

**From:** [Marketing Research](#)  
**To:** [Suja Shunmugavelu](#); [Carrie Nie](#)  
**Subject:** FW: QuestionPro - [Safe Communities - Annual Coalition Report - Jan-D] - 33816073 - New Castle  
**Date:** Friday, March 11, 2016 9:44:27 AM

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**From:** noreply@mail.questionpro.com [mailto:noreply@mail.questionpro.com]  
**Sent:** Thursday, March 10, 2016 4:05 PM  
**To:** Marketing Research  
**Subject:** QuestionPro - [Safe Communities - Annual Coalition Report - Jan-D] - 33816073

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#### Response Details

ID	33816073
Timestamp	03/09/2016 07:39:30
IP Address	96.89.44.25
Time Taken	662 seconds
Survey Language	English
Email Address	<a href="mailto:tgibson@newcastlepa.org">tgibson@newcastlepa.org</a>
Email List	LIST-2

#### Integration/Custom Tags

Custom 1	New Castle
Custom 2	PA
Custom 3	Tamara
Custom 4	Gibson

#### Geo Coding

Country	US
Region	
City	
Area Code	0
DMA Code	0

#### 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 1 Name:

Safety Bus Tour

Injury issue it addresses. (Select one.)

» MVC – Child passenger safety

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?

(i.e. Reduce falls in older adults, increase the number of employers in the coalition implementing a no cell phone use while driving policy)

Bus Safety

Is Initiative 1 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.

We have no data on accidents on school buses

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

\*

» 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 Initiative 1? (Select all that apply.)

\*

» No funding

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?

(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 students who participated

What were the results of Initiative 1?

(i.e. Percentage decrease in injuries, percentage increase in attendance, change in policy, observed behavior change, total number of pounds of medications collected)

All the students learned safety on the bus

Initiative 2 Name:

Children in Disaster Service Plan

Injury issue it addresses. (Select one.)

»Natural disaster (i.e. tornado, hurricane, blizzard)

Does Initiative 2 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.) There are so many issues we work on other than the top three we selected

What is the goal of Initiative 2?

(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 set up a secure shelter staffed by credential personnel for children during a disaster

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.

The plan has just been implemented, no statistics yet

Please indicate what Initiative 2 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 Initiative 2? (Select all that apply.)

\*

»No funding

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?

(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.)

Not up and running yet

What were the of Initiative 2?

(i.e. Percentage decrease in injuries, percentage increase in attendance, change in policy, observed behavior change, total number of pounds of medications collected)

No results yet

Initiative 3 Name:

Senior Expo

Injury issue it addresses. (Select one.) \*

»Falls

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? \*

»Yes

What is the goal of Initiative 3?

(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 adults

Is Initiative 3 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.

No statistics

Please indicate what Initiative 3 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 Initiative 3? (Select all that apply.)

\*

»No funding

How are you measuring progress or impact Initiative 3?

(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 attending the Expo

What were the results of Initiative 3?

(i.e. Percentage decrease in injuries, percentage increase in attendance, change in policy, observed behavior change, total number of pounds of medications collected)

40 Vendors 200-300 Senior participants

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

»Fire Safety

»Natural disaster (i.e. tornado, hurricane, blizzard)

In the past year, has your coalition (as a whole) received funds to support the work of the coalition?

\*

»No

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

»Coalition does not use any of these

Please indicate the frequency of social media used in the past year (January – December 2015).

Every day    Every week    Every 2 - 3 weeks    Every month    Every 2 - 3 months    Every 4 - 6 months    Once or twice a year

Facebook *							
Twitter *							
Instagram *							
YouTube *							

Please indicate the type and frequency of communications you have used in the past year (January – December 2015).

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

Email Address:

[tgibson@newcastlepa.org](mailto:tgibson@newcastlepa.org)