

# OVERVIEW OF THE NORTH CAROLINA CHILD FATALITY TASK FORCE PERINATAL HEALTH COMMITTEE

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NC Child Fatality Task Force

## NC CHILD FATALITY TASK FORCE: LEGISLATIVE STUDY COMMISSION CREATED VIA STATUTE IN 1991

The "policy arm" of the State's Child Fatality Prevention System

Does NOT review individual cases

35 Members:

20 Appointed;

II Ex Officio

(State agency & community leaders, experts in child health & safety, 10 legislators)

#### CHARGE OF STATE CHILD FATALITY PREVENTION SYSTEM

[VIA ARTICLE 14 OF NC JUVENILE CODE]

- ▶ Develop a communitywide approach to child abuse and neglect;
- ▶ Study and understand causes of childhood death;
- ► Identify gaps in service delivery in systems designed to prevent abuse, neglect, and death; and
- Make and implement recommendations for laws, rules, and policies that will support the safe and healthy development of our children and prevent future child abuse, neglect, and death.

#### THREE MAIN COMPONENTS TO NC CFP SYSTEM

**Local Review Teams** 

(CCPTs & CFPTs)

State Review Team

Task Force

#### TASK FORCE STATUTORY RESPONSIBILITIES

- ▶ Study, analyze, and report on incidences and causes of child death
- Develop a system for multidisciplinary review of child deaths
- ► Receive and consider reports from State Team
- Perform other studies and evaluations as needed in order to carry out its mandate
- ► Submit annual report to the Governor and General Assembly with recommendations for changes to any law, rule, or policy that it has determined will promote the safety and well-being of children

## THREE TASK FORCE COMMITTEES WORK TO CREATE A YEARLY ACTION AGENDA

Perinatal Health Unintentional Intentional Death Death Prevention Prevention Full Committees rely on CFTF **CFTF** members AND community volunteers

#### TASK FORCE PROCESS COMPONENTS

Public meetings between legislative sessions (10-12 meetings with 45-50 presentations per study cycle)

Committees propose recommendations to full Task Force

Stakeholder or work groups may be formed to address or examine indepth a particular issue to bring more information back to the CFTF

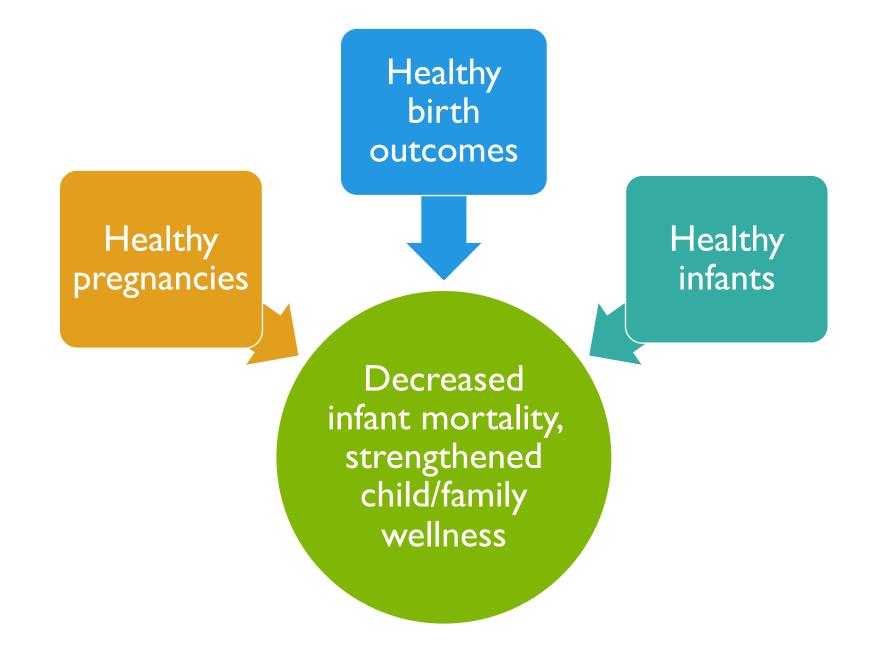
Ongoing information sharing and collaboration among experts and community partners

#### PERINATAL HEALTH COMMITTEE COMPOSITION

- Includes ex officio and appointed members of the Task Force (from among 35 statutory CFTF members)
- Includes volunteer participants with subject matter expertise in perinatal health
- Examples of professional roles among committee members (CFTF members & volunteers):
- State Health Director
- Director of Maternal & Child Health, NC DPH
- State legislators
- Physicians
- Director UNC Center for Maternal & Infant Health
- Branch Head, Women's Health, NC DPH
- Chief Medical Examiner, NC DPH
- Chief Medical Officer, NC Medicaid
- Director, Council for Women & Youth Involvement

- Leaders in field of pregnancy & substance use
- Leaders in perinatal tobacco use prevention
- Coordinator for NC Perinatal Health Strategic Plan
- Experts in infant safe sleep
- Experts in home visiting
- Experts in breastfeeding
- March of Dimes leader
- Centering Consortium leader
- Guardian ad Litem leader
- County Commissioner

#### FOCUS OF PERINATAL HEALTH COMMITTEE



#### TASK FORCE WORK

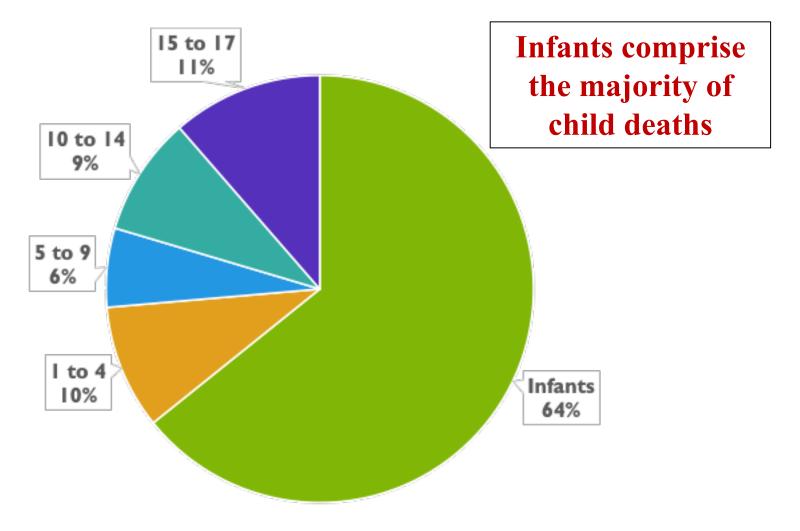
- ▶ Urging leaders to prioritize child health & safety in policy decisions
- ▶ Recommendations are based on data and evidence
- ▶ Subject matter experts present to the CFTF and its committees
  - Data (broad and specific)
  - Evidence regarding trend or problem in need of attention
  - Evidence regarding prevention strategies

- Examples of effective strategies/programs
- Relevant state or national initiatives

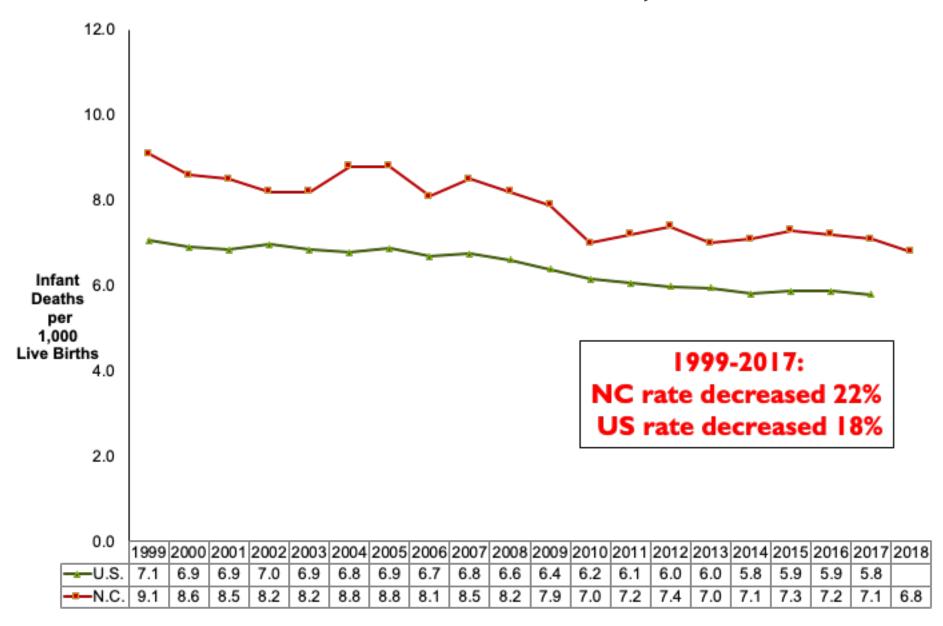
## EXAMPLES OF INFANT MORTALITY DATA

**Examined by CFTF** 

#### **NC RESIDENT CHILD DEATHS BY AGE: 2018**

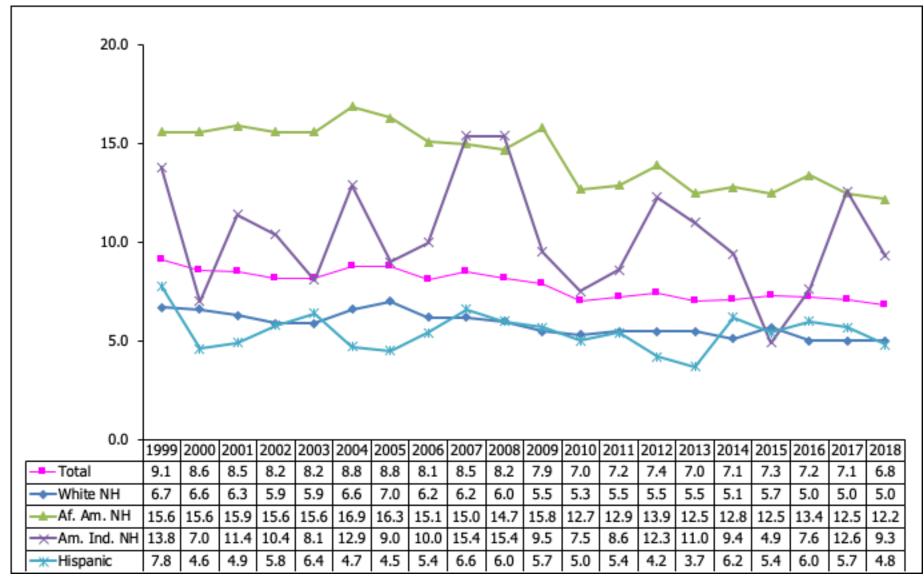


#### **INFANT DEATH RATES: 1999-2018, USVS NC**



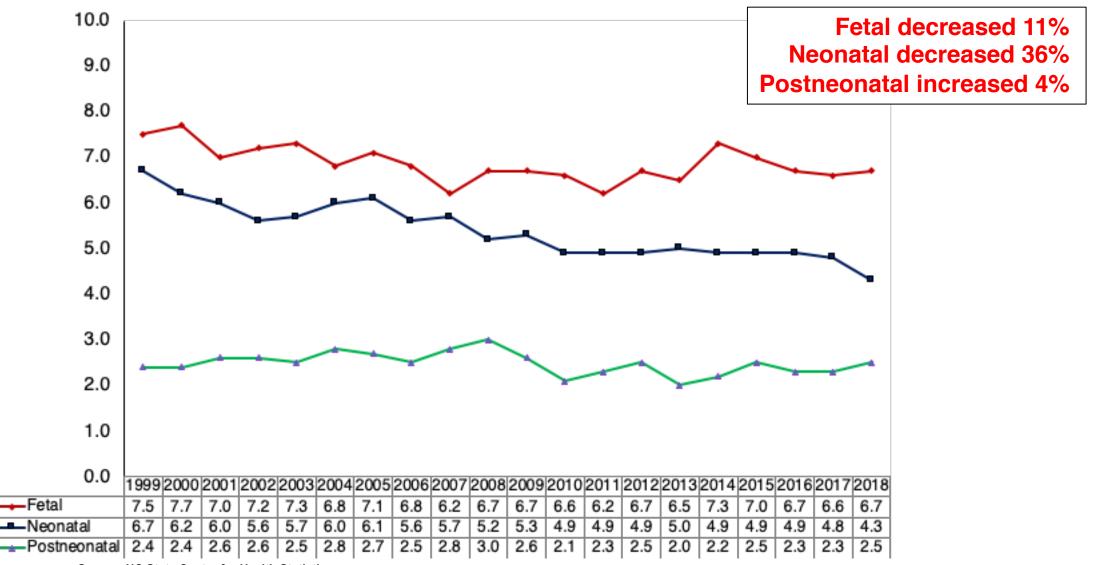
Source: NC State Center for Health Statistics & National Center for Health Statistics

## NC RESIDENT INFANT DEATH RATES BY RACE/ETHNICITY: 1999-2018



Source: NC State Center for Health Statistics & National Center for Health Statistics

## NC FETAL, NEONATAL & POSTNEONATAL MORTALITY RATES: 1999-2018



Source: NC State Center for Health Statistics

### LEADING CAUSES OF INFANT DEATH, NC RESIDENTS 2018: NUMBER OF INFANT DEATHS BY CAUSE

Cause Category:	Deaths	Percent
Prematurity/Low Birth Weight	140	17.4
Birth Defects	140	17.4
Other Unknown Causes	116	14.4
Other perinatal conditions	93	11.5
Maternal complications	84	10.4
Respiratory Distress	56	6.9
Infections	52	6.5
All Other Causes (Residual)	49	6.1
Circulatory diseases	22	2.7
Accidents	18	2.2
Respiratory diseases	14	1.7
Accidental Suffocation/Strangulation in Bed	10	1.2
Homicide	9	1.1
SIDS	3	0.4

Source: North Carolina State Center for Health Statistics

## SAMPLE HIGHLIGHTS OF CFTF PERINATAL HEALTH POLICY ADVANCEMENTS: FUNDING VIA LEGISLATION

- Funding support for preterm birth prevention treatment (multi-year effort)
- Funding support for infant safe sleep program (multi-year effort)
- Funding to support for perinatal tobacco cessation and prevention (multi-year effort)
- Funding support for program to implement perinatal best practice projects in NC hospitals
- ▶ During state budget constraints (2010 2013), maintained funding for several infant mortality prevention programs

## SAMPLE HIGHLIGHTS OF CFTF PERINATAL HEALTH POLICY ADVANCEMENTS: LEGISLATIVE CHANGES

- Legislation to require a study of maternal and neonatal risk-appropriate care in NC facilities & report to GA
- Legislation to add conditions to the NC newborn screening program
- Legislation to require pulse oximetry screening for congenital heart disease

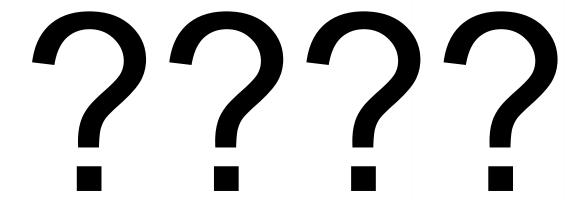
## SAMPLE HIGHLIGHTS OF CFTF PERINATAL HEALTH POLICY ADVANCEMENTS: ADMINISTRATIVE EFFORTS

- Administrative effort through State Personnel for state government offices to have "breastfeeding friendly" designation
- Administrative effort to get medical lactation services covered by Medicaid
- Creation and funding for perinatal health network (temporary 2006)

#### CURRENT EFFORTS OF THE PH COMMITTEE

- Endorse workplace supports (paid family leave insurance, pregnancy accommodations, kin care & safe days leave)
- Strengthen the statewide Child Fatality Prevention System
- Increase funding support for Infant Safe Sleep
- ► Endorse the increase of funding support for Quitline NC

#### **QUESTIONS?**



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#### Task Force website:

https://www.ncleg.gov/DocumentSites/Committees/NCCFTF/Homepage/index.html