What Does a Safe Sleep Environment Look Like?

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death

Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Do not smoke or let anyone smoke around your baby.

Make sure nothing covers the baby's head.

Always place your baby on his or her back to sleep, for naps and at night.

Dress your baby in sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Baby's sleep area is next to where parents sleep.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or http://www.cpsc.gov.
Always place your baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.

Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death.

Room sharing—keeping baby’s sleep area in the same room where you sleep—reduces the risk of SIDS and other sleep-related causes of infant death.

Keep soft objects, toys, crib bumpers, and loose bedding out of your baby’s sleep area to reduce the risk of SIDS and other sleep-related causes of infant death.

To reduce the risk of SIDS, women should:
- Get regular health care during pregnancy, and
- Not smoke, drink alcohol, or use illegal drugs during pregnancy or after the baby is born.

To reduce the risk of SIDS, do not smoke during pregnancy, and do not smoke or allow smoking around your baby.

Breastfeed your baby to reduce the risk of SIDS.

Give your baby a dry pacifier that is not attached to a string for naps and at night to reduce the risk of SIDS.

Do not let your baby get too hot during sleep.

Follow health care provider guidance on your baby’s vaccines and regular health checkups.

Avoid products that claim to reduce the risk of SIDS and other sleep-related causes of infant death.

Do not use home heart or breathing monitors to reduce the risk of SIDS.

Give your baby plenty of Tummy Time when he or she is awake and when someone is watching.

* For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or http://www.cpsc.gov.

Remember Tummy Time!
Place babies on their stomachs when they are awake and when someone is watching. Tummy Time helps your baby’s head, neck, and shoulder muscles get stronger and helps to prevent flat spots on the head.
Influencing Policy & Legislation
- Inform legislative leaders about effective evidence-based programs to promote early recognition of child maltreatment and decrease overall death and injury rates.
- Collaborate with legislators to fund and establish programs or policies that increase children’s exposure to safe, stable nurturing relationships and environments.
- Strengthen existing laws to promote aggressive prosecution of child maltreatment offenses.

Changing Organizational Practices
- Work with schools of medicine, nursing, dental and allied health to require training on early recognition and response of child maltreatment.
- Work with local law enforcement agencies to identify targeted personnel with that agency and require of them training specific to the investigation and discovery of suspected child maltreatment cases.
- Hospitals and pediatric clinics should implement programs to reduce and prevent Abusive Head Trauma, which is caused by violently shaking an infant or young child. These programs should include education as well as instruction in coping strategies.

Fostering Coalitions & Networks
- Participate in the local Child Death Review Team.
- Involve parents, civic organizations, schools, healthcare organizations to promote safe, stable nurturing relationships and environments.
- Work with childcare centers to implement respite and crisis care programs, which offer short-term child care to help parents and other caregivers in stressful situations.

Educating Providers
- Educate physicians, nurses, dentists, and all other healthcare workers on early recognition and response of child maltreatment.
- Educate law enforcement personnel on early recognition and investigative response of child maltreatment.
- Facilitate educational opportunities regarding child maltreatment.

Promoting Community Education
- Prepare newspaper and newsletter articles, editorials, and other print informational materials that promote local parent education and support groups.
- Promote information and resources about child maltreatment and healthy parenting through social media such as Twitter, Facebook, etc.
- Participate in local Child Abuse Awareness Month activities.
Spectrum of Prevention

Child Maltreatment

**Strengthening Individual Knowledge & Skills**

- Implement evidence-based home visitation programs that target high-risk parents and families.
- Promote programs to strengthen parental skills, including communication, problem-solving, and discipline

[www.cdc.gov/injury](http://www.cdc.gov/injury)

[www.preventchildabuse.org](http://www.preventchildabuse.org)
**Spectrum of Prevention**

**Child Passenger Safety**

**Influencing Policy & Legislation**
- Work with hospitals to adopt a policy requiring newborns to be discharged in an appropriate car seat.
- Work with hospitals to adopt a policy requiring that prior to newborn discharge, mothers of newborns are provided child passenger safety education and must demonstrate how to use the car seat correctly.
- Work with hospitals to adopt a policy that addresses restraints appropriate for children with special needs (i.e. children with a tracheostomy, a spica cast or muscle tone abnormalities). Plans for procurement of the most appropriate restraint and training for the proper use of the device and its installation in the vehicle should be incorporated into hospital discharge planning.

**Changing Organizational Practices**
- Work with hospitals to disseminate provide child passenger safety information through Electronic Medical Records (EMR) for all well-child visits to children 0-8 years of age.
- Work with home visitation programs to include a child passenger safety component.
- Work with law enforcement agencies to increase enforcement of child passenger safety and booster seat laws.
- Work with hospitals to distribute child passenger safety information through Electronic Medical Records (EMR) for all visits involving children 0-8 years of age.
- Work with urgent care providers to disseminate child passenger safety information for all visits involving children 0-8 years of age.
- Work with local child care providers to improve transportation safety plans for children transported in child care vehicles.
- Work with home visitation programs to include a child passenger safety component.
- Work with law enforcement agencies to increase enforcement of child passenger safety and booster seat laws.

**Fostering Coalitions & Networks**
- Convene and/or participate on local child passenger safety coalitions/work groups.

**Educating Providers**
- Conduct the National Child Passenger Safety Certification course for hospital staff, public safety personnel, and other community members.
- Conduct “Lunch ‘n Learn” sessions on child passenger safety for staff at pediatric medical clinics.
- Provide child passenger safety training to home visitor programs, child care providers, teachers (booster seat), law enforcement, etc.
Promoting Community Education
- Sponsor car seat inspection events
- Promote child passenger safety through media outlets.

Strengthening Individual Knowledge & Skills
- Conduct regular fitting stations in the community.
- Provide child passenger safety education to families during well-child visits.
- Provide child passenger safety education to families enrolled in Head Start, home visitation programs, etc.

For more information, go to:

www.cdc.gov/injury
http://www.nhtsa.gov/
Spectrum of Prevention

Influencing Policy & Legislation
- Work with local governments to implement policies and regulations for residential pool safety that mandate installation of a four-sided pool fence that completely separates the pool area from the house and yard. The fence should be at least 4 feet high and have self-closing and self-latching gates that open outward with latches that are out of reach of children.
- Work with local governments to implement policies and regulations for public pool safety (including apartment, hotel and neighborhood association pools) that require installation of a four-sided pool fence that completely encloses the pool area and limits access by a controlled door or gate.
- Work with appropriate governmental agencies to increase awareness and enforce open-water safety regulations.

Changing Organizational Practices
- Ensure that retailers of pools, spas, and water craft include safety education to customers
- Distribute retail packets that include local laws and regulations regarding pool/spa home safety and open-water sports activities

Fostering Coalitions & Networks
- Involve and get support from parents, civic organizations, schools, and retailers of water-related sports to develop awareness campaigns and education.
- Enlist community groups to increase accessibility to formal swimming lessons.

Educating Providers
- Work with pediatricians to provide information about water safety during well-child visits

Promoting Community Education
- Promote barriers such as automatic door locks to prevent access to residential pools
- Promote pool alarms for residential pools to alert homeowner if someone enters the pool area
- Promote information about water safety through the CDC Injury Center social media outlets
  - Twitter.com/CDCInjury
  - Protect the Ones you love

Strengthening Individual Knowledge & Skills
- Provide formal swimming lessons for children and adults
- Encourage pool owners to remove floats, balls and other toys from the pool and surrounding area immediately after use so children are not tempted to enter the pool area unsupervised

http://www.cdc.gov/HomeandRecreationalSafety/Water-Safety/waterinjuries-factsheet.html

Influencing Policy & Legislation
- Support statewide legislation and/or county or municipal policies to initiate traffic calming techniques which are defined as the combination of physical measures that:
  o reduce the negative effects of motor vehicle use
  o alter driver behavior, and
  o improve conditions for non-motorized street users
- Institute environmental changes to reduce speed which include vertical changes in the street (speed cushions, humped pelican crossings, raised junctions), lateral changes in the street (off-set intersections), constrictions (narrowing), gateways at entrances to the area, and mini-roundabouts (traffic circles)
- Work with state legislators to introduce legislation to create more funding and/or improved policies for Safe Routes to School

Changing Organizational Practices
- Encourage enforcement of state laws that protect pedestrians on crosswalks and at intersections
- Work with city officials and engineers to include a red signal or beacon devices at crosswalks to improve pedestrian crossing.
- Work with city officials and engineers to improve definition of spatial edge of the curbside and median landscape
- Work with city officials and engineers to develop and implement Complete Streets policies

Fostering Coalitions & Networks
- Participate in local active living coalitions
- Formulate a charter in the community with the Active Living By Design (ALBD) network

Educating Providers
- Provide presentations to city officials and engineers to consider the needs of bicyclists and pedestrians during the planning, design, construction, and maintenance of all roadway and transit facilities
- Educate decision-makers and state agencies about the benefits of community-centered schools, and how to enact policies that protect and encourage better siting of schools that encourage students to walk or ride bicycles safely to school

Promoting Community Education
- Work with schools to establish a comprehensive Safe Routes to Schools Program
- Work with schools and neighborhood associations to establish Walking and/or Biking Schools Busses
**Spectrum of Prevention**

**Pedestrian Safety**

**Strengthening Individual Knowledge & Skills**
- Encourage pedestrians to wear materials in yellow, red, and orange to improve driver detection during the day
- Encourage pedestrians to use lamps, flashing lights and reflective materials in red, and yellow to improve pedestrian recognition at night

http://www.walkinginfo.org/pedsafe/answers.cfm?group=11

http://www.summaries.cochrane.org

http://www.activelivingbydesign.org

http://www.saferoutespartnership.org/state/bestpractices
Influencing Policy & Legislation
Support statewide legislation to:
- Allow for sobriety checkpoints
- Require mandatory ignition interlocks for all DWI offenders
- Create DWI courts to assist with the court system backlog
- Support legislation that limits youth access to alcohol

Support county or municipal policies that:
- Requires bond in Intoxication Manslaughter and Intoxication Assault cases
- Support 'No Refusal' blood search warrant programs
- Do not allow DWI offenders to take out a 'Personal Recognizance' bond

Changing Organizational Practices
- Encourage local District Attorneys to eliminate the practice of 'busting down' or down-grading DWI charges (i.e. changing a DWI arrest to a Public Intoxication charge)
- Encourage county commissioner's court to require the use of ignition interlock as a condition of bond when DWI offenders must be released due to jail overcrowding
- Review and update your facility's stance on providing toxicology reports to District Attorney's offices when a crash fatality or permanent injury occurs

Fostering Coalitions & Networks
- Participate in local coalitions (i.e., MADD coalition, Council on Alcohol and Drug Abuse, etc.)
- Plan interventions with multiple partners, including: law enforcement, alcohol retailers, community leaders, schools, parents, etc.

Educating Providers
- Promote “Server Education” programs for bartenders and staff who serve alcohol at restaurants
- Provide a presentation on alcohol metabolism to staff
- Host a MADD Death Notification Training seminar for staff and professionals

Promoting Community Education
- Participate in community education campaigns, such as MADD's “Tie One On For Safety,” Red Ribbon Week, etc.
- Promote “Safe Rides” programs
- Support enhanced enforcement efforts (retailer compliance checks) to reduce alcohol sales to minors

Strengthening Individual Knowledge & Skills
- Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT)

http://www.thecommunityguide.org/mvoi/AID/index.html
www.ncbi.nlm.nih.gov/books/NBK37581/
http://www.toosmarttostart.samhsa.gov/Start.aspx
Influencing Policy & Legislation
- Work with local school districts to develop a concussion action plan for student athletic programs.
- Work with local school districts or the coaches association to implement policies on concussion prevention and management. An ideal policy will include:
  - The policy should require that athletes have a pre-season baseline testing exam conducted by a trained health care professional.
  - Concussion policy statements can be developed to include a commitment to safety, a brief description about concussion, and information on when athletes can safely return to play (i.e., an athlete should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it’s OK to return to play).
  - Parents and athletes should sign the concussion policy statement at the beginning of each sports season.

Changing Organizational Practices
- Work with local schools to implement concussion action plans before the season starts.
- Ensure that pre-season physicals required by the school district include a baseline testing exam.
- Help area schools develop a system to monitor the health of athletes, especially those involved in multiple sports.
- Establish a mechanism for coaches, parents and athletes to report concussion injury within a particular school or school district.

Fostering Coalitions & Networks
- Get support from other parents and/or league or school officials to help ensure that the concussion policy is in place before the first practice.
- Work with local youth sports organizations to maintain a safe playing environment and the use of the right protective equipment in student athletic programs.
- Enlist trained, health care professionals (including school nurses) to support concussion injury prevention and management efforts at the school and district levels.

Educating Providers
- Educate student trainers, coaches and school officials about the signs and symptoms of concussion, its dangers and potential long-term consequences of concussion.
- Educate health care professionals on baseline testing of youth athletes.
- Educate sporting event first responders to recognize the signs and symptoms of concussion.
- Distribute the CDC Heads Up fact sheets to coaches and school officials, and youth sports associations.

Promoting Community Education
- Host concussion awareness presentations through the local youth sports association.
- Coordinate a concussion awareness campaign during pre-season training camps.
- Staff an educational table at local sporting events.
Spectrum of Prevention

Concussions

- Promote information about concussions through the CDC Injury Center social media outlets.
  - Facebook.com/cdcheadsup
  - Twitter.com/CDCInjury

**Strengthening Individual Knowledge & Skills**

- Educate athletes and parents on the signs and symptoms of concussion. Show the CDC Heads Up video and pass out concussion fact sheets at the beginning of the season; if a concussion occurs, distribute again.
- Teach athletes it’s not smart to play with a concussion. Before the first practice, talk to athletes and parents about the dangers of concussion and potential long-term consequences of concussion.
- Ask athletes or parents to report concussions that occurred during any sport or recreation activity. This will help in monitoring injured athletes who participate in multiple sports throughout the year.

Spectrum of Prevention

Residential Fire Prevention

Influencing Policy & Legislation
Support statewide legislation and/or county or municipal polies that:
- Require smoke alarms be installed on all habitable levels and in all sleeping areas of residential homes
- Adopt the 2009 International Residential Code requirement that all new one- and two-family homes include a residential sprinkler system

Changing Organizational Practices
- Work with local fire departments to:
  - Install smoke alarms in homes
  - Encourage installing sprinklers in existing homes
- Work with insurance agencies to provide home owner discounts for homes with residential sprinkler systems

Fostering Coalitions & Networks
- Convene and/or participate on local fire prevention coalitions/work groups.

Educating Providers
- Work with pediatricians to provide information about smoke alarms, residential sprinkler systems, and preventing residential fires during well-child visits
- Work with senior service centers to provide information about smoke alarms, residential sprinkler systems, and preventing residential fires
- Work with home owner associations to provide information smoke alarms, residential sprinkler systems, and preventing residential fires

Promoting Community Education
- Promote widespread public education to regularly change smoke alarm batteries and use 10-year lithium batteries instead of alkaline ones.
- Promote widespread public education of the U.S. Fire Administration recommendation that every residence and place where people sleep be equipped with either (a) both ionization and photoelectric smoke alarms, or (b) dual sensor smoke alarms (which contain both ionization and photoelectric smoke sensors)

Strengthening Individual Knowledge & Skills
- Advise families to develop a family fire escape plan and practice it every 6 months. Every family member should be able to describe at least two different ways to escape every room, and know the designated safe place in front of the home for family members to meet after escaping a fire.

For more information, go to:

www.cdc.gov/injury

http://www.usfa.fema.gov
Influencing Policy & Legislation
- Support enhancing the Texas Graduated Licensing Law to include the following three-stage components:
  - Learner’s permit
    - 16 years-old as the minimum age.
    - Mandatory holding period of at least six months.
  - Probationary license
    - No unsupervised nighttime driving from at least 10:00 p.m. to 5:00 a.m.
    - Limit the number of teen passengers that may accompany a teen driver without adult supervision to zero or one (not including family members).
  - Full license
    - 18 years-old as the minimum age.
- Support legislation that limits youth access to alcohol.
- Prohibit cell phone use (talking and texting) for teenage drivers.

Changing Organizational Practices
- Vigorously enforce zero tolerance policies for underage drinking and driving.
- Support enforcement of the graduated driver’s license program.
- Take a pledge to declare the drivers seat a “No Phone Zone” in organizational and private vehicles.
- Partner with law enforcement supporting existing policies.
- Support enhanced enforcement efforts (retailer compliance checks) and education to reduce alcohol sales to minors.

Fostering Coalitions & Networks
- Participate in local coalitions (i.e., MADD coalition, PTA, school administrators, Student Organizations)
- Promote multi-disciplinary RAC membership including recruitment of community members.

Educating Providers
- Provide education to pediatricians, family practitioners and other physicians and encourage them to provide information about CDC’s “Parents are the Key” program to parents and teens.

Promoting Community Education
- Spread the word about safe teen driving by distributing campaign materials and displaying campaign posters in waiting and examination rooms. Participate in
community education campaigns, such as MADD's “Tie One On For Safety,” Red Ribbon Week, Click it or Ticket.
- Become involved in school peer based organizations such as Students Against Destructive Decisions (SADD) and social norming campaigns that address underage drunk driving.
- Utilize social media to educate individuals, including teens on ways to stay safe riding in and driving a vehicle.

**Strengthening Individual Knowledge & Skills**
- Promote CDC’s teen driving safety program “Parents are the Key” in the community. Materials are available at [www.cdc.gov/parentsarethekey/](http://www.cdc.gov/parentsarethekey/).
- Promote events during National Teen Driver Safety Week.

[www.cdc.gov/parentsarethekey/](http://www.cdc.gov/parentsarethekey/)
[www.cdc.gov/motorvehiclesafety/teenbrief/index.html](http://www.cdc.gov/motorvehiclesafety/teenbrief/index.html)
[www.thecommunityguide.org](http://www.thecommunityguide.org)
[www.trafficsafetymarketing.gov](http://www.trafficsafetymarketing.gov)

Data Trends

The overall child death rate in Texas increased to 54.4 per 100,000 children in 2012 and 54.3 per 100,000 children in 2013 following an all-time low in 2011 (52.7 per 100,000 children). The motor vehicle death rate among children aged 15-17 years increased from 2011 (9.7 per 100,000 children) to 2013 (10.4 per 100,000 children).

The data collected by local CFRTs augment death certificate data and provide rich insight into the causes and circumstances surrounding child fatalities in Texas. The detailed information gathered by local CFRTs provides a better understanding of the scope and nature of child fatalities. This information can then be used to drive the development of quality preventive plans and measures. It is important to understand that local CFRT data are only a sample of all child deaths. Unlike death certificate data that provide exact numbers and rates for fatalities, local CFRT data provide a more general understanding of a smaller number of those deaths.

Analysis of local CFRT data identifies the leading causes of preventable child death. The data illustrate specific conditions and risks that suggest ways to educate the community and to enact statutes that will prevent child deaths.

- **Motor vehicle crash deaths:** Motor vehicle deaths are a leading cause of accidental death for children. Most children were passengers (57.6 percent in 2012 and 54.1 percent in 2013), with the majority sitting in the back seat. Correct seat belt usage among back seat passengers in motor vehicle crash deaths declined from 9.9 percent in 2012 to 4.3 percent in 2013. Contributing factors in all child motor vehicle crash deaths included speed, drugs/alcohol and reckless driving.

- **Drowning deaths:** Pools are the most common site for drowning deaths. Approximately 62 percent of all children who drowned in both years drowned in pools, hot tubs or spas. Children ages 1-4 years accounted for 68.8 percent of pool, hot tub or spa drowning fatalities. Of those deaths that occurred in a private pool, hot tub or spa, 35 percent of the pools had no barrier to limit access to the pool. Poor or absent supervision was cited as a contributing factor in 44 percent of the deaths of children younger than five years old.

- **Homicides:** Of the child homicides reviewed, local CFRTs determined that 34.9 percent in 2012 and 27.6 percent in 2013 were caused by child abuse or neglect. Child abuse and neglect fatalities primarily involved children under the age of five years. Assault, which does not include child abuse, was the second leading contributing cause to child homicides at 22.9 percent in 2012, and 29.9 percent in 2013. Most homicides involved a weapon (62.7 percent in 2012 and 66.7 percent in 2013).

- **Suicide deaths:** Child suicide rates have remained relatively constant over the past nine years. In 2012, weapon/firearm (45.8 percent) was the most prevalent method by which children less than 18 years old committed suicide, followed by asphyxiation (38.9 percent).

In 2013 asphyxiation became the most prevalent method at 43.0 percent followed by weapon/firearms at 36.7 percent.

- **Sleep-related deaths**: Local CFRTs identified 187 sleep-related deaths in 2012 and 153 sleep-related deaths in 2013 to children less than one year of age. Approximately 50 percent of all infant sleep-related deaths occurred while the infant was sleeping on an adult bed. Local CFRTs found that of all infant sleep-related deaths, infants were found primarily on their stomach (41.2 percent in 2012 and 37.3 percent in 2013).

**SCFRT Committee Recommendations**

*Recommendations to the Governor and Legislature*

1. Pass distracted driver legislation to address the risks of using wireless communication devices while driving.

2. Pass legislation that makes it an offense if a person operates a motor vehicle on a public highway while having any detectable amount of alcohol in the person’s system while transporting a minor (under the age of 17);

3. Repeal Texas Transportation Code, Section 521.205, which allows a parent, step-parent, legal guardian, step-grandparent or grandparent to provide a driver education course to eligible minors 16-18 years of age.

4. Pass legislation to amend the Code of Criminal Procedure, Article 45.0215, to include defendants younger than 18 years of age and their parent, guardian or managing conservator to appear in court on hearings of moving violation.

5. Pass legislation that requires new residential swimming pools have a circumferential isolation pool fence installed that completely separates the house and play area of the yard from the pool.

6. Promote a statewide Safe Storage Campaign for gun safety.

7. Pass legislation to add active shooter training for school personnel to the Center for Safe Schools School Safety Certification Program.

8. Fund Child Fatality Review Team Coordinators in each of the public health service regions as recommended by the Protect Our Children Commission.

Recommendations to the Department of Family and Protective Services

1. Amend Texas Family Code, Sec 261.102 [Matters to be reported] to report all children less than six years old that have died due to unexplained or non-natural causes, excluding motor-vehicle occupant deaths unless there is suspicion of alcohol or substance use to DFPS.

Recommendations to the Department of State Health Services

1. Amend the current Child Fatality Review statute (Texas Family Code, Chapter 264) to allow adjacent counties of any population size to form joint local CFRTs or join an existing local CFRT and to allow local registrars to notify local CFRTs of child deaths.

2. Provide ongoing support for annual training of Texas local CFRT members.

3. Promote and support work towards the goal that all Texas counties have an independent local CFRT or participate in a multi-county local CFRT to review and document all deaths of children less than 18 years of age.

Link to full Texas Child Fatality Review Team Biennial Report, 2014-2015
http://www.dshs.texas.gov/mch/child_fatality_review.shtm
Influencing Policy & Legislation
- Work with law enforcement agencies and the judicial system to require mandatory arrest of the primary aggressor when responding to a domestic violence call.
- Support legislation that:
  - Allows minors to petition for Protective Orders (POs) on their own behalf and explicitly describe the procedure for doing so.
  - Allows victims of intimate partner sexual abuse, stalking and harassment to access POs.
  - Allows minors to access all sensitive services without parental involvement.

Changing Organizational Practices
- Work with the judicial system to require IPV offenders to attend comprehensive and reputable batterer’s intervention programs.
- Work with schools of medicine, nursing, dental and allied health to require training on early recognition and response of intimate partner violence.
- Work with local law enforcement agencies to identify targeted personnel with that agency and require of them training specific to the investigation and discovery of suspected intimate partner violence cases.

Fostering Coalitions & Networks
- Participate in the local Intimate Partner Violence Death Review Team.
- Establish a multi-disciplinary coalition to mobilize community leadership and resources, maximizing efficiency of resources, and to avoid duplicative services and contradictory messages.
- Work with multi-disciplinary groups to establish or expand effective services for victims, such as shelters and legal aid.

Educating Providers
- Educate physicians, nurses, dentists, and all other healthcare workers on early recognition and response of intimate partner violence.
- Educate law enforcement personnel on early recognition and investigative response of intimate partner violence.
- Facilitate educational opportunities regarding intimate partner violence.

Promoting Community Education
- Promote information and resources about intimate partner violence and healthy dating relationships through social Domestic Violence Abuse Awareness Month activities.
- Post the telephone numbers for local violence hotlines, shelters, and help groups in bathroom facilities.
- Promote information regarding UVIsas (http://www.usimmigrationsupport.org/visa-u.html) and protection for undocumented individuals in domestic violence situations.
- Promote information and resources about intimate partner violence through social media such as Twitter, Facebook, etc.
Strengthening Individual Knowledge & Skills

- Implement evidence-based dating violence prevention programs (e.g., Safe Dates www.crimesolutions.gov; Youth Relationship Project www.youthrelationships.org) for all middle school, high school, and college students.
- Promote services such as low cost couples counseling.
- Establish or expand batterer’s intervention programs.

www.cdc.gov/injury

www.breakthecycle.org/
Spectrum of Prevention
Older Adult Falls

Influencing Policy & Legislation
- Support statewide legislation to establish programs and appropriate funds to address falls in the elderly
- Encourage state and local governments to promote policies and programs that help reduce the incidence and risk of falls among older adults
- Support legislation to incorporate fall prevention guidelines into state and local planning documents that affect housing, transportation, parks, recreational facilities, and other public facilities
- Support legislation relating to osteoporosis prevention

Changing Organizational Practices
- Support changes to the Texas Trauma Registry System to improve available data on falls

Fostering Coalitions & Networks
- Participate in local coalitions (i.e., Area Agency on Aging, church groups, etc.).
- Promote multidisciplinary RAC membership including recruitment of community members

Educating Providers
- Educate nursing home staff of fall risk factors and prevention strategies
- Coordinate education of fall prevention strategies (home safety, medication review, eye exams, and exercise) to primary care physicians

Promoting Community Education
- Participate in Fall Prevention Week with organized community activities and outreach
- Promote raising awareness of who is at risk for falls within families and the community
- Host a local medication pharmacy review

Strengthening Individual Knowledge & Skills
- Utilize social media to educate individuals and families ways to prevent falls among older adults
- Partner with local Tai Chi programs focusing on elderly exercise

www.cdc.gov/HomeandRecreationalSafety/Falls/
www.mainehealth.org
Title V Maternal & Child Health
Division of Family and Community Health Services

Title V Maternal & Child Health (Title V), funded through a federal Maternal & Child Health (MCH) grant, provides a wide variety of support services for professionals who serve children, adolescents and young adults to improve health and mitigate potential risks including, but not limited to, child abuse prevention programs, positive youth development-focused programs, youth re-integration services for juvenile offenders, school dropout prevention, parent education, and substance abuse prevention. Title V partners with child health primary healthcare providers across the state that include age appropriate anticipatory guidance and referrals for family planning, oral health, mental health, substance abuse, STD counseling, and Child Protective Services.

Recently, Title V selected eight performance measures (chosen from a list that MCH provided) and created 4 additional Texas-specific measures to address identified needs in Texas. For the child, adolescent and young adult population, Title V determined that Injury Prevention for children birth to 19 years of age was a critical need.

One strategy utilizes Texas Health Steps' award-winning, nationally recognized online program which offers FREE CE courses for primary care providers and other professionals. They offer over 50 courses on updated clinical, regulatory, and best practice guidelines for a range of preventive health, oral health, mental health, and case management topics.

Other Title V focus areas can be found at: http://www.dshs.texas.gov/mch/

Texas Health Steps Online Provider Education
Recommended education modules on Injury Prevention

Preventing Unintentional Injury: Overview
Preventing Unintentional Injury: Birth to 4 Years
Preventing Unintentional Injury: 5 to 12 Years
Preventing Unintentional Injury: 13 to 18 Years
This group of modules’ goal is to educate providers and others about the prevalence of unintentional childhood injuries at specific ages and developmental stages, emphasize the impact health-care providers can have on preventing unintentional injury, and provide necessary resources and tools to make anticipatory guidance about preventing unintentional injury a part of each preventive medical checkup.

Pediatric Head Injury: Overview
Pediatric Head Injury: Abusive Head Trauma
Pediatric Head Injury: Concussion
This group of modules’ goal is to equip providers and others to identify, treat, and prevent pediatric head trauma, including common minor and traumatic injuries, abusive head trauma, and concussions.
Childhood Trauma and Toxic Stress: This module’s goal is to educate providers and others who care for pediatric and adolescent patients about childhood trauma and toxic stress.

Recognizing, Reporting, and Preventing Child Abuse: This module’s goal is to educate providers and others who care for pediatric and adolescent patients on how to recognize, report, and prevent child abuse and neglect.

Identifying and Treating Young People with High-Risk Behaviors: This module’s goal is to equip providers and others to recognize the origin, prevalence, signs, symptoms, and effects of high-risk behaviors and to respond with appropriate interventions that promote protective factors and help youth make healthy decisions.

Adolescent Substance Use: This module’s goal is to equip providers and others with the tools to integrate substance use screening and intervention into practice, employ current evidence-based models to manage adolescent patients who use substances or are in recovery, and to refer patients when necessary.

Interpersonal Youth Violence: This module’s goal is to introduce providers and others to the prevalence of interpersonal youth violence, how it manifests itself in adolescents, and methods to prevent and screen for its impact on health.

Building a Comprehensive and Effective Medical Home: This module’s goal is to equip providers and others to build comprehensive and effective medical homes that serve children and adolescents with and without special health-care needs, regardless of their racial, ethnic, socioeconomic, and health status.

Texas Health Steps Online Provider Education can be found at: http://www.txhealthsteps.com/cms/.

Additionally, they provide access to the latest educational references and resources 24/7, and anyone can take advantage of their resources.
National Resources

Centers for Disease Control and Prevention – Injury Prevention and Control
https://www.cdc.gov/injury/index.html

Children’s Safety Network
https://www.childrenssafetynetwork.org/

National Center for Fatality Review and Prevention
https://www.childdeathreview.org/

U.S. Dept. of Health & Human Services: Administration for Children & Families
http://ncfy.acf.hhs.gov/sites/default/files/PosYthDevel.pdf

The Community Guide
http://www.thecommunityguide.org/mvoi/index.html

State Resources

A Parent’s Guide To Raising Healthy, Happy Children
http://txchildren.org/parenting-guide/

Governor’s EMS and Trauma Advisory Council
https://www.dshs.texas.gov/emstraumasystems/governor.shtm

Injury Free Texas
http://injuryfreetexas.org/

Injury Prevention Center of Greater Dallas
http://www.injurypreventioncenter.org/

Healthy Childcare Texas
http://www.texasaeyc.org/programs/healthy_child_care_texas

Healthy Texas Babies
www.healthytexasbabies.org

Help for Parents, Hope for Kids
http://www.helpandhope.org/

Information for Parents of Newborns
www.dshs.texas.gov/mch

Someday Starts Now
www.somedaystartsnow.com

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Texas Department of Family and Protective Services
http://www.dfps.state.tx.us/default.asp

Texas Department of Family and Protective Services – Safe Sleep Campaign
http://www.dfps.state.tx.us/Room_to_Breathe/

Texas Health and Human Services – Suicide Prevention
http://dshs.texas.gov/mhsa/suicide/Suicide-Prevention.aspx

Texas Department of State Health Services – Injury Epidemiology and Surveillance Branch
http://dshs.texas.gov/injury/default.shtm

Texas Department of State Health Services - Mental Health and Substance Abuse
http://dshs.texas.gov/mhsa/

Texas Department of State Health Services – Safe Riders
http://dshs.texas.gov/saferiders/default.shtm

Texas Department of State Health Services - Title V Maternal and Child Health
http://dshs.texas.gov/mch/default.shtm

Texans Standing Tall
http://texansstandingtall.org/

For more information, please contact:
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