From: noreply@mail.questionpro.com
To: Suja Shunmugavelu
Subject: QuestionPro - [Safe Communities - Annual Coalition Report] - 28272166
Date: Wednesday, April 22, 2015 10:10:38 AM

Response Details

ID	28272166
Timestamp	04/22/2015 07:50:53
IP Address	205.204.248.70
Time Taken	1138 seconds
Survey Language	English
Email Address	williaml.jordison@ky.gov
Email List	L260315325

Integration/Custom Tags

Custom 1	Madison County (CDC)
Custom 2	KY

Geo Coding

Country	US
Region	KY
City	Frankfort
Area Code	502
DMA Code	541

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:

Ghost Out

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)

To reduce high school age students driving impaired or riding with someone who is impaired.

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.)

Unpublished Doctoral Thesis Research specific to Madison County's Ghost Out program

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

» Reaching the community with information and resources to promote safety and health
» 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 this initiative? (Select all that apply.)
*

» Grant (s)
» Other type of funding (Please specify): In Kind community participation.

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.)

Number of participants

Initiative Name:

Prescription Drug Disposal

Injury Issue it addresses. (Select one.) *

» Unintentional drug overdoses

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)

Remove or reduce the availability of prescription drugs in homes.

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.)

Take Back programs recommended by National Community Pharmacists Association. Link http://www.disposemymeds.org/

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

» Reaching the community with information and resources to promote safety and health
» 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 this initiative? (Select all that apply.)
*

» Other type of funding (Please specify): In Kind from community partners

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.)

Number of pounds of medication collected

Initiative Name:

Falls Prevention Coalition Activities - Older adult resource fairs -Participation in National Falls Prevention Day

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)

Prevent Falls

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.)

Recommended by the National Council on Aging Link: http://www.ncoa.org/

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)
» Other type of funding (Please specify): Community In-Kind contributions.

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.)

Number of people reached.

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.

Created and now using a Facebook page.

Contact Information

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

Name:

Lloyd Jordison

Name of Community:

Madison County, Kentucky

Email Address:

williaml.jordison@ky.gov