

Meeting of the  
North Carolina Child  
Fatality Task Force

August 29, 2022

# Child Fatality Task Force



***Our Children, Our Future,  
Our RESPONSIBILITY***




# Introductions & Approval of Minutes

Minutes from last meeting on 2-7-22 have been posted on the CFTF website, the minutes have been sent out and the link to the minutes is also on your agenda.

# Today's Agenda

(posted on CFTF  
website & sent last  
week)

- Election of committee co-chairs
  - Executive Director report and update
  - Legislative update
  - Preview of fall committee work
  - Data update: Recent trends in child injury deaths
  - Panel discussion: perspective on child fatality prevention systems in other states
- 

# Election of Committee Co-Chairs

- Co-chairs serve a two-year term and there are no term limits
- Five out of six co-chairs are at the end of their two-year term; sixth co-chair was elected last year so term has not ended.
- Nominations from the CFTF Exec Committee are for the five current co-chairs to continue (see co-chair bios on page 2 of your agenda):
  - Perinatal Health Committee: **Belinda Pettiford and Sarah Verbiest**
  - Unintentional Death Prevention Committee: **Alan Dellapenna and Martha Sue Hall**
  - Intentional Death Prevention Committee: **Jennie Kristiansen**
- Any nominations from the floor?



# Executive Director Report & Update

Kella Hatcher, JD  
Executive Director,  
NC Child Fatality Task Force

# Child Fatality Task Force

Annual Report to the Governor  
and General Assembly



*Our Children Our Future Our RESPONSIBILITY*



CFTF 2022  
Annual Report  
submitted in May

# CFTF Media Coverage



Press release addressing 2022 annual report and 2020 child death data resulted in multiple interviews and media stories (TV, radio, print)



Guest blog on 2022 Action Agenda (for NC Child, reprinted by EdNC)



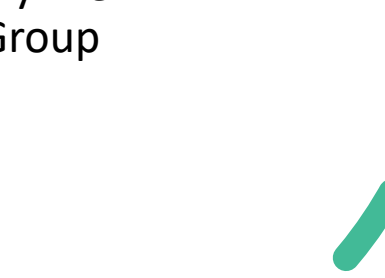
Upcoming article in NC Medical Journal on work of CFTF



Various other media reports citing CFTF data or noting CFTF efforts



## Represent CFTF on State Committees/Boards

- Perinatal Health Equity Collective
  - Safe Kids NC Steering Committee
  - Maternal Health Task Force & Steering Committee (now merging w/PH Collective)
  - State Child Fatality Prevention Team
  - Children's Justice Act Task Force
  - Whole Child NC Advisory Committee (new)
  - DHHS Child Welfare and Family Well-Being Transformation Design Team
  - NC Violent Death Reporting System Advisory Board
  - Community Child Protection Team State Advisory Board
  - Occupant Protection Task Force, Governor's Highway Safety Program
  - Impaired Driving Task Force, Governor's Highway Safety Program
  - Comprehensive Suicide Prevention Advisory Council
  - Driver Education Advisory Committee
  - NC Child's Early Well Stakeholder Group
- 



Help us celebrate 25 years of saving lives because of North Carolina's Graduated Driver Licensing Program.



📅 Thursday, June 23, 2022

🕒 1-1:30 p.m.

📍 Dept. of Insurance  
325 N. Salisbury St.  
Raleigh, NC

Outdoor event, will be held indoors if raining.

### SPEAKERS

- ✓ N.C. Governor's Highway Safety Program Director Mark Ezzell
- ✓ N.C. Insurance Commissioner Mike Causey
- ✓ NCDMV Commissioner Wayne Goodwin
- ✓ Former State Senator Debbie Clary
- ✓ N.C. Young People's Alliance President Sam Hines



# 25<sup>th</sup> Anniversary of GDL

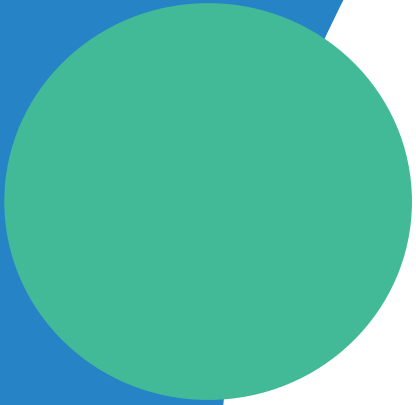
Go to

[NC TeenDriver.org/GDL25/](https://NCTeenDriver.org/GDL25/)

to learn how GDL has been saving lives for 25 years!



Sharing about CFTF work &  
recommendations



Collaborating with experts & stakeholders to  
make progress on administrative items

# Updates & changes in format for this year . . .

- No issue application
- Shorter meetings
- Roll calls no longer required
- Avoiding repetition: info from prior presentations sent out in advance
- Not waiting till last committee meeting to determine all legislative recommendations (experiment last study cycle)



# Events on the horizon

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Webinar for local teams  
– aiming for October



Possibility for a 2023 CFP  
System Summit – aiming  
for spring 2023



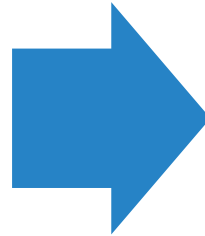


Legislative Update:  
outcomes of legislative  
recommendations on  
CFTF 2022 Action Agenda

Karen McLeod  
Chair, NC Child Fatality Task Force

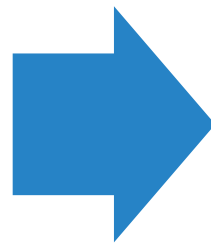
# Suicide Prevention & Mental Health

Launch & fund firearm  
safe storage awareness  
initiative



HB 427 passed House 116  
to 1 in 2021 and in House  
version of 2021 budget;  
not taken up by Senate in  
2021 or 2022

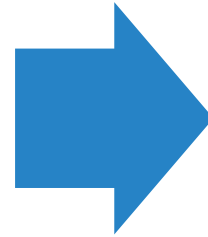
Funding for youth  
mental health crisis (esp.  
in school context)



No recurring funding in 2022 to  
increase numbers of school  
nurses, social workers,  
counselors, psychologists; some  
nonrecurring crisis funding via  
school safety grants

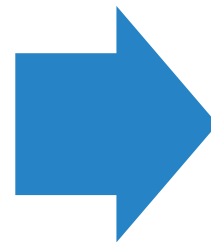
# Infant Safe Sleep & Infant Safe Surrender

Increase funding for  
Infant Safe Sleep from  
\$45K to \$250K



No new funding

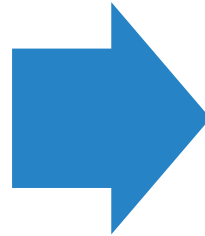
Strengthen Infant Safe  
Surrender Law



HB 473 passed House  
unanimously in 2021  
HB 473 not taken up by  
Senate in 2021 or 2022

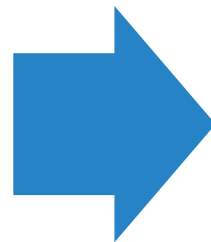
# Motor Vehicle Safety

Endorse Legislation to require the use of ignition interlocks by all DWI offenders



No legislation in 2022

Endorse Legislation that removes the 2013 law prohibiting use of state transportation funding for independent pedestrian and bicycle infrastructure projects

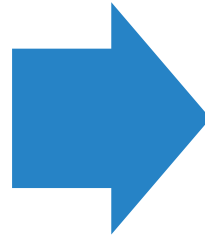


In 2022, included in Governor's budget bill, SB 792, but not in final Appropriations Act or other legislation



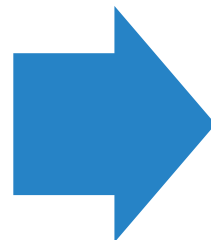
# Tobacco/nicotine use prevention & Comprehensive Toxicology Testing

Endorse \$17 million in recurring funds for programs to prevent harms to youth and infants from tobacco use



No new recurring funds in 2022

Funds to enable comprehensive toxicology testing in all medical examiner jurisdiction child deaths



No funds for this purpose in 2022

# Strengthen Child Fatality Prevention System

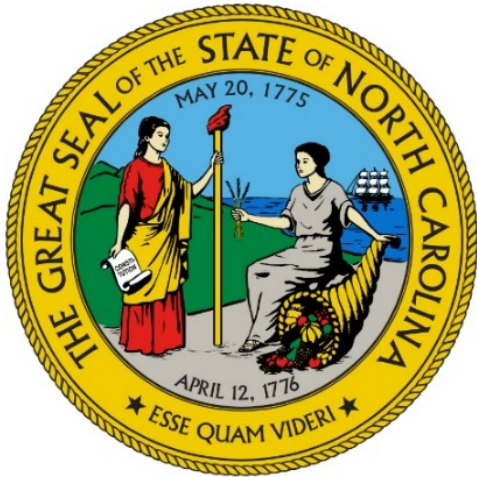
CFTF recs adopted in the Child Welfare Reform Plan Final Report from the Center for the Support of Families submitted to legislature in 2019.



CFTF Recs addressed in HB 825 in 2019 which was then included in the 2019 Appropriations Act which did not become law



In 2021 CFTF recs addressed in SB 703, which did not receive a hearing; was eligible in 2022 (with funding provision) but did not receive hearing



NC Department of Health and Human Services

# Recent Trends in Child Injury Deaths

**Shana Geary**

**Epidemiologist, Injury and Violence Prevention Branch**

**Child Fatality Task Force Meeting**

**August 29, 2022**

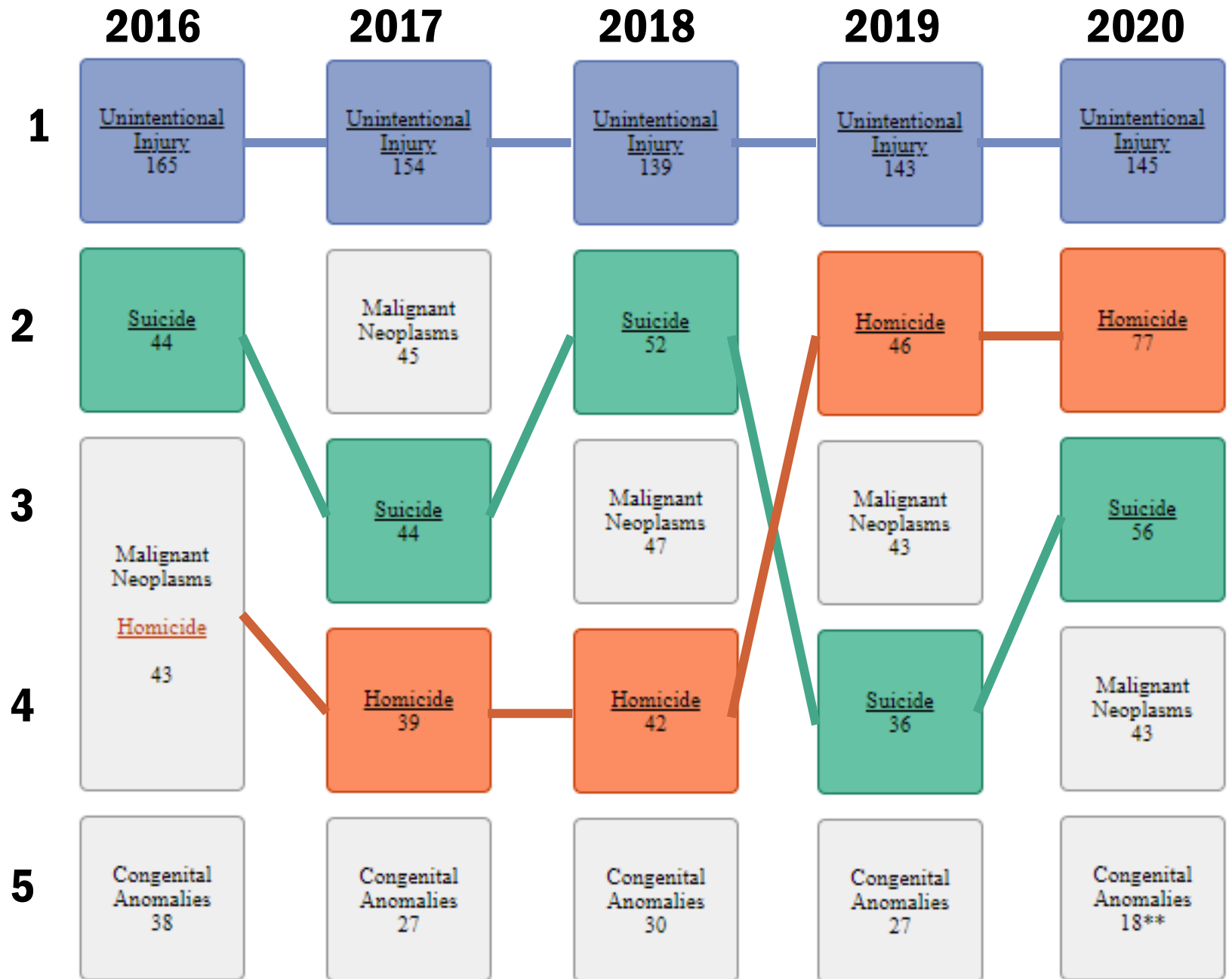
# Outline

- **Overall Injuries among Children**
- **Leading Causes of Injury Deaths**
- **Topic Specific Child Injuries**
  - **Traumatic Brain Injury (TBI)**
  - **Firearm**
  - **Suicide/Self-Harm**
  - **Assault**
  - **Motor Vehicle Traffic**

# Data Sources and Limitations

- **North Carolina Violent Death Reporting System Data**
  - Homicides & Suicides
  - Data are final through 2020
- **Death Certificate Data**
  - Data are final through 2020
  - All 2021 data are provisional and subject to change.
- **NC DETECT Emergency Department Visit Data**
  - NC DETECT is the state's syndromic surveillance system
  - Self-Harm Injuries
  - Data are final through 2021
  - 2022 data are provisional and subject to change

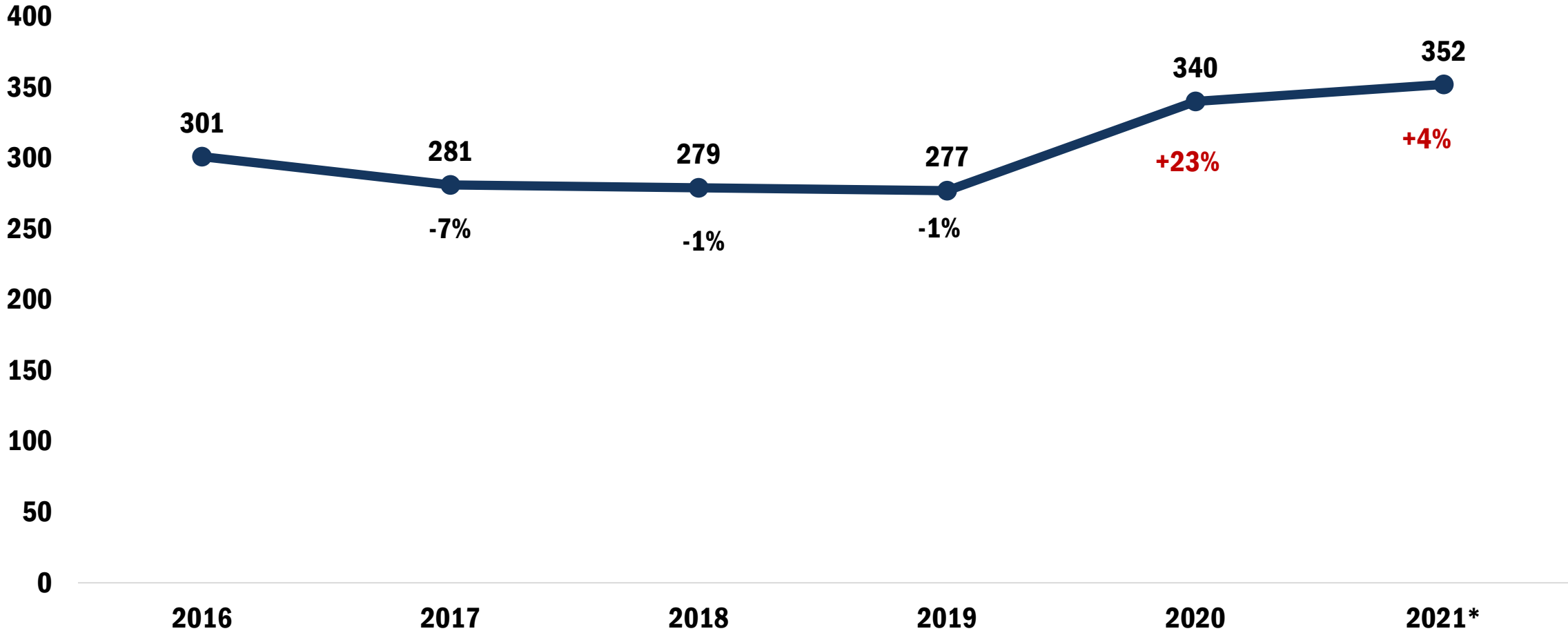
**Unintentional Injury** is the leading cause of death for children ages 1-17 in North Carolina.



Source: CDC WISQARS, 2016-2020

# Child injury deaths increased over the past 2 years.

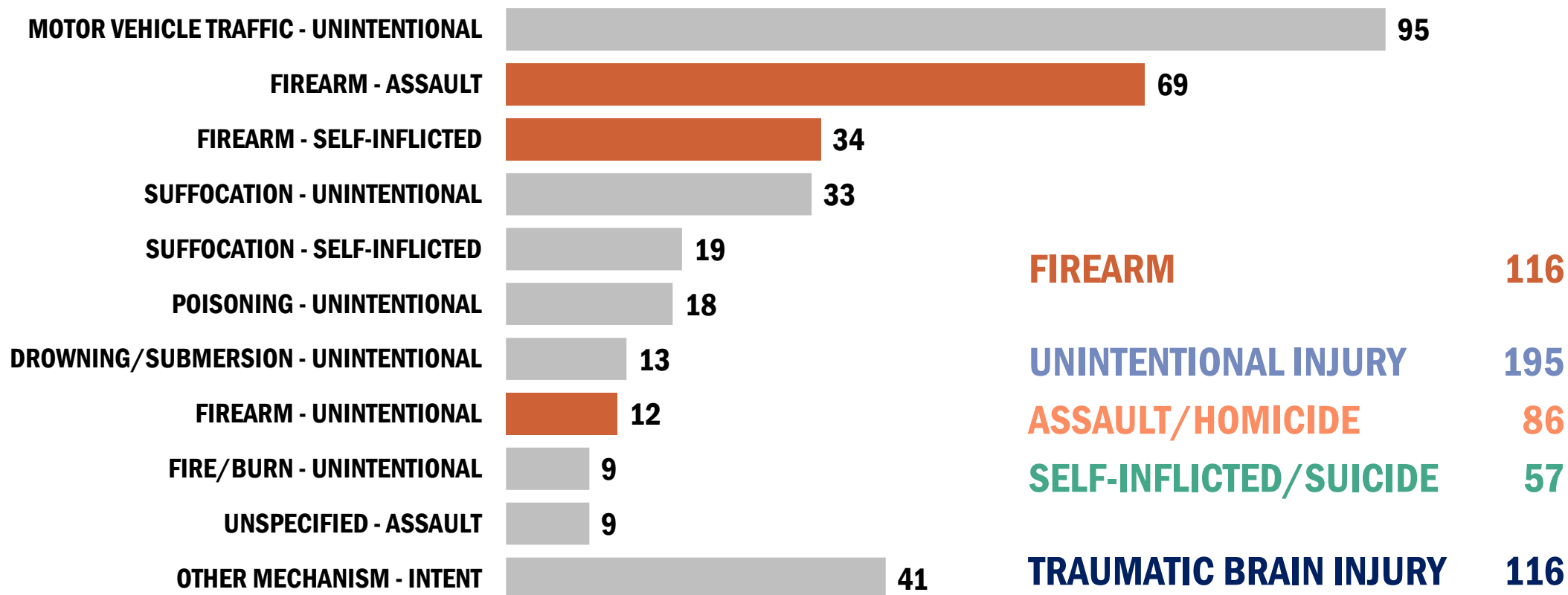
## North Carolina Child (Ages 0-17) Injury Deaths, 2016-2021\*



\* 2021 data are provisional and subject to change; Note: limited to NC residents ages 0-17  
Source: NC State Center for Health Statistics, Death Certificate Data, 2016-2021\*

# Firearm injuries were the leading cause of injury death among children (ages 0-17) in 2021\*.

## Leading Causes of North Carolina Child Injury Deaths by Mechanism and Intent, 2021\*



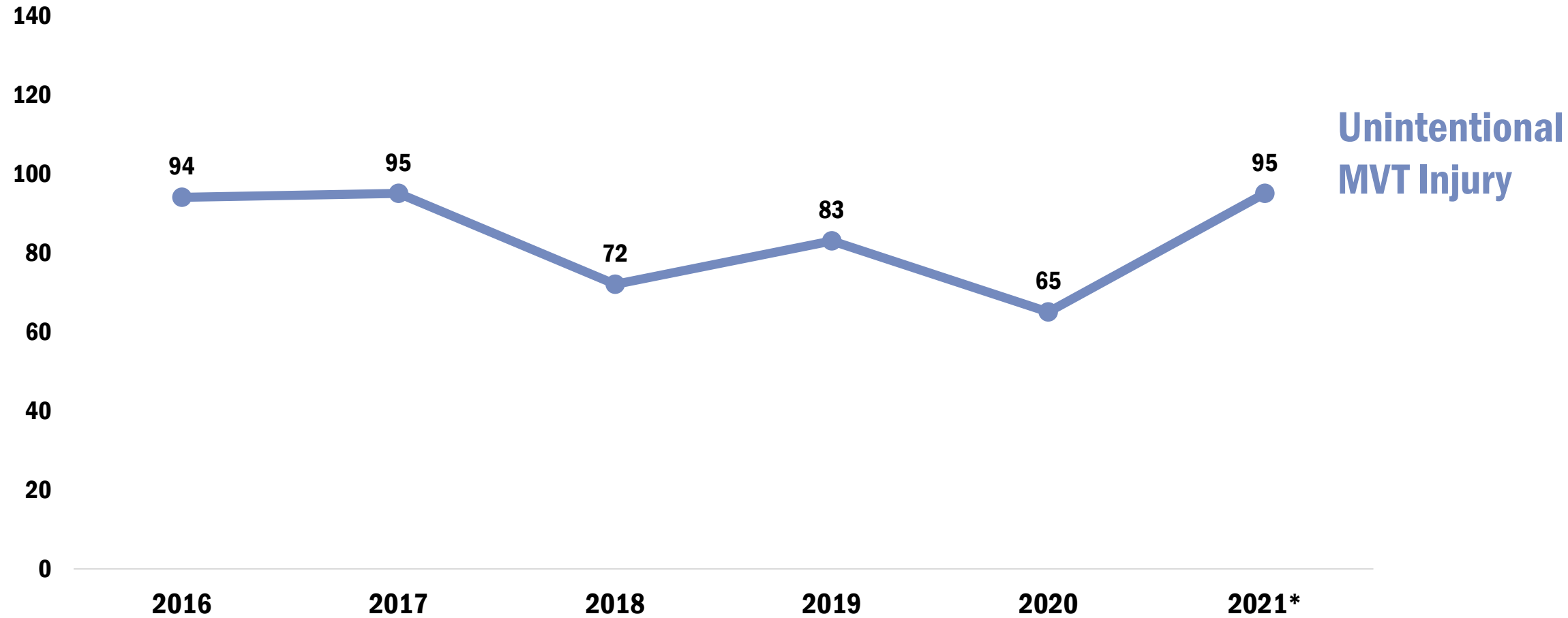
\* 2021 data are provisional and subject to change; Note: limited to NC residents ages 0-17  
 Source: NC State Center for Health Statistics, Death Certificate Data, 2021\*



# Child Unintentional Motor Vehicle Traffic (MVT) Deaths

# Child MVT injuries dropped in 2020 and increased in 2021\*.

## North Carolina Child (Ages 0-17) Motor Vehicle Traffic Injury Deaths, 2016-2021\*

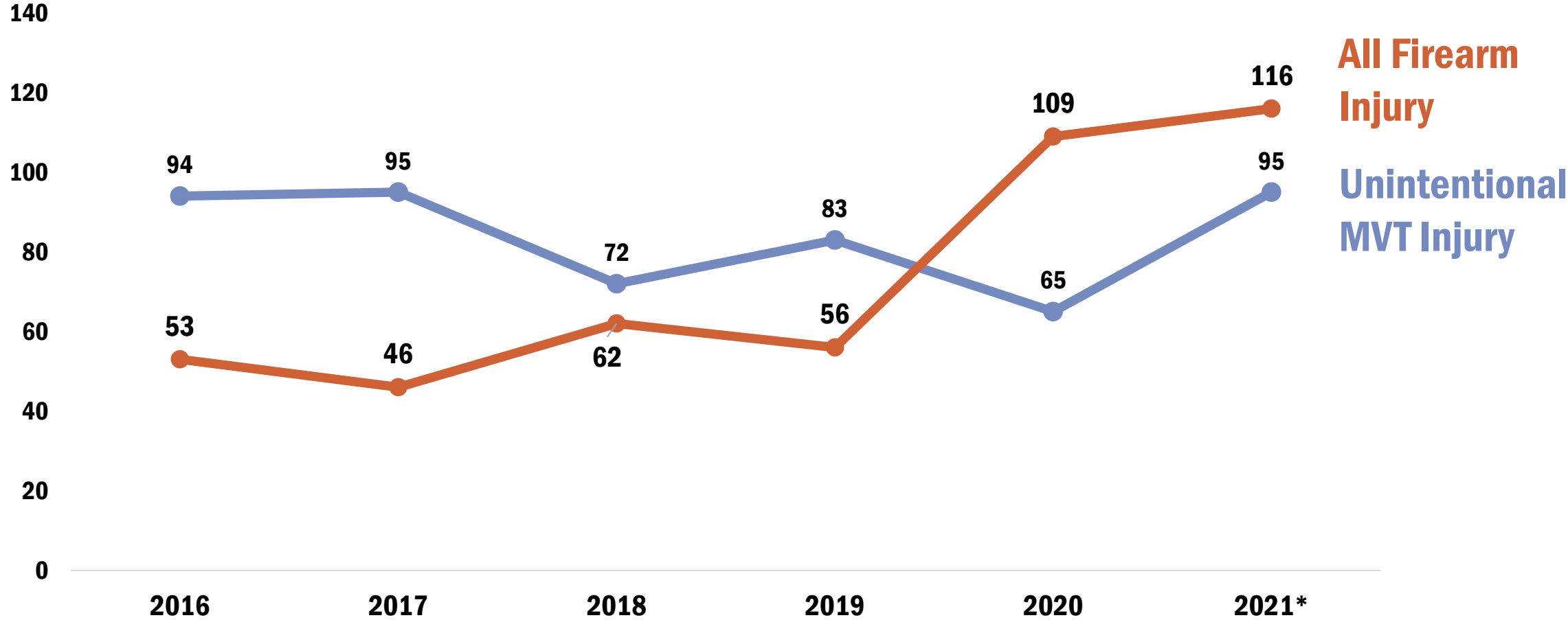


\* 2021 data are provisional and subject to change; Note: limited to NC residents ages 0-17  
Source: NC State Center for Health Statistics, Death Certificate Data, 2016-2021\*

# Child Firearm Injury Deaths

# Firearm injuries surpassed MVT injuries in 2020 and 2021\*

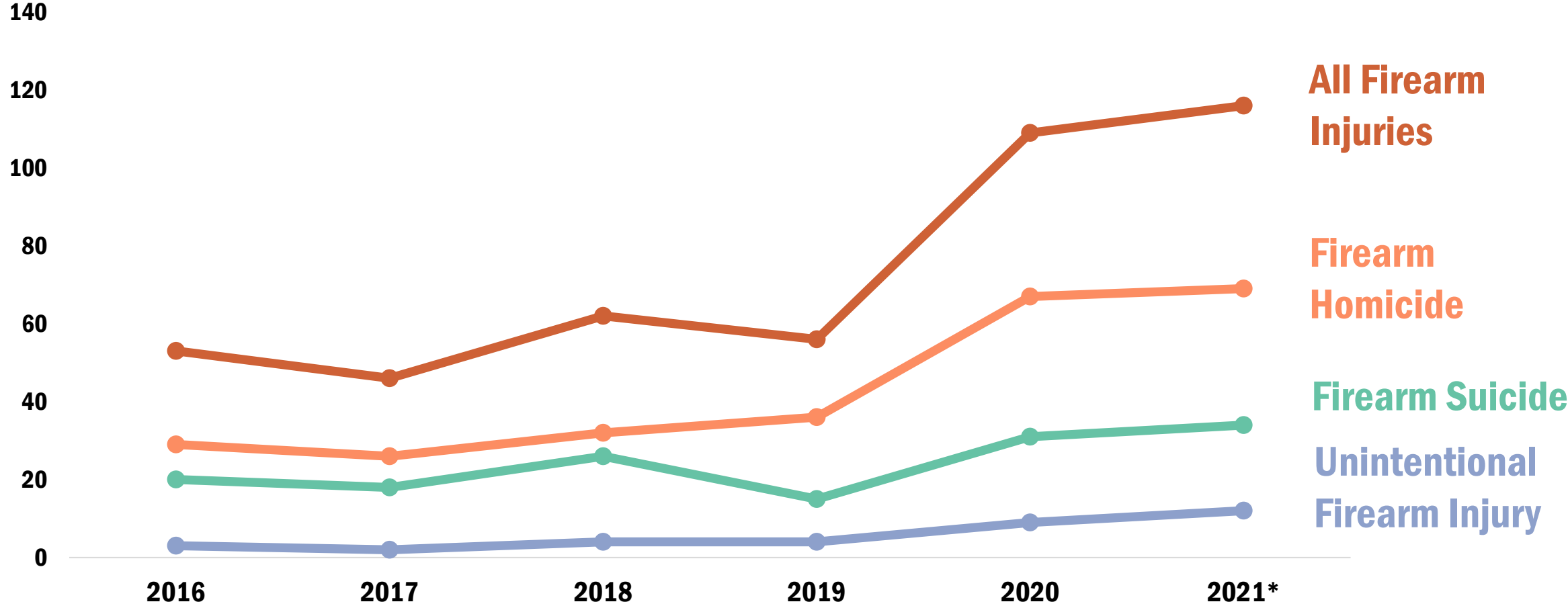
## North Carolina Child (Ages 0-17) Motor Vehicle Traffic and Firearm Deaths, 2016-2021\*



\* 2021 data are provisional and subject to change; Note: limited to NC residents ages 0-17  
Source: NC State Center for Health Statistics, Death Certificate Data, 2016-2021\*

# Most child **firearm** deaths in 2021\* were **homicides (59%)**.

## North Carolina Child (Ages 0-17) Firearm Injury Deaths by Intent, 2016-2021\*

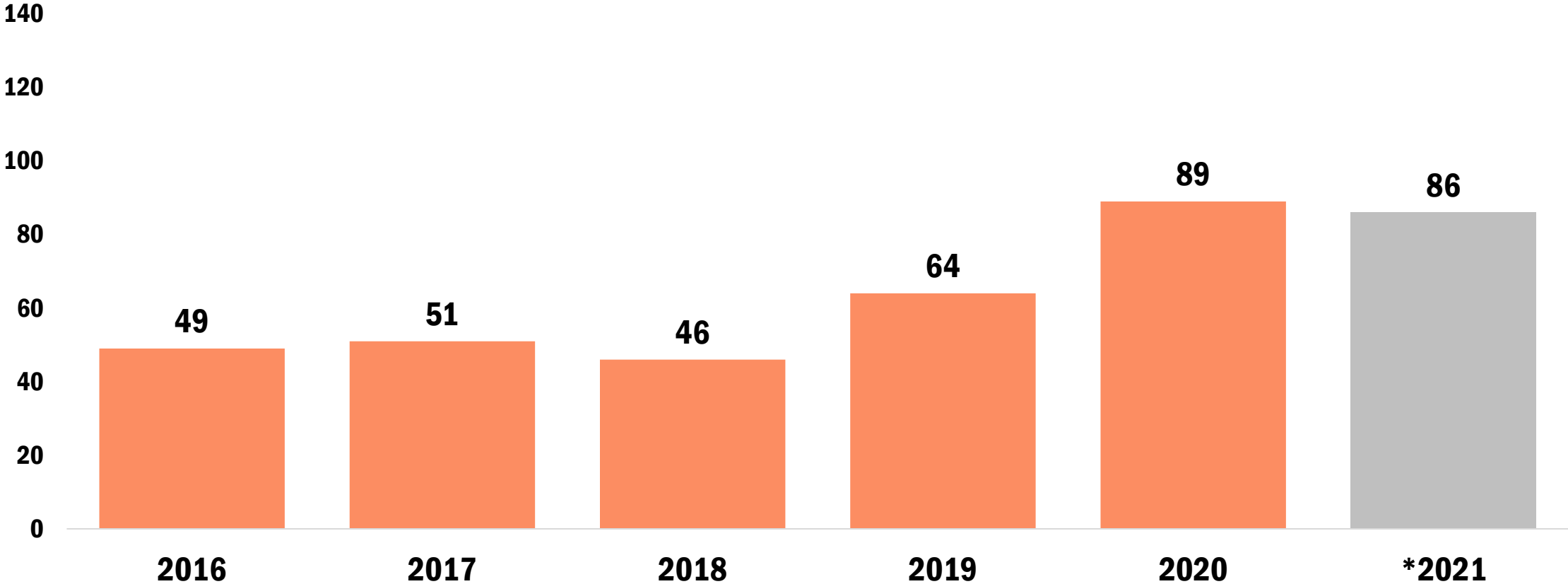


\* 2021 data are provisional and subject to change; Note: limited to NC residents ages 0-17  
Source: NC State Center for Health Statistics, Death Certificate Data, 2016-2021\*

# Child Homicide/Assault Deaths

# Child homicide deaths remained higher in 2021\* than 2019.

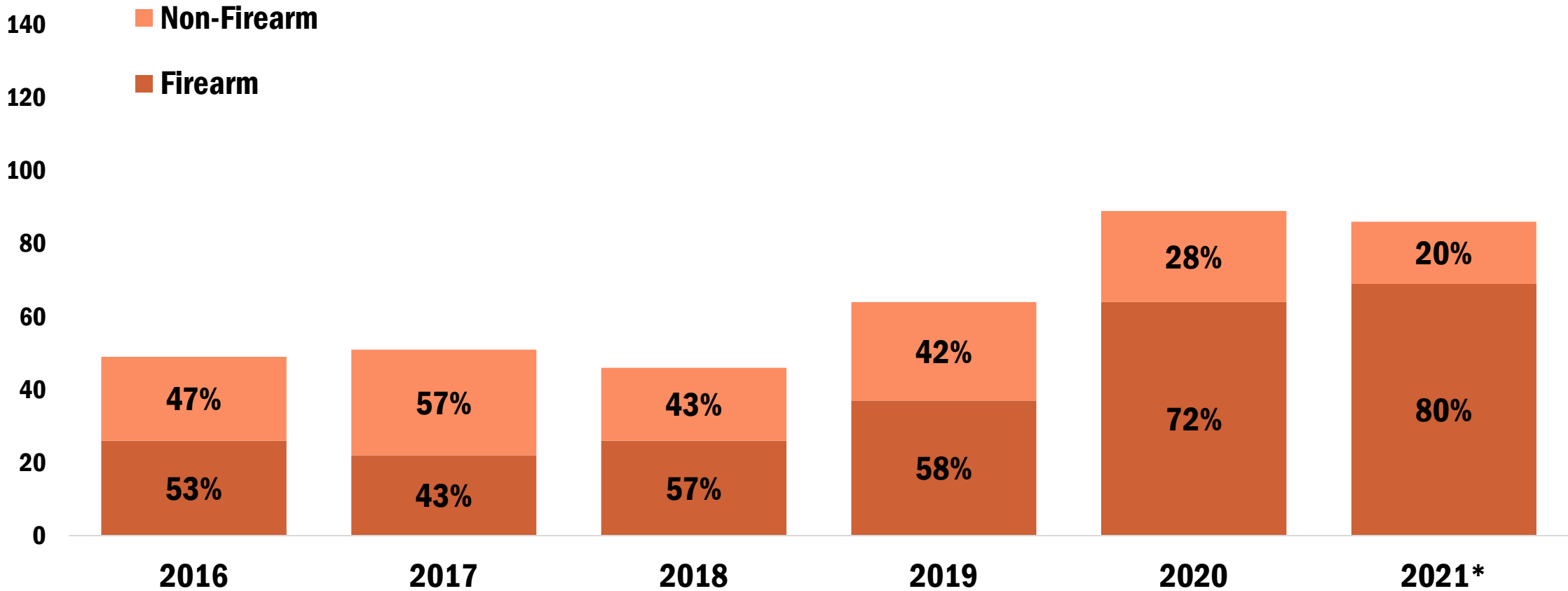
## North Carolina Child (Ages 0-17) Homicide Deaths, 2016-2021\*



\* 2021 data are provisional and subject to change; Note: limited to NC residents ages 0-17  
Source: NC Violent Death Reporting System, 2016-2020; NC State Center for Health Statistics, Death Certificate Data, 2021\*

# 80% of homicides in 2021\* involved a firearm.

## North Carolina Child (Ages 0-17) Homicide Deaths by Injury Mechanism, 2016-2021\*



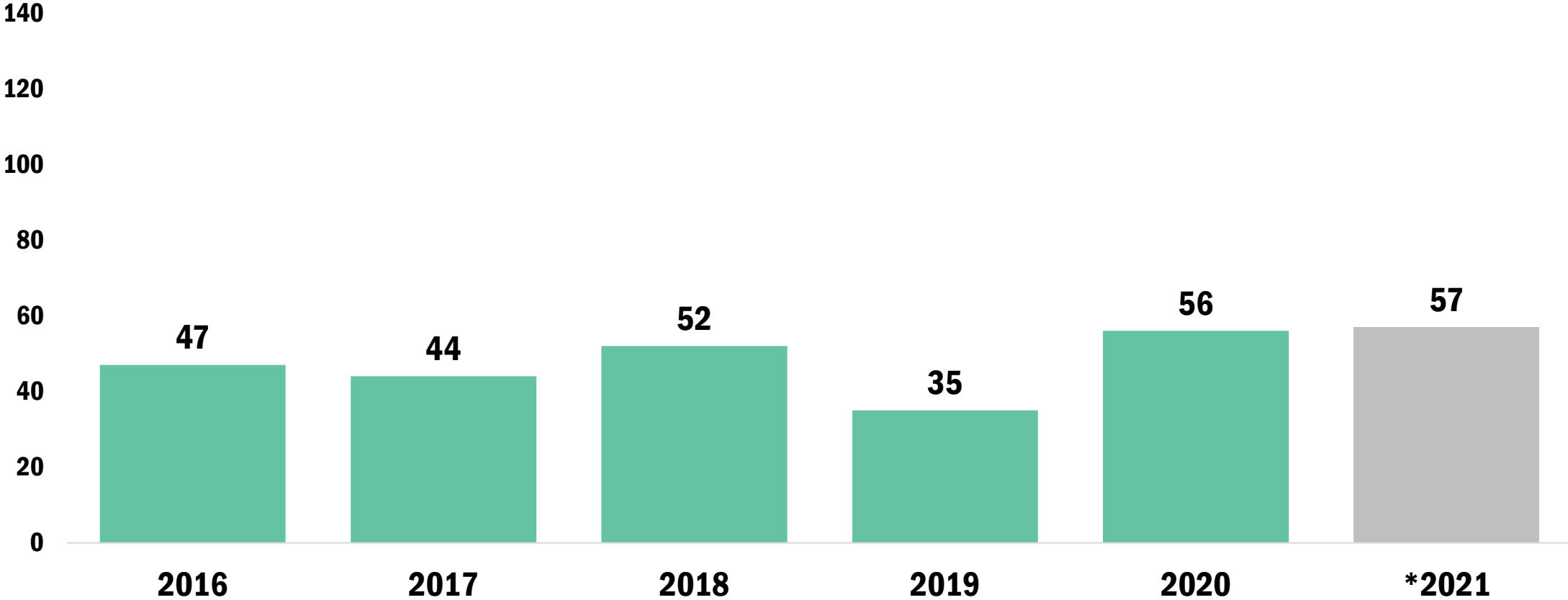
\* 2021 data are provisional and subject to change; Note: limited to NC residents ages 0-17  
Source: NC Violent Death Reporting System, 2016-2020; NC State Center for Health Statistics, Death Certificate Data, 2021\*



# Child Suicide Deaths, Self-Harm Injuries and Mental Health

# Child suicide deaths remained higher in 2021\* than 2019.

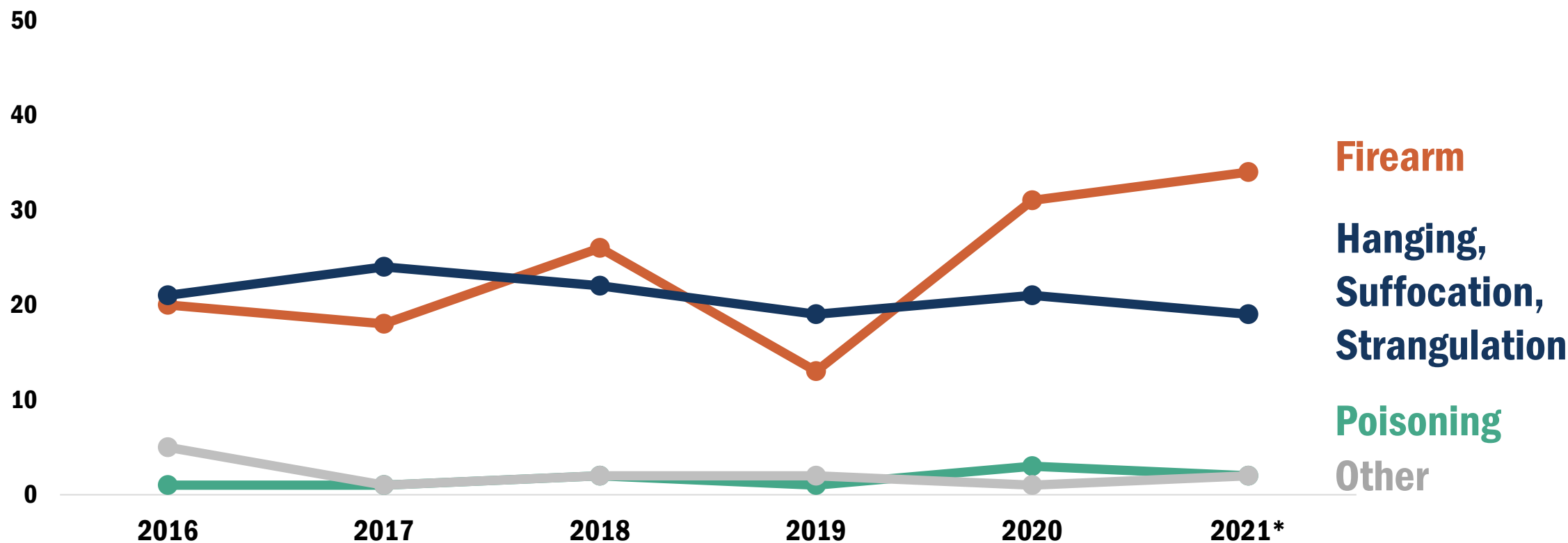
## North Carolina Child (Ages 10-17) Suicide Deaths, 2016-2021\*



\* 2021 data are provisional and subject to change; Note: limited to NC residents ages 10-17 (Only one child death under the age of 10 was not included from 2020)  
Source: NC Violent Death Reporting System, 2016-2020; NC State Center for Health Statistics, Death Certificate Data, 2021\*

# Most of the increase in child suicide deaths in 2020 and 2021\* is due to increases in firearm suicides.

## North Carolina Child (Ages 0-17) Suicide Deaths by Injury Mechanism, 2016-2021\*



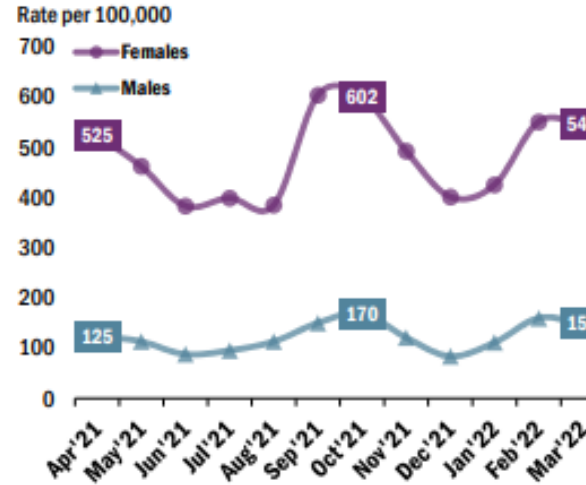
\* 2021 data are provisional and subject to change; Note: limited to NC residents ages 10-17 (Only one child death under the age of 10 was not included from 2020)  
Source: NC Violent Death Reporting System, 2016-2020; NC State Center for Health Statistics, Death Certificate Data, 2021\*

# Quarterly Self-Inflicted Injury ED Visit Report

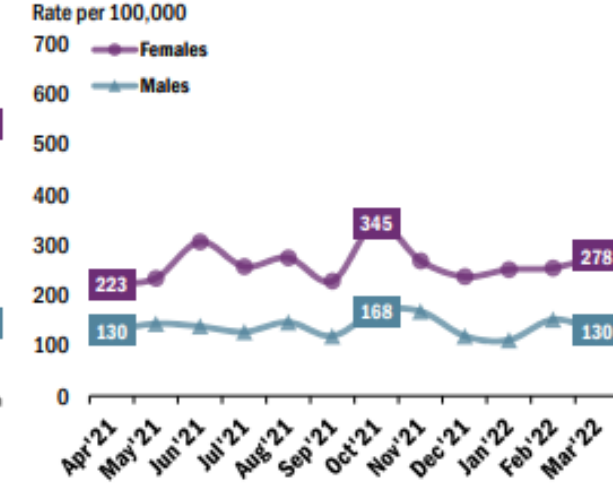
Rates of self-inflicted injury ED visits from Jan-Mar 2022\* were highest among females ages 10-18 (507.7 per 100,000) followed by females ages 19-24 (261.6 per 100,000).

Among males, rates of self-inflicted injury ED visits were highest among those ages 10-18 (140.6 per 100,000).

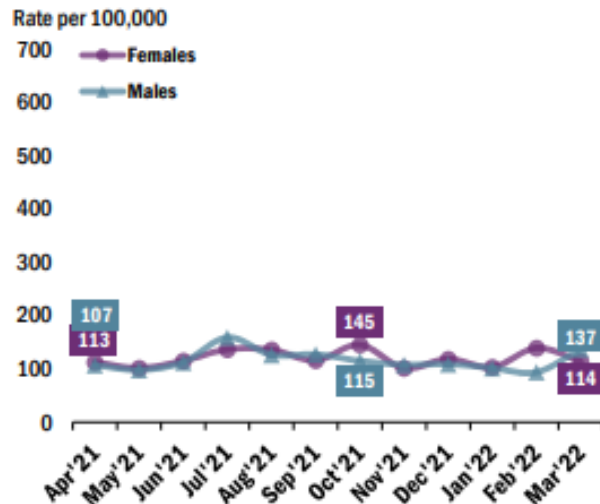
## Ages 10-18



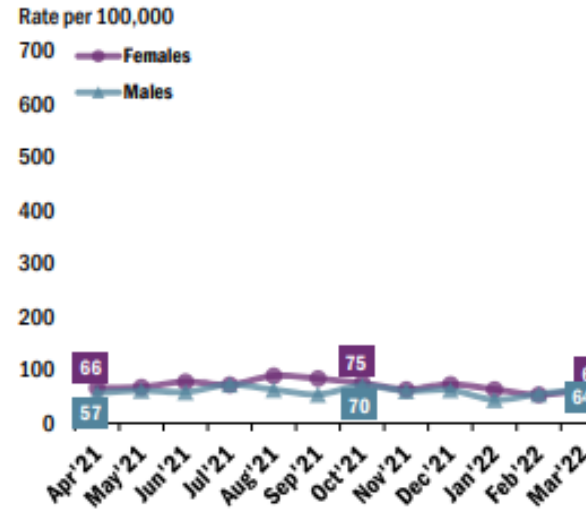
## Ages 19-24



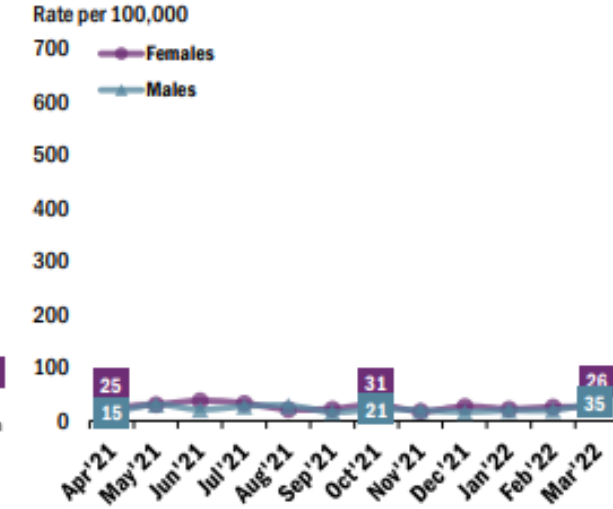
## Ages 25-44



## Ages 45-64



## Ages 65 and Older



[https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/SIIED/Self-InflictedInjuryEDSurveillanceReport\\_Q1\\_2022.pdf](https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/SIIED/Self-InflictedInjuryEDSurveillanceReport_Q1_2022.pdf)

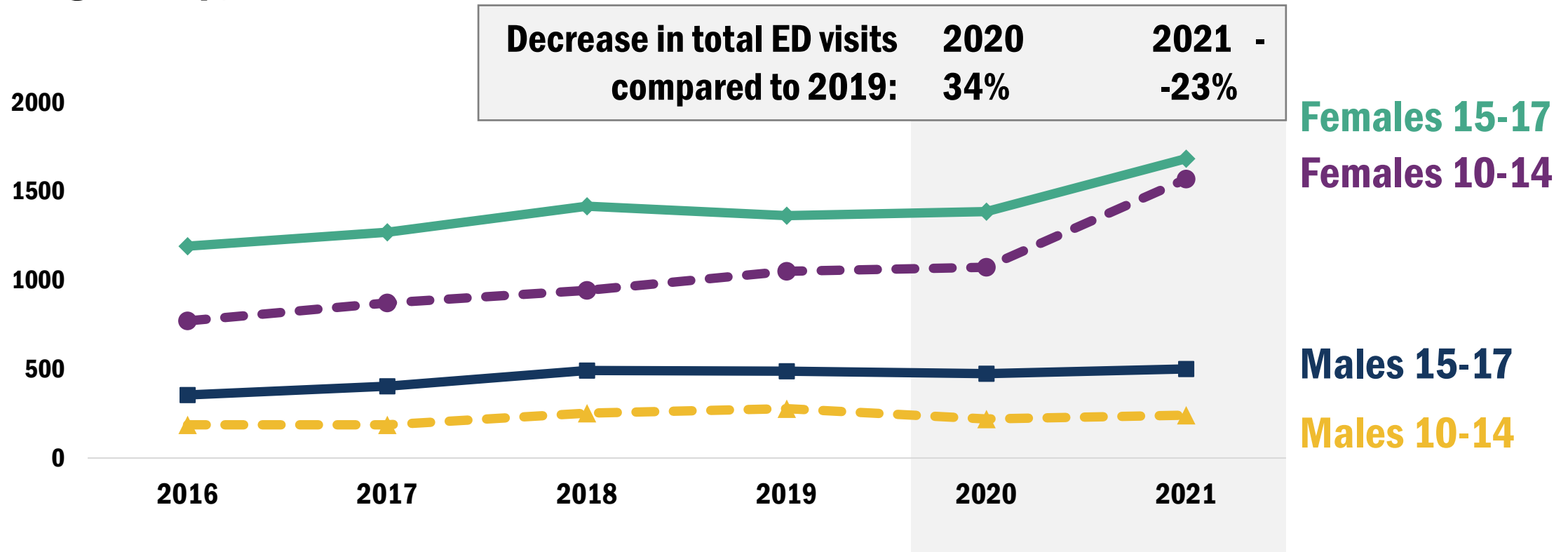
**Data Sources:** ED Data-NC DETECT is North Carolina's statewide syndromic surveillance system. ED visit data from NC DETECT are provisional and should not be considered final. For training on NC DETECT, contact [ising@ad.unc.edu](mailto:ising@ad.unc.edu); **Population Data**-National Center for Health Statistics; **Insurance coverage Data**-Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey, 2008-2017, [www.kff.org/other/state-indicator/total-population](http://www.kff.org/other/state-indicator/total-population). Self-pay ED visits are compared to the uninsured overall population estimate category.  
 \*Report is based on initial encounter ICD-10-CM self-inflicted injury codes. See the [CSTE Self-Harm Indicator](#) for comprehensive list of codes.  
 Note: Report is restricted to NC residents ages 10 and older and does not exclude visits resulting in death.

\*Provisional Data: 2021-2022 ED Visits



# There was a 46% increase in self-inflicted injury ED visits among females ages 10-14 from 2020-2021.

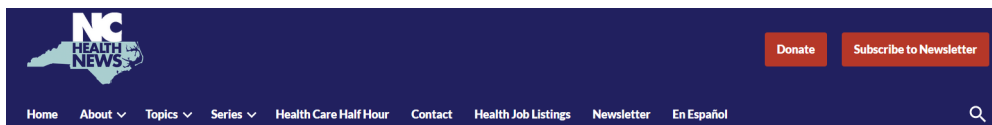
## North Carolina Child (Ages 10-17) Self-Harm Injury Emergency Department Visits by Sex and Age Group, 2016-2021



Note: limited to NC residents ages 10-17

Source: NC DETECT Emergency Department Visit Data, 2016-2021

# Syndromic Surveillance – Mental/Behavioral Health



MENTAL HEALTH

## New mental health data show 'unsustainable' burden on NC hospitals

Rising mental health-related emergency room visits, more involuntary commitments and longer wait times for psychiatric hospital beds are symptoms of much larger problems within the state's mental health system, health experts say.

Morbidity

CDC

by Taylor Knopf  
August 22, 2022

Facebook Twitter LinkedIn Email

> *Inj Prev.* 2022 Aug 3;ip-2022-044620. doi: 10.1136/ip-2022-044620. Online ahead of print.

## National estimates of emergency department visits for medication-related self-harm: United States, 2016–2019

Andrew I Geller<sup>1, 2</sup>, Daniel C Ehlman



## Pediatric Emergency Department Visits Before and During the COVID-19 Pandemic — United States, January 2019–January 2022

*Weekly* / February 25, 2022 / 71(8);313–318

## *Hundreds of Suicidal Teens Sleep in Emergency Rooms. Every Night.*

With inpatient psychiatric services in short supply, adolescents are spending days, even weeks, in hospital emergency departments awaiting the help they desperately need.

## Mental health patients fill the ER, waiting weeks for help

Due to a lack of mental health community services, more patients are languishing in emergency departments — sometimes waiting for an inpatient psychiatric bed to open up somewhere in North Carolina.

by Taylor Knopf  
October 13, 2020

Facebook Twitter LinkedIn

Morbidity and Mortality Weekly Report (MMWR)

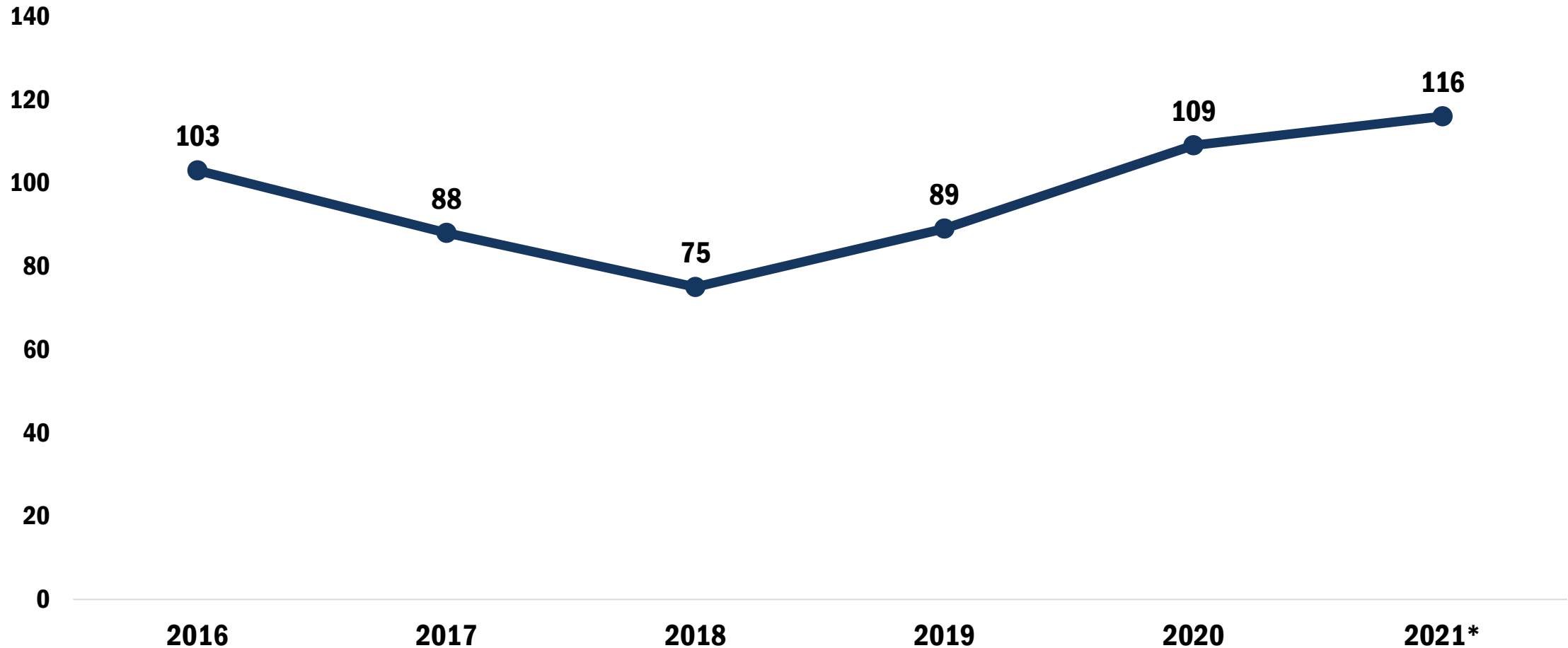
CDC

**QuickStats:** Rates\* of Emergency Department Visits Related to Mental Health Disorders Among Adults Aged  $\geq 18$  Years, by Disorder Category<sup>†</sup> — National Hospital Ambulatory Medical Care Survey, United States, 2017–2019<sup>§</sup>

# Child Traumatic Brain Injury (TBI) Deaths

# Child TBI deaths increased between 2018 and 2021\*

## North Carolina Child (Ages 0-17) Injury Deaths, 2016-2021\*



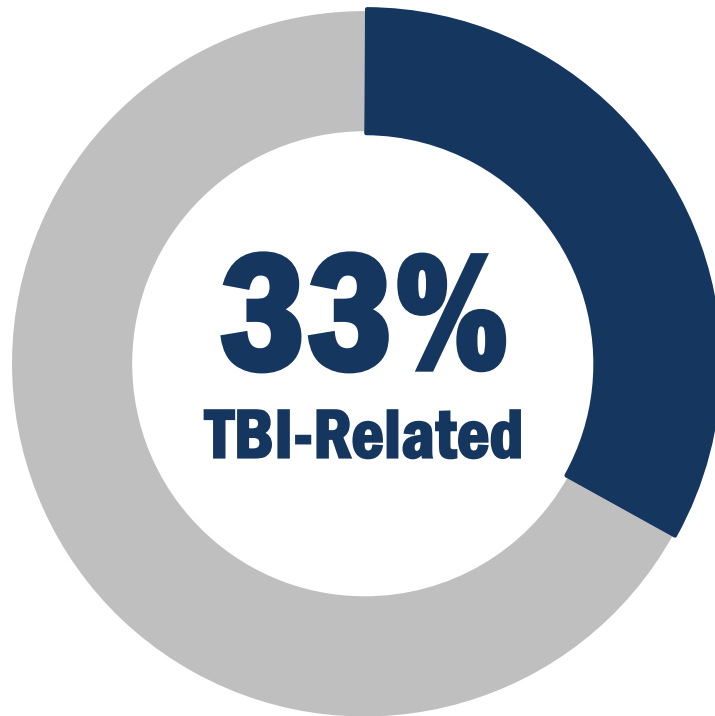
\* 2021 data are provisional and subject to change; Note: limited to NC residents ages 0-17

Source: NC State Center for Health Statistics, Death Certificate Data, 2021\*

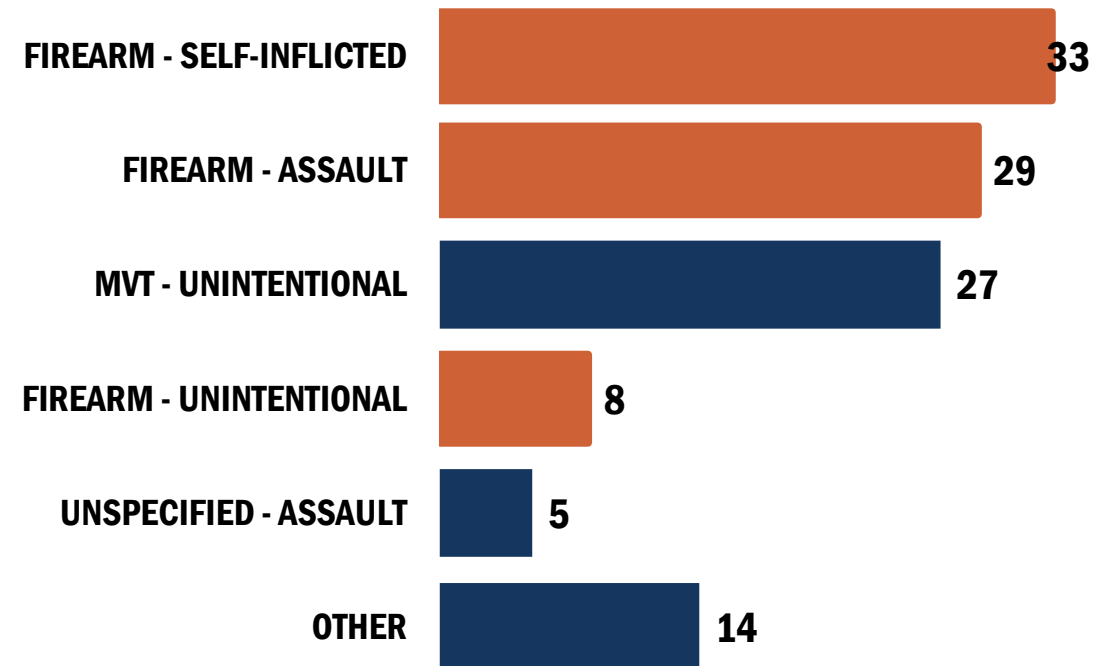


# One third of 2021\* child injury deaths involved a TBI. Most (63%) child TBI deaths were due to **firearm injury**.

Percentage of NC child injury deaths involving TBI, 2021\*



Number of NC child TBI deaths by injury mechanism and intent, 2021\*

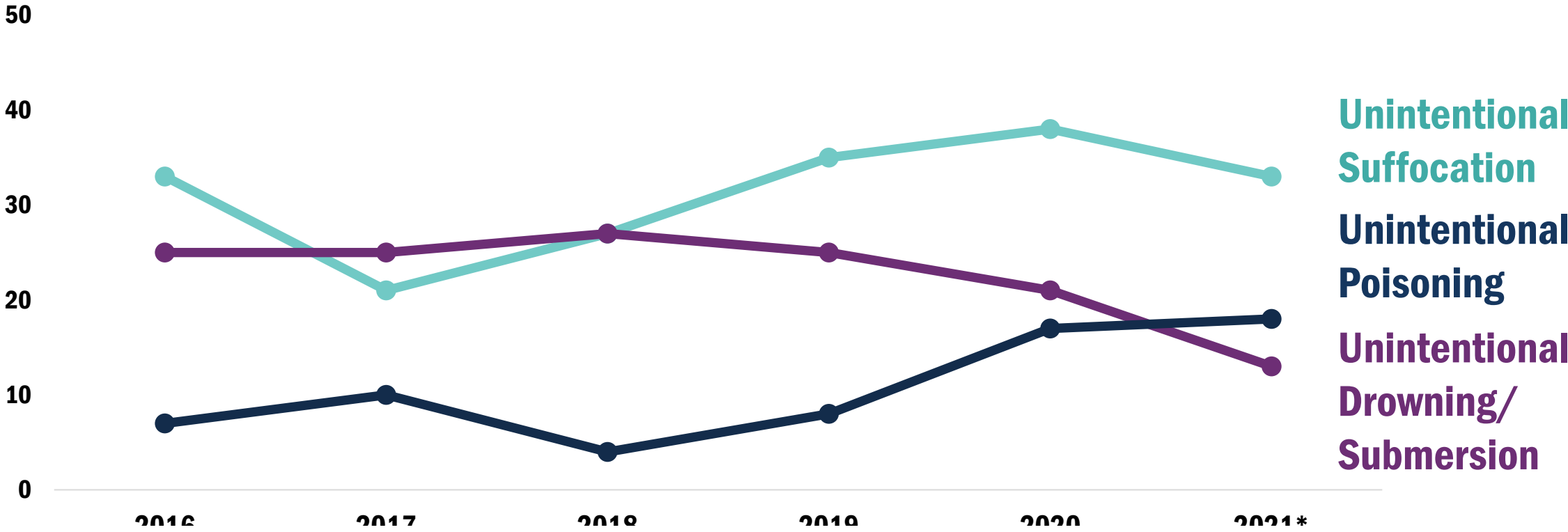


\* 2021 data are provisional and subject to change; Note: limited to NC residents ages 0-17; All OTHER causes represented 2 or fewer deaths each.  
Source: NC State Center for Health Statistics, Death Certificate Data, 2021\*

# Other Leading Causes of Child Injury Death

# Child drownings continued to decrease in 2021\*, while unintentional poisonings increased.

## North Carolina Child (Ages 0-17) Unintentional Drowning, Poisoning, and Suffocation Deaths, 2016-2021\*



\* 2021 data are provisional and subject to change; Note: limited to NC residents ages 0-17  
Source: NC State Center for Health Statistics, Death Certificate Data, 2016-2021\*

# Questions?

**Shana Geary**

[shana.geary@dhhs.nc.gov](mailto:shana.geary@dhhs.nc.gov)

**Scott Proescholdbell**

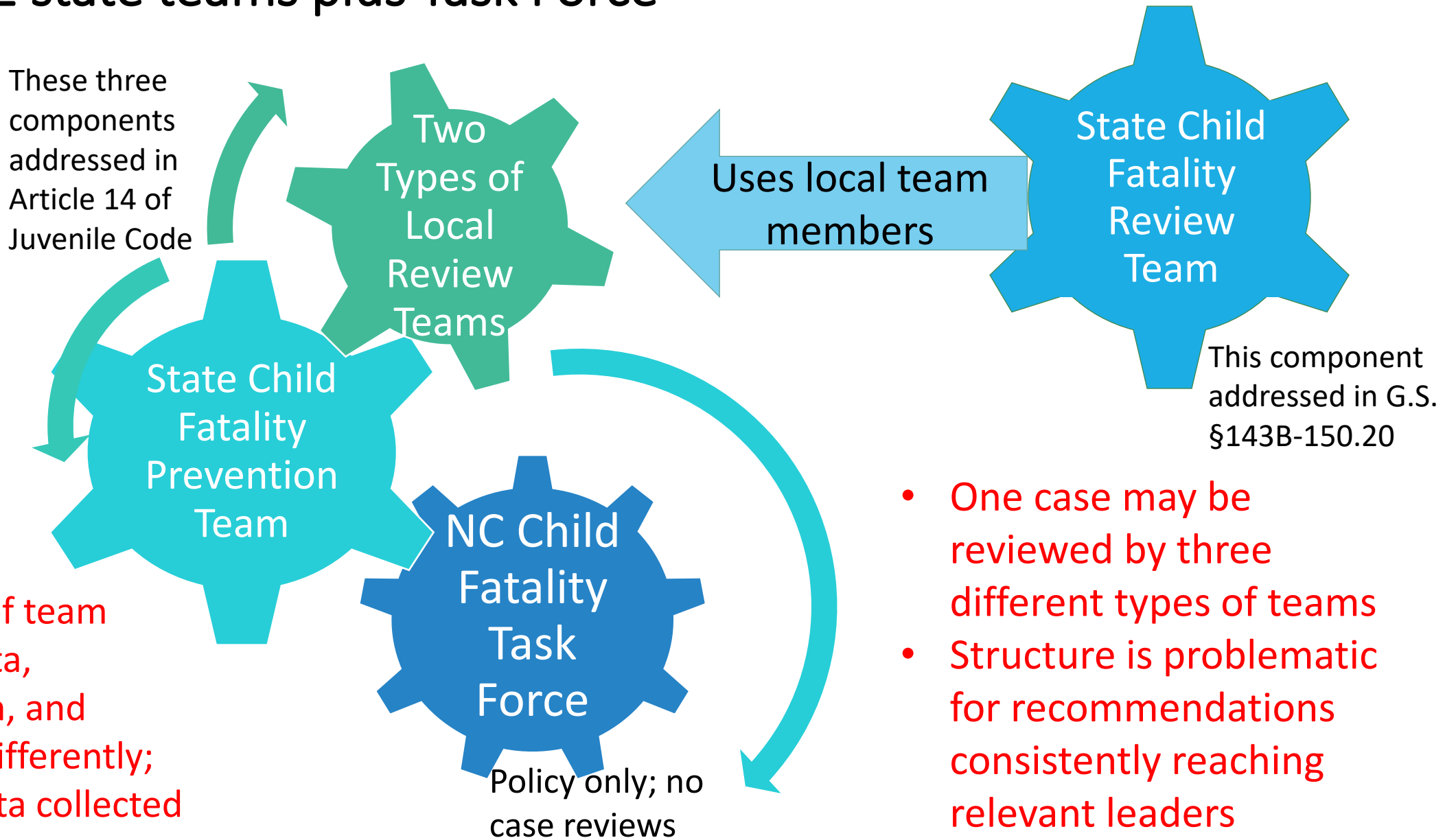
[scott.proescholdbell@dhhs.nc.gov](mailto:scott.proescholdbell@dhhs.nc.gov)

<https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/>



Panel Discussion:  
perspective on child  
fatality prevention  
systems in other states

# NC's CFP System: 2 types of local teams in each of 100 counties plus 2 state teams plus Task Force



- One case may be reviewed by three different types of teams
- Structure is problematic for recommendations consistently reaching relevant leaders

Since 2018, CFP strengthening work in NC has included learning about other states & consulting with national experts in child fatality review & prevention.

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- State system structures vary
- NC may be the most complex in the U.S.
- **Some of NC's challenges and strengths compared to other states**
  - Very large number and types of local and state-level groups (2 local in each county; 3 state-level) -- CHALLENGE
  - Very large number and types of cases (all) reviewed -- CHALLENGE
  - Does not have centralized, state-level coordination -- CHALLENGE
  - Does not use National Fatality Review Case Reporting System – CHALLENGE
  - Weak connection between local teams/data and state-level groups -- CHALLENGE
  - State Task Force includes 10 legislators – STRENGTH
  - NC has State Medical Examiner system & OCME child fatality staff -- STRENGTH

# CFTF Recommendations to Strengthen CFP System

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- **Create a State Office of Child Fatality Prevention** to coordinate and support the work of the system and **appropriate funding** to support this new office & system (currently, state-level support is minimal and located in different areas of DHHS)
- **Implement a centralized electronic data and information system** that includes North Carolina joining 47 other states to use the National Fatality Review Case Reporting System to collect, analyze, and report data and information learned from reviews (currently, minimal information is collected from local reviews)
- **Reduce the volume of team reviews** by changing the types of deaths required to be reviewed by fatality review teams to be according to certain categories most likely to yield prevention opportunities. (NC has around 1100 to 1200 child deaths per year; teams would have the option to review beyond those required)
- **Reduce the number and types of teams performing fatality reviews** by combining the functions of the four current types of teams into one local team that can adjust participants and procedures for the type of case reviewed with technical assistance from state office; can be single or multi-county team. (Currently, one death may be reviewed by 3 teams resulting in duplication and inefficiency.)
- **Formalize Task Force functioning** and expand reporting by the Task Force to include whole system functioning.



For more about  
CFTF Child Fatality  
Prevention System  
Strengthening  
Work &  
Recommendations

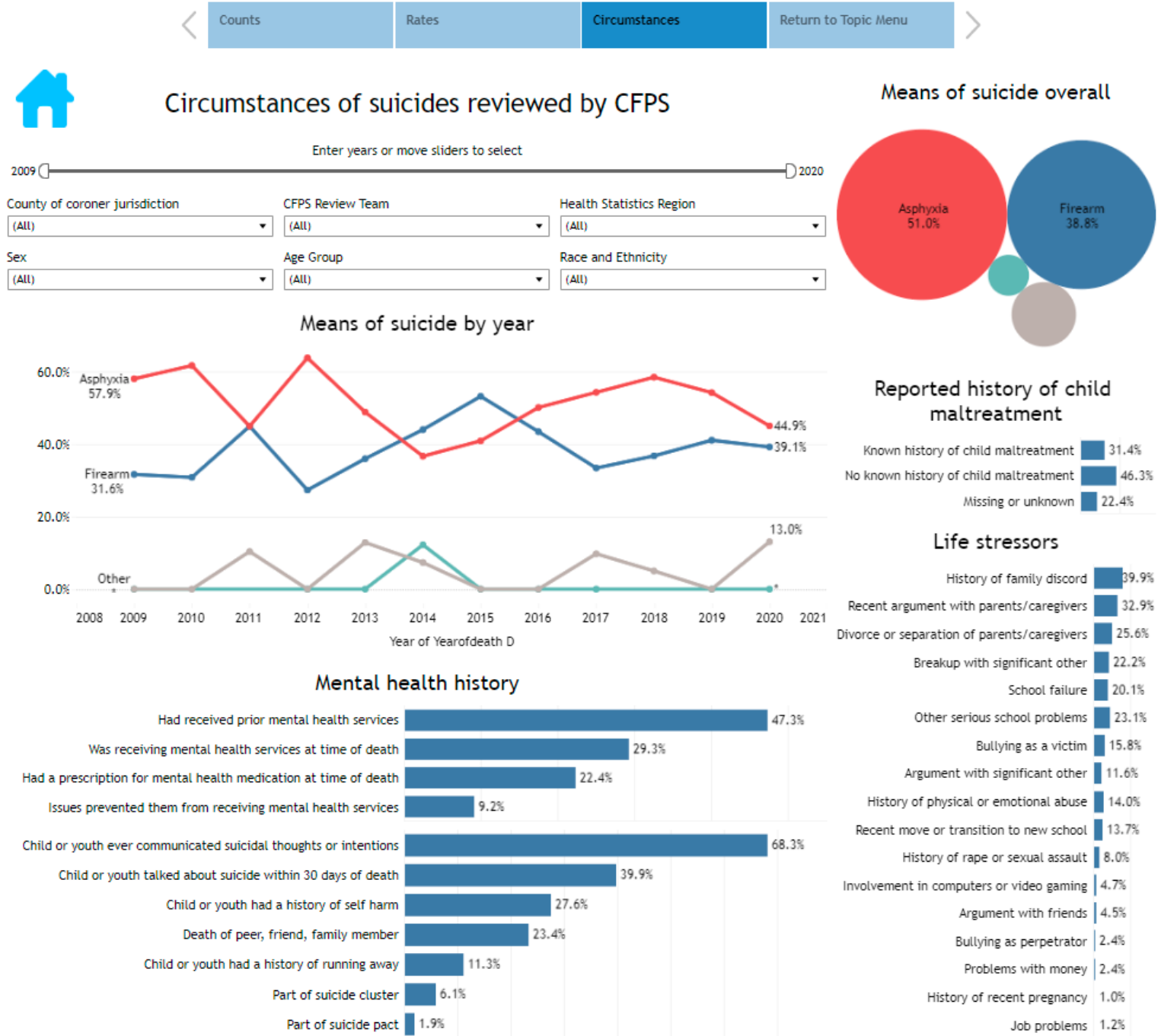
- Fact Sheet:  
<https://webservices.ncleg.gov/ViewDocSiteFile/70251>
- CFTF 2022 Annual Report, pages 25 – 31:  
<https://webservices.ncleg.gov/ViewDocSiteFile/70228>

# A few comparisons: NC, CO, MI

	North Carolina (currently)	Colorado	Michigan
State-level centralized staff support for CFP?	No	Yes	Yes
Location of state-level support	4 areas of DHHS: Public Health, OCME, DSS, Office of the Secretary	Colorado Public Health, Injury Prevention	Michigan Public Health Institute (via Michigan DHHS)
Number of local teams	About 100 CFPT + 100 CCPT (3/4 are blended)	43	77
Number of team reviews per year	1000+	About 250 per year	500+
State-level group: Task Force/State Team?	Yes	Yes	Yes
State Medical Examiner system?	Yes	No	No
Use National Case Reporting System	No	Yes	Yes – also SUID & SDY Case Registries
State-level reporting?	Yes	Yes	Yes

# Colorado's Child Fatality Prevention System's Data Dashboard shows what's possible in NC

This screenshot of *one tab* of a [suicide dashboard from Colorado's Child Fatality Prevention System](#) provides an example of the type of data report or dashboard that could be produced in North Carolina through participation in the [National Fatality Review Case Reporting System](#) used by 47 states but not NC.



## Michigan SUID Report:


- Via CDC's SUID Case Registry which uses the National Fatality Review Case Reporting System
- 66 pages
- 56 data tables – a few examples here 



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# Panelists

- **Heidi Hilliard, MPH**, Senior Program Advisor, Center for Child & Family Health, Michigan Public Health Institute (leads Michigan's Child Death Review Program)
- **Kate Jankovsky**, Child Adversity Prevention Manager, Colorado Department of Public Health & Environment (leads Colorado's Child Fatality Prevention System)
- **Paige Rosemond, MSW**, Senior Director, Child and Adult Services, Alliance Health (Co-Chair, NC CCPT State Advisory Board)



# Announcements and Adjourn