From: noreply@mail.questionpro.com
To: SCAinfo
Subject: QuestionPro - [Safe Communities - Annual Coalition Report] - 28114478
Date: Thursday, April 09, 2015 3:58:45 PM

Response Details

ID	28114478
Timestamp	04/09/2015 13:24:30
IP Address	74.95.134.12
Time Taken	1976 seconds
Survey Language	English
Email Address	dmartin@newlenox.net
Email List	L260315325

Integration/Custom Tags

Custom 1	New Lenox
Custom 2	IL

Geo Coding

Country	US
Region	IL
City	Downers Grove
Area Code	630
DMA Code	602

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
» Other (Please specify): cuts and lacerations

Initiative Name:

A Matter of Balance - Older Adults 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 our older adult population.

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.mainehealth.org/mob

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

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.)

We are surveying the class participants at the beginning of the class (week #1) and at the end of the class (week #8). We are also tracking the number of seniors that have successfully completed the program. In addition, we will be following up with seniors to determine if they've experienced a fall since the completion of the class. We're also purchasing Matter of Balance software (upcoming grant) to help track data.

Initiative Name:

Unwanted Medication Disposal Program

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? *

» No - Why not? (Please explain.) Because the survey is asking for coalition-led initiatives.

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 quantities of unwanted medications in New Lenox households (to prevent injuries through accidental or intentional ingestion).

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

» 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.)
*

» Other type of funding (Please specify): In-kind services by the New Lenox Police Department and Will County Waste and Land Use Department

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.)

Measuring the quantity of medications collected and informally surveying residents regarding their satisfaction with the program.

Initiative Name:

Question, Persuade and Refer (QPR)

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? *

» No - Why not? (Please explain.) Because the survey is asking for coalition-led initiatives

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 suicide and suicide attempts within the community.

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

» 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.)
*

» Other type of funding (Please specify): Seratoma Centre, a New Lenox SCA Coalition partner, has a grant and is able to provide the classes quarterly.

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 and organizations 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.

Monthly coalition meetings.

Contact Information

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

Name:

Daniel Martin

Name of Community:

Village of New Lenox

Email Address:

dmartin@newlenox.net