Office of the District of Columbia Auditor

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Declining D.C. Child Fatalities Numbers Going Up Again, Audit Shows

Rate remains higher than national average; disparities continue to exist across wards

WASHINGTON, July 21, 2017 – The number of child and youth deaths in the District of Columbia saw a significant decline, between 2008 and 2013 but has shown a slight increase between 2013 and 2015 according to a report on the Child Fatality Review Committee (CFRC) released today by the Office of the D.C. Auditor (ODCA).

"It is good to confirm that D.C. has made long term progress on infant mortality and in the number of older youth deaths, though the recent increase is worrisome," said D.C. Auditor Kathy Patterson. "We need to continue to provide the CFRC with the resources it needs to facilitate the kind of cross-agency cooperation necessary to further reduce our child death rate and protect our most vulnerable residents." The audit found that the CFRC, required to evaluate all DC child deaths, reviewed only 35 in its 2015 report. There were 124 child deaths that year.

CFRC is an interagency, multidisciplinary body that strives to reduce the number of preventable child fatalities in D.C. through identifying, evaluating, and improving programs and systems responsible for protecting and serving children and their families. Originally established by Mayor's Order in 1992, the CFRC's purpose, composition, and duties were formally defined in D.C. law by the "Child Fatality Review Committee Establishment Act of 2001," effective October 3, 2001.

The CFRC staff learns about child deaths from a variety of sources, including DOH's Vital Records Division and the Office of the Chief Medical Examiner (OCME), and then gathers information about the case. The result of this research is a case summary that describes the circumstances of the death, interactions the child or family had with D.C. government and other agencies (including private organizations), the child's family situation, and his or her health history. During the case discussions, the CFRC members identify risk factors affecting the family and discuss what was done, and could have been done to mitigate those risks.

Data broken down by gender, race, and cause

The CFRC audit shows that infant deaths in D.C. are primarily from natural causes strongly associated with certain risk factors, including inadequate prenatal care, prematurity, and low birthweight. Of the 21 infant deaths reviewed by the CFRC in 2015, the four non-natural infant deaths included two accidental deaths and two cases of sudden unexpected infant death. In addition, sharp racial and geographic disparities in child mortality rates persist in the District of Columbia. African-American children, as well as children in Wards 5, 7, and 8, suffer the highest rates of mortality.

Child homicides in the District of Columbia are primarily due to gun violence among youth, and the victims are primarily African-American. In addition, child fatalities in the District of Columbia disproportionately affect boys and young men. Homicides, which have been the leading cause of death among 15- to 19-year-olds in D.C., have decreased significantly among children and youth, from 34 deaths in 2008 to 14 in 2015, the most recent data available from the Centers for Disease Control and Prevention.

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CFRC recommendations intended to inform preventive strategies

The CFRC's case study reviews, conducted at monthly meetings, serve as the basis for the committee's recommendations to D.C. agencies. The report found that while agencies usually agreed with CFRC recommendation, D.C. agency agreement often seemed pro-forma rather than reflecting a commitment to change policies or procedures. This finding led to a report recommendation that the D.C. Council hold public hearings on each CFRC annual report, and ensure that D.C. agencies incorporate CFRC recommendations into annual performance plans and reports, which are both required by law.

Report calls for improving a valuable community resource

The report finds that although the CFRC has undertaken a broader range of activities to fulfill its statutory duty, there are other ways it can promote advances in child protection. By placing a greater emphasis on community outreach and public education, the CFRC has plans to better promote its annual report, and sharing the recommendations in its annual reports with and getting feedback from the community through "listening tours."

Also in the works is an initiative to engage public/private support for a campaign to educate the public on safe sleep practices, a significant factor in the deaths of infants and young children. The CFRC reviewed six infant deaths in 2014 that involved unsafe sleep environments. The report calls on the CFRC to continue to promote improvements in public and private systems serving children and their families through public education and policy change.

Other recommendations in the report include:

- OCME should seek to identify an additional staff position for the CFRC to conduct statistical reviews and help the CFRC fulfill its mission to review all child deaths in the District of Columbia. The Mayor and Council added one staff member last year and another in the recently concluded budget, for a total of 6 staff, closer to the 8 staff the Committee had in 2009.
- OCME should include in its annual performance plans the goal of publishing the CFRC's annual report by September 30 of the following year.
- The Council should exempt community members of the CFRC from the confirmation process or place a limit on the confirmation review period, after which nominees would be deemed confirmed.
- The D.C. Council should revise the law to require a minimum of four community representatives on the CFRC.

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