

Child Fatality Task Force
Approved Minutes, September 27, 2010

Members in Attendance: Austin Allran, Elaine Cabinum-Foeller (by phone), Paula Hudson Collins, Karen Davidson (by phone), Rep. Dale Folwell, Angie Stephenson (for David Gordon), Martha Sue Hall, Gibbie Harris (by phone), Brett Loftis, Karen McLeod, Earl Merett (by phone), Jeffery Walston (for Stephanie Nantz), Sen. William Purcell, Deborah Radisch, Susan Robinson, Kevin Ryan, Sarah Verbiest, Jane Volland, Rep. Jennifer Weiss, Tom Vitaglione

Guests: Rosie Allen, William Bronson, John Dervin, Mari Fitz-Wynn, Janice Freedman, Michelle Futrell (by phone), Gloria Hale, Michelle Hughes, Andrea Lewis, Gerri Mattson, Mary Overfield, Krista Ragan, Kelly Ransdell, Henry Schaffer, Emily Taylor

Tom Vitaglione called the meeting to order. Brett Loftis moved and Martha Sue Hall seconded approval of the minutes which were affirmed.

PowerPoint presentations from the day are available on the CFTF website:

<http://www.ncleg.net/gascripts/DocumentSites/browseDocSite.asp?nID=116&sFolderName=\Presentations>

Director's Report

Elizabeth Hudgins reported the American Academy of Pediatrics had recently issued a policy statement on Child Fatality Review. It affirms a process of looking at a range of causes and manners of child death, not just death by parent or caregiver. (NC has used such a model since the Child Fatality Prevention System inception 20 years ago.)

CFTF partnered with Healthy Start and Safe Kids to have a booth at the Health and Wellness Expo in August.

Ms. Hudgins announced creation of the new **CFTF website!** Many thanks to Kelly Stallings at Information Systems Division for designing and creating the site and to Aaron Brown in Senator Purcell's office for posting materials. The site can be accessed through the General Assembly mainpage (click through committees, study committees, CFTF, committee website) or directly:

<http://www.ncleg.net/DocumentSites/Committees/NCCFTF/Homepage/>

At the moment, it does not appear high on "Google" searches – but may after enough people check it out. Minutes, reports, presentations, meeting schedules, and committee documents are now available on line!

Hudgins also noted that she is working on the 20th anniversary issue of the Annual Report. Members and others are encouraged to contact her with success stories or other information to include.

Fatality Data by Race and Age

Elizabeth Hudgins also reported on her analysis of 20 years of child fatality data by race and age. The full presentation is available on-line under presentations. Highlights include the following:

- Overall fatality is down and disparities are declining;
- The majority of child deaths (two-thirds) occur to infants under age 1; thus overall fatality data is driven by infant mortality factors;

- Even for older children (up through age 9), the majority of deaths are related to health conditions; birth defects and perinatal conditions combined are the 3rd leading cause of death for children ages 1 to 9;
- For children over age 1, disparity rates are much lower than for infants and for children 10 or older there are years where the white fatality rate is higher than the minority fatality rate;
- Different races/ethnicities of children tend to die disproportionately from different causes and manners. White children represent a disproportionate number of suicides and poisonings; black children represent a disproportionate number of deaths from perinatal conditions and homicides; American Indian die disproportionately from drowning, homicide and motor vehicle crashes; Hispanic children die disproportionately from birth defects and fire/flame.
- Public policies make a difference. Examples include motor vehicle safety and infant mortality infrastructure.

A copy of the full report is also available on-line:

<http://www.ncleg.net/DocumentSites/Committees/NCCFTF/Reports%20and%20Data/Child%20Fatality%20Data%20by%20Race%20and%20Age%201991%20to%202008%209-10.pdf>

2009 Infant Mortality Data

Tom Vitaglione reported that the 2009 data shows that infant mortality is at its lowest rate ever for NC – 7.9 deaths per 1,000 births; however, the state remains ranked in the bottom of the nation for this indicator. Fortunately, SIDS deaths are back within historical averages. Unfortunately, disparity seems to be increasing for this age range.

For more information: <http://www.schs.state.nc.us/SCHS/deaths/ims/2009/>

Rep. Weiss had questions about asphyxiation and aspiration deaths. She suggested considering expanding the Safe Sleep messaging to include information on keeping babies upright after they are fed.

State Team Report

Krista Ragan reported that 2009 child fatality data should be coming out soon and noted that preliminarily it seemed that homicides were declining while suicides were increasing. Most suicides are from hanging and firearms.

The State Team will be making recommendations through the various committees to the CFTF. Likely topics will include strategies to reduce infant deaths and awareness campaigns.

Ms. Ragan also reported on data and other reports issued by the State Team. Despite the loss of a staff member, work production has increased by 8-fold to 10-fold. State Team data is used at the local, state and national level for grant applications, training and protocols and other uses.

Committee Reports

Intentional Death: Brett Loftis noted that many of the topics referred to IDC fell into two major buckets. The first focuses on reporting and infrastructure and includes such issues as keeping infrastructure, including the CARELINE, in place; standardizing and institutionalizing training; and supporting groups that tend to under-report child abuse, such as child care providers. The second bucket focuses on early intervention, including proven programs, such as the Child Treatment Program, home visiting and trauma assessment. Other issues of importance include general

infrastructure (such as new grants) and improved partnering with domestic violence, as many of the interventions are the same. The next meeting of IDC will be October 25 at 10AM.

Unintentional Death: Martha Sue Hall and Peter Morris reported for the committee. So far, the committee is looking at supporting raising the fine for speeding in a school zone from \$25 to \$250; endorsing legislation for cameras to catch those who speed in school zones on highways; endorsing legislation on strengthening backseat seatbelt laws, but with concerns about how to enforce them; and still considering legislation banning driving for smoking or talking on a cell phone with a child in the car. It was noted that Sen. Dannelly is pursuing a ban on cell phone use while driving. Rep. Folwell noted that he will introduce legislation that will make use of a cell phone an aggravating factor for drivers who get into an accident and that since the texting ban went into effect, fewer than 50 tickets have been written for the offense. Rep. Weiss asked if any state had banned hands-free cell phones while driving. No state has done so. She followed up by noting that using even a hands-free cell was as dangerous as driving drunk but the political reality of getting a restriction passed and enforced was challenging and thus strategies for educating the public about such dangers should be considered. Dr. Morris replied that having the conversation helped raise awareness. Sen. Allran was concerned about the lack of recommendations on poisoning deaths but was assured that would be taken up at the October meeting.

Perinatal Health: Sarah Verbiest detailed the process that PHC was using to arrive at recommendations. They started with a budget overview to be pragmatic in recommendations and are discussing an array of topics thematically. Committee work seeks to build on the great partnership of the previous session. Leadership is also working to improve the diversity of the committee and has invited more than 25 new participants from around the state representing geographic, racial, ethnic and professional diversity. The Committee approved endorsing the Healthy Start Foundation's Hospital Recognition program around Safe Sleep, as it has endorsed other programs consistent with national guidance.

Dr. Morris asked about disparity and obesity work. Dr. Verbiest noted that all southern states carry a legacy. Work continues with an eight southern state consortium working to craft effective strategies to combat infant mortality. Concerns about disparity also drive reaching out to ECU and other partners in the east where death and disparity rates tend to be particularly high. Additionally, for several years PHC has focused on examining women's health, including preconception health, more broadly so that women go into pregnancies healthy.

Sen. Allran reminded participants about Governor Martin's Infant Mortality Task Force from the 1980s and the fact that money was often needed to address solutions.

Tom Vitaglione added that reasons behind infant mortality are complex and the next place that advancement needs to happen is on the preconception front – well before pregnancy.

Sen. Allran asked what was happening to combat obesity, since that was a factor in preconception health and birth outcomes. Sen. Purcell noted that a variety of groups, including legislative task forces, were working on the issue. It was a substantial concern, as 30% of our children are overweight or obese. However, often solutions, such as improved school lunches, had a number of barriers impeding implementation.

Joe Holliday added that health reform legislation may provide an opportunity to help improve the health of the woman before she becomes pregnant, as more women will be covered by Medicaid. He

also said that health of the mother tracks infant mortality from a data perspective and that infant mortality, *and* diabetes and heart disease, are highest in the Eastern part of the state.

Martha Sue Hall added that sex education in schools could be another strategy to improve birth outcomes.

Guest Emily Taylor remarked that breastfeeding was effective in reducing obesity.

Rep. Folwell noted that new medical students should be strongly encouraged to go into primary care to improve overall access to care.

Safe Kids Report

Kelly Ransdell, Director of Safe Kids NC and Deputy Director with the NC Department of Insurance, updated the Task Force on the work of Safe Kids NC. For a copy of her presentation:

<http://www.ncleg.net/gascripts/DocumentSites/browseDocSite.asp?nID=116&sFolderName=\Presentations>

Highlights include the following:

- Safe Kids has coalitions in many counties across North Carolina. With guidance and coordination from Safe Kids, these groups often “put feet” to the work of the CFTF by helping to assure car seats are safe and installed correctly; arranging drop-offs for prescription drugs; distributing information on ATV safety; creating and distributing gun safety brochures, etc.
- Buckle Up Kids distributed over 7000 child safety seats in 80 counties, provided training to technicians and checked more than 14,600 seats. In addition to special events, there are permanent seat checking locations throughout the state, located in fire departments and elsewhere. They have initiated a pilot program that works with drivers charged with a restraint violation to have the seat installed correctly. If the driver receives a certificate from the local Safe Kids group, then the DA will dismiss the ticket.
- Operation Medicine Drop in March 2010 collected more than 1.4 million dosages of medication with 186 events in one week its first year of operation. It now serves as a national model. While drop-off sites were always neutral, partners included law enforcement and others. Flyers, press materials and other information were provided to support local efforts.
- Public awareness activities include media work, outreach and a new website launch: <http://www.ncdoi.com/OSFM/safekids/default.asp>
- Safe Kids has grants to work on issues such as child passenger safety, walking to school, and fire safety. They also work on encouraging family fire drills, warning against leaving children in hot cars (or leaving hot cars unlocked so kids can get trapped in them), pool and spa laws, carbon monoxide detectors and other issues.

Rep. Folwell used the opportunity of the discussion of the dangers of readily-available but unneeded prescription drugs to share with the group a new study from Michigan State and NCSU. The study finds that misdiagnosing children with ADHD has resulted in \$300 million to \$500 million in Ritalin and other drugs being mis-prescribed. Often the reason is that children are starting school too young and almost a year in age behind their classroom peers. This can make teacher expectations inappropriate as very young children may not be developmentally ready for certain types of classroom learning. Rep. Folwell added that in NC the age at which a child may start kindergarten was recently increased as his Every Child Ready to Learn bill was implemented at the start of the current academic year.

Dr. Purcell noted that these medications had a definite place and the medical community needed to address their overprescribing. Dr. Cabinum-Foeller echoed the need and added that, in addition to education with the medical community, parents needed to be educated that a pill won't solve everything.

Recognizing and Responding to Suspicions of Child Abuse and Neglect

Rosie Allen, President/CEO and Michelle Hughes, Executive Vice President at Prevent Child Abuse presented on work by PCA to strengthen systems that support families and to help professionals and others overcome barriers to reporting suspected abuse and neglect. A copy of the full presentation is available on-line:

<http://www.ncleg.net/gascripts/DocumentSites/browseDocSite.asp?nID=116&sFolderName=\Presentations>

Highlights of the report include the following:

- There are a variety of reasons that people do not report suspicions of child abuse and neglect, running along a continuum from not aware that they need to report, to not knowing how to report, to reluctance about making a report because of concerns about alienating the family, to poor previous experience, etc. Research shows that past experiences reporting abuse are a substantial predictor of if someone will report suspicions again and that addressing system issues provides the biggest bang for the buck. PCA focuses on evidence-based and promising family-strengthening programs.
- Helping potential reporters understand how the DSS system can help families and children is critical. Thus, we should use language such as responding to maltreatment and referring families for services. (“Reporting” suggests that families are “bad.”)
- Currently, North Carolinians call in concerns abuse and neglect at rates similar to other southeastern states. If we do anything to increase the number of calls, we need to assure that the system is in place to handle those concerns well and provide families with services.
- Prevent Child Abuse is working on a variety of fronts to strengthen the recognizing and responding system. Training is available across the state and targeted to various professionals who deal with children, including pediatricians and teachers. It includes videotapes of parents and others who have been helped by the system to demonstrate the resources available. In June 2011, PCA hopes to have targeted training available on-line for people to access any time of day.
- Another area of work for PCA is to train professionals in recognizing and responding to neglect and abuse. Such training includes information on the mechanics for reporting suspicions and strategies for handling disclosure and maintaining working relationship with family.
- PCA helps works on public awareness and distributes a range of materials.

Senator Purcell noted how he was often frustrated as a pediatrician when he would ask CPS to visit a family, not so much to substantiate abuse as to perhaps offer help and never heard back how the family was doing. Michelle Hughes replied that is why programs such as Multiple Response System (MRS) are so important. Brett Loftis added that it was important that programs that work are up to scale; that the full infrastructure is in place to serve enough children to make a difference substantial enough to show up in the data. Rosie Allen concluded that we need to re-think what makes a good parent; a good parent asks for help. Thus, we need to assure that DSS has sufficient resources to really help families.

Prescription Drug Monitoring

William Bronson, Program Manager, DHHS, Drug Control Unit, provided information about the growing problem of prescription drug abuse in North Carolina and nationwide. A full copy of his presentation is available online:

<http://www.ncleg.net/gascripts/DocumentSites/browseDocSite.asp?nID=116&sFolderName=\Presentations>

Highlights from the presentation include the following:

- Prescription drug abuse has been present for decades. Highly abused substances include pain relievers, sedatives, and tranquilizers. Prescription drugs are the 2nd most abused substance in the US and on-track to becoming the leading gateway drug.
- Children aged 12 to 17 are the second most likely of all age groups to misuse prescription drugs. Teens report that it is easier to get prescription drugs than to get beer. Also many parents are unaware of this growing problem. The number of child deaths from misuse of prescription drugs is increasing.
- There are many differences in how children use/access prescription drugs compared to adults. Children do not “doctor shop” but instead get the drugs from medicine cabinets of parents, family and friends. They generally share the drugs, often throwing them into one big “salad bowl” for a party. Often this activity is mixed with drinking alcohol, a particularly dangerous practice.
- Different rules for disposal apply to controlled and non-controlled substances. Not all prescription drugs are controlled substances.
- NC has taken steps to strengthen the Controlled Substance Reporting System. While effective in reducing doctor shopping, forgeries and thefts of prescription drugs are increasing.

Rep. Weiss commented that one-time-a-year efforts, while positive, could only have so much effect. We need to consider continuous drop-off sites and education of parents of teens.

Next Meeting

The next meeting of the CFTF is November 8th from 10AM until 1PM in room 1027 of the Legislative Building in Raleigh.