Response Details

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<td>Email Address</td>
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Integration/ Custom Tags

<table>
<thead>
<tr>
<th>Custom 1</th>
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Geo Coding

<table>
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<tr>
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<tr>
<td>Region</td>
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<tr>
<td>City</td>
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<td>Area Code</td>
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Community Injury Data

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

- Falls
- Motor vehicle crashes
- Unintentional drug overdoses

Initiative Name:

- Give Kids a Boost

Injury Issue it addresses. (Select one) *

- Motor vehicle crashes

Does this initiative 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 this initiative? *(i.e. Reduce falls in older adults, increase the number of employers in the coalition implementing a no-cell phone use while driving policy)*

The goal is to increase booster seat use among children 4-7 years of age in selected elementary schools in Dallas.

Is this initiative based on promising or evidence based practices? *

- Yes

If Yes, please provide a link to the evidence in the space below.

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


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

- Enhancing an individual’s 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 this initiative? (Select all that apply.)

- Grant (s)

How are you measuring progress or impact? *(i.e. Number of people reached, number of medication collections, pre and post surveys, pre and post data analysis, etc.)*

Observational surveys to measure booster seat use.

Initiative Name:

- Operation Installation

Injury Issue it addresses. (Select one) *

- Other (Please specify): Pedestrian safety

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

- No - Why not? (Please explain) This is a project that started with a small amount of funds from NSC and has continued because of political and social will.
What is the goal of this initiative?
- Reduce residential fire injury death rates in neighborhoods with the highest death rates.
- No

If yes, please provide a link to the evidence in the space below.
- No

What type of funding do you have (are you seeking) for this initiative? (Select all that apply.)
- No funding
- Other (Specify): Funding is provided by Dallas Fire-Rescue
- Other type of funding (Specify): Funding is provided by Dallas Fire-Rescue

How are you measuring progress or impact?
- Outcomes evaluation: 74% lower fire death rates in Operation Installation neighborhoods; 48% lower fire death rates in Dallas. We are also using REAIM to evaluate Reach, Maintenance, and Adoption/Implementation.

Please indicate what the initiative is trying to accomplish? (Select all that apply.)
- Enhancing an individual’s knowledge and skills to prevent injuries or illness and promote safety and health
- Changing organizational practices to improve safety and health
- Influencing policy and legislation (local and state)
- Other (Please specify): Residential fire injury prevention

Does this initiative align with one of the three leading causes of injury in your community you identified at the start of the survey? *
- No

What is the goal of this initiative?
- No

If yes, please provide a link to the evidence in the space below.
- No

What type of communication strategies have you used in the past year (January – December 2014)?
- 1-3 times/year

Please indicate the type and frequency of communications you have used in the past year (January – December 2014).
- "Did not use in 1-3 times/year"
<table>
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<td>Op-ed</td>
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<td>Word of mouth</td>
<td>X</td>
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<tr>
<td>Other (Specify below)</td>
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Please specify the ‘other’ communication you used in the past year. If other not selected, leave blank.

We’ve communicated via social media – Twitter, Facebook, Instagram and YouTube, as well as blogs on our website.

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

Name: Shelli Stephens-Stidham
Name of Community: Dallas
Email Address: shelli.stephens-stidham@phhs.org