**From:** noreply@mail.questionpro.com
**To:** Suja Shunmugavelu
**Subject:** QuestionPro - [Safe Communities - Annual Coalition Report] - 28200750
**Date:** Thursday, April 16, 2015 1:50:30 PM

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**Response Details**

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**Geo Coding**

| | |
|---|---|
| Country | US |
| Region | TX |
| City | Denton |
| Area Code | 940 |
| 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
» Unintentional drug overdoses

Initiative Name:

Under-Reported Elder Abuse & Neglect

Injury Issue it addresses. (Select one.) *

» Violence related injuries

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.) While not in the top three causes by volume city-wide, the concern is sill significant, growing, under-reported, and preventable.

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)

1) Develop an understanding of the nature and prevalence of elder abuse/neglect in Fort Worth
2) Compile a knowledge base of all community efforts and community stakeholders surrounding elder abuse/neglect
3) Develop plans for strengthening elder abuse/neglect prevention efforts in Fort Worth

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.)

Promising practice.

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

» 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 this initiative? (Select all that apply.)
*

» Grant (s)

How are you measuring progress or impact?
(i.e. Number of people reached, number of med drop units, pounds of medications collected, pre and post surveys, pre and post data analysis, etc.)

Detection of Elder Abuse Through Emergency Care Technicians (DETECT): The aim is to develop a brief, easy to use, objective and validated screening tool that will assist first responders in determining whether or not to report a situation to Adult Protective Services. Elderly adults who are socially isolated are at elevated risk for abuse/neglect, and first responders may be their only interactions with society at large- thus making their ability to identify and intervene in potential abuse/neglect cases extremely important. All positive screens for potential abuse/neglect will be verified by the regional Adult Protective Services agency for accuracy, or correlation with final determination of presence of actual abuse/neglect.

Initiative Name:

Fall Prevention

Injury Issue it addresses. (Select one.) *

» Falls

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)

1) Offer Free Home Safety Evaluations to Seniors
2) Educate first-responders on home safety hazard recognition
3) Offer Matter of Balance education direct to Seniors through multiple community partners
4) Train physicians on STEADI - fall screening and intervention algorithm
5) Medication Management via Pharmacists and Meals on Wheels partnership

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.)

http://www.ncoa.org/improve-health/center-for-healthy-aging/a-matter-of-balance.html

http://www.cdc.gov/homeandrecreationalsafety/Falls/steadi/index.html

http://mealsonwheels.org/programs/homemeds-a-medication-management-program/

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

What type of funding do you have (are you seeking) for this initiative? (Select all that apply.)
*

» No funding

How are you measuring progress or impact?
(i.e. Number of people reached, number of med drop units, pounds of medications collected, pre and post surveys, pre and post data analysis, etc.)

Participation numbers in individual, physician, and first-responder classes. (ie. 900 Fire Fighters have attended one-hour home safety hazard course).
Number of Senior calls received for in-home assessments
Number of medication home visits conducted.

Initiative Name:

Collaborative Booster Seat

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)

Increase proper booster seat usage for children ages 4 - 7.

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.)

1. National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS), 2012 Fatal Injury Data. Atlanta, GA: Centers for Disease Control and Prevention. [cited 11 December 2014]. http://www.cdc.gov/injury/wisqars/index.html.
2. Arbogast KB, Jermakian JS, Kallan MJ, and Durbin DR. Effectiveness of Belt Positioning Booster Seats: An Updated Assessment. Pediatrics. 1 November 2009; 124(5): 1281-1286.
3. Macy ML, Clark SJ, Freed GL, Butchart AT, Singer DC, Sasson C, Meurer WJ, and Davis MM. Carpooling and Booster Seats: A National Survey of Parents. Pediatrics. February 2012; 129(2): 290-298.
4. Durbin DR and Committee on Injury, Violence and Poison Prevention. Technical Report. Child Passenger Safety. Pediatrics. April 2011; 127(4): e1050-e1066.
5. Pickrel! l TM and Ye TJ. The 2011 National Survey of the Use of Booster Seats. Washington, DC: National Highway Traffic Safety Administration. April 2013. No. DOT HS 811 727.
6. National Highway Traffic Safety Administration (2013). The 2011 national survey of the use of booster seats. Washington, DC: US Department of Transportation. DOT HS 811 718.
7. Texas Transportation Institute (2012). Observational survey of safety belt use among school aged children in Texas. Analysis for 5-7 year olds, by request. December 14, 2012.
8. Texas Transportation Institute (2012). Observational survey of safety belt use among school aged children in Texas. Analysis for 5-7 year olds, by request. December 14, 2012.
9. Injury Prevention Center of Greater Dallas. Give Kids a Boost FY 2014 Report. Available from URL: http://www.injurypreventioncenter.org/resource_images/863Final%20FY14%20GKB%20Report%20PDF.pdf. Accessed 8 February 2015.
Additional Resources:
1. Lindqvist, K., Ti! mpka, T., Schelp, L., & Risto, O. (2002) Evaluation of a child safety program based

on the WHO Safe Community model, Injury Prevention, 8, 23-26. Doi: 10.1136/ip.8.1.23

2. Istre, G.R., Stowe, M., McCoy, M.A., et al. (2010) A controlled evaluation of the WHO Safe Communities model approach to injury prevention: Increasing child restraint use in motor vehicles. Injury Prevention, 17(1), 3-8. Doi: 10.1136/ip.2010.027011.
3. Centers for Disease Control. (2011, May). Motor Vehcile Safety: State based costs of deaths from crashes. Retrieved May 2011, from Centers for Disease Control and Prevention: http://soupfin.tdh.state.tx.us/death10.htm

4. National Cancer Institute. (2005). Theory at a Glance: A Guide for Health Promotion Practice. Washington D.C.: U.S. Department of Health and Human Services.

5. National Highway Traffic Safety Administration. (2010). Highlights of 2009 Motor Vehicle Crashes. Washington DC: US Department of Transportation.

6. Texas Department of State Health Services. (2! 010, April). Texas Health Data. Retrieved July 8, 2011, from Texas Department of State Health Services: http://soupfin.tdh.state.tx.us/death10.htm

7. Texas Department of Transportation. (2010, August). Texas Motor Vehicle Crash Statistics. Retrieved June 2011, from Texas Department of Transportation: http://www.dot.state.tx.us/txdot_library/drivers_vehicles/publications/crash_statistics/default.htm

8. U.S. Department of Health and Human Services. (2011, June 30). Injury and Violence Prevention Objectives . Retrieved July 11, 2011, from HealthyPeople: http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=24

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

What type of funding do you have (are you seeking) for this initiative? (Select all that apply.)
*

» Sponsorship

How are you measuring progress or impact?
(i.e. Number of people reached, number of med drop units, pounds of medications collected, pre and post surveys, pre and post data analysis, etc.)

Focus Group, On-site surveillance, and one-month follow-up on booster seat usage - Four elementary schools, 1500 children included in the study.

Descriptive statistics
Table 1. Rate of proper booster seat use among students observed at schools
Random Allocation Baseline 1 Month Follow-up 3 Month Follow-up
Intervention schools
(n = 2) 16.4%
(47/287) 31.3%
(76/243) 40.1%

(87/217)
Control schools
(n = 2) 15.7%
(50/319) 21.2%
(53/250) 25.5%
(60/235)

Proper booster seat use among children at the intervention and control schools was comparable at baseline (16.4% vs. 15.7%). At the intervention schools, observed proper booster seat use increased by 91% at one-month follow-up compared to baseline measures, and by 145% at the three-month follow-up. During th! ese same time periods, proper booster seat use increased for control schools by 35% and 62%, respectively. The observed increase in proper booster seat use at control schools may be in part due to some exposure of control schools to the intervention delivered at elementary schools in the same cities. As a result, estimates of intervention effectiveness are likely conservative (i.e., the actual effect of the intervention may be even greater than estimated).

Regression analyses
A multivariable logistic regression model was conducted to examine predictors of proper booster seat use at the one-month follow-up. In this regression model, propter booster seat use was treated as the dependent variable and the set of predictor variables included baseline rate of proper booster seat use at the school and intervention status (intervention vs. control). In this model, baseline rate of proper booster seat use was not significantly associated with booster seat use at follow-! up ($p > 0.05$); however, receiving the intervention was significantly a ssociated with greater odds of proper booster seat use (OR = 1.72, 95% CI = 1.14,2.58, $p = 0.01$).
3-month follow-up: Baseline ($p < 0.001$); Intervention (OR = 2.10, 95% CI = 1.39,3.16, $p = 0.01$)

Please indicate the type and frequency of communications you have used in the past year (January – December 2014).

| | 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 sent * | x | | | | |
| Newspaper articles * | | x | | | |
| Op-eds * | x | | | | |
| Word of mouth * | | | | | x |
| Other (Specify below) * | | | x | | |

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

Website is regularly updated.
Attendance at several local health fairs/expos/ fitness races.
Some social via Facebook

Contact Information

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

Name:

Leslie Casey

Name of Community:

Fort Worth

Email Address:

leslie.casey@unthsc.edu