From: noreply@mail.questionpro.com
To: SCAinfo
Subject: QuestionPro - [Safe Communities - Annual Coalition Report] - 28097104
Date: Wednesday, April 08, 2015 10:51:13 AM

Response Details

ID	28097104
Timestamp	04/08/2015 08:44:28
IP Address	66.198.224.50
Time Taken	437 seconds
Survey Language	English
Email Address	tgibson@newcastlepa.org
Email List	L260315325

Integration/Custom Tags

Custom 1	New Castle
Custom 2	PA

Geo Coding

Country	US
Region	PA
City	New Castle
Area Code	724
DMA Code	508

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:

Older Adult Falls 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)

Reduce falls in older

Is this initiative based on promising or evidence based practices? *

» No

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

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.)

Number of older adult falls

Initiative Name:

Motor Vehicle Safety

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)

Decrease the number of motor vehicle accidents

Is this initiative based on promising or evidence based practices? *

» No

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

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.)

Number of Motor Vehicle Accidents

Initiative Name:

Unintentional Drug Overdose

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 unintentional drug overdoses

Is this initiative based on promising or evidence based practices? *

» No

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

» 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.)

Number of unintentional drug overdoses

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				

Contact Information

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

Name:

Tamara P. Gibson

Name of Community:

City of New Castle, Pennsylvania

Email Address:

tgibson@newcastlepa.org