




# 2008 Report

**Mecklenburg County  
Community Child  
Fatality Prevention &  
Protection Team**



***Libby Safrit, MA, Chair, Teen Health Connection  
Sara Lovett, MPH, MCHD Epidemiologist  
May 5, 2010***

The Mecklenburg County Community Child Fatality Prevention and Protection Team would like to present the 2009 Annual Child Fatality Report with the most recent 2008 infant and child death data. The data being presented is about 15 months old due to the time it takes the North Carolina State Center for Health Statistics to collect, enter, and distribute local data to each county. Regardless of the age of the data, the trends remind us of important issues regarding infant and child safety in Mecklenburg County. These trends highlight the need for your continued support of our efforts and the need to improve the safety and well being of 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 infant and child fatalities ages birth through seventeen years in Mecklenburg County on a yearly basis.

Our ***mission*** is to identify gaps and deficiencies in the comprehensive local child services system (public and private agencies), advocate for prevention efforts, policy change, and a coordinated community response to better serve and protect children and their families.



- Each county in the state was mandated by the State Statute in May of 1991 to establish a multi-disciplinary, community team to review all infant and child deaths on a yearly basis.
- Through our mission, the team works collaboratively with our partner agencies 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 trends in infant and child death data, our accomplishments for the year, and our goals and plans for the next year to help reduce future injuries and fatalities among children in our community.
- 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
- Board of County Commissioners (BOCC) Member
- Carolinas HealthCare System – Center for 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

Infant and child 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.

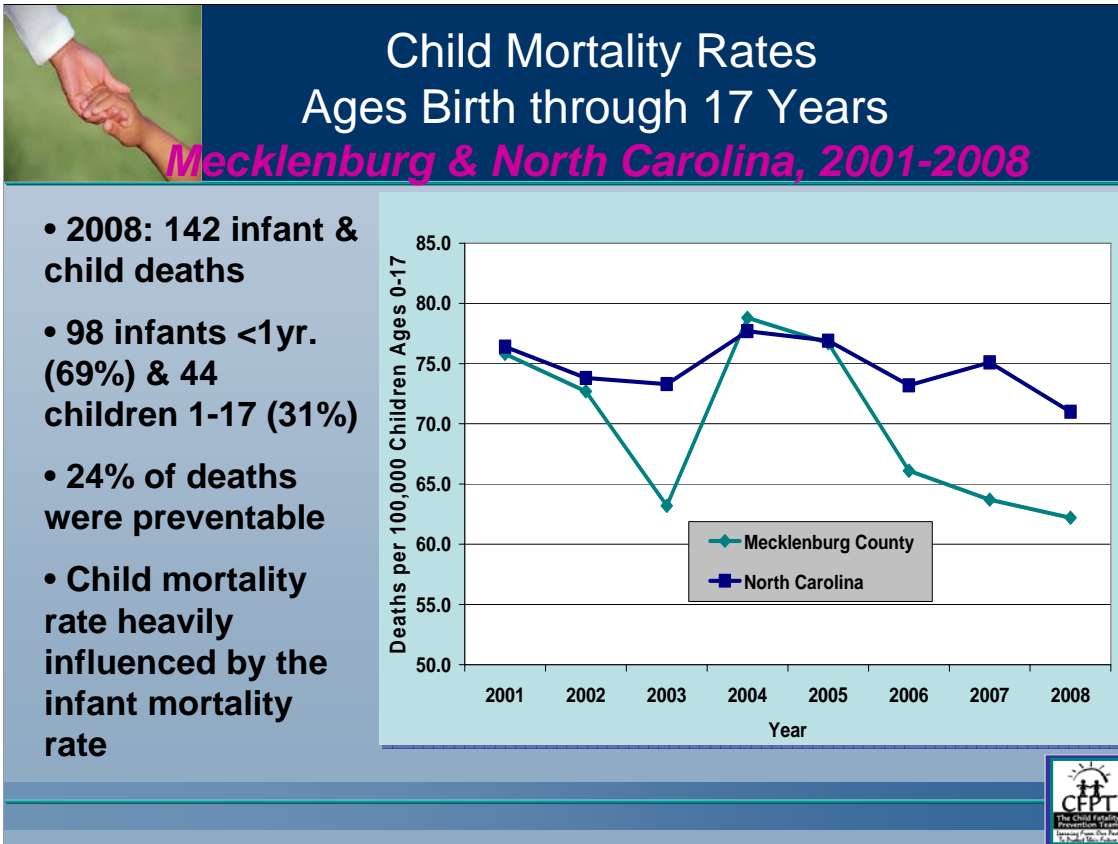
**Unintentional Injury** - encompasses motor vehicle crashes and all other injuries such as drowning, suffocation, and falls. Injury deaths are considered **preventable** deaths.

## 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



■ In 2008, the **overall** child mortality rate was 62.2 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. 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 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 but the opportunity to prevent future fatalities still remains.

■ 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 2008 infant mortality rate was 6.6 per 1,000 live births, up slightly from 6.5 in 2007. The 2008 rates for white vs. minority infants were:

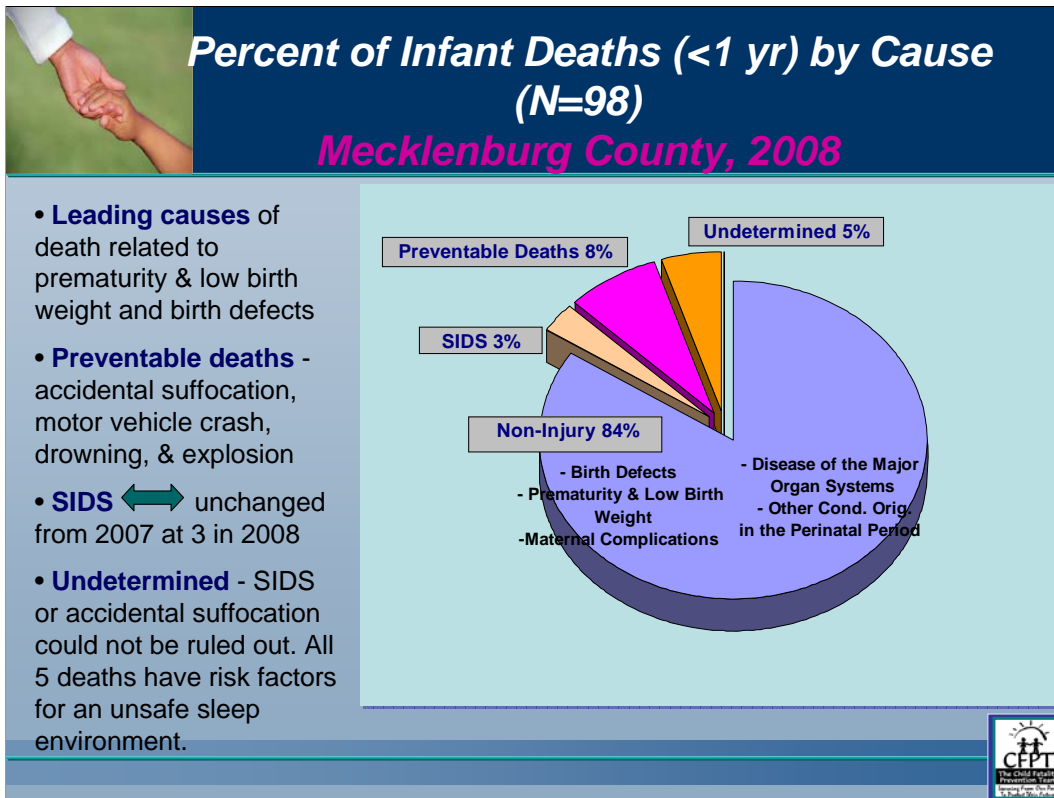
■ 4.4 per 1,000 white live births (41 deaths) and 10.4 per 1,000 minority live births (57 deaths)

■ 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 2008 child death rate was 20.6 per 100,000 children down slightly from 22.0 in 2007.

■ 13.6 per 1,000 white children (18 deaths) and 32.2 per 1,000 minority children (26 deaths)

■ In 2008, the three leading causes of death for **infants** were: 1) Birth Defects, 2) Prematurity & Low Birth Weight, and 3) Maternal Complications. The leading causes of death for infants are predominantly due to natural causes with injury-related deaths often occurring from accidental suffocation and motor vehicle crashes.

■ In 2008, the three leading causes of death for **children** were:  
1) Unintentional Injury-Motor Vehicle Crashes, 2) Homicide, and 3) Cancer.



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

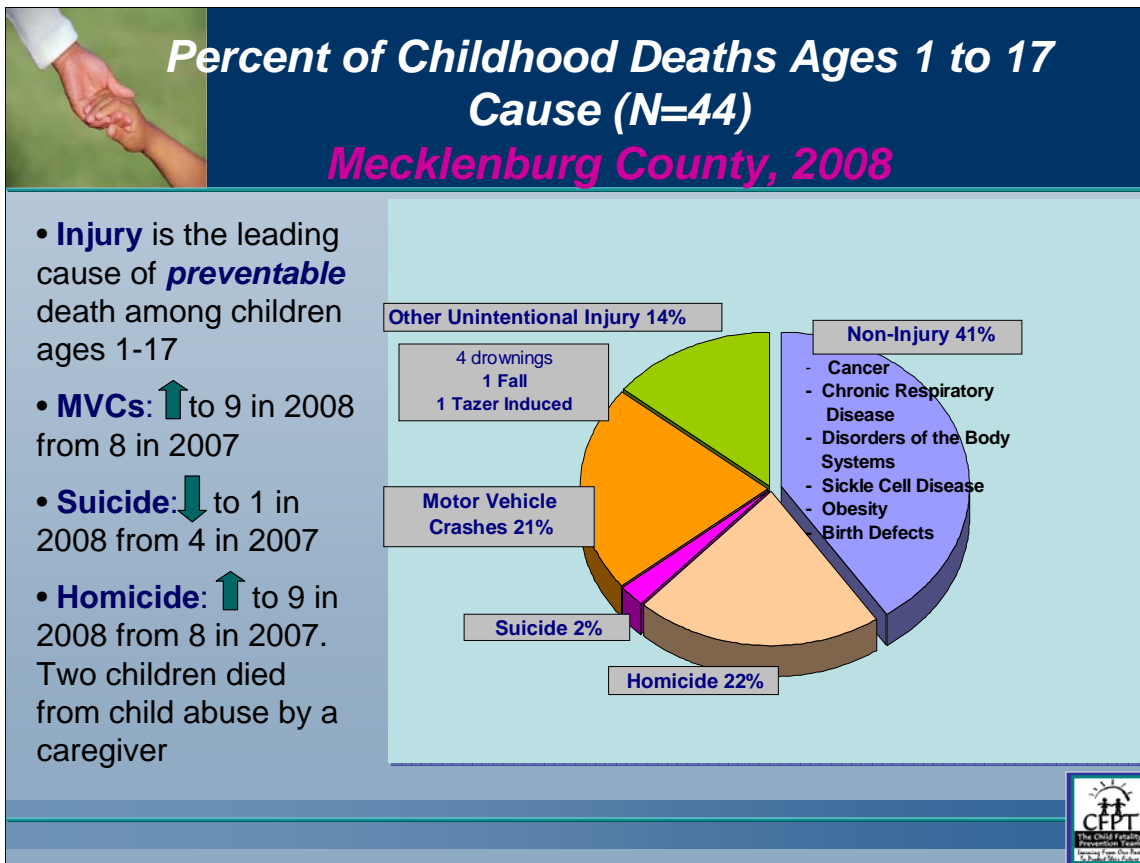
■ Unsafe sleep practices contributed to 5 accidental suffocations and continues to contribute to preventable deaths among infants in Mecklenburg County each year.

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

■ SIDS is not considered preventable because there is no known cause associated with it. However, certain risk factors that are associated with SIDS are the same as those associated with accidental suffocations. Therefore, we can reduce the risk of SIDS by preventing accidental suffocation.

■ Undetermined deaths usually occur when the evidence suggests accidental suffocation or SIDS is a likely possibility but there not a clear direction towards one cause or the other. A full investigation is completed by the ME's office before the cause is designated as Undetermined.

■ There were 8 preventable deaths among infants in 2008; 5 accidental suffocations, 1 drowning, 1 motor vehicle crash, and 1 house fire explosion.



■ Injury-related deaths occur more often among children than infants. 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 causes of injury death among this age group.

■ **Motor Vehicle Crashes (MVC):** Increased slightly to 9 in 2008 from 8 in 2007; 4 were drivers and 3 were passengers, 1 was a cyclist, and 1 was a pedestrian. All 4 drivers were 17, passengers ranged from 9 to 17, the cyclist was 13, and the pedestrian was 17. The majority of the MVCs occurred among teens ages 13 to 17 and the most common contributing factors were speed and inexperience.

■ **Other Unintentional Injuries:** There were 7 Non-Motor Vehicle, Unintentional Injury-related deaths among children in 2008. Of these deaths, 4 were drownings (2-3yr. olds, 2-10yr. olds), 1 was a fall (5 yrs.), 1 was a stress and tazer induced event (17 yrs.), and 1 was an airway obstruction while feeding a disabled child (1 yr.).

■ **Suicides:** There number of Suicides among teens decreased to 1 in 2008 from 4 in 2007. The 1 suicide was caused by hanging/strangulation. The teen who committed suicide was a 13 year old black male.

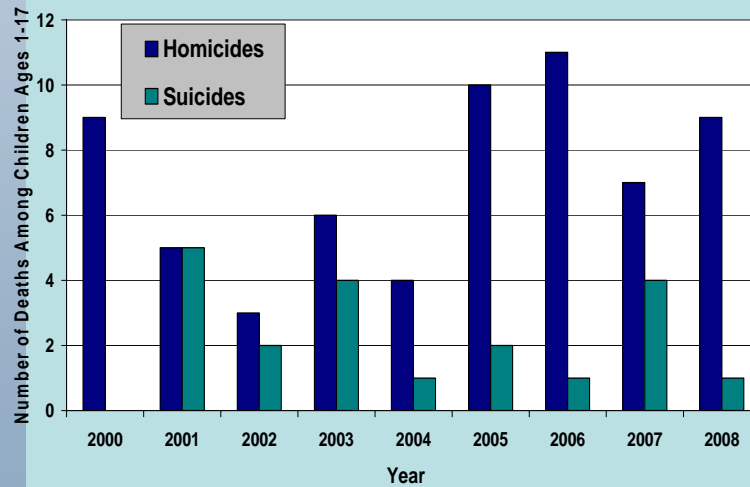
■ **Homicides (Assault):** Homicides increased to 9 in 2008 from 7 in 2007. Two children ages 1 and 3 died as a direct result of child abuse by a caregiver. A majority of the Homicides occurred among teens ages 12 to 17 and **all** involved guns.



## Deaths Due to Homicides and Suicides Among Children Ages 1 to 17

### Mecklenburg County, 2000-2008

- **2008: 9 Homicides & 1 Suicide**
- **2009 Youth Risk Behavior Survey (YRBS) Data:**
- **14% of high school teens reported carrying a weapon (gun, knife, club, etc.) during the past 30 days**
- **31% of middle school students reported they had carried a weapon**
- **20% of teens reported having seriously contemplated suicide**



- Intentional Injury deaths are comprised of Suicides and Homicides and firearms are the largest contributing factor in these deaths. In 2008, 7 of the 9 Homicides were caused by the use of guns with a majority occurring among 16 and 17 year olds.
- **Suicides:** There was 1 suicide in 2008. Historically, males are more likely than females to commit Suicide. Data from the Youth Risk Behavior Survey (YRBS) shows middle and high school students think about committing and attempting suicide more often than they succeed. The YRBS data indicates the mental health needs of youth in our community is a concern.
  - According to the 2009 YRBS data: 14% of teens attempted suicide one or more times in the past year and 14% of middle school students made a plan about how they would kill themselves.
- **2008 Breakdown of Suicides by Age, Race, and Ethnicity:** 13 yr. - Black Male, hanging.
- **Homicides:** Homicide was the 2nd leading cause of death in 2008. 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 9 Homicides, 8 occurred among Non-Hispanic Black Males and 1 occurred among Hispanic Males ages 1 to 17.
  - According to the 2009 YRBS data: 16% of teens and 39% of middle school students 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.
- **2008 Breakdown of Homicides by Age, Race, and Ethnicity:** 1 yr. - Black Male, beaten by caregiver, 3 yr. - Black Female, beaten by caregiver, 12 yr. - Black Male, firearm, 14 yr. - Black Female, firearm, (2) 15 yr. - Black Male & Female, firearm, 17 yr. - Hispanic Male, firearm, and (2) 17 yr. - Black Males, firearm.





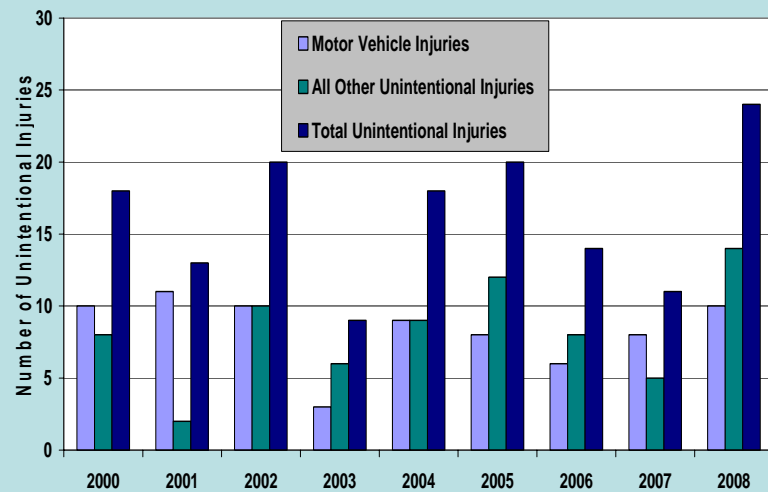
## Deaths Due to Unintentional Injuries Among Children Ages 0 to 17 Mecklenburg County, 2000-2008

• **2008: 10 deaths due to MVC injuries; 8 were teens. Teen MVC deaths largely due to speed**

### 2009 YRBS data:

• **23% of teens reported riding with a driver who has consumed alcohol in the past 30 days**

• **74% of middle school students reported they never or rarely wore a bicycle helmet in the past year**



■ Unintentional Injury deaths are considered **preventable**. Unintentional Injury is divided into two categories: 1) Motor Vehicle Injuries and 2) All Other Unintentional Injuries. In 2008, Unintentional Injury was the leading cause of death among children ages 1 to 17 in Mecklenburg County and Motor Vehicle Injuries comprised 42% of the largest portion of injury-related deaths.

■ Other Unintentional Injury deaths resulted of injuries such as falls, drownings, burns, fire, accidental suffocation etc. In 2008, there were 14 Other Unintentional Injury deaths; 5 drownings, 5 accidental suffocations, 1 aspiration, 1 tazer, 1 fall, 1 explosion.

### ■ 2008 Breakdown of MVC Deaths by Age, Race, and Ethnicity:

5 mos. - White Male, passenger

9 yr. - Asian Female, passenger

12 yr. - White Male, passenger

13 yr. - Black Female, cyclist

17 yr. (6) - 3 White Male, 1 drivers & 1 pedestrian, 1 Black Male, driver, & 1 White Female, passenger, 1 Hispanic Male, driver

### ■ 2008 Breakdown of Other Unintentional Injury Deaths by Age, Race, and Ethnicity:

Accidental Suffocations (5): 8 day, Black Male, 3 mos. Black Male, 7 mos. Black Male, (2) 9 mos. Black Female & White Female

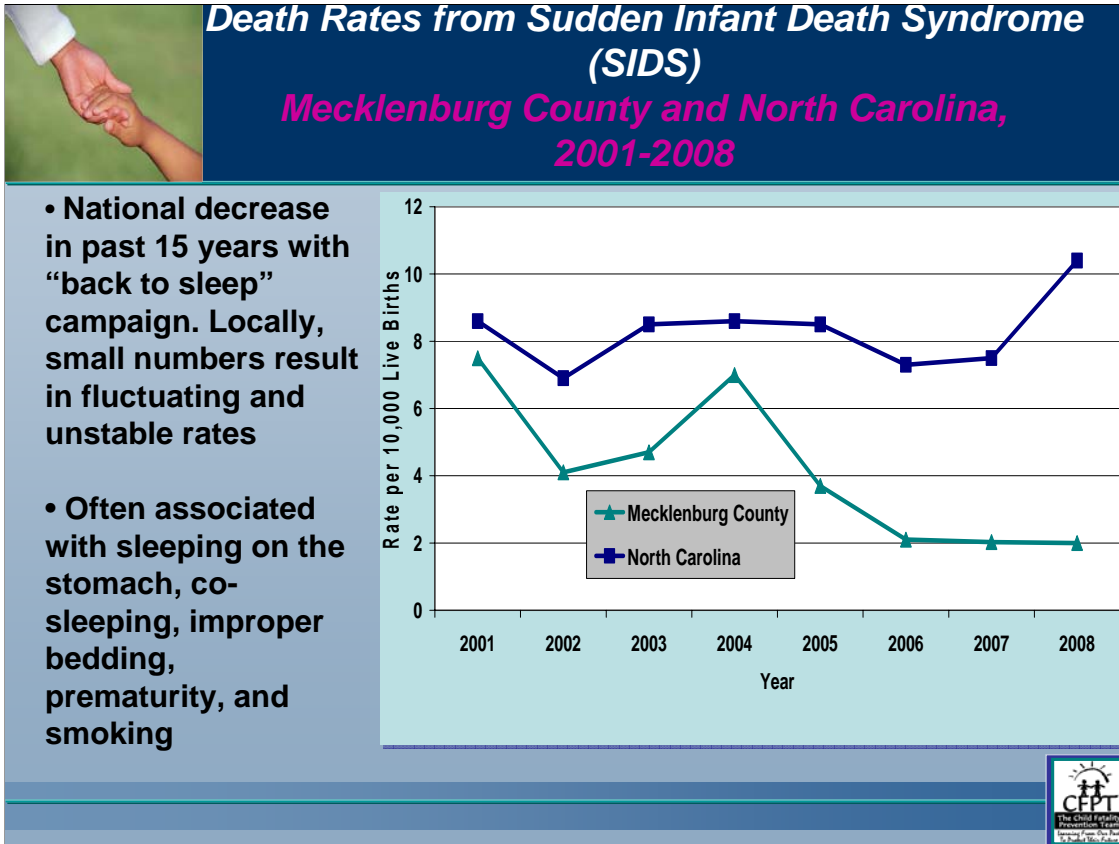
Drowning (5): 10 mos. Black Male, (2) 3 yr. Asian Male & Black Male, (2) 10 yr. Black Male & White Female

Aspiration (1): 1 yr. Hispanic Female

Tazer (1): 17 yr. Black Male

Fall (1) : 5 yr. Hispanic Male

House Explosion (1): 4 mos. Black Female



■ 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 <1 yr. 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 medical history. 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 and infants between the age of birth and 4 months of age are at greatest risk of dying from SIDS within the first year of life.

■ In 2008, 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.

■ **2008 Breakdown of SIDS Deaths by Age, Race, and Ethnicity:**

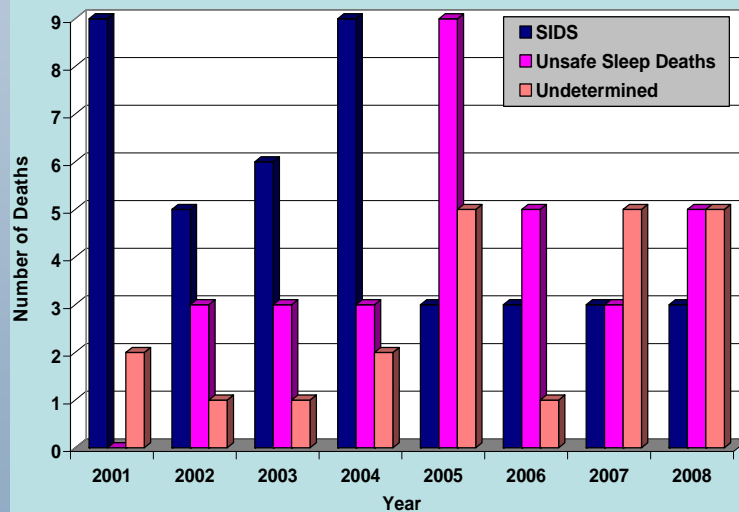
- 1 mos. – White Male – risk factors for unsafe sleep practices present
- 5 mos. – Black Male – risk factors for unsafe sleep practices present
- 8 mos. – Black Male – risk factors for unsafe sleep practices present

■ Although there are risk factors associated 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 in a crib alone, on their back, and on a firm surface with no other blankets, pillows, stuffed animals, loose bedding, or bumper pads.



## Number of SIDS, Unsafe Sleep, and Undetermined Deaths Mecklenburg County, 2001-2008

- **SIDS:** ↔ unchanged at 3 in 2008 from 2007
- **Accidental Suffocation:** ↑ to 5 in 2008 from 3 in 2007. 01-08; ~60% due to co-sleeping with parent/caregiver
- **Undetermined:** ↔ unchanged at 5 in 2008 from 2007. All have risk factors for an unsafe sleep environment



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

■ **Safe Sleep Environment** - describes the area a baby is put down to sleep on, the area around where the baby is sleeping, and the surface the baby is put down to sleep on.

■ **Accidental Suffocation** - when an infant is unintentionally suffocated during sleep which can be caused by several factors; an infant sleeping on its stomach on a pillow or blanket 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 both SIDS and accidental suffocation are possible but no conclusion on either cause can be determined with certainty. 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. **Smoking** – infants who are exposed to smoke have an increased risk of SIDS.



# Intensive Review

- **Sample of cases selected on a yearly basis by the state of NC**
- **3 cases from 2008 reviewed in 2009**
- **Case must have been involved with Youth and Family Services within 12 months preceding the death**
- **All records associated with the child are reviewed over 1-2 days**



■ An intensive review is an in-depth review of all records associated with a death pursuant to statute 143B-150.20 in which an infant or child was involved with Mecklenburg County Youth and Family Services 12 mos. preceding the death.

■ According to paragraph (b) of the statute, “The purpose of these reviews shall be to implement a team approach to identify factors which may have contributed to conditions leading to the fatality and to develop recommendations for improving coordination between local and state entities which might have avoided the threat of injury or fatality and to identify appropriate remedies.”

■ The Review Team is composed of members of the Mecklenburg County Community Child Prevention and Protection Team, DSS, YFS, Division staff, Law Enforcement, and other community agencies. The review is conducted by an assigned reviewer from the state.

■ The team reviews all records including police investigation data, the Medical Examiner’s autopsy report, social service records, medical records, mental health records, Department of Juvenile Justice records, court records, and any other pertinent records. The team interviews relevant personnel who provided professional and useful information regarding their role in the case.

■ A timeline of the nine life domains (safe place to live, family, emotional/psychological, vocational/educational, physical health, legal, safety/crisis, social life/supports, and cultural/ethnic) is completed upon review of the records and discussed. A summary of the report findings and recommendations is provided to the full Community Child Prevention and Protection Team shortly after the review to discuss with partner agencies.

■ In 2009, there were 3 deaths from 2008 reviewed. One was a 5mos. Black male who died of SIDS, one was a 3 yr. old black female who died from child abuse by a caregiver, and one was a 1 yr. old black male who also died from child abuse by a caregiver.



## **Domestic Violence and Substance Abuse** **Mecklenburg County, 2008**

- **Domestic Violence (DV) is the largest risk factor in infant and child deaths**
- **In 8% of deaths the caregiver had a history of DV or it was present in the home**
- **In 5% of deaths there was a history of DV & substance abuse in the home or the caregiver had a history**
- **In 6% of deaths the caregiver had a history of substance abuse**
- **DV directly contributed to the cause of death among 2 children <5 yrs of age**
- **Adequate support of DV, substance abuse, and mental health services are needed**



■ Domestic Violence is the single biggest risk factor associated with infant and child deaths in Mecklenburg County. Domestic violence can lead to parental behaviors resulting in a high-risk environment for infants and children. In some cases domestic violence occurs in conjunction with substance abuse. Overall, 13% of the deaths had a family history of domestic violence, substance abuse, or it was present in the home prior to the fatality.

■ Unfortunately, there are cases where domestic violence directly contributed to the death of an infant or child as a result of child abuse and the frequency with which domestic violence is identified in the history of the cases remains a concern to the team and our partner agencies. In 2008, a 1 yr. old and a 3 yr. old were abused by a caregiver and lost their lives. A history of domestic violence was identified in the home in both cases.

■ Efforts to support mental health services for adults and children and increase awareness of domestic violence provide an opportunity to reduce the risk of death for infants and children in our community. Support and expansion of services for DV and substance abuse should be a high priority in the county.



# Goals and Accomplishments

<b>2009/2010 Results</b>	<ul style="list-style-type: none"> <li>• Sponsored &amp; promoted community safety prevention outreach on Child Passenger Safety, Poisoning, Child Abuse, and Youth Violence</li> <li>• Recruited 3 new team members</li> </ul>
<b>2009/2010 Goals</b>	<ul style="list-style-type: none"> <li>• Develop a method for tracking recommendations from intensive and annual case reviews</li> <li>• Recruit new members to strengthen team capacity within the community</li> </ul>
<b>2010/2011 Plans</b>	<ul style="list-style-type: none"> <li>• Continue to meet State Mandates</li> <li>• Strengthen community education around child safety issues based on local injury &amp; death data</li> </ul>



■ **2009/2010 Accomplishments:**

- ▶ Sponsored an educational session on Child Abuse Risk Factor Identification and Awareness at Levine Children’s Hospital, educating 25 agency representatives
- ▶ Sponsored a rendition of a play called Turn of Screw locally during Child Abuse Awareness Month
- ▶ Sponsored the purchasing of child passenger safety seats for DSS for the safe transport of children
- ▶ Sponsored a speaker at CMPD on community response to trauma to better educate community representatives on the impact of trauma on children
- ▶ Sponsored agency representatives to attend the local youth violence prevention conference in March 2009 led by Dr. Jacobs from the CHS Emergency Department.
- ▶ Sponsored the development of 5 local Students Against Violence Everywhere (SAVE) chapters in support of a national conference held in Charlotte last October
- ▶ Sponsored the purchasing of flyers for Operation Medicine Drop, an event held twice a year to remove prescription drugs from homes of children and teens for accidental poisoning prevention

■ **2010/2011 Goals and Plans:**

- ▶ Complete the development of a comprehensive website on safe sleep education to make information on safe sleep practices more accessible to community agencies, professionals, and the public
- ▶ Develop a template for tracking findings and recommendations from intensive reviews to identify trends, and make appropriate recommendations for policy change and a coordinated response
- ▶ Support child based funding streams and advocate for continued funding of program and policies 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, Substance Abuse, Mental Health, and Child Protection services
- For allowing the team to present this report and for your continued support of our efforts to help keep children in our community safe



Thank you for your time and support. There are a number of ways you can help keep children safe in Mecklenburg County. Here are just a few examples:

- The BOCC has provided more nurses in schools. Please continue this trend so children have their basic needs met during the school day.
- DSS & the Health Department provide staff for the Child Fatality 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 ask for your continued support by funding programs within our community that impact children's safety.

Thank you once again for your support of our efforts to protect children and save lives!

### Data Sources:

North Carolina State Center for Health Statistics. 2008 Mecklenburg County Death Data prepared by the Mecklenburg County Health Department Epidemiology Program.

2008 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 2006. Volume 57, Number 14, April 17, 2009.

Centers for Disease Control and Prevention. 2009 Youth Risk Behavior Survey, Charlotte Mecklenburg School System and Mecklenburg County Data.