

## Suja Shunmugavelu

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**From:** noreply@mail.questionpro.com  
**Sent:** Monday, March 20, 2017 10:15 AM  
**To:** SCAinfo  
**Subject:** QuestionPro - [Safe Communities - Annual Coalition Report (2017)] - 38827464

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### Response Details

ID	38827464
Timestamp	03/20/2017 07:46:31
IP Address	157.182.105.1
Time Taken	1882 seconds
Survey Language	English
Email Address	daniel.shook@hsc.wvu.edu
Email List	1487087350256

### Integration/Custom Tags

Custom Variable 1	West Virginia University
Custom Variable 2	WV
Custom Variable 3	Daniel
Custom Variable 4	Shook

### Geo Coding

Country	US
Region	WV
City	Morgantown
Area Code	304
DMA Code	508

### Community Injury Data

What are the leading causes of injury in your community? Please select the top three causes of injury. \*

- »Motor vehicle crashes (any transportation related injury e.g., pedestrian, bicycles)
- »Unintentional drug overdoses
- »Violence-related injuries (e.g. assault and homicide)

Initiative 1 Name:

Naloxone Distribution Program for the State of West Virginia (PILOT PROJECT)- West Virginia University Injury Control Research Center

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

- »Unintentional drug overdoses

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?

(Goals should be SMART (specific, measurable, attainable, realistic and timely). Examples include: Reduce the number of falls in older adults by 10 percent in 2017, Fifty percent of employers in the coalition will implement a no cell phone use while driving policy within 2 years.)

The goal of the Naloxone Distribution Program for the State of West Virginia is to distribute 8,250 naloxone kits to non-EMS responders; to determine which non-EMS responder received naloxone kits was based upon a risk analysis developed from a needs assessment; naloxone kits were distributed to the programs that had the highest number of opioid overdoses and deaths; due to the urgency within the state of West Virginia to prevent opioid deaths it was decided to distribute as many naloxone kits that could be purchased with the \$800,000 grant as possible; No specific initiative goals have been thoroughly developed at this time; the current goal is to make naloxone as available as possible to prevent the epidemic of overdose deaths related to opioids.

Is Initiative 1 based on promising or evidence-based practices? \*

- »Yes

Please provide a link to the evidence in the space below.

(e.g., Link to peer reviewed journal article, CDC compendium on Falls, SAMHSA's National Registry of Evidence- based Programs and Practices, etc.)

1. Walley AY, Xuan Z, Hackman HH, et al. Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. *BMJ : British Medical Journal* 2013;346 doi: 10.1136/bmj.f174[published Online First: Epub Date]. 2. Roshanfekr P, Farnia M, Dejman M. The Effectiveness of Harm Reduction Programs in Seven Prisons of Iran. *Iranian Journal of Public Health* 2013;42(12):1430-37 3. McDonald R, Strang J. Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria. *Addiction* 2016;111(7):1177-87 doi: 10.1111/add.13326[published Online First: Epub Date]. 4. McAuley A, Best D, Taylor A, Hunter C, Robertson R. From evidence to policy: The Scottish national naloxone programme. *Drugs: Education, Prevention & Policy* 2012;19(4):309-19 5. Davis CS, Carr D. Legal changes to increase access to naloxone for opioid overdose reversal in the United States. *Drug and Alcohol Dependence* 2015;157:112-20 doi: <http://dx.doi.org/10.1016/j.drugalcdep.2015.10.013>[published Online First: Epub Date]. 6. Darke S, Hall W. Heroin overdose: Research and evidence-based intervention. *Journal of Urban Health* 2003;80(2):189-200 doi: 10.1093/jurban/jtg022[published Online First: Epub Date]. 7. Dahlem CHY, Horstman MJ, Williams BC. Development and implementation of intranasal naloxone opioid overdose response protocol at a homeless health clinic. *Journal of the American Association of Nurse Practitioners* 2016;28(1):11-18 doi: 10.1002/2327-6924.12249[published Online First: Epub Date]. 8. Beletsky L, Rich JD, Walley AY. Prevention of fatal opioid overdose. *JAMA* 2012;308(18):1863-64 doi: 10.1001/jama.2012.14205[published Online First: Epub Date].

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

\*

- »Enhancing individual 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
- »Bringing coalitions and networks together to work on Safe Communities goals for greater impact
- »Changing organizational practices to improve safety and health
- »Influencing policy and legislation (local and state)

What type of funding do you have (are you seeking) for Initiative 1? (Select all that apply.)

\*

- »Grant (s)

What specific type of grant(s) do you have (are you seeking) for Initiative 1? (Select all that apply.) \*

- »State government grant

How are you measuring progress or impact for Initiative 1?

(E.g., Tracking the number of people trained, Weighing the pounds of medications collected in community medicine drop boxes, Monitoring the number of organizations adopting a cell phone ban policy)

Number of EMS and non-EMS naloxone distribution sites in WV; the number of naloxone kits distributed, number of OD's and number of conversions.

What were the results of Initiative 1?

(E.g., X% decrease in injuries, X% increase in attendance, X number of organizations changed policy, X pounds of medications collected)

Project ongoing. State database is being created to capture number of EMS and non-EMS naloxone distribution sites in WV; the number of naloxone kits distributed, number of OD's and number of conversions for analysis.

Initiative 2 Name:

Alcohol Intoxication Center (Sobering Center)

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

- »Other (Please specify): Harm associated with excessive alcohol consumption.

Does Initiative 2 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 2?

Goals should be SMART (specific, measurable, attainable, realistic and timely). Examples include: Reduce the number of falls in older adults by 10 percent in 2017, Fifty percent of employers in the coalition will implement a no cell phone use while driving policy within 2 years.

Reduce the number of inappropriate incarcerations by 15% and Emergency Department transports by 10%.

Is Initiative 2 based on promising or evidence-based practices? \*

»Yes

Please provide a link to the evidence in the space below.

(E.g., Link to peer reviewed journal article, CDC compendium on Falls, SAMHSA's National Registry of Evidence-based Programs and Practices

9. Court TCC. Sobriety Center Implementation Report: Travis County Commissioners Court, April 27, 2015:26. 10. World Health O. Nonserial Publication : Alcohol and Injuries : Emergency Department Studies in an International Perspective. Albany, CH: World Health Organization, 2009. 11. Weiss KG. Preventing Sexual Violence: Interdisciplinary Approaches to Overcoming a Rape Culture. *Gender Soc* 2016;30(3):548-50 doi: 10.1177/0891243215574843[published Online First: Epub Date]]. 12. Wang WB, Gao KY, Wei Q. The Impact of Alcohol Intake on Human Beings Health in China. *Lect Notes Comput Sc* 2014;8549:88-96 13. Wagenaar AC, Tobler AL, Komro KA. Effects of Alcohol Tax and Price Policies on Morbidity and Mortality: A Systematic Review. *American Journal of Public Health* 2010;100(11):2270-78 doi: 10.2105/Ajph.2009.186007[published Online First: Epub Date]]. 14. University of Wisconsin Population Health Institute RWJF. County Health Rankings & Roadmaps: Building a Culture of Health County by County. Secondary County Health Rankings & Roadmaps: Building a Culture of Health County by County 2016 2016. <http://www.countyhealthrankings.org/>. 15. Tansil KA, Esser MB, Sandhu P, et al. Alcohol Electronic Screening and Brief Intervention: A Community Guide Systematic Review. *Am J Prev Med* 2016;51(5):801-11 doi: 10.1016/j.amepre.2016.04.013[published Online First: Epub Date]]. 16. Tadros AS, Castillo EM, Chan TC, et al. Effects of an emergency medical services-based resource access program on frequent users of health services. *PREHOSPITAL EMERGENCY CARE* 2012 17. Srebnik D, Connor T, Sylla L. A Pilot Study of the Impact of Housing First-Supported Housing for Intensive Users of Medical Hospitalization and Sobering Services. *American Journal of Public Health* 2013;103(2):316-21 18. Smith-Bernardin S, Schneidermann M. Safe Sobering: San Francisco's Approach to Chronic Public Inebriation. *Journal of Health Care for the Poor and Underserved* 2012;23(3):265-70 19. Smith RC, Geller ES. Field Investigation of College Student Alcohol Intoxication and Return Transportation from At-Risk Drinking Locations. *Transport Res Rec* 2014(2425):67-73 doi: 10.3141/2425-09[published Online First: Epub Date]]. 20. Serdula MK, Brewer RD, Gillespie C, Denny CH, Mokdad A. Trends in alcohol use and binge drinking, 1985-1999: results of a multi-state survey. *Am J Prev Med* 2004;26(4):294-8 doi: 10.1016/j.amepre.2003.12.017[published Online First: Epub Date]]. 21. Sauliune S, Petrauskiene J, Kalediene R. Alcohol-Related Injuries and Alcohol Control Policy in Lithuania: Effect of the Year of Sobriety, 2008. *Alcohol Alcoholism* 2012;47(4):458-63 doi: 10.1093/alcalc/ags033[published Online First: Epub Date]]. 22. Sacks JJ, Roeber J, Bouchery EE, Gonzales K, Chaloupka FJ, Brewer RD. State Costs of Excessive Alcohol Consumption, 2006. *American Journal of Preventive Medicine* 2013;45(4):474-85 doi: 10.1016/j.amepre.2013.06.004[published Online First: Epub Date]]. 23. Rinke ML, Dietrich E, Kodeck T, Westcoat K. Operation care: a pilot case management intervention for frequent emergency medical system users. *The American journal of emergency medicine* 2012;30(2):352-7

Please indicate what Initiative 2 is trying to accomplish? (Select all that apply.)

\*

- »Bringing coalitions and networks together to work on Safe Communities goals for greater impact
- »Changing organizational practices to improve safety and health
- »Influencing policy and legislation (local and state)

What type of funding do you have (are you seeking) for Initiative 2? (Select all that apply.)

\*

- »Other type of funding (Please specify): In Development

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?

(e.g., Tracking the number of people trained, Weighing the pounds of medications collected in community medicine drop boxes, Monitoring the number of organizations adopting a cell phone ban policy)

Project in developmental phase with community collaborative.

What were the of Initiative 2?

(E.g. X% decrease in injuries, X% increase in attendance, X number of organizations changed policy, X pounds of medications collected)

Project in developmental phase with community collaborative.

Initiative 3 Name:

Milan Puskar Health Right Community Health Center Harm Reduction Program

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

»Other (Please specify): Harm Reduction-Needle Exchange and Naloxone Distribution

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?

(Goals should be SMART (specific, measurable, attainable, realistic and timely). Examples include: Reduce the number of falls in older adults by 10 percent in 2017, Fifty percent of employers in the coalition will implement a no cell phone use while driving policy within 2 years.)

The goal is to provide harm reduction/syringe exchange services to Monongalia County residents in an effort to reduce harm to participants and to reduce the transmission of Hep C, Hep B and HIV; Reduce the number of new cases of Hep C, Hep B and HIV by 10%; increase the referrals to treatment programs by 5%; distribute clean syringes and other items that could transmit a virus to at least 300 people who inject drugs and reside in Monongalia County; provide hepatitis C and HIV screenings and referral to treatment if necessary to 150 participants of the harm reduction program; distribute 1200 naloxone kits to participants of the harm reduction/syringe exchange.

Is Initiative 3 based on promising or evidence-based practices? \*

»Yes

Please provide a link to the evidence in the space below.

(e.g., Link to peer reviewed journal article, CDC compendium on Falls, SAMHSA's National Registry of Evidence-based Programs and Practices)

Roshanfekr P, Farnia M, Dejman M. The Effectiveness of Harm Reduction Programs in Seven Prisons of Iran. *Iranian Journal of Public Health* 2013;42(12):1430-37 24. Vos AS, Prins M, Kretzschmar MEE. Hepatitis C virus treatment as prevention among injecting drug users: who should we cure first? *ADD Addiction* 2015;110(6):975-83 25. Strike C, Watson TM, Lavigne P, et al. Guidelines for better harm reduction: Evaluating implementation of best practice recommendations for needle and syringe programs (NSPs). *International Journal of Drug Policy* 2011;22(1):34-40 doi: <http://dx.doi.org/10.1016/j.drugpo.2010.03.007>[published Online First: Epub Date]. 26. Sherman SG, Patel SA, Ramachandran DV, et al. Consequences of a restrictive syringe exchange policy on utilisation patterns of a syringe exchange program in Baltimore, Maryland: Implications for HIV risk. *Drug & Alcohol Review* 2015;34(6):637-44 27. Maurer LA, Bass SB, Ye D, Benitez J, Mazzella S, Krafty R. Trend Analyses of Users of a Syringe Exchange Program in Philadelphia, Pennsylvania: 1999–2014. *AIDS and Behavior* 2016;20(12):2922-32 doi: 10.1007/s10461-016-1393-y[published Online First: Epub Date]. 28. Mark HD, Nanda J, Davis-Vogel A, et al. Profiles of self-reported HIV-risk behaviors among injection drug users in methadone maintenance treatment, detoxification, and needle exchange programs. *Public Health Nursing* 2006;23(1):11-19 29. Hawk KF, Vaca FE, D'Onofrio G. Reducing Fatal Opioid Overdose: Prevention, Treatment and Harm Reduction Strategies. *The Yale Journal of Biology and Medicine* 2015;88(3):235-45 30. Gibson DR, Flynn NM, Perales D. Effectiveness of syringe exchange programs in reducing HIV

risk behavior and HIV seroconversion among injecting drug users. AIDS (London, England) 2001;15(11):1329-41 31. Drucker E, Lurie P, Wodak A, Alcabes P. Measuring harm reduction: the effects of needle and syringe exchange programs and methadone maintenance on the ecology of HIV. AIDS. 1998;12 SUPP/A:S217

Please indicate what Initiative 3 is trying to accomplish? (Select all that apply.)

\*

- »Enhancing individual 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
- »Bringing coalitions and networks together to work on Safe Communities goals for greater impact
- »Changing organizational practices to improve safety and health
- »Influencing policy and legislation (local and state)

What type of funding do you have (are you seeking) for Initiative 3? (Select all that apply.)

\*

- »Line item in the municipal/county budget
- »Grant(s)

What specific type of grant(s) do you have (are you seeking for Initiative 3? (Select all that apply.) \*

- »Federal government grant

How are you measuring progress or impact Initiative 3?

e.g., Tracking the number of people trained, Weighing the pounds of medications collected in community medicine drop boxes, Monitoring the number of organizations adopting a cell phone ban policy)

Tracking/screening current and new cases of HIV, Hep C, Hep B; number of referrals to treatment; number of syringes distributed; number of naloxone kits distributed

What were the results of Initiative 3?

(X% decrease in injuries, X% increase in attendance, X number of organizations changed policy, X pounds of medications collected)

Harm Reduction program in progress; monthly data available, however, formal analysis has not been completed at this point of the program.

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

- »Falls
- »Drowsy driving
- »MVC – Distracted driving
- »MVC – Pedestrian safety
- »MVC – Teen driving
- »Unintentional drug overdoses
- »Other (Please specify): Safety Collaborative for Rails to Trails-Mon River Trail; Downtown Task Force for Panhandling and Homelessness; Safety Town – Developing K-4 safety prevention education program.

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

(e.g. line item in municipal budget, XYZ company donated x dollars to buy car seats or support printing costs) \*\*

»Yes

In the spaces below, please tell us name of the funder as well as what the funds were used for:

Funder 1:

City of Morgantown, West Virginia (lease for office space; safety promotional events; web page development)

Funder 2:

Monongalia County, West Virginia (sponsoring town halls, safety forums)

Funder 3:

West Virginia University (Director's salary)

Funder 4:

Aetna Foundation/American Public Health Association/National Association of Counties Healthiest Cities and Counties Challenge Healthy Community Top 50 Award recipient (programs for Community Violence prevention, Harm Reduction, Pedestrian Safety, Substance Abuse Prevention Education)

Please provide a brief summary of a community success story. These stories may be included in the Safe Communities America Annual Report, NSC publications, and highlighted on the Safe Communities America website. This is an opportunity to brag about your community to partners, leaders, funders and legislators.

Examples of success stories may include, but not be limited to, new funding received as a Safe Community coalition, public recognition by leaders and/or legislators, increased media engagement or media placement, environmental improvements which support safety/injury prevention, reduction in a specific injury because of something you implemented, new or innovative initiative/program/policy organized by the coalition or stories from residents directly impacted by your work

On September 15, 2016, the West Virginia University-Greater Morgantown Safe Communities Initiative was selected as one of 50 members of the HealthyCommunity50 in the Healthiest Cities & Counties Challenge to receive a \$10,000 community seed award. By participating in the Challenge, the West Virginia-Greater Morgantown Safe Communities Initiative is eligible for prize awards from \$25,000 - \$500,000. The Challenge, a partnership between the Aetna Foundation, the American Public Health Association and the National Association of Counties, launched in April during National Public Health Week. The Challenge will award \$1.5 million in prizes to small and mid-sized cities, counties and federally-recognized tribes that are able to show measurable change over the course of several years working with cross-sector partnerships to implement health innovations and data-driven solutions. Hundreds of city governments, local municipalities, health departments, educational institutions and other public/private entities applied to be a part of the Challenge. The West Virginia University-Greater Morgantown Safe Communities Initiative was selected as a HealthyCommunity50 based on plans to improve the health of our community in the following domains: Healthy Behaviors, Community Safety, and Built Environment. The title of our proposal was: A Mountaineer Community Collaborating to Improve Safety and Wellbeing "At the Aetna Foundation, we're seeking to reward innovation for communities implementing new ways to improve health outcomes," said Dr. Garth Graham, president of the Aetna Foundation. "We want the Healthiest Cities & Counties Challenge to serve as a catalyst for collaboration in local communities around the country working to move the needle in combating health disparities."

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

»Website

»Facebook

Website:

http://www.safemorgantownwvu.org/

Facebook:

https://www.facebook.com/www.safemorgantownwvu.org/

Please indicate the frequency of social media used in the past year (January – December 2016).

	Every day	Every week	Every 2 - 3 weeks	Every month	Every 2 - 3 months	Every 4 - 6 months	Once or twice a year
Facebook *		<b>x</b>					

Please indicate the type and frequency of communications you have used in the past year (January – December 2016).

	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) *			<b>x</b>		
Newsletters *	<b>x</b>				
Newspaper articles *		<b>x</b>			
Op-eds *	<b>x</b>				
Presentations about Safe Communities *			<b>x</b>		
Word of mouth *					<b>x</b>
Other (Specify below) *	<b>x</b>				

As a member of the Pan Pacific Safe Communities Network we are required to show how accredited Safe Communities are networking through presenting and attending conferences.

**Please provide the names of conferences you attended in the past year, the date and if you presented, attended or exhibited.** (e.g., 10/29/16 Annual Public Health Association Meeting and Expo – Presenter & Exhibitor, 8/9/16 - Safe Communities America Network Meeting – Attendee, 1/20/16 oral presentation on a community prescription drug drop box initiative- Presenter)  
Conference 1:

Safe Communities America Network Annual Meeting, Chicago, IL. August 2016

Conference 2:

Healthy Cities, Healthy Towns: An Atlantic Forum, Washington, DC, Monday, September 26, 2016

You may or may not know that in 2017, Safe Communities America will be celebrating our 10-year anniversary!

We would like to use this milestone as an opportunity to share the collective impact of this network. Therefore, we are collecting quantitative metrics on programs and trainings many of you implement in your communities.

The next two questions are our attempt to quantify each Safe Communities impact.

We understand this is not an exhaustive list, but we have attempted to outline programs most Safe Communities in the United States are implementing.

Please select the programs/initiatives your coalition has participated in for the past ten year years, or the length your coalition has been working together. \*

»Naloxone training

Trainings

# of people trained in CPR:

# of people trained in sports concussion screening:

# of people trained in administering Naloxone:

# of people trained in QPR or other mental health first aid:

# of student's trained in Green Dot or other violence prevention training:

Use the space below if you have any other programs/initiatives that you want to brag about. Make sure you also include the impact metric.

Distracted Behavior Task Force Consensus Development Due to a public concern of distracted drivers in the Greater Morgantown area, the WVU-Greater Morgantown Safe Communities Initiative convened a meeting to address this issue. The Distracted Behavior Task Force (DBTF) Consensus Development Conference was convened to review current literature, policies, and interventions related to distracted behavior while engaging in personal transportation activities. The resultant Consensus Statements are intended to advance understanding of the technology or issue in question and to be useful to health professionals and the public for the purpose of reducing injuries and deaths. DBTF Consensus Statements prepared by invited stakeholders from law enforcement, governmental safety agencies, municipalities, epidemiology, student leaders and public health were based on (1) presentation by an epidemiologist working in areas relevant to the consensus questions during a 1-day session, and (2) statements and anecdotal evidence derived from task force attendees during open discussion periods. This statement is an independent report of the DBTF consensus panel and is not a policy statement of the West Virginia University, City of Morgantown, Monongalia County and West Virginia's Highway Safety Program. One of the outcomes of the conference was to enhance the prevention education efforts. One such action was to create a mascot to appeal to various audiences for the purpose of increasing awareness through

creative methods. Our "Distracted Dave" costume is being created and will be used for community events, kids activities, health and safety fairs. Attached is a rough mock-up of the costume.

Contact Information

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

Name:

Daniel S. Shook, Ph.D.

Name of Community:

The West Virginia University-Greater Morgantown Safe Communities initiative

Email Address:

daniel.shook@hsc.wvu.edu