From: noreply@mail.questionpro.com
To: Suja Shunmugavelu
Subject: QuestionPro - [Safe Communities - Annual Coalition Report] - 27973736
Date: Monday, March 30, 2015 4:02:46 PM

Response Details

ID	27973736
Timestamp	03/30/2015 13:30:06
IP Address	97.79.186.2
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Survey Language	English
Email Address	cwittke@safercommunity.net
Email List	L260315325

Integration/Custom Tags

Custom 1	Madison/Dane County
Custom 2	WI

Geo Coding

Country	US
Region	TX
City	Dallas

Community Injury Data

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

» Falls
» Suicide
» Unintentional drug overdoses

Initiative Name:

Stop the Overdose Epidemic

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)

Reduce drug related death and injury

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.)

Annuals of Internal Medicine National Institutes of Health Pathways to Prevention Workshops The Role of Opioids in Treatment of Chronic Pain;
National Safety Council White Papers

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.)
*

» Line item in the municipal/county budget

» Sponsorship

» 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.)

pounds of medications collected via MedDrop; number of clinicians trained and participant evaluation; media impressions/website visits; number of partners disseminating evidence-based prevention materials and numbers of end users of these materials

Initiative Name:

Elder Falls Prevention Initiative

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)

to reduce debilitating falls among older adults

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.)

CDC Compendium on Falls

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.)
*

» Sponsorship

» 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.)

number of older adults who've completed evidence based classes, including Stepping On, and falls rates 3 - 6 months after (per Wisconsin Institutes on Healthy Aging surveys); number of community and health care presentations on STEADI toolkit and numbers of participants

Initiative Name:

Suicide Prevention Initiative: Man Therapy and QPR (Question Persuade Refer) Gatekeeper training

Injury Issue it addresses. (Select one.) *

» Suicide

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)

Reduce suicides in Dane County

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.)

Suicide Prevention Resource Center; QPR Institute; SAMHSA National Registry of Evidence-based Programs and Practices

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.)
*

» Line item in the municipal/county budget

» 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.)

Number of people we reach with QPR Training; media and website impressions; number of partners

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.

twitter, facebook

Contact Information

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

Name:

Cheryl Wittke

Name of Community:

Madison and Dane County WI

Email Address:

cwittke@safercommunity.net