



For Immediate Release

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Child Fatality Task Force Releases Annual Report with New Recommendations to Build on Policy Success in Saving Children's Lives

RALEIGH – Today the NC Child Fatality Task Force released its annual report of child deaths, highlighting the policy strategies that have worked to bring the death rate to its lowest level on record.

“Since the future prosperity of our state depends on the health and well-being of our next generation, sustained and strategic investments in children are critical, and they work,” noted Elizabeth Hudgins, Child Fatality Task Force Executive Director. “This year, the Task Force offers policy recommendations that will build on our past policy successes.”

The primary budget recommendation calls for maintaining key funding for infant mortality programs since two-thirds of all child fatalities in North Carolina are children who die before their first birthday. Other recommendations focus on strategies to reduce injury deaths.

“Implementation of past recommendations of the Child Fatality Task Force has helped avert more than 9,200 child deaths. The recommendations offered this year reflect more than 1,000 volunteer hours of research and discussion,” noted Karen McLeod, Task Force Co-chair and Benchmarks President/CEO. “We appreciate the continued willingness of our volunteers and of North Carolina policy-makers to focus their attention on improving child well-being.”

The recommendations this year include the following:

- Promote Safe Sleep using \$202,000 to educate families, hospitals, child care providers and others about best practices.
- Provide \$425,000 in funding for the Preconception Health Campaign so that women are healthier when they become pregnant.
- Re-instate \$375,000 in funding for the High Risk Maternity Clinic at Eastern Carolina University. This clinic serves women with high-risk pregnancies in 29 eastern counties. After funding cuts last year, the clinic has reduced staffing and services and has begun turning patients away. The cost of initial treatment for a baby born on the verge of viability is \$290,000.
- Assure availability of 17-Progesterone when needed to prevent subsequent preterm births (at a cost of \$47,000 for the program).

“The amount of money is relatively small – less than 1/100 of one percent of the state budget -- a little over \$1 million in a state operating budget of close to \$20 billion. But the pay-off can be huge, not just in terms of economics but also in terms of reduced family stress and improved life trajectories for children,” reflected Dr. Peter Morris, co-chair of the Child Fatality Task Force and Wake County Human Services Medical Director.

Other recommendations of the Task Force focus on reducing injury deaths while promoting and assessing safe behaviors:

Reduce motor vehicle deaths and injury - Motor vehicle crashes are the leading cause of injury death in children. The CFTF supports piloting speed cameras in school zones to protect students, encourage parents driving their children to school to model safer driving behavior and help shape early driving practice of teens driving to school. The Task Force also supports North Carolina adopting national best practice standards by making failure to wear a seatbelt in the backseat a primary offense (reason that law enforcement can stop a vehicle).

Reduce fire and flame death – Over the past five years, 75 children and hundreds of adults have lost their lives due to fire and flame deaths in our state. National data confirms that two-thirds of all fire deaths occur in homes where the smoke alarm is inoperable, often because the battery has been removed or is not working. Updating smoke alarm requirements to reflect the newer and readily available technology of tamper-resistant lithium battery alarms would help address this problem.

Maintain funding for data – Good data is essential to informing good policy. Also, data systems should be as efficient and responsive as possible so that front-line workers can have the information they need to make strong decisions. That is why the Task Force supports continued funding for key data systems generally. Specifically, the Task Force supports funding for NC FAST with a prioritization of Child Welfare Services to assure that information on child welfare cases can be shared in timely manner and across counties lines.

In addition to detailing the issues reviewed by the CFTF over the past year, the report highlights administrative activity and accomplishment with CFTF partners, such as promoting lactation policies with public and private employers, including child death scene investigation elements as part of basic law enforcement training, and promoting drug take-back events. Detailed information is also provided on the causes and manner of unexpected child deaths investigated by the NC Medical Examiner System.

In 1991, the NC General Assembly adopted a child fatality prevention system. This system includes the NC Child Fatality Task Force, the policy arm of the system; the State Child Fatality Prevention Team (under the direction of the Office of the Chief Medical Examiner), which reviews individual cases and identifies statewide trends; and local child fatality prevention teams in all 100 counties, which review local cases and recommend local changes needed to prevent future child deaths. For more information about the Child Fatality Task Force, please see <http://www.ncleg.net/DocumentSites/Committees/NCCFTF/Homepage/>.