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### **North Carolina Child Fatality Task Force Announces 2016 Child Death Rate\***

The North Carolina Child Fatality Task Force (Task Force)\*\* released data showing an overall child death rate in 2016 of 59.2 per 100,000 NC resident children ages 0 to 17. This rate is slightly higher than rates seen in recent years, but between 2010 and 2016, the overall child death rate has seen only small fluctuations, illustrating a relatively stable rate.

"A stagnation in the reduction of the child death rate is unacceptable," said Karen McLeod, Chair of the Task Force and CEO of Benchmarks. "What we need to see in order to get this rate on a downward trajectory is to do better at addressing social determinants of health. The data shows that 70% of a person's physical and emotional health is tied to the environment in which they live and directly impacts mortality rates. Policies that support access to safe housing, health care, quality education, as well as those that fight poverty, racism, and violence are all worthy of attention in the quest to see our child death rates decrease."

Deaths of infants (babies under one year of age) represented 64% of total child deaths in 2016, a ratio that is similar to past years. \*\*\* One of the issues focused on in recent years by the Task Force is tobacco use during pregnancy, which is directly associated with the top four causes of infant mortality in North Carolina. "Thankfully, the legislature responded to the recommendation of the Task Force to appropriate recurring funding to support a program that ensures a system for screening and treatment for tobacco use in women, including pregnant and postpartum moms," said Kella Hatcher, Executive Director of the Task Force.

Approximately 34% of deaths to children between ages 1 to 17 in 2016 were due to unintentional injuries, with motor vehicle accidents accounting for the greatest percentage of those injuries. Recommendations from the Task Force in 2017 included closing a gap in North Carolina's seat belt law and the Task Force hopes to see 2017 legislation introduced to address this gap advance in 2018. Also with respect to unintentional injuries, the Task Force has continued its work addressing the opioid epidemic, seeing some of its recommendations reflected in the 2017 STOP Act, which addresses various aspects of this epidemic and was signed into law in June of 2017.

Suicides accounted for 16% of deaths to youth ages 10 to 17 in 2016. One of several 2017 recommendations from the Task Force addressing suicide prevention would require school personnel to have periodic suicide prevention training and for schools to have a suicide risk referral protocol in place, measures which were included in two 2017 bills that have passed the House and are still eligible for consideration by the legislature in 2018.

Also relevant to suicides is the work the Task Force has done to convene stakeholder groups focused on firearm safety and access to lethal means, based in part on recommendations from the State Child Fatality Prevention Team, chaired by the Chief Medical Examiner. In 2016, 51 North Carolina children and youth died from a firearm injury. Two of these deaths were unintentional, 29 were homicides, and 20 were suicides. In recent years, firearms have been the lethal means in nearly half of youth suicides and more than half of youth homicides and each year there are hundreds more firearm-related emergency department visits and hospitalizations to kids. These stakeholder groups will be reporting back to the Task Force at upcoming meetings.

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**\*Understanding the data:** For detailed information regarding child deaths, including trend information, please visit: [www.schs.state.nc.us/data/vital/cd/2016/](http://www.schs.state.nc.us/data/vital/cd/2016/). Note that numbers in the report from the State Center for Health Statistics (SCHS) may differ slightly from numbers reported by the Office of the Chief Medical Examiner (OCME). The SCHS bases its statistics on death certificate coding only, and must close out annual data at a specific point in time. The OCME makes its determinations utilizing a variety of information sources when conducting its death investigations and reviews, does not close out its data by a set date, and some of its cases are still pending when the State Center for Health Statistics closes their annual data files. Therefore, the cause and manner of death determined by the OCME may be finalized or modified based on OCME review after the time period during which the SCHS finalizes annual data files.

**\*\*About the Child Fatality Task Force and the NC Child Fatality Prevention System**

The Task Force is a legislative study commission with a 26-year history of making recommendations to the Governor and General Assembly on changes in law and policy to reduce child death, prevent abuse and neglect and support the safety and well-being of children. Since the 1991 creation of the Child Fatality Task Force and the state's larger Child Fatality Prevention System, the 2016 child death rate represents a 45% decrease in the overall child death rate and a 47% decrease in the death rate for ages 1 to 17 (excluding infants). Task Force recommendations are based on data, research, and evidence-based practice conveyed by experts and reflect hundreds of hours of volunteer input. The Task Force is part of the state's Child Fatality Prevention System which also includes state and local teams composed of multidisciplinary groups who review individual cases of child deaths to identify and address what is causing child deaths and how to prevent future deaths. For more information on the Child Fatality Task force, visit <http://www.ncleg.net/DocumentSites/Committees/NCCFTF/Homepage/index.html>. For more information on the State Child Fatality Prevention Team, visit <http://www.ocme.dhhs.nc.gov/nccfpp/index.shtml>.

**\*\*\*Infant mortality and perinatal information:** State Center for Health Statistics 2016 infant mortality data was released by the NC Department of Health and Human Services on October 11<sup>th</sup> and is available at: <http://www.schs.state.nc.us/data/vital/ims/2016/>. The North Carolina Perinatal Health Strategic Plan, a comprehensive plan to reduce infant mortality that was developed by more than 150 North Carolina experts, is available at: <http://whb.ncpublichealth.com/>.