

## **SECTION 1: CONTACT INFORMATION**

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## SECTION 2: COMMUNITY DESCRIPTION

### History

Founded in 1841 by Tennessee lawyer and trader, John Neely Bryan, Dallas has become one of the most vibrant economic and cultural centers in the United States. “The Big D” is the nation’s ninth largest city with a population of nearly 1.3 million. And, the rapidly growing Dallas-Ft. Worth Metroplex is America’s 4<sup>th</sup> largest metropolitan area with a population of more than 6.4 million. One quarter of all Texans live in the DFW area. The Metroplex as a whole is the 5<sup>th</sup> largest media market in the U.S.



Dallas has a rich history. In 1907, the city became known as a fashion and shopping mecca when Neiman Marcus opened its first store in downtown Dallas, where the company is still headquartered today. The DFW area is home to 20 Fortune 500 companies.

The low point in Dallas history came on November 22, 1963, when President John F. Kennedy was assassinated while traveling in a motorcade through Dealey Plaza. The event is recognized with a nearby memorial, and by the Sixth Floor Museum in the former Texas School Book Depository.

### **Why is your community seeking a Safe Communities accreditation? Who in your community (person/agency) is taking the lead in organizing this effort? Why?**

The Injury Prevention Center of Greater Dallas (IPC), which is housed at Parkland Hospital, has led the Dallas Safe Communities initiative. Dallas was first designated as a World Health Organization Safe Community in 1997, becoming the first U.S. city to receive the designation and the first urban city worldwide to be designated. Dallas was re-designated in 2007 and 2011. Since Dallas was first designated as a Safe Community, the IPC has ensured that the Dallas Safe Communities effort focus on: a) using data to identify populations at risk, determine risk factors, detect emerging issues, and design and evaluate community-based prevention programs; b) implementing proven effective injury prevention approaches that are evidence-informed; c) conducting formative, process and impact evaluation for all prevention programs to assess if programs are appropriate for the intended audience and determine if the programs are creating the preferred effect; and d) working with community groups, agencies and organizations to integrate evidence-based prevention into their existing organizational structure, which allows for us to expand the reach of proven strategies.



Ms. Stephens-Stidham will be responsible for coordination of implementation of primary prevention strategies for Dallas Safe Communities. Ms. Stephens-Stidham is the past-president of the Safe States Alliance and past chair of the Injury Control and Emergency Health Services Section of the American Public Health Association. She served as co-chair of the National Training Initiative for Injury and Violence Prevention (NTI), and served on the committee that developed core competencies for injury and violence prevention professionals. She is a member of the Safe States Alliance, American Public Health Association, and Society for the Advancement of Violence and Injury Research. She chairs the Texas Governor’s EMS & Trauma Advisory Council (GETAC) Injury Prevention Committee. She is also a member of the External Advisory Committee for the University of

North Carolina Injury Prevention Research Center, Lifesavers Traffic Safety Conference Planning Committee, and the National Coordinated Child Safety Initiative Steering Committee.

In the future, the Dallas Safe Communities effort will be co-led by the Rees-Jones Trauma Center at Parkland Hospital and the Injury Prevention Center. Jorie Klein, BSN, Director, Trauma Program at Rees-Jones Trauma Center, and Shelli Stephens-Stidham, MPA, Director of the Injury Prevention Center will lead Dallas Safe Communities.



Ms. Klein will be responsible for coordination of implementation and training of disaster preparedness initiatives for Dallas Safe Communities. Ms. Klein is a nationally-known expert in trauma program and disaster management, and has a long history of exemplary trauma leadership at the state, regional, and national level, including: President of the Texas EMS, Trauma, and Acute Care Foundation; Vice-Chair of the Governor's Emergency/Trauma Advisory Council's Trauma System (Texas); Chair of the Texas Hospital Association's Policy Committee on Trauma and Emergency Services, and Chair of the Texas Hospital Association's Trauma Technical Advisory Group. She is a past president of STN, and has also served on numerous STN committees, from the Annual STN Conference Committee (which she

chaired from 1998 – 2004), to ATCN Regional Chair, and State Chair for Texas. She has received many awards for her service to the trauma community, most recently Governor's EMS / Trauma Council's Journey of Excellence Award (2009).

She has authored papers, book chapters, and courses on emergency preparedness, disaster management, mechanism of injury, decision-making in trauma care, and preparing for a trauma site visit, among others. She has been frequent invited speaker on a vast array of trauma topics for both national and international audiences.

## SECTION 3: CRITERIA TO BE A SAFE COMMUNITY

### I. Sustained collaboration

#### 1. Describe your Safe Communities Coalition

- a. **Name of the coalition:** Dallas Safe Communities Advisory Council
- b. **Members, their organizational affiliations and email address:**

Since Dallas was first designated as a Safe Community in 1997, a steering committee/Advisory Council served as the advisory body for Safe Communities activities. Until 2012, Ron J. Anderson, M.D., former President and Chief Executive Officer of Parkland Health & Hospital System served as the chairperson for the Dallas Safe Communities Advisory Council. Shortly after Dallas was re-designated as a Safe Community in 2011, Dr. Anderson stepped down as President and CEO of Parkland. Dr. Anderson died in September 2014. Dr. Anderson had long championed causes that improve health care for the medically underserved and, as a result, was one of the nation's leading advocates of health care for the poor. In 2005, he was chosen by his peers as number one on *Modern Physician* magazine's list of the 50 most powerful physician executives. That same year, he was also voted number one by his peers for *Modern Healthcare* magazine's list of 100 most powerful people in healthcare. From 2012-2014,

Parkland was under the direction of an interim CEO, and the Dallas Safe Communities Advisory Council did not meet.

The Dallas Safe Communities Executive Advisory Council is currently being reorganized and will include a small core group of decision makers who can contribute data and influence policy and environmental changes to improve community safety. A list of Advisory Council members is available in Appendix A. An organizational chart is available in Appendix B.

Alexander Eastman, M.D., MPH, Medical Director and Chief of the Rees-Jones Trauma Center at Parkland and Assistant Professor of Surgery at The University of Texas Southwestern Medical Center, will chair the Dallas Safe Communities Advisory Council. Dr. Eastman is also a Lieutenant on the Dallas Police Department's Special Weapons and Tactics (SWAT) squad. Additionally, Dr. Eastman is a nationally-recognized expert on policies regarding mass casualty events, having written policy for the U.S. Department of Justice and the Hartford Consensus on survivability during a mass casualty shooting event.



Although the Dallas Safe Communities Advisory Council has not met since 2011, Dallas Safe Communities programs and initiatives continued under the direction of the Injury Prevention Center. The IPC continued to facilitate several coalitions and work groups, aimed at reducing injuries and associated deaths. These coalitions include: a) *Citizens for Traffic Safety Coalition (CTS)*, which was established in 1999; b) *Family Violence Prevention Council (FVPC)*, established in 2006 to bring together multiple agencies and institutions to comprehensively address family violence issues; c) *Child Abuse Prevention Coalition (CAPCO)*, which works to mobilize the community to prevent child abuse through education, increased public awareness, advocacy, program development, and collaboration; and d) *Parkland Health & Hospital System Child Passenger Safety Work Group*, which was established in 2008 to review policies and procedures related to child passenger safety, identify gaps, and coordinate activities to alleviate duplication among PHHS departments.

While in the past, all of the Dallas Safe Communities coalitions/work groups were chaired by IPC staff, other community organizations are now currently chairing many of the coalitions, many of which have national and international expertise.

Anne C. Crews, Vice President of Government Relations for Mary Kay, Inc., chairs the Family Violence Prevention Coalition. She represents Mary Kay Inc. as President, Board of Directors, Corporate Alliance to End Partner Violence, and is Mary Kay Inc. liaison, American Bar Association Commission on Domestic Violence. She was appointed and served two terms on the National Advisory Committee, Office on Violence Against Women, U.S. Department of Justice. In 2006, Anne was named one of "21 Leaders for the 21st Century" by Women's eNews, for advocacy against domestic violence.

Jan Edgar Langbein is the Executive Director of Genesis Women's Shelter & Support in Dallas and chairs the Dallas County Intimate Partner Violence Fatality Review Team. For more than 20 years, Ms. Langbein has been an activist in efforts to end violence against women. In partnership with the Dallas Police Department and the Federal Bureau of Investigation, Ms. Langbein co-founded the annual International Conference on Crimes Against Women with advanced practices of investigation and prosecution bringing together law enforcement, advocates, prosecutors, and forensic health professionals. In 2009, Ms. Langbein concluded a Presidential Appointment as Senior Policy Advisor to the Director of the United States Department of Justice Office on Violence Against Women (OVW). As Senior Policy Advisor, Ms. Langbein served as chief strategist of OVW. On behalf of the Director, she guided and evaluated program and administrative processes and worked to implement standards and protocols for internal and external operations. She supported the ongoing efforts within OVW for policy issues regarding the implementation of the Violence Against Women Act.

**c. Organizational support:**

Parkland Health & Hospital System, Injury Prevention Center of Greater Dallas, and Rees-Johns Trauma Center at Parkland will continue to provide organizational support for Dallas Safe Communities. Letters of support are included in Appendix C.

**d. Date the group formed:** See above

**e. Meeting notes:** A sample of meeting notes and agendas from various Dallas Safe Communities coalitions and work groups are available in Appendix D.

**2. Mission Statement:**

Our mission is to create a safe community to live, work, learn and play, where all of our citizens have the freedom to live to their full potential.

**3. Communications Strategy**

Communication about Dallas Safe Communities activities is shared through a variety of platforms, including E-blasts, websites, social media (e.g., Facebook, Twitter, and Instagram), publications in peer-reviewed journals, project reports, and presentations to local, state, national and international audiences. Sample E-blasts are provided in Appendix E. A list of peer-reviewed articles and presentations from 2011 – 2016 is available in Appendix F. Facebook, Twitter and Instagram posts are available at:

<https://www.facebook.com/IPCDallas>

<https://twitter.com/ipcdallas>

<https://instagram/ipcdallas>

## **II. DATA COLLECTION AND APPLICATION**

### **1. Community demographics**

#### ***Population***

The population of Dallas County is 2.5 million, which represents a 7.8% increase from 2010 to 2015 (US Census Bureau, 2016). The median age of Dallas County residents is 33.3 years, which is similar to the median age for a Texas resident (33.6 years) (Texas Association of Counties, 2016).

From 2010-2014, 13.1% of the Dallas County population was foreign-born. In 2015, 77% were white alone,

13.3% were black or African American alone, 1.2% were American Indian and Alaskan Native alone, and 5.6% were Asian alone. Hispanics or Latinos of any race make up 17.6% of the total population (United States Census Bureau, 2015).

### ***Economy***

Compared to the rest of the nation, the cost of living in Dallas County today is 5.3% lower than the U.S. average. The unemployment rate in Dallas County is 8.3% compared to 9.4% for the U.S. (US Bureau of Labor Statistics, 2011).

In 2009, the median family income in Dallas County was \$49,925 (\$51,025 in 2011), compared to \$52,576 (\$56,607 in 2011) and \$53,482 (\$61,082 in 2011) for the state of Texas and United States, respectively. The percentage of persons living in poverty in Dallas County in 2016 was 14.8% compared to 19% in 2011. (US Census Bureau, 2015).

### ***Education***

The Dallas Independent School District (DISD), which operates schools in much of Dallas County, is the second largest school district in Texas and the 14th largest in the United States. While 77.7% (75% in 2011) of the Dallas County population 25 years and older had a high school diploma and 28.7% (27% in 2011) had a bachelor's degree or higher (US Census Bureau, 2015).

### ***Transportation***

Dallas holds a prime location as a hub for business and travel. The city is geographically centered in the middle of the country, with more than 25 major cities reachable in less than 12 hours driving time. That includes cities in Alabama, Arkansas, Kansas, Louisiana, Mississippi, Missouri, New Mexico, Oklahoma and Tennessee. Dallas covers an area of 385 square miles (997.1 km<sup>2</sup>),

The DFW area has two commercial airports, Dallas/Fort Worth International Airport (DFW) and Dallas Love Field. DFW International is larger than the island of Manhattan, and is the second largest in acreage (18,076.297 (7,318 hectares or 29.8 square miles) among US airports. (Denver is first.) Located halfway between the cities of Dallas and Fort Worth, Texas, DFW International Airport is the world's fourth busiest, offering nearly 1,750 flights per day and serving 57 million passengers a year. DFW provides non-stop service to 148 domestic and 50 international destinations worldwide (DFW Airport, 2012).

### ***Health***

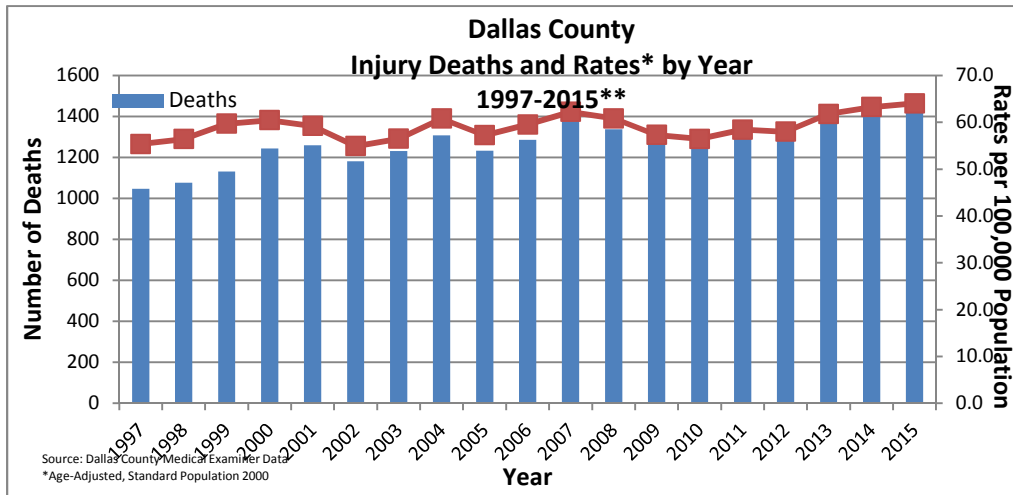
State of the art medical facilities abound in Dallas. Parkland Memorial Hospital is the principle health care facility for the Dallas County Hospital District, and is also the principal teaching hospital for the University of Texas Southwestern Medical Center (UTSW). Parkland Hospital has the 2<sup>nd</sup> largest civilian Burn Center in the U.S. Parkland has more than 159,000 emergency department encounters annually, and more than 1 million outpatient encounters annually. As of August 20, 2015, Parkland Hospital is the largest hospital in the U.S. with 2.1 million square feet. Parkland Health & Hospital System also includes 20 Community-Oriented Primary Care clinics.

Parkland serves as a regional Lead Facility in responding to the disaster health care needs of the community and citizens served. The Rees-Jones Trauma Center at Parkland is a Level 1 Trauma Center serving Trauma Service Area E (TSA-E), known as the North Central Texas Trauma Regional Advisory Council (NCTTRAC). This incorporates 19 north central Texas rural, suburban and urban counties.

Nearly half of the unfunded patient population in Dallas County is treated at Parkland each year. Parkland's place in history may have been solidified on November 22, 1963, when President Kennedy was brought to the hospital after being shot (<http://www.parklandhospital.com/whowere/kennedy.html>).

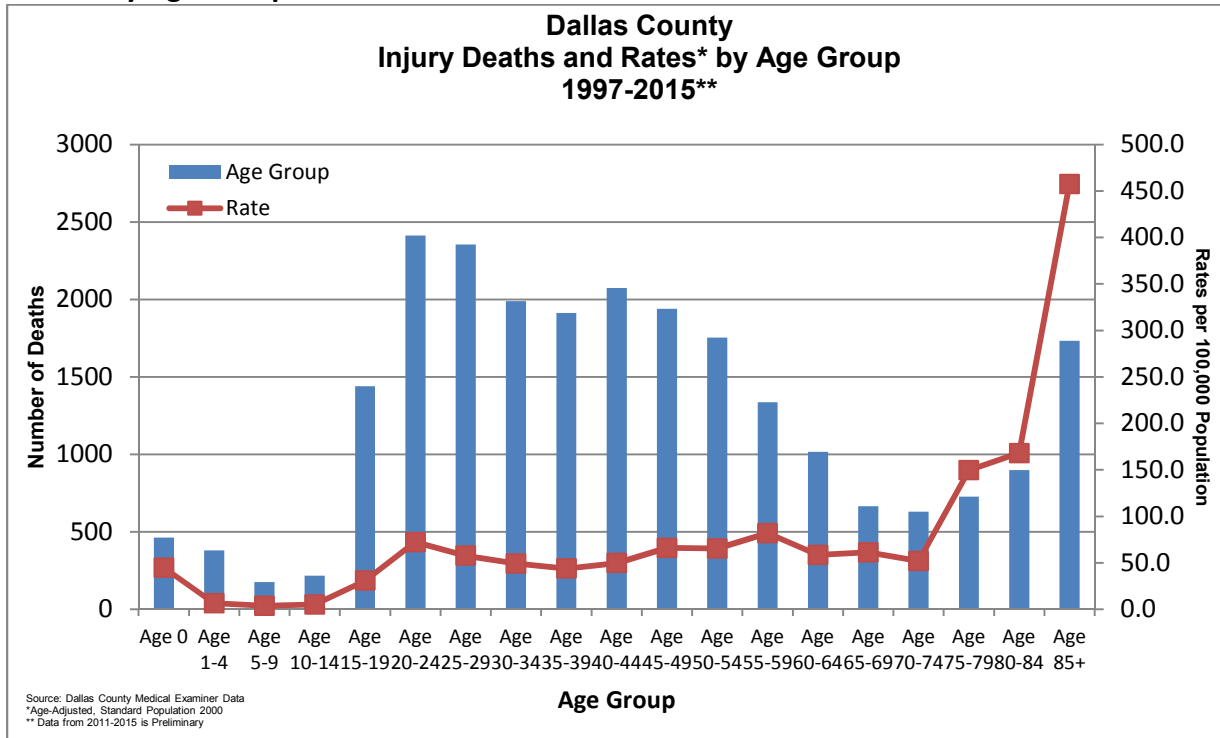
## 2. Injury Data

From 1997 to 2015, 24,182 people died in Dallas County due to injuries, an average of 1272 deaths per year, 24 deaths per week, or 3 deaths per day.

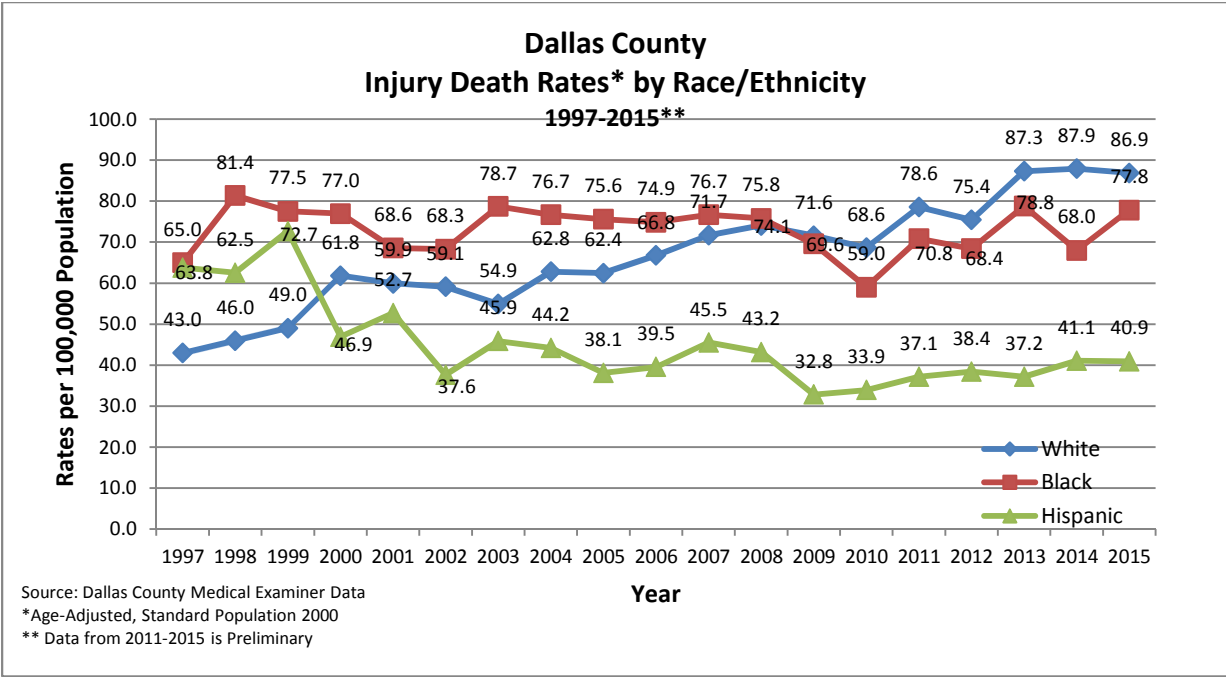


From 1997 to 2015, trauma-related deaths in Dallas County increased by 42% and the age-adjusted rate increased by 16%. These numbers include deaths from all manners (Unintentional, Homicide, Suicide and Undetermined).

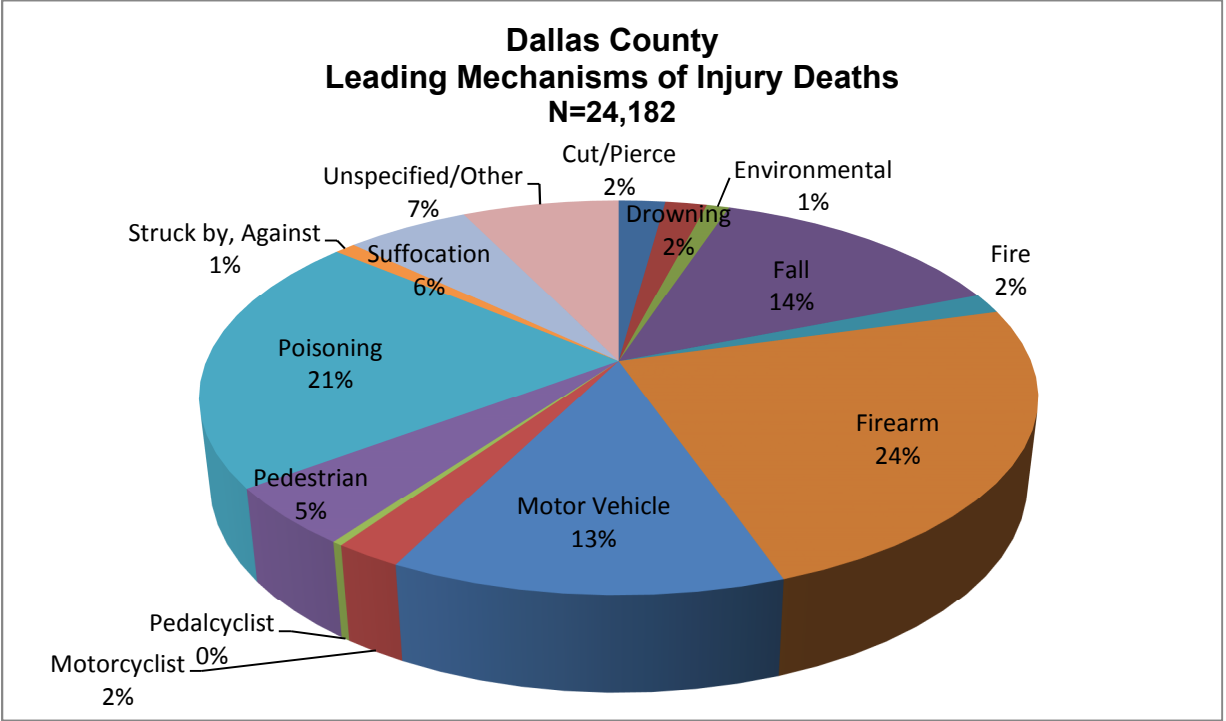
### Deaths by Age Group



Fifty-three percent of the injury deaths occurred between ages 20-49. The average age of fatal injury victim in Dallas County was 44 years. The age ranged from less than one year to 108 years. The highest death rates were among the very young and the elderly.



Whites had the lowest injury rate in 1997, but that population had the highest death rate in 2015. African Americans previously had the highest injury death rate, but is now below that of whites. The Hispanic injury death rate has fallen dramatically over time. Note that in 1997 – 1999, the higher rates in the Hispanics may have been due to inaccurate denominator data, but is probably more accurate since 2000.

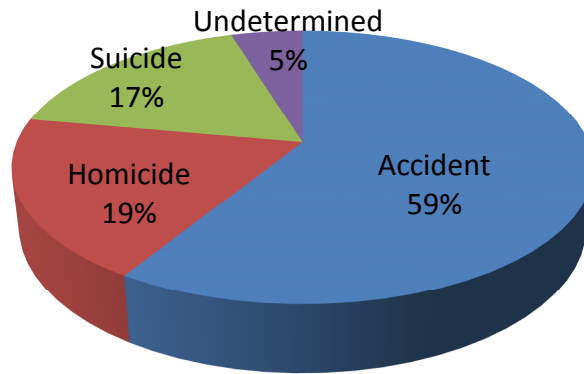


Firearms, poisoning, falls and motor vehicle crashes were the leading causes of injury death in Dallas County.



### Dallas County Injury Deaths 1997-2015

N=24,182



In Dallas County, 59% of the deaths were classified as Unintentional, 19% as homicide, 17% as suicide and 5% were undetermined.

### 3. Data summary table

The Injury Prevention Center routinely provides reports regarding injury-related deaths. These reports are provided in Appendix F and include additional detail to the information in the table below.

Type of Injury	Trends
Unintentional injury deaths	Unintentional injury deaths have increased from 1997 to 2015, mostly due to increases in unintentional poisoning deaths (see below).
Unintentional poisoning deaths	The number of deaths and death rate due to unintentional drug poisonings increased 3-fold from 1997 to 2013. For females, the death rate increased over 5-fold during the same time period. There was a different age profile of unintentional poisoning death rates by race and ethnicity. For the white population, there were two peaks – 20-24 and 45-49 age groups. Among the African American population, the highest death rate was in the 50-54 age group. Among the Hispanic population, the death rate peaked at ages 20-24. In Dallas County, “illegal drugs” was the leading category listed under cause of death. This is in contrast with data from the U.S. as a whole, where in 2013, “prescription drugs” were the leading cause of unintentional drug poisoning deaths. In Dallas County, Cocaine was the leading drug mentioned, followed by Heroin. Cocaine-related death rates were highest among African Americans, while Heroin and methamphetamine-related death rates were highest among the white population.
Pedestrian injury deaths	Pedestrians accounted for one out of 12 deaths of unintentional injury deaths in Dallas County, and 23% of all motor vehicle deaths. The number of deaths and death rate has generally declined over time, with a small increase in 2014. The site of injury deaths varied by age group. For children <15 years of age, the majority of deaths occurred on surface streets. For persons 15-59 years of age, the majority of deaths occurred on expressways. Since 1997, there have been 162 “unintended pedestrian deaths” on expressways in Dallas. Seventy percent of the crashes occurred during the evening hours between 8 p.m. and 5:59 a.m. The highest death rate was for the 20-24 population. Fifty-one percent of the “unintended pedestrians” had stopped because of a disabled vehicle such as a flat tire, ran out of gas, engine trouble, etc.
Intimate partner violence deaths	From 2009-2011, the Dallas County Intimate Partner Violence Fatality Review Team reviewed 34 adjudicated intimate partner violence fatality cases. African American women and women between the ages of 20-24 years had the highest rate of fatality. African American females were approximately 2.5 times more likely to die by intimate partner violence than white or Hispanic females. Forty-four percent of cases directly impacted at least one child. More than half (64.7%) of persons who died from intimate partner violence were living with the perpetrator at the time of the incident. More than half (52.9%) of perpetrators had previous violent arrests, including assaults and domestic violence offenses before the homicide. None of the persons who died sought shelter while in a relationship with the perpetrator.
Infant sleep-related deaths	From 2007-2011, there were 215 sleep-related infant deaths in Dallas County. The overall rate of sleep-related death has remained relatively unchanged between 2007 and 2011, averaging about 1.0 per 1,000 live births. Nearly one in five (18%) sleep-related deaths was due to overlay by another person or animal, suffocation or asphyxia, all of which were potentially preventable. Just over half (52%) of the infants that died in sleep-related incidents were sharing a sleep surface with another person or pet. Infants were nearly 2.5 times more likely to have shared a sleep surface if no crib was available. More than half of the homes (54%) had a crib. However, more than three quarters (78%) of infant sleep-related deaths occurred in a sleeping place other than a crib. The most common surface for an infant to be found on was an adult bed. Even with recommendations to place healthy babies on their backs for sleep, less than half (43%) of infants who died in sleep-related incidents in Dallas County were placed on their backs. The peak age for infants that die in sleep-related environments was 3 months of age. African American infants in Dallas County were 2.5 times more likely to die in sleep-related incidents than white infants and 5 times more likely than Hispanic infants.
Falls	According to the DFW Hospital Council, 69% of persons hospitalized for falls in 2015 were 65+ years of age. The total charges for hospitalizations for persons 65+ years was \$130,476,700.67 in 2015; the average charge was

	\$64,624.42. The primary payment source was Medicare/Medicaid (47%), followed by private insurance (31%). Twenty-two percent of fall-related hospitalizations for persons 65+ years was uninsured. In 2013, the fall-related death rate for persons 65+ years in Dallas County was higher than the rate for Texas (52.9 vs. 45.9, per 100,000 population, respectively), but lower than the US rate (56.9).
Workplace Injuries and Emergency Preparedness	Not applicable

#### 4. Data Sources

Dallas Safe Communities utilizes several data sources to identify injury and violence issues in Dallas.

##### Medical Examiner Data

Dallas Safe Communities and the IPC have established a good working relationship with the Southwestern Institute of Forensic Sciences, which is the Medical Examiner's Office (ME) for Dallas County. Since 1997, the ME's Office has allowed IPC staff to access and collect non-identified data on deaths due to unintentional injuries, homicides and suicides. The IPC collects information on age, sex, race, manner of death, method of death, cause of death, and limited narrative information. The IPC now has an ME database of injury deaths in Dallas County from 1997-2015. The IPC analyzes the data for trends in injury deaths. If a trend is identified, the IPC seeks agreements with other data sources to obtain and link additional data to determine epidemiologic patterns. The IPC develops reports that are utilized to identify Dallas Safe Communities priorities. These reports are included in Appendix G and are available online at

[http://www.injurypreventioncenter.org/reports\\_publications.php?resource\\_catid=16&parent\\_id=5](http://www.injurypreventioncenter.org/reports_publications.php?resource_catid=16&parent_id=5)

##### Dallas County Child Death Review Team

Founded in 1992, the Dallas County Child Death Review Team (CDRT) was the first local team to review child and adolescent fatalities in the state of Texas. The Dallas County CDRT was facilitated by the Dallas Children's Advocacy Center from 1992-2005. In keeping with its mission to create a safe community in which to live, work and play, the IPC began facilitating the CDRT in 2006. The purpose of a child death review team is to conduct a comprehensive, multidisciplinary review of child deaths 0-17 years of age. The goal is to: 1) provide accurate information on how and why Dallas County children are dying; 2) improve the response to child fatalities; and 3) reduce the number of preventable deaths. The multidisciplinary team consists of 30 members representing the Dallas Police Department, Child Protective Services, Southwestern Institute of Forensic Sciences, as well as local law enforcement agencies, schools, juvenile departments, courts, hospitals, epidemiologists, social service and public health agencies, and injury prevention programs. Each year, the team reviews over 400 deaths to children in Dallas County. The team provides data to the Texas Child Fatality Review Team and makes recommendations on ways to prevent deaths and improve the CDRT process. Dallas County CDRT reports are included in Appendix G and are available online at

[http://www.injurypreventioncenter.org/reports\\_publications.php?resource\\_catid=16&parent\\_id=5](http://www.injurypreventioncenter.org/reports_publications.php?resource_catid=16&parent_id=5)

##### Dallas County Intimate Partner Violence Fatality Review Team

The Dallas County Intimate Partner Violence Fatality Review Team (IPVFRT) was established on June 1, 2010 by a unanimous resolution from the Commissioners Court of Dallas County. It is in accordance with Chapter 672 of the Texas Health and Safety Code to conduct a system-wide review of adult intimate partner violence fatalities in Dallas County.

The IPVFRT consists of designated individuals and organizations that conduct reviews based upon the facts and circumstances of each case. Using a multi-disciplinary approach, the Review Team serves to promote cooperation, communication and coordination among agencies involved in responding to these deaths. In addition, it is the objective of the IPVFRT to collect data and disseminate information on findings in hopes that Dallas County can collectively work towards reducing future incidences of intimate partner violence deaths.

During the fall of 2015, the team released their first interim report on their findings from cases that occurred from 2009-2011. The interim report is included in Appendix G.

## **5. Project goals for 2011 – 2016**

1. Decrease deaths due to residential fires in high-risk neighborhoods in Dallas County
2. Screen all older patients for fall risks in the Rees-Jones Trauma Center at Parkland
3. Identify modifiable fall risk factors among older adults
4. Increase booster seat use among children 5-8 years of age in selected elementary schools in Dallas County
5. Identify Parkland Hospital patients at risk for suicide
6. Improve pedestrian safety conditions in areas of Dallas County with high pedestrian injuries or deaths

## **6. How will the data be used in the development of new strategies?**

The use of valid injury data is essential in understanding the extent of injuries and violence and is essential in making informed decisions regarding prevention priorities in a healthcare environment that imposes competing demands on resources. While Dallas Safe Communities uses data as a foundation for highlighting problems, determining priorities, and identifying solutions and prevention strategies, it is mostly collected and used for evaluating results. Dallas Safe Communities collects and uses data to conduct the following types of evaluation.

1. Formative evaluation, such as focus groups is used in gather information about the target population, so that interventions selected are appropriate.
2. Process evaluation helps to document the degree to which the intervention (program) was implemented as intended by assessing how much of the intervention was provided, to whom, when, and by whom.
3. Impact evaluation, such prevalence surveys and observational surveys, is utilized to assess short-term intervention efficacy or effectiveness in producing behavioral impact (e.g., car seat use) for a defined at-risk population.
4. Outcome evaluation is used to assess intervention efficacy or effectiveness in producing long-term changes in the incidence or prevalence of morbidity rates, mortality rates, or other health status indicators such as injuries among a defined at-risk population.

### III. EFFECTIVE STRATEGIES

#### Existing Programs

##### *Prevention of Residential Fire Deaths*

<b>Project Name</b>	<b>Project Goal</b>	<b>Project Description</b>	<b>Promising or Evidence-based? Sources</b>	<b>Target group (age, gender, ethnicity, vulnerable population)</b>	<b>Length of Project</b>	<b>Partners</b>
Operation Installation	To decrease deaths due to residential fires in Dallas County	Based on local data, census tracts with the highest per capita rates of house fire-related deaths and injuries were targeted for smoke alarm installations through a program called Operation Installation. It involves door-to-door smoke alarm installation, with teams of fire fighters, fire prevention personnel with DFRD, and volunteers from the Dallas area. Each team is accompanied by a fire engine or fire truck, going down each block of the census tract. Operation Installation has installed more than 35,000 smoke alarms, providing protection to more than 42,000 people since its inception.	This program was modeled after a successful program that was started in Oklahoma City in 1990. Mallonee, 1996	Census tracts with the highest per capita rates of house fire-related deaths and injuries in Dallas County	1999-present	Dallas Fire-Rescue, volunteers

Older Adult Fall Prevention

Project Name	Project Goal	Project Description	Promising or Evidence-based? Sources	Target group (age, gender, ethnicity, vulnerable population)	Length of Project	Partners
STEADI	1) To screen all older patients for falls in the Rees-Jones Trauma Center at Parkland, and 2) Identify modifiable fall risk factors	See below	Stopping Elderly Accidents, Deaths, & Injuries (STEADI), is an evidence-based toolkit developed by the Centers for Disease Control to assist healthcare providers who treat older adults at risk of falling or who may have fallen in the past. Information and recommendations within the toolkit are based on an algorithm adapted from the American and British Geriatric Societies' Clinical Practice Guidelines. STEADI identifies eleven interventions to integrate fall prevention into healthcare providers' clinical practice.	Patients presenting at the Rees –Jones Trauma Center at Parkland who are 65 years of age or greater	2014-present	Trauma surgeons, trauma advance practice providers, trauma nurse clinicians, geriatricians, physical/ occupational/speech therapists, pharmacists, and community health paramedics

**Project Description**

A multidisciplinary team was established to implement STEADI within the Rees-Johns Trauma Center at Parkland. Each element of “Integrating Fall Prevention into Practice” checklist was evaluated for implementation in care plans of older adults who sustained a fall injury. The STEADI initiative was modified for an acute care setting by creating a detailed mechanism of injury flowsheet within the patient’s electronic medical record to guide the healthcare providers through critical descriptors of the fall event and aid in identification of modifiable risk factors. Focus areas include the approximate fall height, fall location, description of the fall, surface type, and safety devices utilized at the time of the fall event. The patient’s gait, lower body strength and balance are evaluated. This was implemented with the assistance of the Physical Medicine & Rehabilitation services. A consult order is placed as a component of the initial admission orders. Evaluation by Physician Medicine is completed and recommendations are received and acted upon prior to the patient’s discharge from the hospital. A detailed physical exam is the cornerstone to the assessment and management of a patient by the Trauma Service. The primary and secondary physical assessments initiated upon the patient’s arrival are supplemented with a tertiary physical exam after admission to the hospital. These assessments are supplemented by that of Physical Medicine & Rehabilitation. In addition, each patient

receives evaluation by a mental health specialist for a mental health screen and screening brief intervention and referral to treatment (SBIRT) for alcohol/drugs. Should the patient suffer from postural hypotension, the cause is evaluated and addressed by the medical team. The Trauma Advance Practice Providers utilize the American Geriatrics Society Beers assessment to assist in medication review for the older adults. This guideline emphasizes de-prescribing and avoidance of specific medications for the older adult. Hospital pharmacists and geriatricians serve as an easy-access resource for complex situations or for a second opinion. The recommendation for at least 800 IU vitamin D supplementation was distributed to all providers to increase familiarity and understanding with practice management. Trauma Nurse Clinicians review the patients' medical record during case management for compliance. The services of an ophthalmologist are readily available to the Trauma Service staff. Should a patient have a deficit identified through their mechanism of injury review or through the primary/secondary/tertiary physical exams, a consult order is placed for evaluation prior to discharge from the hospital. When addressing the needs of an older adult who sustained injuries, the mechanism of injury documentation completed upon the patient's arrival is reviewed for potential areas of education. Trauma surgeons, advance practice providers, and trauma nurse clinicians round on these patients daily to address their medical needs, but also to offer education regarding modifiable risk factors and provide solutions to prevent recidivism. Brochure type information is available for patients and family members. Should the patient be discharged home from the hospital, the patient is referred to a community paramedic program for follow up regarding compliance with medical therapies, medication review, and a home assessment checklist. Necessary community referrals are given for modifications as identified by the community paramedic. This information is returned to the Trauma Service and the patient's medical record. A community resources list is available to be distributed to patients and families by medical staff. Outpatient therapies can be prescribed once the patient is discharged from the hospital.

*Child Passenger Safety/Booster Seat*

<b>Project Name</b>	<b>Project Goal</b>	<b>Project Description</b>	<b>Promising or Evidence-based? Sources</b>	<b>Target group (age, gender, ethnicity, vulnerable population)</b>	<b>Length of Project</b>	<b>Partners</b>
Give Kids a Boost	To increase booster seat use among children 5-8 years of age in selected elementary schools in Dallas County	The Give Kids a Boost project intervention phase of the project includes: 1) train-the-trainer sessions with teachers and parent leaders; 2) parent presentations 3) tailored communication to parents; 4) distribution of child passenger safety fact sheets; 5) information about car seat inspection stations, and 6) enforcement of the Texas child passenger safety law.	The Give Kids a Boost project was developed and implemented utilizing the results from focus groups and recommendations from the National Highway Traffic Safety Administration (NHTSA) on effective strategies to improve child occupant restraint use. To ensure the project is culturally-competent, community-integrated, and sustainable, the project includes training teachers, parents, safety advocates and community leaders as booster seat educators, using the train-the-trainer model.	Elementary school personnel,	2011-present	Elementary schools, AVANCE, El Concilio, PTA, police departments



Child Passenger Safety Policy

Project Name	Project Goal	Project Description	Promising or Evidence-based? Sources	Target group (age, gender, ethnicity, vulnerable population)	Length of Project	Partners
Hospital Child Passenger Safety Policy	To develop standardized child passenger safety policies for hospital discharge	Children's Health Dallas organized a policy work group of 9 Dallas/Fort Worth area hospitals to review the American Academy of Pediatrics hospital discharge recommendations for child passenger safety. All child passenger safety discharge policies of the work group were reviewed, as well as policies from hospitals in Arizona and Indiana. Hospital policies were reviewed for a) general discharge; b) angle tolerance; and c) special needs.	American Academy of Pediatrics hospital discharge recommendations; North Texas data from fitting stations was used to better understand the needs of the communities served; outcome data is collected across member hospitals.	Hospital staff at participating work group hospitals, caregivers of children under the age of 9 who are within the hospital systems	2014-present	Children's Health, Children's Medical Center- Dallas; Parkland Health & Hospital System; Cook Children's – Ft. Worth; Medical City; Methodist – Dallas; Baylor Scott & White – Dallas; John Peter Smith (JPS)- Fort Worth; Centennial Medical Center; Scottish Rite

Suicide Prevention

Project Name	Project Goal	Project Description	Promising or Evidence-based? Sources	Target group (age, gender, ethnicity, vulnerable population)	Length of Project	Partners
Suicide prevention screening	To identify Parkland patients at risk for suicide	All Parkland ER and inpatients, correctional facilities, community-oriented clinics and outpatient clinics are screened for suicide risk using validated screening tools. The screening is integrated into the Electronic Health Record (EHR): a front-end user friendly screening process that results in accurate/thorough documentation and appropriate clinical responses. If "No risk is identified," the screening is completed and documented in the chart. If "Moderate Risk is identified," a focused psychosocial evaluation is completed and a safety plan developed. An after visit summary is completed with resources. If the patient is identified as "High Risk," a 1:1 sitter is initiated with suicide precautions, Psychiatry/Psychology is consulted, and resources are provided.	Screening instruments: Columbia-Suicide Severity Rating Scale, Screen Version – Recent (patients >18 years old) & Ask Suicide-Screening Questions (patients 12-17 years old)	Parkland ER patients, inpatients, clients at COPCs, outpatient clinics and correctional health	2015-present	UT Southwestern

Pedestrian Safety

Project Name	Project Goal	Project Description	Promising or Evidence-based? Sources	Target group (age, gender, ethnicity, vulnerable population)	Length of Project	Partners
PHOTOVOICE	To improve pedestrian safety conditions in areas of Dallas County with high pedestrian injuries or deaths	The IPC has used PHOTOVOICE methodology to conduct a pedestrian safety project in the Vickery Meadow area of Dallas. The PHOTOVOICE project teaches individuals how to tell a story through photographs and use those photographs to facilitate pedestrian safety improvements in the community. After being trained in issues affecting pedestrian safety, the PHOTOVOICE participants work with Dallas area photographers to learn basic photography skills. Then the participants put their newly-acquired skills to use by taking photographs during field trips around the Vickery Meadow area that depict potentially hazardous conditions. The students present their photos at a final reception for city/county officials. In 2016, the project was expanded to include students in the Community Health Worker program at El Centro Community College in Dallas.	The PHOTOVOICE methodology was developed by Caroline C. Wang at the University of Michigan and Mary Ann Burriss with the Ford Foundation in 1992 as a way to empower marginalized individuals to be potential catalysts of change and to influence policies and programs affecting their community.	City officials, students in local secondary schools and community colleges	2011-present	Vickery Meadow Youth Development Foundation, Eagle Scholars program, local photographers, SMU, Parkland Community Relations, El Centro Community College

## Planned Programs for 2016 – 2021

### Disaster Preparedness

Project Name	Project Goal	Project Description	Promising or Evidence-based? Sources	Target group (age, gender, ethnicity, vulnerable population)	Length of Project	Partners
Stop the Bleed	To increase the number of persons/bystanders trained in stopping blood loss during disasters	In 2015, the Obama Administration launched the “Stop the Bleed” campaign during an event at the White House, to provide bystanders of emergency situations with the tools and knowledge to stop life threatening bleeding. Working with the private sector and nonprofit organizations, the “Stop the Bleed” campaign will put knowledge gained by first responders and our military, into the hands of the public to help save lives. Uncontrolled bleeding injuries can result from natural and manmade disasters and from everyday accidents. If this bleeding is severe, it can kill within minutes, potentially before trained responders can arrive. Providing bystanders with basic tools and information on the simple steps they can take in an emergency situation to stop life threatening bleeding can	U.S. Department of Homeland Security	Bystanders, immediate responders	2016-	North Central Texas Trauma Regional Advisory Council

		save lives. Research has shown that bystanders, with little or no medical training, can become heroic lifesavers. Similar to the use of CPR or automatic defibrillators, improving public awareness about how to stop severe bleeding and expanding personal and public access to Bleeding Control Kits can be the difference between life and death for an injured person.				
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*Older Adult Fall Prevention*

<b>Project Name</b>	<b>Project Goal</b>	<b>Project Description</b>	<b>Promising or Evidence-based? Sources</b>	<b>Target group (age, gender, ethnicity, vulnerable population)</b>	<b>Length of Project</b>	<b>Partners</b>
Tai Chi	To improve coordination/balance among persons 65+ years of age	Parkland Hospital and the Diabetes Health & Wellness Institute (DHWI) at Baylor Scott & White are developing a Memorandum of Understanding to offer tai chi classes at DHWI facilities for Parkland clients. The Injury Prevention Center provided funds to train 2 DHWI staff to become tai chi instructors. DHWI will offer at least one 1 hour tai chi class per week.	Evidence-based Fuzhong et. al, 2005; Wolf et. al, 1996; Suzuki et. al, 2004; Voukelatos et. al, 2006 CDC	Persons 65+ years of age	2016-	Baylor Scott & White, Diabetes Health & Wellness Institute, Parkland Geriatrics, Dallas Parks and Recreation

Child Maltreatment Prevention

Project Name	Project Goal	Project Description	Promising or Evidence-based? Sources	Target group (age, gender, ethnicity, vulnerable population)	Length of Project	Partners
Period of Purple Crying	To help parents of newborns understand about an infant developmental stage from 2 weeks to 3-4 months when infants cry.	<p>The Injury Prevention Center of Greater Dallas (IPC) will work with the Women's and Infants Specialty Health (WISH) department at Parkland Memorial Hospital to implement the <i>Period of Purple Crying</i> program as part of the Dallas County HOPES wide-spread community awareness campaign. The <i>PURPLE</i> program will be provided to each mother/caregiver of a newborn born at the hospital that is discharged within 72 hours of birth. The <i>PURPLE</i> program is designed to help parents of new babies understand a developmental stage that is associated with a normal crying curve. It provides education on the normal crying curve and the dangers of shaking a baby.</p> <p>Infant crying has been determined to be a risk factor for abusive head trauma (shaken baby syndrome). Research has shown that use of the <i>PURPLE</i> education</p>	Barr (2006); Barr (2012); Lee, Barr, Catherine, & Wicks, (2007); California Evidence-Based Clearinghouse for Child Welfare	Mothers/caregivers of a newborn born at Parkland Hospital	2016-	Parkland Women and Infants Specialty Health, United Way, Episcopal Church of St. Thomas the Apostle, Parkland Community-Oriented Primary Care Clinics

		<p>materials lead to higher scores in knowledge about early infant crying and the dangers of shaking, and in sharing of information behaviors considered to be important for the prevention of shaking.</p> <p>The IPC will facilitate the implementation of the <i>PURPLE</i> program using a very specific protocol. Each family of a newborn will be required to receive the program materials, which include a 10 minute DVD and an 11 page booklet. The <i>PURPLE</i> program will be delivered to parents and caregivers by health professionals who are trained to deliver the program and answer the parents' questions.</p> <p>The program will be delivered in a "two dose" exposure. Dose One, which includes dissemination of the DVD and booklet, will be delivered by a trained WISH nurse or educator to parents/caregivers of newly born infants at Parkland Memorial Hospital, prior to discharge. This will occur within 72 hours of the</p>				
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		<p>birth of the newborn. Parkland Memorial Hospital delivers approximately 10,000 newborns annually.</p> <p>Dose Two reinforces important messages of the program, such as, “babies can still be healthy and normal even if they cry five hours per day” and “the crying will come to an end.” Dose Two will be delivered to parents/caregivers during well-baby visits through Parkland’s Community Oriented Primary Care (COPC) clinics, generally occurring within the first three months following the baby’s birth. Dose Two will be used to reinforce the messages the family received during Dose One.</p>				
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Distracted Driving Prevention

Project Name	Project Goal	Project Description	Promising or Evidence-based? Sources	Target group (age, gender, ethnicity, vulnerable population)	Length of Project	Partners
#ArriveAlive	To implement a culturally-competent, community-based project aimed at decreasing distracted driving behaviors, with an emphasis on reducing cell phone use (texting, emails, phone calls, etc.) while driving.	This goal will be accomplished by training 500 teenage drivers, parents of teenage drivers, and young adult drivers in safe driving behaviors and the dangers of distracted driving.	<b>Promising</b> Materials from the Governors Highway Safety Association, the CDC, and the Children's Hospital of Philadelphia (CHOP), as well as NHTSA's <i>Countermeasures that Work</i> , were reviewed.	The project is aimed at teens/young adults due to their elevated risk of driving while distracted. The project also targets parents because research shows that they significantly influence their teen's driving behaviors.	2016-	Rees-Jones Trauma Center at Parkland, Dallas area churches and high schools

## IV. EVALUATION METHODS

Following are the evaluation descriptions and results for Dallas Safe Communities existing programs.

Activities	Outcomes	Length	Indicators	Methods	Results
Operation Installation	Reduce residential fire death rates in project homes	Long-term	Reduction in residential fire death rates	IPC/DFR linked database for residential fires in Dallas County	Outcome – 74% reduction in the rate of deaths and injuries in program houses overall RE-AIM -- <u>Reach</u> : 26.5% <u>Efficacy</u> : 68% overall; 90% for the first 6 years <u>Adoption/Implementation</u> : DFRD continued to implement the program with good fidelity throughout the 10-year period, increasing the average number of smoke alarms installed per house from 1.4 in 2000 to 3.0 in 2011 <u>Maintenance</u> : At the setting level, the number of canvassing sessions conducted per year doubled from 5 in 2000 to 10 sessions in 2011, while the number of census tracts canvassed varied by year. At the individual level, 91.8% of smoke alarms installed during the program were still installed and working 2 years following the original installation, but only 20% were still installed and working after 10 years.
STEADI	Reduce fall rate and length of stay for older adults	Short-term	Decrease in length of stay; increase in patients being discharged home; decrease in readmissions for fall injuries	Parkland trauma registry data	Data was collected prospectively evaluating implementation of STEADI in the trauma department. Patients hospitalized prior to implementation of the STEADI program served as comparison group. During the study period, 2784 patients were admitted to Parkland Trauma Center. 10% (n=266) were 65 years of age or greater. Among this group, 62% (n=165) sustained injuries after a fall. Pre- and post-STEADI implementation groups were similar with respect to age and injury severity score. Prior to STEADI implementation, median length of stay was 7.9 days with 46.8% of the patients discharged home. After STEADI implementation, median length of stay decreased to 6.5 days (p<.01)


Suicide prevention screening	<ol style="list-style-type: none"> <li>1) Increase number of patients screened for suicide ideation;</li> <li>2) Increase follow-up services for patients at risk for suicide ideation;</li> <li>3) Decrease suicide deaths</li> </ol>	Short-term Long-term	Number of patients screened for suicide ideation; number of high risk patients receiving follow-up services; suicide death rate	Parkland Electronic Medical Records data; Medical Examiner data	During the first year of the project, 219,000 patients screened in the ED and Inpatient units (~18,000/month) 230,000 patients screened in the COPCs (~27,000/month) and Correctional Health (~5,500/month) ED/Inpatient: No risk = 93.8%, Moderate risk = 4%, High risk = 2% COPCs: No risk = 97.7%, Moderate risk = 0.16%, High risk = 0.18%
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Activities	Outcomes	Length	Indicators	Methods	Results
PHOTOVOICE	Increase in evidence-informed strategies to improve pedestrian safety	Short-term, long-term	Changes in environmental conditions, policies	Observational surveys, audits	The PHOTOVOICE evaluation is in process. A description of the evaluation plan is provided in Appendix H. As a result of the PHOTOVOICE project, City Council member, Jennifer Gates requested an audit of the Vickery Meadow area by the Federal Highway Administration (FHWA), which was conducted in 2015 (Appendix I).

Activities	Outcomes	Length	Indicators	Methods	Results
Give Kids a Boost	Increase booster seat use among children 4-8 years of age	Short-term	Increase in booster seat use	Observational surveys	In the target schools, booster seat use for children 4-7 years of age increased an average of 20.9 percentage points between P <sub>0</sub> and P <sub>1</sub> (P <sub>0</sub> =4.8%, P <sub>1</sub> =25.7%; O.R.=6.9, 95% CI 5.5 to 8.7; P<.001). In three of the four years, booster seat use remained at a high level at the P <sub>2</sub> time period (P <sub>2</sub> =31.5%). Comparison schools (n=14) experienced no significant change in booster seat use (P <sub>0</sub> =4.7%, P <sub>1</sub> =4.9%; O.R.=1.0, 95% CI 0.8 to 1.3; P=0.4) (P <sub>2</sub> =5.9%). Multivariable modeling adjusted for age, race/ethnicity, gender, vehicle type, and clustering by site, number of children in the vehicle, and date of observation. It showed that children at the target schools were significantly more likely to be properly restrained in a booster seat after the intervention (O.R.=2.7; 95% CI 2.2 to 3.3) compared to P <sub>0</sub> and compared to the comparison schools.

Activities	Outcomes	Length	Indicators	Methods	Results
Hospital child passenger safety policy	Development of policies on hospital discharge for children and/or an increase of activities, trainings, staff, car seat distribution.	Short-term, long-term	Changes or adoption of hospital policies among participating hospitals	Key informant interviews; EMR data	Evaluation data collection is in process. Results below are preliminary.

	Pre Workgroup	Post (new activities)
Hospital 1	<ul style="list-style-type: none"> <li>- Systematic observation during discharge of newborns (4% without seats)</li> <li>- Education of staff</li> <li>- Angle tolerance policy</li> </ul>	<ul style="list-style-type: none"> <li>- 1% newborns without seats</li> <li>- Development of flowchart on car seat resources</li> <li>- Children are asked about car seats in EMR</li> </ul>
Hospital 2	<ul style="list-style-type: none"> <li>- Angle tolerance policy</li> </ul>	<ul style="list-style-type: none"> <li>- Handout for parents</li> <li>- Staff training on angle tolerance</li> <li>- New parent classes/seat distribution (130 per month)</li> <li>- Increase in CPSTs</li> </ul>
Hospital 3	<ul style="list-style-type: none"> <li>- Consults for special needs and CPS education</li> <li>- Car seat fitting station / seat distribution</li> </ul>	<ul style="list-style-type: none"> <li>- Instituted both policies</li> <li>- Scripting for staff (AAP)</li> <li>- Increased consults + special needs (20%)</li> <li>- Unified effort of CPSTs</li> </ul>
Hospital 4	<ul style="list-style-type: none"> <li>- Consults for special needs / seat distribution</li> </ul>	<ul style="list-style-type: none"> <li>- Formed a car seat task force</li> <li>- 5 CPSTs</li> <li>- Adding CPST training to job roles</li> <li>- Handout for parents</li> </ul>
Hospital 5	<ul style="list-style-type: none"> <li>- Consults for special needs and CPS education</li> <li>- Car seat fitting station / seat distribution</li> </ul>	<ul style="list-style-type: none"> <li>- Instituted both policies</li> <li>- Scripting for staff (AAP)</li> <li>- Increased consults + special needs (70%)</li> <li>- Unified effort of CPSTs</li> <li>- Education in patient discharge paperwork</li> </ul>



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## SECTION 4: COMMUNITY INVENTORY OF SAFETY AND INJURY INITIATIVES

Name of Initiative	Target group
Stop the Bleed (Emergency Preparedness)	Immediate responders in Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise counties
Dallas Police Department Lethality Assessment (Domestic Violence)	Domestic violence callers to Dallas Police Department
Dallas County Gun Confiscation Policy (Domestic Violence)	Dallas County domestic violence perpetrators
Health & Wellness Alliance for Children (Child Health)	Children in Dallas and Collin Counties
Child Passenger Safety Technician Certification Training (Child Passenger Safety)	Individuals from hospitals, police departments, fire departments, Texas Department of Transportation
A Matter of Balance (Older Adult Fall Prevention)	Person 65+ years of age in the North Central Texas Area Agency on Aging service area
University of Texas at Dallas Occupational Safety & Industrial Hygiene Department (Workplace safety)	Employers

*Additional information on programs/initiatives is provided below.*

### Stop the Bleed

At a meeting in Hartford, CT, the Joint Committee to Create a National Policy to Enhance Survivability from Intentional Mass-Casualty and Active Shooter Events developed the Hartford Consensus III, which outlines implementation of strategies for effective hemorrhage control. This report was presented at a White House roundtable forum, which included representatives from 35 medical and surgical, nursing, law enforcement, fire, emergency medical services (EMS), and other stakeholder organizations.

Alexander L. Eastman, MD, MPH, Medical Director and Chief of the Rees-Jones Trauma Center at Parkland and Assistant Professor of Surgery at The University of Texas Southwestern Medical Center, is a nationally-recognized expert on this topic having written policy for the U.S. Department of Justice and the Hartford Consensus on survivability during a mass casualty shooting event. Dr. Eastman is also a Lieutenant on the Dallas Police Department's Special Weapons and Tactics (SWAT) squad and chairs the Dallas Safe Communities Advisory Council.

Enhancing public resilience to intentional mass-casualty events has been identified as a priority for domestic preparedness. Opportunities exist to improve the control of external hemorrhage in the civilian sector. These opportunities exist in the form of interventions that should be performed by bystanders known as immediate responders and professional first responders, such as law enforcement officers, emergency medical technicians (EMTs), paramedics, and firefighters (EMS/fire/rescue), at the scene of the incident.

The overarching principle of the Hartford Consensus is that in intentional mass-casualty and active shooter events, no one should die from uncontrolled bleeding. The Hartford Consensus calls for a seamless, integrated response system that includes the public, law enforcement, EMS/fire/rescue, and definitive care to employ the THREAT response in a comprehensive and expeditious manner.

One goal of the Hartford Consensus III is to empower the public to provide emergency care. During intentional mass-casualty events, those present at the point of wounding have often proven invaluable in responding to the initial hemorrhage control needs of the wounded. Traditionally thought of as "bystanders," these immediate responders should not be considered passive observers and can provide effective lifesaving first-line treatment.

Immediate responders contribute to a victim's survival by performing critical external hemorrhage control at the point of wounding and prior to the arrival of traditional first responders. Immediate responders contribute to what is the critical step in eliminating preventable pre-hospital death: the control of external hemorrhage.

The North Central Texas Trauma Regional Advisory Council (NCTTRAC) is sponsoring Stop the Bleed training in North Texas. The regional advisory council is an organization designed to facilitate the development, implementation, and operation of a comprehensive trauma care system based on accepted standards of care to decrease morbidity and mortality. The Trauma Service Area (TSA-E) for the NCTTRAC is comprised of the following counties: Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise.

Additionally, the Rees-Jones Trauma Center at Parkland is conducting Stop the Bleed training sessions to educate Parkland staff and the public about the appropriate actions as immediate responders in these situations.

## **Lethality assessment**

The Dallas Police Department (DPD) responds to approximately 13,000 domestic violence calls each year. In 2014, DPD implemented a Lethality Assessment questionnaire, which is administered during those calls. Under the “lethality assessment” program, officers responding to domestic violence calls ask abuse victims 11 yes-or-no questions designed to determine which victims are most at risk. If a victim answers “yes” to crucial questions — for example, whether she’s been threatened with a weapon — police call a domestic violence hotline to provide immediate help. Six months into the program, police administered nearly 5,000 questionnaires. Slightly more than 40 percent of victims say they fear that their abuser might kill them or their children. A third say their abuser has access to a gun. And two-thirds say their partner is jealous and controlling.

Police have added other questions to better analyze abuse cases. Officers now note the sex of both the victim and the suspect, whether alcohol or drugs were involved, whether the suspect was taken into custody and whether the victim was taken to a hospital.

The lethality assessment originated in Maryland, where it’s used by nearly every law enforcement agency. The number of intimate-partner homicides in that state has dropped by more than 40 percent over a five-year period. During the first six months of the program, about 40 percent of victims agreed to speak with a counselor over the phone while officers were on the scene.

## **Dallas County Gun Confiscation Policy**

In 2015, Dallas County Officials began confiscating guns from certain domestic batterers with the launch of a new program that requires them to turn in their weapons at a local gun range. The program is the most comprehensive effort in Texas to take guns away from abusers and one of the only firearm-surrender strategies in the country to rely on private storage.

Nationally and in Texas, about 60 percent of intimate-partner homicides are committed with a gun. One study also found that access to a gun increases by five times a woman’s chance of being killed by an intimate partner, even when controlling for severity of abuse.

The DFW Gun Range agreed to lease the county space to store the weapons. The gun range stores the firearms until they can be returned to the owner, such as when a protective order expires, which is generally after two years in Texas.

The program applies to convicted abusers, subjects of permanent protective orders and those seeking bond or probation on a family violence crime. They have two options for surrendering their firearms: Turn them in at the gun range or give them to an eligible third party.

If they fail to give up their guns by a court-ordered deadline, they risk being arrested or being held in contempt of court.

## **Health & Wellness Alliance for Children**

The Health and Wellness Alliance for Children was established by Children's Health of Dallas and represents a coalition of community-based organizations with the single purpose of improving the health and well-being of children in Dallas and Collin counties. The Alliance has a plan and a 20-year vision where children arrive at healthy and thriving at young adulthood. The Alliance is focusing on specific issues with evidence-based strategies to measurably improve the health and well-being of children.

Shelli Stephens-Stidham, Director of the Injury Prevention Centre of Greater Dallas and co-lead for Dallas Safe Communities is a member of the Alliance, which is helping to change factors inside and outside of the hospital setting that play a role in the poor health of our children. Using the Collective Impact model, the Alliance leverages data to identify the most pressing social, emotional and environmental issues negatively affecting children. The goal is to create new models of healthcare that similar coalitions throughout the U.S. can apply to their community's children.

The Alliance brings community partners together to address social and economic factors that affect children's health. The Alliance is improving community health by influencing things upstream from the healthcare setting, such as:

1. Availability and choices of safe housing
2. Social networks and support systems
3. Nutritious food
4. Quality clinical care
5. Cultural influences
6. Physical environments of homes, schools and neighborhoods

## **Child Passenger Safety Technician Certification Training**

Since 2009, the IPC has conducted the National CPS Certification Training Program 12 times, trained 168 technicians, and mentored 8 instructor candidates. Technician candidates who take the certification program with the IPC have a 93% passing rate. The IPC partners with 10 other local instructors who help teach the certification program, including representatives from Safe Kids Dallas, Safe Kids Tarrant County, Texas Department of Public Safety, Irving Police Department, Flower Mound Police Department, Lavon Police Department, and Tenet Health, to conduct the National CPS Certification Training Program two times per year. The program combines classroom instruction, hands-on work with car seats and vehicles, and a community car seat checkup event. Individuals must recertify during the 2-year period. One of the requirements to recertify is to obtain 6 hours of CPS Continuing Education Units (CEUs). The IPC and partners conduct at least one 6-hour CEU class each year. The IPC has implemented a technician retention strategy and regularly sends emails and newsletters to current technicians to inform them of CPS opportunities and updates. The IPC has also created a database of trained technicians and instructors, which is updated after each certification course.

## **University of Texas at Dallas Occupational Safety & Industrial Hygiene**

The department of Environmental Health and Safety at the University of Texas at Dallas promotes programs and services designed to prevent accidents and injuries on the job and as a general procedure around campus. The department works proactively with employees to reduce occupational injuries and illnesses in the workplace by providing consultation, training and inspections on improving the safety culture on the campus by:

- Conducting workplace inspections and safety audits for offices and observed work.
- Consultation of unsafe construction projects and equipment.
- Response to worker incidents about safe procedures during work hours.



- Conducting accident investigations where the need for increased training can benefit all involved.
- Holding necessary specific training that targets hazards like: fire extinguisher training, fall protection, ladder safety, and arc safety awareness.

The Industrial Hygiene program focuses on anticipating, recognizing, evaluating, and controlling potential health and safety hazards; and environmental factors that may affect the health, comfort, or productivity of the campus community. Industrial Hygiene also emphasizes identifying general safety hazards, and correcting of the factors that contribute to accidents and injuries.

### **Matter of Balance**

The North Central Texas Area Agency on Aging offers eight-week class series for A Matter of Balance. The classes are designed to help participants reduce their risk of falling.



# Dallas Safe Communities Executive Advisory Council

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Injury  
Prevention  
Center of  
Greater  
Dallas

**Dallas Safe Communities  
Executive Advisory Council**

**Standing Coalitions/Committees**

**Ad Hoc Committees/Workgroups  
(Established on an as needed basis)**

Family Violence  
Prevention Council

Child Abuse Prevention Coalition

Citizens for Traffic Safety Coalition

Residential Fire Prevention (example)

Drug Overdose Prevention (example)

Child Drowning Prevention (example)

Older Adult Fall Prevention (example)



July 21, 2016

Carrie Nie, MPH  
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Itasca, IL 60143

Dear Ms. Nie:

As President and Chief Executive Officer of Parkland Health & Hospital, it is my privilege to support Dallas' effort to be re-designated as a Safe Communities America international Safe Community. As the first U.S. city to receive this designation and first urban city worldwide, Dallas has led the effort to utilize the Safe Communities approach in implementing and evaluating strategies to prevent injuries and violence in our city.

The Safe Communities initiative in Dallas is championed by the Injury Prevention Center of Greater Dallas (IPC) and the Rees-Jones Trauma Center at Parkland. Since Dallas' initial Safe Communities designation in 1996, the IPC has used the Safe Communities approach for working in communities to engage residents in injury prevention. Dallas and Parkland Health & Hospital System are committed to working collaboratively and strategically to move injury and violence prevention policies and approaches forward and influence positive changes in Dallas.

I am pleased to add my support to have Dallas re-designated as an international Safe Community. We are committed to creating a safe and healthy Dallas, where all of our residents can live to their full potential.

Sincerely,

A handwritten signature in blue ink that reads "Cerise".

Frederick P. Cerise, MD, MPH.  
President & Chief Executive Officer  
Parkland Health & Hospital System

Parkland Health & Hospital System  
5201 Harry Hines Blvd. | Dallas, TX 75235  
214.590.8000 | fax 214.590.8096  
parklandhospital.com



**JENNIFER S. GATES**  
Councilmember  
District 13

July 22, 2016

Carrie Nie, MPH  
Safe Communities America  
National Safety Council  
1121 Spring Lake Drive  
Itasca, IL 60143

Dear Ms. Nie:

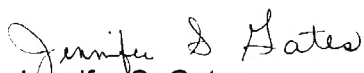
As lifelong Dallasite and active leader in the Dallas community for decades, I am writing to support Dallas Safe Communities application to be re-designated as a member of the Safe Communities America and Pan Pacific Safe Communities Network. Dallas was the first U.S. city to receive this designation and first urban city worldwide to be designated.

I am committed to keeping our community safe. As chair for the Domestic Violence Taskforce, we are helping to bridge communication between the Dallas Police Department, the District Attorney's office, judges, and community partners. This collaboration aims to strengthen the forces that are fighting to end domestic violence in Dallas.

The Injury Prevention Center of Greater Dallas at Parkland Hospital has led the effort to utilize the Safe Communities approach in implementing and evaluating strategies to prevent injuries and violence in our city. I have supported many of the Safe Communities efforts to keep Dallas safe, including the PHOTOVOICE pedestrian safety project in Vickery Meadow.

I am pleased to add my support to have Dallas re-designated as an international Safe Community. We are committed to creating a safe and healthy Dallas, where all of our residents can live to their full potential.

Sincerely,

  
Jennifer S. Gates

Council Member – District 13

OFFICE OF THE MAYOR & CITY COUNCIL  
1500 MARILLA ST. DALLAS, TEXAS 75201  
TELEPHONE 214-670-3816 FAX 214-670-5115

# Citizens for Traffic Safety Coalition

## Minutes

Tuesday, January 19, 2016 at 10:00 AM

### Participants:

**Rebecca Cantu-Aguilar**, MADD; **Courtney Edwards**, Parkland Trauma; **Vidya Ayyr and Catherine Leshner**, Parkland Community Relations; **Scott Evans**, Dallas County Sheriff's Office; **Bob Digman and Steve Swanberg**, North Texas Tollway Authority (NTTA); **Kevin Kokes, Kevin Kroll, and Jeremy Williams**, North Central Texas Council of Governments (NCTCOG); **Patricia Gaffney**, Texas Teen Safe Driving Coalition (National Safety Council); **Helmut Wolff**, Chair Emeritus; **Elisa Hernández**, Parkland Government Relations; **Nicole Bumford and Marissa Rodriguez**, Children's Health – Injury Prevention; **Mary McCoy, Jimma Njoku, Shelli Stephens-Stidham, and Merissa Yellman**, Injury Prevention Center of Greater Dallas (IPCGD)

### Discussion:

#### **Presentation → Regional Bicycle and Pedestrian Crash Locations and Density (2010-2014)**

Kevin Kokes with the North Central Texas Council of Governments (NCTCOG) presented about regional pedestrian and bicycle crash data from 2010-2014 (source: TxDOT CRIS data). Highlights:

- Pedestrian and bicycle crashes in Dallas County: 263 fatalities and 4,059 non-fatal injuries
- Used geocoding to create GIS maps of crash locations, crash density, and fatality locations for the four core counties (Dallas, Tarrant, Collin, and Denton).
- Maps are available at the following website:  
<http://www.nctcog.org/trans/sustdev/bikeped/BikePedCrashInfo.asp>
  - To view interactive maps (2009-2013 data), you will need to download Google Earth. This gives you the ability to zoom in on any particular geographical area of interest.
- Roughly 60%-70% of pedestrian fatalities occurred on highways.
- Although environmental improvements are the most effective way to prevent pedestrian/bicyclist deaths and injuries, behavior change can also make a difference. In more than 50% of pedestrian incidents, the pedestrians were documented by law enforcement as exhibiting "risky behaviors." This led to the creation of the Look Out Texans program.

#### **Presentation → Look Out Texans – A Regional Bicycle and Pedestrian Safety Education Campaign:**

Jeremy Williams with the North Central Texas Council of Governments (NCTCOG) presented about the new Look Out Texans program through the NCTCOG. Highlights:

- Dallas and Ft. Worth continue to be FHWA-designated Bicycle/Pedestrian Safety Focus Cities.
- Overall goal: Inform, encourage, and educate people of various ages, races, and backgrounds about the benefits of multi-modal transportation and promote a culture of safety around active transportation in the region.
- Targets pedestrians, bicyclists, and motorists, providing them with tips about how to share the roadways safely and urging them to watch out for each other.
- Timeline: Fall 2015 – Campaign launched; Spring 2016 – Spring Community Outreach; Fall 2016 – Back to School Focus
- Specialized messaging was created to target school-age children, university students, and Hispanic populations.
- Created advertisements, which include safety tips and volunteer photos. Twenty-one safety tips were created (7 for each type of road user). Volunteer photos were taken to personalize the advertisements and to show portraits of real North Texans.
  - Types of advertisements – print, digital, on transit, billboards, and digital billboards

- NCTCOG has used low-cost messaging and community partners to disseminate their advertisements. The messaging is not proprietary – It is permissible to promote or spread the messaging through other websites or Social Media pages.
- An educational school kit is being developed based on results from teacher focus groups.
- For more information, including upcoming outreach activities, visit [LookOutTexans.org](http://LookOutTexans.org).
- Coalition ideas relating to the campaign:
  - Signage in high-risk neighborhoods
  - Target big event venues. Examples: American Airlines Center
  - Target big events, such as marathons/walks, Earth Day, etc.
  - Potentially recruit volunteers to actively engage pedestrians in high-risk areas during high times of pedestrian activity.

#### **“Be Alert, Don’t Get Hurt” – A Pedestrian Safety Campaign on an Urban, Academic Campus**

Because this campaign shares many similarities with the Look Out Texans program, it was not discussed in detail. A brief report from the Johns Hopkins Center for Injury Research and Policy will be included with the minutes.

#### **Results → Citizens for Traffic Safety Strategic Planning and Membership Survey**

Merissa Yellman with the Injury Prevention Center of Greater Dallas (IPCGD) discussed the results of the survey, which was open for responses from 10/20/15 to 11/06/15. Ten respondents answered 9 questions. Highlights:

- The current meeting dates and times are convenient for most respondents.
- Top three areas/topics of interest:
  - Policy/Legislative issues related to traffic safety – 8 responses
  - Distracted Driving – 6 responses
  - Child Passenger Safety – 4 responses
- What value does CTS add? / What do you like about CTS?
  - Members share a passion for traffic safety issues and enjoy discussing them.
  - Great networking opportunity
  - Helps to coordinate with other traffic safety efforts - prevents the duplication of efforts.
- Suggestions:
  - Be more involved with advocacy and policy issues.
  - Be more pro-active. Undertake safety projects and involve all CTS members.

#### **Texas Teen Safe Driving Coalition Update:**

Patricia Gaffney with the Texas Teen Safe Driving Coalition provided a summary of the coalition and coalition updates. Highlights:

- On 11/18/15, the coalition held an in-person meeting in Austin, TX. Thirty-eight people attended, including several teenagers (which is a first for the coalition).
- Membership is open, and anyone who agrees to promote Graduated Driver Licensing (GDL) can be a member.
- 3 Initiatives (through 06/30/16): Awareness, Parent Initiative, and Teen Initiative
  - Awareness Example – Sticker campaign through local fast-food restaurants in March
  - Website for teens: <http://teensafedriving.org>

#### **Next Steps – Planning for Future Initiatives and Discussion of Potential Projects:**

Coalition members discussed ways in which they can collaborate with the NCTCOG to support and promote the Look Out Texans pedestrian safety education campaign. Coalition members also discussed

strategically targeting pedestrian and bicyclist interventions in areas/neighborhoods with high crash densities, as identified by the NCTCOG through their GIS mapping of CRIS data.

**Legislative/Policy Updates:**

There are no current bills, as the Texas legislative session will not begin until 2017. Elisa Hernandez (Parkland Government Relations) will continue to provide updates.

**Other Updates:**

- Rebecca Cantu-Aguilar from MADD mentioned that MADD has created a petition to move Ethan Couch from juvenile court to adult court. It is available on their website.
- The Injury Prevention Committee of the Governor’s EMS and Trauma Advisory Council (GETAC) is conducting an extensive literature review to create evidence-based fact sheets. Each fact sheet will focus on one injury prevention topic. Intervention strategies for each topic will be categorized into three groups: those that are proven to be effective, those that are promising, and those that are ineffective/harmful.
  - First topic – Distracted Driving
  - Will share results with CTS when completed.

**Next meeting: April 19, 2016 at 10:00 AM  
6300 Harry Hines Blvd., Dallas, TX 75235  
Second Floor Tokyo Conference Room**



**Citizens for Traffic Safety**  
**Tuesday, January 19, 2016**

Name:	Agency:	Title:	Email:
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<u>Shirley Stephens</u>			
<u>Scott Evans</u>	<u>PHHS STAFF</u>	<u>Senior Sergeant</u>	<u>BEVANS@dallascounty.org</u>
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<u>Helmut Wolf</u>	<u>SELF</u>	<u>FOUNDER</u>	
* <u>Kevin Kroll</u>	<u>NCTCOG</u>	<u>Transportation Planner</u>	<u>kroll@nctcog.org</u>
* <u>STEVE SWANBURG</u>	<u>NTTA</u>	<u>Safety + Emergency Mgr.</u>	<u>SSWANBURG@NTTA.ORG</u>
<u>BOB DIGNAN</u>	<u>NTTA</u>	<u>ASSISTANT-SM</u>	<u>dignan@ntta.org</u>
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* <u>Jimma Njoku</u>	<u>IPC</u>	<u>Public Health Ass.</u>	<u>jimmanjoku@phhs.org</u>
<u>Mary McLean</u>	<u>IPC</u>	<u>Public Health Ass.</u>	<u>Mary.McLean@phhs.org</u>
<u>Elisa Hernandez</u>	<u>Parkland</u>	<u>Public Policy Admin</u>	

Citizens for Traffic Safety  
Tuesday, January 19, 2016

Name:

Merissa Rodriguez

\* NICOLE BURNERD

Merissa Yellman

Agency:

Children's Health

CHILDRENS HEALTH

IPC

Title:

Injury Prevention Coord.

IP INTRN

Public Health Educator

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Citizens for Traffic Safety

Name:	Agency:	Title:	Email:
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Patricia Kelly	NSC-TSDC	Cashimaker	pkelly@flsh.net

# Citizens for Traffic Safety Coalition - Minutes

April 19, 2016 at 10:00 A.M.

Injury Prevention Center of Greater Dallas  
6300 Harry Hines Blvd., Dallas, TX 75235  
Tokyo Conference Room, 2nd Floor

**Attending:** Vidya Ayyr, Parkland Community Relations; **Rebecca Cantu-Aguilar**, MADD; **Shauntona Cashmer**, State Farm; **Courtney Edwards**, Parkland Trauma; **Patricia Gaffney**, Texas Teen Safe Driving Coalition (National Safety Council); **Elisa Hernandez**, Parkland Government Relations; **Kevin Kroll**, NCTCOG; **Katie Leshner**, Parkland Community Relations; **Mary McCoy**, IPC; **Bernadine Moore**, TxDOT; Doug Shupe, AAA Texas; **Shelli Stephens-Stidham**, IPC; **Christy Thomas**, TTI/TDS; **Robert L. White**, TxDOT; **Merissa Yellman**, IPC

## **Presentation: Child Pedestrian Deaths in Dallas County**

Mary McCoy, with the Injury Prevention Center of Greater Dallas (IPC), presented information about pedestrian deaths in Dallas County among children 0-17 years of age. The presentation included information from the Dallas County Medical Examiner's Office from 1997-2014 and the Dallas County Child Death Review Team from 2006-2012. The PowerPoint presentation is attached, along with a brief report that goes into more detail.

## **Parkland Teen/Distracted Driving Project**

Courtney Edwards (Trauma Outreach Education, Injury Prevention, and Clinical Research Manager, Rees-Jones Trauma Center at Parkland Hospital) described a pilot project aimed at decreasing distracted driving among individuals 15-24 years of age. Parkland will be conducting focus groups and educational presentations among parents, teens and young adults at various churches and high schools in the Dallas area. The educational presentations will focus on the leading risks for teen and young adult drivers, and provide examples on how to mitigate the risks. Also, parents and teens will be encouraged to sign a Parent/Teen Driving Contract. Pre- and post-tests will be administered to determine any changes in self-reported driving behavior.

## **Update: The North Central Texas Council of Governments (NCTCOG) Grant Application**

The North Central Texas Council of Governments (NCTCOG) has applied for a grant through the Transportation Investment Generating Economic Recovery (TIGER) Discretionary Grant Program for the Park Lane/Vickery Meadow Complete Streets Project. The NCTCOG also applied for the funding in 2015. At that time, they did not receive a grant award but received positive feedback.

## **PHOTOVOICE**

The IPC will be implementing a PHOTOVOICE project in collaboration with the Vickery Meadow Youth Development Foundation and the Eagle Scholars Program again during the summer of 2016. The PHOTOVOICE project teaches individuals how to tell a story through photographs and use those photographs to facilitate pedestrian safety improvements in the community. Additionally, the IPC has received funding from the Texas Department of State Health Services (DSHS) to expand the PHOTOVOICE project to other "hot spot" areas in Dallas. The IPC will be meeting with El Centro College to discuss the possibility of implementing a project in downtown Dallas.

## **Legislative Updates**

Rep. Tom Craddick is expected to reintroduce legislation banning texting while driving in Texas during the 2017 legislative session. Rep. Craddick authored House Bill 80 during the 2015 session, which would have made it a misdemeanor statewide to use a portable wireless device for reading, writing or sending a text while driving. It had passed the House, but lacked the votes needed to bring it to the Senate floor.

Parkland continues to work during the interim with our member organizations (Teaching Hospitals Association of Texas [THOT] and Texas Hospital Association [THA]) as well as other trauma centers to promote the importance of trauma funding. THOT will be hosting a Trauma "Break to Educate" lunch for legislative staff on Tuesday, May 3 at the Texas Capitol. Speakers from University Health System, Harris Health, and Parkland will be presenting. Topics will include the history of the Driver Responsibility Program (DRP), its current issues, and its trauma funding method and disaster planning and readiness. The House Homeland Security & Public Safety committee held a hearing on April 5 to discuss the issues with the DRP. Bills will most likely be filed to repeal the act or alter it in some way; however, there are lawmakers that are concerned with maintaining some sort of funding stream for trauma centers. It seems like DPS, court systems, and hospitals will need to develop some alternatives. As of now, there has not been a proposed solution. Bill filing will begin in November.

## **Other Agency Updates**

Trish Gaffney reported that more than 60,000 stickers encouraging safe teen driving were distributed in March through fast food restaurants and other organizations as part of efforts by the Texas Teen Safe Driving Coalition. The state Teen Driving Coalitions, which have been funded by Allstate Insurance in the past, are seeking other funding sources.

Mothers Against Drunk Driving (MADD) will host a press conference on April 21 at 10 a.m. at Dallas City Hall to promote Power Talk 21, which assists parents on the best ways to talk with teens about drinking so that they really listen, using research-based tips and tools.

AAA Texas will host the DWI March for Change at the Texas State Capitol on Friday, April 22 at 10 a.m. The goal of the silent march is to remember lives lost to DWI and drugged driving, but also to serve as a reminder about the consequences of getting behind the wheel while impaired. It's a timely event as we head into prom, graduation and the busy summer driving season. Please spread the word about this event to safety advocates, your network of contacts, youth groups and anyone else who may want to attend from Central Texas and across the state. Anyone who has been impacted by or is concerned about impaired driving is encouraged to join the march. The event will only last an hour, but is expected to have a lasting impact on those who participate and on those who see the march. A Facebook event has been created at:

<https://www.facebook.com/events/872967142812739/>

The Texas Department of Transportation will be hosting a press conference to kick off the annual "Click it or Ticket" Campaign at Dallas City Hall on May 23 at 10 a.m. Also, FY17 grant proposals have been reviewed and are in the negotiations/modifications process.

The NCTCOG is conducting a survey of local cities regarding distracted driving bans to determine the types of laws/policies each jurisdiction has regarding talking on the phone (handheld and/or hands-free) as well as texting and driving. Results of the survey should be available by the next meeting.

**Next meeting: July 19, 2016**

**Citizens for Traffic Safety**  
**Tuesday, April 19, 2016**

Name:	Agency:	Title:	Email:
Bernadine Moores	TXDOT	TRAFFIC SAFETY SPEC.	Bernadine.Moores@TXDOT.GOV
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Elisa Hernandez	Parkland Int. Rel.	Public Policy Administrator	
Kevin Leshner	Parkland Comm. Rel.	Intern	
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Shelli Stephens-Sidham	IPe	Director	
Merissa Yellman	IPe	Public Health Educator	Merissa.yellman@phhs.org

# Citizens for Traffic Safety Coalition

## Minutes

Tuesday, May 19, 2015 at 10:00 AM

### Participants:

Doug Shupe, AAA Texas; Vidya Ayyr, Parkland Community Relations; Elisa Hernández, Parkland Government Relations; Bob Digman, North Texas Tollway Authority (NTTA); Mary McCoy, Shelli Stephens Stidham, and Merissa Yellman, Injury Prevention Center of Greater Dallas (IPC)

### Discussion:

#### **Recap of Press Conference - AAA's Report on Interstate Highway Pedestrian Traffic Fatalities:**

Doug Shupe with AAA Texas discussed the press conference held on 04/21/15 (photo attached). The press conference highlighted notable data from the report, provided additional local data from IPC, and provided safety tips for individuals who become unintended pedestrians on the highway. Most importantly, if your vehicle breaks down on the highway, safety experts recommend that you stay in your vehicle until help arrives.

Several media were present at the event, including *Telemundo* and *The Dallas Morning News*. Doug Shupe also provided an interview for a Trucker XM Radio Station. The event was successful, but Doug would have liked to have a survivor advocate present. San Antonio did a similar event with a survivor advocate and had more media present.

#### **Presentation – Motor Vehicle Occupant Deaths in Dallas County (1997-2013):**

Mary McCoy with the Injury Prevention Center presented about 15 years of Dallas County Medical Examiner Data that she has compiled and analyzed. Highlights:

- In the last 10 years, unintentional poisonings have surpassed motor vehicle crashes as the leading cause of injury death in Dallas County. Unintentional poisoning deaths have continued to increase while motor vehicle deaths have steadily decreased.
- Gender: 69% of deaths were male, and 31% were female.
- Race/Ethnicity: Black population had the highest death rates over the time period.
  - Large blip for Hispanics in the early 90s is likely due to underreporting of the population.
- The majority of deaths occurred between 15-39 years of age.
- The majority of deaths occurred during the weekend.
- Motor vehicle death rates for ages 15-17 decreased after the Texas Graduated License Law went into effect (01/2002). However, the decline was not statistically significant because the numbers are too small.
- Motor vehicle death rates for children ages 0-14 was analyzed after the Booster Seat Law went into effect (09/2009), but the numbers were too small to show an impact.

#### **PHOTOVOICE Project:**

Shelli Stephens-Stidham and Merissa Yellman discussed IPC's PHOTOVOICE project. PHOTOVOICE teaches students how to use photography as a tool to help make safety improvements in the community. The project has focused on the Vickery Meadow area in the past. Photographers teach the students basic photography skills, and then the students take photographs of potentially hazardous conditions during field trips around the Vickery Meadow area. Students also learn how to be advocates for change. The course ends with a reception and photographic display for city officials, parents, and community stakeholders.

Evaluation has measured knowledge change. This year, IPC will teach more specifically to evidence-based countermeasures that NHTSA recommends, and IPC will determine if students are photographing these types of issue and suggesting these types of solutions. Also, IPC keeps track of “quick wins” that are changed each year, as well as ongoing long-term issues that still need to be addressed.

All CTS members are invited to the finale, which will take place on **July 17, 2015 at 10:00 AM at Tasby Middle School**. Please see invitation (attached) for more information.

#### **Legislative Updates:**

Elisa Hernandez (Parkland Government Relations) provided a summary of traffic-related bills.

- **Texting and Driving Bill (HB80)**
  - Texas is one of 4 states with no statewide ban against texting and driving.
  - This is the third time a texting and driving bill has been proposed in Texas.
  - Bill would prohibit texting on a cell phone while driving and while the car is in motion. It does not prohibit the use of GPS, dialing a phone number, or texting while stopped (at a stop light, stuck in traffic, etc.).
  - **UPDATE – The bill died in committee. It did not receive enough votes in committee for it to be debated on the senate floor.**
  - **Local ordinances prohibiting texting and driving will remain in effect.**
- **Repeal of the Driver Responsibility Program (SB93)**
  - Driver Responsibility Program fines drivers with multiple traffic violations or DWIs.
  - Money from fines is supposed to help fund trauma centers that provide uncompensated trauma care; however, money is currently sitting in an account.
  - Parkland supports the Driver Responsibility Program because the repeal would reduce funding to the state trauma care system. Parkland spent \$19 million in the last fiscal year in uncompensated trauma care. All other hospitals are also against this bill.
  - Controversial - Proponents state that the program disproportionately affects low income individuals and should be repealed.
  - **UPDATE – The bill did not pass, and the Driver Responsibility Program will remain in effect.**
- **Prohibition of Automated Traffic Control Systems (Red Light Cameras) (SB714)**
  - Would have prohibited the use of red-light cameras statewide, but it did not pass.

#### **Next Steps – Planning for Future Initiatives (Topics/areas of interest):**

- Continue safety messages for the unintended pedestrian.
- Alcohol-related motor vehicle deaths and injuries (Drinking and Driving) – Strategies to prevent
  - Potential Collaborations - DWI Task Force, Uber, MADD, AAA (Topsy Tow)
    - AAA provides “Topsy Tow” on Fourth of July and New Year’s – possible to expand?
    - MADD provides rides on New Year’s.
    - Uber a great option, but what about people who can’t afford it?
- Infrastructure problems
- Pedestrian Deaths
  - Pedestrian deaths in the homeless population have gone down but still a concern.
- Data – NTCOG, TxDOT, CRIS

**Next meeting: July 21 at 10:00 AM**  
**6300 Harry Hines Blvd., Dallas, TX 75235**  
**2<sup>nd</sup> Floor Tokyo Conference Room**



# Citizens for Traffic Safety Coalition

## Minutes

Tuesday, January 20, 2015 at 10:00 AM

### Participants:

**Doug Shupe**, AAA Texas; **Cathy Quaid**, MADD; **Christy Thomas**, TTI – Teens In The Driver Seat; **Elisa Hernández**, Parkland Government Relations; **Carlene St. John**, Centennial Medical; **Don Rowe and Julie Martin**, Dallas County Sheriff's Office; **Bob Digman, Eric Hemphill, and Nick Huser**, North Texas Tollway Authority (NTTA); **Camille Fountain and Jeremy Williams**, North Central Texas Council of Governments (NCTCG); **Bernadine Moore**, TxDOT; **Dan Worley**, Baylor Scott & White Hillcrest Medical Center (BSWHMC) - Texas RED Program; **Patricia Gaffney**, National Safety Council; **Helmut Wolff**, Chair Emeritus; **Mary McCoy, Shelli Stephens Stidham, and Merissa Yellman**, Injury Prevention Center of Greater Dallas

### Discussion:

#### **Report - Pedestrian Fatalities on Interstate Highways, U.S., 1993-2012 (Sept. 2014, AAA Foundation):**

Doug Shupe with AAA Texas introduced a new report released by the AAA Foundation containing a summary of 20 years of data regarding national pedestrian fatality trends on Interstate highways. He highlighted several findings in the report, including the following:

- Pedestrian Interstate fatalities ranged from 9.4% to 12.0% of total pedestrian fatalities on all roadways per year.
- Common Characteristics of Fatally-injured Pedestrians:
  - Male (80.2%)
  - 20-39 years of age (47.6%)
  - Legally Intoxicated – BAC  $\geq$ .08 (37.2%)
- Common Situational Characteristics of Fatal Crashes:
  - Occurred between 6:00 PM and 5:59 AM (74.4%)
  - Occurred on Saturday or Sunday (46.6%)
  - October: Month with highest % of fatalities
  - February: Month with lowest % of fatalities
  - Urban areas: twice as many pedestrian Interstate fatalities as compared to rural areas
- Texas:
  - Highest number of fatalities (N=1,795)
  - Highest rate of pedestrian fatalities per fatal Interstate crash (19.1 per 100 fatal Interstate crashes)
  - Highest rate of pedestrian fatalities per vehicle miles traveled (18.0 per 10 billion VMT)

The coalition talked about publicizing the report and its findings in a press conference in the spring. Members also emphasized that we should bring attention to Texas's Move Over/Slow Down Law (attached) and that we should provide tips for what to do to keep safe if your vehicle breaks down on the Interstate. IPC discussed their publication about the unintended pedestrian on expressways (attached) as well as Dallas County data that they have relating to the issue. Doug Shupe and IPC will connect to discuss this idea before the next meeting.

#### **Use of Hazard Lights in Texas (Potential Hazard Light Project):**

Helmut continued the discussion related to the potential to use vehicle hazard lights (emergency flashers) to warn other cars that are approaching slow/congested traffic to slow down, which could

prevent collisions. There is no law in Texas prohibiting the use of vehicle hazard lights in this manner. However, officials from Dallas County Sheriff's Office discussed possible issues and unintended consequences of a project promoting the use of hazard lights in this manner:

- Captain Don Rowe mentioned that although the law does not explicitly prohibit the use of hazard lights in this manner, more interpretation of the law is needed. He also mentioned that the speed at which a driver would turn on flashers to warn other drivers of stalled traffic up ahead would have to be determined.
- Sergeant Julie Martin said that the potential for people to eventually ignore hazard lights altogether is possible if they are used too frequently, thus negating their original purpose to indicate distress or inability to move with the flow of traffic.
- Doug Shupe mentioned that it's a common practice to use hazard lights in Miami-Dade County to make cars more visible after afternoon thunderstorms. The coalition will investigate to find out more about this practice.
- Other related discussion included the implementation of new improvements and new technology on Texas Roadways:
  - I-35 Expansion/Improvement project, which has improved traffic flow
  - Real time update sensors that detect traffic incidents/congested traffic and relay that information to visible message boards
  - Analysis cameras that can detect immobile objects along the road. For example, if a crash occurs, these cameras detect a problem and alert the command center.

#### **DriveitHOME Safe Driving Video Contests:**

Trish Gaffney (NSC) presented short videos created by high school students from 3 different high schools in Texas. These videos, which have not yet been released publically, exhibited safe driving habits or highlighted unsafe driving habits. NSC will clean up the videos and post them on [driveithome.org](http://driveithome.org).

#### **Legislative Updates:**

Elisa Hernandez (Parkland Government Relations) provided a summary of traffic-related bills that have been proposed this legislative session thus far. A full summary of proposed legislation is attached.

Legislative proposals included measures related to:

- The use of portable wireless communication devices in motor vehicles
- Intoxication offenses
- The use of motor vehicles on or near school property
- The repeal of the Driver Responsibility Program
  - This proposed repeal would reduce funding to the state trauma care system.
- A repeal which would prohibit automated traffic control systems
  - This proposed repeal would eliminate the regional trauma fund
- Issuance of safety belt exemption placards (for medical conditions)

#### **Agency Updates:**

- Trish Gaffney announced that the Texas Teen Safe Driving Coalition offers prizes to students and schools that create a winning poster by March 31, 2015 (see attachments).

**Next meeting: April 21 at 10:00 AM**  
**6300 Harry Hines Blvd.**  
**Dallas, TX 75235**  
**2<sup>nd</sup> Floor Tokyo Conference Room**

Citizen's for Traffic Safety  
Tuesday, January 20, 2015

Name:	Agency	Email:
Doug Shupe	AAA Texas	Shupe.doug@aaa-texas.com
Cathy Quaid	MADD	cathy.quaid@madd.org
Christy Thomas	Texas La Tce Driver Sect	C-thomas@tamu.edu
Elisa Hernández	Parkland	elisa.herrandez@phhs.org
Carlene St. John	Centennial Medical	carlene.stjohn@tenethealth.com
Don Rowe	DALLAS SHERIFF	DROWE@DALLASCOUNTY.ORG
Julie Martin	Dallas Sheri PPD Dept	Julie.Martin@DallasSheriff.ORG
ERIC HEMPHILL	NORTH TEXAS TOLLWAY AUTHORITY	ehemphill@ntta.org
JELEMY WILLIAMS	NCTCOG	JWILLIAMS@NCTCOG.ORG
BERNADINE MOORE	TxDOT	BERNADINE.MOORE@TXDOT.GOV
DAN WORLEY	BSWHMC / Tx RED Program	dworley@sw.org
Mary McCoy	IPC	Mary.McCoy@phhs.org
Patricia Gaffney	NSC	pgaff@flash.net
Bob Dignas	NTTA	rdignas@NTTA.ORG
Nick Huser	NTTA	NHUSER@NTTA.ORG
HELMUT WOLFF	CHAIR EMERITUS	
Shelli Stephen Stalton	IPC	
Camille Fountain	NCTCOG	cfountain@nctcog.org
Merissa Yellman	IPC	merissa.yellman@phhs.org

## Shelli Stidham

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**From:** Sheryldine Samuel <ssamuel@family-compass.org>  
**Sent:** Tuesday, May 31, 2016 1:33 PM  
**To:** Sheryldine Samuel  
**Cc:** Sheryldine Samuel  
**Subject:** Reminder Meeting June 1st 9:30 am

Hi All,

Friendly reminder CAPCO Meeting June 1<sup>st</sup> 9:30am at The Meadows Conference Center (2900 Live Oak Street).

Thanks,  
Sheryldine

Sheryldine Samuel  
Director Community Education & Outreach  
4210 Junius Street  
Dallas, TX 75246  
214-370-9810 (phone)  
214-824-6901 (fax)

[www.family-compass.org](http://www.family-compass.org)

*Every child deserves the right to live free from violence.*

Family Compass has merged with Family Outreach of Richardson Plano (FORP), building on 41 years of child abuse prevention! Moving forward, we will provide prevention services in both Dallas and Collin County and operate under the Family Compass name. We are thankful to have been approached by an organization with the same focus and values—a passion for protecting children from abuse.



## Shelli Stidham

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**From:** Sheryldine Samuel <ssamuel@family-compass.org>  
**Sent:** Tuesday, April 26, 2016 10:45 AM  
**To:** Sheryldine Samuel  
**Subject:** CAPCO New Meeting Time 9:30am May 4th

Hi All,

Friendly reminder meeting time for CAPCO has changed to 9:30. Next meeting May 4<sup>th</sup> @ 9:30am. Please let me know if you have any questions

Thanks,  
Sheryldine

Sheryldine Samuel  
Director Community Education & Outreach  
4210 Junius Street  
Dallas, TX 75246  
214-370-9810 (phone)  
214-824-6901 (fax)

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## **CAPCO Meeting**

**March 2<sup>nd</sup> 2016**

- Introductions
- Speaker
  - Sadie Funk, Executive Director

First3Years (formerly known as Texas Association of Infant Mental Health)
- Announcements/Updates
- Next Meeting April 6<sup>th</sup> , 2016

**CAPCO Meeting**  
**September 2<sup>nd</sup>, 2015**

- Introductions
- Speaker/ Topic:
  - Angie Daniel  
Children's Connection, Inc.  
Adoption, Child & Family Specialist
- Next Meeting October 7<sup>th</sup>, 2015
- Announcements/Updates

# Event Sponsors

Bank of America

Child Abuse Prevention Coalition (CAPCO)

City of Dallas

Dallas CASA (Court Appointed Special Advocates)

Dallas Children's Advocacy Center

Dallas County Child Welfare Board

Dallas County Commissioner's Court

Family Compass

Friends of Wednesday's Child

Injury Prevention Center of Greater Dallas

In-N-Out Burger

North Dallas Texas Democratic Women

Omni Dallas Hotel

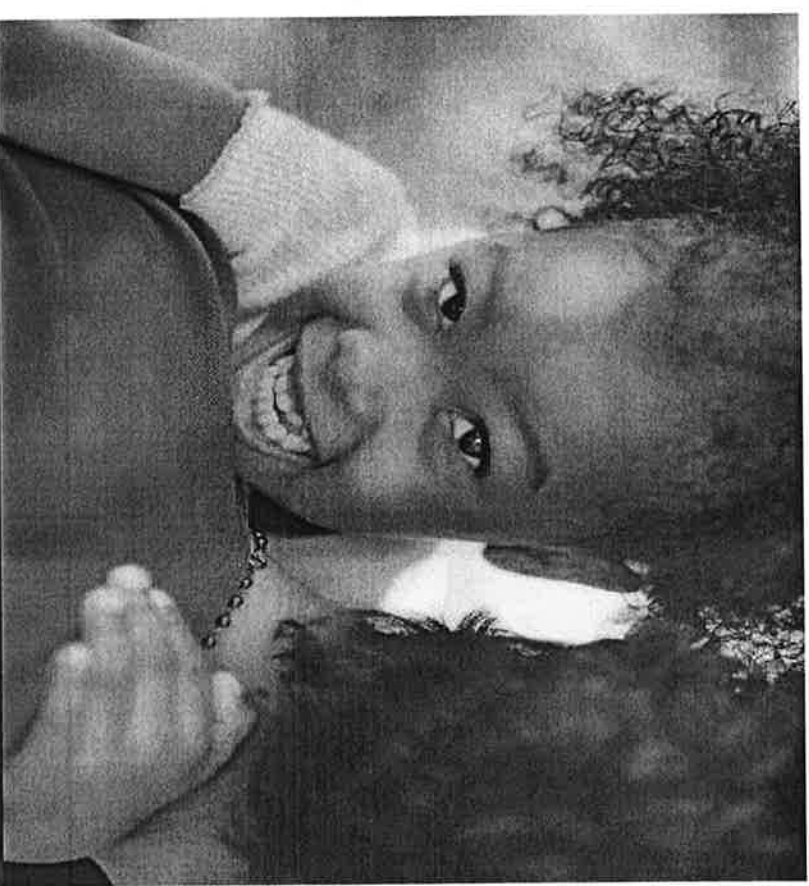
Reunion Tower

Texas Department of Family and Protective Services

TexProtects, The Texas Association for Protection of Children

The Family Place

UT Arlington, Center for Child Welfare



**National Child Abuse Prevention &  
Awareness Month**

*Prevention Is Key - Protect. Educate. Heal*

April 15th, 2016

Dallas CASA | 2757 Swiss Avenue



# Prevention Is Key

# What Can I Do?

Barack Obama Male Leadership Academy Jazz Band

Music

Colleen Coyle, Channel 8 WFAA Meteorologist/Emcee

Welcome

The Hon. Mike Cantrell

Dallas County Commissioner, District 2

Proclamation of Child Abuse Prevention & Awareness Month

Madeline McClure, LCSW

Founder & Chief Executive Officer, TexProtects  
Remarks

Child Abuse Victims' Commemoration

Moment of Silence

Kiara Powell, PUSH

A Foster Youth Experience

The Hon. Cheryl Lee Shannon, 305th Juvenile District Court

Call to Action and Recognition of CPS Workers

Colleen Coyle

## The Realities of Child Abuse:

Texas has the highest number of child deaths due to abuse in the U.S. yet spends the least amount of money to protect children.

Over the past decade, the number of children who experienced abuse and/or neglect in Dallas County increased by 29 percent.

## In Dallas County, last year:

23,981 reports made to Child Protective Services

5,847 children confirmed victims of abuse/neglect

3,063 children living in foster care

1,823 children removed from their homes

24 children died as a result of abuse or neglect

## Prevention Is Key:

**Educate:** The first steps to preventing abuse are awareness and education. To schedule a free education event at your school, church, or any community group, contact Family Compass at (214) 370-9810.

**Report:** Only one in 10 children who have been abused ever make an outcry. Be their voice. If you suspect abuse, report it by calling 1-800-252-5400.

**Volunteer:** The nonprofits who serve child abuse victims need your time and talent to continue their mission.

**Advocate:** Visit TexProtects for legislative updates at

**Family Violence Prevention Council  
January 5, 2016**

**Mission: To maximize the effective and efficient use of community resources to reduce and prevent family violence in all its forms.**

**Agenda**

1. Introductions
2. TCFV IV-D Child Support Collaboration
3. VOCA Funding
4. CPS-FV Pilot Programs
5. Supplement B Conversation Follow Up
6. Dallas County – Hotline Approach With Shelters

## **Family Violence Prevention Council**

### **July 14, 2015 Meeting**

*Mission: To maximize the effective and efficient use of community resources to reduce and prevent family violence in all its forms.*

#### **AGENDA**

- Introductions
- Report by Aaron Setliff, Public Policy Director, TCFV
- Discussion of Fall 2015 programs & events
- Other business and announcements

# FAMILY VIOLENCE **PREVENTION** C O U N C I L

January 21, 2014  
Agenda

**Family Violence Prevention Council Mission:**

To maximize the effective and efficient use of community resources to reduce and prevent family violence in all its forms.

- Welcome and Introductions
- Welcome Texas Council on Family Violence (TCFV) Public Policy Director Aaron Setliff for overview of Current TCFV supported Texas state legislation/action needed by FVPC members
- Welcome Dallas County District Attorney Susan Hawk for comments and observations
- Announcements of upcoming forums and events
- Next meeting to occur March 25<sup>th</sup>

## **FVPC Meeting Minutes January 5, 2016**

### **TCFV IV-D Child Support Collaboration**

- Still in early stages
  - Diana Franzetti will reach out to Jan to begin the next steps

### **VOCA Funding**

- 2 year allocation – money was taken from the available funds however more was allocated to VOCA
  - Anne will do a “thank you” letter to Governor Abbott and Senator Cornyn on behalf of the FVPC and will send the draft to the FVPC Members so each member may send on behalf of respective organizations

### **CPS Family Violence Pilot Programs**

- Funding (from a recommendation in 2012) has been awarded for CPS/DV Pilot Program. Funding provides flexibility for four test sites to build unique programs and share findings.
  - Pilot will run from September 2015 – September 2016
  - Current test sites are in Denton, Austin, El Paso, and Rio Grande Valley
    - In El Paso, shelter staff are participating in CPS services meetings
      - Improving more accurate services to each mom vs. a “cookie cutter” approach
  - Goals of the Pilot Programs
    - Increase awareness with CPS
    - Decrease the intersection of CPS in DV cases
  - CPS hired Debbie Tucker as the DV Specialist, Director of Practice Excellence
    - Anne will write a letter of “Congratulations” and invite Debbie to the next FVPC meeting.

### **Supplement B Conversation Follow Up**

- Conversation originated as a result of the USCIS presenting Supplement B requirements at that last FVPC meeting. A follow up, information conversation took place on December 16, 2015 to continue discussing best practices for Dallas-based service providers and victims.
  - Each agency shared respective policy
    - DA’s office will sign when the case is closed.
    - DPD provided department’s guidelines (attached).
    - Judge Canas is going to contact the Ethics Board to determine if he is able to continue signing and to be a designee for completing Supplement B forms for Dallas based victims.
    - CPS is legally able to sign but does not currently certify Supplement B forms.
  - Follow up conversation will be set. Currently TBD. Genesis will host and send out an invite through Anne when scheduled.

- Amy Jones will send “U Visa At A Glance” form to the FVPC members.
- A recommendation was made to include the City Judges in the next FVPC meeting.

### **Dallas County – Hotline Approach with Shelters**

- Real-time to see available space within area shelters and ability to transfer the victim to a shelter that may be able to provide services.
  - Easier on victim by decreasing instances of re-victimization by needing to tell the details of story multiple times.
  - Currently utilizing Google Docs.
  - Recommendation to submit a proposal to UTD to write an organic software or look into Bed Finder.
  
- General Announcements
  - HB77 is studying the Mayor’s Men’s Program
  - TCFV looking at leading the HRO program. Staffing High Risk cases earlier in the process to increase victim safety.
  - DPD reports a decrease in IPV murders
    - Preliminary numbers (pending final report – will be shared upon completion):
      - 2012: 31 FV murders, 8 of which were IPV
      - 2015: 15 FV murders, 6 of which were IPV
  - Anne requested feedback from FVPC members to suggest 2016 for the Council
    - Paige Flink suggested encouraging all police departments in Dallas County to implement the Lethality Assessment Program (LAP)
      - Council will meet with Alba Garcia regarding calling a meeting with all Dallas County Police Chiefs
        - Anne will invite Alba to next FVPC meeting.
      - First focus on Dallas County then approach Collin County police departments to report findings and program success with LAP

Attachments: Letter from Gov. Abbott re: VOCA Funds, DPD U Visa Nonimmigrant Status Certification Policy

Next Meeting: Tuesday, March 1, 2016.

## Shelli Stidham

---

**From:** Crews, Anne <Anne.Crews@mkcorp.com>  
**Sent:** Monday, July 25, 2016 5:49 PM  
**To:** cmcpcatty@gmail.com; jerry.varney@dallascounty.org; sjoseph@mhadallas.org; janecollins@familyoutreachdallas.org; boyeac@lanwt.org; ntorres@ccdallas.org; cduncan@dallasisd.org; pconley@mementousinstitute.org; julian.saldivar@dfps.state.tx.us; bmyer@genesishshelter.org; ajones@genesishshelter.org; mirjano@mosaicsservices.org; paige@cpdtx.org; cherylwilson@dallascounty.org; dmibe@familyplace.org; hollyclark@mhd.com; Melissa Reilly; Shelli Stidham; phflink@familyplace.org; asetliff@tcfv.org; alejandra.velazquez@childrens.com; blake.fetterman@uss.salvationarmy.org; llcavazos@familyplace.org; mmuro@txfv.org; wantern@mosaicsservices.org; hiba\_hakam@uss.salvationarmy.org; cturck@newbeginningcenter.org; diana@brightertomorrow.net; cjamieson@newbeginningcenter.org; trobertson@family-compass.org; berickson@newbeginningcenter.org; ewhite@ymcadallas.org; cchavarica@ymcadallas.org; jim.malatich@hopesdoorinc.org; rperry@theseniorsource.org; messina.madson@dallascounty.org; nnanasi@smu.edu; lekeisa.rockwell@dfps.state.tx.us; dimple@texprotects.org; katrina.wall@dfps.state.tx.us; kslatven@momentousinstitute.org; vanna@ccdallas.org; rsylvan@chilrenatrisk.org; stacey.jourdain@dfps.state.tx.us; eno.fite@dpd.ci.dallas.tx.us; Gappelberg, Kirsten; Webb, Crayton; jlangbein@genesishshelter.org; ewheeler@genesishshelter.org; sarah\_epperson@uss.salvationarmy.org; cecilia.hinojo@dpd.ci.dallas.tx.us; magdalen.boyle@dpd.ci.dallas.tx.us; hiba\_hakam@uss.salvatoinarmy.org; deborah.tucker@dfps.state.tx.us; ofoster@family-compass.org; jeffrey.marin@charter.com; monica@dallasrapecrisis.org  
**Cc:** ewheeler@genesishshelter.org  
**Subject:** RE: RE: Wednesday, Aug. 3rd - next Council meeting

Hello Family Violence Prevention Council members,

Additions to our agenda for Aug. 3<sup>rd</sup> meeting – Jerry Varney will update on District Attorney initiative – civil Protective Orders, potential staff at Allen Courts building, etc.

Judge Roberto Canas ( Dallas County Criminal Court 10 ) can update on perpetrator gun collection initiative, etc.

We thank them and Judge TenEyck for their valuable time and effort to be with us.

See you at 9 am Aug. 3<sup>rd</sup>.

All the best,  
Anne

---

**From:** Crews, Anne  
**Sent:** Friday, July 8, 2016 4:51 PM  
**To:** 'cmcpcatty@gmail.com' <cmcpcatty@gmail.com>; 'jerry.varney@dallascounty.org' <jerry.varney@dallascounty.org>; 'sjoseph@mhadallas.org' <sjoseph@mhadallas.org>; 'janecollins@familyoutreachdallas.org' <janecollins@familyoutreachdallas.org>; 'boyeac@lanwt.org' <boyeac@lanwt.org>; 'ntorres@ccdallas.org' <ntorres@ccdallas.org>; 'cduncan@dallasisd.org' <cduncan@dallasisd.org>; 'pconley@mementousinstitute.org' <pconley@mementousinstitute.org>;

# Dallas Safe Communities



**NATIONAL CHILD ABUSE PREVENTION & AWARENESS MONTH**  
**Prevention Is Key: Protect. Educate. Heal.**

**The Child Abuse Prevention Coalition and Partners  
Invite You to Attend the Annual Awareness Event!**

**In-N-Out Burger Refreshments Served: 11:00 -11:30 a.m.**

**Program: 11:30 a.m. - 12:30 p.m.**

**Friday, April 15, 2016**

**Dallas CASA | 2757 Swiss Avenue, Dallas, TX 75204**

**(At the corner of Swiss & Texas)**

**SPECIAL GUESTS:**

**Madeline McClure, LCSW Chief Executive Officer, TexProtects**

**Colleen Coyle, WFAA Meteorologist**

**Mike Campbell, Dallas County Commissioner, District 2**

**Child Protective Services staff and other advocates will be honored.**

**For more information, contact [scopier@family-compass.org](mailto:scopier@family-compass.org)**



**Injury Prevention Center  
of Greater Dallas**



**Parkland**

**safe**  
**COMMUNITIES**  
**AMERICA**  
**DALLAS, TX**  
NOT FOR SALE • MARKET • GUARANTEE



# Dallas Safe Communities

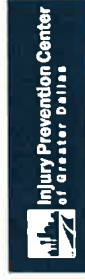


## Stop the Bleed

No matter how rapid the arrival of professional emergency responders, bystanders will always be first on the scene. A person who is bleeding can die from blood loss within five minutes, therefore it is important to quickly stop the blood loss.

"Stop the Bleed" is a nationwide initiative to empower individuals to act quickly and save lives. Following the events at Sandy Hook Elementary, a world-class team of government and health care leaders convened in Hartford, CT and developed what has become known as the Hartford Consensus, which created a protocol for national policy to enhance survivability from active shooter and intentional mass casualty events. Just like training programs regarding cardiopulmonary resuscitation and the Heimlich Maneuver have helped save countless lives over the past few decades, the intent for Stop the Bleed is that a national plan of action regarding how to maximize survivability for victims of a mass casualty situation has the potential to increase the resilience and readiness to threats. With very little training and equipment, the individuals closest to the scene of an accident or mass casualty situation can control bleeding until first responders arrive to take over treatment.

The Northeast Texas Regional Advisory Council is providing training to community groups. If you are interested in having Stop the Bleed training, please contact Melissa Christon at [mchriston@nctftrac.org](mailto:mchriston@nctftrac.org).



# Dallas Safe Communities



## Help Prevent Heatstroke Deaths Among Children

Every 10 days, a child dies from heatstroke after being left alone in a hot vehicle. This occurs when the body isn't able to cool itself quickly enough and the body temperature rises to dangerous levels. But these deaths are preventable.

From 1998-2014, 95 children in Texas died as a result of hyperthermia or heatstroke from being left unattended in a hot car. Heatstroke occurs when a person's temperature exceeds 104 degrees Fahrenheit and their thermoregulatory mechanism is unable to function properly. Thermoregulation is the process that allows the human body to maintain its core internal temperature.

A healthy, safe temperature has a very narrow window – between 98°F (37°C) and 100°F (37.8°C). Within a few degrees of that range, you may experience signs related to body temperature changes. A body temperature of 107 degrees Fahrenheit or greater can cause brain damage or death. Young children are particularly at risk, because their bodies heat up three to five times faster than an adult's. Studies show that the temperature inside a vehicle can increase by 20 degrees the outside temperature in only 10 minutes. After 20 minutes, the temperature inside the vehicle is 30 degrees higher than the outside temperature.<sup>3</sup>

There have been zero heatstroke deaths among children so far this year. Let's keep it that way. For more information, go to: <http://bit.ly/1gy2XPR>.



Parkland

safe  
COMMUNITIES  
AMERICA  
DALLAS, TX  
NATIONAL SAFETY COUNCIL

# Dallas Safe Communities



## **MyCarDoesWhat? Know More. Drive Safer.**

Do you know how to use all of the safety features on your vehicle? In the past few years, the world of driving safety has started to change rapidly. New car safety technologies are being added to cars faster than any earlier generation. Even features that have been around for years are getting smarter and changing into new features entirely. Some of these safety features can now even take over cars to help avoid crashes!

While this is good news, many people may not know how and when to use these features. A new website *MyCarDoesWhat.org* will provide information about vehicle safety features, including back-up cameras, anti-lock braking system, blind spot monitors, lane departure warning and more.

*MyCarDoesWhat.org* is a national campaign to help educate drivers on new vehicle safety technologies designed to help prevent crashes. These technologies range from increasing the stability and control of cars to providing warnings about crash threats to automatically intervening to avoid or reduce the severity of a crash.

The goal of this campaign is to explain to drivers how best to use these safety technologies, leading to safer driving.

For more information, visit <https://mycardoeswhat.org/>.



**Parkland**



# Dallas Safe Communities



## U.S. Transportation Secretary Anthony Foxx Launches the “Mayors’ Challenge for Safer People and Streets”

U.S. Transportation Secretary Anthony Foxx has launched the “Mayors’ Challenge for Safer People and Safer Streets,” which invites Mayors and local elected officials to attend a Safer People, Safer Streets Summit and then take significant action over the next year to improve pedestrian and bicycle transportation safety. The Mayors’ Challenge aims to reduce pedestrian and bicyclist fatalities around a framework of seven Challenge activities that are based on the latest innovations in improving pedestrian and bicyclist safety.

The initiative will begin in March when Mayors and staff responding to the invitation will convene at the U.S. Department of Transportation (USDOT) headquarters for a Mayoral Summit to discuss how to build upon or implement the challenge’s seven activity areas.

The seven Challenge activities are drawn from the recommended actions stated in the 2010 USDOT Policy Statement on Bicycle and Pedestrian Accommodation Regulations and Recommendations.

For more information about the Mayors’ Challenge, go to <http://www.dot.gov/mayors-challenge>.



# Dallas Safe Communities



## Pedestrian Death Rates among the Homeless In Dallas County

The Injury Prevention Center of Greater Dallas has recently released a report on pedestrian deaths among the homeless in Dallas County. From 1997-2013, the pedestrian death rate in Dallas County was 23 times higher in homeless persons, compared to non-homeless persons. This finding is similar to a recent report from Clark County, Nevada that was reported in the Centers for Disease Control and Prevention publication, *MMWR*.

Although pedestrian death rates among the homeless in Dallas County remain higher than death rates among non-homeless, the rates have decreased during the past decade. Between 2004 and 2008, the annualized pedestrian death rate for the homeless was 81.4 deaths per 100,000. From 2009 to 2013, the annualized death rate declined to 39.1 pedestrian deaths per 100,000 population. This may be due to Dallas County's effort to house the chronically homeless.

Additional information, including prevention recommendations from the World Health Organization's pedestrian safety manual, is available at

[http://www.injurypreventioncenter.org/resource\\_images/400Dallas%20County%20Homeless%20Pedestrian%20Deaths%2010152014.pdf](http://www.injurypreventioncenter.org/resource_images/400Dallas%20County%20Homeless%20Pedestrian%20Deaths%2010152014.pdf).



**IPC PEER-REVIEWED PUBLICATIONS  
2011-2016**

Edwards C, Stephens-Stidham S, Contreras MA, Williams S. "Building the Conversation for Hospital-Based Injury Prevention Program Capacity. *J Emerg Nursing*. March 2016; Volume 42.Issue 2;174-176.

Bailey A, Istre GR, Nie C, Evans J, Quinton R, Stephens-Stidham S. Truancy and injury-related mortality. *Inj Prev Inj Prev* 2015;21:57–59.

Istre GR, McCoy MA, Moore BJ, Roper C, Stephens-Stidham S, Barnard J, Carlin DK, Stowe M, Anderson RJ. Preventing deaths and injuries from house fires: an outcome evaluation of a community-based smoke alarm installation programme. *Inj Prev* Published Online First [July 19, 2013] doi:10.1136/injurypre-2013-040823.

McCoy MA, Roper C, Campa E, Stephens-Stidham S, Carlin DK, Istre GR. How long do smoke alarms function? A cross-sectional follow-up survey of a smoke alarm installation programme. Published Online First [July 19, 2013] doi:10.1136/injuryprev-2013-040824.

Nie C, Colunga I, McCoy M, Stephens-Stidham S, Istre GR. Impact of errors in age estimates on the classification of proper child occupant restraint use: an observational survey. *Injury Prevention*. 2013 Apr;19(2):130-3. doi: 10.1136/injuryprev-2012-040581. Epub 2012 Dec 5.

**IPC SCIENTIFIC INJURY-RELATED PRESENTATIONS  
2011-2016**

Yellman M., Colunga I, McCoy M, Stephens-Stidham S, Istre G. "Give Kids a Boost (GKB): 4 Years of Success in Increasing Booster Seat Use among School-age Children." Lifesavers National Conference on Highway Safety Priorities, Long Beach, CA. April 4, 2016.

Yellman M., Colunga I, McCoy M, Stephens-Stidham S, Istre G. "Implementation and Evaluation of a School-based Program to Increase Booster Seat Use among Children 4-7 Years of Age from Economically-disadvantaged Areas." Safe States 2016 Annual Meeting. Albuquerque, NM. April 14, 2016.

Stephens-Stidham S, McCoy M, Istre GR. "Outcome Evaluation of Operation Installation

in Reducing Deaths and Injuries from Home Fires." Fourth National Vision 20/20 Model Performance in Fire Prevention Symposium. Fairfax, VA. March 10-12, 2016.

Rosshiem M, Krauser D, Stephens-Stidham S, English A, Salmon J, Taylor J, Andriotto R. "Evaluation of a multifaceted, school-based intervention to increase booster seat use." 143rd Annual American Public Health Association Meeting and Exposition, Chicago, IL. November 1-5, 2015. (poster)

Stephens-Stidham S, McCoy M, Istre GR. "What can RE-AIM tell us about a long-term, community-based smoke alarm installation program?" 141<sup>st</sup> Annual American Public Health Association Meeting and Exposition, Boston, MA. November 2-6, 2013. (poster)

Rodriguez M, Colunga I, McCoy M, Nie C, Stephens-Stidham S, Istre GR. "An Effective Strategy to Increase Booster Seat Use among Children 4-7 Years of Age." 2013 National Meeting of the Safe States Alliance & SAVIR. Baltimore, MD, June 3-7, 2013 (oral).

McCoy M, Roper C, Campa E, Carlin D, Stephens-Stidham S, Istre GR. "A Follow-up Survey of a Smoke Alarm Installation Program." 2013 National Meeting of the Safe States Alliance & SAVIR. Baltimore, MD, June 3-7, 2013 (oral).

Stephens-Stidham S, McCoy M, Istre GR. "What can RE-AIM tell us about a long-term, community-based smoke alarm installation program?" 2013 National Meeting of the Safe States Alliance & SAVIR. Baltimore, MD, June 3-7, 2013 (poster).

Stephens-Stidham S, Colunga I, Mowell C, Johnson U, Istre GR. "Can Lay Educators be Used to Integrate Injury Prevention Messages into Home Visitation Programs?" Safety 2012. Wellington, New Zealand. October 1-4, 2012 (poster).

Bailey A, Nie C, Stephens-Stidham S, Istre GR. "Population-based Survey of Infant Bed Sharing." Joint Annual Meeting of Safe States Alliance and CDC Core 1&2 State Grantees. Atlanta, GA, May 2-4, 2012 (oral).

Stephens-Stidham S, Nie C, Walker L, Rodriguez M, Istre GR, Peters K. "Pediatric Injury Prevention Project: A clinic-based unintentional injury pilot." Annual American Public Health Association Meeting and Exposition. Washington, D.C., October 30-November 2, 2011 (poster).

Nie C, Stephens-Stidham S, Walker L, Rodriguez M, Istre GR, Peters K. "Pediatric Injury Prevention Project: A clinic-based unintentional injury pilot." 2011 Joint Annual Meeting of Safe States Alliance, SAVIR and CDC Core 1&2 State Injury Grantees, Coraville, Iowa, April 6-8, 2011 (oral).

Stephens-Stidham S, Rodriguez M, McCoy M, Colunga M, Walker L. "Improving Child Passenger Safety Efforts at a Large, Metropolitan Hospital." Lifesavers 2011 Traffic Safety Conference, Phoenix, Arizona, March 27-29, 2011 (poster).

## **IPC INJURY-RELATED ORAL PRESENTATIONS 2011-2016**

"How to Deliver the News: Effectively Communicating with Stakeholders When you Need to Change Direction." 2015 Safe Communities America Networking Meeting. Chicago, IL. August 10-11, 2015. (co-presenter: Marcia Howell)

"Hospital-based Injury Prevention Components: The Texas Experience." Tennessee Injury Prevention 101/102 Meeting." (webinar). Nashville, Tennessee, July 28, 2015. (co-presenter: Stewart Williams)

"Hospital-based Injury Prevention Components: The Texas Experience." 2015 South To Southwest Regional Injury Prevention Network Meeting. Dallas, Texas. June 2015. (co-presenters: Mary Ann Contreras and Stewart Williams)

"Looking at Safety Through a Different Lens." 2015 Community Safety Summit (invited keynote), Austin, Texas. March 2015.

"Giving Injuries the Boot: How Dallas and Fort Worth Safe Communities are working to reduce injuries in Texas." 2015 Community Safety Summit (panel presentation), Austin, Texas. March 2015.

"Give Kids a Boost: The Story of How Evaluation Saves Time, Money and Lives." 2015 NHTSA Region 6 Winter Partners Meeting. March 2015.

"Give Kids a Boost: The Story of How Evaluation Saves Time, Money and Lives." 2013 Lifesavers Traffic Safety Conference. Nashville, TN. April 27-29, 2014.

"Community Engagement: The Dallas Safe Communities Experience." 2013 National Meeting of the Safe States Alliance & SAVIR. Baltimore, MD, June 3-7, 2013 (Pre-Conference Workshop).

"Injury and Violence Prevention is Everyone's Business." Delaware Injury & Violence Prevention Summit, Wilmington, DE, July 24-25, 2012.

"Changing Behavior: Going Beyond Education to Strategies That Work," 2011 Pennsylvania Childhood Injury Conference (invited keynote), Hershey, Pennsylvania. May 2011.



## Injuries Deaths in Dallas County 1997-2015 Overview

### Burden of Injury

Injury is....the leading cause of death for Dallas County residents ages 1 to 44.  
 the third leading cause of death for Dallas County residents of all ages  
 the biggest killer of children who live in Dallas County

In 2013, injuries cost the citizens of Dallas County an estimated \$5.3 billion dollars, including health care cost and lost productivity.

### Burden of Injury

Dallas County, 2013

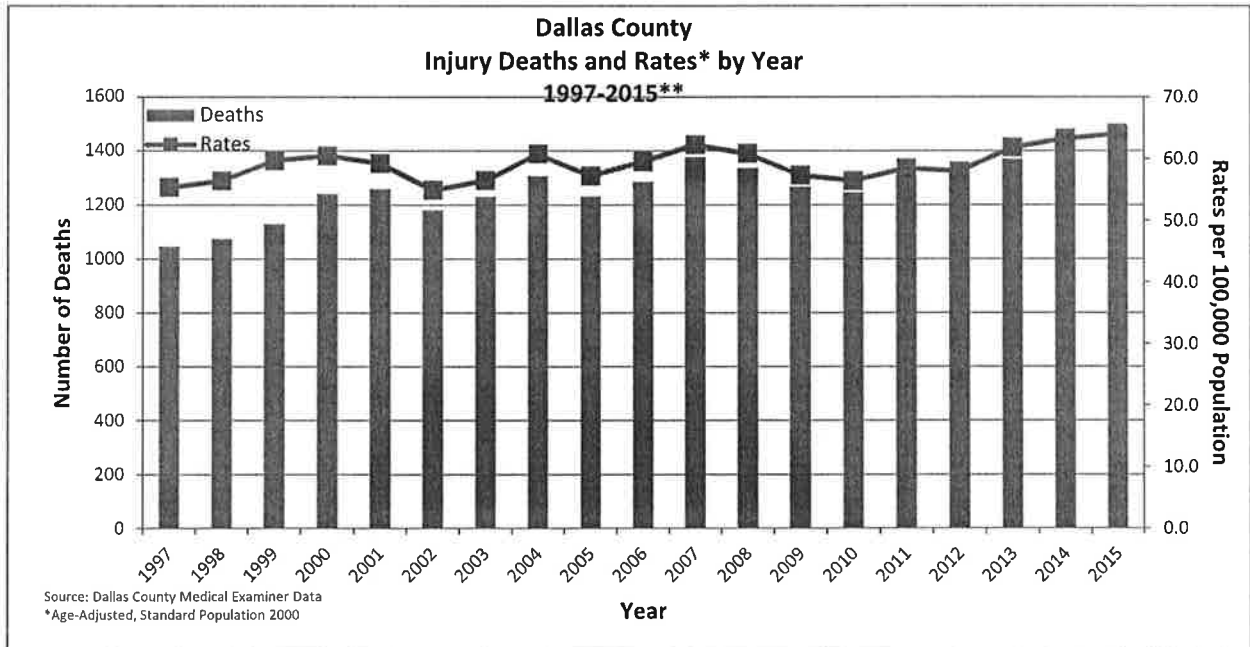


**Cost: \$5.3 billion\***

Source: IPC Greater Dallas  
 \*Estimates based on national rates

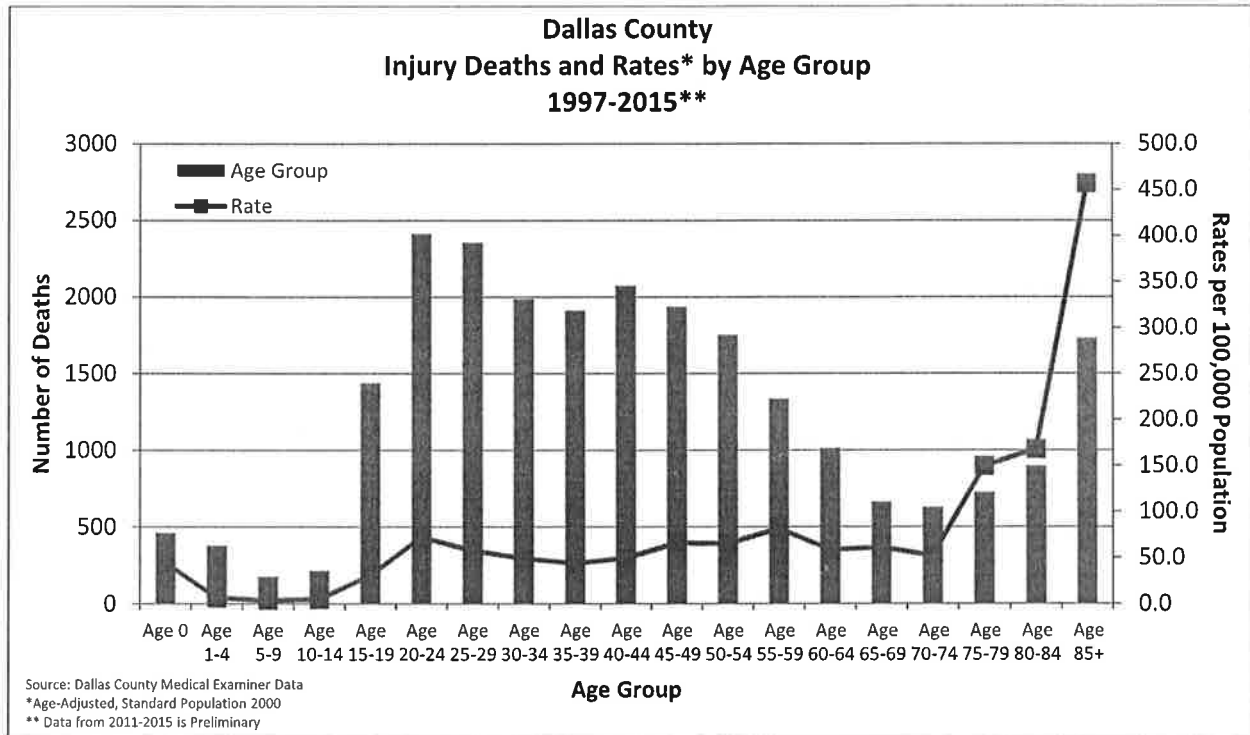
### Injury Deaths in Dallas County

From 1997 to 2015, 24,182 people died in Dallas County due to injuries, an average of 1272 deaths per year, 24 deaths per week, or 3 deaths per day.



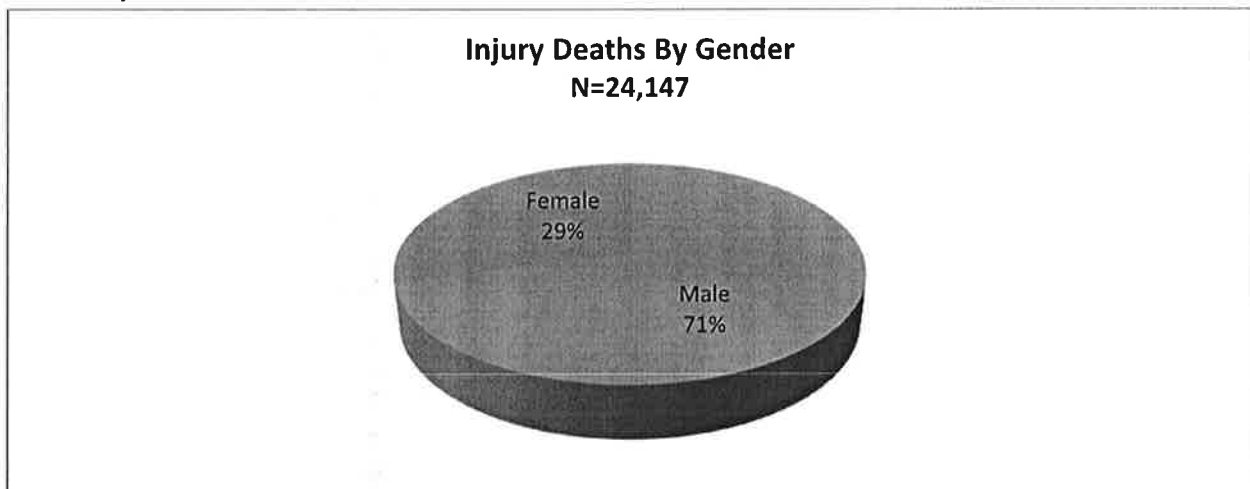
From 1997 to 2015, trauma-related deaths in Dallas County increased by 42% and the age-adjusted rate increased by 16%. These numbers include deaths from all manners (Unintentional, Homicide, Suicide and Undetermined).

### Deaths by Age Group



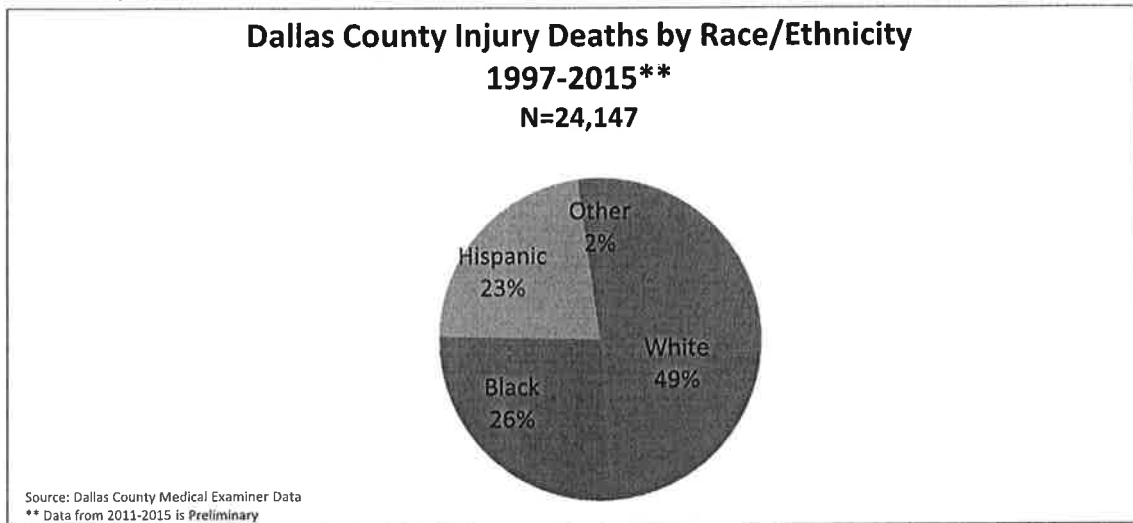
Fifty-three percent of the injury deaths occurred between ages 20-49. The average age of fatal injury victim in Dallas County was 44 years. The age ranged from less than one year to 108 years. The highest death rates were among the very young and the elderly.

### Deaths by Gender

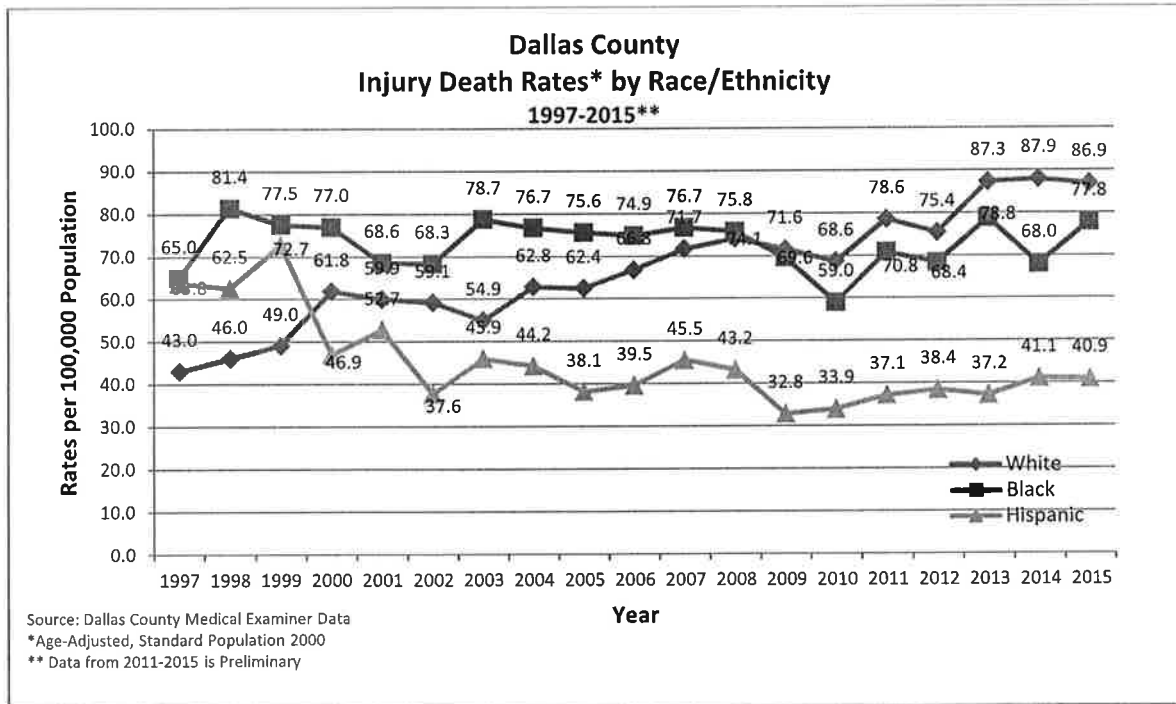


The majority of injury death victims were male.

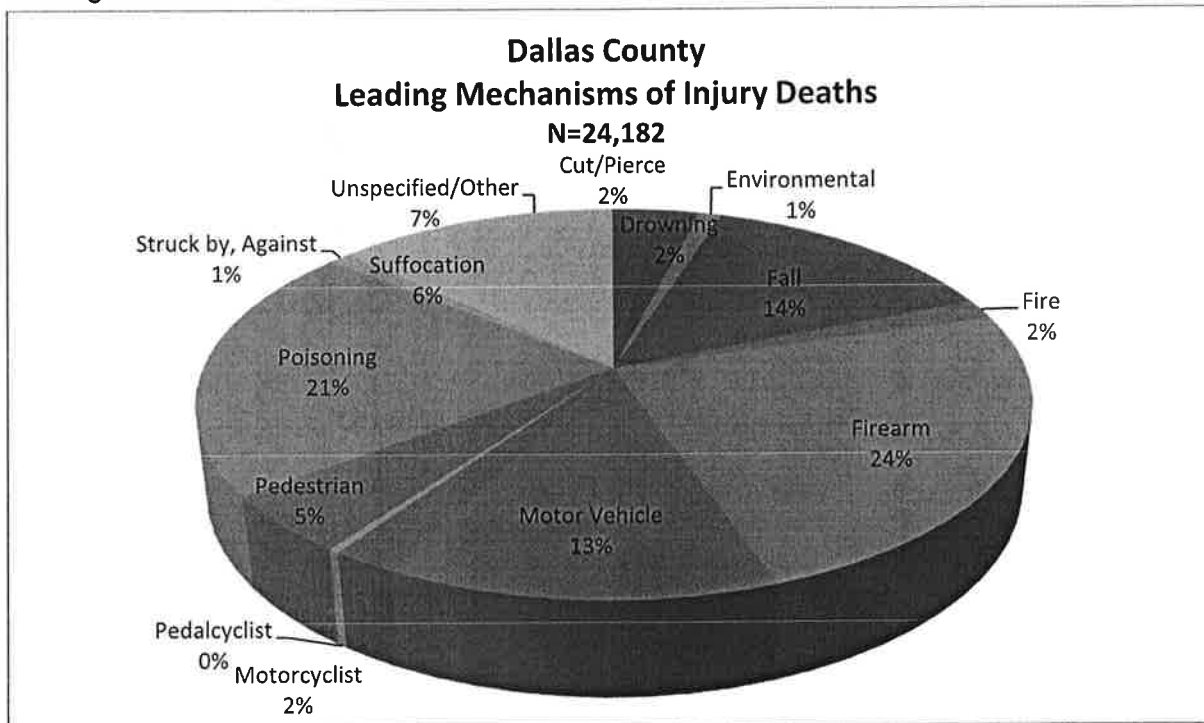
**Deaths by Race**



Trends in injury death rates by race from 1997 to 2015 are shown in the next figure. The White population had the lowest injury rate in 1997, but that population had the highest death rate in 2015. The Black population previously had the highest injury death rate, but is now below that of Whites. The Hispanic injury death rate has fallen dramatically over time. Note that in 1997 – 1999, the higher rates in the Hispanics may have been due to inaccurate denominator data, but is probably more accurate since 2000.

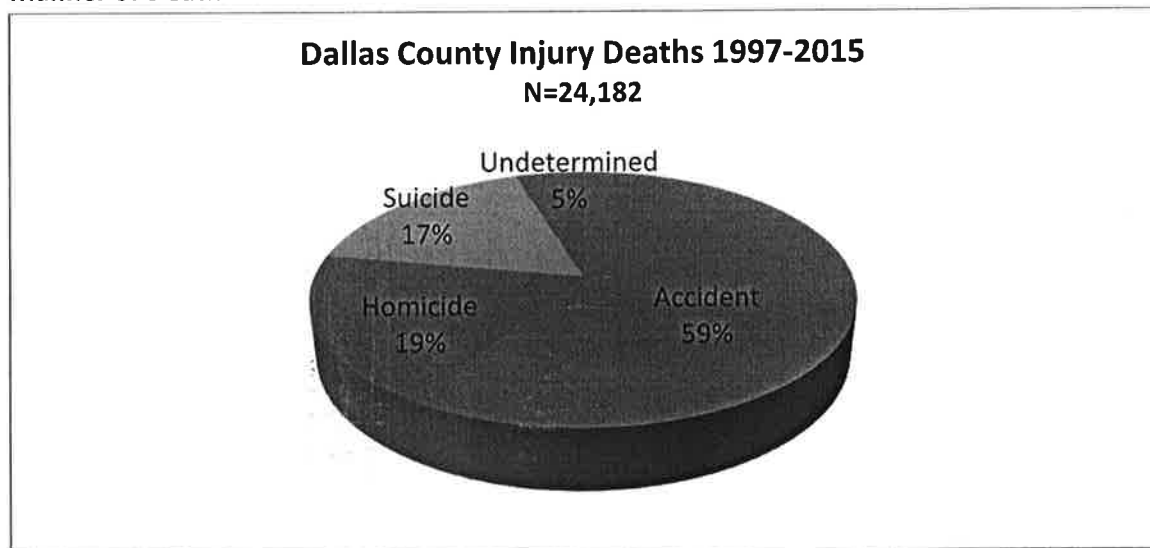


### Leading Mechanisms of Death



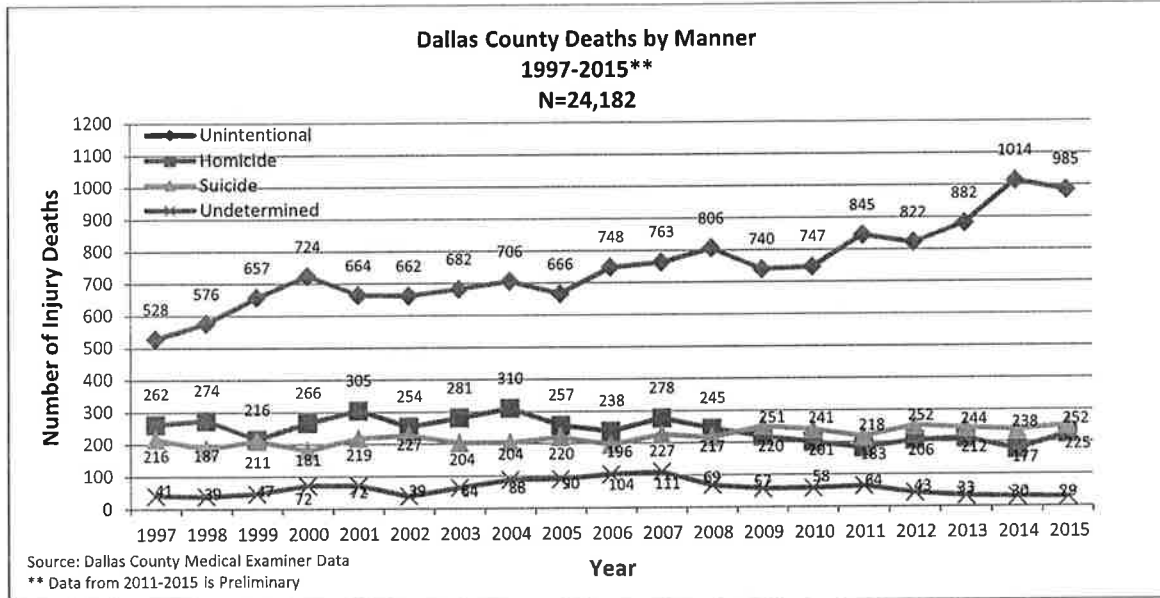
The Mechanisms of death refers to the external cause of the death. Firearms, poisoning, falls and motor vehicle occupants were the leading causes of injury death in Dallas County.

### Manner of Death

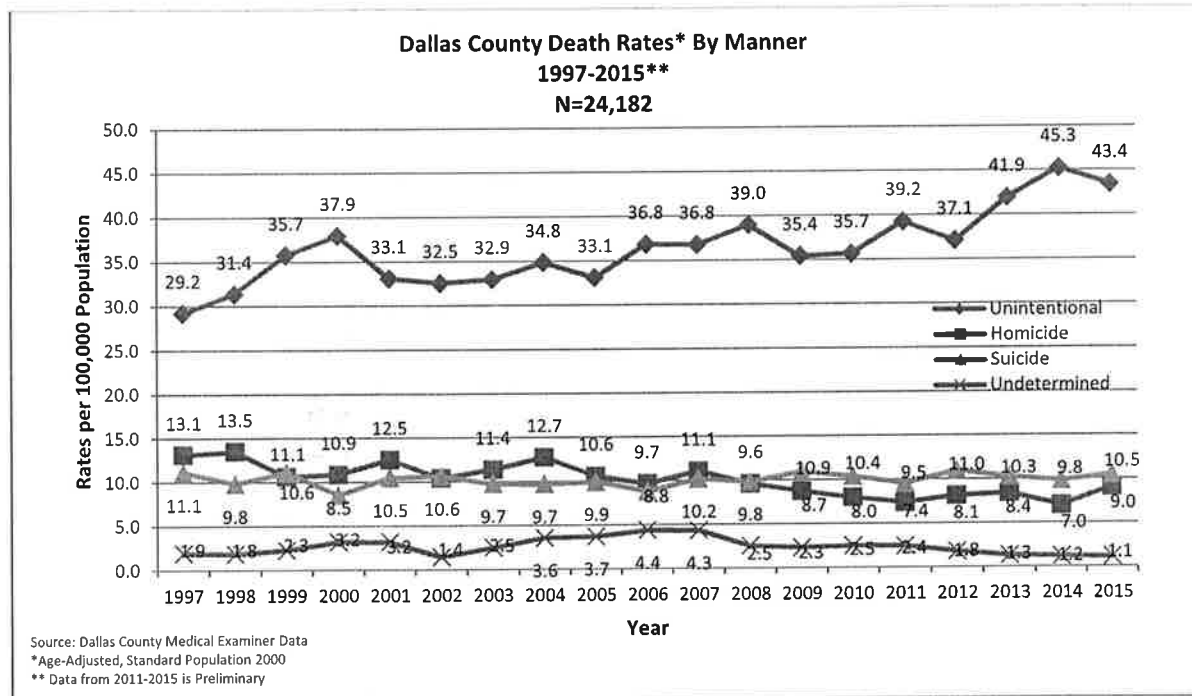


The manner of death explains how the death occurred. For an injury death there are 4 classifications of manners: Unintentional, Homicide, Suicide and Undetermined. Suicides and Homicides are intentional

injuries that are deliberate acts. Unintentional injuries are not deliberate. Deaths are classified as Undetermined if there is no compelling information pointing to one specific manner. In Dallas County, 59% of the deaths were classified as Unintentional, 19% as Homicide, 17% as Suicide and 5% were Undetermined.



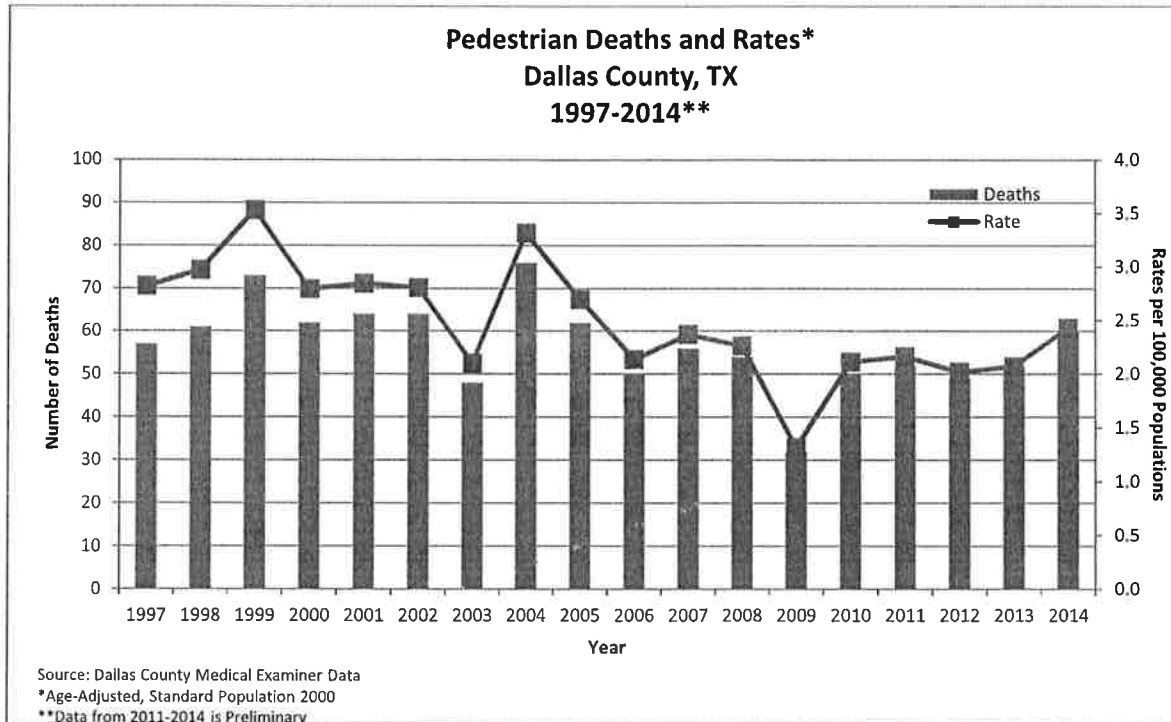
The manner of death by year: Unintentional injury deaths and death rates have increased from 1997 to 2015. Homicides declined over time and Suicides have shown a slight increase over the past few years.



## Pedestrian Deaths Dallas County 1997-2014

Since 1997, there have been 1022 pedestrian deaths in Dallas County. A pedestrian death was defined as a person who died within one year of being injured as a result of being struck by a motor vehicle while standing or walking. The analysis excludes any pedestrian death that was ruled a homicide or suicide or took place on railroad tracks.

### Pedestrian Deaths

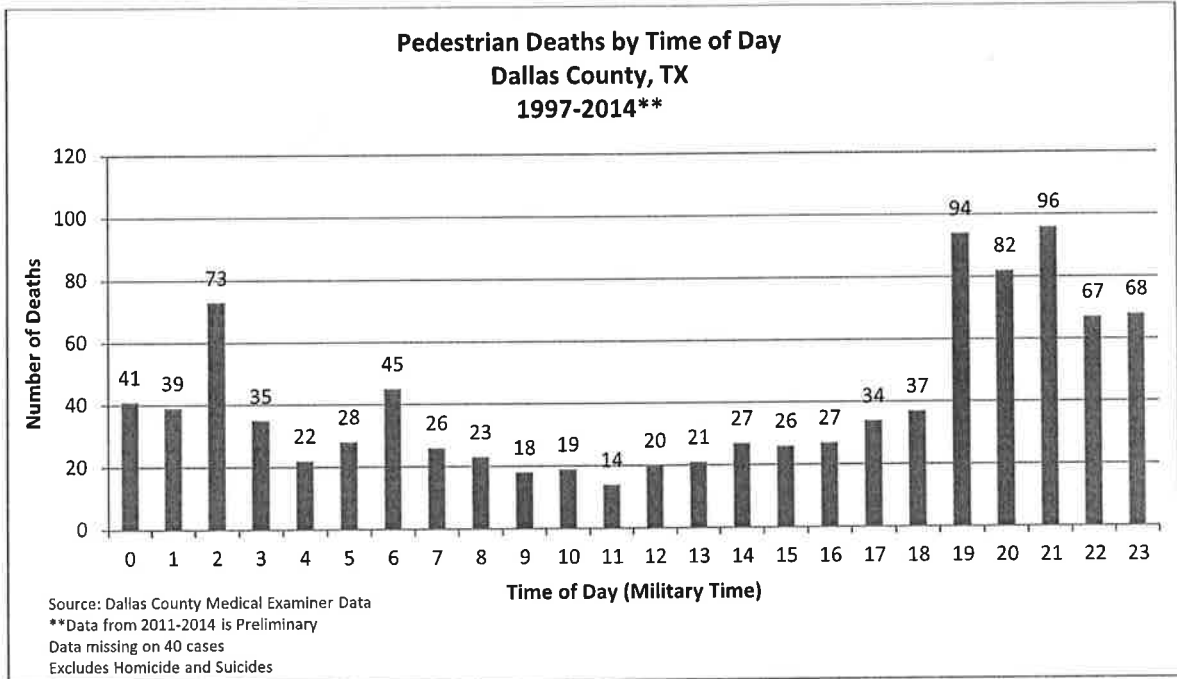


Pedestrians accounted for one out of 12 of all unintentional deaths, and twenty-three percent of all Motor Vehicle related deaths in Dallas County. The number of pedestrian deaths averaged approximately 57 per year. The average annual rate in Dallas County was 2.5 deaths per 100,000 population per year compared to the U.S. annualized rate of 1.9 deaths per 100,000 population. The number of deaths and death rates has generally declined over time, with a small increase in 2014.

### Demographics

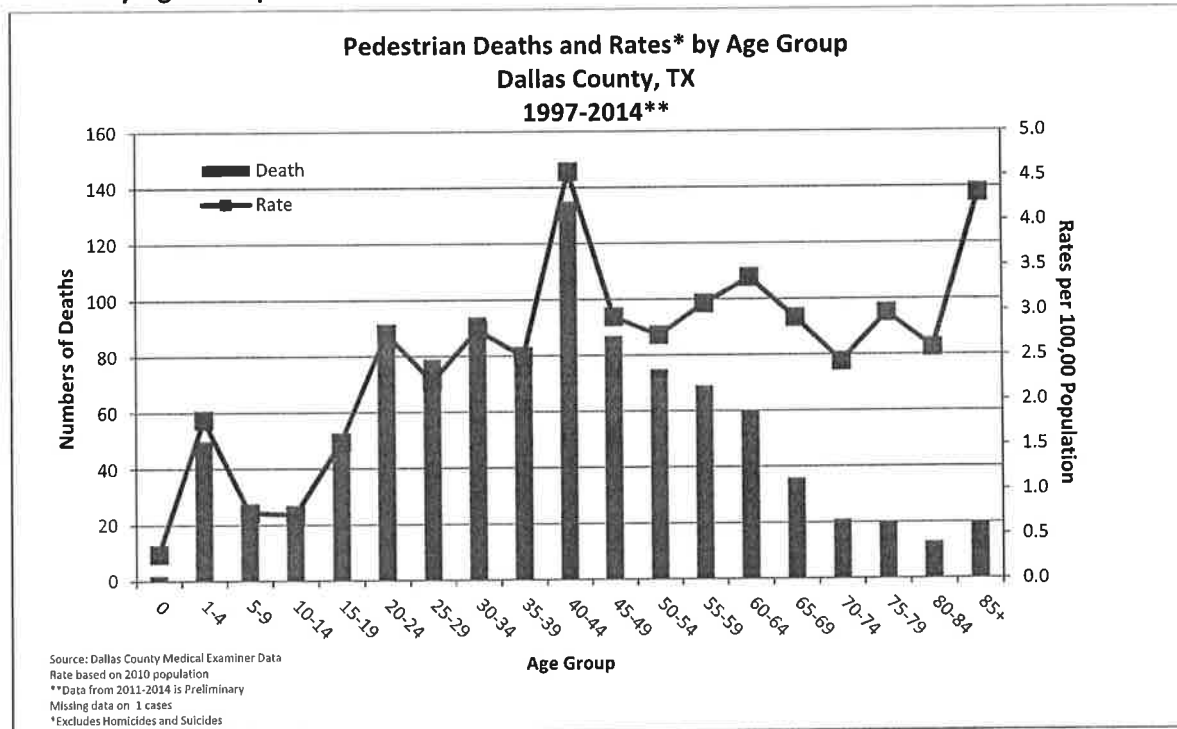
- Seventy-five percent of the deaths were male.
- Deaths were evenly distributed by race/ethnicity.
- Blacks had the highest annualized death rate at 3.5 deaths per 100,000 population.

### Death by Time of Day



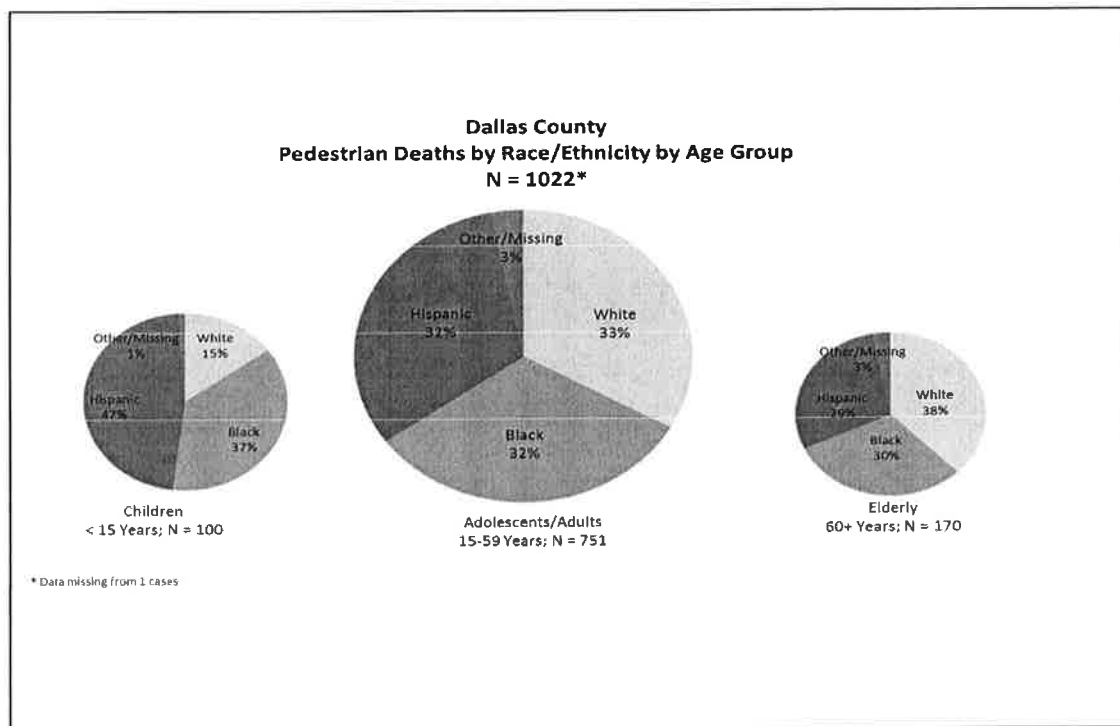
Sixty-seven percent of the crashes occurred between the hours of 8 p.m. and 5:59 a.m.

### Deaths by Age Group



The average age of pedestrian victims was 40 years old, and ranged from 0 to 98 years old. The largest number of the deaths occurred between ages 20-49, with a peaked at age 40-44. The highest death rates per 100,000 population were for age group 40-44 and the elderly (85+).

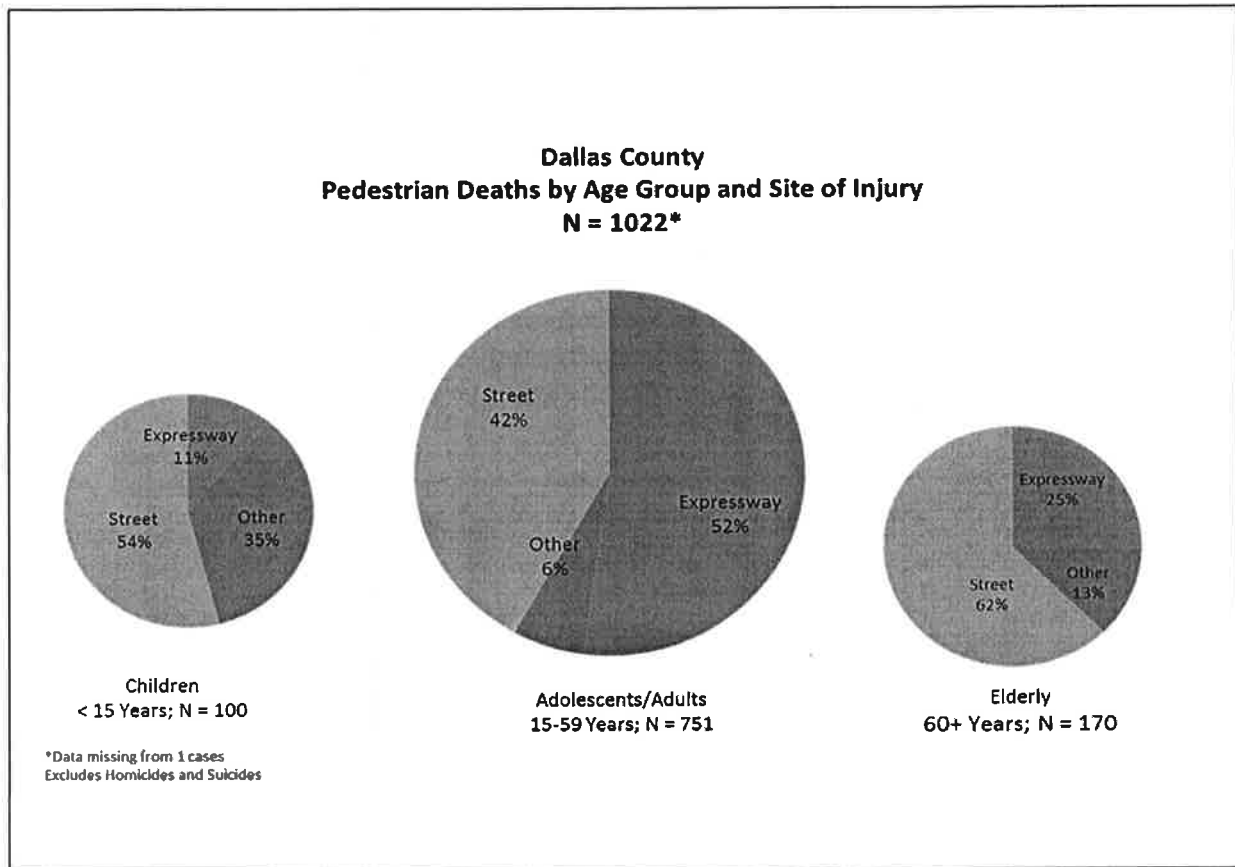
### Death by Race/Ethnicity and Age Group



The proportion of pedestrian deaths by race/ethnicity varied by age group. For children < 15 years old, the largest number of deaths were among Hispanics, followed by Blacks. For adolescent/Adult ages 15-59, the deaths were evenly distributed by race and ethnicity. For the elderly ages > 60, Whites had the most deaths, followed by Blacks and Hispanics.



## Death by Site of Injury and Age Group



The site of injury for pedestrian deaths also varied by age group. For children < 15 years old, the majority of deaths occurred on surface streets followed by other areas such as driveways, parking lots and alley ways. For adolescent/adult ages 15-59, the greater number of deaths occurred on expressways followed by surface streets. For the elderly, ages > 60, more than half of the deaths occurred on surface streets.

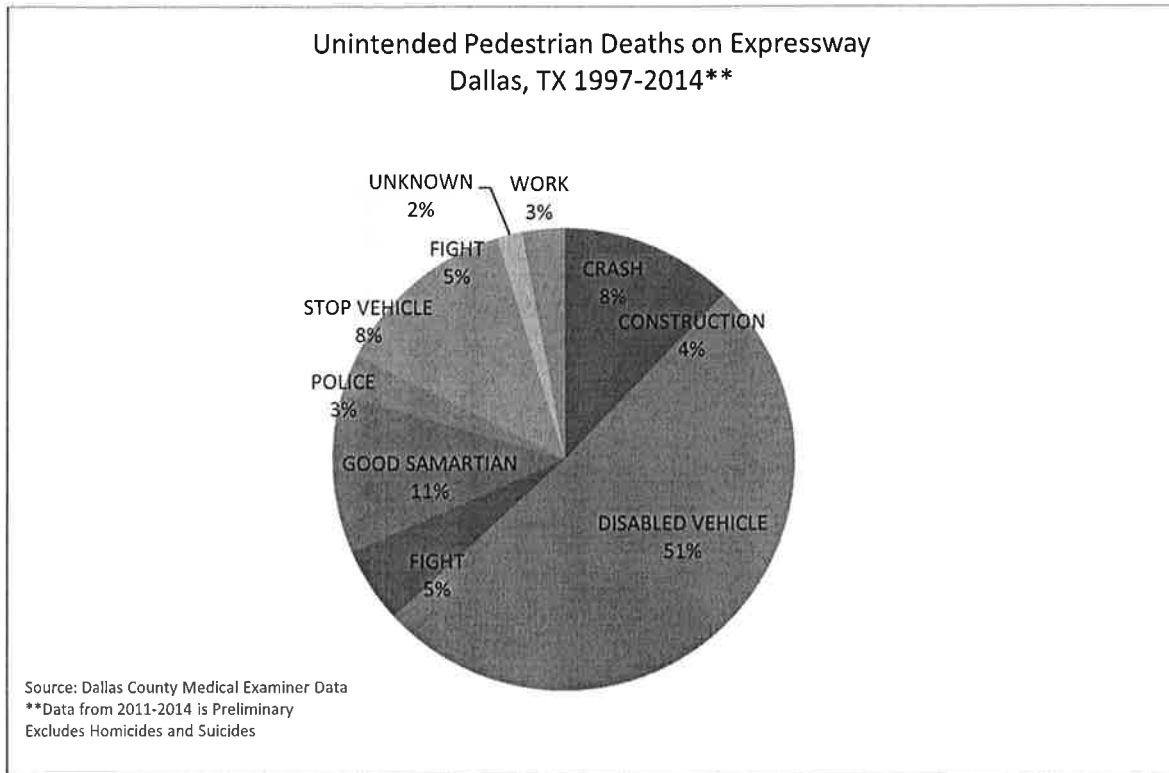
### Alcohol-involved Pedestrian Deaths

Eight hundred and seventy-five pedestrian were tested for alcohol. Thirty-three percent of the victims were legally intoxicated at the time of death.

### “Unintended Pedestrians”

An unintended pedestrian is defined as a person who exited their vehicle for some reason and was struck by a vehicle. Between 1997 and 2014, there were a minimum of 200 known “Unintended Pedestrian” deaths in Dallas County (.47 deaths per 100,000 population). Eighty-two percent of the deaths were male and 41% among Hispanics. The average age of death was 36 years old, with a range from 15 to 87 years old. Eighty-one percent of “Unintended Pedestrian” deaths occurred on an expressway.

## Unintended Pedestrian Expressway Deaths



Fifty-one percent of the “unintended pedestrians” had stopped because of a disabled vehicle such as flat tire, ran out of gas, engine trouble etc.

## Brief Report: Dallas County Pedestrian Deaths among Children 0-17

This report will look at Dallas County pedestrian deaths among children 0-17 from two data sources; Dallas County Medical Examiner's Office and Dallas County Child Death Review Team.

### Background

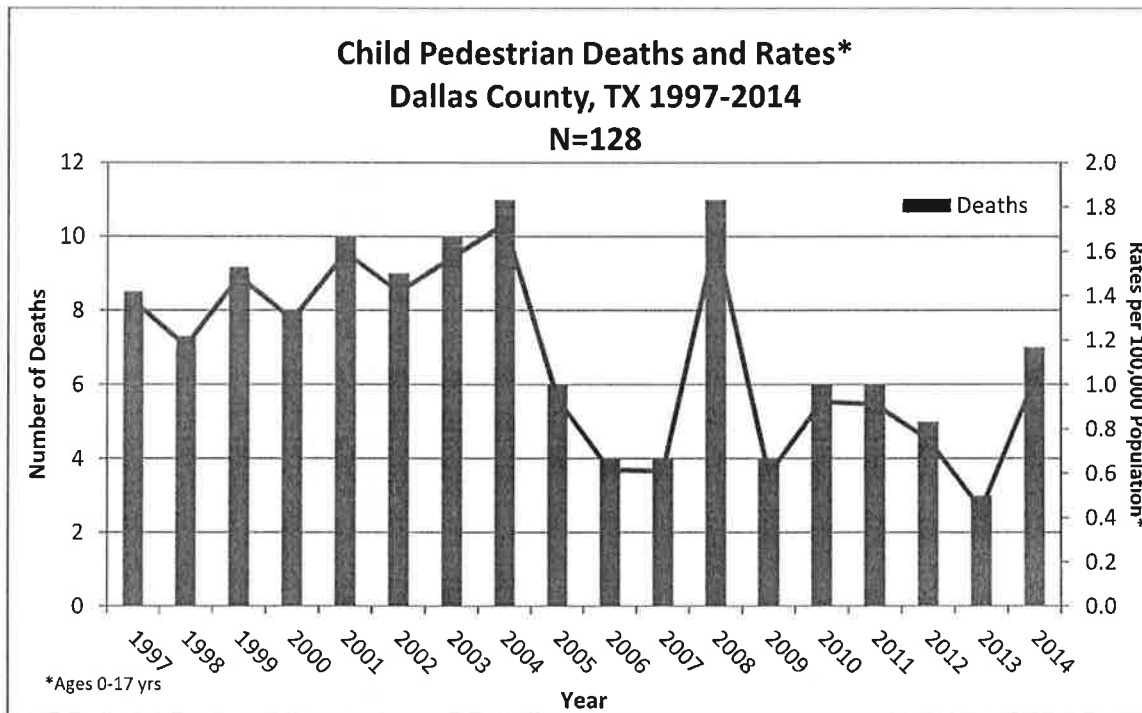
We reviewed data collected from the Dallas County Medical Examiner's Office (ME) and the Dallas County Child Death Review Team (CDRT). The Dallas County Medical Examiner investigates all intentional and unintentional injury deaths, deaths to infants, and any deaths that occurred in a hospital within 24 hours of admission. The Dallas County CDRT is a multi-agency, multidisciplinary team that reviews child and adolescent fatalities to better understand how and why children die in Dallas County. Data is collected and entered into the National Child Death Review case reporting system (CDR).

### Data from Dallas County Medical Examiner's Office

The following information is ME data from 1997-2014.

From 1997-2014, there were 128 unintentional child pedestrian deaths in Dallas County (excluding trains) among children 0-17 years of age. Unintentional child pedestrian deaths made up 24% (128/528) of all motor vehicle deaths among children in Dallas County. There was an average of seven deaths per year (ranged, 3-11/yr.). The average annual death rate was 1.09 deaths per 100,000 population. The number of deaths and death rates have generally declined over time; however, there were increases in 2008 and 2014.

### Pedestrian Deaths



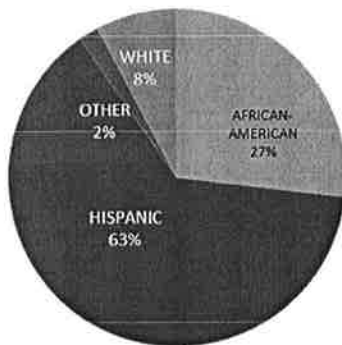
## Overview

- Sixty-five percent (83/128) of the deaths occurred among males.
- Deaths were evenly distributed between Hispanic and African-Americans, followed by whites.
- African-Americans had the highest average annual rate of 1.9 deaths per 100,000 population.
- The average age of a child pedestrian fatality was 7.9 years.
- Sixty-four percent (81/126) of the fatal pedestrian deaths occurred during the day time (6 a.m. – 7:59 p.m.)

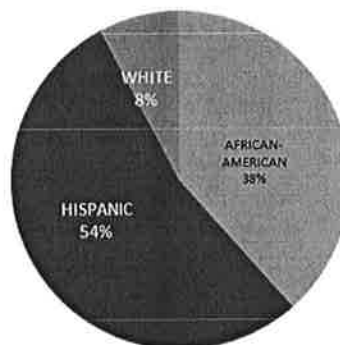
## Demographics

The proportion of pedestrian deaths by race/ethnicity varied by age group. For children < 10 years old, the largest number of deaths was among Hispanics, followed by African-Americans. However, the highest pedestrian death rates were for African-Americans. For children > 9 years old, the largest number of deaths and highest rates was among African-Americans.

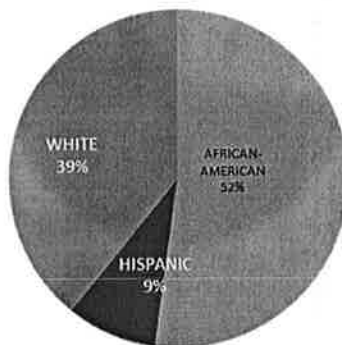
### Child Pedestrian Deaths Race/Ethnicity by Age Groups Dallas County, TX 1997-2014



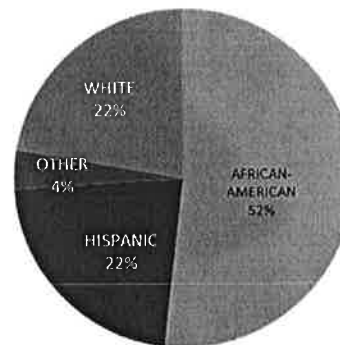
Age Group 0-4 yrs  
N=52



Age Group 5-9 yrs  
N=26



Age Group 10-14 yrs  
N=23



Age Group 15-17 yrs  
N=27

Source: Dallas County Medical Examiner Data

### Annualized Death Rates (per 100,000 population) by Race/Ethnicity and Age Groups

RACE	AGE 0-9	AGE 10-17
AFRICAN-AMERICAN	1.7	2.2
HISPANIC	1.3	0.3
OTHER	0.3	0.4
WHITE	0.5	1.4

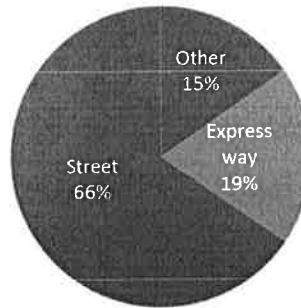
### Incident Site

The sites for pedestrian deaths varied by age group. For children 0-4 years, the majority of deaths occurred on driveways and other sites (includes alleyway and parking lots). For children 5-14 years old, the greater number of deaths occurred on surface streets. For children 15-17 years, the majority of deaths occurred on expressways.

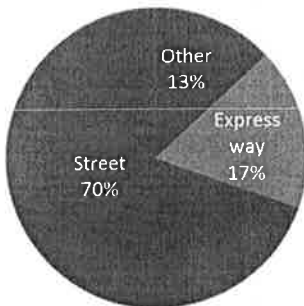
### Child Pedestrian Deaths Site of Injury by Age Groups Dallas County, TX 1997-2014



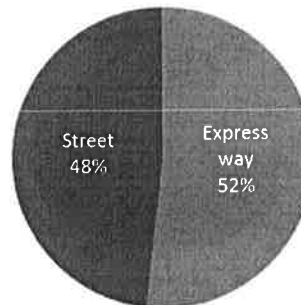
Age Group 0-4 yrs  
N=52



Age Group 5-9 yrs  
N=26



Age Group 10-14 yrs  
N=23



Age Group 15-17 yrs  
N=27

Source: Dallas County Medical Examiner Data

## **Streets**

Forty-nine percent (63/128) of the pedestrian deaths occurred on surface streets. Forty-nine percent (31/63) of the street deaths occurred when the child was crossing the street, while 30% (19/63) occurred while the child was in the street (i.e. playing in the street, retrieving a ball from the street). Fifty-seven percent (36/63) of street deaths were male, and 44% (28/63) were African-American. Seventy-one percent (45/63) of street pedestrian deaths occurred from 6 a.m. – 7:59 p.m.

## **Expressways**

Twenty percent (25/128) of the pedestrian deaths occurred on expressways and frontage roads. Fifty-six percent (14/25) of the expressway deaths were among children between the ages 15-17 years. Forty percent (10/25) of the expressway deaths were African-American. Seventy-six percent (19/25) of deaths occurred from 8:00 p.m. – 5:59 a.m. Sixteen percent (4/25) of the deaths were labeled as “unintentional pedestrian;” meaning that the child had entered the expressway in a vehicle but got out of the vehicle before being killed as a pedestrian.

## **Other sites (Alleys and Parking Lots)**

Twenty percent (25/128) of the pedestrian death occurred in parking lots (19), alleyways, etc. (6). Seventy-two percent (18/25) of these deaths occurred among males between the ages of 1-4 years. Fifty-six percent (14/25) of the deaths occurred among Hispanics. Eighty percent (20/25) of deaths occurred during the day from 6:00 a.m. – 7:59 p.m.

## **Driveways**

Twelve percent (14/128) of the child pedestrian deaths occurred in a driveway. All of these deaths occurred among children 1 to 4 years old. Sixty-four percent (9/14) of driveway deaths were males, and 57% (8/14) occurred among Hispanics. In 71% (10/14) of the deaths, the driver was a relative of the child (parent, grandparent, uncle). The type of vehicle was collected for nine cases. For those cases with known vehicle type, 67% (6/9) were trucks, vans and SUVs. All of the deaths occurred between 12:00 p.m. – 10:30 p.m.

## **Data from Dallas County Child Death Review Team**

The following information is CDRT data from 2006-2012.

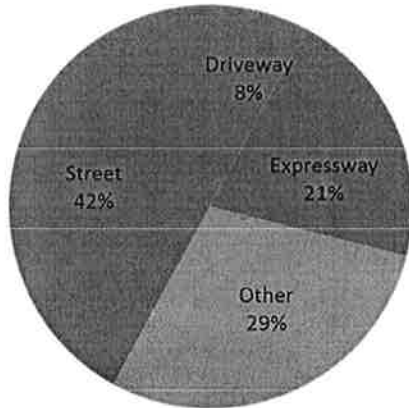
### **Overview**

Between 2006 and 2012; there were 38 pedestrian deaths reported among children 0-17 years of age in Dallas County that was entered into the CDR database.

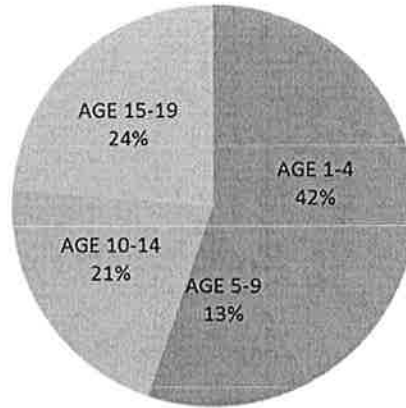
- Sixty-six percent of the deaths (25/38) were male.
- Fifty-three percent of the deaths (20/38) were Hispanic, followed by African-Americans (31%) and whites (16%).

- African-Americans had the highest average annual rate of .5 deaths per 100,000 population.

**Child Pedestrian Deaths  
Site of Injury  
Dallas County, TX 2006-2012  
CDRT**



**Child Pedestrian Deaths  
Age Group  
Dallas County, TX 2006-2012  
CDRT**



### Child Activity

Forty-five percent (17/38) of the incidents listed the child's activity at the time death. Fifty percent (9/18) of the children were playing at the time of the incident.

Playing	9
Walking	7
Running	1
Unknown	21
Total	38

### Child Information

Fifty-eight percent (22/38) of the children were enrolled in school. Fifty-five percent (12/22) of the school-age children enrolled in school were in Grades 9-12, followed by 36% (8/22) in Grades K-8, and 9% (2/22) in preschool. Eighteen percent (4/22) of the school children had experienced prior problems in school. Nine percent (2/22) had academic problems, 5% (1/22) had behavior problems, and 14% (3/22) had been truant. All of the school problems identified were among children 15-17 years of age. Fourteen percent (3/22) of the school children had delinquent or criminal history, including assault and drug use.

### Investigation Information

A Child Protective Services (CPS) record check was conducted on 95% (36/38) of the pedestrian deaths. CPS investigated four of the deaths, but the investigations did not support abuse or neglect.

### Circumstances around the crash

The following circumstances were identified by CDR team members who reviewed the death:

#### Driving Conditions

Normal Conditions	34
Inadequate Lighting	3
Wet	1

#### Contributing Factors\*

Contributing factors were listed for 22 of the pedestrian deaths. Forty-one percent (9/22) of the deaths had more than one contributing factor to the crash.

Driver Distraction	2
Driver's Drug or Alcohol Use	2
Mechanical Failure	1
Recklessness	2
Speed	1
Poor Visibility	2
Poor Sight Line	9
Backover/Front	6
Rollover	6

\*A crash could have more than one contributing factors listed.

#### Drivers involved in incident by Age, Responsibility, Alcohol involvement and License Status:

	Age
< 16 Ages	0
16-18 Ages	6
19-21 Ages	0
22-29 Ages	5
30-65 Ages	11
> 65 Ages	1 <sup>i</sup>
Unknown	15
Total	38



Thirty-five percent (10/38) of the drivers were responsible for the pedestrian death. Charges against the driver were filed in 26% (10/38) of cases. Five percent (2/38) of the drivers were alcohol/drug impaired at time of the crash. License status was available for 40% (15/38). Sixty-seven percent (10/15) of the drivers were fully licensed, 6.5% (1/15) had a graduated license, and 26.5% (4/15) had no license.

### **Prevention**

The CDRT ruled that 100% (38/38) of the deaths were preventable.

### **Summary**

Although pedestrian deaths have declined over time, they remain an important cause of injury-related deaths among children. The proportion of pedestrian deaths by race/ethnicity varied by age group with more deaths occurring among Hispanics in younger ages, and more among African-Americans in adolescent ages. The site of pedestrian deaths also varied by age group with younger children more likely to die as a pedestrian in driveways or parking lots, while school-age children were more likely to die from pedestrian injuries on surface streets. Pedestrian deaths among teenagers were more likely to occur on expressways. All the pedestrian deaths were ruled as preventable by the CDRT.

## Unintentional Drug Poisoning Deaths Dallas County 1997-2013

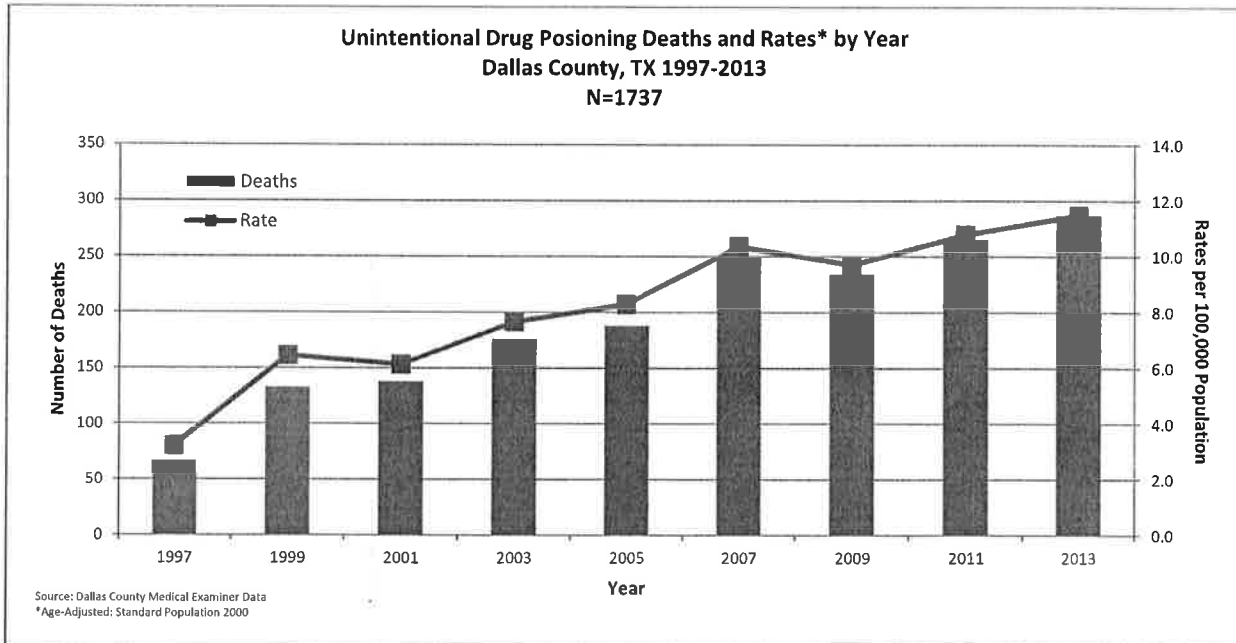
From 1997-2013, there were 3351 unintentional poisoning deaths. Unintentional poisoning deaths made up one of every four unintentional injury deaths in Dallas County. Ninety-eight percent of the poisoning deaths involved some type of drug.

For this analysis, we performed detailed review of unintentional drug poisoning deaths for every other year (i.e. every second year) from 1997-2013. There were 1767 deaths involving a drug, and 30 poisoning deaths that did not involve a drug, (such as carbon monoxide poisoning, ingestion of anti-freeze and the inhalation of various gases) that were excluded from the analysis, leaving 1737 drug-related deaths.

Unintentional Drug Poisoning Deaths were defined based on the Medical Examiner’s ruling on manner and cause of death. Because of the large numbers involved, a more detailed review of the deaths was conducted for every other year (i.e. 1997, 1999, 2001, etc.) . For those years, cause of death was categorized into the following drug types: Heroin, Cocaine, Alcohol, Methamphetamine, Opiates, Opioid prescription drugs, Benzodiazepines, Other and Mixed drugs. The “Other” category includes other specific drugs not part of Opioid prescription drugs or Benzodiazepines drug categories, as well as over the counter medicine.

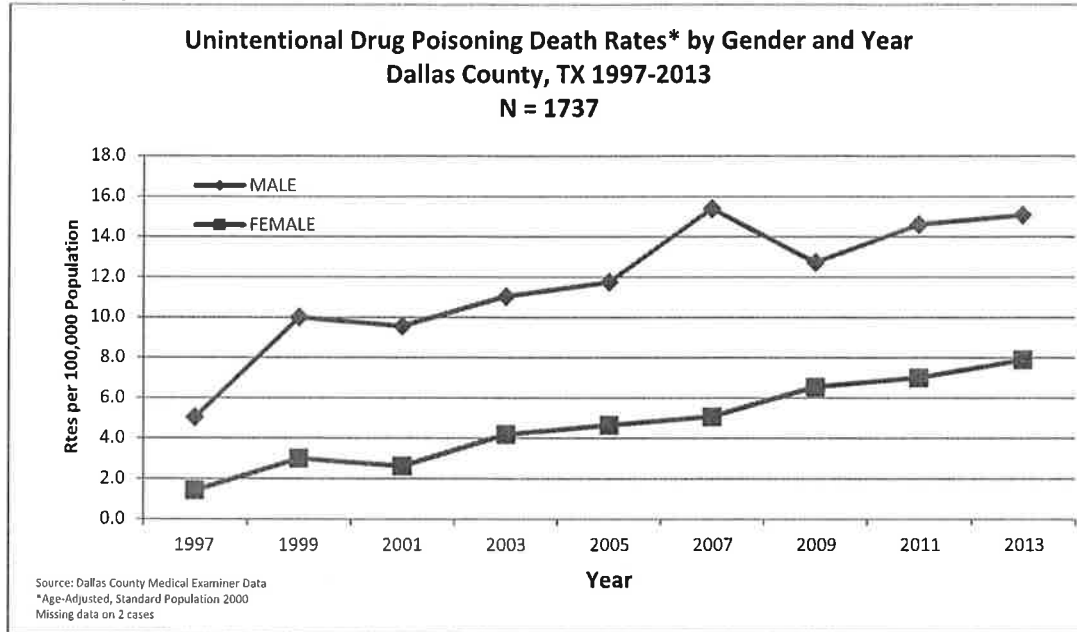
These categories were also collapsed into 3 broad categories: Illegal/Illicit Drugs, Prescription Drugs and Other Drugs. “Other Drugs” included over the counter medication, alcohol , opiates, mixed drugs, drug overdoses etc. Each drug poisoning death may have mentions of multiple drug types, so totals of the various drugs will exceed the numbers of deaths.

### Drug Poisoning Deaths, 1997-2013



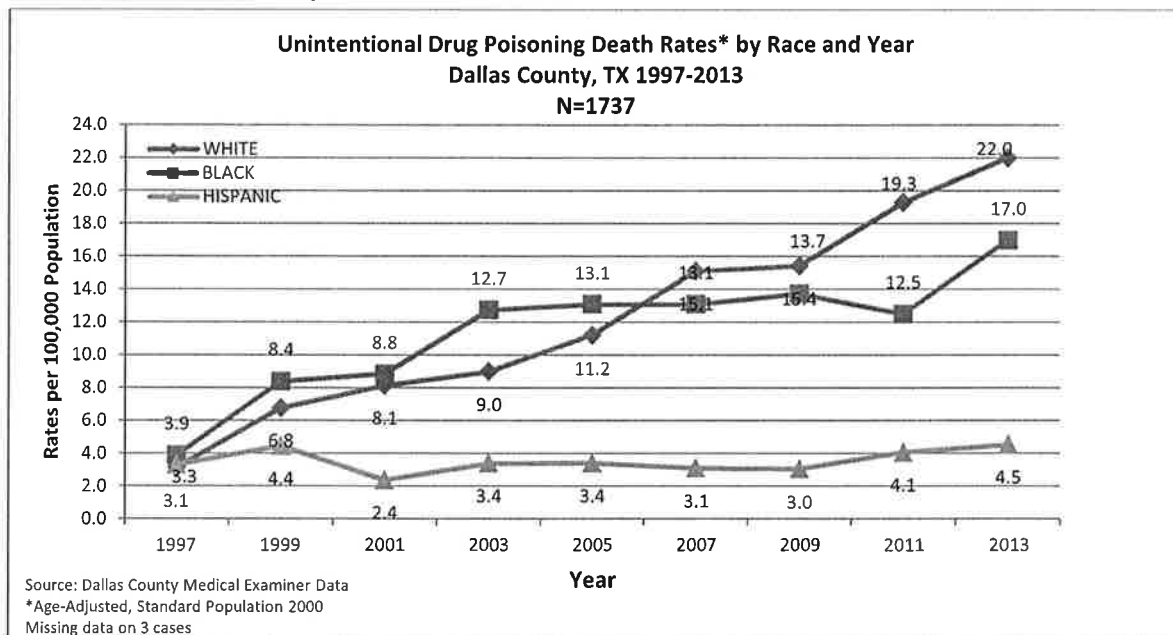
The number of deaths and death rate has increased 3-fold during this time period. This increase is statistically significant.

## Deaths by Gender



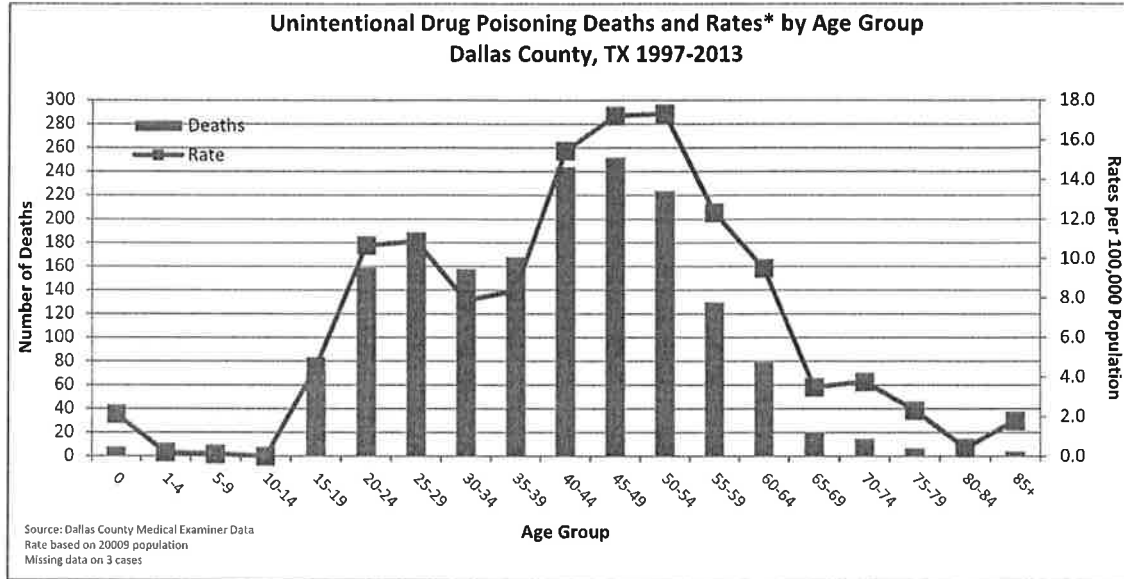
Seventy-two percent of the Unintentional Drug Poisoning deaths were male. The death rates for males have increased almost 3-fold from 1997 to 2013. For females, the death rate has increased over 5-fold during the same time period.

## Deaths by Race/Ethnicity



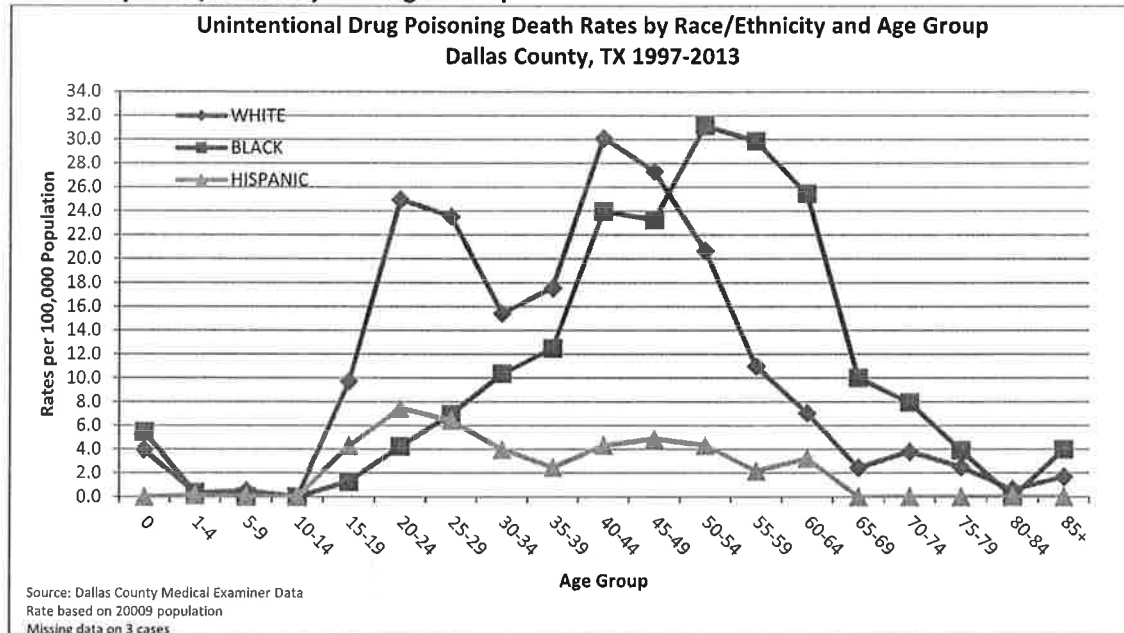
This graph looks at the trends in unintentional drug poisoning death rates by race/ethnicity. Fifty-four percent of the deaths were White, 29% Black, and 16% Hispanic. In the White population the death rate has increased almost 6-fold, in the Black population it has increased by 4-fold, and in the Hispanic population there has been much less increase. The increase for Whites and Blacks are statistically significant.

## Deaths by Age Group



The average age of drug poisoning victim was 40 years, and ranged was from 0 to 94 years. The majority of drug poisoning deaths (51%) occurred between ages 35-54. The highest death rates were for age group 45-54.

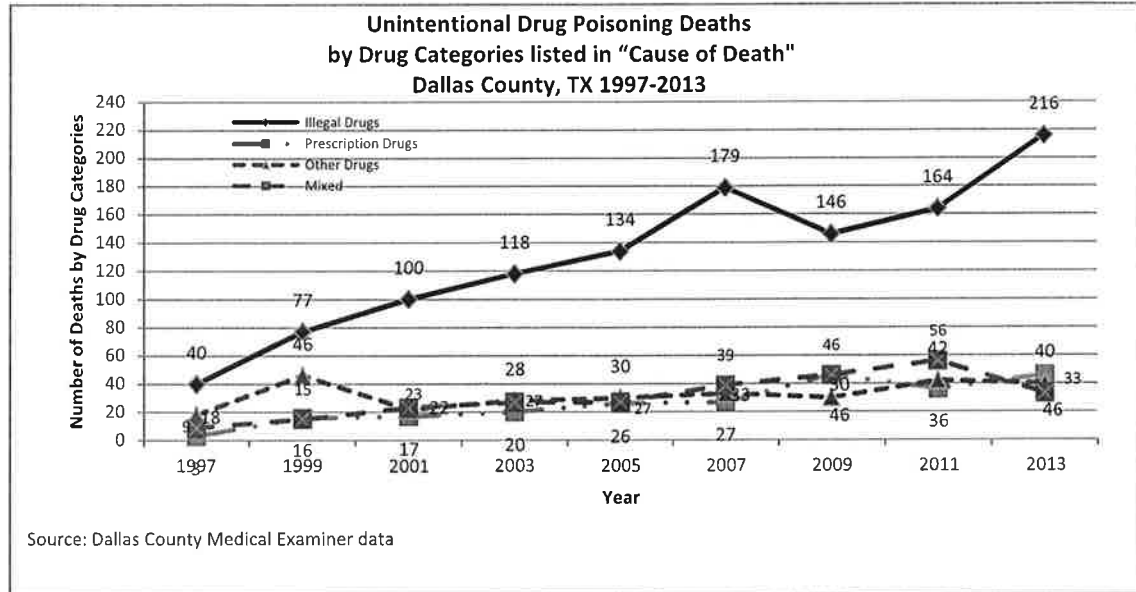
## Deaths by Race/Ethnicity and Age Group



There is a different age profile of unintentional poisoning death rates by race. For the white population, there are two peaks: the 20-24 age group, and 45-49 age group. In the Black population, the highest death rate was in ages 50-54. Among the Hispanic population, the death rate peaked at ages 20-24.

### Deaths by category of drug

In Dallas County, "illegal drugs" was the leading category listed under cause of death. This is contrast with data from the U.S as a whole, where in 2013, "Prescription Drugs" were the leading cause of Unintentional Drug Poisoning deaths. In Dallas County, Illegal drugs have accounted for the majority of poisoning deaths since 1997. Cocaine was the leading drug mentioned, followed by heroin



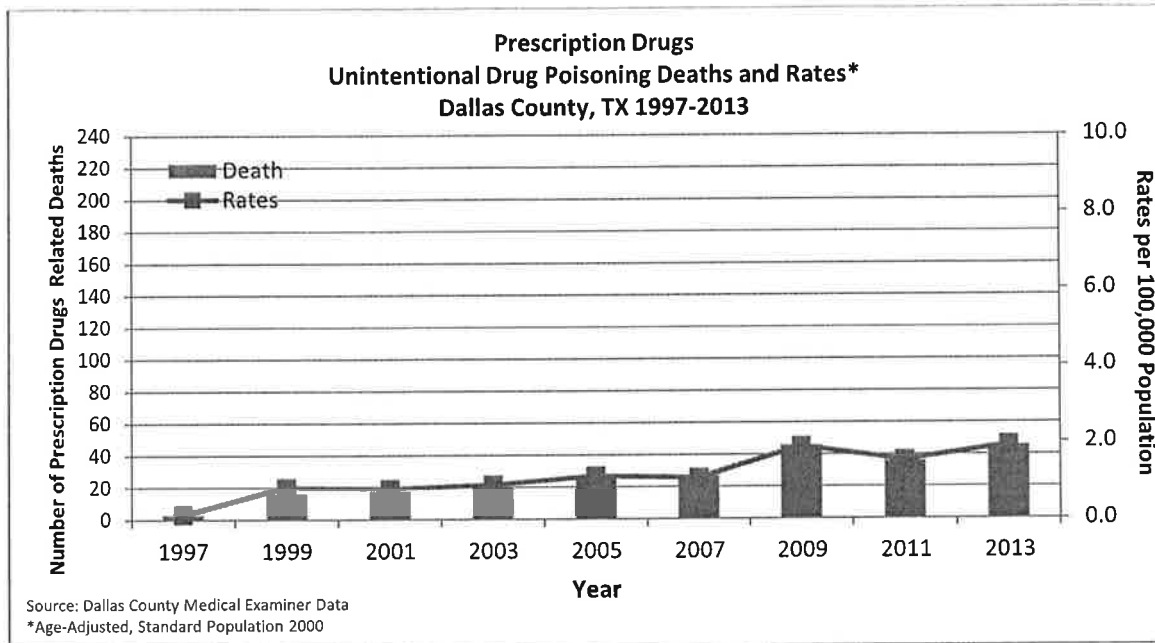
### Drug Poisoning Deaths by Drug Group\* and by year

	Illegal Drugs	Prescription Drugs	Other Drugs	Mixed
1997	40	3	18	9
1999	77	16	46	15
2001	100	17	22	23
2003	118	20	28	27
2005	134	26	30	27
2007	179	27	33	39
2009	146	46	30	46
2011	164	36	42	56
2013	216	46	40	33
TOTAL	1174	237	289	275

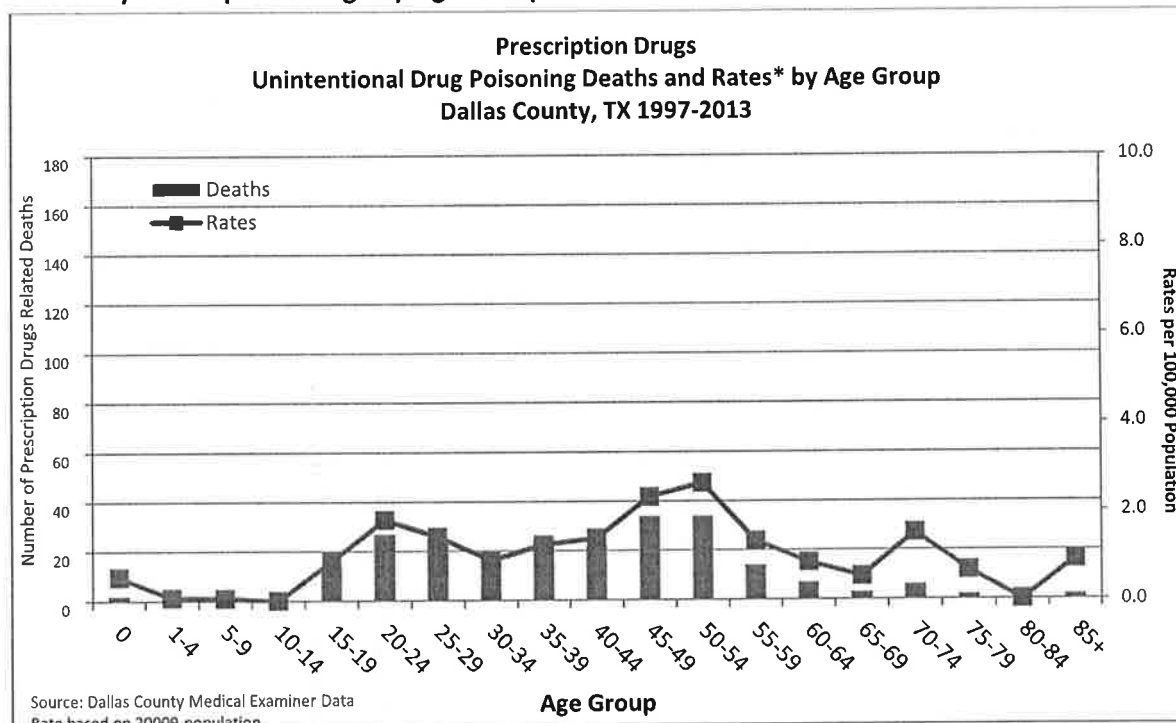
\*Totals are more than 1757 because more than one drug group could be assigned to the death.

### Deaths involving Prescription Drugs

Prescription drugs were defined as Opioid prescription drugs and Benzodiazepine-related drugs and other prescription drugs. The number of deaths has increased 4-fold, but remains lower than illegal drug deaths. In 2013, prescription drug deaths made up 51.8% of the unintentional drug deaths in the US, compared to 13% mentioned in the Dallas County ME's records.



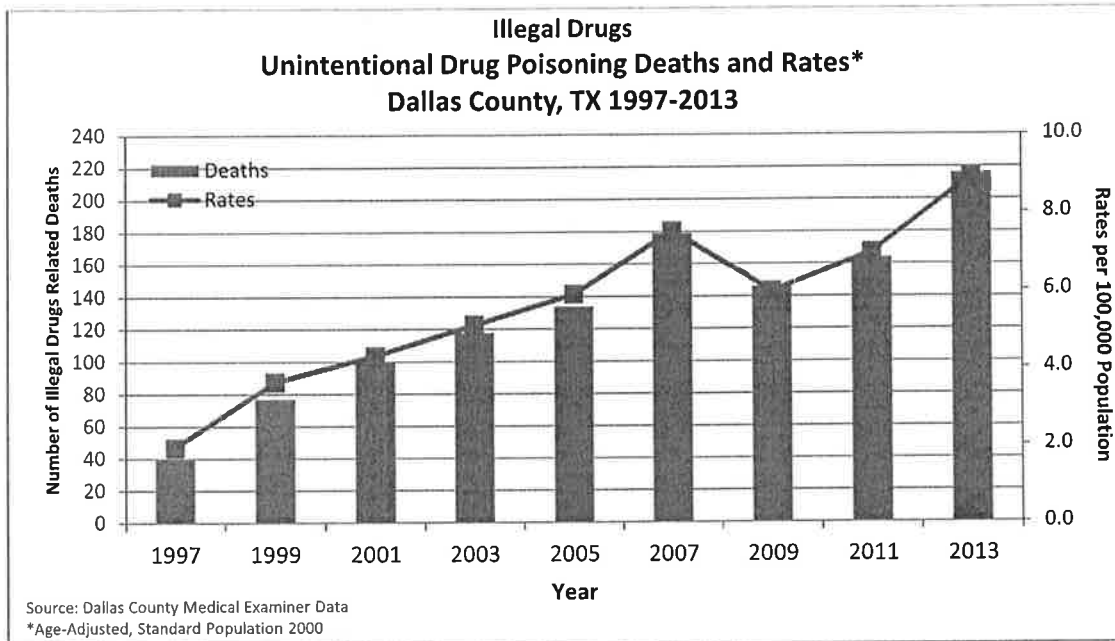
### Deaths by Prescription Drugs by Age Group



The highest death rates were for age group 50-54.

### Deaths involving Illegal Drugs

Illegal drugs were defined as Heroin, Cocaine, Methamphetamines, Phencyclidine (pcp) and MDMA (ecstasy). The number of deaths has increased more than 5-fold during this time period.

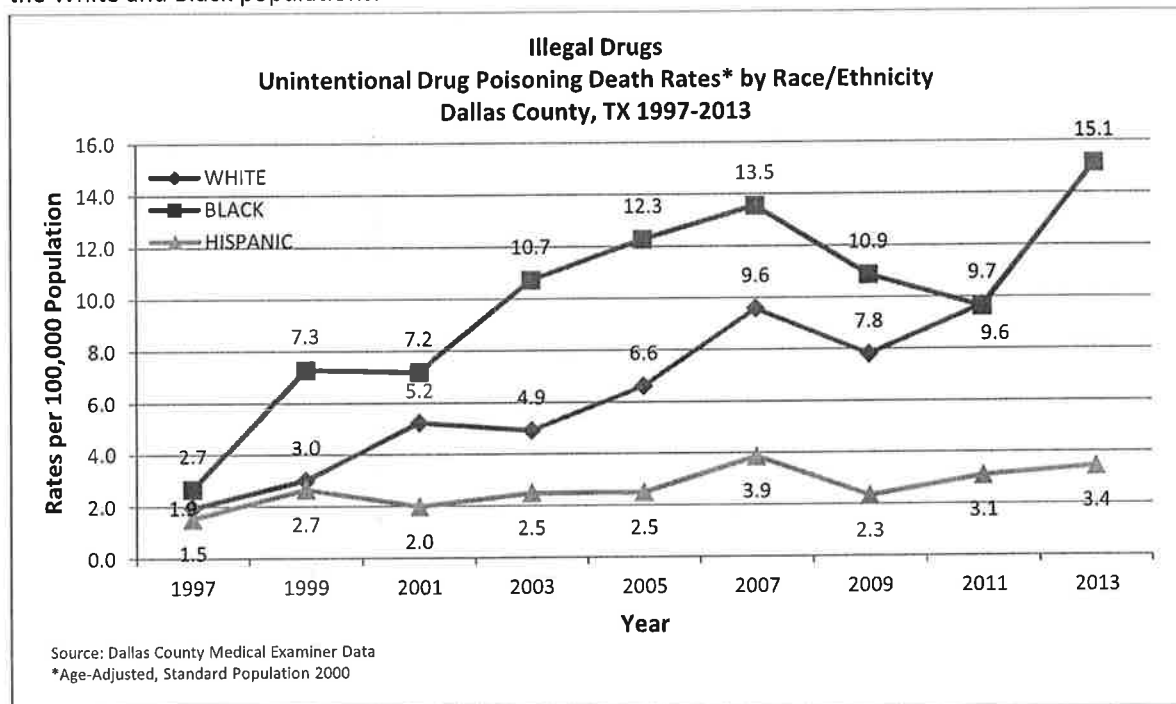


Seventy-five percent of the illegal drug related deaths were male. The death rate for males has increased almost 4-fold, and for females, the death rate has increased over 7-fold during the same time period.

#### Deaths involving Illegal Drugs by Race/Ethnicity

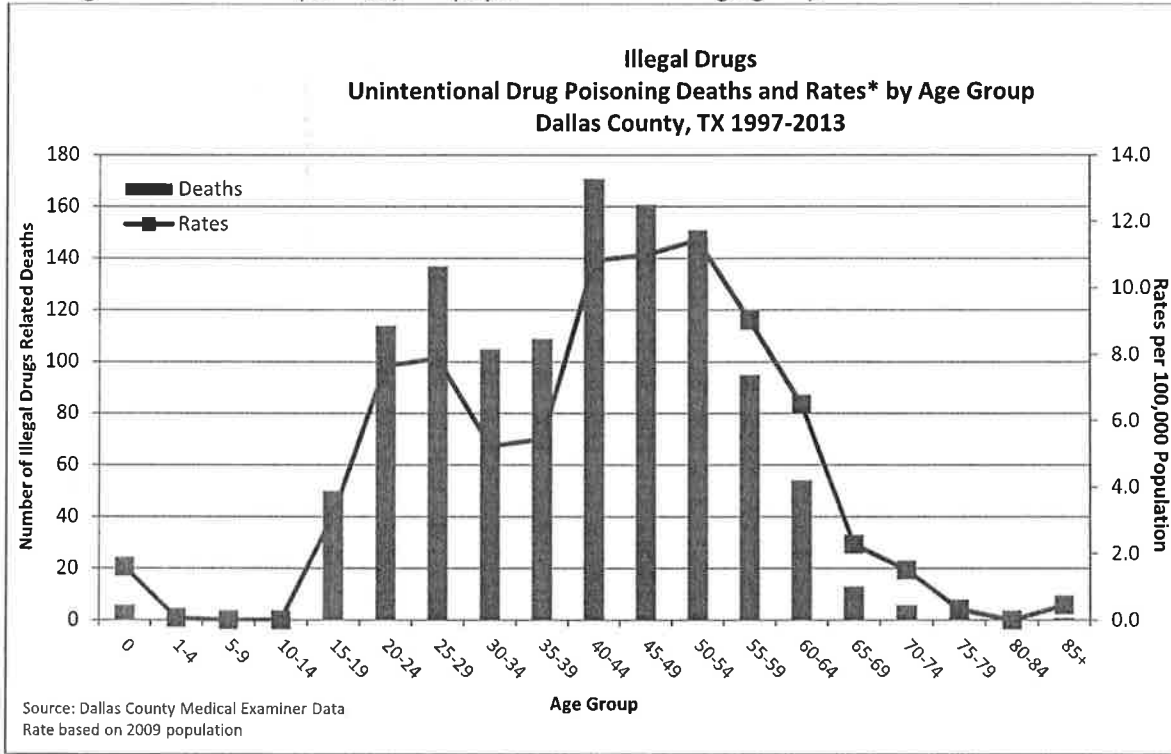
Forty-five percent of the deaths were White, followed by Blacks, and Hispanics.

The Black population had the highest death rate, which has increased by 5-fold between 1997-2013. In the White population the death rate has increased almost 8-fold. In 2013 the rates were the same for the White and Black populations.

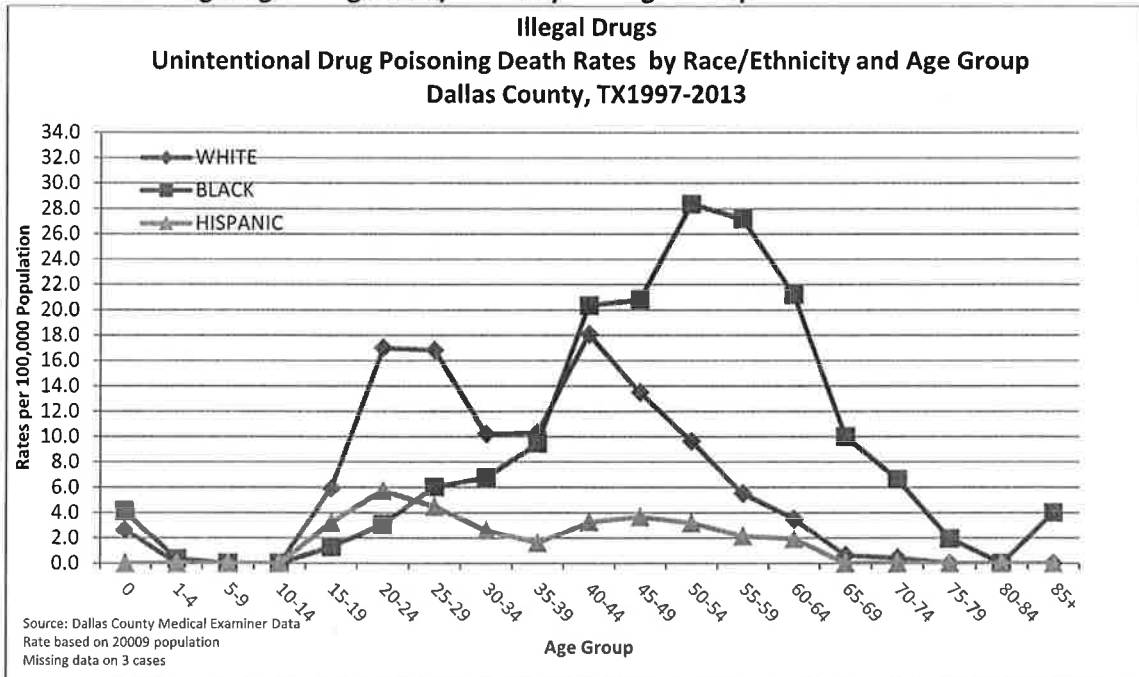


### Deaths involving Illegal Drugs by Age Group

The average age of illegal drug poisoning victim was 40 years old, and the age ranged was from 0 years to 87 years. Poisoning deaths had 2 peaks that occurred between ages 20-29 and 40-54. The highest death rates per 100,000 population were for age group 40-54.



### Deaths involving Illegal Drugs Race/Ethnicity and Age Group



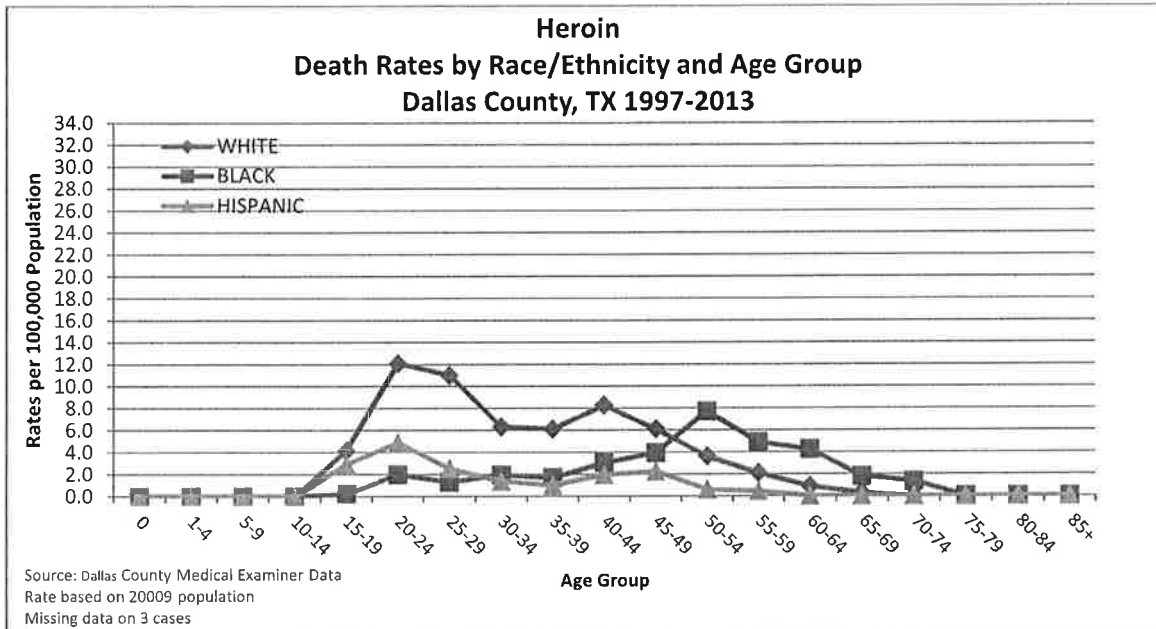


There is a different age profile of unintentional illegal drug death rates by race. For the white population, there are two peaks: the highest death rate was in the 20 to 29, with another peak among ages 40-44. In the Black population, the highest death rate was in ages 50-59. Among the Hispanic population, death rate peaks at ages 20-24.

**Specific Drugs**

When we analyzed the different Illegal Drugs deaths we found that there were different profiles by race/ethnicity and age group

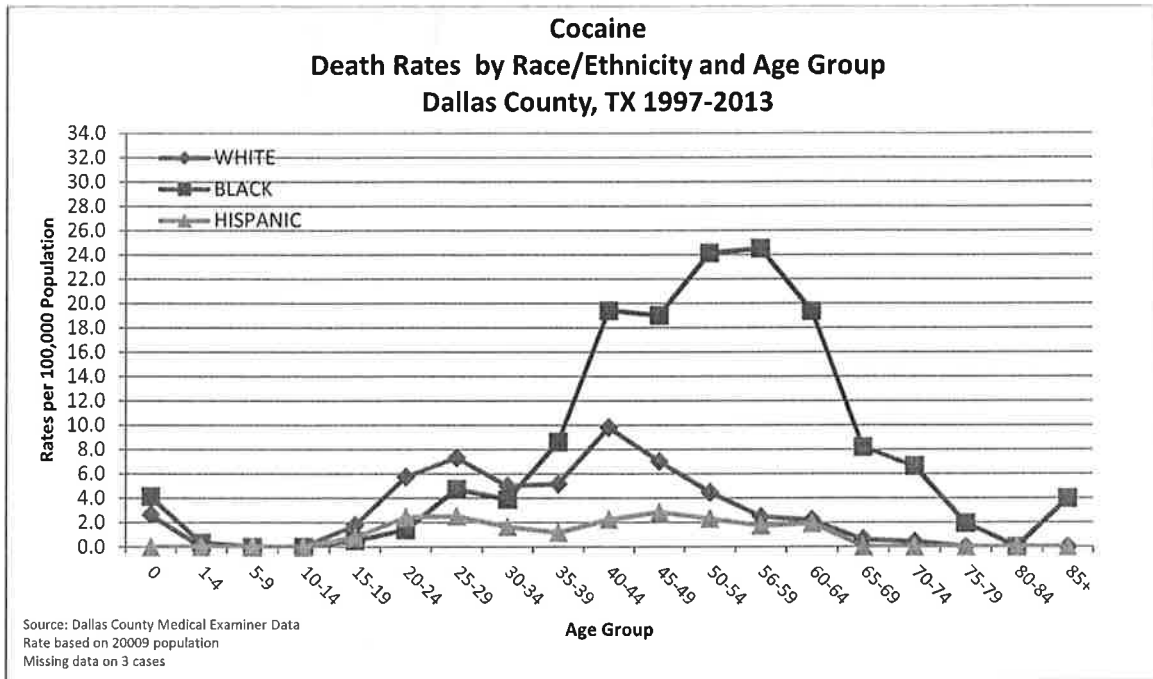
**Heroin by Race/Ethnicity and Age Group**



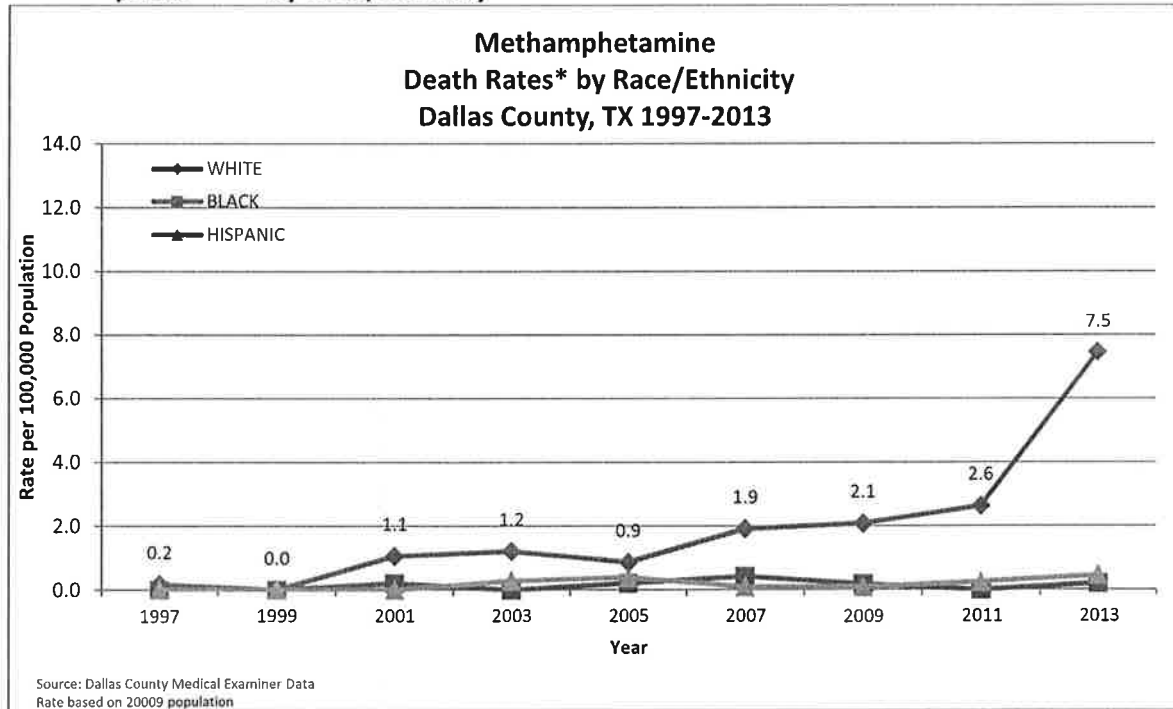
In the White population, the highest death rate was between 20 to 29 and peaks again in ages 40-44. In the Black population, highest death rate was in ages 50-64 and in Hispanic population death rate peaked at ages 20-24

**Cocaine by Race/Ethnicity and Age Group**

Cocaine related death rated were highest in the Black population, where cocaine deaths peak in the 50-59 age group.



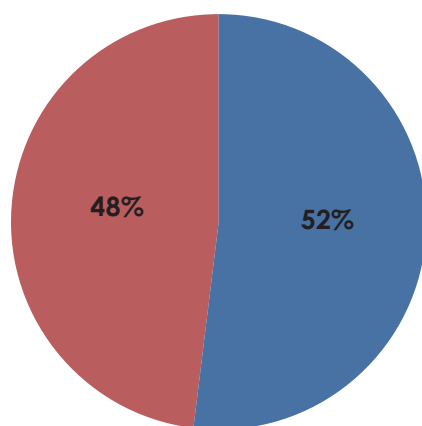
### Methamphetamines by Race/Ethnicity



The highest methamphetamine death rate was in the White population. In 2013, there were more deaths among Whites from methamphetamine than from either Heroin or Cocaine.

## Characteristics of the environment surrounding sleep-related deaths (continued) Dallas County, 2007-2011

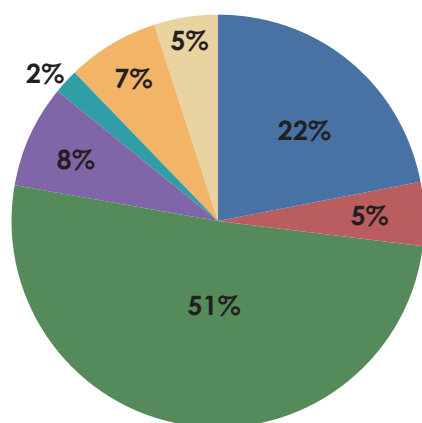
### Bed-sharing



- Shared sleep surface at time of death
- No or unknown if shared sleep surface at time of death

Just over half (52 percent) of the infants that died in sleep-related incidents were sharing a sleep surface with another person or pet. Infants were nearly 2.5 times more likely to have shared a sleep surface if no crib was available.

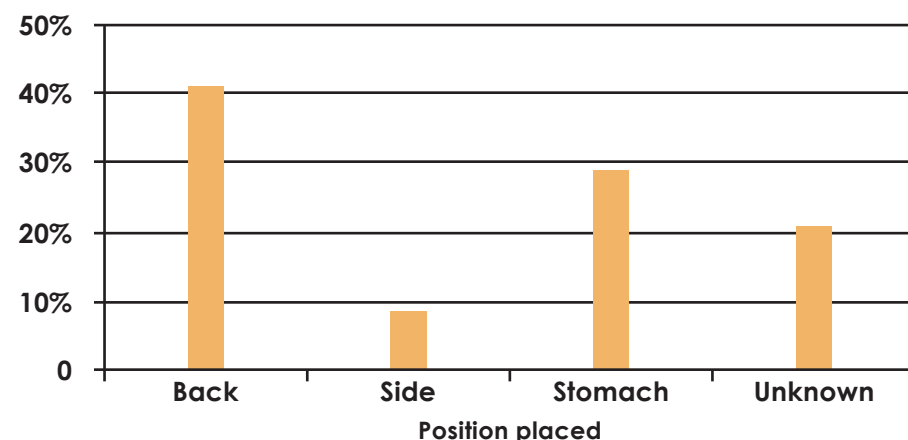
### Place infant found



- Crib
- Bassinette
- Adult bed
- Couch
- Carseat
- Other
- Unknown

More than half of the homes (54 percent) had a crib. However, more than three quarters (78 percent) of infant sleep-related deaths occurred in a sleeping place other than a crib. The most common surface for an infant to be found on was an adult bed.

### Position infant was placed in to sleep



Even with recommendations to place healthy babies on their backs for sleep, less than half (43 percent) of infants who died in sleep-related incidents in Dallas County were placed on their backs.

# Dallas County CDRT

Child Death Review Team  
2014

Brief Report  
Sleep-related  
Infant Deaths  
2007-2011



## INTRODUCTION

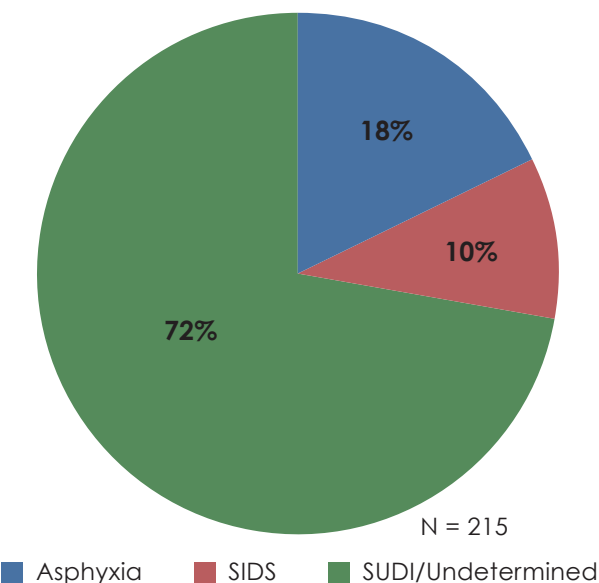
The Dallas County Child Death Review Team (CDRT) is a long standing multidisciplinary group of experts that reviews all child deaths to better understand how and why these children are dying. This report focuses on sleep-related infant deaths and uses the findings to make recommendations to help prevent other deaths and improve the health and safety of children.

A sleep-related infant death is defined as an infant less than 1 year of age with no underlying potentially fatal medical condition or other non-sleep related injury that dies unexpectedly during sleep. It includes accidental suffocation, positional asphyxia (e.g., wedging between a wall and bed), SIDS (sudden infant deaths syndrome) that cannot be explained after autopsy and investigation and SUDI (sudden unexplained death of an infant) or other unexplained deaths in a sleeping environment.

This brief report is meant to provide some key information about the infants, their caregivers and the environments surrounding sleep-related deaths over a 5-year period in Dallas County.

From 2007-2011, there were 215 sleep-related infant deaths in Dallas County. The overall rate of sleep-related death has remained relatively unchanged between 2007 and 2011, averaging about 1.0 per 1,000 live births.

## Sleep-related infant deaths Dallas County, 2007-2011



Nearly one in five (18 percent) sleep-related deaths was due to overlay by another person or animal, suffocation or asphyxia, all of which are potentially preventable.

**How to use this data:** Many of the factors in sleep-related deaths can be changed and with this change is the potential to reduce additional sleep-related infant deaths.

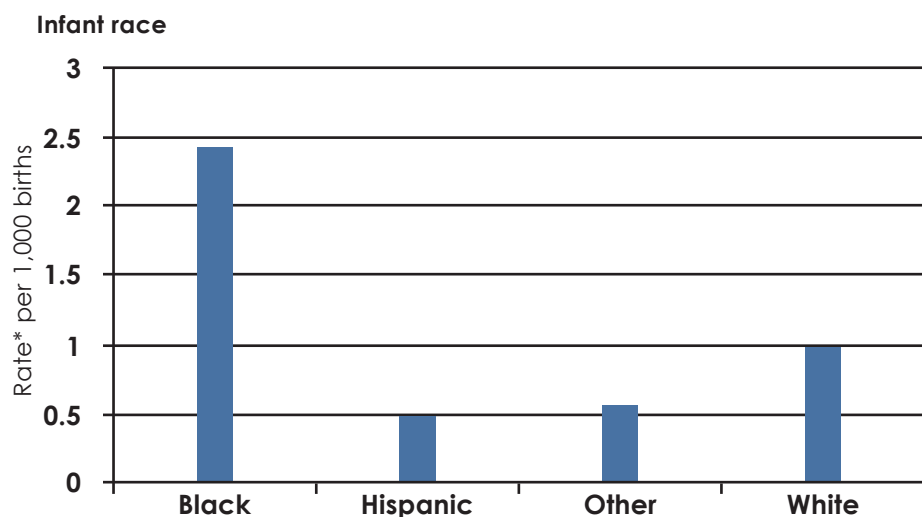
More than half of infants were sharing a sleep surface. **Infants are safer sleeping alone.**

More than half of infants were not placed to sleep on their back. **Infants are safer sleeping on their back.**

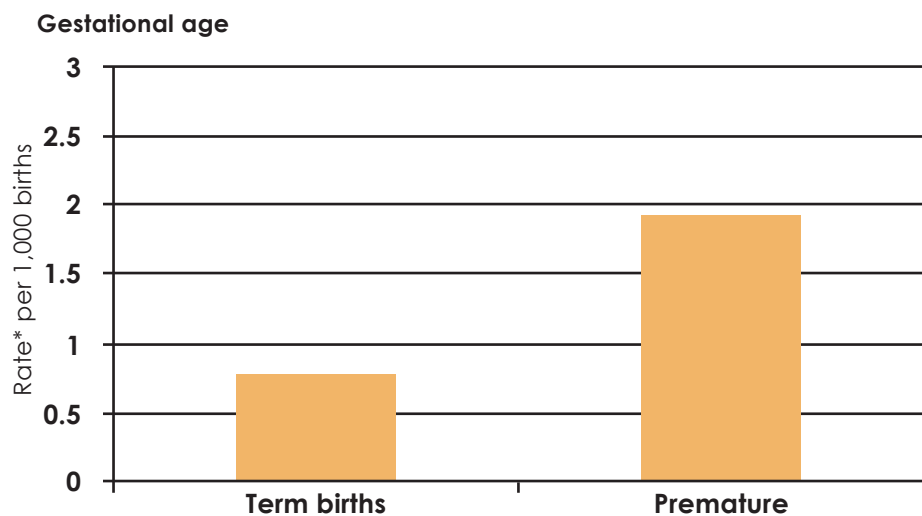
More than one in three infants was exposed to cigarette smoke. **Infants are safer in a smoke-free environment.**

### Characteristics of the infants in sleep-related deaths

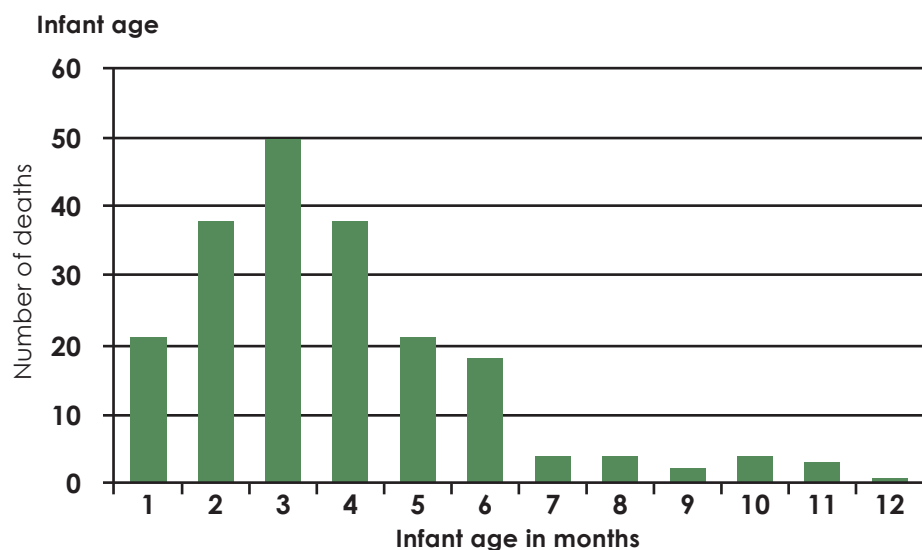
Dallas County, 2007-2011



Black infants in Dallas County were 2.5 times more likely to die in sleep-related incidents than White infants and 5 times more likely than Hispanic infants.



Infants born prematurely (< 37 weeks gestation) were more than 2.5 times more likely to die while sleeping in the first year than infants born at term (> 37 weeks gestation).

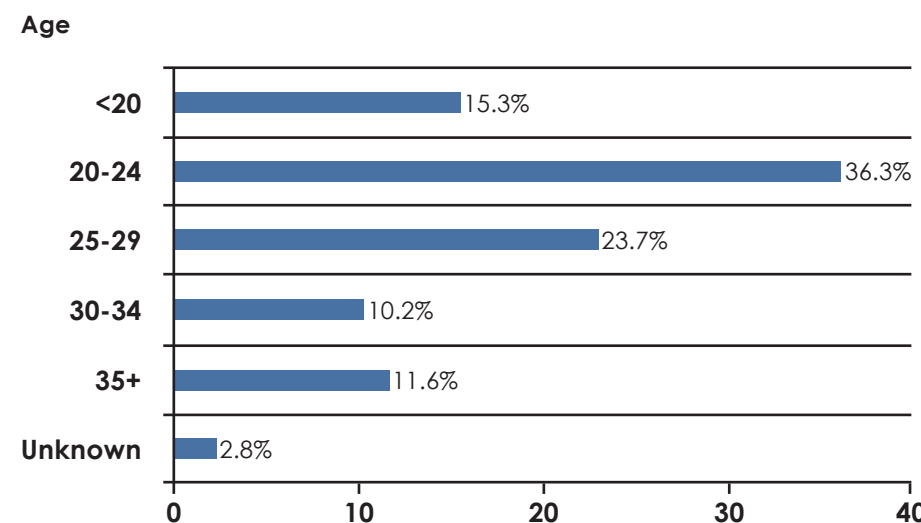


The peak age for infants that die in sleep-related environments was 3 months of age.

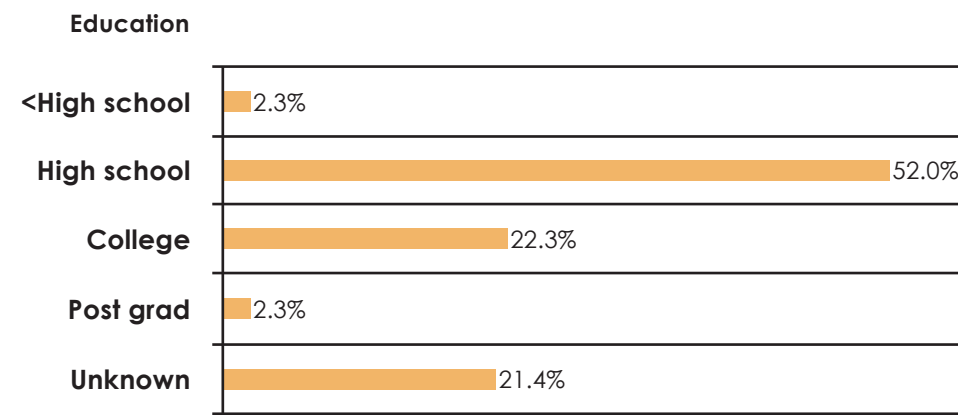
\*Rates are reported as average annual infant death rates.

### Characteristics of the caregivers of sleep-related infant deaths

Dallas County, 2007-2011



The primary caregiver of infants who died in sleep-related incidents was more likely to be between 20-24 years than any other age group.



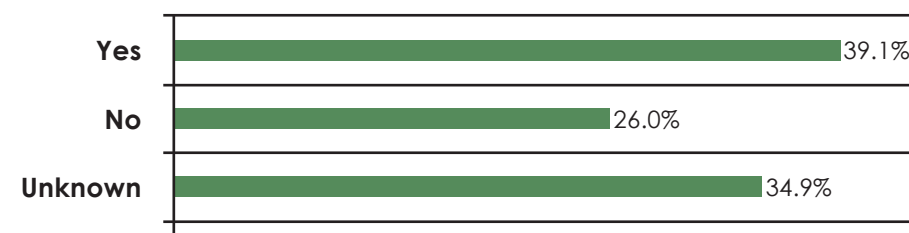
Over half of the caregivers of infants that died in a sleep environment had a high school diploma.

### Characteristics of the environment surrounding sleep-related deaths

Dallas County, 2007-2011

It is important to create a safe sleep environment in order to reduce preventable infant deaths. The American Academy of Pediatrics, the National Institute of Child Health and others recommend not only placing a baby on their back each time they are put to sleep but to place the infant in a safety-approved crib with a firm mattress free from items such as pillows, blankets, bumper pads and toys. Breastfeeding and room-sharing but not bed-sharing are also recommended. Infants should not be exposed to smoking, alcohol or drugs during pregnancy or after birth.

#### Evidence of cigarette smoke in infants sleep environment



More than one-third of the infants that died in sleep-related events were in environments where there was evidence of cigarette smoke.



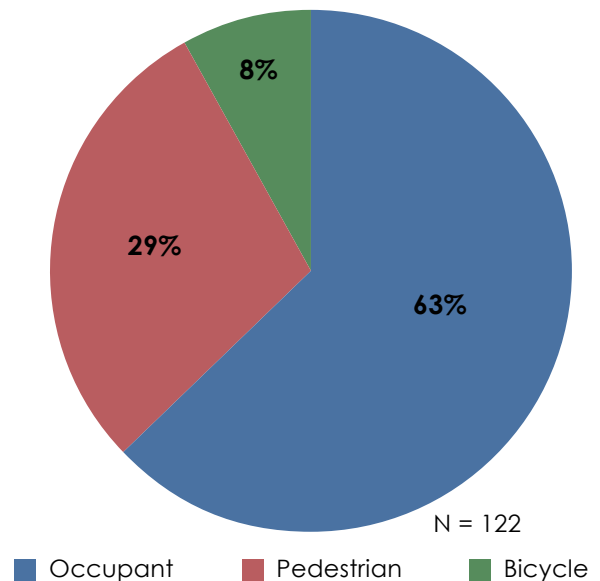
## OVERVIEW

In Dallas County, traffic-related injury death rates among children are typically less than or equal to traffic-related child injury death rates for the state of Texas and the United States. Nevertheless, traffic-related deaths are still a leading cause of injury death for children ages 1-17 in Dallas County.<sup>1</sup>

This report from the Dallas County Child Death Review Team (CDRT) provides information on traffic-related deaths of children in Dallas County from 2006 to 2011. All the deaths described in this report are preventable; therefore, recommendations are included to guide communities and organizations in preventing future traffic-related child injuries and deaths.

From 2006-2011, there were 124 traffic-related deaths of children 0-17 years of age in Dallas County. A traffic-related death was defined as any incident resulting in a child death that involved a motor vehicle, motorcycle, pedestrian or bicycle (this does not include hyperthermia or hypothermia deaths in cars). The analysis in this report is limited to 122 child deaths and excludes two fetal deaths that resulted from a motor vehicle crash.

**Traffic-related child deaths**  
Dallas County, 2006-2011



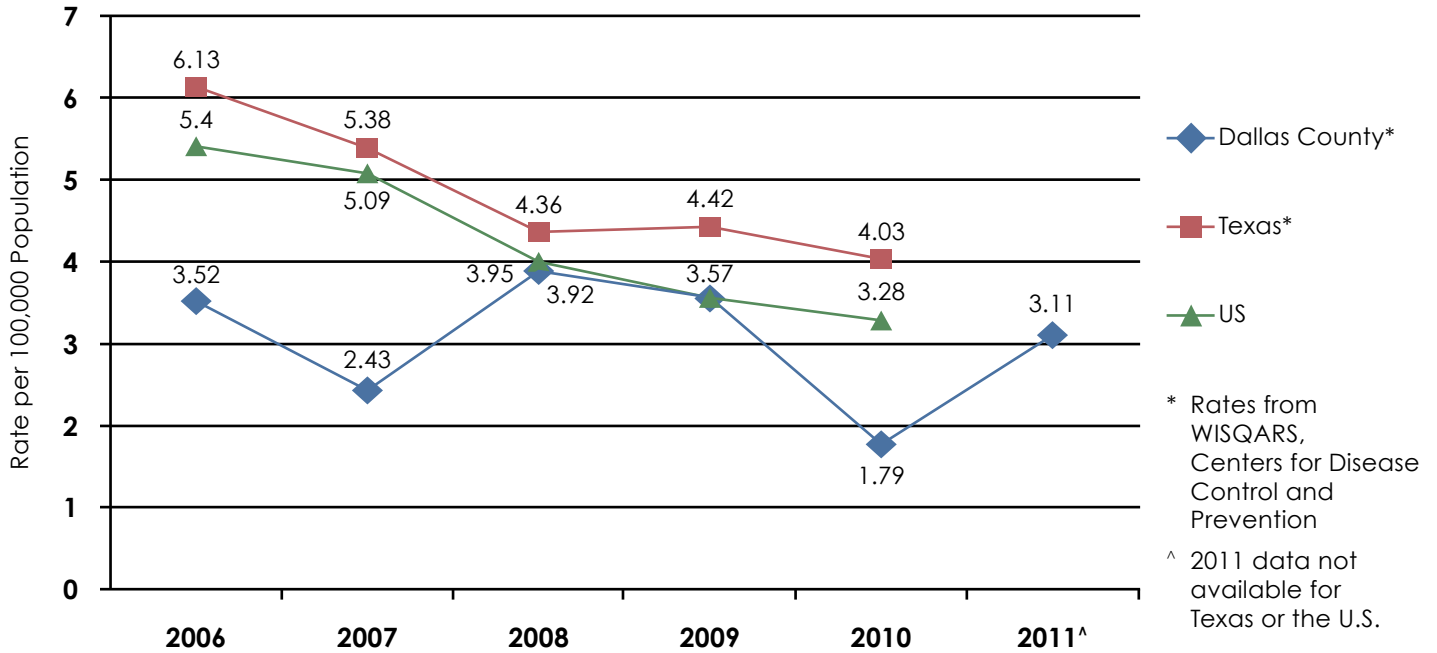
Nearly two-thirds (63 percent) of traffic-related child deaths were motor vehicle occupants including three motorcycle deaths. Thirty-five children (29 percent) died as pedestrians and 10 deaths (8 percent) were children riding bicycles.

The Dallas County CDRT was established to conduct a comprehensive review of deaths of children 0-17 years of age to better understand how and why children die and to use the findings to take action that can prevent other deaths and improve the health and safety of children. Established in 1992, the Dallas County CDRT was the first multi-agency, multidisciplinary team to review child and adolescent fatalities in the state of Texas. The team meets under the legislative authority of the Texas Family Code, Chapter 264.



### Rate of traffic-related child injury death by year

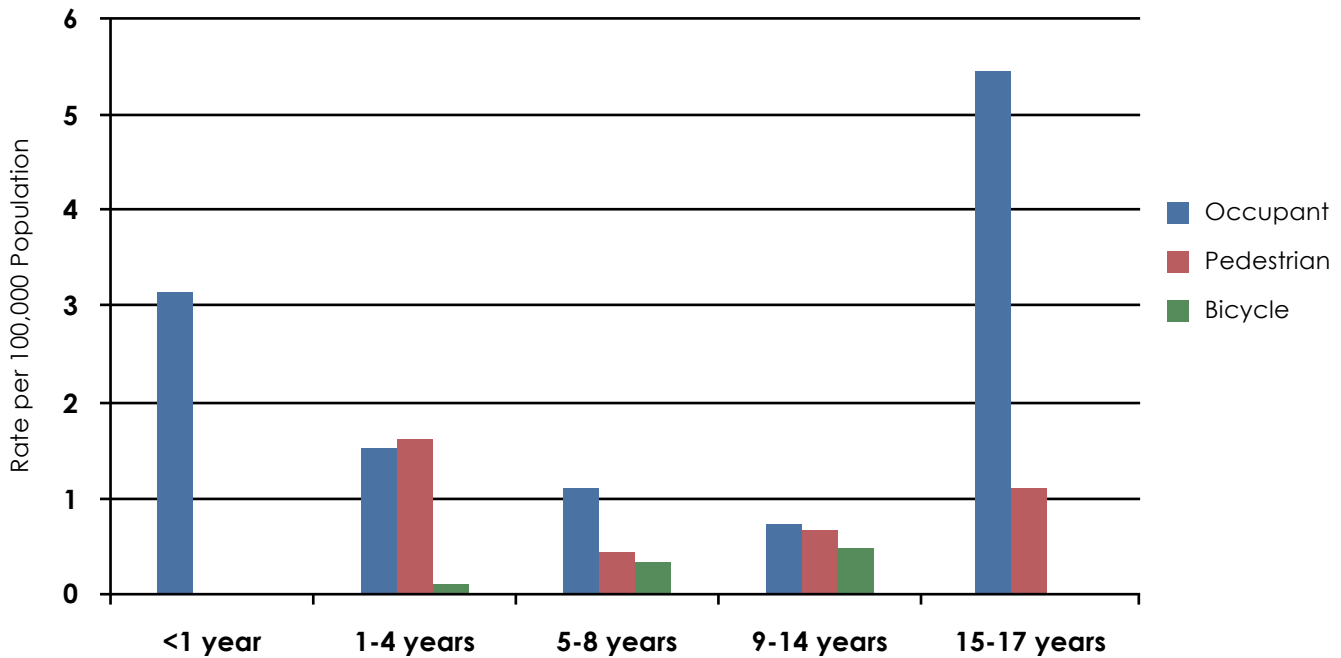
Dallas County, Texas and United States, 2006-2011



Rates of traffic-related child injury death in Dallas County were generally less than or equal to traffic-related child injury death rates for Texas and the United States.

### Rate of traffic-related child injury death by age group

Dallas County, 2006-2011



Children who died as a result of traffic-related incidents were more likely to be occupants in a motor vehicle versus a pedestrian or bicyclist with the exception of children 1-4 years, who were slightly more likely to be pedestrians.

## MOTOR VEHICLE OCCUPANTS

Nationally, motor vehicle crashes are the leading cause of death for children age 4 and those ages 11-14.<sup>2</sup> In Dallas County, 77 children died as occupants in motor vehicle crashes between 2006-2011; one-quarter (25 percent, 19 deaths) were drivers and three-quarters (75 percent, 58 deaths) were passengers.

### Demographics of child motor vehicle crash occupant deaths

Dallas County, 2006-2011

	Drivers			Passengers			Total Occupants		
	Number	Percent	Rate*	Number	Percent	Rate*	Number	Percent	Rate*
<b>Gender</b>									
Female	3	16%	0.2	24	41%	1.7	27	35%	1.4
Male	16	84%	0.8	34	59%	1.7	50	65%	2.5
Total	19	100%		58	100%		77	100%	
<b>Age Group</b>									
Under 1 year	0	0%	0.0	8	15%	3.2	8	10%	3.2
1-4 years	0	0%	0.0	15	26%	1.5	15	20%	1.5
5-8 years	0	0%	0.0	10	17%	1.1	10	13%	1.1
9-14 years	0	0%	0.0	9	16%	0.7	9	12%	0.7
15-17 years	19	100%	3.0	16	27%	2.5	35	46%	5.5
Total	19	100%		58	101% <sup>^</sup>		77	101% <sup>^</sup>	
<b>Race/ethnicity</b>									
African American	2	11%	0.2	11	19%	1.3	13	17%	1.5
Hispanic	9	47%	0.4	36	62%	1.8	45	58%	2.2
Other	1	5%	0.5	1	2%	0.5	2	3%	1.5
Caucasian	7	37%	0.8	10	17%	1.1	17	22%	1.1
Total	19	100%		58	100%		77	102%	

\*Rate per 100,000 population

<sup>^</sup>Percents may not equal 100 percent due to rounding

Rates of child death among motor vehicle occupants were highest for males, Hispanic children and 15-17 year olds. Drivers were more likely to be Caucasian and male. Passengers tended to be younger and Hispanic.

### Circumstances\*

Based on the information gathered during the child death review process, the most common factors among motor vehicle crashes included speeding or unsafe speed for driving conditions (53 percent); drug or alcohol use by a driver (29 percent); recklessness (25 percent); driver inexperience (10 percent) and cell phone/driver distraction (10 percent).

- **Drugs or alcohol were involved in nearly one-third of the crashes resulting in child deaths (29 percent, 22 deaths).**

- **In crashes that involved drugs or alcohol, 73 percent (16 deaths) also involved speeding.**
- **Forty-two percent (8 deaths) of teen driver deaths were single vehicle crashes.**

\*The circumstances in crash deaths do not distinguish between the car in which the child was an occupant and another vehicle involved in the same collision. More than one circumstance can apply to each occupant crash; therefore, totals may not equal 100 percent.

## MOTOR VEHICLE OCCUPANTS cont...

### Restraint Use

Seat belts (shoulder/lap belts), when used properly, lower the risk of fatal injuries to front-seat car occupants by 45 percent and the risk of moderate injury by 50 percent.<sup>2</sup> In addition, child safety seats reduce the risk of fatal injury for infants and toddlers by more than half,<sup>2</sup> and booster seats have been shown to reduce the risk of severe injury in motor vehicle collisions.<sup>3,4</sup> Of the 74 motor vehicle child occupant deaths (three motorcycle occupants were excluded as restraint use did not apply), approximately one in five children (22 percent, 16 deaths) were reported to be properly restrained.\* Proper restraint use by youth drivers was 37 percent and of child passengers was 16 percent.

Definition: Proper restraint use\*  
 <1-4 years: Child restrained in a car seat  
 5-8 years: Child restrained in a booster seat  
 9-17 years: Child restrained with a shoulder/lap belt

## BICYCLISTS

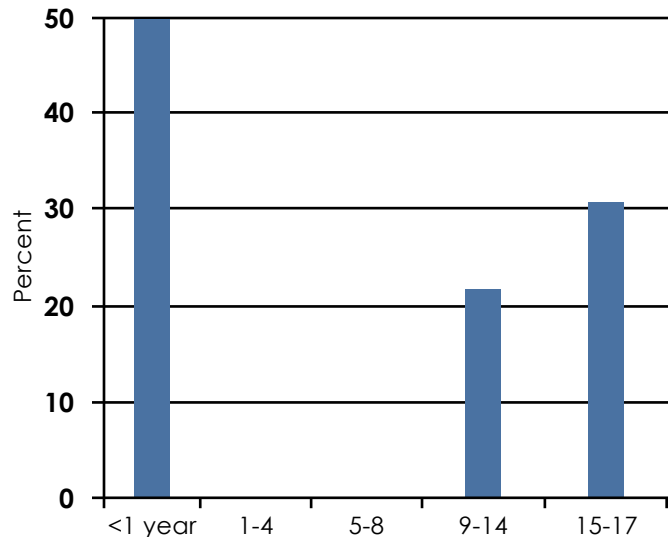
A total of 10 children were killed in motor vehicle-related crashes between 2006 and 2011 while riding a bicycle.

Bicycle-related death rates were highest for children 9-14 years of age and children of other racial backgrounds not listed in the table. All of the deaths were among males.

- **None of the child bicyclists were known to be wearing a helmet at the time of the incident.**
- **Two of the bicycle deaths involved environmental hazards such as overgrown bushes or a high retaining wall along the street, making it difficult for drivers to see the bicyclist. In addition, one bicycle death involved driver distraction (cell phone).**

## Proper restraint use in child occupant deaths

Dallas County, 2006-2011



The proportion of occupant restraint use varied by age.

- **None of the child occupants ages 1-8 years who died were properly restrained.**
- **Of booster seat age children (4-8 years), more than 80 percent were completely unrestrained in the vehicle at the time of the incident.**

## Demographics of child bicycle deaths

Dallas County, 2006-2011

Gender	Number	Percent	Rate*
Female	0	0%	
Male	10	100%	0.5
Total	10	100%	
Age Group	Number	Percent^	Rate*
Under 1 year	0	0%	
1-4 years	1	10%	0.1
5-8 years	3	30%	0.3
9-14 years	6	60%	0.5
15-17 years	0	0%	
Total	10	100%	
Race/ethnicity	Number	Percent^	Rate*
African American	3	30%	0.3
Hispanic	4	40%	0.2
Other	2	20%	1.0
Caucasian	1	10%	0.1
Total	10	100%	

\*Rate per 100,000 population



## PEDESTRIANS

Among traffic-related child deaths in Dallas County, more than one-quarter (29 percent, 35 deaths) were pedestrians.

### Demographics of child pedestrian deaths

Dallas County, 2006-2011

Gender	Number	Percent <sup>^</sup>	Rate*
Female	13	37%	0.7
Male	22	63%	1.1
Total	35	100%	
Age Group	Number	Percent <sup>^</sup>	Rate*
Under 1 year	0	0%	
1-4 years	16	46%	1.6
5-8 years	4	11%	0.4
9-14 years	8	23%	0.7
15-17 years	7	20%	1.1
Total	35	100%	
Race/ethnicity	Number	Percent <sup>^</sup>	Rate*
African American	10	29%	1.2
Hispanic	17	49%	0.8
Other	1	3%	0.5
Caucasian	7	20%	0.8
Total	35	101%	

\*Rate per 100,000 population

<sup>^</sup>Percents may not equal 100 percent due to rounding

Rates of child pedestrian death were highest for children ages 1-4, African American children and males.

### Location

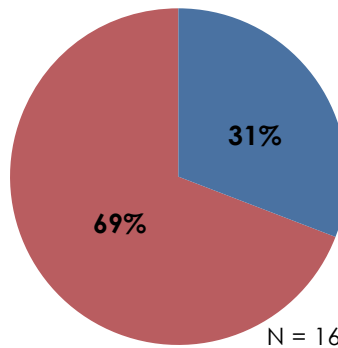
More child pedestrian deaths (57 percent, 20 deaths) occurred in areas considered to be public roadways (roads, streets or highways) than in driveways, alleyways and parking lots (43 percent, 15 deaths).

- **Hispanic and African American children accounted for nearly all (14 out of 15) pedestrian deaths that occurred in driveways, alleyways and parking lots.**

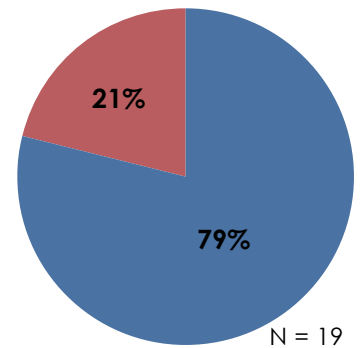
## Child pedestrian deaths by location

Dallas County, 2006-2011

### 0-4 year olds



### 5-17 year olds



- Road/Street/Highway
- Driveway/Alleyway/Parking Lot

Preschool-age children (0-4 year olds) were more likely to die as pedestrians in driveways, alleyways and parking lots (69 percent), while school-age children and adolescents (5-17 year olds) were more likely to die as pedestrians on roads, streets and highways (79 percent).

### Back over/Front over

Definition: Back overs are incidents in which a child is struck by or rolled over by a vehicle moving in reverse.<sup>5</sup> Front overs are incidents in which a child is struck by or rolled over by a vehicle slowly moving forward.<sup>6</sup> For the most part these incidents take place in driveways or parking lots.

Approximately one-third (34 percent, 12 deaths) of child pedestrian deaths were due to a back over or a front over. There were slightly more back overs (7 deaths) compared to front overs (5 deaths).

All but one (92 percent, 11 deaths) back over/front over deaths were of children between the ages of 1-4 years. The majority (83 percent, 10 deaths) of back over/front over child deaths occurred in driveways or parking lots.

- **All of the vehicles involved in a back over or front over child death were either trucks (n= 5), SUVs (n=5) or vans (n=2).**

## PREVENTING TRAFFIC-RELATED CHILD DEATHS

The information in this report suggests that focusing efforts on improving outreach and education regarding child passenger safety laws, increasing enforcement and modifying the environment may have the most impact in preventing traffic-related deaths to children.

**Occupant restraint use:** Texas has a strong law regarding the primary enforcement of seat belt use and child safety seats, including booster seats until 8 years of age.<sup>7</sup> However, this report showed that nearly eight out of ten child occupants were not properly restrained. Furthermore, the large majority (83 percent) of children that were booster seat age (4-8 years) were completely unrestrained. Specific recommendations include:

- Increasing enforcement of primary seat belt use and child passenger safety laws
- Partnering with churches, car dealerships, hospitals and schools to conduct car seat inspection stations
- Collaborating with day care centers and elementary schools to develop administrative policies that require parents and caregivers to have appropriate child restraint seats in their cars when they drop off and pick up school-age children

**Speed enforcement:** More than half of the motor vehicle crash deaths of children involved an adult driver or a youth driver that was speeding or driving at unsafe speeds for the road and/or weather conditions. In addition, one-quarter of the child motor vehicle occupant deaths involved recklessness. Recommendations for the most effective countermeasures include:<sup>8</sup>

- Stricter enforcement of speed limit laws
- Automated enforcement (e.g., traffic cameras)
- Public information when combined with enforcement
- Enforcement of Graduated Driver Licensing (GDL) laws for young drivers

**Alcohol impairment:** In Texas, it is illegal for persons under the age of 21 to operate a motor vehicle or watercraft while having any detectable alcohol in their system. Driving while intoxicated (DWI) is a Class B misdemeanor. DWI with a passenger younger than 15 years of age is a state jail felony.<sup>9</sup> Despite the current laws, 22 children died in motor vehicle crashes in Dallas County where at least one driver in the incident was impaired with drugs or alcohol. Some examples of effective practices to prevent alcohol-related traffic injuries include:<sup>10</sup>

- Requiring ignition interlocks for all convicted DWI offenders, including first-time offenders
- Implementing sobriety checkpoints to deter impaired driving by increasing a perceived risk of arrest if a person chooses to get behind the wheel after drinking
- Increasing the enforcement of laws prohibiting the sale of alcohol to minors

**Bicycle safety:** The majority (60 percent) of bicycle crash deaths occurred in the city of Dallas, which has an existing bicycle helmet law. Still, none of the child bicyclists in this report were known to be wearing a helmet at the time of the fatal incident. Bike helmets are the most effective way to prevent brain injuries upon impact. In addition to working with local leaders to ensure a bike helmet law is in place for all jurisdictions without bike helmet laws, education and enforcement activities should be implemented in jurisdictions with an existing bike helmet law. Policies and environmental change to provide safe and accessible space for bicycle riders should be considered as well. Specific recommendations are:

- Partnering with groups such as schools, community clubs and churches to provide on-going information on bicycle safety and helmet use
- Identifying environmental changes (e.g., better sidewalks, additional bike lanes, improved signage or eliminating sight line barriers) and implementing a Safe Routes to School project

## ACKNOWLEDGEMENTS

The Dallas County Child Death Review Team (CDRT) is facilitated by the Injury Prevention Center of Greater Dallas, a department of Parkland Health & Hospital System. This report is made possible through the support and collaboration of many individuals and agencies throughout Dallas County who contribute their time and expertise to the child death review process. We are grateful for their continued commitment to reduce and prevent childhood injuries.

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## FOR MORE INFORMATION, PLEASE CONTACT:

Injury Prevention Center of Greater Dallas  
Injurypreventioncenter.org  
214.590.4455

# CDRT

**Child Death Review Team | 2013**

Brief Report Traffic-related Child Deaths, 2006-2011



**Injury Prevention Center**  
of Greater Dallas

**School track team grieves for sprinter**

By RANDY JENNINGS  
Staff Writer  
rjennings@dallasnews.com

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Dallas County

# CDRT

Child Death Review Team | 2013

Report of Dallas County Child Deaths, 2007-2011

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## BACKGROUND

To prevent injuries and violence, it is important to first understand and define the problem. Who is affected? What are the circumstances under which it occurs?

To answer these questions and others, data must be collected and analyzed. The Dallas County Child Death Review Team (CDRT) was established to conduct a comprehensive, multidisciplinary review of child deaths 0-17 years of age to better understand how and why children die, and to use the findings to take action that can prevent other deaths and improve the health and safety of children. Founded in 1992, the Dallas County CDRT was the first multi-agency, multidisciplinary team to review child and adolescent fatalities in the state of Texas. The team meets under the legislative authority of the Texas Family Code, Chapter 264.

### Information

For more information, please contact:  
The Injury Prevention  
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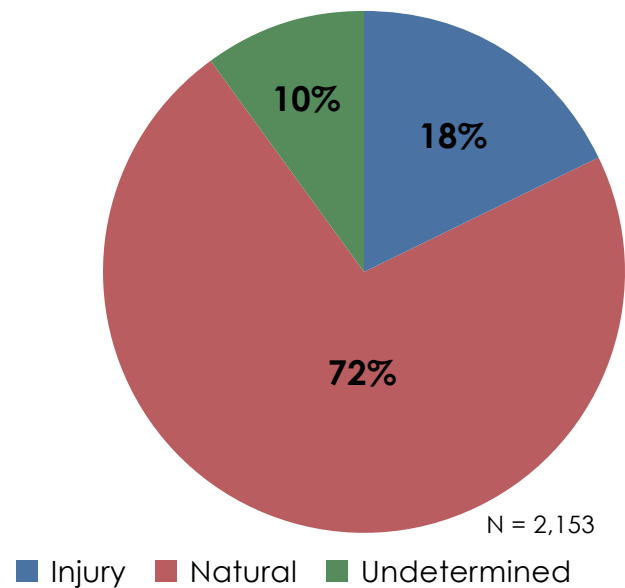
The team reviews deaths of infants, children and adolescents under the age of 18 who are classified by the Dallas County Medical Examiner as natural, homicide, suicide, unintentional (or accident) and undetermined. Deaths classified as natural are reviewed by the Dallas County CDRT if the child's residence was in Dallas County. Information on these types of cases is often minimal, and an expedited review is completed by a Dallas County CDRT subcommittee. All other child deaths are comprehensively reviewed and discussed in detail if the injury leading to death occurred in Dallas County. To ensure that all child deaths are identified, deaths reviewed and ruled by the Dallas County Medical Examiner are cross-checked with death certificates received from the Texas Department of State Health Services, Texas Vital Statistics. If a birth certificate is not issued and a determination of "stillbirth" is made, a review is not conducted.

This report provides information on all child deaths that occurred in Dallas County from 2007 to 2011. While the report provides an overview of all child deaths, including infant mortality, it is focused on injury-related incidents because the Dallas County CDRT concentrates its efforts on preventable deaths, the majority of which are injury-related. In addition to the data provided, this report also includes recommendations to guide Dallas County stakeholders in preventing additional child injuries and deaths.

## OVERVIEW

From 2007-2011, 2,153 children ages 0-17 died in Dallas County. The Dallas County CDRT reviewed all of these cases. Fifty-nine percent of the child deaths were male and 41 percent were female. Seventy percent of the child deaths were infants less than 1 year of age. Among children less than 1 year of age, 83 percent were natural deaths, 5 percent were injury-related and 12 percent had an undetermined manner. For children between 1-17 years of age, 47 percent of deaths were due to natural causes, 49 percent were injury-related and 4 percent were undetermined. Of injury-related deaths for children less than 18 years old, 64 percent were due to unintentional injuries, 27 percent were homicides and 9 percent were suicides.

**Child deaths**  
0-17 years old, Dallas County, 2007-2011



Nearly three-quarters (72 percent) of all child deaths were natural deaths. Of the undetermined deaths, 80 percent occurred in a sleep environment and 47 percent occurred while bed sharing. The majority of these deaths were classified as sudden unexpected death in infancy (SUDI).

**Child deaths by gender, age group and race/ethnicity**  
0-17 years old, Dallas County, 2007-2011

Gender	Number	Percent	Rate*
Female	892	41%	54.2
Male	1261	59%	73.5
Total	2153	100%	

Age Group	Number	Percent	Rate*
Under 1 year	1510	70%	722.7
1-4 years	226	11%	27.4
5-9 years	114	5%	12.0
10-14 years	124	6%	14.6
15-17 years	179	8%	33.7
Total	2153	100%	

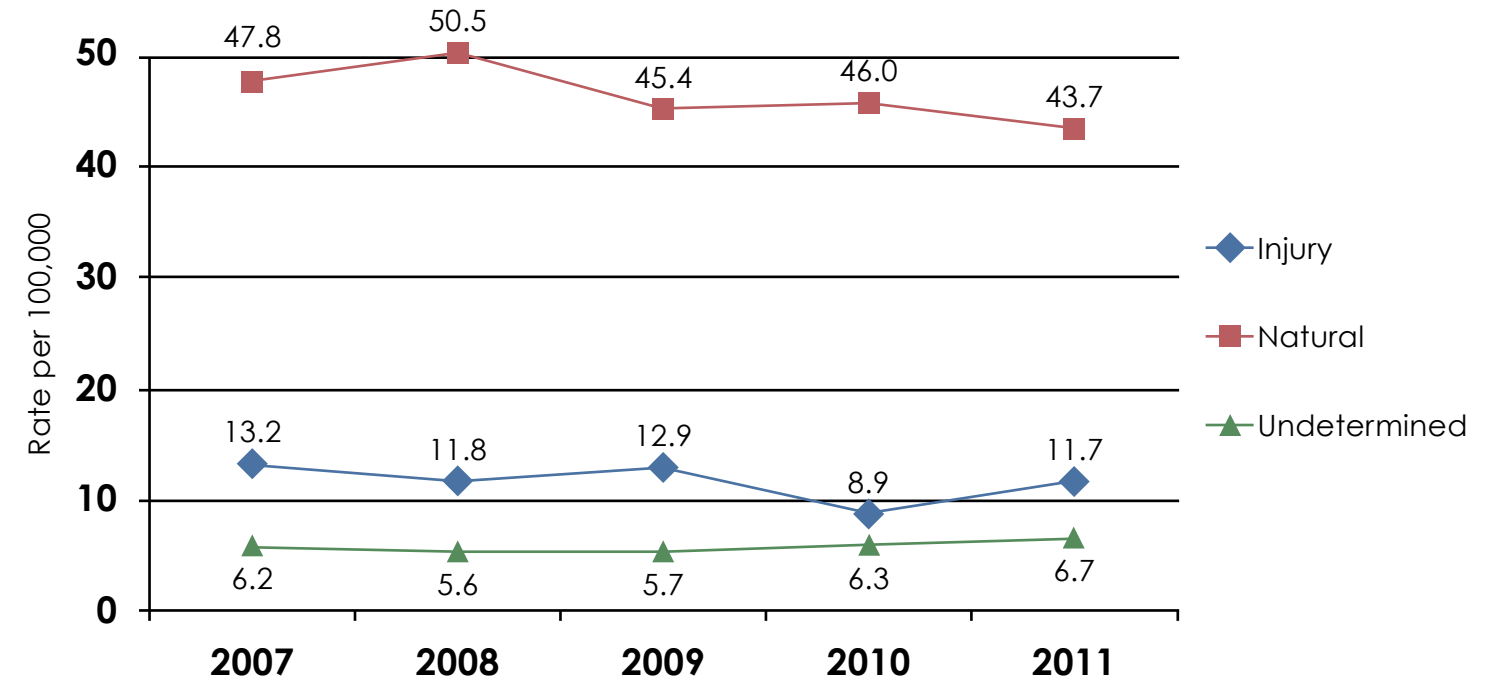
Race/ethnicity	Number	Percent	Rate*
African American	698	32%	97.8
Hispanic	898	42%	51.8
Other	49	2%	28.3
Caucasian	323	15%	43.6
Unknown	185	9%	
Total	2153	100%	

\*Rate per 100,000 population

Overall, children who were male, less than 1 year of age and African American had higher death rates. Those with an unknown race generally died due to a natural manner of death.

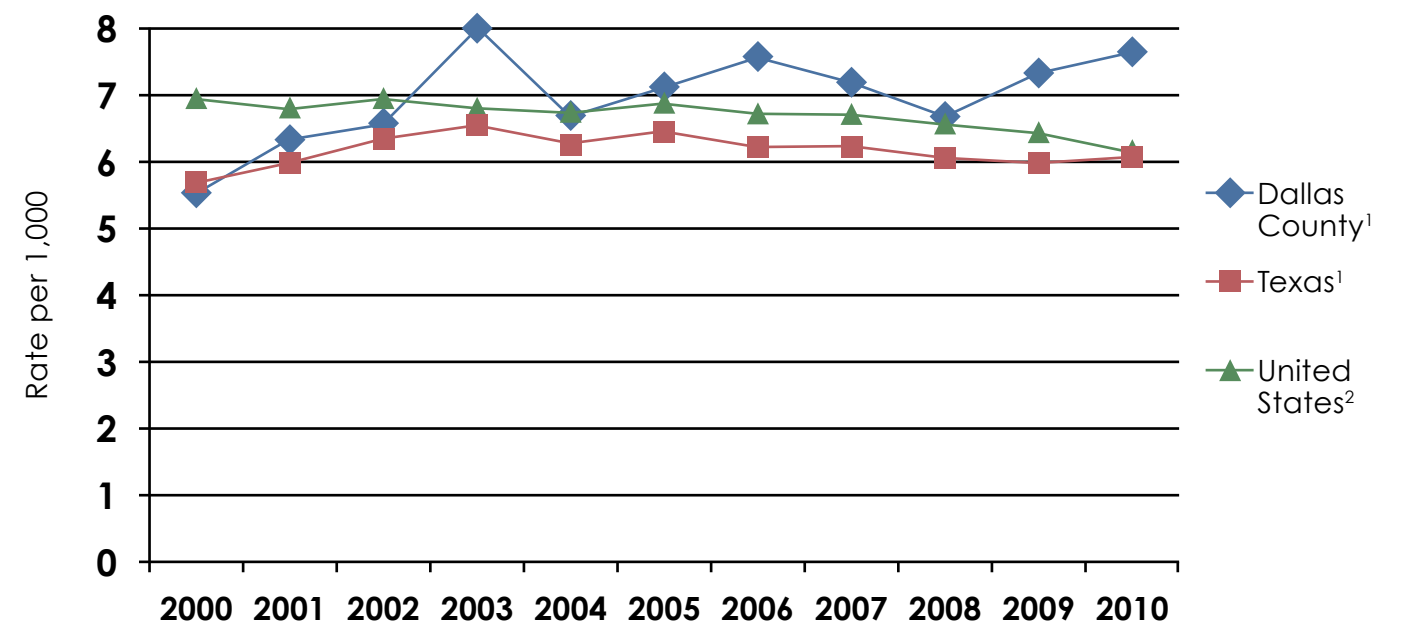
- **African American children were approximately twice as likely to die as Caucasian or Hispanic children.**

**Child death rates by year**  
0-17 years old, Dallas County, 2007-2011



Both injury and natural death rates in Dallas County decreased between 2007 and 2011. There was an 11 percent decrease in injury death rates and a 9 percent decrease in natural death rates.

**Infant mortality rates**  
Dallas County, Texas, United States, 2000-2010



For the past decade, Dallas County has typically had an equal or higher rate of infant mortality when compared to the state of Texas or the United States.

- **The Dallas County infant mortality rate was 38 percent higher in 2010 than in 2000.**
- **Dallas County had the highest (7.6/1000) infant mortality rate in 2010 among Texas counties with more than 5,000 births a year.<sup>1</sup>**

## INJURY-RELATED DEATHS

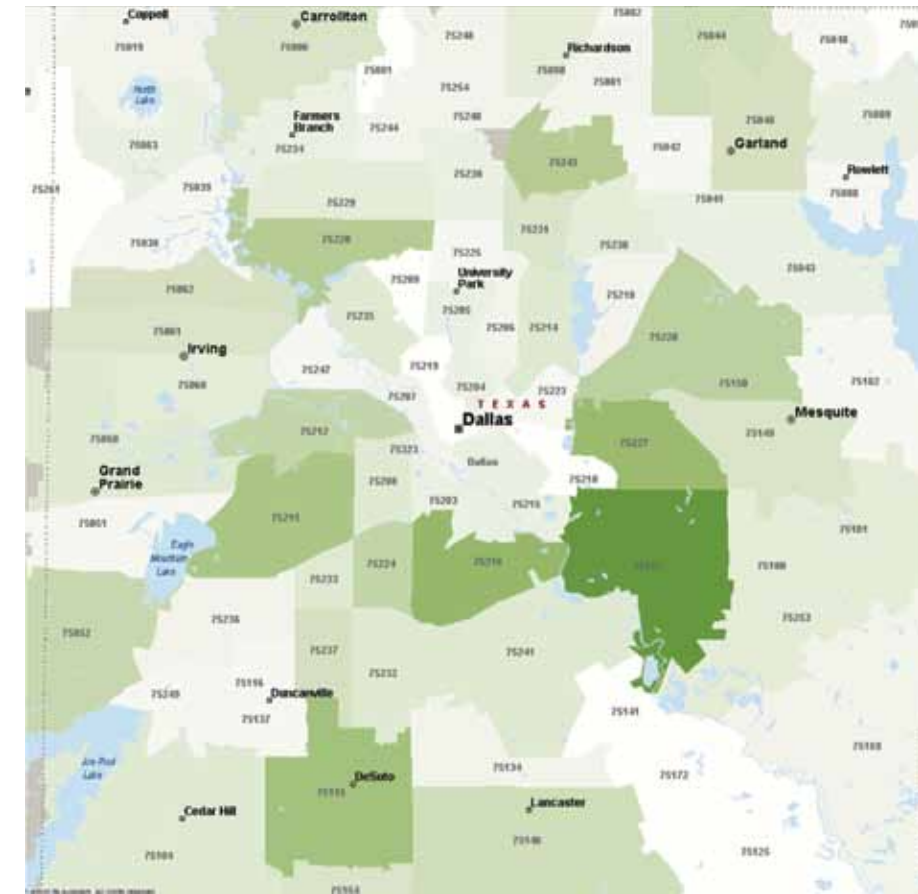
Injuries are defined as those that are caused by unintentional circumstances, as well as those caused by intentional circumstances. Intentional injury deaths include homicide and suicide. In Dallas County, there were 391 injury-related child deaths accounting for nearly one in five child deaths in Dallas County.

**5 leading causes of injury death by age group**  
0-17 years old, Dallas County, 2007-2011

Rank	<1	1-4	5-9	10-14	15-17	0-17
1	Unintentional Asphyxia 41	Unintentional Drowning 24	Unintentional Drowning 12	Unintentional Motor Vehicle 9	Homicide Firearm 34	Unintentional Motor Vehicle 61
2	Homicide Blunt Force Trauma 13	Homicide Blunt Force Trauma 22	Unintentional Motor Vehicle 8	Suicide Asphyxia 8	Unintentional Motor Vehicle 25	Unintentional Asphyxia 52
3	Unintentional Motor Vehicle 7	Unintentional Pedestrian 15	Unintentional Pedestrian 4	Unintentional Pedestrian 7	Unintentional Drugs 20	Homicide Firearm 48
4	Unintentional Drowning 2	Unintentional Motor Vehicle 12	Homicide Firearm 3	Homicide Firearm 6	Suicide Asphyxia 13	Unintentional Drowning 45
5	Unintentional Hyperthermia 2	Unintentional Asphyxia 10	Unintentional Bicycle 3	Unintentional Bicycle - 3 Drowning - 3	Suicide Firearm 10	Homicide Blunt Force Trauma 38

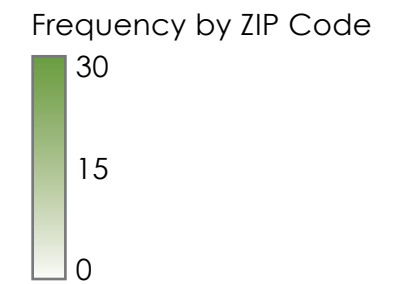
Overall, the leading cause of injury-related death for 2007-2011 was motor vehicle crashes. Among children less than 1 year of age, 39 of the 41 deaths due to unintentional asphyxia involved unsafe sleep.

- For children 1-9 years old, drowning was the leading cause of injury-related death.
- For 15-17 year olds, firearms were the leading cause of injury-related death.

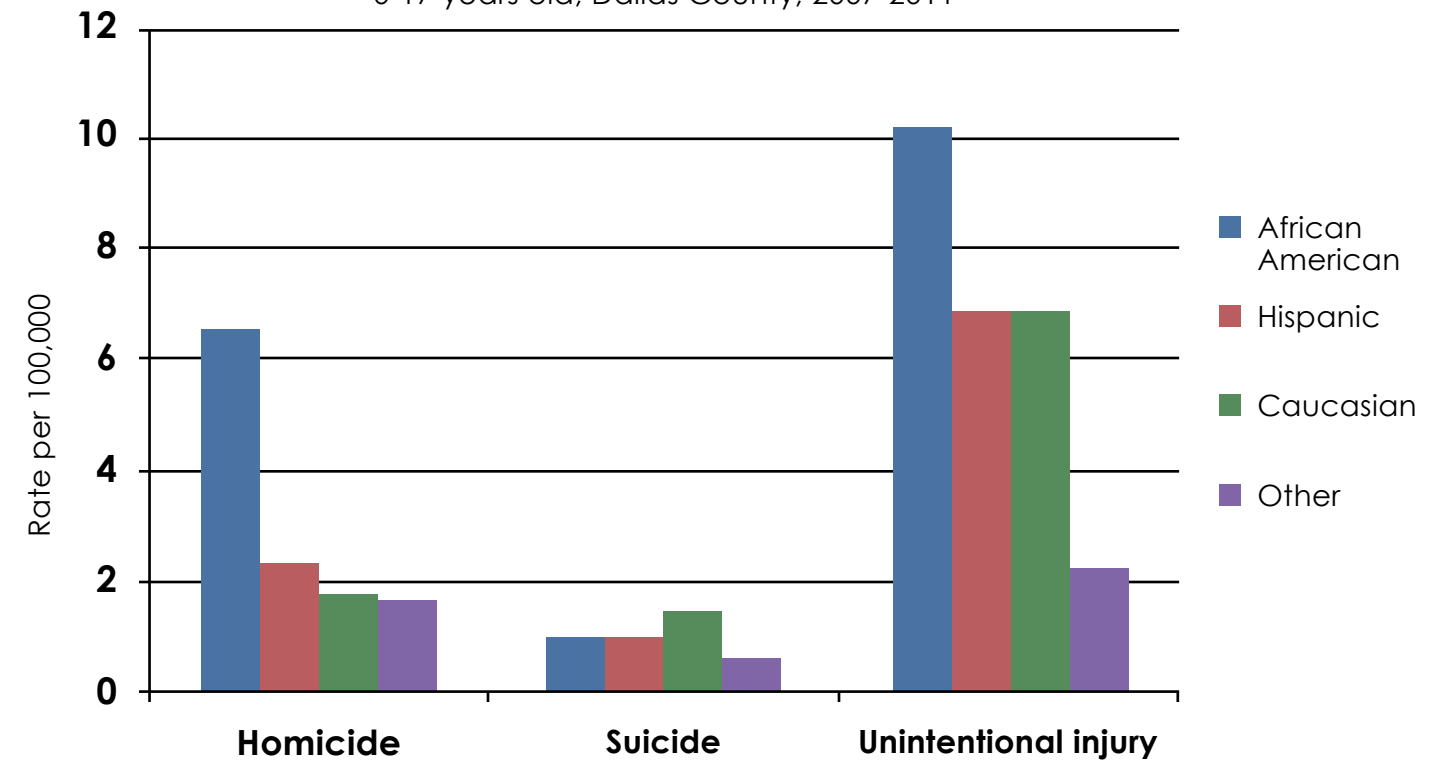


**Child injury deaths by ZIP code**  
0-17 years old, Dallas County  
2007-2011

Twenty-seven children died in Southeast Dallas (75217) due to injury, accounting for more injury deaths than any other ZIP code in Dallas County.



**Child injury death rates by manner and race**  
0-17 years old, Dallas County, 2007-2011



African American children are approximately 3 times more likely to die from homicide and 1.5 times more likely to die from unintentional injury as Hispanic or Caucasian children.



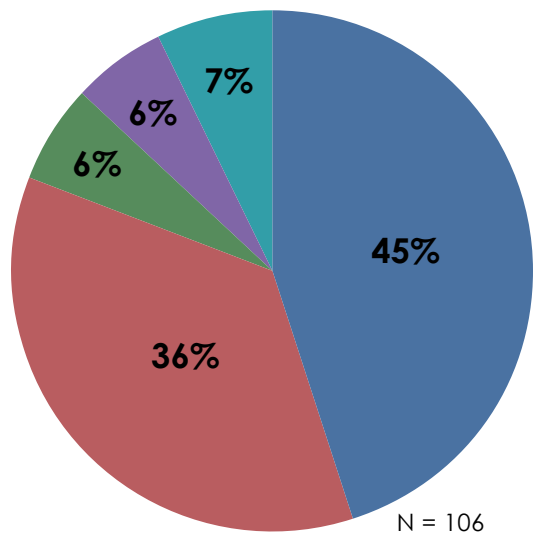
## INTENTIONAL INJURY DEATHS

Intentional injury death refers to injuries resulting from purposeful human action, whether directed at oneself or others. Intentional injury deaths include both suicide (self-inflicted harm resulting in death) and homicide (interpersonal acts of violence intended to cause harm that result in death). In 2007-2011, there were 106 children 0-17 years who died by homicide and 36 children 10-17 years who died by suicide.

## HOMICIDE

### Child homicides by method

0-17 years old, Dallas County, 2007-2011



■ Firearm ■ Blunt force trauma ■ Cut/pierce  
■ Homicidal violence<sup>^</sup> ■ Other\*

<sup>^</sup>Homicidal violence – A cause of death that is determined to be homicidal in nature but may include more than one type of injury or an inexact mechanism.

\*Other – drowning, hypothermia

Nearly half of child homicides (45 percent) resulted from a firearm injury and more than one-third (36 percent) of the homicides were from blunt force trauma.

### Child homicides by gender, age group and race/ethnicity

0-17 years old, Dallas County, 2007-2011

Gender	Number	Percent	Rate*
Female	34	32%	2.1
Male	72	68%	4.2
Total	106	100%	

Age Group	Number	Percent <sup>^</sup>	Rate*
Under 1 year	16	15%	7.7
1-4 years	32	30%	3.9
5-9 years	10	9%	1.1
10-14 years	10	9%	1.2
15-17 years	38	36%	7.1
Total	106	99%	

Race/ethnicity	Number	Percent	Rate*
African American	48	45%	6.7
Hispanic	42	40%	2.4
Other	3	3%	1.7
Caucasian	13	12%	1.8
Total	106	100%	

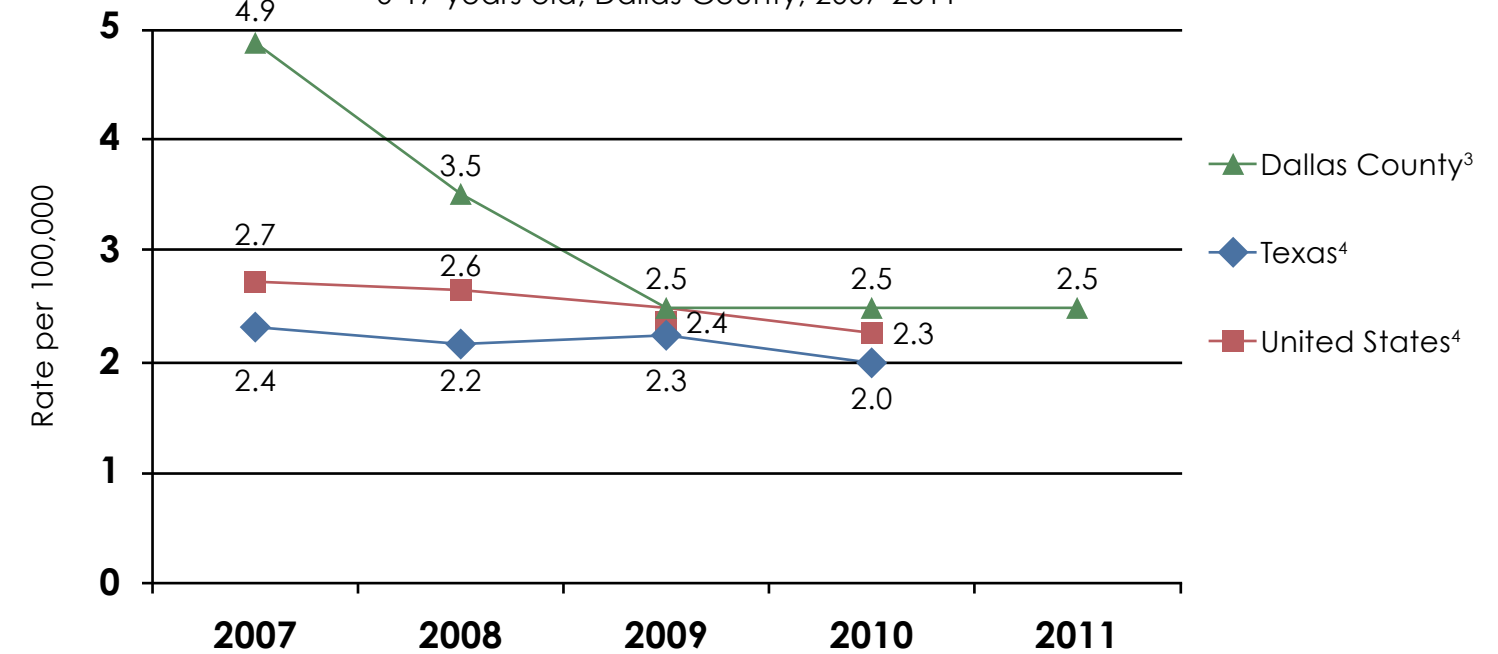
\*Rate per 100,000 population

<sup>^</sup>Percents may not equal due to rounding

Victims of child homicide were more likely to be male, less than 1 year old and African American.

### Rates of child homicide by year

0-17 years old, Dallas County, 2007-2011



The homicide rate in Dallas County in 2011 was 49 percent lower than the homicide rate in 2007, while the homicide rates for Texas and the United States slightly decreased.

- More than half of the 15-17 year old homicide victims had reported problems in school.
- Over 40 percent of the 1-9 year olds had a history of child maltreatment.
- More than one-third of the 15-17 year olds had a criminal history (34 percent) and/or tested positive for marijuana (37 percent) at the time of death.

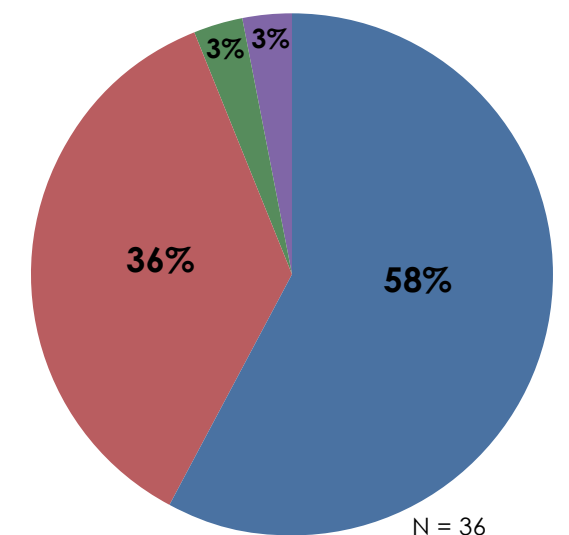
## SUICIDE

The American Foundation for Suicide Prevention states that depression and alcohol/substance abuse are among the risk factors for suicide. The risk increases when multiple risk factors are present.<sup>5</sup> There were 36 children ages 10-17 who committed suicide in Dallas County between 2007-2011. Twenty-two percent of child suicide victims in Dallas County had a history of alcohol and/or drug abuse or dependence and 31 percent were positive for drugs or alcohol at the time of death. Eight children had a history of maltreatment.

- Asphyxia (hanging) was the most common method of suicide followed by firearms.

### Child suicides by method

10-17 years old, Dallas County, 2007-2011



■ Asphyxia (hanging) ■ Firearm  
■ Fall ■ Drugs

## SUICIDE cont.

**Child suicides by gender, age group and race/ethnicity**  
10-17 years old, Dallas County, 2007-2011

Gender	Number	Percent	Rate*
Female	8	22%	1.2
Male	28	78%	4.0
Total	36	100%	
Age Group	Number	Percent	Rate*
Under 1 year			
1-4 years			
5-9 years			
10-14 years	11	31%	1.3
15-17 years	25	69%	4.7
Total	36	100%	
Race/ethnicity	Number	Percent	Rate*
African American	7	19%	2.1
Hispanic	17	47%	2.5
Other	1	3%	1.4
Caucasian	11	31%	3.7
Total	36	100%	

\*Rate per 100,000 (10-17 year old) population

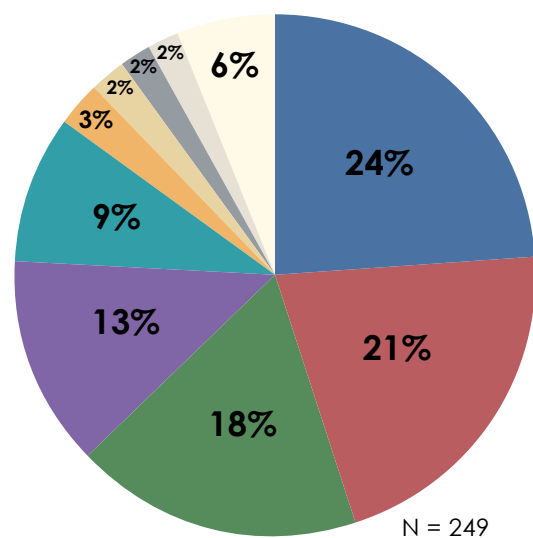
Rates of suicide were highest among males, 15-17 year olds and Caucasians. Of those who died from suicide:

- **28 percent had previously threatened to commit suicide.**
- **One in five had previous suicide attempts.**
- **One-quarter left a note at the scene.**
- **Nearly one-third (31 percent) had a history of talking about suicide.**

## UNINTENTIONAL DEATHS

Unintentional injuries include motor vehicle crashes, asphyxia, and drowning, among others. In Dallas County, there were 249 unintentional injury deaths among children 0-17 years in Dallas County between 2007 and 2011.

**Unintentional child injury deaths by method**  
0-17 years old, Dallas County, 2007-2011



Motor vehicle-related crashes accounted for more than one-third (24 percent motor vehicle occupant, 13 percent pedestrian and 3 percent bicycle) of all unintentional injury deaths.

- Motor vehicle occupant (driver or passenger)
- Asphyxia
- Drowning
- Pedestrian
- Drugs
- Bicycle
- Blunt force trauma
- Fire
- Hyperthermia
- Other\*

\*Other includes but not limited to: carbon monoxide, animal bite, medical-related injuries, cut/pierce and other poison.

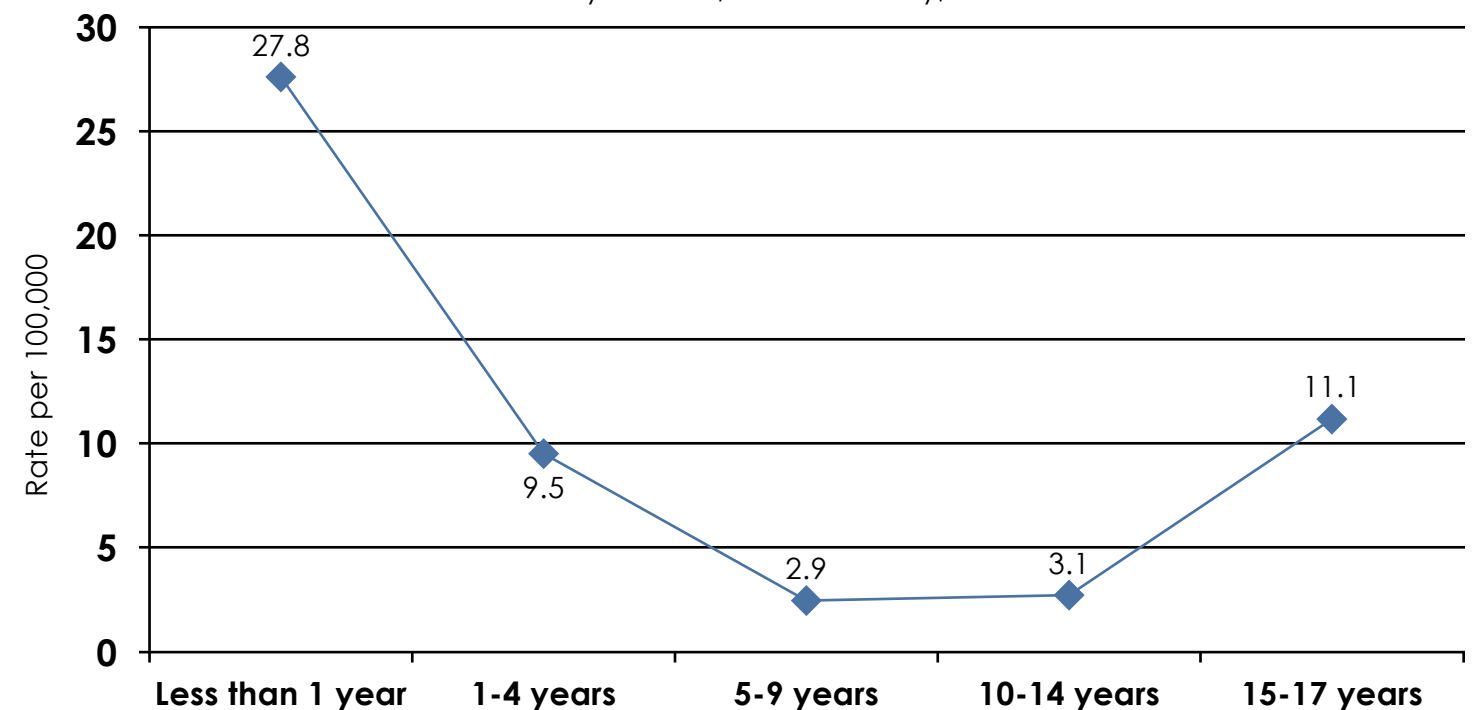
**Unintentional child injury deaths by age group**  
0-17 years old, Dallas County, 2007-2011

	Under 1 year	1-4 years	5-9 years	10-14 years	15-17 years	Total
Motor vehicle	5	12	8	9	26	60
Asphyxia	41	10	0	1	0	52
Drowning	2	24	12	3	4	45
Pedestrian	0	15	4	6	6	31
Drugs	0	0	0	1	20	21
Bicycle	0	1	3	4	0	8
Blunt force trauma	0	5	0	1	0	6
Fire	0	5	0	0	1	6
Hyperthermia	2	3	0	0	0	5
Other*	8	3	1	1	2	15
<b>Total</b>	<b>58</b>	<b>78</b>	<b>28</b>	<b>26</b>	<b>59</b>	<b>249</b>

\*Other includes but not limited to: carbon monoxide, animal bite, medical-related injuries, cut/pierce and other poison.

Nearly one-third (78 children) of unintentional child injury deaths in Dallas County were to 1-4 year olds.

**Rate of unintentional child death by age group**  
0-17 years old, Dallas County, 2007-2011

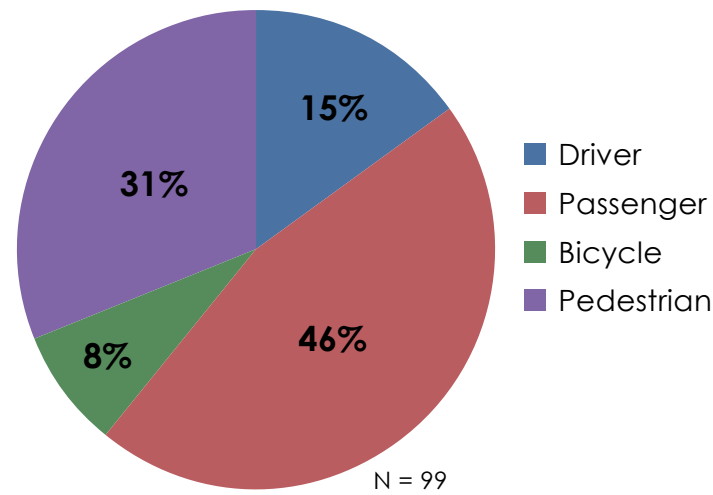


Unintentional injury death rates were highest in the youngest children (less than 1 year of age) and oldest children (15-17 years of age).

## MOTOR-VEHICLE RELATED DEATHS

In Dallas County, motor vehicle crash-related deaths were a leading cause of injury death. From 2007-2011 there were 99 child motor vehicle-related deaths in Dallas County.

### Child deaths from motor vehicle crashes 0-17 years old, Dallas County, 2007-2011



Nearly half of the children who died in a motor vehicle crash (46 percent) were passengers. Nearly one-third (31 percent) of motor vehicle crash deaths involved a child pedestrian.

#### Proper restraint use is defined as:

- 0-4 years: Child restrained in a car seat
- 5-8 years: Child restrained in a booster seat
- 9-17 years: Child restrained with a shoulder belt

Rates of motor vehicle occupant death were highest among males, 15-17 year olds and Hispanics while rates of motor vehicle pedestrian death were highest among males, 1-4 year olds and African Americans.

- Nearly half of the pedestrian deaths were children 1-4 years old.
- Of the 60 motor vehicle child occupant deaths, only 13 children (22 percent) were reported as being properly restrained.
- Seven of the eight bicycle crash victims were not wearing a bicycle helmet at the time of injury.

### Child motor vehicle, pedestrian and bicycle deaths by gender, age group and race/ethnicity 0-17 years old, Dallas County, 2007-2011

Gender	Occupant (driver & passenger)			Pedestrian			Bicycle		
	Number	Percent	Rate*	Number	Percent	Rate*	Number	Percent	Rate*
Female	24	40%	1.5	10	32%	0.6	0	0%	0
Male	36	60%	2.1	21	68%	1.2	8	100%	0.5
Total	60	100%		31	100%		8	100%	

Age Group	Occupant (driver & passenger)			Pedestrian			Bicycle		
	Number	Percent <sup>^</sup>	Rate*	Number	Percent <sup>^</sup>	Rate*	Number	Percent <sup>^</sup>	Rate*
Under 1 year	5	8%	2.4	0	0%	0.0	0	0%	0.0
1-4 years	12	20%	1.5	15	48%	1.8	1	13%	0.5
5-9 years	8	13%	0.8	4	13%	0.4	3	38%	0.1
10-14 years	9	15%	1.1	6	19%	0.7	4	50%	0.2
15-17 years	26	43%	4.9	6	19%	1.1	0	0%	0.2
Total	60	99%		31	99%		8	101%	

Race/ethnicity	Occupant (driver & passenger)			Pedestrian			Bicycle		
	Number	Percent	Rate*	Number	Percent	Rate*	Number	Percent	Rate*
African American	11	18%	1.5	11	35%	1.5	1	13%	0.1
Hispanic	37	62%	2.1	16	52%	0.9	4	50%	0.2
Other	1	2%	0.6	0	0%	0.0	1	13%	0.6
Caucasian	11	18%	1.5	4	13%	0.5	1	13%	0.1
Unknown	0	0%		0	0%		1	13%	
Total	60	100%		31	100%		8	102%	

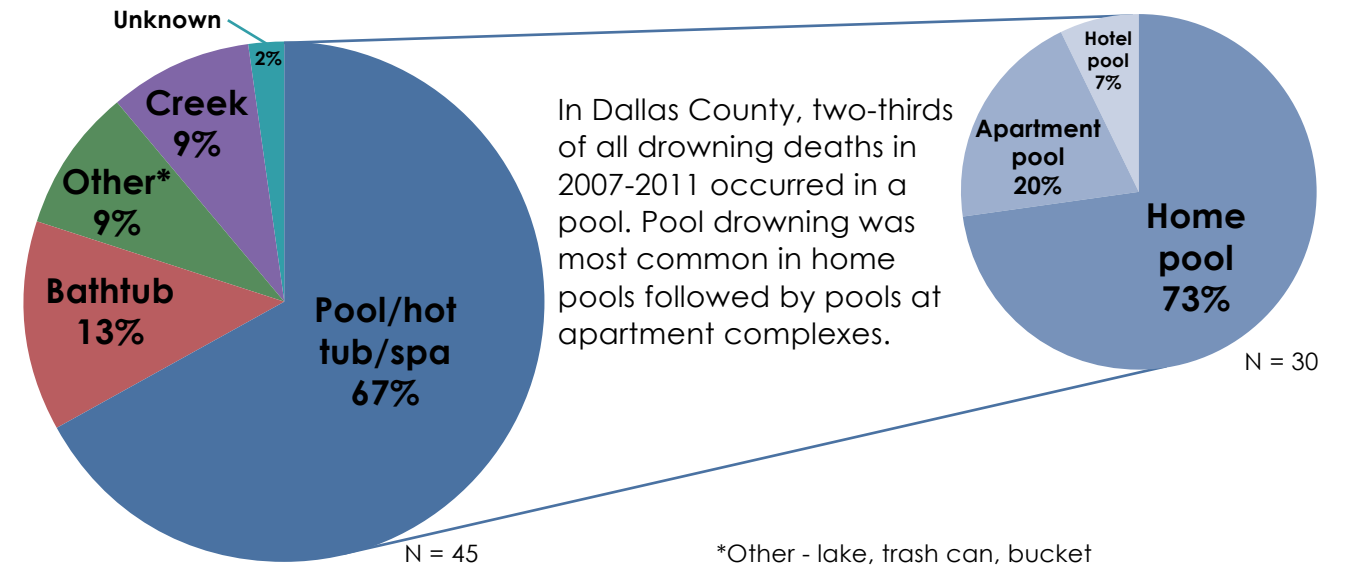
\*Rate per 100,000 population

<sup>^</sup>Percents may not equal 100 percent due to rounding

## DROWNING DEATHS

Drowning was the fourth leading cause of injury death (n=45) for children 0-17 years in Dallas County from 2007-2011 and the leading cause of injury death for children 1-9 years old.

### Drowning deaths by location 0-17 years old, Dallas County, 2007-2011



In Dallas County, two-thirds of all drowning deaths in 2007-2011 occurred in a pool. Pool drowning was most common in home pools followed by pools at apartment complexes.

\*Other - lake, trash can, bucket

### Child drowning deaths by gender, age group and race/ethnicity 0-17 years old, Dallas County, 2007-2011

Gender	Number	Percent	Rate*
Female	13	29%	0.8
Male	32	71%	1.9
Total	45	100%	

Age Group	Number	Percent	Rate*
Under 1 year	2	4%	1.0
1-4 years	24	53%	2.9
5-9 years	12	27%	1.3
10-14 years	3	7%	0.4
15-17 years	4	9%	0.8
Total	45	100%	

Race/ethnicity	Number	Percent	Rate*
African American	16	36%	2.2
Hispanic	16	36%	0.9
Other	1	2%	0.6
Caucasian	11	24%	1.5
Unknown	1	2%	
Total	36	100%	

\*Rate per 100,000 population

More than half (57 percent) of the drowning deaths in Dallas County were of children less than 5 years of age. Rates of drowning were highest among males, 1-4 year olds and African Americans.

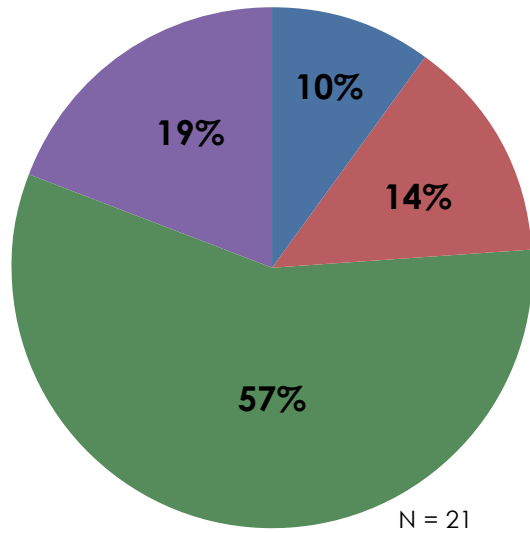
- More than three-quarters (78 percent) of child drowning incidents involved negligence or poor and absent supervision.
- In more than two-thirds (68 percent) of residential pool drownings, the pool was not surrounded by a fence. In these incidents, a pool fence would have been an appropriate barrier to prevent these deaths.

## DRUG AND ALCOHOL-RELATED DEATHS

A total of 21 children in Dallas County died from unintentional drug and/or alcohol-related causes from 2007-2011.

### Unintentional drug and/or alcohol-related child deaths by substance

10-17 years old, Dallas County, 2007-2011



- Alcohol (N = 2)
- Illicit drugs (N = 3)
- Illicit drugs & prescription/OTC drugs (N = 12)
- Alcohol, Illicit drugs & prescription/OTC drugs (N = 4)

All child victims of drug and/or alcohol-related deaths were between the ages of 10-17 years old. Very few children died from an overdose of a single substance. More than half of the child deaths (57 percent) were due to a combination of illicit and prescription/OTC (over-the-counter) drugs.

- Heroin was the most commonly used illicit drug.
- While no child died from an overdose of prescription/OTC drugs alone, these drugs were involved in three-quarters (76 percent) of unintentional overdose deaths.

### Unintentional drug and/or alcohol-related child deaths by gender, age group and race/ethnicity

10-17 years old, Dallas County, 2007-2011

Gender	Number	Percent	Rate*
Female	7	33%	1.0
Male	14	67%	2.0
Total	21	100%	

Age Group	Number	Percent	Rate*
10-14 years	1	5%	0.1
15-17 years	20	95%	3.8
Total	21	100%	

Race/ethnicity	Number	Percent <sup>^</sup>	Rate*
African American	1	5%	0.3
Hispanic	13	62%	1.9
Other	1	5%	1.4
Caucasian	5	24%	1.7
Unknown	1	5%	
Total	21	101%	

\*Rate per 100,000 (10-17 year old) population

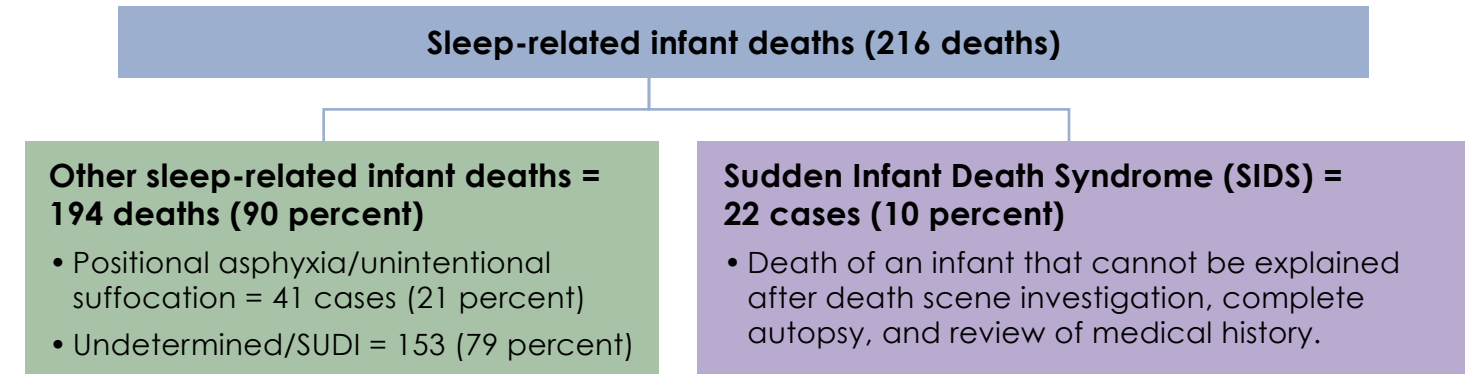
<sup>^</sup>Percents may not equal 100 percent due to rounding

Rates of unintentional drug and/or alcohol-related child deaths were highest among males, 15-17 year olds and Hispanics. Of those who died due to unintentional drug and/or alcohol-related causes:

- Two-thirds (68 percent) had a history of drug abuse.
- More than half (57 percent) had a criminal history.
- Nearly half (48 percent) had problems in school.
- One in five had a history of child maltreatment.

## SLEEP-RELATED DEATHS

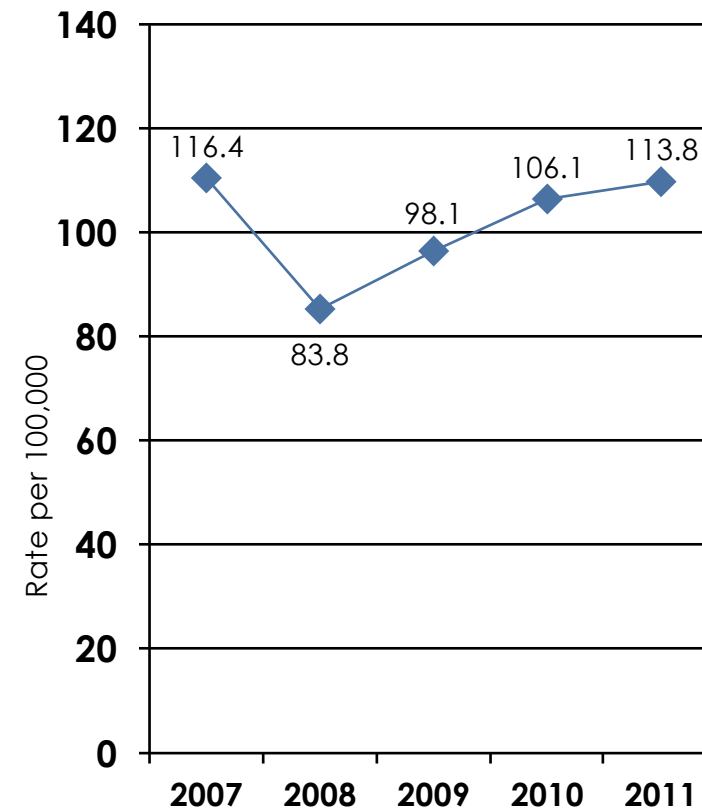
A sleep-related infant death is defined as an infant less than 1 year of age with no underlying potentially fatal medical condition or other non-sleep related injury that died unexpectedly during sleep. Sleep-related infant deaths include deaths classified by the Medical Examiner's office as unintentional, undetermined or natural manners of death. From 2007-2011, there were 216 sleep-related infant deaths in Dallas County, which is 14 percent of all infant deaths in Dallas County during that time period.



Nine out of 10 sleep-related infant deaths were due to positional asphyxia (when the body's position prevents an infant from breathing), accidental suffocation or undetermined causes.

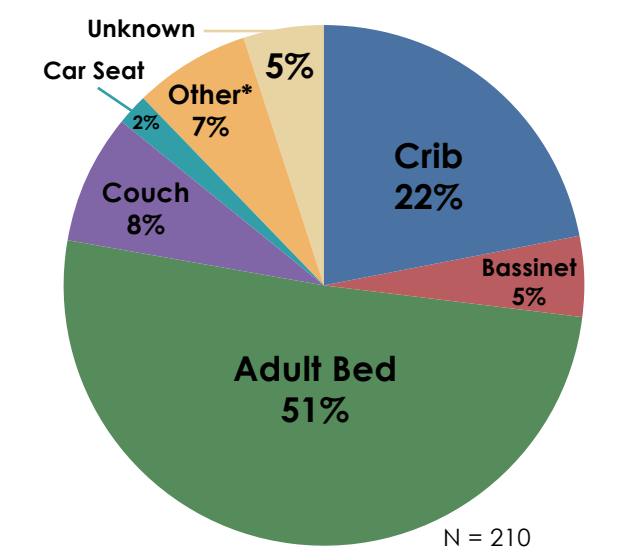
### Rate of sleep-related deaths by year

<1 year old, Dallas County, 2007-2011



### Sleep-related deaths by place found

<1 year old, Dallas County, 2007-2011



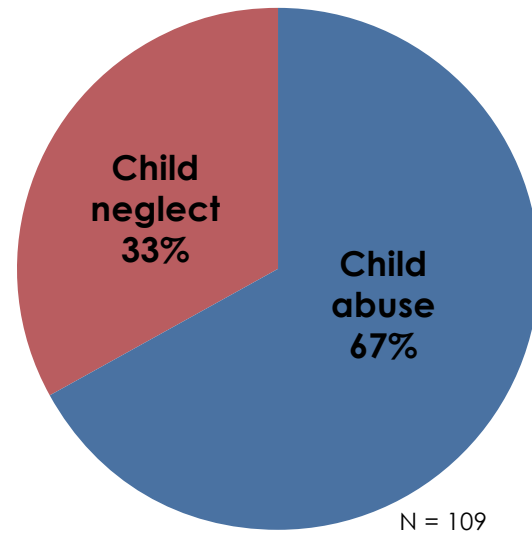
\*Other includes, but not limited to: playpen, air mattress and sofa bed

- More than half (56 percent) of the sleep-related deaths involved the child sharing a bed or sleep space with another individual.

## CHILD MALTREATMENT DEATHS

Child maltreatment includes deaths due to child abuse and child neglect. According to the Centers for Disease Control and Prevention, child abuse occurs when a child's body is injured as a result of hitting, kicking, shaking, burning or other show of force. Child neglect is failure to meet a child's basic needs such as housing, food, clothing, education, and access to medical care. From 2007-2011, there were 109 deaths to children in Dallas County that were caused by child maltreatment. While the majority of the child maltreatment deaths were homicides due to child abuse (67 percent), 33 percent were due to child neglect.

**Child maltreatment by type**  
0-17 years old, Dallas County, 2007-2011



**Child maltreatment deaths by gender, age group and race/ethnicity**  
0-17 years old, Dallas County, 2007-2011

Gender	Number	Percent	Rate*
Female	50	46%	3.0
Male	59	54%	3.4
Total	109	100%	

Age Group	Number	Percent <sup>^</sup>	Rate*
Under 1 year	38	35%	18.2
1-4 years	49	45%	5.9
5-9 years	12	11%	1.3
10-14 years	5	5%	0.6
15-17 years	5	5%	0.9
Total	109	101%	

Race/ethnicity	Number	Percent	Rate*
African American	47	43%	6.6
Hispanic	39	36%	2.2
Other	3	3%	1.7
Caucasian	20	18%	2.7
Total	109	100%	

\*Rate per 100,000 population

<sup>^</sup>Percents may not equal 100 percent due to rounding

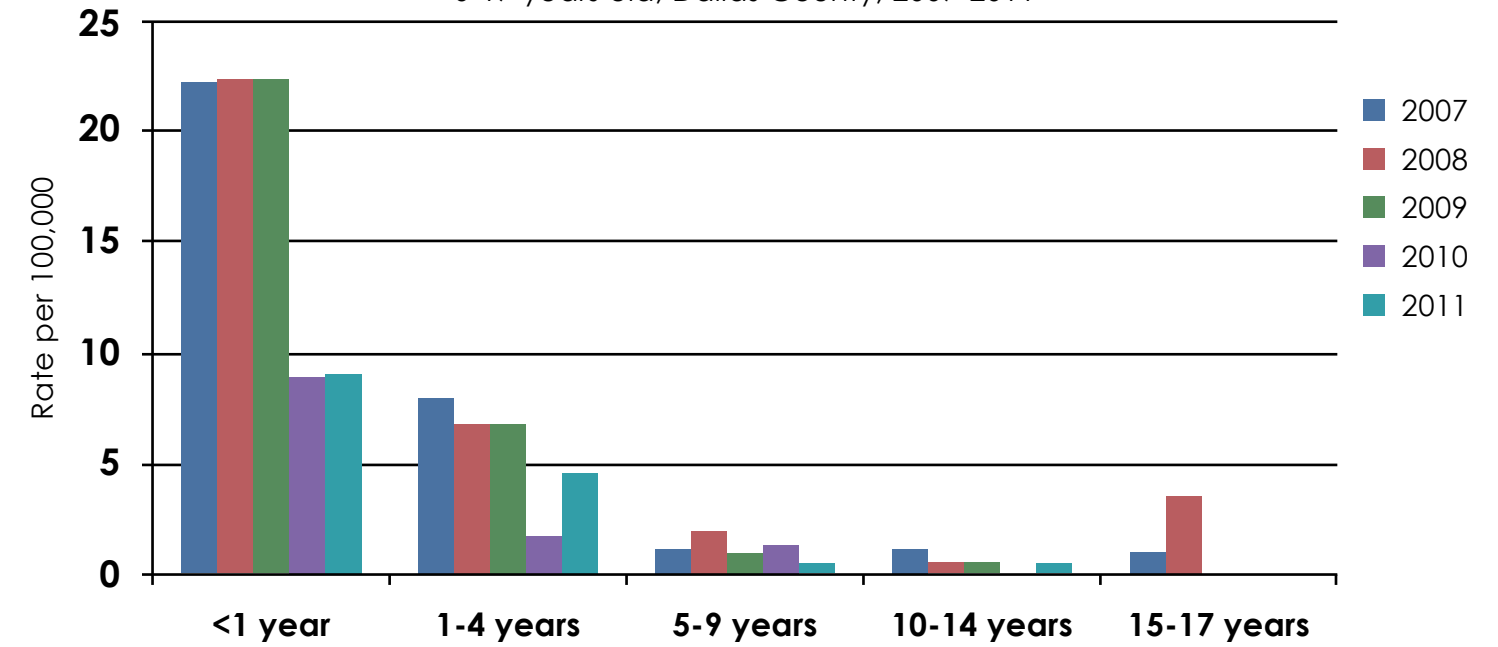
Rates of child maltreatment were highest for males, children under 1 year of age and African Americans.

- **Eight out of 10 child maltreatment deaths from 2007-2011 were of children younger than 5 years old.**

### Reviewing cases of child maltreatment

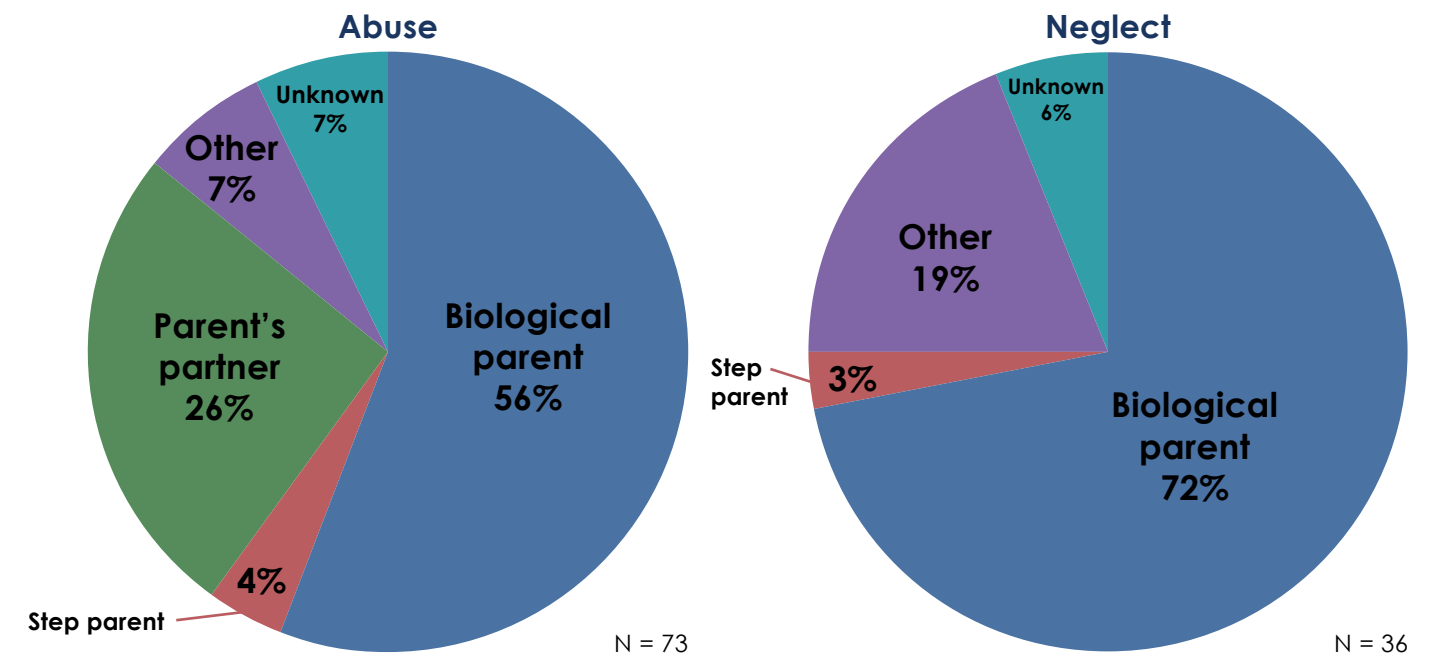
The reported numbers of child maltreatment from the Dallas County CDRT do not necessarily match the reported numbers published by the Texas Department of Family and Protective Services (TDFPS). TDFPS uses different categories to classify child abuse and neglect. Dallas County CDRT uses guidelines from the National Center for Child Death Review to determine child maltreatment. These guidelines differ slightly from the categories used by TDFPS. For example, the Dallas County CDRT has a category called poor/absent supervision. This category is used when the team believes that the incident was solely due to a lack of supervision and does not meet the criteria of neglect. An additional 29 deaths were classified by the Dallas County CDRT as poor/absent supervision. These were not included in the child maltreatment totals. Another potential discrepancy in the number of reported child maltreatment cases comes from the reporting cycle. TDFPS reports data by the fiscal year, while the Dallas County CDRT reports data by calendar year.

**Rates of child maltreatment death by year and age group**  
0-17 years old, Dallas County, 2007-2011



Children less than 1 year of age had higher death rates from child maltreatment than any other age group.

**Perpetrators of child abuse and child neglect**  
0-17 years old, Dallas County, 2007-2011



While the majority of the perpetrators in child abuse and child neglect deaths were the biological parent(s), an additional 28 percent of child abuse deaths were perpetrated by the parent's partner. None of the child neglect deaths were perpetrated by the parent's partner.

Of Dallas County children who died from maltreatment:

- **One-third (33 percent) had a prior history with Child Protective Services.**
- **One in five child deaths due to physical abuse were the result of an argument between parents or caregivers; nearly half (48 percent) had no known trigger circumstance.**

## RECOMMENDATIONS

**Child Abuse Prevention:** Current Texas Family Code 261.102 states that professionals must report a death to Child Protective Services (CPS) if they believe a child had been abused or neglected. The Dallas County CDRT identified 57 child deaths that occurred between 2007-2011 that were not reported to CPS but should have been. Child deaths resulting from possible abuse and/or neglect may have been missed due to the lack of notification and investigation by CPS. In addition, CPS and other social service organizations may miss the opportunity to provide services to the families of children who have died. Therefore, it is recommended that the current Texas Family Code be amended to add that any child less than 6 years old that dies due to non-natural or unexplained causes, excluding motor vehicle occupant deaths unless there is suspected substance abuse, be reported to CPS to better identify possible cases of abuse and/or neglect.

**Child Occupant Safety:** Motor vehicle crashes were a leading cause of death for all age groups. Although Texas has a strong primary seat belt law and booster seat law requiring children less than 8 years of age to ride in a booster seat when traveling in a motor vehicle, all of the booster-age children who died in Dallas County in motor vehicle crashes in 2007-2011 were completely unrestrained. Therefore, it is recommended that prevention strategies seek to improve social norms with regard to child occupant safety and encourage non-traditional community partners such as day care centers and elementary schools to implement policies that require children arriving and leaving school to be properly restrained in a car seat or booster seat.

**Pool Safety:** Drowning is a leading cause of child injury death in Dallas County and the leading cause of injury death for children 1 to 9 years old. Of the 45 deaths of children due to drowning in Dallas County from 2007-2011, 49 percent occurred in a home pool. It is well established that four-sided pool isolation fencing can prevent up to 50-90 percent of drowning deaths of young children.<sup>6</sup> Therefore, it is recommended that policy (municipal ordinance or state legislation) be adopted requiring new residential swimming pools to have a four-sided isolation fence installed that completely separates the house and play area of the yard from the pool. The fence should be at least four feet high and have a self-latching, self-closing gate that opens outward with latches that are out of reach of children.

**Safer Infant Sleep:** From 2007-2011, there were 216 sleep-related infant deaths in Dallas County, which is 14.3 percent of the infant deaths in Dallas County during this time. More than half (56 percent) of the sleep-related deaths occurred while sharing a sleep surface with an adult, other child, or animal. The sleep surfaces included an adult bed, couch or air mattress. Therefore the following selection of infant safe sleep practices is recommended by the American Academy of Pediatrics:<sup>7</sup>

- (a) Babies should sleep on their backs every time they are put to sleep (including naps and nighttime).
- (b) Babies should be placed to sleep in a safety-approved crib or bassinet with a firm mattress, using a well-fitted sheet made for the mattress.
- (c) Baby's sleep environment should be free of unsafe sleep items, such as pillows, comforters, stuffed toys, bumper pads, strings, cords, etc.
- (d) Babies should never be placed to sleep on soft mattresses or on other soft surfaces such as cushions, sofas, chairs, or waterbeds.
- (e) Babies should not sleep on beds pushed against the wall or with a loose headboard.
- (f) Avoid exposing babies to smoking, alcohol or drugs during pregnancy and after birth.

## ACKNOWLEDGEMENTS

The Dallas County CDRT is facilitated by the Injury Prevention Center of Greater Dallas, a department of Parkland Health & Hospital System. This report is made possible through the support and collaboration of many individuals and agencies throughout Dallas County who contribute their time and expertise to the child death review process. We are grateful for our partners' continued commitment to reduce and prevent childhood injuries and deaths:

Baylor University Medical Center	University of Texas Southwestern Medical Center
Children's Medical Center of Dallas	Balch Springs Police Department
City of Dallas	Carrollton Police Department
Dallas CASA	Cedar Hill Police Department
Dallas Children's Advocacy Center	Coppell Police Department
Dallas County District Attorney's Office	Dallas County Sheriff's Office
Dallas County Health and Human Services	Dallas Police Department
Dallas County Juvenile Department	DeSoto Police Department
Dallas County Medical Examiner	Duncanville Police Department
Dallas Fire-Rescue	Farmers Branch Police Department
DFW Hospital Council Foundation	Garland Police Department
Dallas Healthy Start	Glenn Heights Police Department
Dallas Independent School District	Grand Prairie Police Department
Department of Family and Protective Services	Highland Park Police Department
Child Protective Services	Irving Police Department
Garland Independent School District	Lancaster Police Department
Family Compass	Mesquite Police Department
Medical City Dallas Hospital	Richardson Police Department
Methodist Dallas Medical Center	Rowlett Police Department
Parkland Health & Hospital System	Sachse Police Department
Texas Health Resources Dallas	
Texas Department of State Health Services	



# CDRT

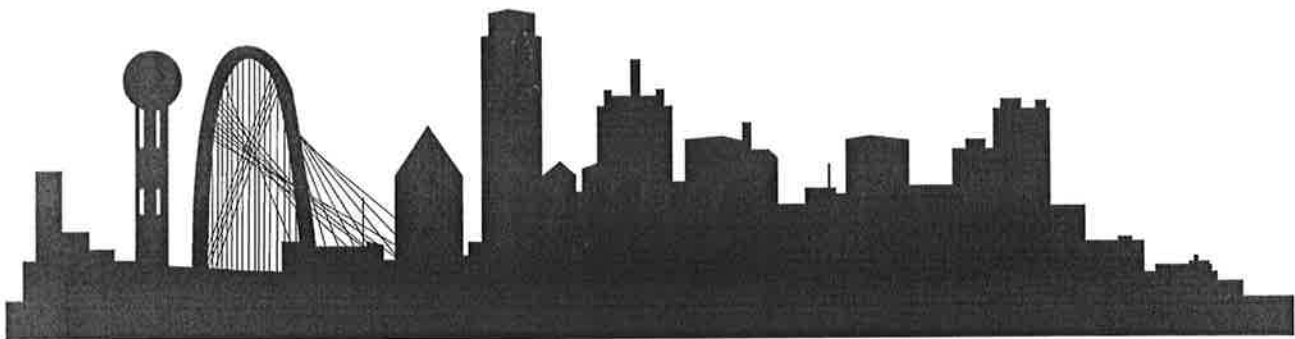
**Child Death Review Team | 2013**  
Report of Dallas County Child Deaths, 2007-2011



**Injury Prevention Center**  
of Greater Dallas



# DALLAS COUNTY ADULT INTIMATE PARTNER VIOLENCE FATALITY REVIEW TEAM INTERIM REPORT



The Dallas County Intimate Partner Violence Fatality Review Team (IPVFRT) was established on June 1, 2010 by a unanimous resolution from the Commissioners Court of Dallas County. It is in accordance with Chapter 672 of the Texas Health and Safety Code to conduct a system-wide review of adult intimate partner violence fatalities in Dallas County.

The IPVFRT consists of designated individuals and organizations that conduct reviews based upon the facts and circumstances of each case. Using a multi-disciplinary approach, the Review Team serves to promote cooperation, communication and coordination among agencies involved in responding to these deaths. In addition, it is the objective of the IPVFRT to collect data and disseminate information on findings in hopes that Dallas County can collectively work towards reducing future incidences of intimate partner violence deaths.

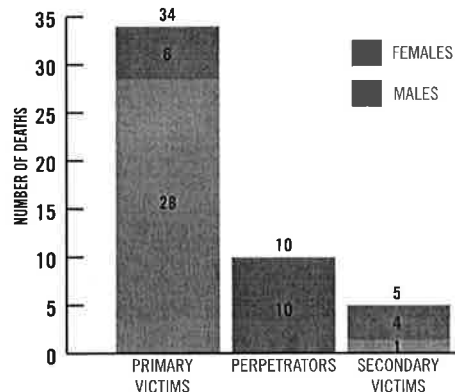
IPVFRT reviewed 34 adjudicated intimate partner violence fatality cases that occurred from 2009-2011. Fourteen of these cases were reviewed in comprehensive, full team meetings, and 20 cases underwent expedited data reviews. Because case information is pulled from several different sources and cannot be reviewed until they are adjudicated, this list is not comprehensive. Additional 2009-2011 case information will be included in the team's reports as it becomes available.

**NUMBER OF DEATHS RESULTING FROM INTIMATE PARTNER VIOLENCE (2009-2011)**

The primary victim is defined as the intimate partner who was killed. The perpetrator is defined as the individual who committed the homicide, then committed suicide.

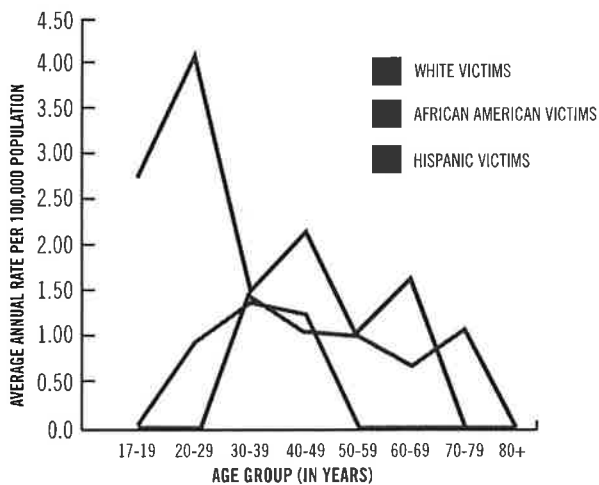
A secondary victim is defined as any other individual who was killed as a result of the incident.

- A total of 49 individuals died in Dallas County as a result of 34 intimate partner violence homicide cases
- Two male victims were murdered in a same gender relationship.



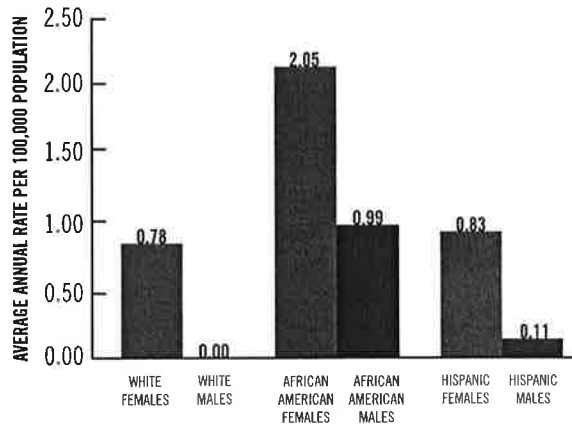
Because of the victim-centric nature of the IPVFRT, the team honors the lives of victims by focusing on their stories alone in the following facts and figures. Demographic information regarding perpetrators and secondary victims will be included in subsequent reports.

**FEMALE INTIMATE PARTNER VIOLENCE VICTIM FATALITY RATES BY RACE/ETHNICITY AND AGE GROUP**



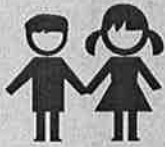
- African American women and women between 20-24 have the highest rate of fatality
- The average age of the victims was 38.0 years old, with a range in age from 19 to 71 years

**INTIMATE PARTNER VIOLENCE VICTIM FATALITY RATES BY GENDER AND RACE/ETHNICITY**



African American females are approximately 2.5 times more likely to die by intimate partner violence than White females or Hispanic females.

## CHILD VICTIMS

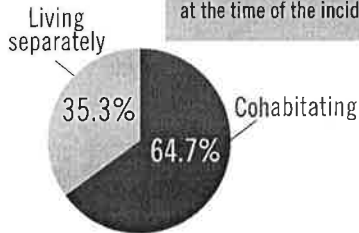


- 44.1% of the cases directly impacted at least one child
- A total of 34 children were impacted by intimate partner violence homicides in those cases
- Fourteen children were present (in the household) during the homicide. Of those 14, at least two directly witnessed the homicide.
- Two children were not present during the homicide, but found the victim

## RELATIONSHIP INFORMATION

### COHABITATION

22 of 34 victims and perpetrators were cohabitating at the time of the incident (64.7%).



15  
pending  
separation

10  
currently  
in  
relationship

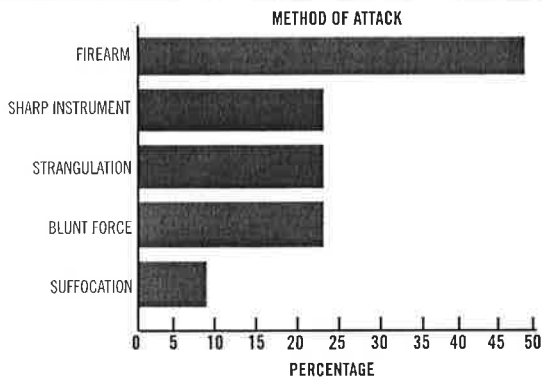
9  
unknown

### VICTIM/PERPETRATOR RELATIONSHIP

Of the 15 relationships pending separation:

- 5 victims had threatened to break up with the perpetrator immediately preceding the homicide
- 4 relationships had ended immediately preceding or during the incident
- 6 relationships had ended some time prior to the homicide

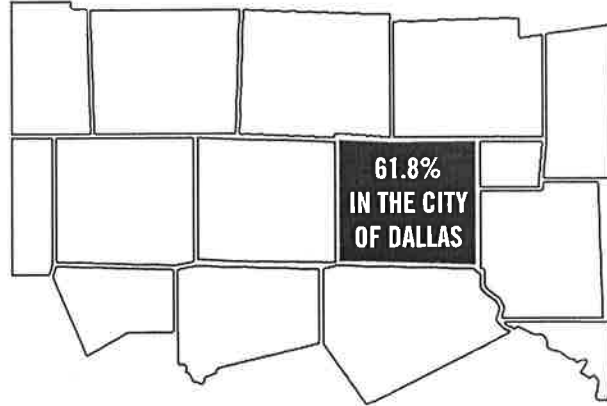
## INTIMATE PARTNER VIOLENCE HOMICIDES BY METHOD\*\*



- 16 of 34 incidents (47.1%) involved a firearm
- 8 of 34 incidents (23.5%) involved a sharp instrument
- 8 of 34 incidents (23.5%) involved strangulation
- 8 of 34 incidents (23.5%) involved blunt force injuries and/or personal weapons (hands/feet)
- 3 of 34 incidents (8.8%) involved suffocation

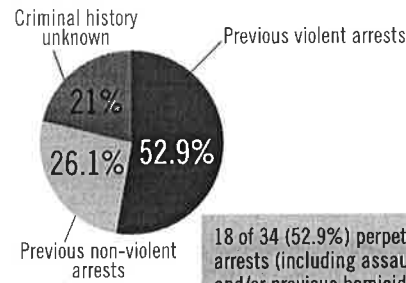
\*\*Homicides can be classified by one method or by several methods.

## LOCATION OF INCIDENTS



- An average of 11.3 incidents occurred per year
- Incidents occurred across 26 zip codes
- 21 of 34 incidents (61.8%) occurred in the city of Dallas
- Remaining incidents occurred in eight other cities in Dallas County, including:
  - Carrollton
  - Cedar Hill
  - Coppell
  - DeSoto
  - Garland
  - Irving
  - Mesquite
  - Rowlett
- 30 of 34 incidents took place at a house/apartment

## CRIMINAL HISTORY OF PERPETRATOR



18 of 34 (52.9%) perpetrators had previous violent arrests (including assaults, domestic violence offenses, and/or previous homicides) before the homicide. Criminal history was unknown for 9 of 34.

## PERPETRATOR DISPOSITION STATUS



- CONVICTION
- PERPETRATOR DECEASED (MURDER/SUICIDE)
- CONVICTION STATUS UNKNOWN AT TIME OF REVIEW
- NO BILL/DISSMISSED
- UNAPPREHENDED

## RESOURCE INFORMATION



Findings indicate that victim assistance was sought by eight victims prior to death. Victim assistance included law enforcement and legal aid.



**NO VICTIMS SOUGHT SHELTER WHILE IN A RELATIONSHIP WITH THE PERPETRATOR.**



Three victims had applied for protective orders. Two protective orders had been granted but were no longer valid at the time of death. One protective order had been filed but was not yet granted at the time of death.

## NEXT STEPS

- Continuation of case reviews
- Collection of demographic data for primary and secondary victims and the perpetrators of intimate partner violence homicides
- Collection of quantitative and qualitative data collected in both full and expedited reviews
- Recommendations for policy and systemic changes at the city, county and state level

## CONTRIBUTING AGENCIES



DALLAS COUNTY  
MEDICAL EXAMINER



DALLAS COUNTY COMMUNITY  
SUPERVISION & CORRECTIONS  
DEPARTMENT

**BRIGHTER  
TOMORROWS**  
*Empowering survivors of domestic and sexual violence*



This research/review was supported by DFW Hospital Council Education and Research Foundation Information Quality Services Center Regional Data. Dallas-Fort Worth Hospital Council Education and Research Foundation, Information and Quality Services Center, Irving, Texas 75062. August 10, 2015.

**PHOTOVOICE Evaluation Plan**  
Submitted by:  
Injury Prevention Center of Greater Dallas

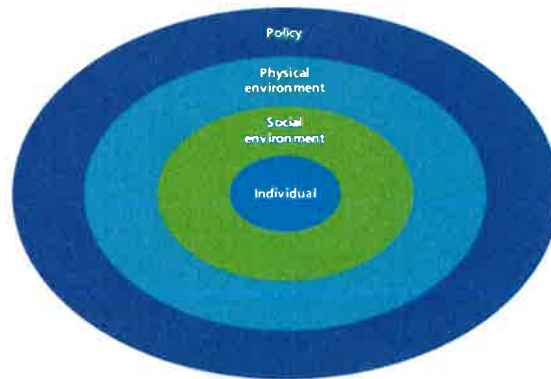
To evaluate the effectiveness of the PHOTOVOICE project, the Injury Prevention Center of Greater Dallas proposes a mixed methods approach, which will include formative, process and impact evaluation, as well as quantitative and qualitative measures.

**Formative:**

- Mapping of high injury areas (quantitative data)

**Process:**

- Recruitment of a team of individuals from local academic programs to participate in the PHOTOVOICE project.
- Implementation of the PHOTOVOICE project in identified areas of Dallas (2).
- Review of the individuals' photographs and captions for common themes.
- Presentation of photographs and captions to Community Decision Makers (2).
- List of hazards and evidence-based strategies to address the hazards provided to Community Decision Makers. The list will be categorized by short-term (quick fixes) and long-term improvements.
- Graphic display of the photographs on the Social Ecological Model, which depict changes needed at each level to improve pedestrian safety.



**Impact:**

1. Analysis of the following:
  - a. Do the photos depict actual pedestrian hazards?
  - b. Is there an evidence-based strategy to prevent injuries/deaths for the pedestrian hazards depicted in the photographs?
  - c. Have the evidence-based strategies been implemented? (long-term)
  - d. Have any environmental improvements been made in the project areas since IPC implemented the PHOTOVOICE project?
  - e. Have the identified problem areas/photo trends changed over time?

# Memorandum



CITY OF DALLAS

DATE 20 February 2015

TO The Honorable Members of the Transportation and Trinity River Project Committee:  
Vonciel Jones Hill (Chair), Lee Kleinman (Vice Chair), Deputy Mayor Pro Tem Monica Alonzo,  
Mayor Pro Tem Tennell Atkins, Sandy Greyson, and Sheffie Kadane

SUBJECT Everyone Is a Pedestrian  
Improving Pedestrian Safety in Texas

On Monday, 23 February 2015, you will be briefed by Al Alonzi, Division Administrator, Federal Highway Administration (FHWA) Texas Division, on the U.S. Department of Transportation's initiatives in support of pedestrian and bicycle safety, one of Transportation Secretary Anthony Foxx's signature initiatives. The briefing will include the New Mayor's Challenge, the Federal Highway Administration's (FHWA) pedestrian focus cities program, and a short introduction to road safety audits. Al Alonzi and additional representatives from FHWA will be in Dallas the week of February 20<sup>th</sup> to conduct a road safety audit in the Vickery Meadows neighborhood.

Please feel free to contact me if you need additional information.

Jill A. Jordan, P.E.  
Assistant City Manager

## Attachment

c: Honorable Mayor and Members of the City Council  
A.C. Gonzalez, City Manager  
Warren M.S. Ernst, City Attorney  
Craig D. Kinton, City Auditor  
Rosa A. Rios, City Secretary  
Daniel F. Solls, Administrative Judge  
Ryan S. Evans, First Assistant City Manager

Eric D. Campbell, Assistant City Manager  
Mark McDaniel, Assistant City Manager  
Joey Zapata, Assistant City Manager  
Jeanne Chipperfield, Chief Financial Officer  
Sana Syed, Public Information Officer  
Elsa Cantu, Assistant to the City Manager – Mayor & Council

"Dallas-Together, we do it better"



# Everyone is a Pedestrian

Texas Division Office

Improving Pedestrian Safety in Texas  
Transportation and Trinity River Project Committee  
23 February 2015



U.S. Department of Transportation  
Federal Highway Administration





# Everyone is a Pedestrian

Longhorns in the Wichita Mountains Wildlife Refuge

Texas Division Office

## Federal Highway Administration Programs to Improve Safety for all Roadway Users

- Mayor's Challenge for Safer People, Safer Streets
- Pedestrian Safety Focus States and Cities
- Road Diets
- Road Safety Audits



U.S. Department of Transportation  
Federal Highway Administration





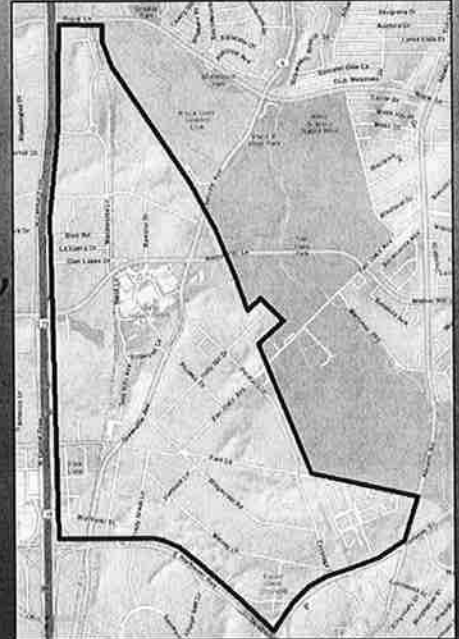
# Road Safety Audit

Texas Division Office

Longhorn in the Wichita Mountains Wildlife Refuge

## Vickery Meadow Neighborhood Pilot Project (February 24 – 26)

FHWA leading a study and will report potential road safety issues, and identify opportunities for improvement for all road users.



U.S. Department of Transportation  
Federal Highway Administration