

Meeting of the  
North Carolina Child  
Fatality Task Force

December 13, 2023

# Child Fatality Task Force



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

# Today's Agenda

(posted on website & sent out in advance of meeting; proposed committee recommendations are on p. 2 of agenda)

- **Intentional Death Prevention Committee recommendations:**
  - Addressing addictive social media
  - More school support professionals
- **Unintentional Death Prevention Committee recommendation:**
  - Support for NC S.A.F.E
- **Dr. Laura Gerald, Kate B. Reynolds Charitable Trust**
- **Perinatal Health Committee Recommendation:**
  - Admin. efforts for more info on PFLI

# Approval of Minutes



Minutes from last meeting on 9-21-23 have been posted on the CFTF website, the minutes have been sent out and the link to the minutes is also on your agenda.



Intentional Death  
Prevention  
Committee  
Recommendations

- Endorse legislation that addresses **addictive algorithms in social media** that harm children.
- Support **recurring funds to increase the numbers of school nurses, social workers, counselors and psychologists** to support the physical and mental health of students and to move North Carolina toward achieving nationally recommended ratios for these professional positions in schools.

# Social media and youth mental health

- National & NC organizations have been looking at and/or taking action on this, for example:
  - [U.S. Surgeon General's Advisory on Social Media and Youth Mental Health](#)
  - [American Academy of Pediatrics has policy priorities focused on online protections for youth](#)
  - Bill was filed in NC in 2023 to address addictive social media algorithms, did not advance but had a lot of bipartisan support

# Social Media and Adolescent Mental Health

**Eva Telzer, Ph.D and Mitch Prinstein, PhD ABPP**

University of North Carolina at Chapel Hill, Department of Psychology and Neuroscience  
Winston National Center on Technology Use, Brain, and Psychological Development

December 2023

A group of diverse teenagers are lying on a patterned rug, smiling and using various electronic devices. One girl is using a laptop, another is holding a smartphone, and a boy is using a tablet. The scene is bright and cheerful, suggesting a collaborative and tech-savvy environment.

**Social media use has  
changed the landscape of  
adolescent development**





# Unique features of online peer experiences

Asynchronicity

Permanence

Publicness

Availability

Cue absence

Quantifiability

Visualness

Algorithmic

**78% of 13-17-year-olds report checking their devices hourly and 46% check almost constantly (compared to 24% in 2018)**





# The Adolescent Brain

# Adolescent vulnerability to mental health disorders



**What do we know about the  
role of social media on  
adolescent development?**



# Key Assumptions

- Social media is not a homogeneous experience
- Social media = content + platform functions (e.g., likes) + AI
- Adolescent development is gradual and continuous
- Racism and bias are built into platforms themselves
- Causal data are largely unavailable
- More complex than you have heard so far

# A complex relationship

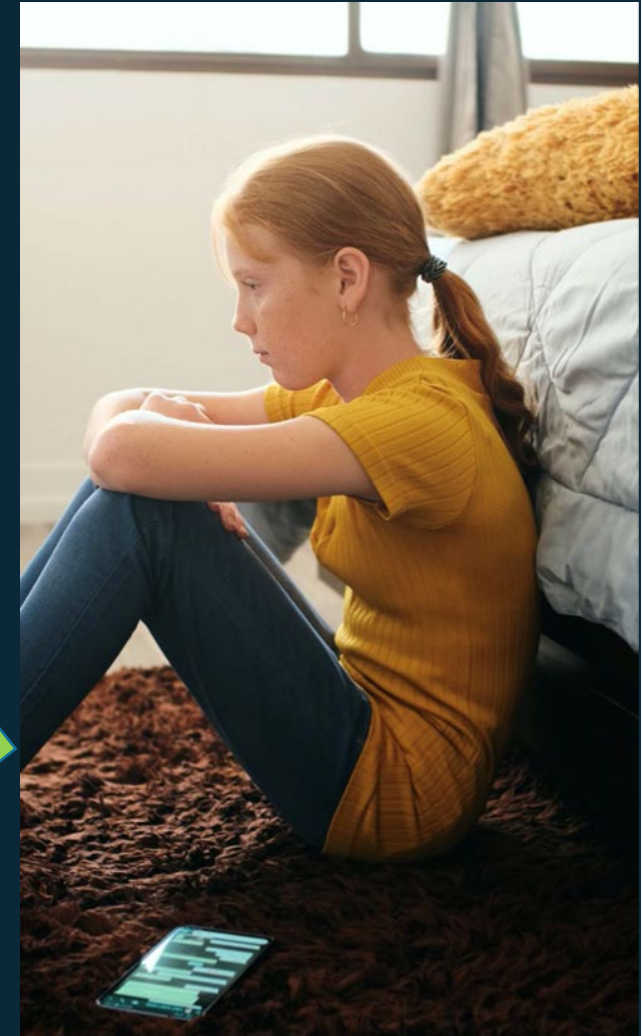


Mood/symptoms affect what teens do online

Tech provides soothing/coping

Tech can help (anxious) teens develop skills

Tech may take teens away from adaptive social/learning experiences (e.g., phubbing)



Under **which conditions**, and  
for **which children** may specific  
social media **features or**  
**content** be *helpful* or *harmful* to  
youth development?



# *What questions are we asking....*

1. What are the potential benefits of technology use?
2. What types of technology use may increase or decrease mental health risk?
3. Who may be most susceptible to potentially negative effects of tech/social media on mental health?
4. How might tech/social media content promote adaptive or maladaptive behavior?
5. Are teens more influenced by peers online?
6. Does digital media cause youth stress?
7. Does social media impact physical health?
8. What is “problematic” technology use?
9. Is technology use related to brain development?

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# 1) Positive Attributes

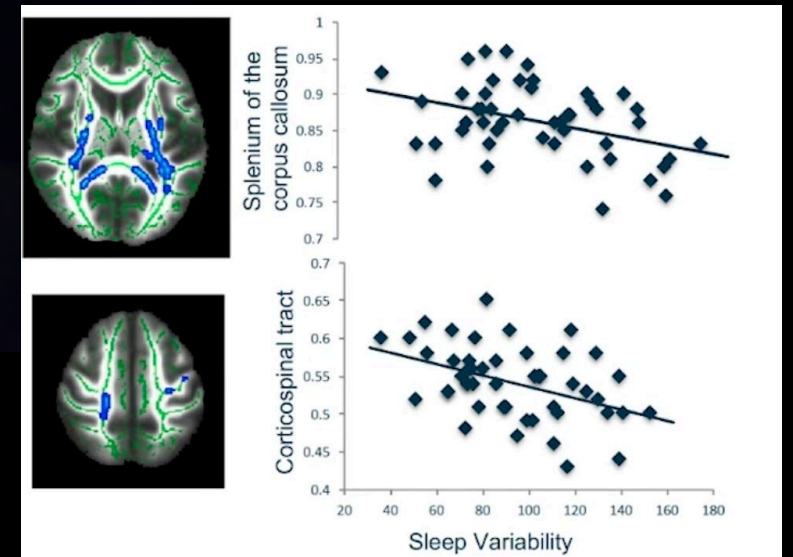
- Affinity/identity communities
- Potential for immediate social support
- Online only friends buffer effects of stress on suicidal behavior
  - Greater diversity among peer contacts
- Civic engagement and activism



# 7) Interferes with Sleep

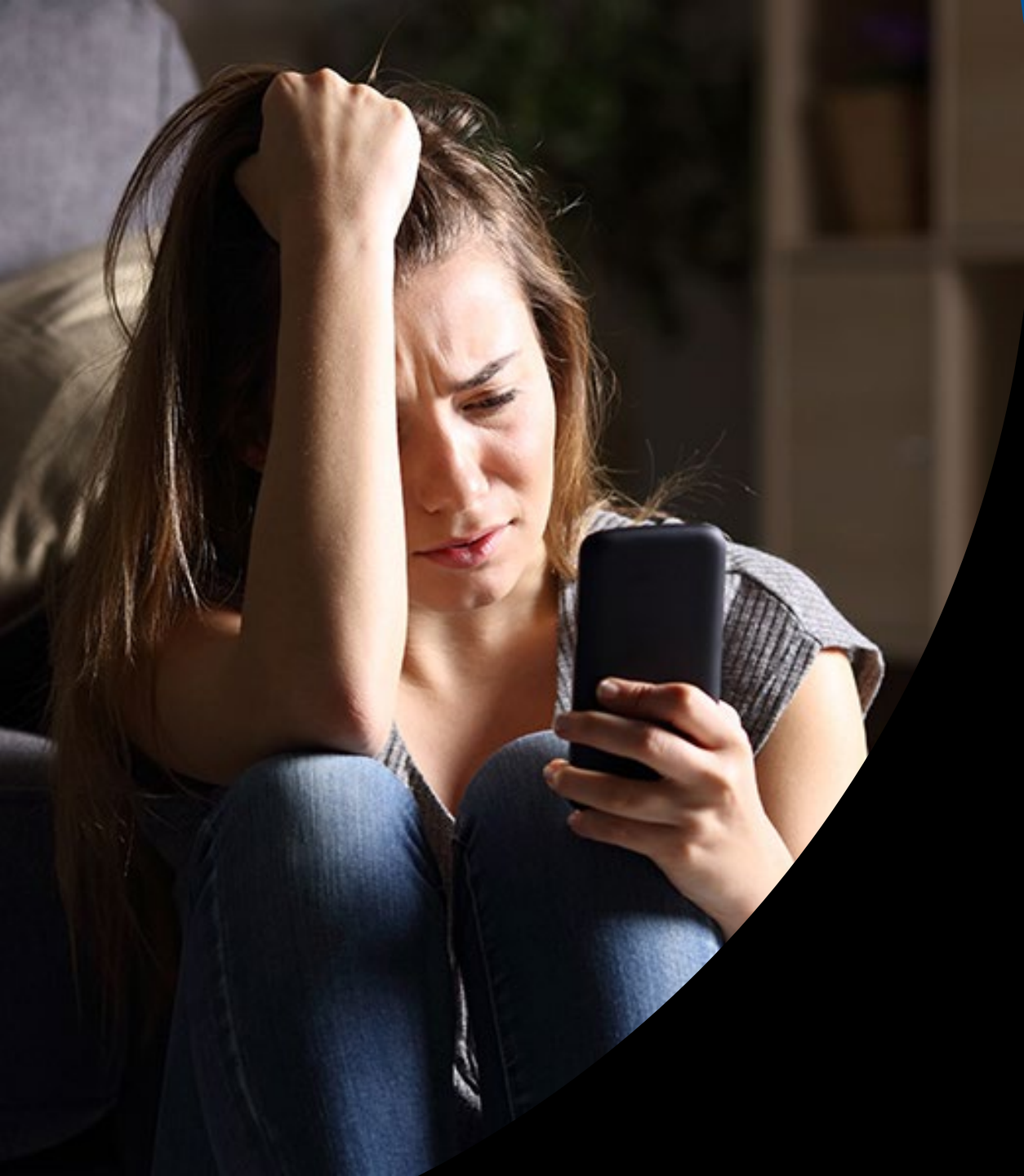
- 60% of adolescents report viewing screens before bedtime
- Nighttime smartphone use associated with poorer sleep health
  - later sleep onset
  - shorter sleep duration
  - more frequent and longer wake events

- Poor sleep linked to
  - obesity
  - depression
  - risky behaviors
  - poor school performance
  - altered brain development



# 8) Problematic Social Media Behaviors

- Do you ever feel like you spend more time on social media than you intended?
- Have you ever tried to spend time away from social media, but couldn't do it?
- Do you ever expend extra effort to make sure you will continue to have access to social media at times when you otherwise may not be able to use it?
- Do you ever have a craving or strong desire to use social media?
- Does social media use ever get in the way of things you are supposed to be doing (e.g., sleep, exercise, schoolwork)?
- Do you ever use social media even after you realized that it was getting in the way of what you thought was best for you?
- Have you ever been away from social media and felt like you were missing it too much to engage in normal day to day activities?
- Do you think you may be addicted to social media?



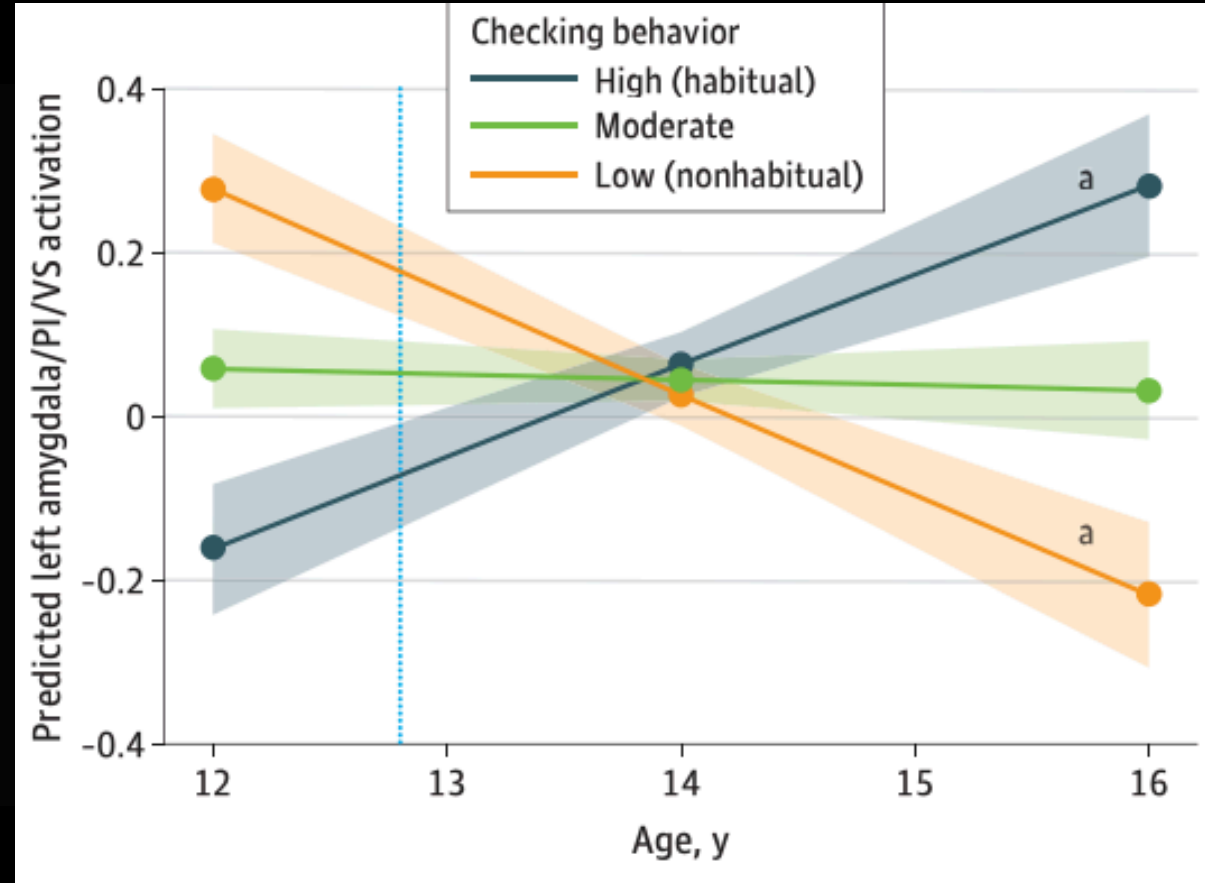
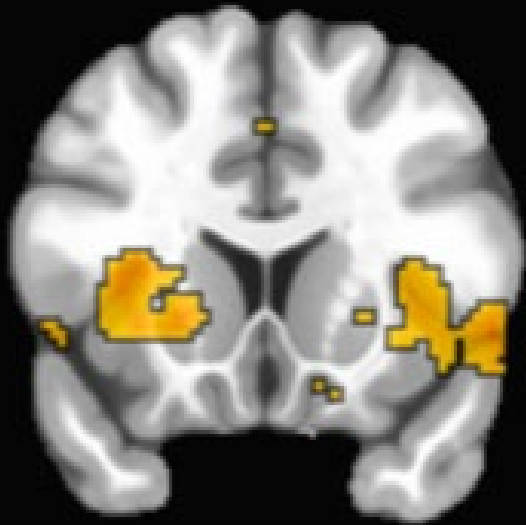
# Results

- Nearly all adolescents report spending more time on social media than they intended
- Half of adolescents report that being away from social media results in experiencing difficulties in engaging with daily life activities
- One-quarter perceive that they are “moderately” or “severely” addicted to social media

# 9) Social Media and Brain Development



# Social Media and Brain Development





Social Media

What can  
we do?

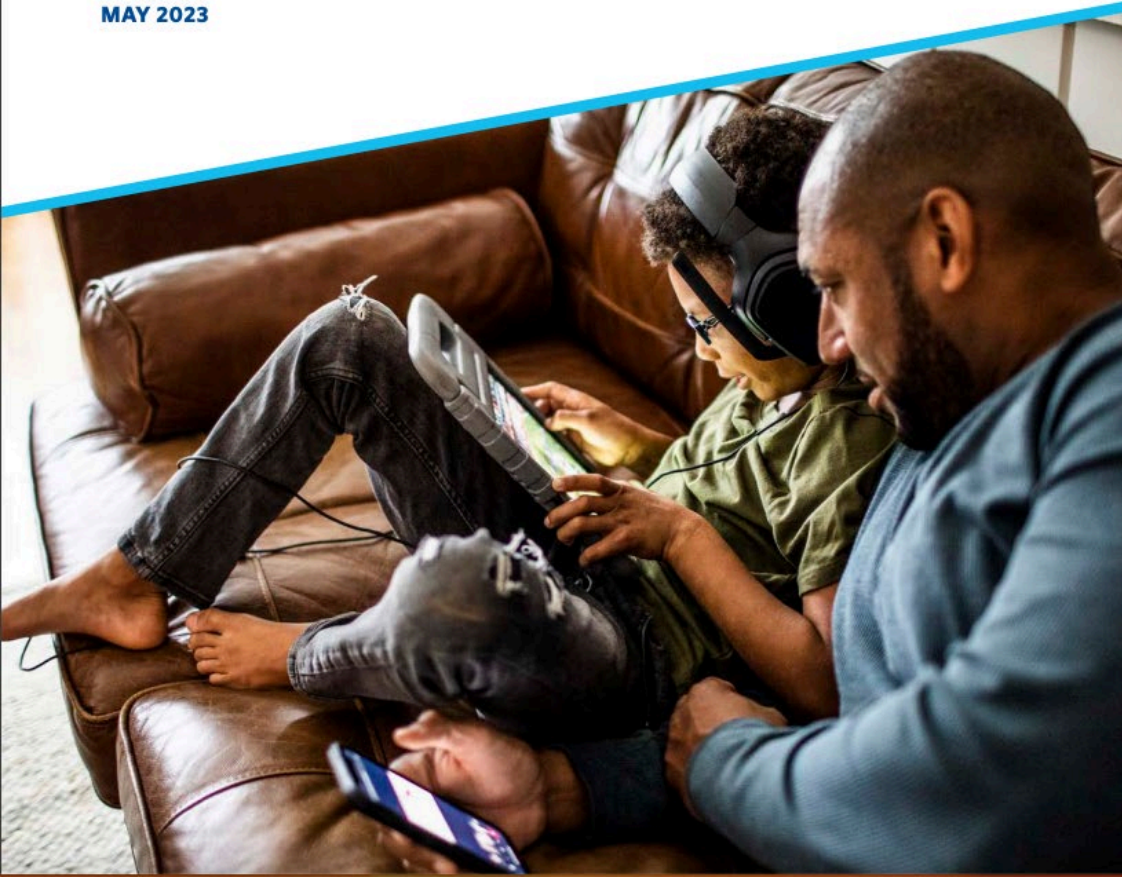




AMERICAN PSYCHOLOGICAL ASSOCIATION

# Health Advisory on Social Media Use in Adolescence

MAY 2023



## EXPERT ADVISORY PANEL

### *Co-Chairs*

Mary Ann McCabe, PhD

Mitch Prinstein, PhD

### *Members*

Mary K. Alvord, PhD

Dawn Bounds, PMHNP-BC, FAAN

Linda Charmaraman PhD

Sophia Choukas-Bradley, PhD

Dorothy L. Espelage, PhD

Joshua A. Goodman, PhD

Jessica L. Hamilton, PhD

Jacqueline Nesi, PhD

Brendesha M. Tynes, PhD

L. Monique Ward, PhD

Lucía Magis-Weinberg, MD, PhD

# 10 RECOMMENDATIONS FOR PARENTS, PLATFORMS, AND POLICYMAKERS

from APA'S HEALTH ADVISORY ON SOCIAL MEDIA USE IN ADOLESCENCE



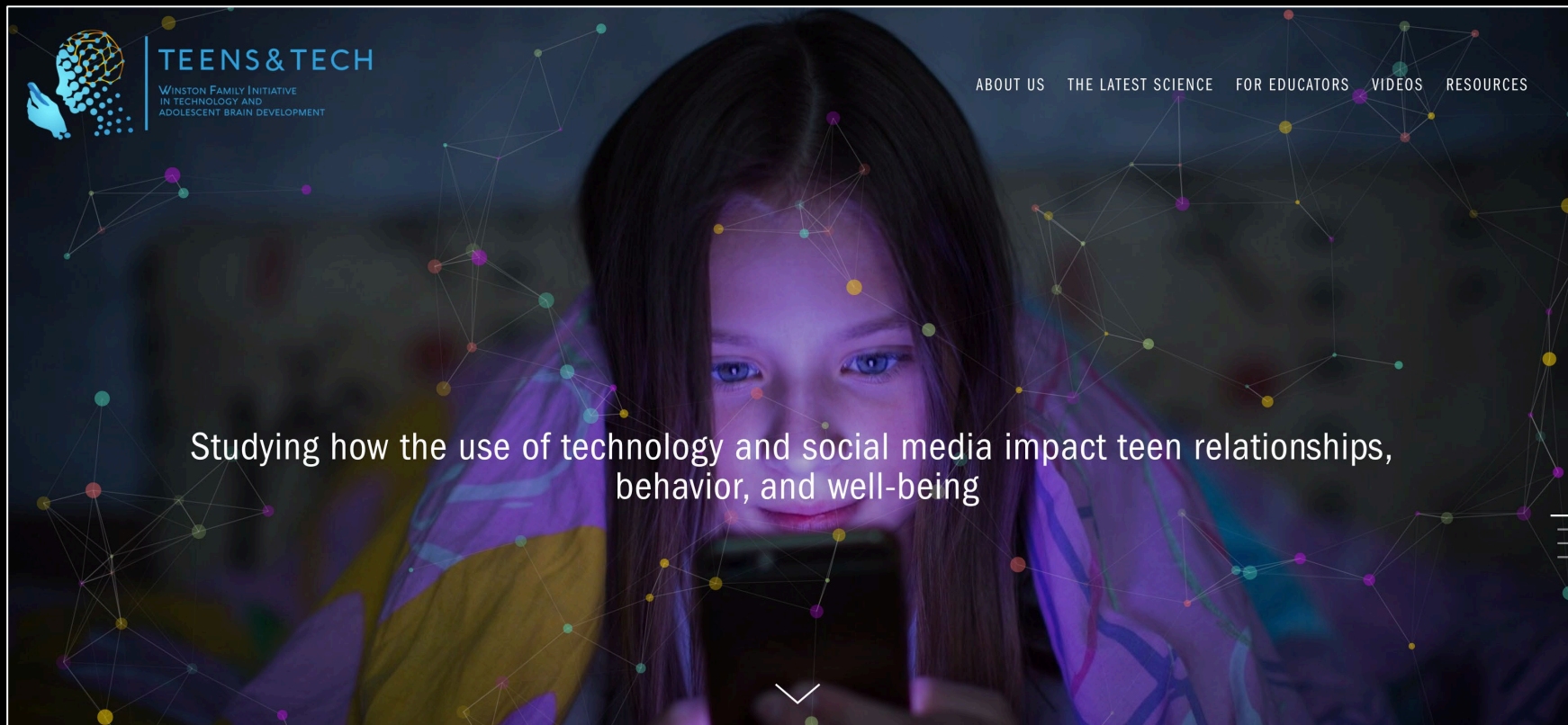
AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

1. **Build and encourage use** of functions that promote healthy socialization
2. **Tailor platform design, functionality, and permissions** to youths' developmental capabilities
3. **Monitor use** for early adolescents (10-14 years old) to the extent possible
4. **Remove content** that depicts and minimize exposure to content that depicts illegal or psychologically maladaptive behavior—including self-harm, harm to others, and eating disordered behavior
5. **Remove content** that promotes and minimize exposure to content that promotes discrimination, prejudice, hate or cyberbullying—especially based on race, ethnicity, gender, sexual orientation, religion, or disability status
6. **Routinely screen** for signs of “problematic use” that can impair the ability to engage in daily life and routines
7. **Limit use** that interferes with sleep and physical activity
8. **Limit use** that encourages social comparison, particularly around beauty- or appearance-related content
9. **Precede use** with training teens in social media literacy
10. **Provide resources** for continued research on the positive and negative effects of social media on development

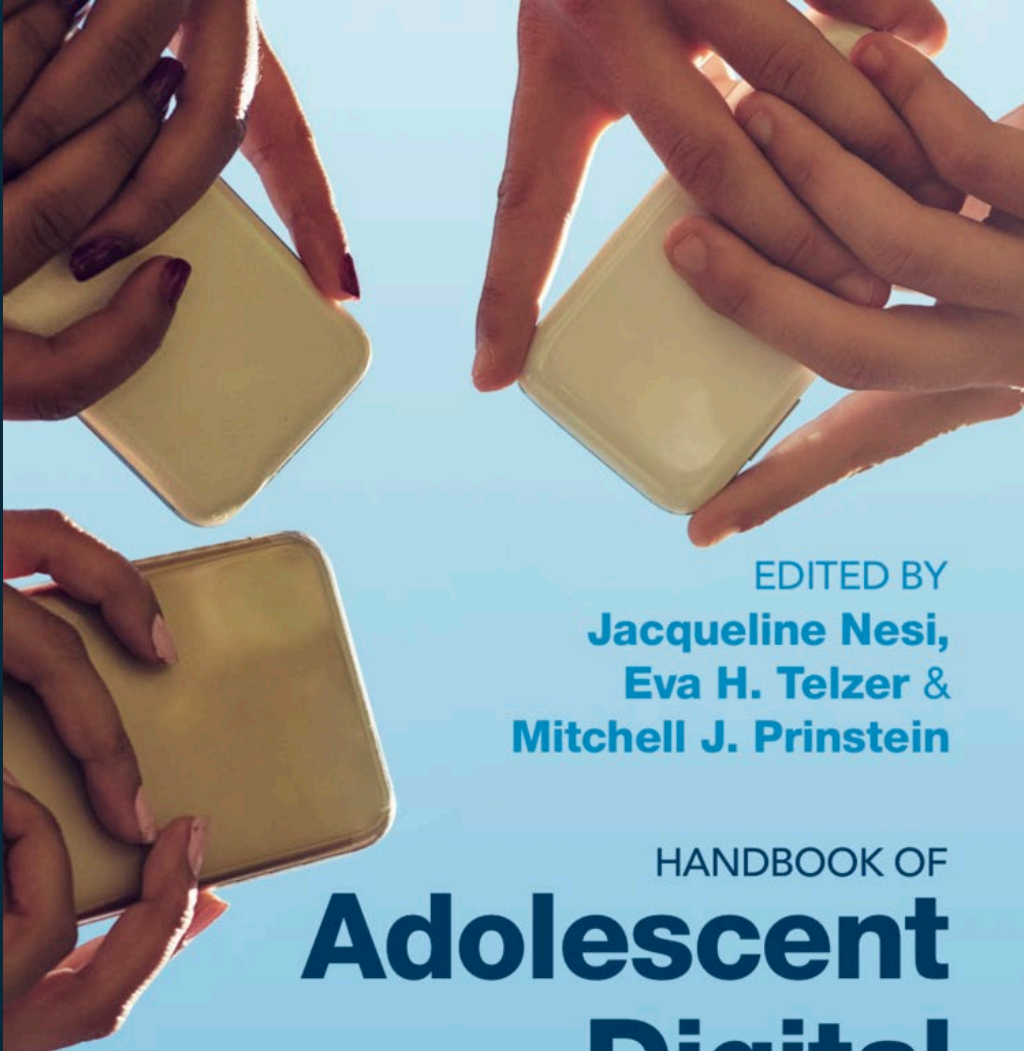
# Social Media Literacy

- 1) Question the accuracy/ representativeness of content
- 2) Understand tactics used to spread mis-/ disinformation
- 3) Limit “overgeneralization” and “misestimation” errors
- 4) Know the signs of problematic social media use
- 5) Learn how to build healthy online relationships
- 6) Understand how to solve conflicts on social media
- 7) Refrain from excessive social comparisons online
- 8) Recognize online structural racism and critique racist messages
- 9) Communicate safely about mental health online
- 10) Understand who benefits from kids using social media

# School Curricula



[www.TeensAndTech.org/for-educators](http://www.TeensAndTech.org/for-educators)




EDITED BY  
**Jacqueline Nesi,  
Eva H. Telzer &  
Mitchell J. Prinstein**

HANDBOOK OF  
**Adolescent  
Digital  
Media Use  
AND  
Mental Health**

Open Public Access at Cambridge University Press

<https://www.TeensAndTech.org/handbook>



# Addressing the Social Media-driven Mental Health Crisis

Sam Hiner  
Executive Director, Young  
People's Alliance  
Student, UNC-Chapel Hill



# Social Media and Mental Health

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Social media is harming my generation by exacerbating:

- Eating Disorders
- Loneliness
- Political Extremism

Unparalleled mental health crisis

- Data + Lived experience





# Policy Solutions

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Broad scope of policy ideas:

- Duty of care
- Parental controls
- Generic privacy laws
- Design codes
- Privacy laws geared at algorithms



# Data Privacy for Algorithms

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Social media companies use user's data to target content that keeps them online.

Cutting of the data supply will make social media less addictive and will dismantle echo chambers.

Companies will not meaningfully self-regulate algorithms. Their content filtering approaches don't work.

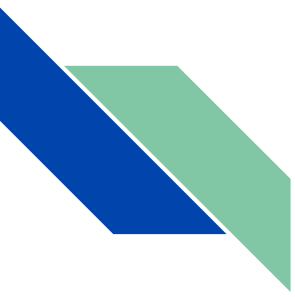
Design features are also effective.

# SMAC IT Act

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- Data privacy for algorithms bill in NC introduced May 2023.
- Cosponsored by 62 representatives across party lines
- Unanimously passed House Judiciary 3 Committee. Sits in Appropriations.
- Plans for reintroduction in 2024





**benchmarks**  
An Alliance of Agencies Helping  
Children, Adults & Families

**NCAE**  

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North Carolina  

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Association of Educators

 **NAMI**  
National Alliance on Mental Illness  

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North Carolina

 **N A S W**  
National Association of Social Workers  

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NORTH CAROLINA CHAPTER



 Carolina Resource Center  
for Eating Disorders

**NC**  
**Child**



Discussion &  
Voting on Social  
Media  
Recommendation

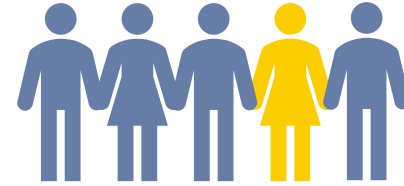
*ENDORSE legislation that  
addresses **addictive  
algorithms in social media**  
that harm children.*



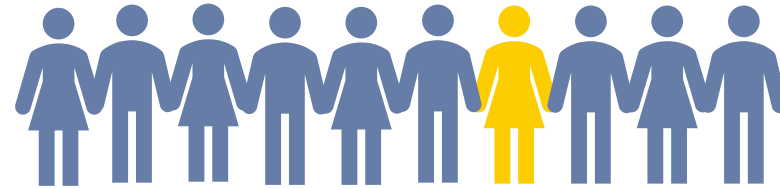
The need for more school  
nurses, social workers,  
counselors, & psychologists

# In North Carolina...

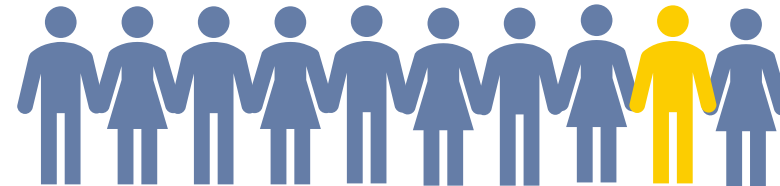
**1 in 5 adolescents have seriously considered attempting suicide**




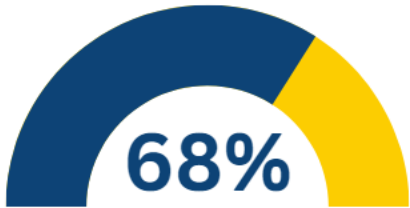
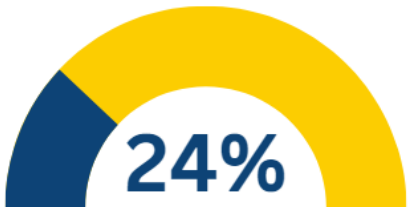
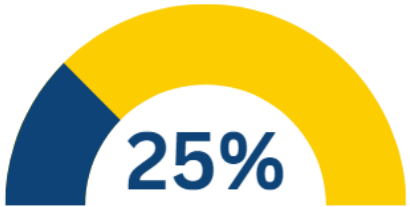
**1 in 10 adolescents have made a suicide attempt**



**1 in 10 children aged 3 - 17 has a diagnosis of anxiety or depression**



# Specialized Instructional Support Ratios

School Counselors	2021	1:335	Recommended	1:250	 69%
	2022	1:361			
School Nurses	2021	1:890	Recommended	1 per school	 68%
	2022	1:833			
School Social Workers	2021	1:1,025	Recommended	1:250	 24%
	2022	1:1,033			
School Psychologists	2021	1:1,815	Recommended	1:500	 25%
	2022	1:1,979			

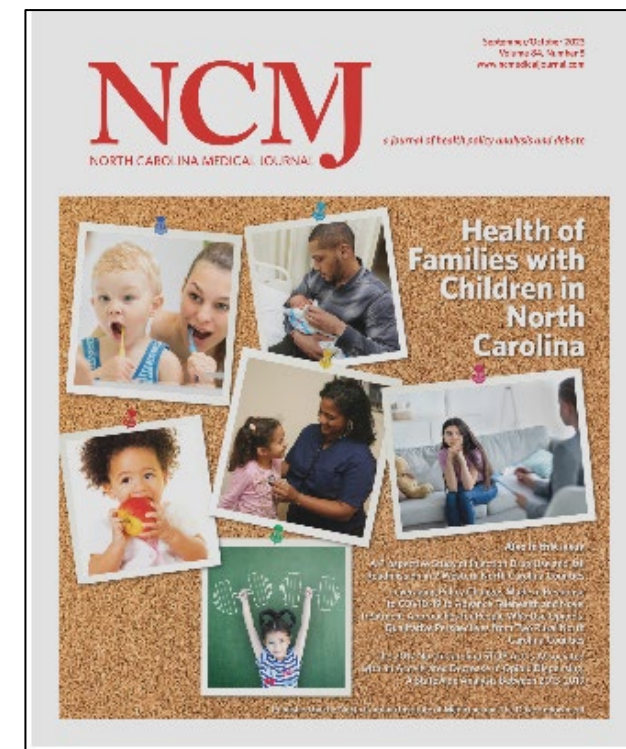
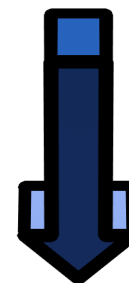


# SISP Benefits: A School-based Solution

- Graduation Rates
- Time Teachers Spend on Instruction
- Reading and Math Achievement
- School Safety
- Access to Medical and Mental Health Services



- Chronic Absenteeism
- Physical Aggression
- Substance Use
- Teacher Turnover



[NC Medical Journal](#)

# Challenges

- NC is 47th in the nation in per pupil spending.
- NC is 42nd in the nation in meeting mental health needs of youth.
- School Social Workers not paid for advanced degrees
- School Psychology pipeline does not meet current needs
- School Nurses dealing with more students with complex medical needs
- School Counselors asked to fulfill inappropriate job duties



# Local Perspective

Jessica Dreher, Ed.D., Director  
of Student Engagement and  
Support Services, Orange  
County Schools





Discussion &  
Voting on School  
Support  
Recommendation


*Support recurring funds to increase the numbers of school nurses, social workers, counselors and psychologists to support the physical and mental health of students and to move North Carolina toward achieving nationally recommended ratios for these professional positions in schools.*



Unintentional  
Death Prevention  
Committee  
Recommendation

*Support **recurring funding** for the NC Office of Violence Prevention and **for the NC S.A.F.E. Campaign** that educates about firearm safe storage.*

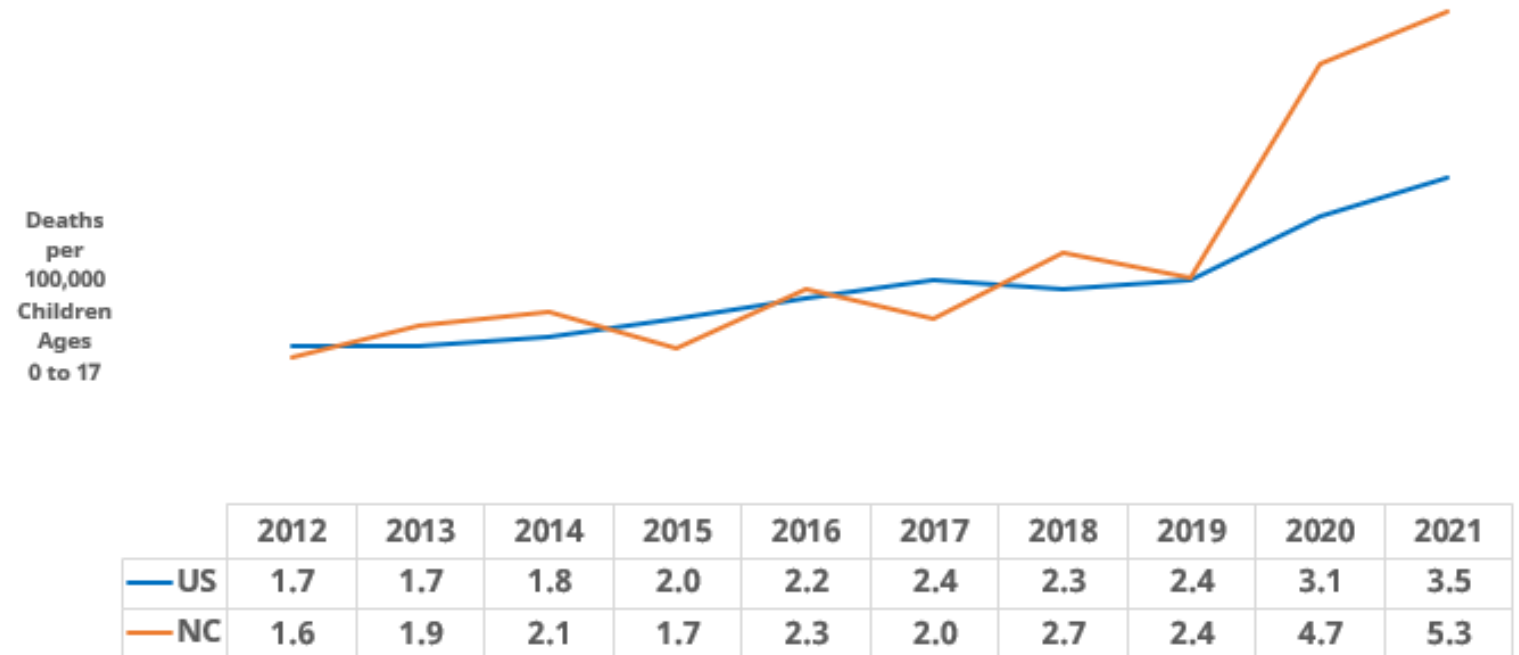
*[Today, only taking up NC SAFE; OVP will be at February CFTF meeting]*



# Child deaths in NC due to firearm injury skyrocketed in 2020 and 2021: 2021 rate is an increase of 231% since 2012

- From 2012 through 2021, over 600 NC children ages 17 and younger died from firearm-related injuries, including 121 in 2021.
- In 2021, firearms were the lethal means used in 58% of youth suicides and 78% of youth homicides.
- Child firearm injury hospitalizations increased by 120% from 2016-2020, and child emergency department visits for firearm injury increased by 68% from 2017-2021.

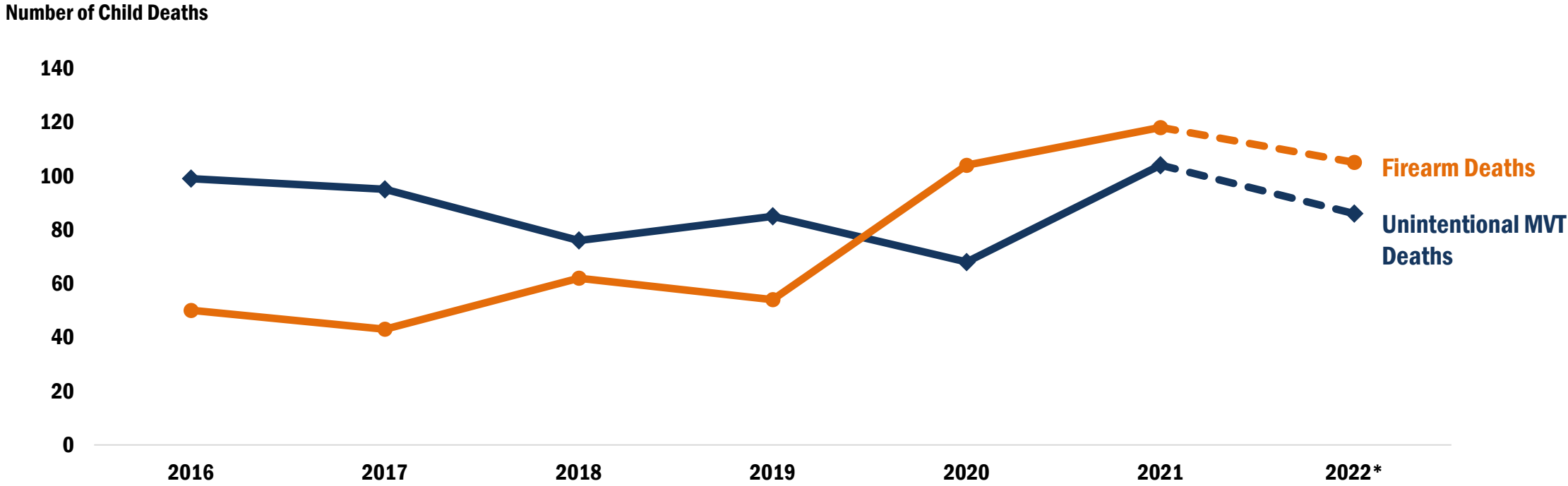
Firearm-related Mortality Rates Children Ages 0 to 17: NC & US, 2012-2021



# Firearm injury remains the overall leading cause of death among children ages 1-17 in North Carolina. [2022 data is preliminary & may change]

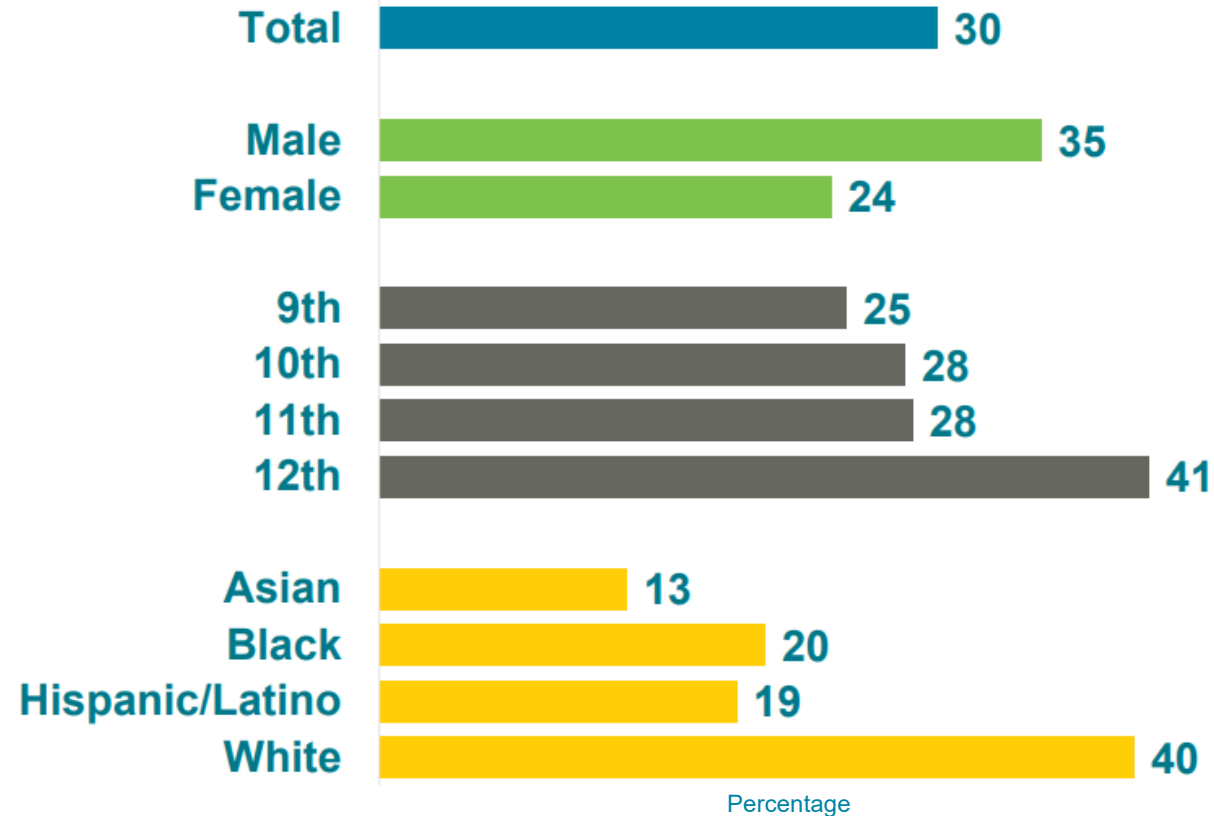
Child firearm deaths surpassed the number of child deaths from motor vehicle traffic crashes for the first time in NC in 2020 and remain the leading cause of child injury death in 2022\* (preliminary data).

**Child (0-17) Firearm Deaths Compared to Unintentional Motor Vehicle Traffic (MVT) Deaths in NC, 2016-2022\***



\* 2022 Death Certificate (DC) data are provisional and subject to change, data as of 8/1/2023; Limited to NC residents ages 0-17  
Source: NC-VDRS, 2016-2021; NC State Center for Health Statistics, DC Data, 2022\*  
Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

# 30% of high school students say they could be ready to fire a loaded gun *in less than an hour* without a parent or other adult's permission.



\*Gun could be theirs or someone else's and it could be located in their home or car or someone else's home or car

\*M > F; 12th > 9th, 12th > 10th; W > A, W > B, W > H (Based on t-test analysis, p < 0.05.)

All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

This graph contains weighted results.

Source: North Carolina Department of Public Instruction, Youth Risk Behavior Survey, 2021





## NC's Safe Storage Campaign





## Funding

- Spent **\$1,764,534.70** in **FY23**
  - \$1.66 from carryforward from Gov Office and \$100,000 in JJDP funds
  - Goal- bare bones educational statewide campaign, distribution of safe storage tools
- Received **\$2,499,953.56** in SCIP funding (beginning **Oct 2023 for FY24**)
  - Contract and materials \$1,799,903.56 plus \$700,050 evaluation of campaign
  - Goal- an educational statewide campaign, distribution of safe storage tools, and an evaluation of the campaign
- Seeking recurring funding beginning **FY25**: **\$2,159,884.27**
  - **\$1,799,903.56 plus 20% expansion**
  - Goal- an educational statewide campaign, distribution of safe storage tools, enhanced strategy





## Evaluation- Behavior Change?

- Meta-analyses of how media campaigns affect behavior change provide evidence that campaigns can produce short-term effects of approximately 9 percent more people performing a desired behavior after the campaign than before (Snyder and Hamilton, 2002).
- Continued messages further behavior change. Campaigns that provide physical locking mechanisms at the point of message are more likely to have positive outcomes (RAND, 2018 and US GAO, 2017).





## Campaign expansion

**SCIP** (Governor's Crime Commission subaward funding through the 2022 Byrne State Crisis Intervention Program (SCIP))

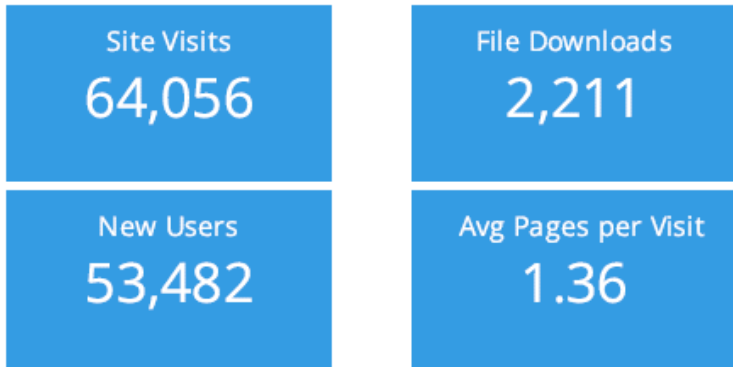
- Suicide Prevention
- Theft of guns from vehicles
- More gun locks – high demand.
  - Conceal carry firearm instructors, NC Pediatricians, Week of Action and community events

### After SCIP

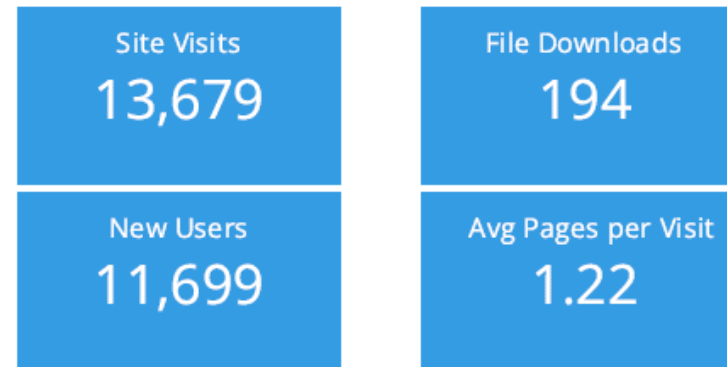
- Act on focus group findings
- Act on evaluation findings



### Cumulative Overview

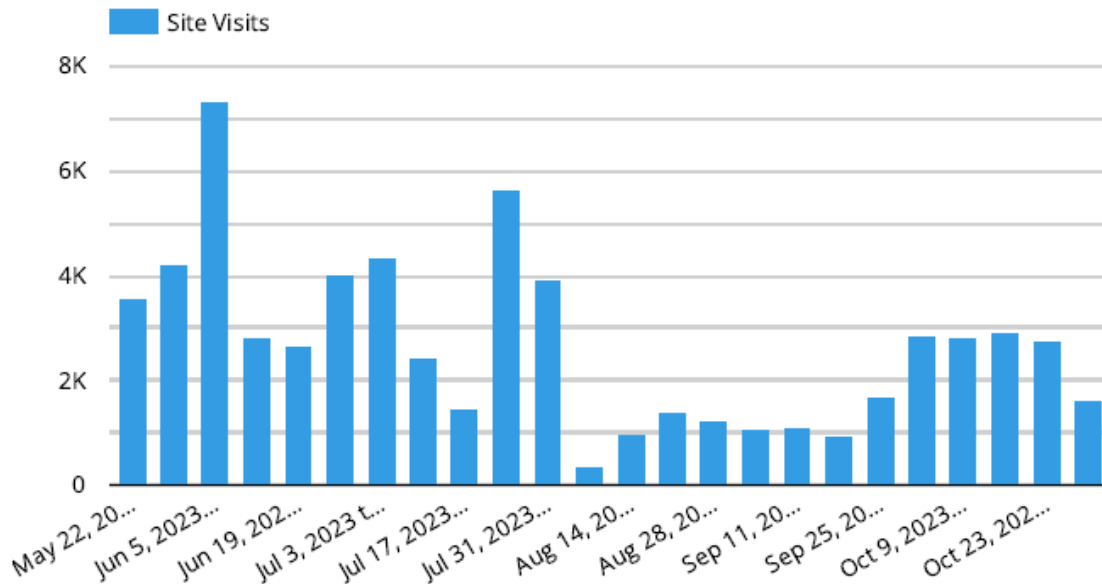


### October Overview



[www.ncsafe.org](http://www.ncsafe.org)

### Weekly Site Traffic



### Top Pages

	Page Title	Pageviews
1.	Safe Storage 101 - NC S.A.F.E.	9,463
2.	Homepage	4,723
3.	Partner Resources   NC S.A.F.E.	211
4.	About   NC S.A.F.E.	71

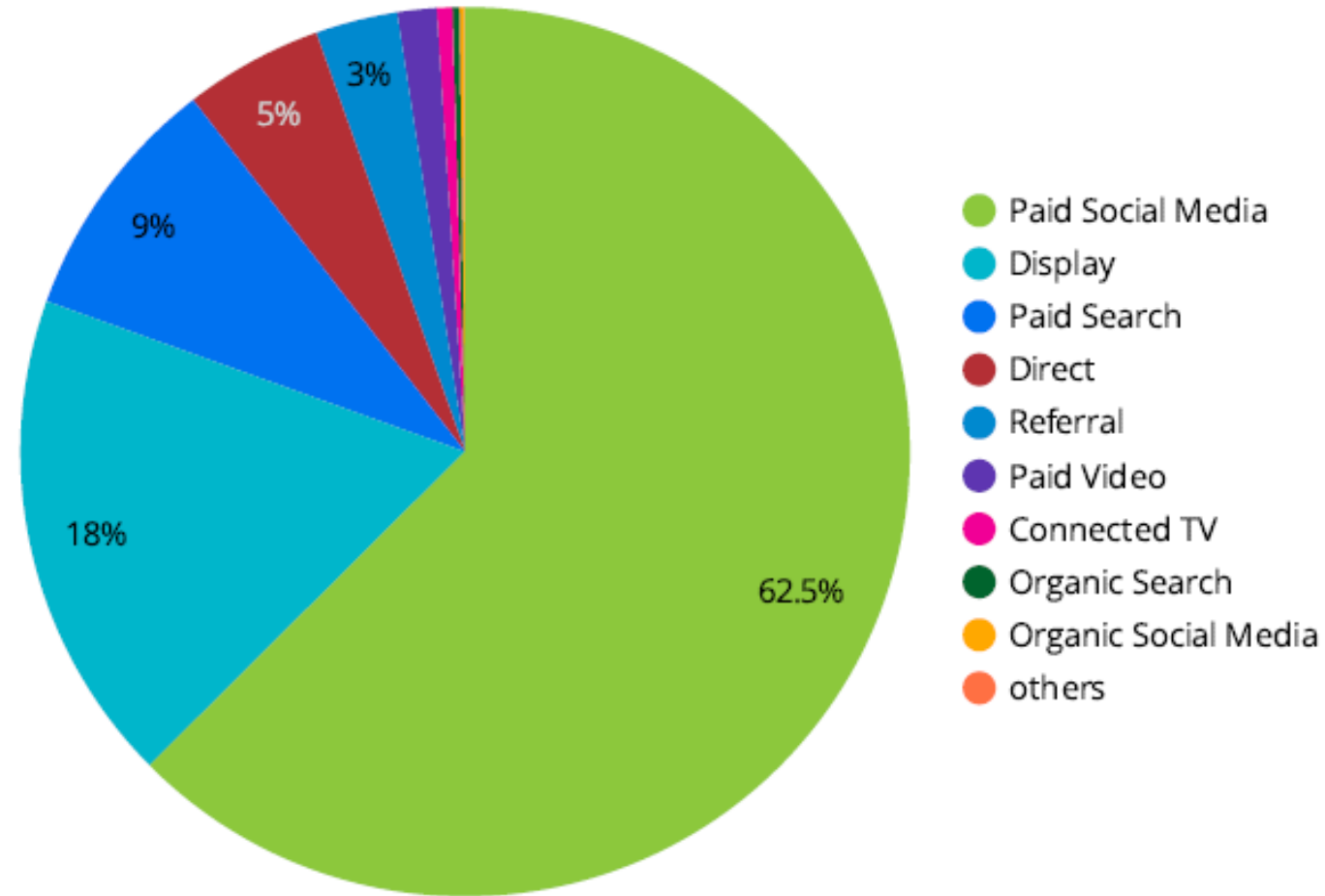
Total website visits increased by 186% (8,894 visits) from September to October with increased paid media spending.



# Website

- In October, the public service announcement received 164 airings, which generated 160,000 impressions. Reingold will start running the PSA in paid media placements to increase its exposure.

## Website Traffic by Source



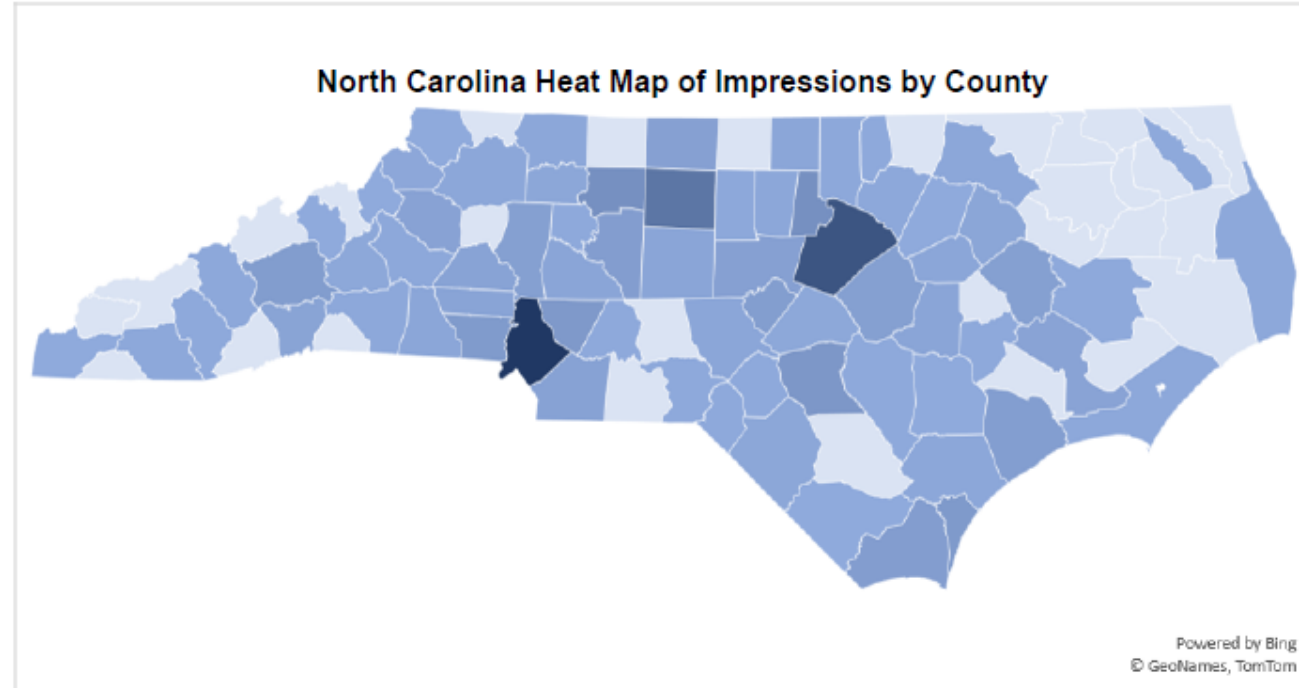
The chart above reflects October data only.



## Top Cities by Site Visits

	City	Site Visits ▾
1.	Charlotte	1,517
2.	Raleigh	1,296
3.	Greenville	338
4.	Greensboro	202
5.	Durham	183
6.	Fayetteville	161
7.	Winston-Salem	132
8.	Lexington	74
9.	Rocky Mount	74
10.	Gastonia	72

The above table includes site visits from both paid and organic sources.

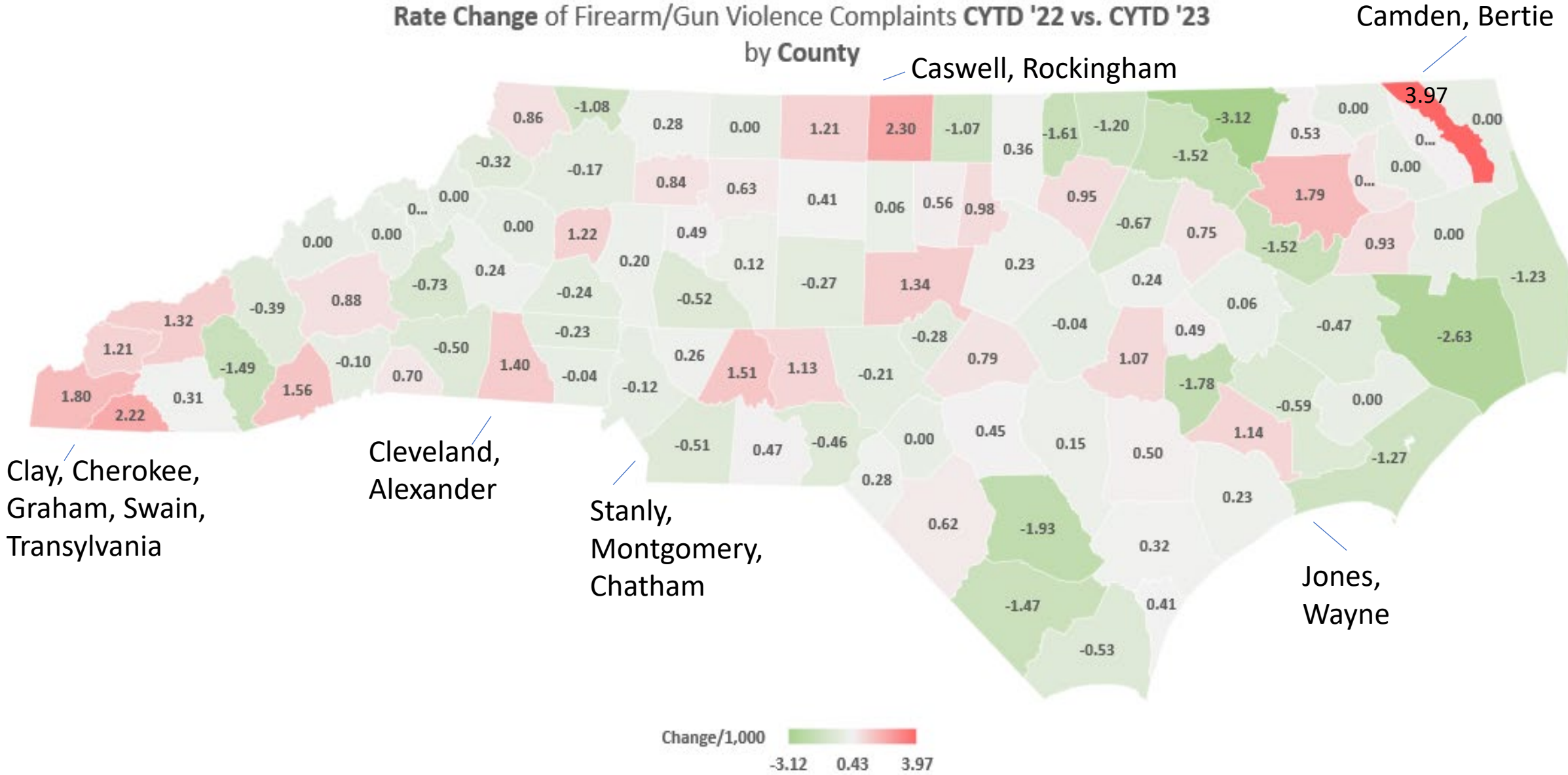


The above map does not include impressions from Facebook and Instagram, as the platform is unable to report on county- or city-level location data.

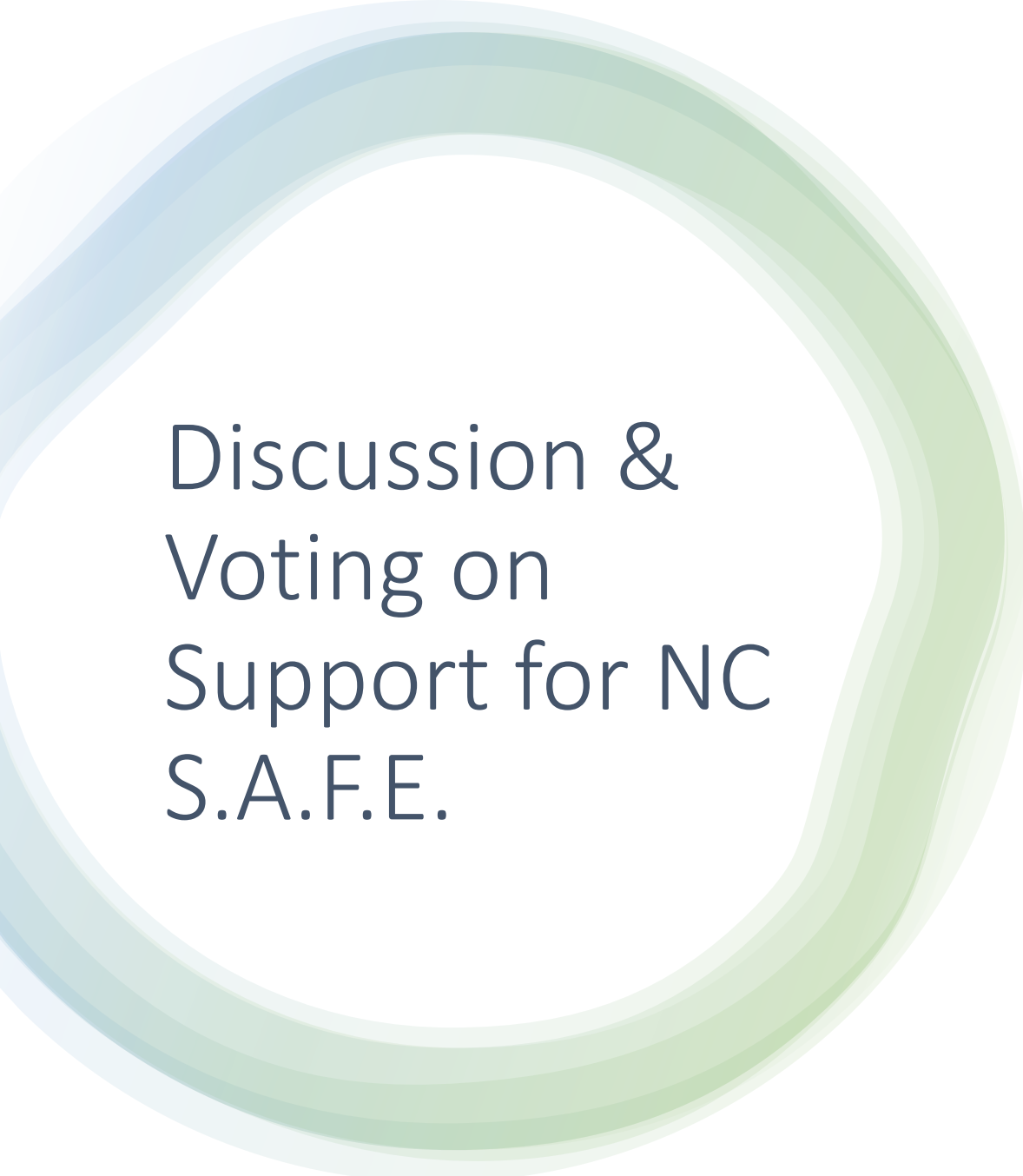




Rate Change of Firearm/Gun Violence Complaints CYTD '22 vs. CYTD '23  
by County







Discussion &  
Voting on  
Support for NC  
S.A.F.E.

*Support recurring funding for  
the NC S.A.F.E. Campaign that  
educates about firearm safe  
storage*

December 2023

# Working Together for Systems Change

Child Fatality Task Force

Kate B. Reynolds  
Charitable Trust  
Investing in Impact



# Our Mission

To improve the health and quality of life of financially disadvantaged residents in Forsyth County and around the state.

Kate B. Reynolds  
Charitable Trust  
Investing in Impact



# Where We Started

Founded by  
Mrs. Kate Bitting Reynolds  
in 1947

- Focus on charitable giving
- Investing in nurse home visiting programs
- Providing grants to hospitals to pay for charity care

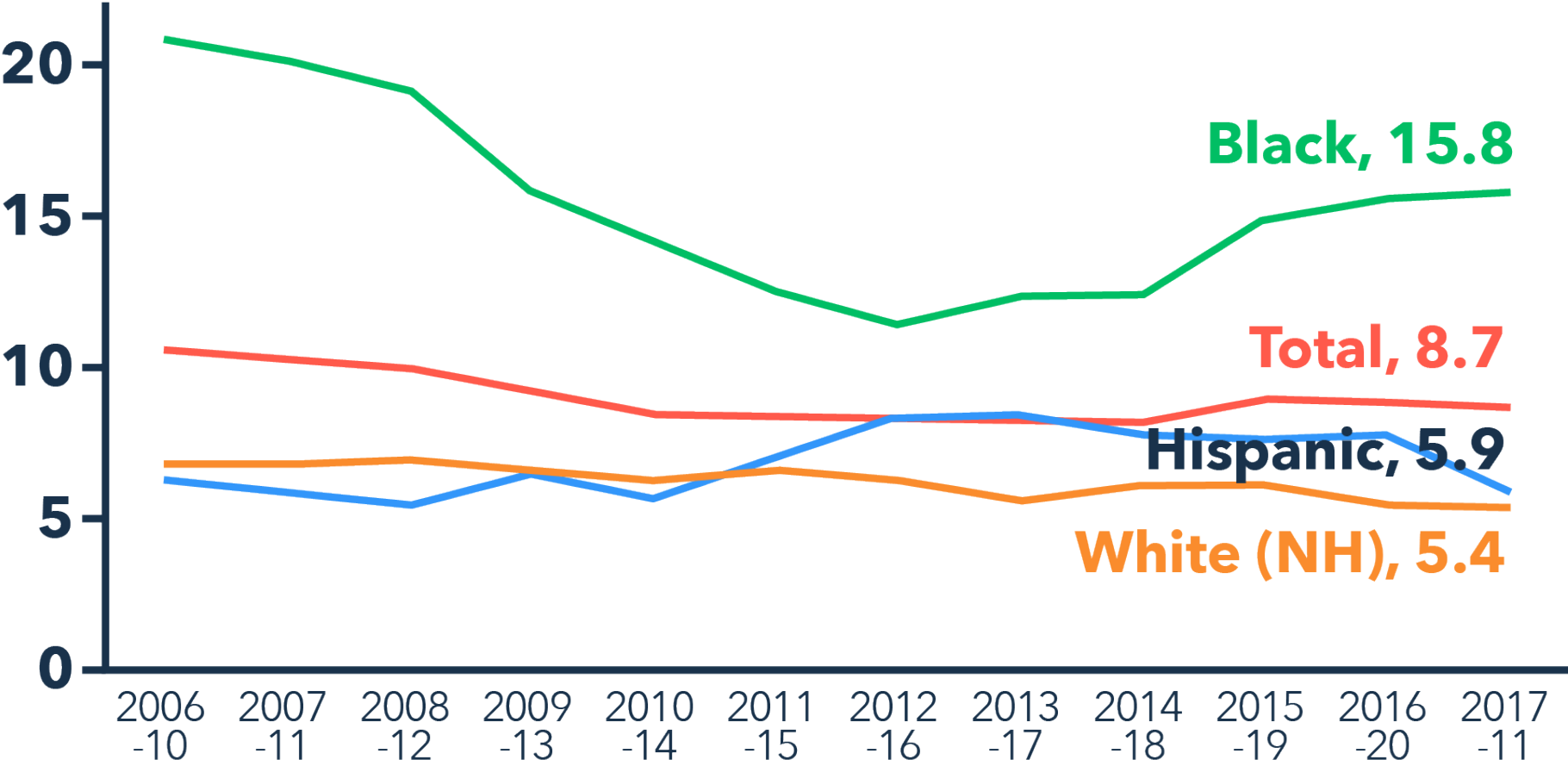
Kate B. Reynolds  
Charitable Trust  
**Investing in Impact**



# Infant Mortality in Forsyth County

## Closing Racial Disparities in Birth Outcomes

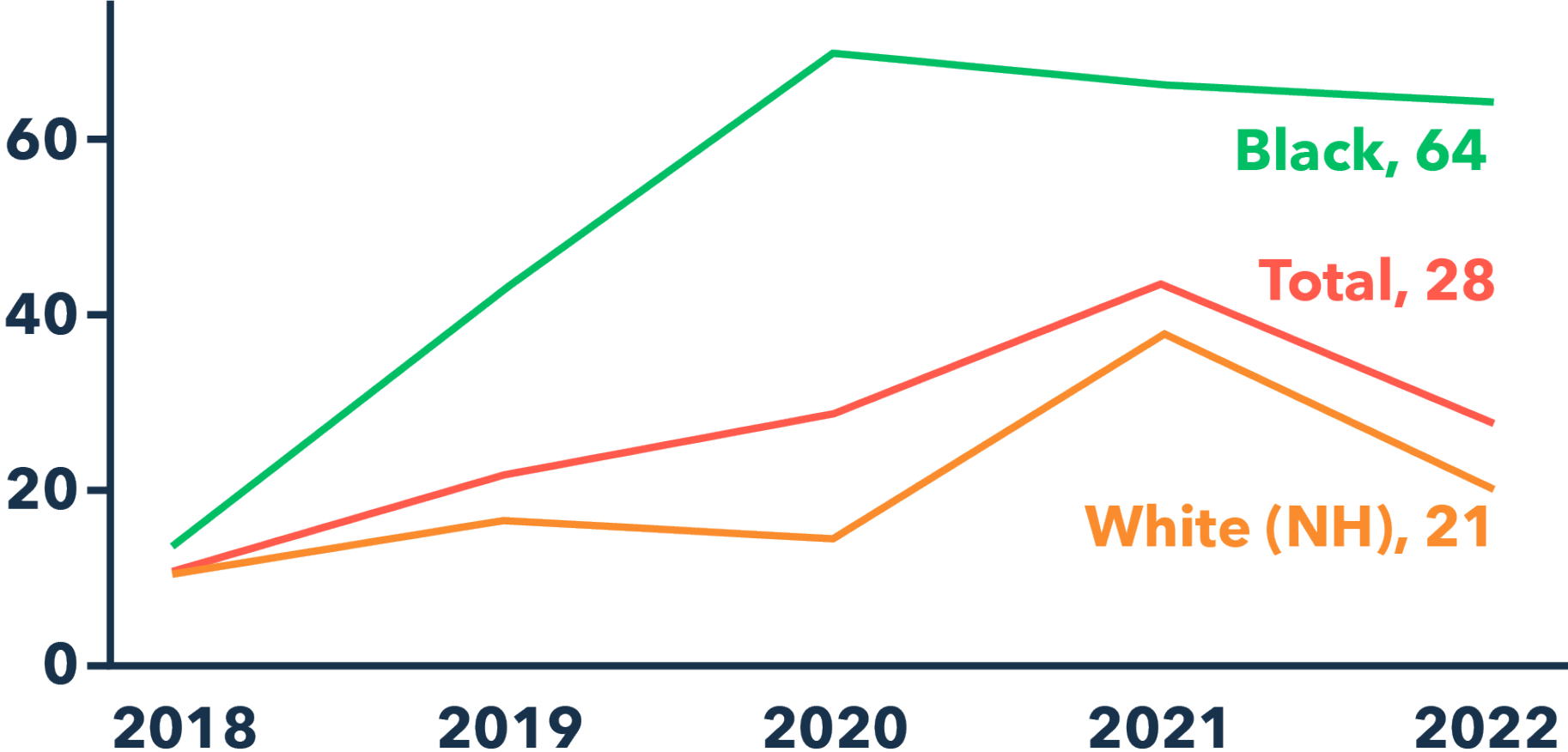
Infant deaths per 1,000 live births by race/ethnicity, Forsyth County (5-year average)



# Infant Mortality in Forsyth County

## Closing Racial Disparities in Birth Outcomes

Maternal mortality rates per 100,000 live births by race, North Carolina



# Our Vision

- Thriving communities
- Thriving residents
- Equitable access to health care
- Equitable health outcomes

Kate B. Reynolds  
Charitable Trust  
Investing in Impact



# Our Approach to Grantmaking





# Our Bodies of Work

## Health Improvement



## Local Impact





# GOALS Great Expectations

## Local Impact in Forsyth County

### Early Intervention and Health

- Narrow racial disparities in infant and maternal mortality.
- Reduce the occurrences and impact of Adverse Childhood Experiences (ACEs) and toxic stress among young children.

Kate B. Reynolds  
Charitable Trust  
Investing in Impact

### Access to Quality Childcare and Early Learning

- Increase access to and reduce bias in high-quality pre-K.
- Strengthen the capacity of informal caregivers to provide enriching environments and developmentally appropriate care for young children and ensure that Forsyth County childcare ecosystem is inclusive of informal care.
- Improve equity and alignment across early childhood systems.

### Family Economic Support

- Increase integrated, family-centered approaches that promote educational attainment and economic advancement of parents of young children in Forsyth County.



# Great Expectations: Quality Early Learning and Infant and Maternal Mortality

**Trust Goal:** Increase access to and reduce bias in high-quality pre-K

**Grants:** Funded nonprofits to advocate for universal pre-K in Forsyth County and engage key stakeholders, including parents

**Grantees:** Action4Equity, Latino Community Services, Family Services, Forsyth Futures

Kate B. Reynolds  
Charitable Trust  
Investing in Impact

**Trust Goal:** Narrow racial disparities in infant and maternal mortality

**Grants:** Funded research around racial disparities, engaged birthing people of color to share stories of inequitable birthing practices; worked with statewide partners on broader policies impacting birth equity

**Grantees:** Boston-Thurmond Community Network, Wake Forest University Health Sciences



# Great Expectations: Family Economic Support

**Trust Goal:** Promote educational attainment and economic advancement of parents of young children in Forsyth County

**Grants:** Invest in wrap-around services including childcare, transportation, and healthcare to help parents complete their higher education degrees

**Grantees:** Forsyth Tech Community College

Kate B. Reynolds  
Charitable Trust  
Investing in Impact



# Activating Systems Change

We're All in This Together

## Levels of Systems Change

### Organizational

- Review internal practices
- Diversify your team
- Disaggregate your own data
- Engage in quality improvement
- Examine institutional practices

### Community

- Work at local, state and federal levels
- Engage in advocacy and policy reform, research and public education, and community engagement
- Improve the built environment
- Shift policies to improve outcomes

### Ground Water

- Be intentional about naming and discussing racism and racial equity
- Systemic racism and inequitable treatment runs underneath this work
- Build power in communities of color, build the capacity of groups on the ground

# Questions?

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**Investing in Impact**