From: noreply@mail.questionpro.com
To: SCAinfo
Subject: QuestionPro - [Safe Communities - Annual Coalition Report] - 28212195
Date: Friday, April 17, 2015 10:34:54 AM

Response Details

ID	28212195
Timestamp	04/17/2015 08:22:38
IP Address	164.51.5.2
Time Taken	784 seconds
Survey Language	English

Geo Coding

Country	US
Region	FL
City	Milton
Area Code	850
DMA Code	686

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:

Prescription drug turn in 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? *

» 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 prescription drug overdoses

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

» No

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.)

Not known but seems like it should be.

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.)

pounds of drugs turned in annually

Initiative Name:

Falls Program

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 and prevent falls in all populations, but especially elderly

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.cdc.gov/homeandrecreationalsafety/Falls/compendium.html

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 people reached

Initiative Name:

Car seat 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)

Reduce death or injury to infants and children due to motor vehicle crashes

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

» Yes

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

» 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.)
*

» 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 car seats installed and inspections conducted

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.

Community meetings, and partnerships with health care systems.

Contact Information

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

Name:

Daniel Hahn

Name of Community:

Santa Rosa County

Email Address:

danielh@santarosa.fl.gov