

Suja Shunmugavelu

From: noreply@mail.questionpro.com
Sent: Tuesday, March 07, 2017 12:45 PM
To: SCAinfo
Subject: QuestionPro - [Safe Communities - Annual Coalition Report (2017)] - 38449158

Response Details

ID	38449158
Timestamp	02/16/2017 11:09:25
IP Address	192.12.105.1
Time Taken	888 seconds
Survey Language	English
Email Address	shelli.stephens-stidham@phhs.org
Email List	1487087350256

Integration/Custom Tags

Custom Variable 1	Dallas
Custom Variable 2	TX
Custom Variable 3	Shelli
Custom Variable 4	Stephens Stidham

Geo Coding

Country	US
Region	TX
City	Dallas
Area Code	214
DMA Code	623

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 (any transportation related injury e.g., pedestrian, bicycles)
- » Unintentional drug overdoses
- » Violence-related injuries (e.g. assault and homicide)

Initiative 1 Name:

Stop the Bleed

Injury issue it addresses. (Select one.) *

- » Violence - related injuries

Does Initiative 1 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 initiative is a community priority.

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.)

Increase the number of persons/bystanders trained in stopping blood loss during disasters by December 2021.

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

- » No

Please explain why the coalition is not implementing a promising or evidence-based practice at this time.

<https://obamawhitehouse.archives.gov/the-press-office/2015/10/06/fact-sheet-bystander-stop-bleed-broad-private-sector-support-effort-save> <https://www.dhs.gov/stopthebleed>

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

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

*

- » No funding

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

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)

Tracking the number of individuals trained and organizations requesting training.

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)

This initiative has just begun. We do not have evaluation results yet.

Initiative 2 Name:

Parent/Teen Distracted Driving Project

Injury issue it addresses. (Select one.) *

»MVC – Distracted driving

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.

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 among teenagers and young adults by September 2017.

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

»No

Please explain why the coalition is not implementing a promising or evidence-based practice at this time.

Currently, there is insufficient evidence for what is effective at preventing distracted driving. To design the project intervention strategy, the IPC conducted an extensive literature review of effective, scientifically-evaluated strategies. Materials from the Governors Highway Safety Association, the CDC, and the Children's Hospital of Philadelphia (CHOP), as well as NHTSA's Countermeasures that Work, were reviewed. We found that parents' behavior plays a critical role in influencing what their teens do behind the wheel, including using electronic devices. We are including parental role modeling in the design of the intervention.

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.)

*

- »Grant(s)

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

- »State 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)

Participants are randomly assigned to an intervention or control group. Participants of both groups will complete a survey about distracted driving behaviors. The intervention group will receive prevention materials. A post-survey (distributed via meetings, phone calls, and email) will be administered to both groups 3-4 months after the intervention.

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)

This intervention just started. We are in the process of conducting focus groups and collecting baseline data.

Initiative 3 Name:

Operation Installation

Injury issue it addresses. (Select one.) *

- »Fire Safety

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? *

»No - Why not? (Please explain.) This is a long-term initiative of the IPC and Dallas Safe Communities with 15 years of evaluation data.

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.)

Decrease deaths due to residential fires in high-risk neighborhoods in Dallas County by December 2021.

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)

Stephens-Stidham S, McCoy M, Roper C, Campa E, Barnard JJ, Istre GR. Using the RE-AIM Framework to Evaluate a Community-based Smoke Alarm Installation Program. Journal of Preventive Medicine and Care. August 2016; Vol-1, Issue 1; 23-29. 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/injury-pre-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/injury-prev-2013-040824. Yellman M, Peterson C, McCoy M, Stephens-Stidham S, Caton E, Barnard J, Padgett T, Istre GR. Preventing deaths and injuries from house fires: a cost-benefit analysis of a community-based smoke alarm installation program. Accepted for Injury Prevention on 12/12/16. Istre GR, McCoy M, Long Term Follow-up of a Community-Based Smoke Alarm Installation Program 04-Jan-2017 injury-prev-2016-042293

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

»Changing organizational practices to improve safety and health

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

*

»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)

Outcome measures – reduction in death rate for residential fire injuries in project homes.

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)

15 year follow-up showed the continuing effectiveness of the program. Overall attributable prevent fraction for program home was 62%.

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

»Falls

»MVC – Child passenger safety

- »MVC – Pedestrian safety
- »MVC – Teen driving
- »Suicide

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:

Texas Department of Transportation -- used to support distracted driving prevention project

Funder 2:

Texas Department of State Health Services -- used to support pedestrian safety efforts

Funder 3:

FEMA -- used to support Operation Installation

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

The Give Kids a Boost project resulted in a 37.1 percentage point increase in the number of children 5-8 years of age riding in booster seats directly following the intervention at project schools. Combined, the project schools experienced an 18-fold increase in the percent of child occupants correctly restrained in booster seats, and the increase was statistically significant. Following summer break, booster seat use continued to increase slightly at the project schools. In contrast, there was no significant change in booster seat use in the comparison schools between the pre-intervention, post-intervention, and maintenance time periods. This strongly supports the conclusion that the Give Kids a Boost intervention caused the increase in the project schools from the pre-intervention time period to the post-intervention time period. It also shows that the schools were able to maintain the increase achieved in the post-intervention time period several months after the project was implemented. Key intervention strategies that contributed to the increase in booster seat use included the engagement of community partners, the training of school-related stakeholders using the train-the-trainer model, and collaboration with local police departments to educate and to enforce existing laws. Although the Give Kids a Boost project was small in scope, the project was able to demonstrate a significant increase in proper booster seat use in less than one year.

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

- »Website
- »Facebook
- »Twitter
- »Instagram

Website:

www.injurypreventioncenter.org

Facebook:

www.facebook.com/IPCDallas

Twitter:

www.twitter.com/IPCDallas

Instagram:

www.instagram.com/ipcdallas

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				
Twitter *			x				
Instagram *							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				

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:

03/10-12/16 Fourth National Vision 20/20 Model Performance in Fire Prevention Symposium – Presenter

Conference 2:

04/04/16 Lifesavers National Conference on Highway Safety Priorities -- Presenter

Conference 3:

04/14/16_ Safe States 2016 Annual Meeting -- Presenter

Conference 4:

08/8-9/16 Safe Communities America Networking Meeting -- Attendee_

Conference 5:

09/18-21/16_ Safety 2016: World Injury Conference -- Presenter

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
- » Child Passenger Safety (CPS)
- » Smoke alarms/Carbon Monoxide detectors

Falls Presentation Program

of adult graduates:

999

Names of programs in place:

999

Child Passenger Safety

of Child Passenger Safety Technicians trained:

214 (2009-2016)

of car seats checked by Child Passenger Safety Technicians:

4,790 (2002 -- 2016)

of car seats distributed by Child Passenger Safety Technicians:

22,688 (1997 – 2016)

Smoke Alarms/Carbon Monoxide Detectors

of smoke alarms distributed:

37,841 (1997 – 2016)

of carbon monoxide detectors distributed:

0

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