aimed at reducing traffic-related deaths and injuries including a presentation that summarized findings from the New Hampshire Department of Transportation (DOT) Traffic Fatality Summit in February 2025. This event brought together first responders, state agencies, and key stakeholders to discuss strategies for eliminating roadway deaths. During the summit, DOT highlighted its current safety initiative, NH Driving Toward Zero. The CFRC Coordinator was among attendance at the DOT Traffic Fatality Summit in February 2025.

Appendix C: Grief Resources

For Health Care Providers:

- **Resources to Support Grieving Families**
  - Supporting a Family After the Death of a Child or Adolescent
  - Fact Sheet for People Helping Children and Youth Survivors of Loss
  - Fact Sheet for Survivors of Loss
  - Tip Sheet: How to Support a Child through Grief
  - Tip Sheet: How to Support a Person who is Grieving the Loss of a Life

For Survivors of Loss:

- **Local Resources for Grieving Families**
  - Survivors of Suicide Loss - NAMI New Hampshire
  - New Hampshire- The Tears Foundation
  - Grief Share - Support Group
  - Grief Resources | New Hampshire Funeral Directors Association
  - Bereavement Resources - Cremation Society of NH
  - Resources - Friends of Aine
  - Grief - Compassionate Friends (local chapters available)

- **National Resources for Grieving Families**
  - National Alliance for Children's Grief
  - Grief After the Death of a Child - St. Jude
  - Breast Care After Infant Loss
  - What's Your Grief- Grief Support
  - National Maternal Mental Health Hotline
  - Bereaved Children
  - Bereaved Parents
  - Bereaved Siblings

Appendix D: Prevention Resource List

Driver Safety

- Teen Driver Program
- Teen Driving Safety: 2022 Resource Guide
- AAA Driver Education
- BeSeatSmartNH
- NH Driving Toward Zero

Suicide Prevention

- NH Annual Suicide Prevention Reports – The Connect Program
- Children's Behavioral Health Resource Center
- Behavioral Health
- Suicide Prevention
- Suicide Prevention - NAMI New Hampshire
- NH Suicide Prevention Council
- NH 988

Overdose Prevention

- Drug Disposal locator
- Twin State Safe Meds
- Student Assistance Programs (SAPs)
- NH Department of Health and Human Services' Bureau of Drug and Alcohol Services (BDAS)
- Never Use Alone
- Partnership-Fentanyl-Test-Strips
- New Hampshire Harm Reduction Coalition
- Substance Misuse Prevention Services
- SOR (State Opioid Response) Grant
- Get Ahead: Prevention and Early Intervention Toolkits
- 211 NH

Homicide and Domestic Violence Prevention

- New Hampshire Coalition Against Domestic and Sexual Violence
- NH SAYS NO MORE
- If You See Something, Say Something
- NAMI New Hampshire Immigrant and Refugee
- Resources for Homicide Cases | New Hampshire Department of Justice
    - Homicide Survivor Guide

Recreational Injury Prevention

- New Hampshire Skier Safety
- Wildly Responsible
- Hike Safe
    - Hike Safe Card

Appendix E: SFY 2025 CFRC Recommendation Table

Fatality Type Reviewed	CFRC Recommendation	Identified Community Strategy	Implementation Status
Motor Vehicle Crash	Driving safety education beyond schools to reach other touch points for young adults such as primary care providers, Community Mental Health Centers, Youth Groups, Driver's Insurance providers, workforce development (i.e. HR departments, employer wellbeing programs).	Community-based organizations play a key role in expanding access to driver safety education for young adults beyond traditional school settings. By collaborating with existing driver safety campaigns, community partners can help deliver approved, age-appropriate educational content through trusted local channels. This collaborative approach aims to reach more young drivers, especially those not currently engaged in school-based programs by leveraging the strong relationships and networks that community organizations already have in place.	In progress
Motor Vehicle Crash	Driver safety education in all higher education schools to integrate and promote driver safety education programs across colleges, universities, and technical schools in NH.	Colleges and universities in New Hampshire are encouraged to engage student organizations (i.e. student government, peer mentoring groups) to co-sponsor or promote driver safety programs.	In progress
Motor Vehicle Crash	Development and promotion of safe driving education for parents, recognizing their critical role in modeling and reinforcing safe driving behaviors for their children, especially teen and young adult drivers.	Integration of parent focused education into existing youth driver programs. Including take home materials or digital resources for parents on topics such as Graduated Driver Licensing (GDL) laws, setting driving expectations and boundaries, monitoring teen driving behavior, and talking about distracted and impaired driving. Partnerships between schools and community organizations include collaboration with PTAs, school counselors, and community centers to host parent workshops or webinars. Work with faith-based groups, youth organizations, and local nonprofits to reach diverse parent populations. Offering multilingual resources to ensure accessibility for all families in NH.	In progress

Fatality Type Reviewed	CFRC Recommendation	Identified Community Strategy	Implementation Status
Motor Vehicle Crash	Comprehensive driving safety campaigns that include social norms strategies.	Increasing comprehensive driving safety campaigns that incorporate social norms strategies that can be implemented at the community and state levels. Conducting research to identify misperceptions by surveying young drivers and parents to understand common misperceptions, use the findings to target specific behaviors where perceived norms differ from actual norms.	In progress
Suicide	Statewide suicide prevention and education training. All agencies serving families commit to providing mental health training for their staff. Education should include warning signs, accessible lethal means, and safety planning. Education should be aimed at professionals working with youth and families.	Best practice and/or evidence-based training should include education on recognizing warning signs, understanding lethal means, and developing effective safety plans such as the resources offered through The Connect Program's Mental Health 101.	In progress
Opioid Poisoning	Promotion of the use of lock boxes for storing high-risk medications in homes with children and adolescents. Parents and caregivers should be educated on the importance of secure storage to prevent accidental ingestion and reduce the risk of harm.	Promote the use of lock boxes for the safe storage of high-risk medications in the home. This proactive measure supports safer environments for children and youth. Actively promote the Twin State Safe Meds initiative, which focuses on educating the public of the safe use, storage, and disposal of medications.	In progress
Opioid Poisoning	Promotion of parental education and awareness related to access and distribution of illicit substances including online safety for youth and adolescents and expansion of evidence-based school substance misuse prevention programs.	Statewide expansion of school-based substance misuse prevention programs, with a focus on implementing Student Assistance Programs (SAPs) modeled after Project SUCCESS. These evidence-based programs, funded by the New Hampshire Department of Health and Human Services' Bureau of Drug and Alcohol Services (BDAS), provide early intervention and support for students at risk of substance misuse.	In progress

Fatality Type Reviewed	CFRC Recommendation	Identified Community Strategy	Implementation Status
		Including distribution of education of early intervention and support available to families. Integrating SAPs into school systems can strengthen prevention efforts and improve student well-being across New Hampshire.	
Opioid Poisoning	Continued expansion and promotion of harm reduction services across New Hampshire to address the ongoing opioid crisis.	Best practice strategies through services, advocacy, and education may look as follows: Encouraging partnerships on community education events. Sharing prevention messaging from the New Hampshire Harm Reduction Coalition & Substance Misuse Prevention Services in community work with your networks. Engagement in youth and school-based programs. Advocate for evidence-based policies. Refer families to Medication Assisted Treatment (MAT), peer support, housing, and NH HRC services. Promote awareness of The Doorway funding by the SOR (State Opioid Response) Grant & 211 NH	In progress
Homicide	Prioritization of the development and implementation of targeted programs to address adverse childhood experiences (ACEs) in children known to have been exposed to violence.	Statewide implementation of Adverse Childhood Experiences Response Team (ACERT) programs, modeled after the ACERT initiative at Amoskeag Health is one example of a targeted program that addresses ACEs in children known to have been exposed to violence. These teams identify at-risk youth through police referrals and an internal alert system that notifies an assigned advocate when a child is involved in a police incident. The advocate follows up with the family, offering resources and support in collaboration with local health departments and existing ACERT teams.	In progress

Fatality Type Reviewed	CFRC Recommendation	Identified Community Strategy	Implementation Status
Homicide	Utilization of crisis centers and programs that address intimate partner violence, offering assistance and support to victims of sexual assault, domestic violence, stalking, child abuse, and human trafficking.	Promotion of campaigns like NH SAYS NO MORE shines a light on the reality that sexual assault and domestic violence impact people in every community, often in ways we may not see. By coming together to support efforts like this, we can foster a culture of safety, compassion, and accountability, and take meaningful steps toward ending these forms of abuse.	In progress
Homicide	Development of initiatives that offer culturally responsive mental health services for immigrants and refugees in our community, recognizing the unique challenges they face and the importance of accessible, inclusive support.	Promotion and awareness of NAMI New Hampshire Immigrant and Refugee resource page and other statewide support services from all agencies serving immigrant and refugee families. Sharing these resources through community networks and platforms helps ensure immigrant and refugee populations are informed and connected to culturally appropriate mental health care.	In progress
Homicide	Public education and awareness campaigns of public safety programs to increase knowledge and understanding of suicide warning signs and potential for harm to others warning signs.	Promotion and awareness raising of public safety and mental health programs and training, including but not limited to: When You See Something, Say Something by the Partnership at Drug Free New Hampshire If You See Something, Say Something- initiative to encourage vigilance and reporting of suspicious activity.	In progress
Homicide	Voluntary services provided to the public from the Division for Children, Youth and Family's (DCYF) for family support, including referral to mental health services.	Increased education to DCYF staff and partners about Community-Based Voluntary Services (CBVS), recommended strategies to achieve this but not limited to: • DCYF to develop a one-page flyer for families that explains: CBVS; who is eligible; how to contact DCYF central intake; and how to find a local Family Resource Centers Family Page.	In progress

Fatality Type Reviewed	CFRC Recommendation	Identified Community Strategy	Implementation Status
Homicide	Increased public awareness of existing grief support available after a child fatality occurs and the development and integration of long-term family support within healthcare systems.	Community Health Care Centers are encouraged to integrate long-term family support into their health care systems. Suggested strategies to achieve this include but are not limited to: • Launch campaigns to raise awareness of grief support services. • Collaborate with schools, faith-based organizations and non-profits to disseminate information and provide community-based grief support. • Develop culturally sensitive outreach materials tailored to diverse communities and offer multilingual resources and peer support networks. • Obtain family feedback on the support they receive, use input to improve services and outreach strategies.	In progress
Recreational Injury (Skiing)	Promotion of increased public education and awareness related to skiing safety, including but not limited to 'Your Responsibility Code', skiing within each skier's/rider's ability, helmet use, lift safety, and the dangers of skiing under the influence of alcohol or drugs. Education should also include the importance of skiing with a buddy, collision prevention, terrain park safety, and "what to know before you go" if you're a new skier or rider.	Strategies to support community-level implementation aimed at increasing public education and awareness around skiing and snowboarding safety, promotion of safe skiing practices through targeted education campaigns such as the following skiing safety campaigns: New Hampshire Skier Safety and the National Ski Areas Association's safety education national clearinghouse website, National Ski Areas Association, as well as the online family-friendly safety education application, Welcome to EdApp Additional strategies include: • On-Site Education at New Hampshire ski resorts. New Hampshire ski resorts are encouraged to implement on-site safety	In progress

Fatality Type Reviewed	CFRC Recommendation	Identified Community Strategy	Implementation Status
		education initiatives, including: ○ Installation of safety signage at high-traffic areas, hosting of safety days featuring demonstrations, helmet fittings, and interactive learning opportunities, distribution of educational materials, provision of beginner safety briefings prior to equipment rentals or ski/snowboard lessons. ○ Youth and School Outreach to foster early awareness and safe habits among young skiers and riders; resorts are encouraged to partner with local schools to integrate ski safety into winter sports programs.	
Recreational Injury (Hiking)	Promotion of the New Hampshire Fish and Game - Hike Safe Program in schools.	The NH Fish and Game Dept. and the NH Dept. of Education are encouraged to collaborate on outreach to schools to incorporate the Hike Safe program into their curriculum via Learn Everywhere NH. By embedding outdoor safety education into formal and extracurricular learning, this effort aims to equip students with essential knowledge and skills for safe and responsible recreation in New Hampshire's natural areas.	In progress
All	Strong community-based support for the enhancement of the NH Injury Prevention program to encompass all ages in New Hampshire.	Strong community-based support to expand the statewide injury prevention program that encompasses all ages in New Hampshire. This includes raising public awareness, advocating for sustained support, participating in data collection efforts, building local partnerships, promoting everyday safety practices, and empowering youth through active engagement.	In progress

Appendix F: CFRC Contact Information

New Hampshire DHHS Contacts

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