



2018 Report

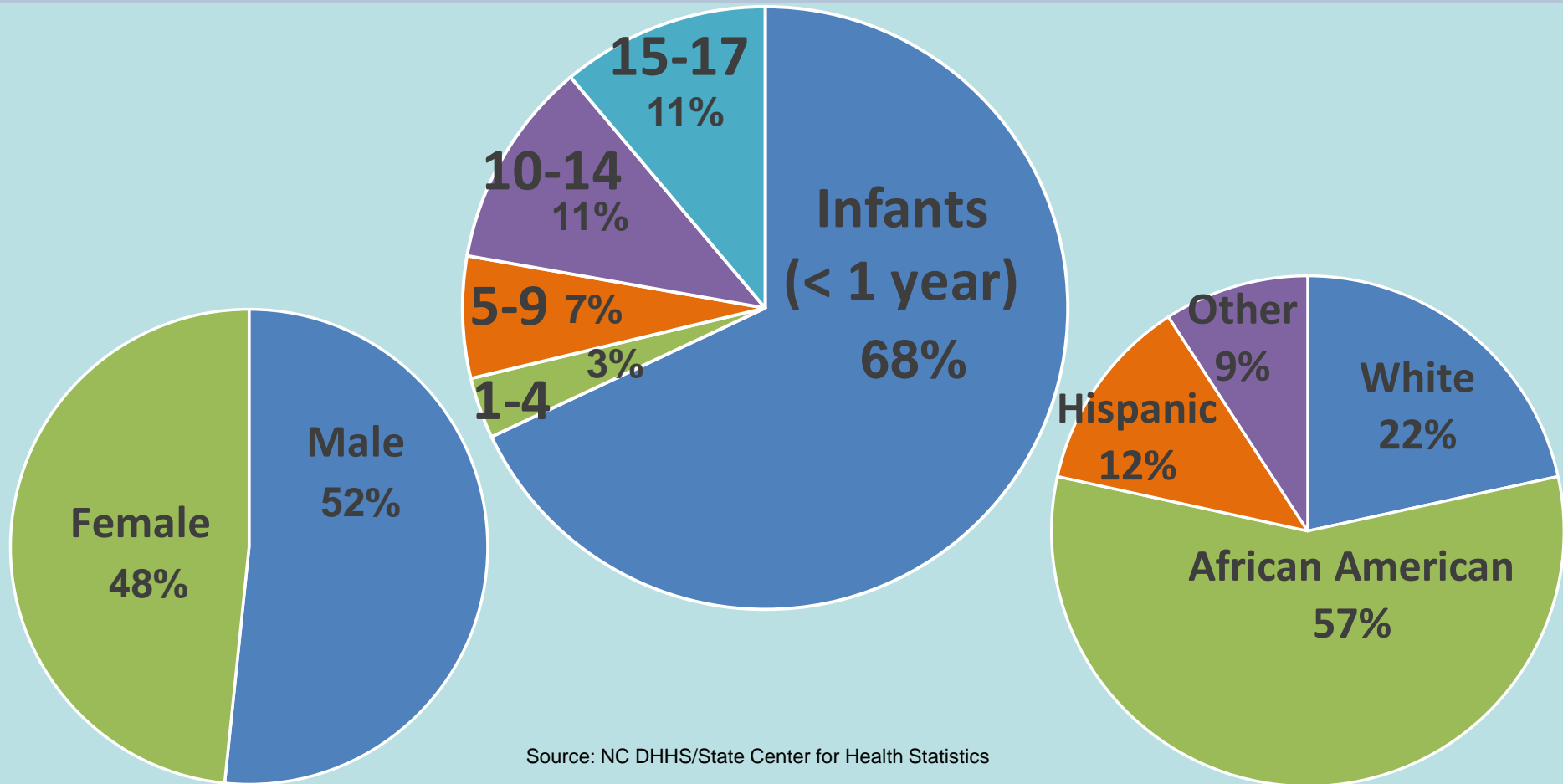
Mecklenburg County Community Child Fatality Prevention & Protection Team (CFPPT)



***Bob Simmons, Chair
Council For Children's Rights
June 19, 2018***

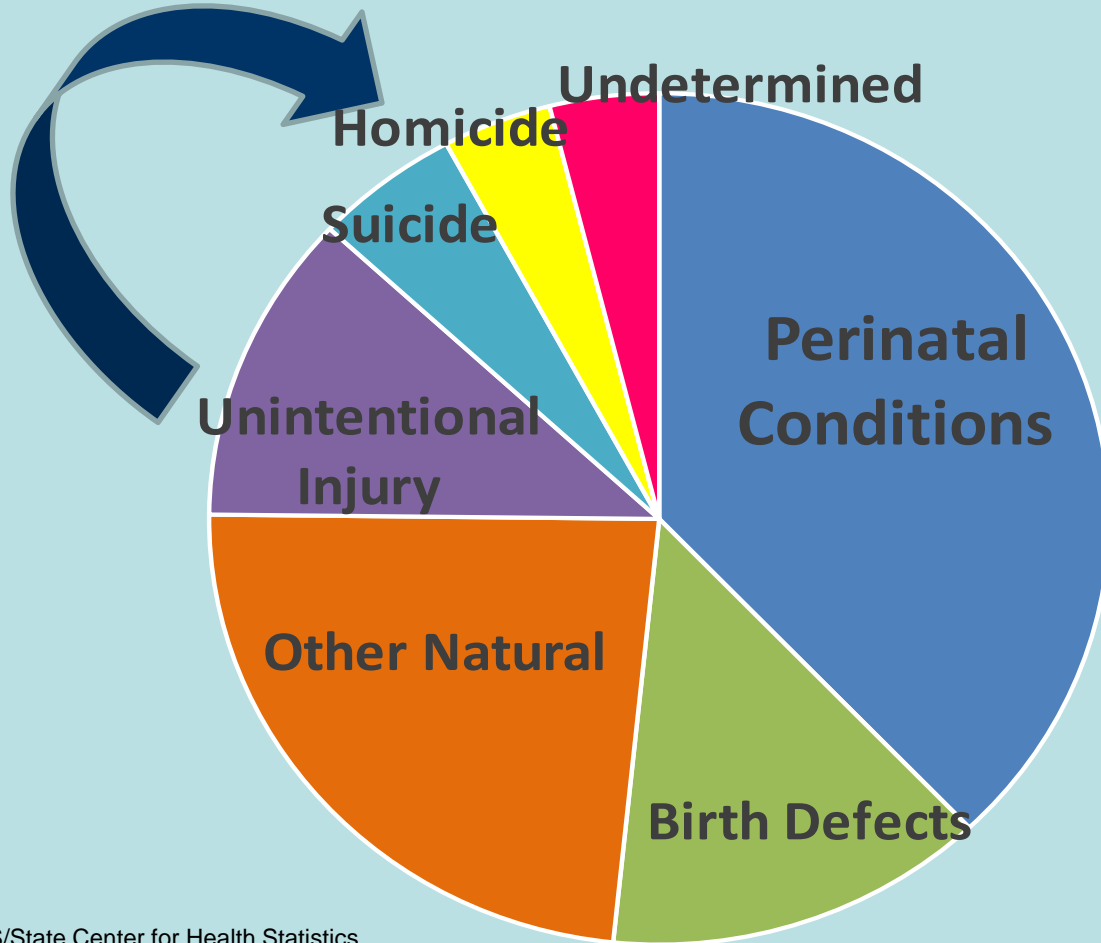


Child Deaths by Age Group, Gender, and Race ***Age Birth to 17 Years (N=153)*** ***Mecklenburg County, 2016***





Child Deaths by All Causes Age Birth to 17 Years (N=153) Mecklenburg County, 2016



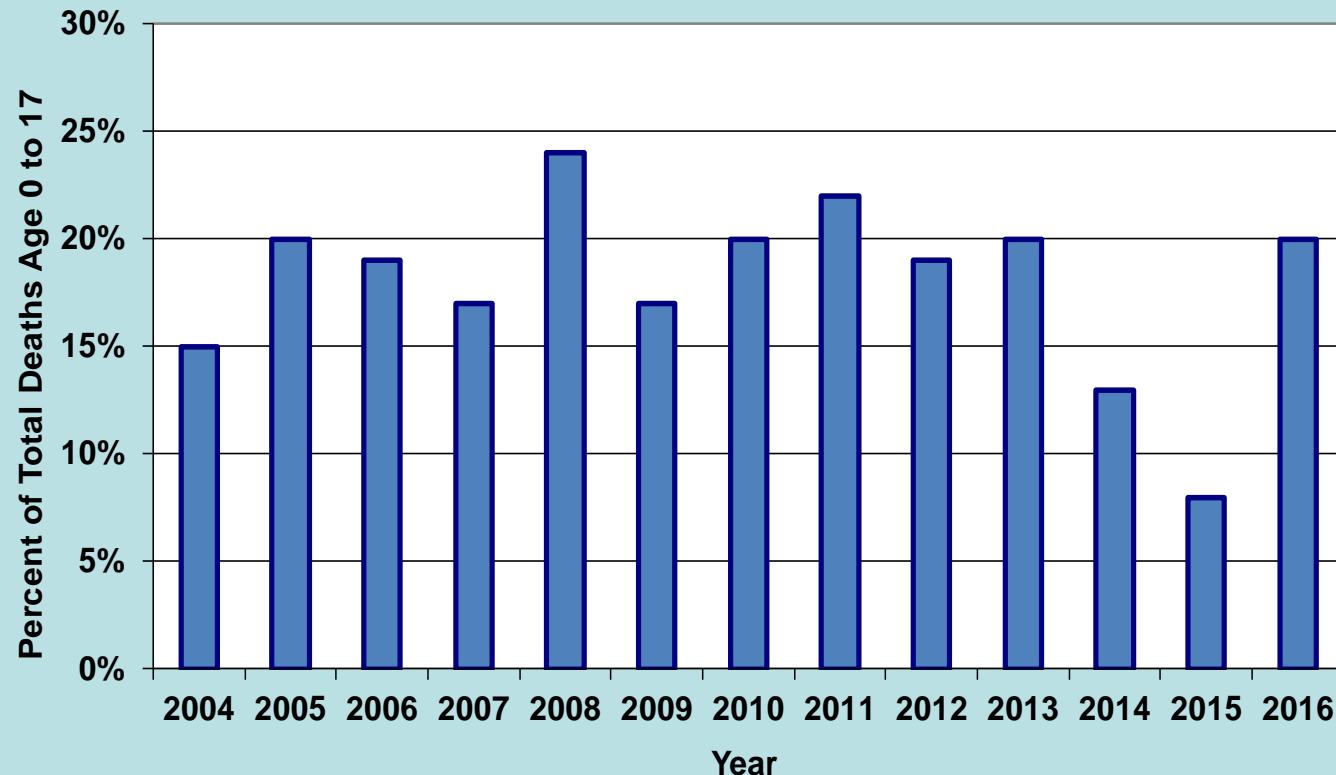
Source: NC DHHS/State Center for Health Statistics



Preventable Deaths as a Percentage of All Infant and Child Deaths (N=32)

Mecklenburg County, 2004-2016

- The overall child death rate (0-17) increased, and the preventable death rate increased
- **2016: 32** preventable deaths: **63% male & 37% female**
- The preventable death rate **increased 13%** from 8% in 2015

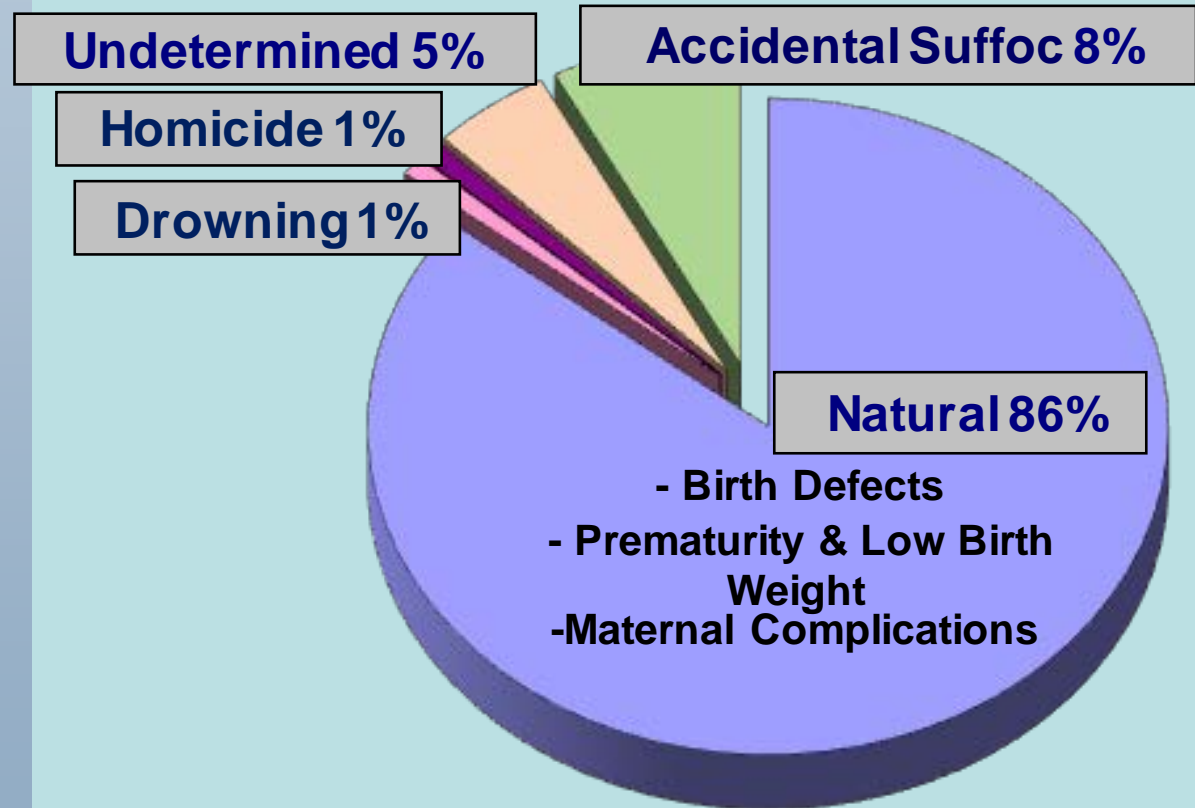


Source: NC DHHS/State Center for Health Statistics and 2016 Mecklenburg CFPT Prevention Team Data



Percent of Infant Deaths (<1 yr.) by Cause (N=104) Mecklenburg County, 2016

- **Leading Causes:**
birth defects,
prematurity/low birth
weight, maternal
complications
- **Undetermined (5):**
risk factors for
suffocation & SIDS but
suffocation could not
be excluded
- **Accidental
Suffocation:** 8 infants
- **Homicide:** 1
- **Drowning:** 1



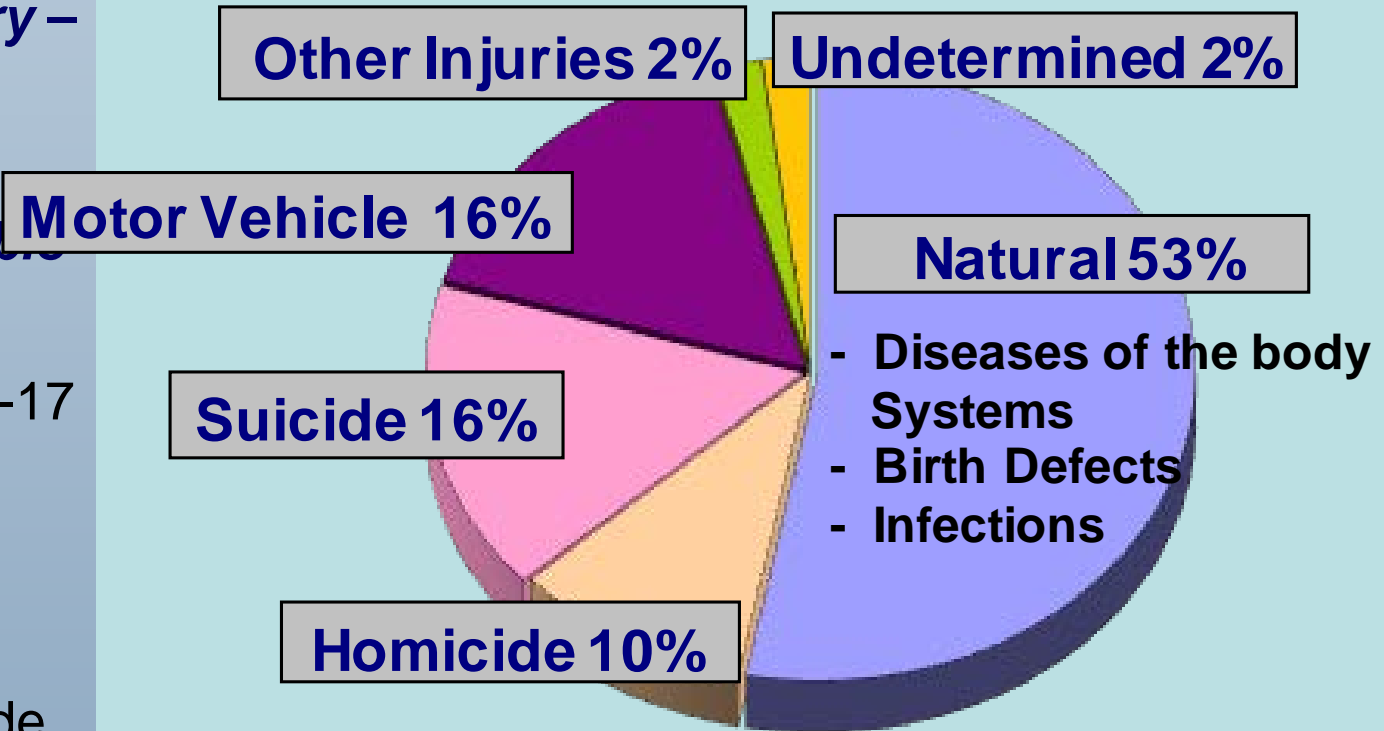
Source: NC DHHS/State Center for Health Statistics



Percent of Child Deaths Age 1 to 17 by Cause (N=49)

Mecklenburg County, 2016

- **Almost 1/2** of all deaths due to ***injury*** – leading cause of ***preventable*** death
- **69%** of ***preventable*** deaths
- **37%** of deaths 10-17 years of age
- **Increase** in MVC deaths
- **Increase** in Suicide and Homicide among children and teens



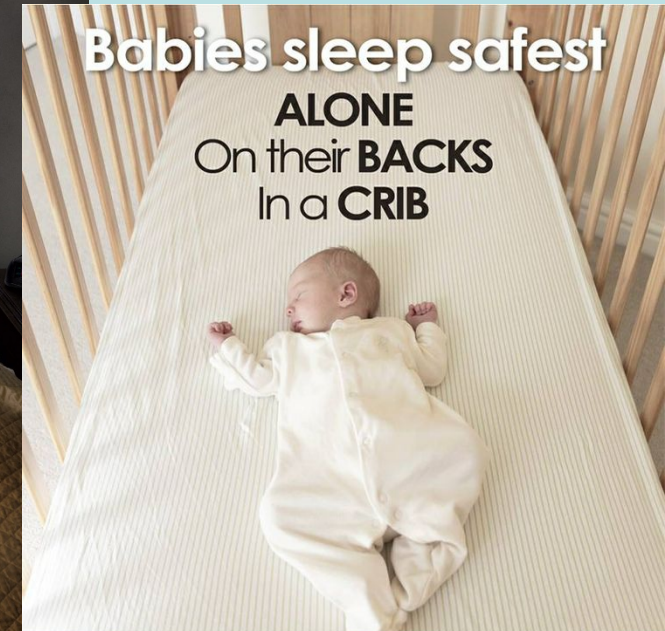
Source: NC DHHS/State Center for Health Statistics



SIDS, Accidental Suffocation, and Undetermined Infant Deaths (N=12)

Mecklenburg County, 2016

- **100%** had risk factor(s) for an unsafe sleep environment
- **75% (9)** involved co-sleeping with a caregiver and/or siblings
- **Accidental Suffocation:** most common cause of Unintentional Injury among infants



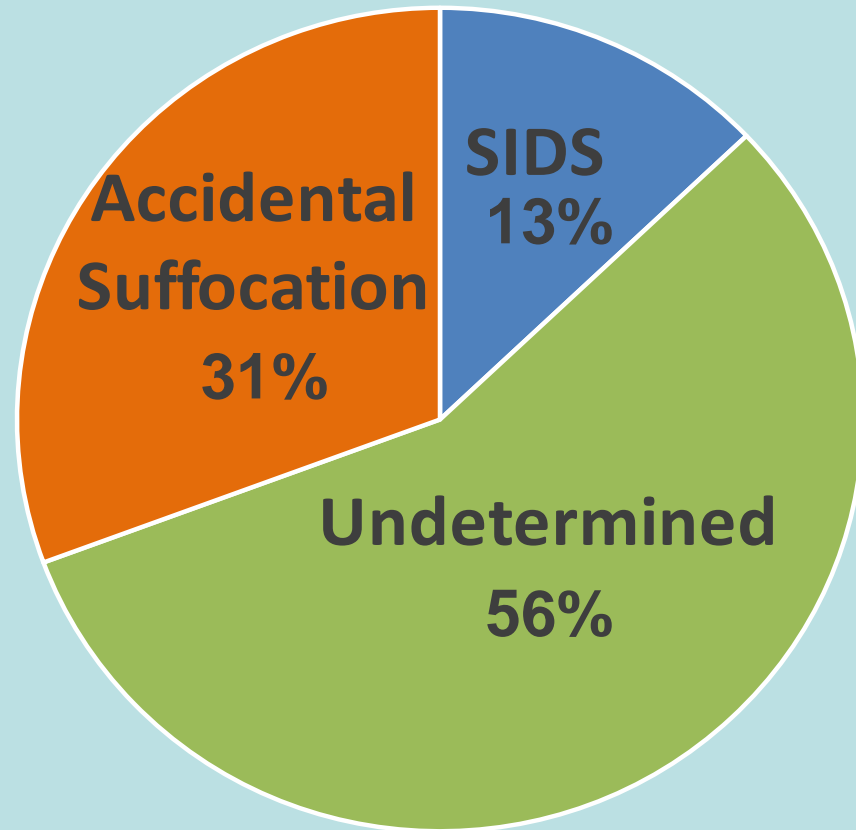
Source: NC DHHS/State Center for Health Statistics



Sudden Unexpected Infant Death (SUID) ***by Cause***

Mecklenburg County, 2011-2016

- **SUID deaths 2011-2016 = 62**
- **Undetermined:** largest contributor of SUID deaths
- **Common risk factors:** co-sleeping with a caregiver, sleeping on stomach, and improper bedding,



Source: NC DHHS/State Center for Health Statistics/Mecklenburg County CFPT 2012-2016 Data
Sudden Infant Death Syndrome (SIDS)



Impact of Domestic Violence (DV) on Children

Mecklenburg County, 2016

- **Annually an estimated 15.5 million children** in the U.S. are exposed to adult Intimate Partner Violence (IPV) at home, with younger children present more often among families who seek police involvement for IPV
- **Exposure to IPV increases** the risk of poor physical health and substance use, as well as adverse mental health outcomes like anxiety, depression, and post-traumatic stress symptoms
- **Children may act out and be aggressive**, and their parents may not connect the behavior to IPV exposure in the home thus delaying the receipt of appropriate mental health treatment





Impact of Domestic Violence (DV) on Children

Mecklenburg County, 2016

- **Substance Abuse (SA) & Domestic Violence (DV):** largest risk factors associated with infant and child death
- **18%** of all child deaths (0-17) had a history of DV and/or exposure to DV in the home
- **28%** of all child deaths had a history of substance abuse with the caregiver and/or the child
- **39,964 CMPD calls for DV - 8,053** DV related criminal incident reports were filed in 2016



Source: Mecklenburg CFPPT Data 2015/2016 State of the County Health Report



Mental Health Needs of Adolescents

Mecklenburg County, 2012-2016

- **Exposure to DV in childhood** has been linked to low self-esteem, social withdrawal, depression, and anxiety
- **Studies show children exposed to violence** (either child abuse, or witnessing domestic violence, or both) had higher levels of externalizing and internalizing behavior problems in adolescence than those exposed to neither form of violence

- **Case reviews suggest** several social and environmental factors (i.e. DV, Substance Abuse, Family Conflict) intersect to increase the risk of adverse outcomes among children and adolescents
- **Effects of exposure to violence** coupled with socio-economic status and high family conflict increase the risk of long-term mental health issues among adolescents that can lead to substance abuse and suicide



Mental Health Needs of Adolescents

Mecklenburg County, 2012-2016

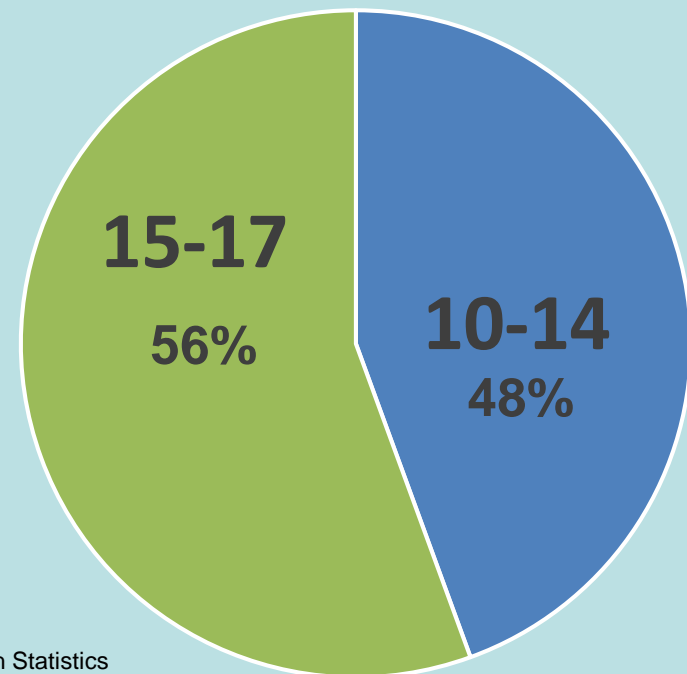
- **2015 Mecklenburg County YRBS data on teens shows:**
- **32%** reported not doing some regular activities during the past year because they felt sad or hopeless almost every day for two weeks or more in a row (**14% increase from 2007**)
- **17%** reported that they considered attempting suicide (**42% increase from 2007**)
- **15%** reported making a plan to attempt suicide (**50% increase from 2007**)

Teen Suicide by Age Group

Age 10 to 17

N = 27

Mecklenburg County, 2012-2016



Source: NC DHHS/State Center for Health Statistics



Social Determinants of Health Infant and Child Deaths *Mecklenburg County, 2016*

- **32%** of all infant & child deaths lived in the Public Health Priority Area (PHPA)
- **31%** of all preventable deaths
- **50%** of SUID deaths
- **37%** of infant deaths

2016 Public Health Priority Area Mecklenburg County, NC

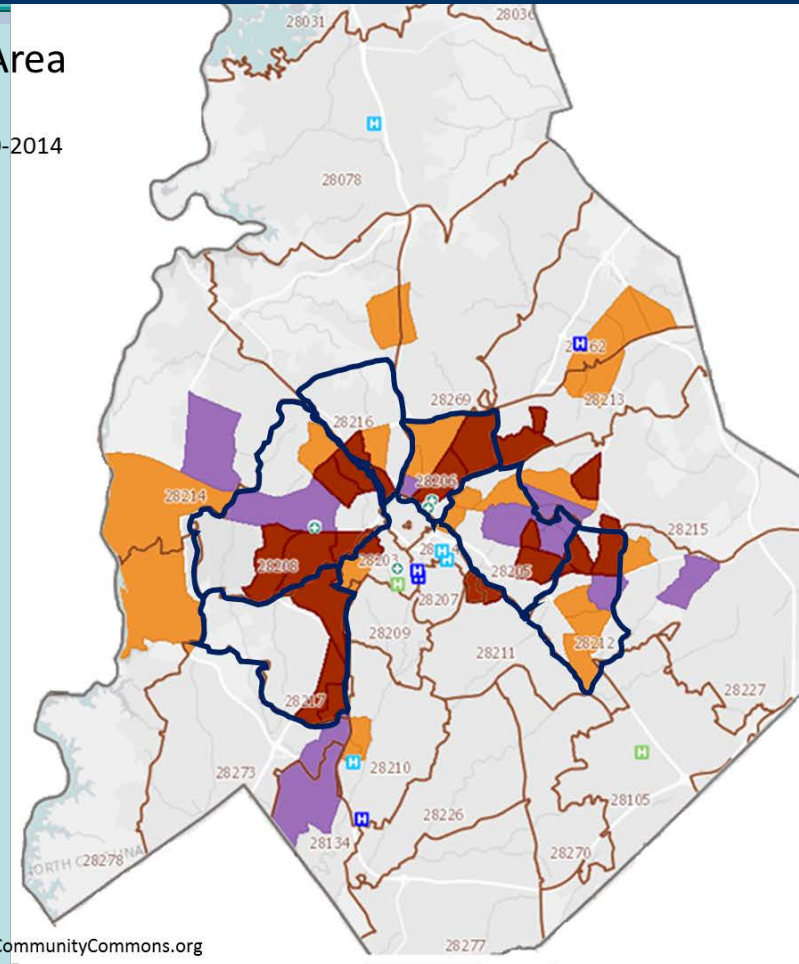
Data Source: American Community Survey, 2010-2014

Legend

- $\geq 25\%$ population less than High School diploma
- $\geq 30\%$ population below Poverty
- Populations below both Thresholds
(Below Poverty Level $\geq 30\%$ and Less than High School $\geq 25\%$)
- Public Hospital
- Private Hospital
- Other Hospital
- Public Health Priority Area

What Does This Map Tells Us?

Two key social determinants, poverty and education, have a significant impact on health outcomes. This map displays where vulnerable populations live by overlapping census tracts with high concentrations of poverty alongside those with low educational attainment.



Mapping: Community Health Needs Assessment, located on CommunityCommons.org
Prepared by Mecklenburg County Public Health, Epidemiology Program



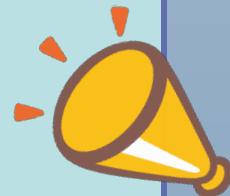
Recommendations for Child Fatality Prevention in Our Community



Support the recommendations for **Early Care and Education** and **Child Family Stability** strategies as outlined in the “Leading on Opportunity Report” by the Opportunity Task Force

Support **evidence-based programs** focusing on improving **parenting skills and parent/child relationships** and birth outcomes (i.e. Nurse Family Partnership)

Support funding for **Public Health initiatives** and **community strategies aimed at improving family structure, health & birth outcomes, and economic mobility** (i.e. reducing unintended pregnancy)





Recommendations for Child Fatality Prevention in Our Community



Continue to fund and expand **School-Based Mental Health Services (SBMH)** to create greater access and early intervention for at-risk children within CMS

Increase **funding to CMS for a social workers in every school**, especially those with a higher utilization/need of SBMH services

Support funding for **increasing the ratio of school counselors to students** in each school and **support to teachers** for children to reach/exceed the third grade reading level

Support and expand CD-CP to help improve the efficiency of responding to the increasing number of children in our community exposed to trauma





Keeping Children Safe in Mecklenburg County

**Thank You Mecklenburg County Board of
Commissioners!**

**Thank you to all the CFPPT partners for your
participation on the team and your commitment to
keeping children healthy and safe!**

