From: noreply@mail.questionpro.com
To: Suja Shunmugavelu
Subject: QuestionPro - [Safe Communities - Annual Coalition Report] - 28083074
Date: Tuesday, April 07, 2015 2:54:34 PM

Response Details

ID	28083074
Timestamp	04/07/2015 12:26:55
IP Address	151.102.241.101
Time Taken	1679 seconds
Survey Language	English
Email Address	Thomas.Heim@wellmont.org
Email List	L260315325

Integration/Custom Tags

Custom 1	Sullivan County
Custom 2	TN

Geo Coding

Country	US
Region	TN
City	Kingsport
Area Code	423
DMA Code	531

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:

Stepping On - Falls Prevention program for the Elderly.

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 falls in 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.)

http://www.cdc.gov/HomeandRecreationalSafety/Falls/compendium/3.1_steppingon.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

» 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.)
*

» Other type of funding (Please specify): Hospital Supported with Injury Prevention fund through a foundational gift.

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. We started this program this Fall of 2014. so far have had 4 classes with 48 people being taught/educated. Plan to do more this coming year.

Initiative Name:

Distracted river Simulator

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)

Increase awareness of the dangers of distracted driving and to cultivate younger driver to not use cellphone and drive.

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://driverinteractive.com/documents/Research_On_Simulation_Effectiveness_For_Teen_Drivers_Aug2013.pdf

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.)
*

» Sponsorship

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. Have reached out to 1242 people thi past year.

Initiative Name:

Kids Safety Fair

Injury Issue it addresses. (Select one.) *

» Other (Please specify): Kids safety

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.) Soemthing that we have done for many years and has decreased our child injury rates. Another Coalition that is based out of the local Health department with funding from the state is working on the unitentional drug overdose and we have members that attend that coalition.

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 keep the number of child injuries down in our area

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.)
*

» Sponsorship

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 Children in attendance. We had over 400 4th graders from local Elementary schools in attendace in 2014 and will have another in May 2015

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:

Thomas Ray Heim

Name of Community:

Sullivan County, Tennessee

Email Address:

thomas.heim@wellmont.org