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From: noreply@mail.questionpro.com
Sent: Monday, March 20, 2017 1:53 PM
To: SCAinfo
Subject: QuestionPro - [Safe Communities - Annual Coalition Report (2017)] - 38830938

Response Details

ID	38830938
Timestamp	03/20/2017 10:35:47
IP Address	66.230.98.103
Time Taken	4679 seconds
Survey Language	English
Email Address	marcia.howell@alaska-ipc.org
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Integration/Custom Tags

Custom Variable 1	Anchorage
Custom Variable 2	AK
Custom Variable 3	Marcia
Custom Variable 4	Howell

Geo Coding

Country	US
Region	AK
City	Anchorage
Area Code	907
DMA Code	743

Community Injury Data

What are the leading causes of injury in your community? Please select the top three causes of injury. *

- » Motor vehicle crashes (any transportation related injury e.g., pedestrian, bicycles)
- » Suicide
- » Unintentional drug overdoses

Initiative 1 Name:

Green Dot

Injury issue it addresses. (Select one.) *

- » Suicide

Does Initiative 1 align with one of the three leading causes of injury in your community you identified at the start of the survey? *

- » Yes

What is the goal of Initiative 1?

(Goals should be SMART (specific, measurable, attainable, realistic and timely). Examples include: Reduce the number of falls in older adults by 10 percent in 2017, Fifty percent of employers in the coalition will implement a no cell phone use while driving policy within 2 years.)

Train 10 Green Dot instructors, Trained 40 people in Green Dot, Provide 10 Green Dot trainings, Provide 15 presentations to focused organizations (workplaces with high number of 18-25 aged employees: tourism, retailers, restaurants), 5 focused orgs will implement Green Dot in their workplaces. We are in the process of collecting baseline data for the following goals: increase in number of 18-24 year old youth who believe and value effectiveness of bystander intervention for bullying, decrease in number of 18-24 year olds who report experiencing bullying.

Is Initiative 1 based on promising or evidence-based practices? *

- » Yes

Please provide a link to the evidence in the space below.

(e.g., Link to peer reviewed journal article, CDC compendium on Falls, SAMHSA's National Registry of Evidence-based Programs and Practices, etc.)

According to CDC <https://www.cdc.gov/violenceprevention/sexualviolence/prevention.html> Green dot is a promising practice to reduce sexual violence. It is a theory and research-based practice. We are using it to prevent bullying, for which it is also evaluated, with the knowledge that there is a strong correlation between bullying, and mental health, suicidality and physical violence.

Please indicate what this initiative is trying to accomplish? (Select all that apply.)

*

- » Enhancing individual knowledge and skills to prevent injuries or illness and promote safety and health
- » Reaching the community with information and resources to promote safety and health
- » Educating public health and safety professionals, doctors, and other providers who will disseminate knowledge and skills to others
- » Bringing coalitions and networks together to work on Safe Communities goals for greater impact
- » Changing organizational practices to improve safety and health

What type of funding do you have (are you seeking) for Initiative 1? (Select all that apply.)

*

»Grant (s)

What specific type of grant(s) do you have (are you seeking) for Initiative 1? (Select all that apply.) *

»State government grant

»Federal government grant

How are you measuring progress or impact for Initiative 1?

(E.g., Tracking the number of people trained, Weighing the pounds of medications collected in community medicine drop boxes, Monitoring the number of organizations adopting a cell phone ban policy)

Number of people trained to be instructors, number of people trained in Green Dot, number of trainings provided, number of presentations to focused organizations (workplaces with high number of 18-25 aged employees: tourism, retailers, restaurants), number of focused orgs who implement Green Dot in their workplaces, increase in number of 18-24 year old youth who believe and value effectiveness of bystander intervention for bullying, decrease in number of 18-24 year olds who report experiencing bullying.

What were the results of Initiative 1?

(E.g., X% decrease in injuries, X% increase in attendance, X number of organizations changed policy, X pounds of medications collected)

10 people were trained to be Green Dot Instructors in February. The next steps are moving forward.

Initiative 2 Name:

Safe Roads Alaska: Child Passenger Safety

Injury issue it addresses. (Select one.) *

»MVC – Child passenger safety

Does Initiative 2 align with one of the three leading causes of injury in your community you identified at the start of the survey? *

»Yes

What is the goal of Initiative 2?

Goals should be SMART (specific, measurable, attainable, realistic and timely). Examples include: Reduce the number of falls in older adults by 10 percent in 2017, Fifty percent of employers in the coalition will implement a no cell phone use while driving policy within 2 years.

Conduct 300 car seat checks. Give 8 CPS presentations to 80 individuals and groups in Alaska. Host 6 CPS events in Alaska, reaching 120 families. Provide 140 car seats to low income families. Conduct 3 CPS technician courses.

Is Initiative 2 based on promising or evidence-based practices? *

»Yes

Please provide a link to the evidence in the space below.

(E.g., Link to peer reviewed journal article, CDC compendium on Falls, SAMHSA's National Registry of Evidence-based Programs and Practices

<https://www.transportation.gov/mission/health/child-passenger-safety-laws-child-safety-seat-distribution-programs-education-and-enhanced-enforcement>

Please indicate what Initiative 2 is trying to accomplish? (Select all that apply.)

*

- » Enhancing individual knowledge and skills to prevent injuries or illness and promote safety and health
- » Reaching the community with information and resources to promote safety and health
- » Educating public health and safety professionals, doctors, and other providers who will disseminate knowledge and skills to others
- » Bringing coalitions and networks together to work on Safe Communities goals for greater impact
- » Changing organizational practices to improve safety and health
- » Influencing policy and legislation (local and state)

What type of funding do you have (are you seeking) for Initiative 2? (Select all that apply.)

*

- » Sponsorship or donation (includes individual giving)
- » Grant(s)

What specific type of grant(s) do you have (are you seeking for Initiative 2? (Select all that apply.) *

- » Corporate (includes corporate, corporate foundations)
- » Local government grant
- » State government grant
- » Federal government grant

How are you measuring progress or impact of Initiative 2?

(e.g., Tracking the number of people trained, Weighing the pounds of medications collected in community medicine drop boxes, Monitoring the number of organizations adopting a cell phone ban policy)

Conduct 300 car seat checks. Give 8 CPS presentations to 80 individuals and groups in Alaska. Host 6 CPS events in Alaska, reaching 120 families. Provide 140 car seats to low-income families. Conduct 3 CPS technician courses. Percent of seats improperly installed upon arrival for car seat check compared to those correctly installed after car seat check.

What were the of Initiative 2?

(E.g. X% decrease in injuries, X% increase in attendance, X number of organizations changed policy, X pounds of medications collected)

13 CPS presentations provided to community. 413 people participated in community CPS events. 391 car seats were provided and 410 people participated in car seat checks. 6 CPS technician trainings were hosted.

Initiative 3 Name:

Prescription Opioid Misuse and Heroin Use Prevention

Injury issue it addresses. (Select one.) *

» Unintentional drug overdoses

Does this Initiative 3 align with one of the three leading causes of injury in your community you identified at the start of the survey? *

» Yes

What is the goal of Initiative 3?

(Goals should be SMART (specific, measurable, attainable, realistic and timely). Examples include: Reduce the number of falls in older adults by 10 percent in 2017, Fifty percent of employers in the coalition will implement a no cell phone use while driving policy within 2 years.)

We are currently in the assessment phase. This will take about a year to complete. One early intervention we are about to be engaged in is sharing promotion of med drops with the DEA, Healthy Voices Healthy Choices Coalition and the Safe Meds Coalition. This effort is more about raising awareness than reducing deaths and hospitalizations.

Is Initiative 3 based on promising or evidence-based practices? *

» Yes

Please provide a link to the evidence in the space below.

(e.g., Link to peer reviewed journal article, CDC compendium on Falls, SAMHSA's National Registry of Evidence-based Programs and Practices)

We aren't in the implementation phase yet, but conducting an indepth epidemiological analysis of the problem is standard practice for addressing a public health issue. We are reviewing mortality and morbidity data, interviewing current users, surveying multiple stakeholders, and will be engaged in a prioritization exercise followed by strategic planning this Spring.

Please indicate what Initiative 3 is trying to accomplish? (Select all that apply.)

*

- » Enhancing individual knowledge and skills to prevent injuries or illness and promote safety and health
- » Reaching the community with information and resources to promote safety and health
- » Educating public health and safety professionals, doctors, and other providers who will disseminate knowledge and skills to others
- » Bringing coalitions and networks together to work on Safe Communities goals for greater impact
- » Changing organizational practices to improve safety and health
- » Influencing policy and legislation (local and state)

What type of funding do you have (are you seeking) for Initiative 3? (Select all that apply.)

*

- » Sponsorship or donation (includes individual giving)
- » Grant(s)

What specific type of grant(s) do you have (are you seeking for Initiative 3? (Select all that apply.) *

- » Federal government grant

How are you measuring progress or impact Initiative 3?

e.g., Tracking the number of people trained, Weighing the pounds of medications collected in community medicine drop boxes, Monitoring the number of organizations adopting a cell phone ban policy)

Tracking data sources accessed and assessed, count of new coalition members, count of people who participate in the assessment phase (interviewees, interviewers, survey participants, etc)

What were the results of Initiative 3?

(X% decrease in injuries, X% increase in attendance, X number of organizations changed policy, X pounds of medications collected)

It is too early to show results. We have surveyed 50 current IV drug users regarding heroin use in Anchorage, and surveyed 280 youth about drug use and access, and interviewed multiple stakeholders in a variety of sectors. More on this as it progresses.

Aside from your Top 3 Initiatives, what other issues is your coalition working on? (Select all that apply.) *

- » Falls
- » MVC – Distracted driving
- » MVC – Passenger restraint
- » MVC – Pedestrian safety
- » MVC – Teen driving
- » Violence - related injuries

In the past year, has your coalition (as a whole) received funds to support the work of the coalition?

(e.g. line item in municipal budget, XYZ company donated x dollars to buy car seats or support printing costs) **

» Yes

In the spaces below, please tell us name of the funder as well as what the funds were used for:

Funder 1:

Rasmuson Foundation: Equipment, Sabbatical, Branding and moving

Funder 2:

Alaska Highway Safety Office: CPS, teen driving, Car fit, Underage Drinking, Media Campaigns, Bike/Ped Safety, Occupant Protection Use Survey, Telephone Marketing Survey

Funder 3:

Alaska Division of Behavioral Health: Opioid Overdose Prevention, Suicide Prevention/Mental Health Promotion,

Funder 4:

State Farm, Teen Driving

Funder 5:

AAA: Child Passenger Safety, United Way: Teen Driving/Underage Drinking Prevention, Key Bank: Start the Conversation, a program to promote youth and parent conversations, Municipality of Anchorage: Pedestrian Safety, Cook Inlet Tribal Council: Second Order Change – promotion social and emotional learning for adults who work with youth

Please provide a brief summary of a community success story. These stories may be included in the Safe Communities America Annual Report, NSC publications, and highlighted on the Safe Communities America website. This is an opportunity to brag about your community to partners, leaders, funders and legislators.

Examples of success stories may include, but not be limited to, new funding received as a Safe Community coalition, public recognition by leaders and/or legislators, increased media engagement or media placement, environmental improvements which support safety/injury prevention, reduction in a specific injury because of something you implemented, new or innovative initiative/program/policy organized by the coalition or stories from residents directly impacted by your work

We received funding from Safe Routes to School to purchase a trailer full of adjustable bikes, a trailer to haul the bikes and to develop and implement a plan to introduce the Bikeology Curriculum (which was developed by NHTSA and SHAPE America, to school gym classes in Anchorage Public Schools. For the first year, we worked with the School District, training gym teachers on the curriculum, developing an evaluation plan, helping teachers implement the curriculum as well as collecting the evaluation data and analyzing it. By the end of the first day the school district let teachers know the bikes were available, the bikes were fully booked for the year. AIPC donated the bikes to the School District, which then applied for and received a grant for several more trailers full of bikes to expand the program. Results: 1. Prior to Bikeology: 30% of youth knew how to properly fit a bike helmet, afterwards that increased to 60%. 2. Prior to Bikeology: 15% knew how to properly signal a right turn on a bike, that increased to 62% afterwards. 3. Prior to Bikeology: 55% knew that bicycles should be considered vehicles on the road, that rose to 91% afterwards. The program was covered in numerous news stories. Stories were shared about a middle school aged youth who had never learned to ride a bike. With the help of kind, well trained and patient teachers, as well as a supportive peer environment, they did learn to ride, gaining confidence, and the life changing freedom that learning to ride a bike provides. Here is a link to the program: <http://alaskainjurypreventioncenter.org/wp-content/uploads/2016/09/Bikeology-Report.pdf>

Does your coalition use any of the following media platforms? (Select all that apply.)

- »Website
- »Facebook
- »YouTube

Website:

www.alaskainjurypreventioncenter.org <http://www.carseatsak.org> <http://aydc.org> <http://www.alaska-ipc.org/isma/>

Facebook:

<https://www.facebook.com/Alaska-Injury-Prevention-Center-330398083952> <https://www.facebook.com/search/top/?q=ourreality>
<https://www.facebook.com/search/top/?q=international%20safety%20media%20awards>

YouTube:

<https://www.youtube.com/user/akinjuryprevention> <https://www.youtube.com/user/marciahowell>

Please indicate the frequency of social media used in the past year (January – December 2016).

	Every day	Every week	Every 2 - 3 weeks	Every month	Every 2 - 3 months	Every 4 - 6 months	Once or twice a year
Facebook *		x					
YouTube *						x	

Please indicate the type and frequency of communications you have used in the past year (January – December 2016).

	Did not use in past year	1-3 times/year	4-6 times/year	7-10 times/year	11+ times/year
Emails/electronic-blasts (e-blasts) *				x	
Newsletters *					x
Newspaper articles *		x			
Op-eds *		x			
Presentations about Safe Communities *		x			
Word of mouth *					x
Other (Specify below) *				x	

Please specify the 'other' communication you used in the past year. If 'Did not use' selected in previous question, leave blank.

We provide interviews for local TV news whenever a news worthy injury prevention issue arises.

As a member of the Pan Pacific Safe Communities Network we are required to show how accredited Safe Communities are networking through presenting and attending conferences.

Please provide the names of conferences you attended in the past year, the date and if you presented, attended or exhibited. (e.g., 10/29/16 Annual Public Health Association Meeting and Expo – Presenter & Exhibitor, 8/9/16 - Safe Communities America Network Meeting – Attendee, 1/20/16 oral presentation on a community prescription drug drop box initiative- Presenter)
Conference 1:

Safe Communities America 8/9/2016, 2 participants

Conference 2:

Safety 2016, September, 2016 Tampere Finland, 2 participants and 2 presenters

You may or may not know that in 2017, Safe Communities America will be celebrating our 10-year anniversary!

We would like to use this milestone as an opportunity to share the collective impact of this network. Therefore, we are collecting quantitative metrics on programs and trainings many of you implement in your communities.

The next two questions are our attempt to quantify each Safe Communities impact.

We understand this is not an exhaustive list, but we have attempted to outline programs most Safe Communities in the United States are implementing.

Please select the programs/initiatives your coalition has participated in for the past ten year years, or the length your coalition has been working together. *

- » Falls prevention
- » QPR/Mental Health First Aid training
- » Green Dot/ Violence Prevention training
- » Child Passenger Safety (CPS)
- » Smoke alarms/Carbon Monoxide detectors
- » Child bike helmet seminars/giveaways
- » Prescription drug collection

Falls Presentation Program

of adult graduates:

Names of programs in place:

Child Passenger Safety

of Child Passenger Safety Technicians trained:

of car seats checked by Child Passenger Safety Technicians:

of car seats distributed by Child Passenger Safety Technicians:

Smoke Alarms/Carbon Monoxide Detectors

of smoke alarms distributed:

of carbon monoxide detectors distributed:

Child Bike Helmet Seminars/Giveaways

of children's bike helmets fitted:

of children's bike helmets given away:

Prescription Drug Collection

of drug drop boxes in the community:

of pounds collected in drug drop boxes:

Use the space below if you have any other programs/initiatives that you want to brag about. Make sure you also include the impact metric.

AIPC “adopted” another organization in 2015: The Anchorage Youth Development Coalition (AYDC). AYDC’s mission is to promote positive youth development. The infusion of their expertise into our injury prevention/safe community world has resulted in an increased awareness of and promotion of shared protective factors in our work. Injury prevention often focuses on risk factors. By including protective factors in our work, we are beginning to understand which protective factors cut across injury issues. A major breakthrough came late last year when we were asked to participate in a small workgroup with other injury prevention professionals. Our task was to develop a statewide strategic plan for injury prevention in Alaska. We managed to get the workgroup to include the idea of shared protective factors in the prioritization matrix. The result is that all prioritized injury issues include a list of protective factors that will help prevent multiple injury areas. For example, community connectedness is a protective factor for suicide, violence, bullying and underage drinking related motor vehicle crashes. In this way, when funding emphasis areas change, for example from suicide to motor vehicle crash prevention, we can continue to work on all of those injury issues, by promoting community connectedness.

Contact Information

Please provide the following information below of the person who completed the survey.

Name:

Marcia Howell

Name of Community:

Anchorage, AK

Email Address:

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