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From: noreply@mail.questionpro.com
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Subject: QuestionPro - [Safe Communities - Annual Coalition Report (2017)] - 38694489

Response Details

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Email Address	paris.harper@emory.edu
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Integration/Custom Tags

Custom Variable 1	Emory University
Custom Variable 2	GA
Custom Variable 3	Paris
Custom Variable 4	Harper

Geo Coding

Country	US
Region	PA
City	Wynnewood
Area Code	610
DMA Code	504

Community Injury Data

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

- » Falls
- » Injuries in the workplace
- » Other (Please specify): alcohol-related injuries

Initiative 1 Name:

First Responder Unified Training Initiative

Injury issue it addresses. (Select one.) *

- » Other (Please specify): Emergency response to a variety of situations, including alcohol overdose, falls and workplace 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? *

- » 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.)

• Increase awareness of institutional resources for acute crises among Emory first responders by 70% one month after completion of the program • Increase referral skills by 70% among Emory first responders one month after completion of the program • Build capacity among Emory first responders to provide holistic care and referral services in acute crisis situations • Increase perceptions of safety and support at Emory University among Emory students

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.)

McEntire, D.A., Fuller, C., Johnston, C.W., & Weber, R. (2000). A comparison of disaster paradigms: The search for a holistic policy guide. *Public Administration Review* 62(3), 267-281. Trauma-Informed Approach and Trauma-Specific Interventions. (2015). Retrieved December 16, 2016, from <https://www.samhsa.gov/nctic/trauma-interventions> Wilson, B., & Nochajski, T. H. (2016). Evaluating the Impact of Trauma-Informed Care (TIC) Perspective in Social Work Curriculum. *Social Work Education*, 35(5), 589-602.

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
- » 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.)

*

»Other type of funding (Please specify): Grant application from ACHA currently under review

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)

Participants will be evaluated by through pretest/posttest to assess their baseline knowledge of institutional resources, referral skills, and trauma informed care. Approximately a month and a half after completing the assessment, participants will receive a follow up test to see if and how they had the opportunity to use the skills they learned through the training. Finally, to assess the final project outcome, 'Increase perceptions of safety and support at Emory University among Emory students.' We will use the following items on the NCHA 2020 Instrument: 1) Feel safe on this campus (nighttime)?; Feel safe on this campus (daytime)?; and Emory cares about my wellbeing?; with responses ranging from strongly disagree to strongly agree.

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 project is still in the planning and pre-implementation phase

Initiative 2 Name:

LiveSafe Mobile Safety Application

Injury issue it addresses. (Select one.) *

»Other (Please specify): This project will address multiple areas of public/environmental safety, including falls, workplace injuries, and alcohol-related injuries

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.

Our goal is to implement an Emory Safety app which will allow students greater ease of access to emergency services, and increase communication between students and staff regarding safety hazards - 30% of students will have downloaded the app by Spring 2018

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.

There is insufficient evidence supporting the use of mobile safety applications because they are a relatively new form of technology.

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
- »Changing organizational practices to improve safety and health

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

*

- »Other type of funding (Please specify): Funding through the Office of Environmental Health and Safety for 3 years

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

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)

Number of app downloads, number of tips reported through the app.

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)

938 users; 13 tips (Drug/Alcohol 6; Safety Hazard 3; Suspicious Activity 2; Theft 1; Suggestion 1)

Initiative 3 Name:

Conussions: Providing Comprehensive, Collaborative, Team-based Care for All Emory Students

Injury issue it addresses. (Select one.) *

- »Traumatic brain injuries

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.) Over the past several years, an increasing number of mTBIs are being seen at Emory Student Health Services (EUSHS). EUSHS mTBI visits have nearly quadrupled, and total unique mTBI patients have more than doubled (2.3x) in the past 6 years. It is our impression that these increases are due to both enhanced recognition of concussion in the University community and likely increasing frequency in our active student population. Due to this increasing recognition and reporting of mTBI to health care providers, we believe we have an opportunity and a need to improve our system of care for these students.

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.)

- Improve the on campus health care of students with concussions/mild traumatic brain injuries (mTBIs) and address the concern of increasing number of mTBIs on Emory's campus as documented by Emory University Student Health Services' (EUSHS) self-study from 2010-2015
- Introduce the use of neurocognitive testing (ImPACT) to all students with mTBIs (not just Emory athletes), to help better evaluate and treat these students.
- Introduce static and dynamic balance testing using the Biodex Balance System SD into the plan of care for all students with mTBIs.
- Increase patient contacts through the addition of athletic trainers into a more collaborative approach of mTBI healthcare.
- Educate students on the negative effects of mTBIs on learning and exercise participation, as well as safely guide them back into the classroom and desired exercise activities

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)

The program will be modeled upon the healthcare plan we currently use for our Emory student-athletes. Our athlete protocol is based upon NCAA recommendations, Zurich guidelines, and other sports medicine healthcare best practices, including protocols used at Children's Healthcare of Atlanta (CHOA).

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)
- »Other type of funding (Please specify): Departmental contributions from Athletics, Students Health Services, Office of Health Promotion and Department of Orthopedics and Sports Medicine/Emory Healthcare

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

- »Other type of grant (Please specify): Bridge Funding Grant from Emory University

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)

1. Increase average patient mTBI visits per injury at Student Health Services to 2.0 and visits with the Athletic Training staff to 2.0 or greater contacts per injury. a. Collect data on annual patient visits at the end of each academic year b. Steve Klein will be in charge for collecting this data c. Dr. Huey and Steve Klein will review program, and if goals are not met, devise plans to better reach our goals
2. Evaluate number of mTBIs seen on our campus compared to a new survey that will begin in 2017 by the Center for Disease Control and Prevention's (CDC) "National Concussion Surveillance System" a. Determine if there is an increased risk of mTBI on our campus; if determined discuss potential plans to reduce our students risk of injury b. Assist CDC's initiative with our annual data collection
3. Achieve sustainability through billing medical insurance for neurocognitive (CPT code 96120) ImPACT testing, Biodex Balance Testing (CPT code 97750) and athletic trainer-supervised return-to-participation protocol (Therapeutic

Exercise billed in 15-minute increments) a. Collect total reimbursement of services rendered b. Collect this data annually and determine cost-effectiveness of program c. Steve Klein will be in charge for this data collection

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)

Project is currently in the planning and pre-implementation stage.

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

- »Fire Safety
- »MVC – Distracted driving
- »MVC – Pedestrian safety
- »Sports and recreational
- »Suicide
- »Violence - related injuries
- »Workplace 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) **

»No

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

Emory University Sports Medicine, Student Health Services, and Office of Health Promotion are excited to have been granted over \$16,000 to provide concussion prevention education and comprehensive treatment for all Emory Students. This program represents an integrative collaboration which aims to increase student and faculty awareness of concussion signs and symptoms as well as to increase capacity of Student Health and Sports Medicine to use best practices for concussion care.

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

- »Website
- »Facebook
- »Twitter

Website:

<http://safetyalliance.emory.edu/>

Facebook:

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

Twitter:

<https://twitter.com/emorysafe>

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		

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:

8/9/16 Safe Communities America Network Meeting - Attendee

Conference 2:

8/9/16 Safe Communities America Network Meeting - Attendee

Conference 3:

11/9/2016 48th Annual Georgia College Personnel Association Conference – Oral Presentation entitled ‘Sexual Violence is the Tip of the Iceberg’

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. *

- »CPR training
- »Sports concussion screening training
- »QPR/Mental Health First Aid training
- »Smoke alarms/Carbon Monoxide detectors
- »Active Shooter
- »Campus Safe/Live Safe/Rave Guardian

Trainings

of people trained in CPR:

40

of people trained in sports concussion screening:

17

of people trained in administering Naloxone:

999

of people trained in QPR or other mental health first aid:

1005

of student’s trained in Green Dot or other violence prevention training:

999

Smoke Alarms/Carbon Monoxide Detectors

of smoke alarms distributed:

30-100/year, also 100 fire extinguishers/year

of carbon monoxide detectors distributed:

2/year

Active Shooter

of K to12 students trained:

999

of college/university students trained:

Every year the incoming freshmen class is oriented on all hazards preparedness, including the Just In Time Guide to Campus Emergencies, which covers emergencies such as active shooter

of employees trained:

Employees are provided training on an adhoc basis with respect to general preparedness and Run, Hide, Fight. Additionally we are about to roll out Workplace violence training for employees and supervisors.

Campus Safe/Live Safe/Rave Guardian

of safety application downloads:

938

Contact Information

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

Name:

Paris Harper

Name of Community:

Emory Univesity

Email Address:

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