



2007 Report



Mecklenburg County Community Child Fatality Prevention & Protection Team



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The Mecklenburg County Community Child Fatality Prevention and Protection Team would like to present the 2009 Annual Child Fatality Report with the most recent 2007 infant and child death data. The data being presented is about 15 months old because it takes approximately one year for the North Carolina State Center for Health Statistics to collect and enter the data from each county and distribute to all counties to receive and review. Regardless of the age of this data, the trends remind us of important issues regarding infant and child safety in Mecklenburg County. These trends highlight the need to reduce infant and child deaths in our county and improve the safety and well being of all infants and children in our community.

Thank You,

Mecklenburg County Community Child Fatality Prevention and Protection Team
(CFPT)



Mission Statement

The Mecklenburg County Community Child Fatality Prevention and Protection Team is a multi-disciplinary group charged by North Carolina Statute 7B-1406-1414 to review all fatalities occurring among infants and children ages birth through seventeen years of age in Mecklenburg County.

Our ***mission*** is to identify gaps and deficiencies in the comprehensive local child services system (public and private agencies) to advocate for prevention efforts, needed remedies, and a coordinated response in order to better serve all of the community's children and families.



- Each county in the state of North Carolina was mandated by State Statute in May of 1991 to establish a multi-disciplinary, community team to review all infant and child deaths on a yearly basis.
- Our mission is to identify gaps and deficiencies in the comprehensive local child services system, work collaboratively as a team to raise awareness around issues on how to better protect infants and children from preventable injuries and death, and advocate for prevention efforts in a coordinated manner.
- We are mandated by the statute to present an annual report to our Board of County Commissioners summarizing the most recent infant and child death data, our accomplishments and goals, and recommendations for changes in the system as a result of our findings.
- Members of our team include but are not limited to, local non-profit agencies serving youth, healthcare providers such as Carolinas Healthcare System and Presbyterian Hospital, the Health Department, the Department of Social Services, Fire, Police, MEDIC, state agencies such as Guardian Ad Litem (GAL) and the Courts, and Mental Health agencies.



Member Agencies

- 26TH District Court
- Alexander Youth Network, Inc.
- Area Mental Health Authority – (AMH)
- Behavioral HealthCare Center
- Mecklenburg Board of County Commissioners – (BOCC)
- Carolinas HealthCare Systems – Injury Prevention & Safe Communities
- Carolinas Medical Center – Levine Children’s Hospital
- Catholic Social Services
- Central Piedmont Community College (CPCC)
- Charlotte Mecklenburg Fire Department (CFD)
- Charlotte Mecklenburg Police Department (CMPD)
- Charlotte Mecklenburg Schools (CMS)
- Child Care Resources, Inc.
- Children and Family Services Center
- City of Charlotte Council Member
- Community Health Services
- Community Support Services – Women’s Commission
- Community Volunteers
- Council for Children’s Rights
- Department of Social Services – Youth and Family Services (YFS)
- District Attorney’s office
- Guardian Ad Litem
- Mecklenburg County Health Department
- Juvenile Justice Center
- Mecklenburg County Medical Examiner’s Office
- Emergency Medical Services (MEDIC)
- Mental Health Association
- Pat’s Place Child Advocacy Center
- Pediatric Resource Center
- Presbyterian Hospital
- Sheriff’s Office
- Teen Health Connection
- The Family Center
- United Family Services



- Please review our list of member agencies involved with the team.



Causes of Death

Category of Death

Deaths are categorized as due to injury or non-injury with a focus on injury-related deaths.

Injury & Preventable Deaths

Intentional Injury - includes homicide and suicide.

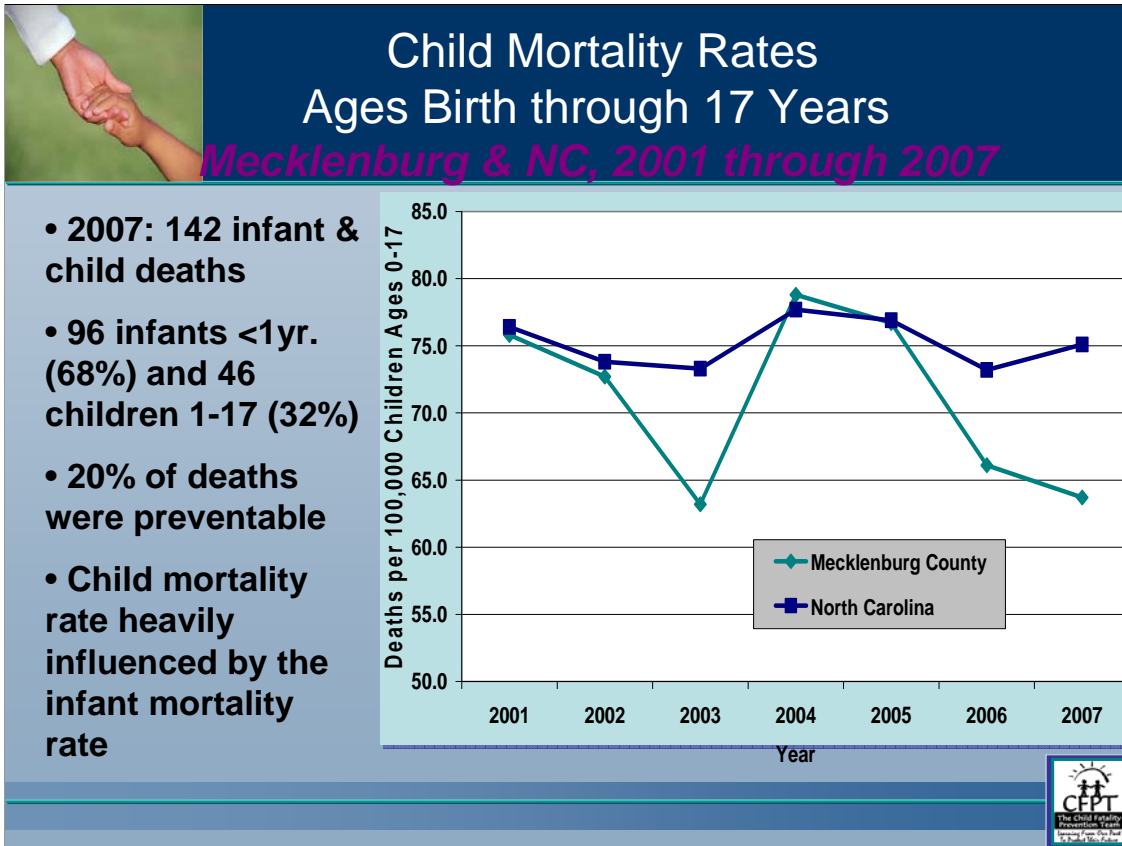
Unintentional Injury - encompasses motor vehicle incidents and all other injury causes such as drowning, suffocation, and falls. Injury deaths are considered **preventable** deaths.

Non-Injury Deaths

Non-Injury - includes causes such as cancer, infections, endocrine and other system diseases, prematurity & low birth weight, birth defects, and SIDS.



■ Categories of Causes of Death



- 2007: 142 infant & child deaths
- 96 infants <1yr. (68%) and 46 children 1-17 (32%)
- 20% of deaths were preventable
- Child mortality rate heavily influenced by the infant mortality rate

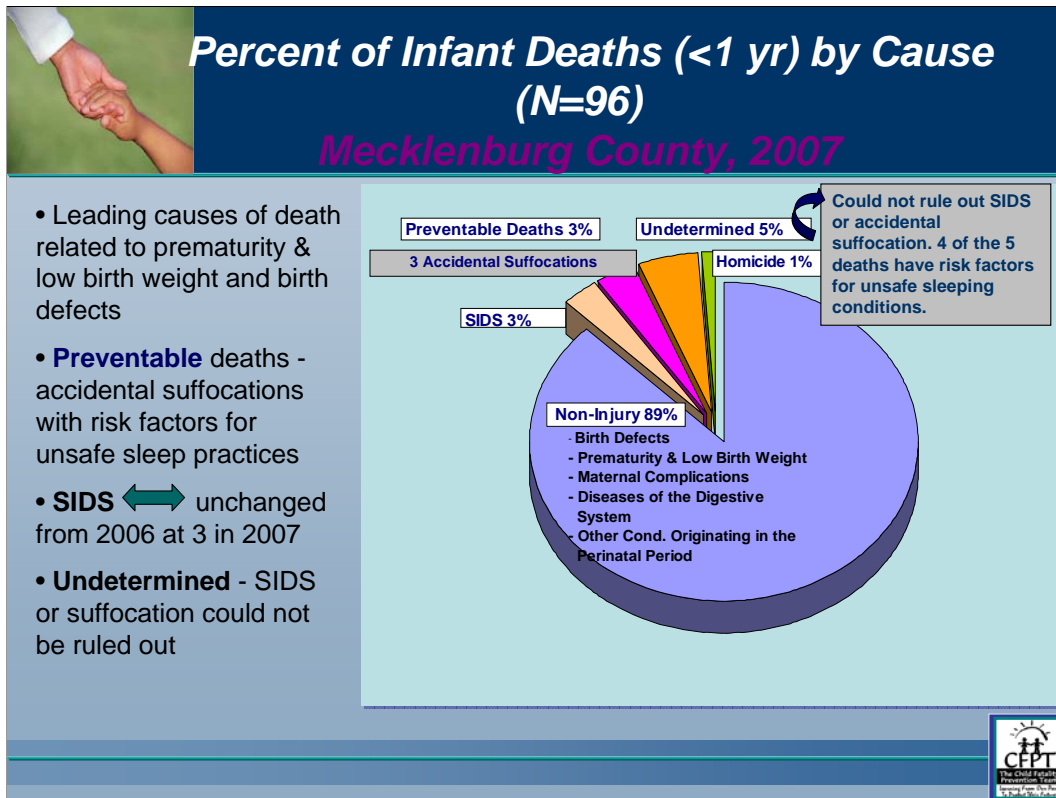
■ In 2007, the **overall** child mortality rate was 63.7 per 100,000 children ages 0 to 17. It describes the rate at which infants and children are dying each year. Since infant deaths make up the majority of these deaths, the overall child mortality rate is heavily influenced by the infant mortality rate. The child mortality rate was declining in Mecklenburg County until 2004 when the infant mortality rate increased 35% from 6.8 to 9.2. An increase in natural deaths among infants in 2004 accounted for the marked increase in the child death rate from 2003 to 2004. The rate remained relatively high in 2005 when a total of 9 accidental suffocations occurred among infants. As a result, 2005 was the only year in over a decade in which Unintentional Injury became the leading cause of death for infants in Mecklenburg County. Since the year 2005, the child mortality rate has continued to decline.

■ The **infant mortality rate** is calculated per 1,000 live births and represents the risk of an infant dying before reaching 1 year of age. The 2007 infant mortality rate was 6.5 per 1,000 live births, up slightly from 6.4 in 2006.

■ The **child death rate** is calculated per 100,000 children ages 1-17 and represents the rate at which children ages 1 to 17 are dying. The 2007 child death rate was 22.0 per 100,000 down from 24.4 in 2006.

■ In 2007, the three leading causes of death for **infants** were: 1) Birth Defects, 2) Prematurity & Low Birth Weight, and 3) Necrotizing Enterocolitis (condition of the intestinal system originating in the womb). The leading causes of death for infants are predominantly natural causes with injury-related death often occurring from accidental suffocations as a result of unsafe sleep practices.

■ In 2007, the three leading causes of death for **children** were:
 1) Unintentional Injury-Motor Vehicle Crashes, 2) Cancer, and 3) Homicide.



■ A majority of infant deaths are the result of non-injury (natural causes) related causes.

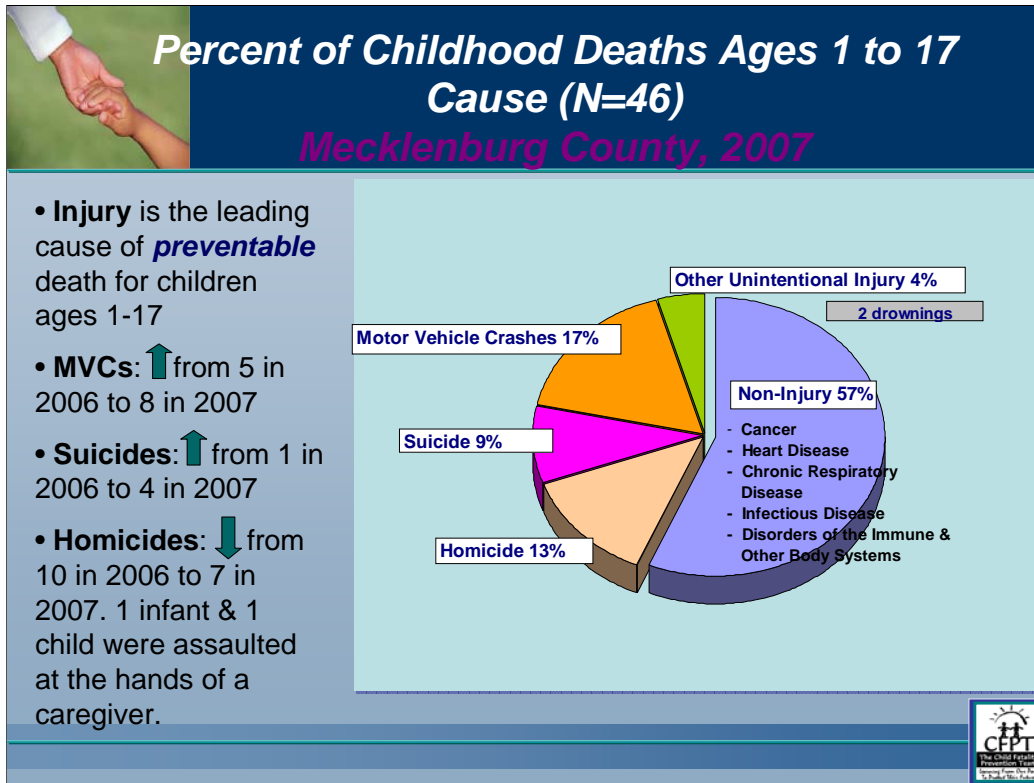
■ Unsafe sleep practices contributed to 3 accidental suffocations and continues to contribute to preventable deaths among infants in Mecklenburg County.

■ Risk factors for deaths due to unsafe sleep practices include but are not limited to co-sleeping with a parent/caregiver, soft sleep surface (i.e. sofa), sleeping in an adult bed with a caregiver and/or siblings, loose bedding, and sleep position.

■ SIDS is not considered preventable because there is no known cause associated with it. However, certain risk factors for SIDS have been identified and are very similar (includes all of those listed above) to those associated with accidental suffocations.

■ Undetermined deaths usually occur when there is no evidence to rule out accidental suffocation or SIDS.

■ There was one homicide among infants in 2007.



■ Injury-related deaths occur more often among children ages 1 to 17 as opposed to infants.

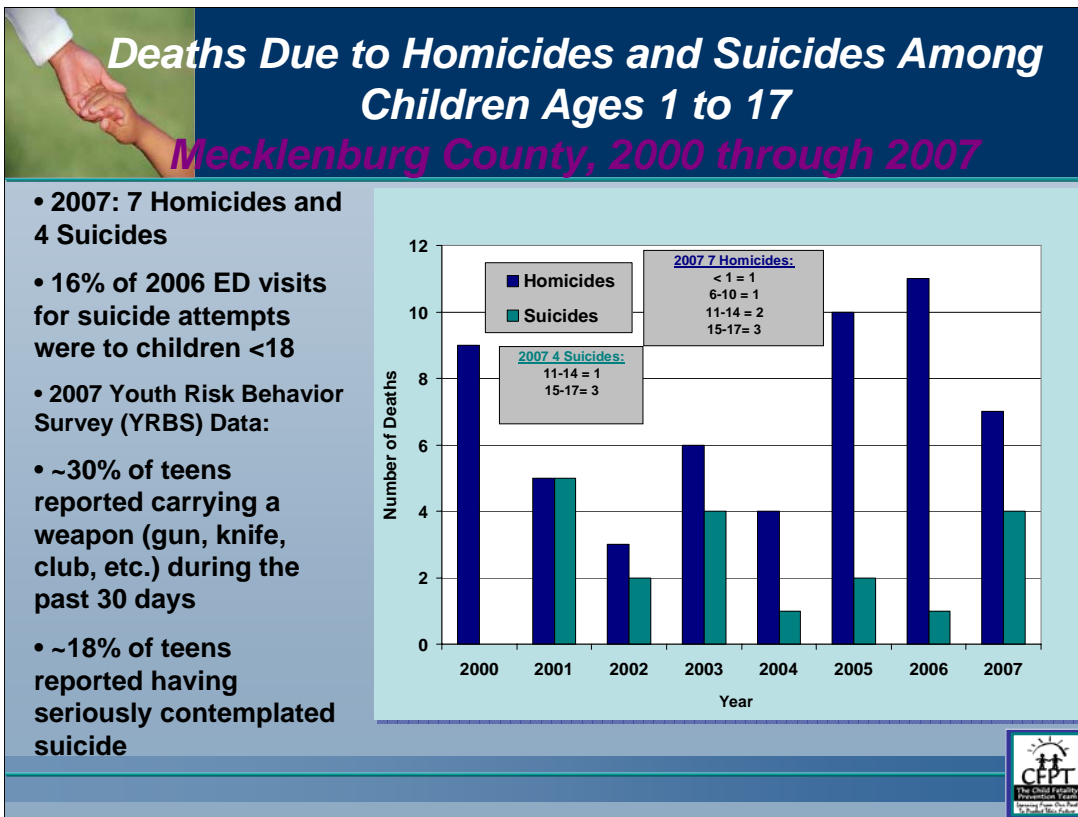
■ Unintentional Injury is the leading cause of preventable death among children ages 1 to 17 in Mecklenburg County. Motor Vehicle Crashes and Homicides are the predominant cause of Injury deaths.

■ **Motor Vehicle Crashes (MVC):** Increased slightly from 5 in 2006 to 8 in 2007; 3 were drivers and 5 were passengers. The ages of the drivers ranges from 13 to 17 and the age of the passengers ranged from 1 to 17 of age. A majority of the MVCs occurred among teens ages 13 to 17 and the most common contributing factors were speed and inexperience.

■ **All Other Unintentional Injuries:** There were 2 Other Unintentional Injury deaths. Both Unintentional Injuries were drownings in pools involving 2 children 5 and 17 years of age.

■ **Suicides:** The number of Suicides among teens quadrupled from 1 in 2006 to 4 in 2007. Two deaths were caused by firearms and 2 were caused by hanging/strangulation. The teens who committed Suicide ranged from 13 to 16 years of age.

■ **Homicides (Assault):** Homicides decreased from 10 in 2006 to 7 in 2007. One infant and one child age 6, were assaulted by a caregiver. A majority of the Homicides occurred among teens and involved guns.



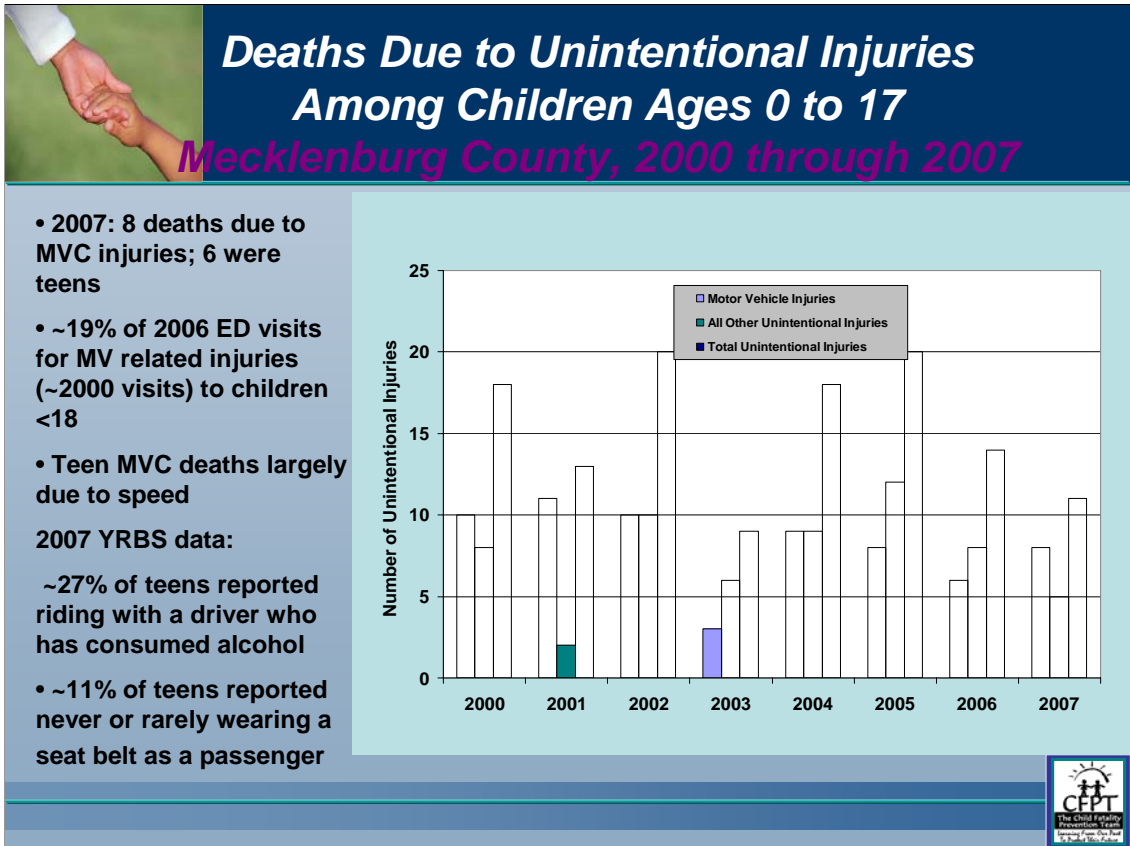
■ Intentional Injury deaths are comprised of Suicides and Homicides. Firearms are the largest contributing factor in deaths due to Suicides and Homicides. In 2007, 5 of the 7 Homicides were caused by the use of guns with a majority occurring among 16 and 17 year olds and 2 of the 4 Suicides were committed with guns.

■ **Suicides:** Suicide was 4th leading cause of death in 2007. Historically, males are more likely than females to commit Suicide. Data from CMC ED visits and the YRBS shows middle school students and teens think about committing suicide and attempt suicide more often than they succeed. The ED and YRBS data indicates the mental health needs of youth is a concern in our community.

■ **2007 Breakdown of Suicides by Age, Race, and Ethnicity:** 13 yr. - Black Male, hanging, 16 yr. - White Female, hanging/strangulation, 16 yr. - White Male, firearm, and 16 yr. - Black Female, firearm.

■ **Homicides:** Homicide was the 3rd leading cause of death in 2007. Unlike Suicide, deaths due to Homicide show a wider gap for gender and race differences. Homicides occur more often among Non-Hispanic Black Males than Non-Hispanic White males. Of the 7 Homicides, 5 occurred among Non-Hispanic Black Males ages 12 to 17. According to the 2007 YRBS, 26% of teens reported being bullied or harassed at school one or more times in the past 12 months. Firearm injury deaths were the most common cause of Homicide deaths among Non-Hispanic Black males.

■ **2007 Breakdown of Homicides by Age, Race, and Ethnicity:** < 1 yr. - Hispanic Female, stabbed by caregiver, 6 yr. - Indian Female, stabbed by caregiver, 12 yr. - Black Male, firearm, 14 yr. - Black Male, firearm, 16 yr. - Black Male, firearm, 17 yr. - Black Male, firearm, and 17 yr. - Black Male, firearm.



■ Unintentional Injury deaths are the result of injuries due to accidental circumstances and are considered **preventable** deaths. Unintentional Injury is divided into two categories: 1) Motor Vehicle Injuries and 2) All Other Unintentional Injuries. In 2007, Unintentional Injury was the leading cause of death among children ages 1 to 17 in Mecklenburg County and Motor Vehicle Injuries comprised the largest portion injury-related deaths.

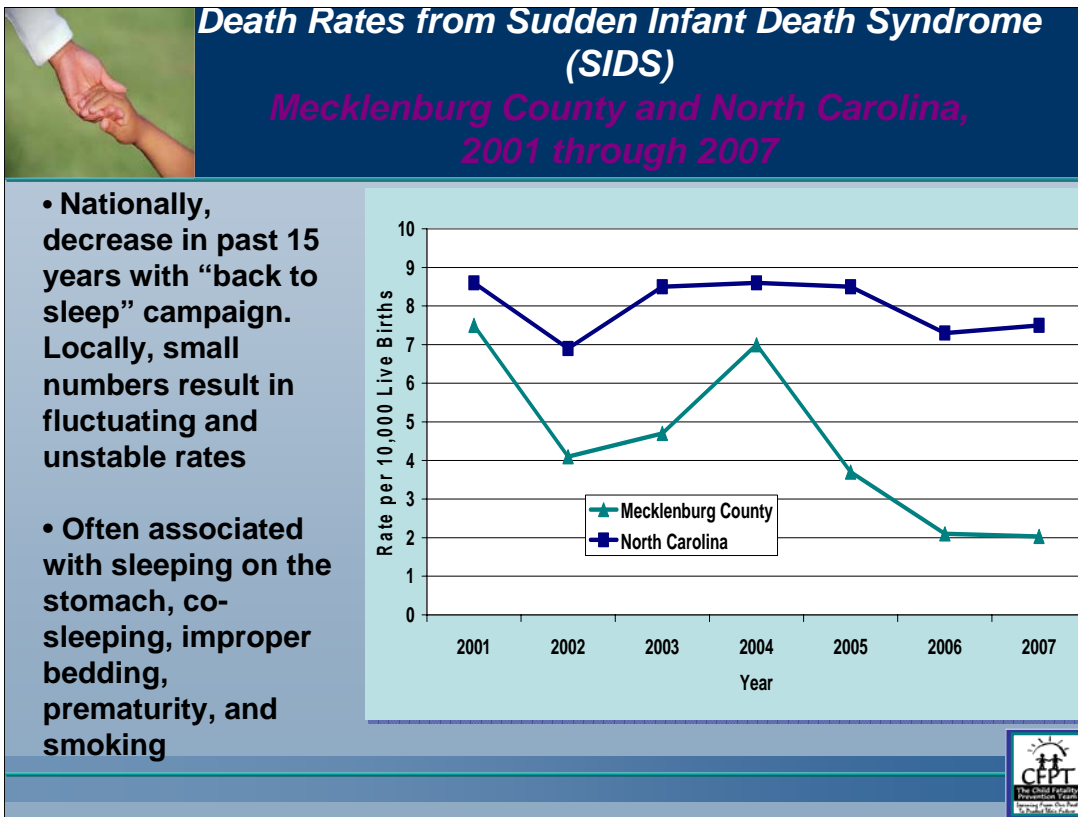
■ Other Unintentional Injury deaths are the result of types of injuries such as falls, drownings, burns, accidental suffocation etc. In 2007, there were 5 Other Unintentional Injury deaths; 2 drownings and 3 accidental suffocations.

■ **2007 Breakdown of MVC Deaths by Age, Race, and Ethnicity:**

- 1 yr. - White Female, passenger, 6 yr. - White Male, passenger
- 13 yr. - Hispanic Female, driver of an All Terrain Vehicle (ATV)
- 15 yr. - White Male, passenger, 16 yr. - Black Female, passenger
- 17 yr. - White Female, driver, White Female, passenger, and White Male, driver

■ **2007 Breakdown of Other Unintentional Injury Deaths by Age, Race, and Ethnicity:**

- Accidental Suffocations (3 infants): 1 mos. Black Male, 2 mos. Black Male, and 4 mos. Black Male
- Drowning (2 children): 5 yr. - White Male and 17 yr. - Black Male



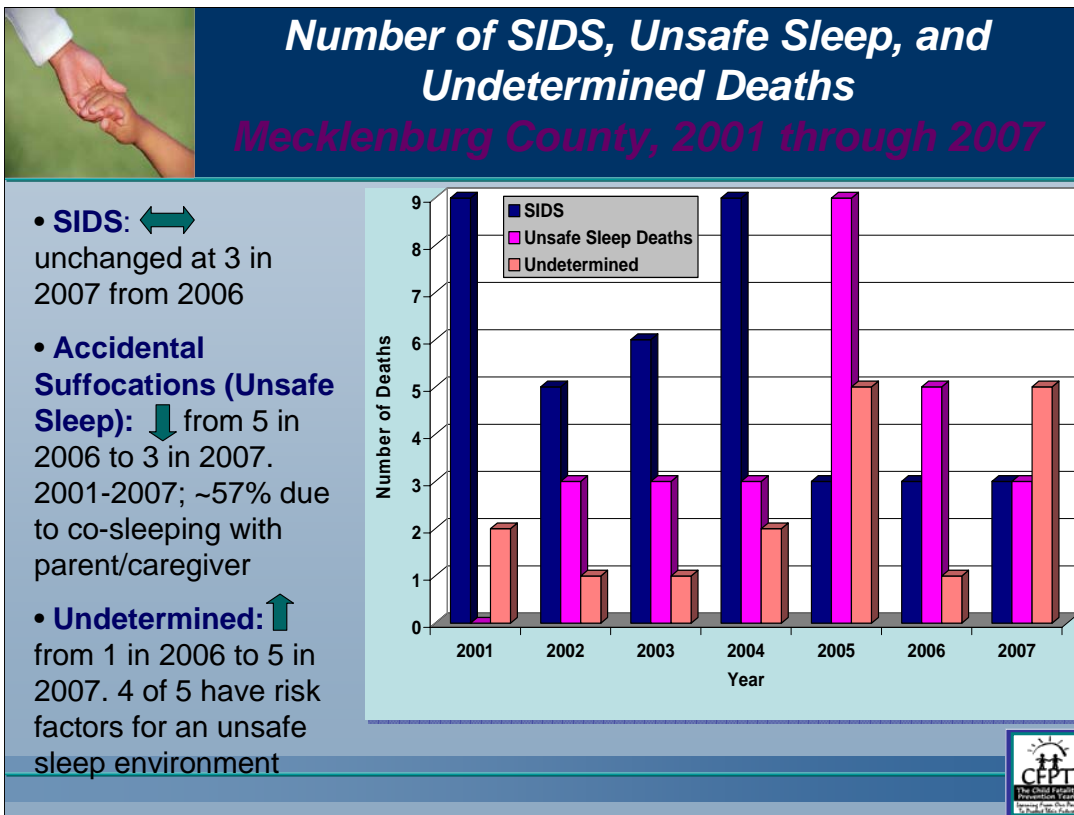
■ Sudden Infant Death Syndrome (SIDS) is a sub category of Sudden Unexpected Infant Death (SUID) and is defined as the sudden death of an infant less than one year of age that cannot be explained by information collected during a thorough investigation including an autopsy, examination of the death scene, and review of the clinical history of the infant. When an infant dies and there is no obvious explanation for the death an investigation is conducted by law enforcement and the medical examiner. If there is no explanation for why the death occurred after a complete investigation and no trauma is present then the death is thought to be SIDS. National and local data shows that minority infants are at greatest risk of dying from SIDS within the first year of life.

■ In 2007, there were 3 deaths due to SIDS in Mecklenburg County. Since 2004, SIDS deaths in Mecklenburg County appear to be on the decline and hopefully this trend will continue. In NC, an average of 100 SIDS cases occur each year.

■ **2007 Breakdown of SIDS Deaths by Age, Race, and Ethnicity:**

- 1 mos. – Black Male – risk factors for unsafe sleep practices present
- 2 mos. – Black Male – risk factors for unsafe sleep practices present
- 4 mos. – Black Male – risk factors for unsafe sleep practices present

■ Although some risk factors have been identified with SIDS, there is no clear cause of SIDS. The strongest risk factor associated with SIDS is an infant’s sleep position and it is highly recommended infants are placed on their back to sleep on a firm surface with no other blankets, pillows, stuffed animals, loose bedding, or bumper pads.



■ A 2009 study published by the Centers For Disease Control (CDC) reported an increase in sudden infant death from accidental suffocation in the past 20 years in the United States. The most apparent cause noted was co-sleeping with a parent. Due to different ways of examining infant death data, we are now learning some of the deaths labeled as SIDS in the past may have been accidental suffocation due to safety hazards in the sleep environment and could have been prevented.

■ **Safe Sleep Environment** - describes the position (on stomach or back) a baby is put down to sleep, the area around where the baby is sleeping, and the surface they are put to sleep on.

■ **Accidental Suffocation** - when an infant is accidentally suffocated during sleep which can be caused by several factors; an infant sleeping on its stomach in a pillow or blankets where the airway can become obstructed; an infant sleeping in bed with a parent/caregiver and/or other siblings where it is possible to rollover on or wrap their arms around the infant's face and suffocate the infant; an infant is put to sleep on it's stomach on a soft surface such as an adult bed or couch and the infant is suffocated by rolling over and becoming wedged.

■ **Undetermined** - when the medical examiner is not able to distinguish between SIDS and accidental suffocation. A majority of the Undetermined deaths are associated with risk factors for an unsafe sleep environment. **Sleep position** – infants placed on their back to sleep are less likely to die of SIDS. **Sleep Surface** – infants should be placed on a firm surface to sleep such as a safety approved crib mattress with a tightly fitted sheet. **Sleep Space** – it is important not to surround an infant's sleep space with soft objects such as big pillows and loose blankets. **Sleep Clothing** – it is important to dress the infant properly for the temperature of the room.



Domestic Violence and Substance Abuse *Mecklenburg County, 2007*

- **Domestic Violence (DV) and Substance Abuse continue to be reoccurring risk factors in infant and child deaths**
- **~20% of deaths in 2007 had a history of DV in the home**
- **In 2007, there were 2 cases in which DV directly contributed to the cause of death**
- **Expansion of DV and substance abuse services are needed**



■ Domestic Violence is a risk factor associated with infant and child deaths in Mecklenburg County. In some cases domestic violence occurs in conjunction with substance abuse.

■ There are some cases where domestic violence directly contributed to the death of a child or infant and the frequency with which domestic violence is identified in the history of the cases reviewed, remains a concern to the team and our partner agencies.

■ Efforts to increase awareness of domestic violence and expand services for DV should be high priority in the county.



Goals and Accomplishments

2008/2009 Results	<ul style="list-style-type: none"> •Promoted county-wide safety issues (see below) •Collaborated with Healthy Carolinians Program to promote safe sleep awareness in community
2009/2010 Goals	<ul style="list-style-type: none"> • Provide education on safe sleep, teen driving child passenger safety, and pool safety • Support motor vehicle safety and gun lock law changes
2009/2010 Plans	<ul style="list-style-type: none"> •Continue to meet State Mandates •Strengthen education around child safety outcomes based on local injury & death data



■ 2008/2009 Accomplishments:

- ▶“Heat N Cars” Signs disseminated to area agencies
- ▶ Increased awareness on safe sleep environment by targeting individual local public and private agencies through collaboration with the Mecklenburg Healthy Carolinians program
- ▶Child Passenger Safety seat funding provided to DSS resulting in a long-term project to provide continuous staff training and car seat allocation to clients from the state
- ▶Pool safety site up in May 2009 with the NC building code requirements and maintenance tips
- ▶Hands-on teen driving class being taught for free to local residents through the Matthews and Huntersville Police Departments
- ▶ Several team members attended a safe sleep training to assist in providing local trainings for community agencies at no cost

■ 2009/2010 Goals and Plans:

- ▶Develop comprehensive website on safe sleep practices making education on safe sleep more accessible to community agencies, professionals, and the public
- ▶Collaborate with the Healthy Carolinians program to assess safe sleep training and education needs of community agencies
- ▶Increase the training capacity of DSS and YFS staff on safe sleep education
- ▶Support child based funding streams and advocate for continued funding of programs that promote infant and child safety issues
- ▶Maintain an open channel with our partner agencies to receive and disseminate information on child services and prevention needs
- ▶Support local and state based laws to protect children



Keeping Children Safe & Healthy

Thank You:

- For working with the Mecklenburg Delegation on stronger laws to protect children
- For your support of local DV and substance abuse and programs and services
- For allowing the team to present this report and for your continued support



Thank you for your time and support. There are a number of items that you can help with to keep our children safe in Mecklenburg County. These are just a few examples:

- In past years the BOCC has provided more nurses in schools. Please continue that trend so children have their basic needs met during the school day.
- DSS & the Health Department provide staff for the team and we thank you for that support.
- Please continue to support Mental Health, DV, and Substance Abuse services.
- Please continue to support the District Attorney's Office with needed resources to prosecute the offenders in child death cases.

As the state strengthens its laws to keep children from being injured or dying, we may ask for your support, which we hope we can count on.

Thank you once again for your efforts to protect children!

Data Sources:

North Carolina State Center for Health Statistics. 2007 Death Data, Mecklenburg County Data.

2007 Mecklenburg County Community Child Fatality Protection and Prevention Team (CFPT) data.

Centers for Disease Control and Prevention. National Vital Statistics Report; Deaths: Final Data for 2005. Volume 56, Number 10, April 24, 2008.

Centers for Disease Control and Prevention. 2007 Youth Risk Behavior Survey, Mecklenburg County Data.