

Application for Re-Accreditation to Become at US Accredited Safe Community

Section 1: Contact Information

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Section 2: Community Description

- Dane County, Wisconsin is located in south central Wisconsin, approximately midway between Chicago, Illinois and the Twin Cities, Minnesota. We are about an hour's drive from Milwaukee, the state's largest city. Madison is centrally located within Dane County.
- Madison is the seat of Wisconsin state government and the home to the University of Wisconsin-Madison, both serving as anchors to a stable economic base. The UW-Madison is a primary economic driver for the region and continues to be one of the top recipients of federal funding for its world class high-tech and bio-tech research and facilities. A strong continuum partnership with our actively involved technical college system and one of the nation's top-ranked K-12 systems help develop a constantly renewed, vital and dynamic workforce.
- Our community is seeking a re-accreditation to remain connected to a national network of communities that embrace safety and injury prevention as a core value, and that are committed to continuous improvement in efforts to reduce serious injury and injury-related death. We have derived great benefit from our relationship with National Safety Council, both in terms of technical assistance and networking opportunities. Accreditation and participation in the network advances our community's goals to become a safer community.
- Safe Communities of Madison and Dane County, a 15-year old nonprofit coalition of over 350 partner agencies is taking the lead. Safe Communities submitted our initial application in 2009. We have the historical knowledge of collaborative work to tackle our community's top causes of injury. Safe Communities receives

funding and staff support from City of Madison, Dane County, area health care providers and large employers to play this role.

Section 3: Criteria to Be a Safe Community

I. Sustained Collaboration

1. Describe your Safe Communities Coalition

- a. **Name of Coalition:** Safe Communities of Madison and Dane County (WI)
 - b. **Member names, their organizational affiliations and email address:** Please see Appendix A for list of partners
 - c. **Organizational support:** Please see Appendix B for list of financial supporters and letters of support
 - d. **Date group formed:** Safe Communities of Madison and Dane County formed in June, 1999 and was incorporated as a nonprofit organization in December, 2001. We were accredited as a member of the Safe Community America and International Network of Safe Communities in October, 2009.
 - e. **Meeting notes:** Please see Appendix C for meeting notes.
2. **Mission statement:** Safe Communities builds partnerships with people and organizations to save lives, prevent injury and make our community safer.
 3. **Communications Strategy:** please see Appendix D

II. Data Collection and Application

1. Community Demographics

Demographic and socioeconomic factors that impact health

The conditions into which people are born, grow, live and age are known as the social determinants of health.¹ These determinants, some of which include income, educational attainment, and neighborhood conditions have profound impacts on our health. Poverty, low education level, low health literacy, language barriers, and racial discrimination are all barriers to good health for individuals and for communities. Mirroring a nationwide trend, health in Dane County varies significantly, according to these determinants. Segments of our population have been systematically disadvantaged from the ability to fully participate in economic, social and educational opportunities. The data in this report demonstrates how this translates into inequitable health outcomes.

All population data listed in this section, unless otherwise noted, is from the U.S. Census Bureau.² (2010)

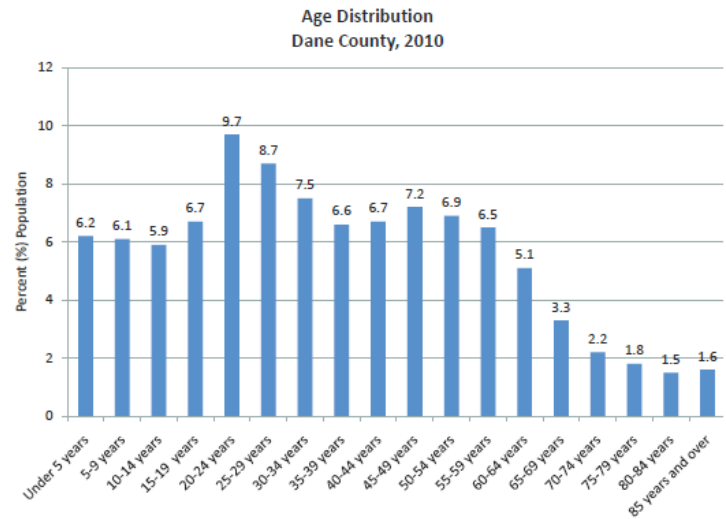
Population

Dane County is the second most densely populated county in Wisconsin, and Madison is the second largest city in the state. The population of Dane County

grew 14.4% between 2000 and 2010, bringing the total population to 488,073. Madison's 2010 population was 233,209, almost half of the county's population.

Age

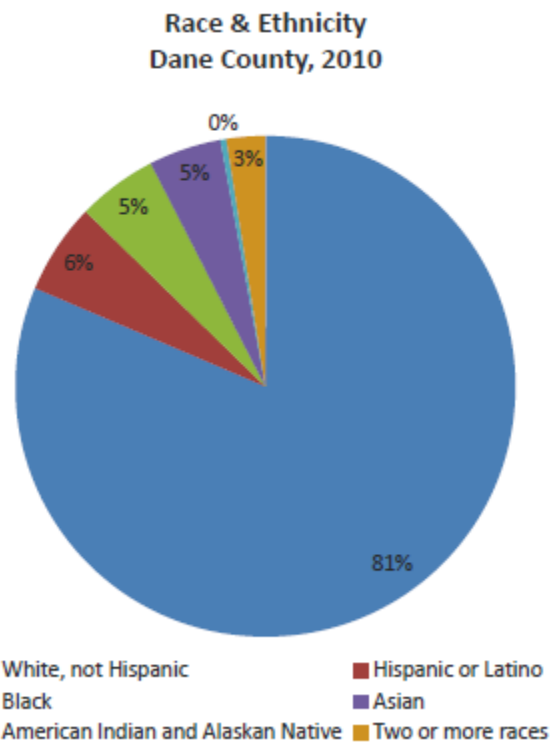
Age distribution affects population health outcome data. For example, there might be a higher crude rate of health outcomes for young adults. Therefore, the data would be age-adjusted when comparing the County to another geographic population with a different age distribution. Dane County's population has a low median age compared to Wisconsin – 34.4 years vs. 38.5 years. The population in Madison is younger, primarily due to its large college-age population. In comparing the age distribution of the populations of Dane County and Wisconsin, the most notable difference is that Dane County has a smaller older adult population but a higher proportion of older adults who live alone. In 2010, adults aged 65 and older made up 10.3% of the population in Dane County, compared to 13.7% in Wisconsin.



Source: US Census 2010

Race & Ethnicity

The chronic discrimination and bias that is experienced by racial/ethnic minorities and other marginalized groups is one factor that contributes to health inequities, including higher risk for developing chronic diseases, depression and substance abuse.^{3,4,5} Dane County's population has become more

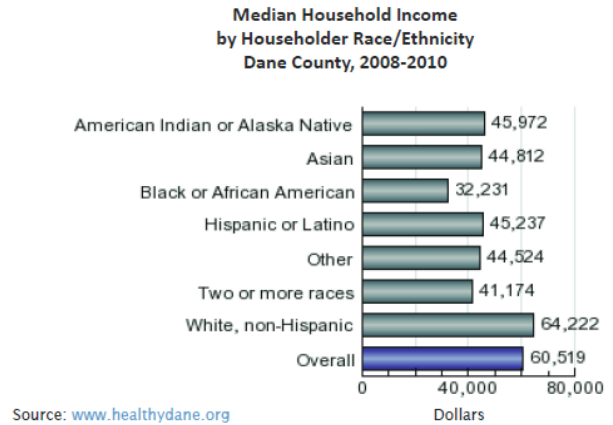


Source: US Census 2010

racially/ethnically diverse since 2000. Racial/ethnic minorities now make up almost 20% of the population, with the largest increase occurring in the Hispanic population. Minority populations, in numbers and as a percent of the entire population, are largest in Madison. Compared to Wisconsin, Dane County has a higher percent of residents who are foreign born and a higher percent of households where a language other than English is spoken at home

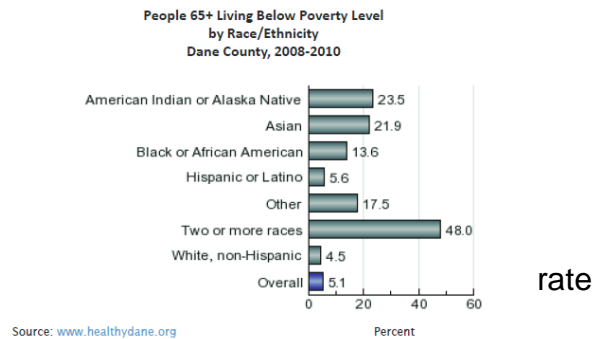
Income

“A wide body of evidence has shown that wealth predicts health: the higher you are on the class pyramid, the better your health. Every step down corresponds to slightly worse health, from top to bottom. Inequitable distribution of resources helps explain why.”⁶ Low income residents, who are stratified by their society into a lower class, tend to have worse health outcomes. On the other hand, low income residents who are not identified as lower class, such as students, are not negatively impacted.⁷



Source: www.healthydane.org

While Dane County experiences higher than average median incomes (\$60,519 versus \$51,598 statewide) and lower than average unemployment, the number of Dane County residents living in poverty has increased from 9.4% in 2000 to a current of 12%. Racial and ethnic minorities, especially children, are disproportionately experiencing poverty.⁸ One in four children in Dane County and one in two children in the City of Madison are eligible for free or reduced lunch.⁹ These statistics have profound implications for the health of our community as a whole. Children living in poverty are seven times more likely to be in fair or poor health as compared to children in more affluent families. Adults in poverty are three times as likely to have a chronic disease.¹⁰ By every economic measure, racial and ethnic minorities are even more disadvantaged, as shown in the following charts.¹¹



Source: www.healthydane.org

Education

A review of the current literature shows an association between fewer years of education and a wide variety of illnesses, health problems, health behaviors and indices of overall health.¹²

Education benefits health because it improves economic status, and also because it affects patterns of thinking and decision-making.¹³ The literature shows that differences in health literacy level were consistently associated with increased

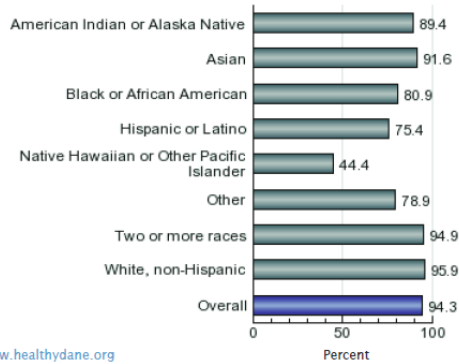
hospitalizations, greater emergency care use, lower use of mammography, lower receipt of influenza vaccine, poorer ability to demonstrate taking medications appropriately, poorer ability to interpret labels and health messages, and, among seniors, poorer overall health status and higher mortality.¹⁴ Some of the causes for low literacy among adults include: enduring poverty causing less access to resources; failed or inconsistent education policy such as segregated education, lack of alternative programs for students needing a different structure, and lack of programs to address low literacy in children; student mobility; and low self-esteem and expectations of self.¹⁵

*The 2003 National Assessment of Adult Literacy found that 39% of Wisconsin adults are at below basic or basic literacy levels.*¹⁶

Education data also reveals a wide gap between Dane County population groups that adversely impacts the health of residents with lower educational attainment.

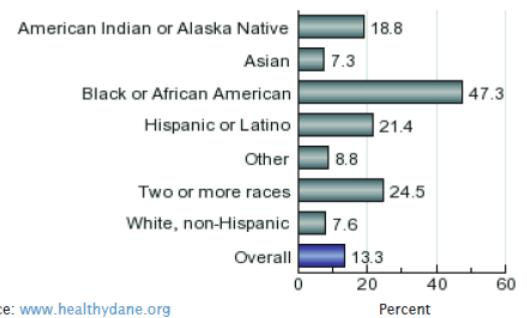
Dane County has a much higher percentage of college graduates than Wisconsin and the U.S., but the 86% high school graduation rate is one of the lowest among Wisconsin counties.¹⁷ The gap is even wider in Madison, with 52.2% of the population having at least a bachelor's degree, and only 73.7% of high school students graduating high school in four years. High school graduation rates for African American, Native American and Hispanic students are in the 50-60% range.¹⁸

People 25+ with a High School Degree or Higher
by Race/Ethnicity
Dane County, 2008-2010



Source: www.healthydane.org

Young Children Living Below Poverty Level
by Race/Ethnicity
Dane County, 2008-2010



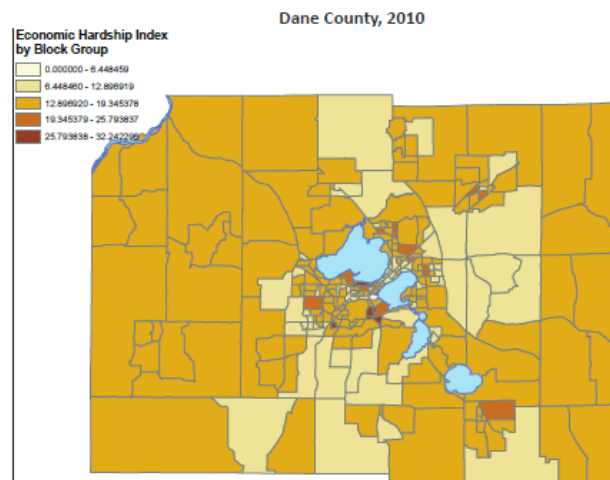
Source: www.healthydane.org

Another measure of the education level of the adult population, people 25 and older with at least a high school degree, also shows significant differences between racial/ethnic groups in Dane County.¹⁹

Neighborhood Poverty

Socioeconomic status influences where we live. Residents with higher income have greater opportunity to live in neighborhoods that promote good health. Low-income residents, particularly low-income people of color, have fewer housing options and are more likely to have to live in high-poverty neighborhoods which present multiple health risks. When there are segregated pockets of poverty within a higher income neighborhood or community, the community infrastructure and resources to meet the needs of the minority of low-income residents may be lacking. An example would be lack of a public transportation system that can allow access to jobs, shopping, community services, opportunities for youth, and other destinations that are enjoyed by those who can drive their own car.²⁰

The percentage of residents living in poverty within a neighborhood can impact the living conditions of the neighborhood. Residents of high poverty neighborhoods are often exposed to more traffic, pollution, blight, crowding, crime and violence. Business and community divestment can mean fewer opportunities for employment, recreation, education and civic engagement.²¹ There is typically excessive access to less nutritious food, increased access to alcohol and tobacco products, and higher exposure to those marketing messages. All of these factors can make residents feel less invested and powerless to influence their living conditions. They also influence behavior and take a toll on the health of individual residents and the neighborhood community.^{22,23}



The social and economic conditions by census tract in the Dane County area were described using the economic hardship index.* Scores on the index can range from 1 to 100, with a higher index number representing a greater degree of economic hardship. The map indicates a greater degree of economic hardship in certain areas within Dane County, shown by the darker orange color.²⁴

The economic hardship index is scored by combining 6 indicators: crowded housing (percent of housing units with more than 1 person per room), poverty (percent of households living below the federal poverty level), unemployment (percent of persons over the age of 16 years that are unemployed), education (percent of persons over the age of 25 years without a high school education), dependency (percent of population that is under age 18 or over age 64 years), and income level (median per capita). Data for these indicators were obtained from the 2010 U.S. Census.

2. Injury Data

Please see Appendix E for more details on Dane County Injury Data

3. Data Summary Table

Type of Injury	Trend
Motor Vehicle Crashes	<p>Motor vehicle crashes are the third leading cause of injury deaths and hospital visits in Dane County. In 2013, there were 10,040 motor vehicle crashes in Dane County, resulting in 35 fatalities and 3,158 injuries. Motor vehicle fatalities have remained steady in recent years, with a 5-year average of 34.2 deaths. (2009-2013) Of the 35 motor vehicle fatalities in 2013, 7 were those on a motorcycle or moped, 5 were pedestrians and 2 were on bicycles. Dane County contains several rural areas and, therefore, deer crashes are also a concern. In 2013, there were 786 deer crashes, resulting in no deaths, but there were 7 people injured. As expected, 90% of the deer crashes occurred in rural areas. Impaired driving continues to be a problem on our roads in Dane County. There were 2,136 alcohol-related crashes, resulting in 74 deaths and 1,009 injuries. (2009-2013) Alcohol- related crashes occurred most often with drivers between the ages of 25-34 (146), followed by those 21-25 years old (122). There were 291 drug-related crashes, resulting in 47 deaths and 176 injuries. (2009-2013) Although the number of drug-related crashes are less than those from alcohol, the numbers are increasing. However, these numbers are under reported because there is no standard testing for drug-impaired driving.</p>
Older Adult Falls	<p>In Dane County, there were 10.0 deaths per 100,000 for falls (2007-2011), higher than the Healthy People 2020 national target (7.0 per 100,000) and the rates have increased over the</p>

Type of Injury	Trend
	past decade. In 2011, there were 83 falls-related deaths.
Poisoning by Prescription Drug Overdoses	Due to the dramatic increase in the number of opioid-related poisoning deaths and hospital visits, opioids being easily available and their highly addictive nature, opioids are of a particular concern in Dane County: y Opioid death rates have almost quadrupled, with 75% due to prescription drugs. (2000-2011) In 2011, there were 61 opiate-related deaths. The opioid death rates in Dane County are higher than the Wisconsin state average. Opioid-related poisoning hospitalizations and emergency department visits have more than doubled, with 67% due to prescription opioids. (2003-2012) In 2012, there were 300 hospital discharges for opioid-related poisonings. The opioid poisoning hospital rates in Dane County are higher than the Wisconsin state average. In 2011, there were also over 1,000 discharges from the hospital for opiate abuse and dependence. There has been an increase in the number of clients that have received public-funded substance abuse treatment for opioid use disorder problems in Dane County.
Violence and Suicide	From 2006-2010, there has been an average of about 50 deaths per year (10.9/100,000). However, beginning in 2011, the numbers of suicides have increased to around 70 in a year, with an average rate of 13.6/100,000. Between 2007 and 2011, there was an average of 822 hospital visits that were self-inflicted (suicide attempts) in Dane County.
Workplace Injuries and Emergency Preparedness	Not applicable.

4. Data Source

Wisconsin Interactive Statistics on Health (WISH)
www.dhs.wisconsin.gov/wish/.

5. Project goals

- Reduce opioid prescribing to 2003 levels
- Reduce overdose deaths to 2003 levels

- 10% reduction in fall-related hospitalizations and ED visits in Dane County by 2020
- All area health care systems employ Zero Suicide model by 2019
- Increase yield to pedestrian rate to 50%;
- Reduce speeding in residential areas

6. How will the data be used to develop new strategies

As a data driven organization, Safe Communities of Madison/Dane County uses data compiled by Public Health Madison and Dane County to set our agenda, keep partners informed, and evaluate our efforts. For example, at the launch of each of our initiatives we have held an event that includes a briefing on the scope of the problem, an overview of who's most affected, and evidence based approaches to address it. We include available data in partner updates and community reports. And we track short-term and long-term (to the extent available) outcomes, which we also share with partners and the community. We will continue to use data in this manner going forward.

III. Effective strategies to address unintentional and intentional injuries

Safe Communities Madison-Dane County

Program Matrix

Injury Area: Older Adult Falls						
Project Name	Project Goal	Project Description	Promising/Evidence-Based?	Target Group	Length of Project	Partners
Stepping On	Reduce elder falls by 50% among participants	8-week course that addresses top falls risk factors	Evidence-based; CDC Compendium	Adults 60+	Initiative – ongoing; course is 8 weeks in duration	Health care providers, senior services providers, faith communities,
CDC STEADI Toolkit Dissemination	Adoption of toolkit by area health care systems/clinicians	Presentations to older adults and clinicians introducing tools	Toolkit is evidence-based; CDC	Older Adults, senior services providers, clinicians	On-going	Falls Prevention Task Force members (health care systems staff, senior center staff, faith community staff, physicians, PTs, OTs)
Injury Area: Drug Poisoning						
Project Name	Project Goal	Project Description	Promising/Evidence-Based?	Target Group	Length of Project	Partners
MedDrop	Prevent diversion of prescription and over-the-counter medicines	13 pharmaceutical collection boxes sited in area police departments; program promotion	No evidence that intervention reduces diversion, but locally removed 20 tons from wastewater stream over 5 years	All ages	On-going	Law Enforcement, health care providers, pharmacies, municipal water utilities/recycling depts., senior centers, treatment providers
Parent Addiction Network (PAN)	Provide one-stop shop for families/community members seeking resources on addiction and recovery	PAN is a web-presence and group; comprehensive web-based resource and network that	Has not been evaluated, but is touted as a model; all web postings and trainings are vetted through a panel of addictionologists	Family members of people suffering from addiction	On-going	Families affected by addiction, law enforcement, addiction specialists, treatment providers, judges/court personnel, health care systems

		provides training/networking opportunities	and content experts			
Health Care Task Force on Safe Opioid Prescribing	Reduce opioid prescribing in Dane County to 2013 levels	Clinician and patient education	Promising practice (SAMHSA)	Opioid prescribers and those prescribed opioids	On-going	All area health care systems, Dane County Dental Society, Public Health, Wisconsin Medical Society
Educator Prevention Network	All area school districts adopt evidence-based prevention messaging around opioid use	Website and trainings (2)	Website and trainings promote only evidence-based curricula and resources	School ATODA prevention staff	Development ended in 2014; promotion carries on	Dane County School ATODA prevention group; Dane County Police Chiefs and community education staff
Harm Reduction Working Group	Reduce overdose deaths	Expand numbers of first responders and bystanders trained and armed with rescue doses of naloxone	Best practice	Overdose victims	On-going	Public Health, AIDS Resource Center of Wisconsin, law enforcement, fire/EMS, treatment providers
Injury Area: Suicide Prevention						
Project Name	Project Goal	Project Description	Promising/Evidence-Based?	Target Group	Length of Project	Partners
Question, Persuade, Refer (QPR)	Train gatekeepers to recognize signs and symptoms of suicide risk and respond appropriately	1.5 hour training; promotion of training	NREPP Logo, SAMHSA'S National Registry of Evidence-based Programs and Practices	All	On-going	State of Wisconsin EAP (Employee Assistance Programs), HOPES (Helping Others Prevent and Educate About Suicide), Madison and Stoughton Police Departments and Dane County Sheriff's Office, VetConnect

Man Therapy	Reduce suicides among men, who experience highest rates	Public education campaign	2013 Safe States Innovative Initiative of the Year	Working aged men	2013-2014	UW Health and Unity Insurance; Meriter-UnityPoint Health; Dean & St. Mary's; Rogers Memorial; Colonial Club Senior Center; HOPES (Helping Others Prevent and Educate About Suicide); Journey Mental Health; Mental Health American of Wisconsin; NAMI of Dane County; Trout Unlimited of Southern Wisconsin; Dane County Human Services; City of Madison Employee Assistance Program; Wisconsin Safety Council; The Wisconsin Professional Police Association; Wisconsin Farm Bureau Federation
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Safe Communities Madison and Dane County (WI) Evaluation

Falls Prevention

Activities	Outcomes	Length	Indicator(s)	Method	Result
Falls Prevention	Reduce death and serious injury from falls	Intermediate Term	10% reduction in ED visits and hospitalizations	WISH (Wisconsin Interactive Statistics on Health) data review	Lagging indicators make it difficult to know impacts – latest data (2012) indicates increase
Promote and coordinate community programs shown to reduce falls: Stepping On, NoFalls, and classes offered by partners (tai chi, Balancing Act, Moving for Better Balance, Living Falls Free)	Expand program offerings and #s of elders served	Short-Term	Number of classes offered and older adults	Class registrations	Since 2009, increased Stepping On classes by 30%

Suicide Prevention

Activities	Outcomes	Length	Indicator(s)	Method	Result
Suicide Prevention	Reduce suicides and suicide attempts; disseminate evidence based	Long term	Reduction in suicide deaths and hospitalizations	Death data from Medical Examiner; hospitalization data from WISH	Lagging indicators make it difficult to know impacts – latest data (2012) indicates increase

	programs				
Disseminate QPR Gatekeeper training	Train 750 people annually	Intermediate term	Number of classes offered and people trained	Class registrations	Trained 1,000 in 2014
Zero Suicide Initiative	Adoption by health care systems of comprehensive evidence based approach	Intermediate term	All four major health care systems adopt Zero Suicide model	Coalition building, technical support	One system has signed on in 2014 and is in process

Drug Poisoning Prevention

Activities	Outcomes	Length	Indicator(s)	Method	Result
Reduce Access to Drugs:	Prevent diversion of OTC prescription drugs for misuse	Short term	Collect and destroy 7.4 tons of unused OTC and prescription drugs (increase of nearly 70% over 2014)	MedDrop collections - weight	Evidence doesn't exist linking collections to reduction in diversion
Reduce Inappropriate Rx Use:	Change assumption that opioids are strongest medicine for pain	Short Term	All area health care systems disseminate via CME channels	Clinician surveys	According to participant surveys, 86% reported they would change prescribing practices after attend Dr. Teater's Grand Round sessions
Promote and disseminate video of Dr. Teater Grand Rounds to health care providers; produce shortened version for	One grand round in 1 st quarter; assess need for 2 nd by 2 nd Q	Short Term	40 prescribers attend Meriter-UnityPoint Grand Rounds and 80% report change in practices	Clinician surveys	

broader distribution					
Improve Overdose Intervention:	With new law liberalizing narcan possession, make it widely available	Short term	Conduct at least 3 sessions and distribute narcan to 50; assess demand and offer more if interest	Overdose deaths as reported by Dane County Medical Examiner	30% reduction in heroin overdoses in 2014
Conduct training and disseminate naloxone to family and friends of people at risk of overdose	Raise awareness of new laws among first responders	Short Term	75% of police and of EMS chiefs shared video department-wide	Inquiries of first responder agencies	2 largest law enforcement agencies (Madison Police and Dane County Sheriff) will be armed with naloxone by 3 rd quarter 2015; all Dane County EMS services have it on board
Disseminate video explaining WI HOPE laws to EMS and law enforcement	Eliminate concern of arrest as reason NOT to call 911	Short Term	Disseminate 10,000 cards; 20% reduction in fear of arrest as reported reason for not calling 911	Numbers of cards distributed; calls to 911	Cards distributed; call volume to be determined
Work with health care systems, pain and addiction specialists to write naloxone prescriptions to patients at risk of overdose	Adopt policy used in other communities that have been shown to reduce overdose	Intermediate term		Whether policy changes	Dialogue has begun
Work with Dane County jail staff to dispense naloxone to inmates being discharged who have a history of opioid use	Eliminate overdose deaths after release from jail	Short term	Adoption of jail policy to allow training on and dissemination of narcan upon discharge; develop and implement program; track participation	Whether policy changes	Dialogue has begun

Early Intervention, Drug Treatment & Recovery:					
Maintain Parent Addiction Network as a web presence and group that offers helpful resources to families	Help families navigate systems	Intermediate term	Website hits; participation in sponsored events	Process evaluations, website hits; participant evaluations	Experts call this a model program; families and professional who access it report it as useful - we have not evaluated other impacts
Integrate Mental Health Care:					
Promote activities of Recovery Coalition and its partners				Process evaluation; website hits between Recovery Coalition's site and Safe Communities	Two coalitions have merged; are creating Stop the Overdose Epidemic committee within the Recovery Coalition to maintain connections
Substance Abuse Prevention:					
Maintain Educator Prevention Network webpage; publicize community events; promote as one-stop shop for evidence-based resources	Reach families with PAN resources	Intermediate term	Website hits; Use of materials/website by School ATODA Network; Staff tables at 2 high school events annually	Process evaluation; website hits	Have agreement from members of ATODA group to meet and figure out how to partner Website established, resources developed and evidence based materials disseminated

MedDrop:

Activities	Outcomes	Length	Indicator(s)	Method	Result
Schedule and conduct annual Advisory Committee meeting	Engage and Support MedDrop partners	Short-Term	1 annual meeting; 80% participation	attendance	Strong engagement of partners
Schedule and conduct annual medication round-up	Clear out stores of collected medicines	Short-Term/Annual	All MedDrop locations participate	Weight of collections from all sites	Nearly 70% increase in collection in 2015 over 14; 100% participation of partners
Plan community collections (senior centers, health fairs)	Provide easy disposal option for people living in senior housing	Short-Term Annual	2 events 2X/yr (4 total)		Engagement of UW Pharmacy students; partnership between UW volunteers and area police departments; easy disposal of unwanted meds by older adults; promotion of MedDrop

Section 4: Community Inventory of Safety and Injury Initiatives

Safe Communities Madison-Dane County

See Appendix H for summary

Motor Vehicle

Name of Initiative	Target group
SAFE KIDS	Children ages 0–14 2009-2014, we checked/helped install over 7,000 car seats in Dane County and also distributed approximately 2,700 car seats to low income families
OWI Task Force (collaboration of law enforcement agencies that conduct multi-jurisdictional OWI enforcement saturation patrols)	All ages
Dane County Traffic Safety Commission (formal commission of all traffic safety stakeholders)	All ages
Dane County Narcotics Task Force	All ages
Recovery Coalition	All ages
School ATODA Prevention Network	School aged children

Older Adult Falls Prevention

Name of Initiative	Target group
United Way Safe and Healthy Aging Initiative, featuring Home Health United SAFE at Home Project and Wisconsin Pharmacy Quality Collaborative.	Older adults 60+ 200 low income seniors received comprehensive medication reviews from local pharmacists to assess and reduce their risk of Adverse Drug Events. 256 seniors received in-home assessments for the risk of falls.

Poisoning Prevention

Name of Initiative	Target group
MedDrop boxes	All ages
Medical Task Force on Safe Opioid Prescribing	Clinicians

Workplace Safety

Name of Initiative	Target group
Wisconsin Safety Council	Wisconsin employers and employees
Wisconsin EAP (Employee Assistance Program)	Wisconsin state employees

Violence and Suicide Prevention

Name of Initiative	Target group
DAIS (Domestic Abuse Intervention Services)	Domestic abuse victims and their families
End Domestic Violence Wisconsin	Domestic abuse victims and their families
HOPES (Helping Others Prevent and Educate About Suicide)	All ages; survivors of suicide
SOS (Survivors of Suicide)	Survivors of suicide
University of Wisconsin Suicide Prevention Program	University students

Emergency Preparedness

Name of Initiative	Target group
Dane County Emergency Management	All ages
Public Health Madison and Dane County	All ages

Additional information on programs

Drug Poisoning Prevention Initiative

1. Stop the Drug Overdose Epidemic

During the years of 2009 and 2014, more people died in Dane County from drug poisoning than from traffic crashes. Most of these deaths were caused by prescription opioids. Misuse of these powerful medicines is also fueling Dane County's heroin epidemic. Thanks to leadership from Dane County, City of Madison and over 300 partner organizations, our community has pulled together to address this issue.

Much of our work culminated in a week of education, networking and action planning in November 2014 featuring Don Teater, MD, Medical Director of National Safety Council's Prescription Drug Initiative. Safe Communities partners are so grateful to Dr. Teater, Tess Benham, NSC Program Manager and the National Safety Council organization for providing world class technical support to our efforts. Below is a summary of the week's events and impacts:

2. Grand Rounds: Pain Management Without Opioids

Over 200 area clinicians - physicians, advance practice nurses, pharmacists, nurses - attended one of three hour-long educational sessions conducted by Dr. Teater, organized by Safe Communities Health Care Task Force on Safe Opioid Prescribing and hosted by local hospitals and health care systems. Sessions were free and participants received continuing medical education credits:

- November 19 St. Mary's Hospital
- November 20 UW Family Medicine (Statewide)
- November 21 Meriter-UnityPoint Hospital

Thanks to Continuing Medical Education Directors Gale Garvey (Dean & St. Mary's) and Monica Messina (Meriter-UnityPoint Health) and members of the Health Care Task Force on Safe Opioid Prescribing for planning and promoting grand rounds:

Co-Chairs: Andy Kosseff, MD and Geoff Priest, MD, President and Chief Medical Officer, Meriter-UnityPoint Health; Phillip Bain, MD, Dean Health Systems; Paul Baum, PharmD, Group Health Cooperative; Randy Brown, MD, VA Hospital and UW Health; Stan Brysh, DDS, Meriter/Max Pohl Dental Clinic; John Ewing, MD, Meriter-NewStart; Mike Flint, PharmD, Mallatt's Pharmacy; Cindy Gaston, PharmD, UW Health; Deena Green, MD, Agrace Hospice; Kim Jorgensen, Meriter-NewStart; Tom Lohmeier, MD, Madison and Dane County EMS Medical Director; Greg Love, MD, Dean Health Systems; Tom Meyer, MD, UW Health; Mike Miller, MD, Rogers Memorial; Mark Petrovani, MD, UW Health; David

Pierce, MD, Northstar Counseling; Andrew Putney, MD, Meriter-NewStart; Alan Rifkin, MD, UHS; Peggy Riley, RN, UW Health; Sarah Sorum, PharmD, Pharmacy Society of Wisconsin; Kevin Straka, MA, UW Health; Aleksandra Zgierska, MD, UW Health

Here's what clinicians who attended *Grand Rounds: Pain Management Without Opioids* had to say:

Will you make changes to your practice?
Yes: 87% No: 0 N/A (not clinicians): 13%

List the learned changes you may apply to your PRACTICE:

- Continue to encourage reduced opioid use
- I will advise use of acetaminophen and ibuprofen first for treatment of any pain - even "severe"
- Less prescribing of COT (Chronic Opioid Therapy), more counseling of patients
- Will push for alternate modalities
- Best grand rounds ever

3. 'Prescription for Safety: Strategies to Address Our Prescription Drug Overdose Epidemic' Presentation to Downtown Rotary on 11/19



Dr. Donald Teater

For those interested in reaching an influential local audience with their message, Rotary Club of Madison is an important venue. We were delighted that Downtown Rotary's Program Committee selected the topic of drug overdose prevention as one to put in front of members. Dr. Teater was featured speaker at Rotary's November 19 meeting.

"...Dr. Donald Teater, Medical Adviser to the National Safety Council, provided insight into the magnitude of the drug overdose problem in the U.S. to Rotary members. Dr. Teater applauded ... the [MedDrop] Program, ...Safe Communities Parent Addiction Network and the Health Care Task force on Safe Opioid Prescribing." --- Downtown Rotary E-Newsletter, Nov 21, 2014

Dr. Teater's presentation prompted many questions from the audience and, according to Program Committee Chair Jim Ruhly, was very well received. One member noted: "Today's program was a grand slam, in my opinion. Congratulations!"

Celebrate Recovery Reception Held 11/17 at Wisconsin State Capitol Hosted by the Parent Addiction Network



Dr. Donald Teater

The week of activities featuring Dr. Teater kicked off with a reception hosted by the Parent Addiction Network (PAN) in the Wisconsin State Assembly Parlor. Nearly 50 people attended, and WMTV-NBC 15 covered the event. Thanks to PAN members Julie Beyler and Julie Foley for catering, to Public Health for financial support, Rep. Nygren's Office for hosting us at the Capitol, and representatives from treatment and recovery organizations for staffing displays.

At the reception we:

- Heard opening remarks from Dr. Teater about the importance of community support for people in recovery, and kudos to those who provide it in Dane County;
- Recognized two people who changed the conversation and whose efforts are saving lives: Andy Kosseff, MD, our physician champion who co-leads the Health Care Task Force on Safe Opioid Prescribing and Representative John Nygren, whose leadership to pass Wisconsin's HOPE legislation is bringing hope and the prospect of recovery to so many people and families struggling with this issue.
- Launched "Call 911" campaign (see "Call 911 Campaign" below for details).

Finally, Parent Addiction Network leader Ellen Taylor Powell introduced Skye Tikkanen, who shared her inspiring story of recovery.

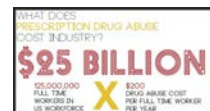
Skye's message carried the day: recovery happens; recovery is possible. With so many stories highlighting overdoses and grim statistics about the overdose epidemic, it's easy to lose sight of the fact that, addiction, like other chronic illnesses, can be managed and overcome. Stories of recovery are as frequent as are those of overdose. We're fortunate to have so many organizations and individuals in our community who support recovery every day.



Skye Tikkanen

Employer Toolkit: Preventing and Responding to Prescription Drug Misuse: Wisconsin Safety Council Training - 11/18

Thanks to Wisconsin Safety Council Executive Director Janie Ritter and staff for organizing a free training for area employers on best practices to prevent and respond to prescription drug misuse in the workplace featuring Dr. Teater and National Safety Council's *Employer Toolkit on Prescription Drug Abuse*. Twenty participants attended this course and earned .30 CEUs from the WSC.



Briefing of Health Care, Business and Foundation Leaders on Drug Overdose Epidemic and Community Strategies to Address It

Thanks to Steven Skolaski of the Oscar Rennebohm Foundation and Rich Lynch of Findorff for hosting a briefing from Dr. Teater on best practices. Discussions continue on how to advance effective strategies in Dane County.

Dr. Teater Featured on *For the Record With Neil Heinen* - WISC-TV



Neil Heinen, who emceed our Drug Poisoning Summit in January, 2012 has been involved in Safe Communities activities since our first annual breakfast in 1999. Thank you, Neil, for your insightful interview of Dr. Teater on November 30 and for raising the profile of this issue and of Safe Communities' efforts!

UW School of Medicine and Public Health Students Host Teater Talk at Health Sciences Learning Center

On Friday, November 21, medical, nursing, pharmacy and public health students and faculty, and health care partners learned about the role of health care in preventing opioid abuse and dependence through prescribing practices. Professor Patrick Remington, Associate Dean for Public Health and Tricia Brein, UW Medical School student, took the lead planning this event. Thanks to Dr. Mark Petrovani, Health Care Task Force member, for attending the session and bringing his perspective as a practicing physician to the discussion.

National Safety Council Producing Video, Case Study Featuring Safe Communities Partners and Madison/Dane County as Model



Don Teater wasn't the only National Safety Council staff member who spent the week with us: an NSC video crew captured activities on film and interviewed partners on their efforts to stem the epidemic. Tess Benham, National Safety Council Program Director, participated in briefings and action planning sessions. She is also writing a case study, which NSC will release with the video in 2015 to inform other communities about replicating our successes.

Local "stars" to be featured in the video: Drs. Phil Bain and Greg Love, Dean & St. Mary's; Dr. John Ewing, NewStart, Meriter-UnityPoint Health; Skye Tikkanen and Connections Counseling support group members; Ellen Taylor Powell, Parent

Addiction Network; Police Chiefs Mike Koval (Madison) and Kevin Plendl (Waunakee); Judge Juan Kolas; Court Commissioner Todd Meurer and Cheryl Wittke, Safe Communities.

More "Stop the Drug Overdose Epidemic" News



MedDrop Partners Collect 4.4 tons of unused medications; Village of Blue Mounds is 13th location (lucky!) For a listing of locations and partners, visit the [MedDrop](#) section on our website.

Safe Communities Launches 'Don't Run Call 911' Awareness Campaign



Madison Metro buses are circulating with the compelling question: "Would you let your friend die?" and a call to action - Call 911!



Thanks to passage of Rep Nygren's HOPE agenda, we are able spread the word that people who witness an overdose and call 911 receive criminal immunity, eliminating a critical barrier. Good Samaritan legislation and campaigns to promote them have saved lives in other states, including New Jersey (which graciously shared this campaign with us).

Many thanks to Attorney General Van Hollen and the Wisconsin Department of Justice for its grant to make this campaign possible. Thanks also to Safe Communities' co-sponsor of this campaign, the Recovery Coalition of Dane County and to committee members who planned the campaign: Mary Jo Hussey, Public Health; Scott Stokes and Jimmy Reinke, ARCW, Skye Tikkanen, Connections Counseling, James Sauer, Dane County Deferred Prosecution, and hardest working of all, Lisa Bullard Cawthorne, Public Health.

A Wisconsin Public Radio segment featured on Central Time, "Don't Run, Call 911" campaign raised awareness of new heroin law - interview featuring Scott Stokes, Director of Prevention, AIDS Resource Center of Wisconsin.

Public Health, Law Enforcement, DA and EMS Partners, Madison City Channel Produce and Disseminate Educational Video on HOPE Legislation

Modeled after a City of Seattle video, Madison City Channel produced and partners are disseminating an educational video for first responders about Wisconsin's new Good Samaritan and naloxone liberalization laws.

The video features Dane County Chiefs of Police President Craig Sherven, District Attorney Ismael Ozanne, Public Health Director Janel Heinrich, Dane County EMS Medical Director Mike Lohmeier, MD, Cheryl Wittke, Safe Communities and Director of Dane County Emergency Management Charles Tubbs Sr.

Thanks to Lisa Bullard Cawthorne, Public Health, and Chris Richter and his staff at Madison City Channel for producing this excellent video. Educator Prevention Network Training reaches 120 Educators and Law Enforcement with Evidence-based Prevention Resources



One hundred and twenty high school health teachers, school social workers and AODA specialists, faith leaders and community officers attended a training on how to deliver effective prevention messages to youth on misuse of prescription drugs and heroin. Participants walked away with lesson plans and resources to use in high school classrooms and community settings. Prevention educators Genevieve Kirchman and Flo Hilliard led two day-long session that featured evidence-based, age-appropriate methods for reaching youth on this critical topic.

This training was made possible thanks to a grant from Wisconsin Department of Justice. Thanks to Carla Hacker and Jeanette Deloya for organizing the presence of a large contingent of Madison Metropolitan School staff at the training, and to American Family Insurance Training Center for hosting us. Visit the [Educator Prevention Network](#) for resources.

Parent Addiction Network

Website Expands to Include Spanish Language Resources in Partnership



With Latino Council on Children and Families; Featured Program on LaMovida

Kudos to Partners



Madison Police Department trained and equipped field sergeants to carry naloxone; by putting this training to use, an MPD sergeant saved a life the same week this training occurred.

UW Health's "Chronic Pain Initiative" was featured during a recent Health Care Task Force meeting, just one example of how health care systems are sharing resources and collaborating to address this issue.

Emergency Department - Urgent Care Center Dental Initiative is a remarkable collaboration of partners to refer and treat patients who visit emergency rooms and urgent care centers for non-traumatic dental pain. This in an effort to provide care AND to prevent prescribing of opioids for pain without addressing the underlying issue. More to come, but special recognition for convening this group goes to Dr. Phil Bain, Dean & St. Mary's and Lisa Bullard-Cawthorne and Debbie DeNure of Public Health.

Suicide Prevention

1. Man Therapy Campaign

Thanks to additional funding from Dane County in 2014 Safe Communities and its partners launched this public education campaign geared toward our highest-risk population: middle-aged men. Our objective was to engage local organizations as partners, and we had incredible support from the following:



Participating health Care Organizations:

- UW Health and Unity Insurance
- Meriter-UnityPoint Health
- Dean & St. Mary's
- Rogers Memorial Hospital

Participating Community Organizations:

- Colonial Club Senior Center
- HOPES (Helping Others Prevent and Educate About Suicide)
- Journey Mental Health
- Mental Health American of Wisconsin
- NAMI of Dane County
- Trout Unlimited of Southern Wisconsin

Professional Associations and Municipal Partners:

- Dane County Human Services
- City of Madison Employee Assistance Program
- Wisconsin Safety Council
- The Wisconsin Professional Police Association
- Wisconsin Farm Bureau Federation

There were many activities in which our partners participated including promoting Man Therapy web-based resources and Guys Night Out via links to internal websites

and through print and social media, print and e-newsletters, video displays in clinic waiting rooms.

Safe Communities made sure that the word was out about Man Therapy. You may have noticed billboards on Junction and Watts Road and on Packers Avenue in Madison, or perhaps the street-side ads on Madison Metro Transit buses, or the ads on WJJO, The Voice or Wisconsin Public Radio (and their respective websites). Our suicide prevention webpage also included Man Therapy resources, establishing links to both local and national resources for men on the site. This work was completed during the 3rd quarter, and strong promotional efforts resulted in Wisconsin ranking 4th in Man Therapy website hits to www.mantherapy.org (16,366 hits from WI) nationwide!

During September 2014, the Man Therapy public education campaign was underway during Suicide Prevention Month, and culminated with a 'Guys' Night Out' event at Coliseum Bar on September 10. Sixty people attended, and the event was emceed'd by local media personality Mitch Henck and featured Jeff Ditzenberger, a farmer and person in recovery from depression. Multiple media appearances on NBC-15 and WKOW-TV also helped to promote the campaign and Guys Night Out event. Safe Communities participated in Mental Health America of Wisconsin's statewide Suicide Prevention Month news conference. We also gained strong media impressions, including:

- Easing the Stigma for At-Risk Men, front page story on Wisconsin State Journal regarding suicide prevention and ManTherapy, August 2014
- Appearances on Channel 27, NBC-15, Channel 3000 8/12/14 post Robin Williams suicide/re: ManTherapy and suicide prevention campaign/Guys' Night Out, August, 2014
- Appearances for Man Therapy on Channel 27, NBC-15, Channel 3000 8/12/14; morning show appearances on WKOW-27, NBC-15
- Suicide Prevention/ManTherapy editorial by Channel 3000, Neil Heinen
- NBC-15 and WPR at suicide prevention press conference at Wisconsin State Capitol
- Appearance by Cheryl Wittke & Jarrod Hindman, Colorado Public Health on WPR's Central Time discussing ManTherapy and suicide prevention
- Community Connect, National Safety Council Newsletter, mention of Safe Communities and Dane County Man Therapy campaign August 2014
- ManTherapy/Guys Night Out featured in 'Three Things to Know This Week' in the Wisconsin State Journal (September 8)
- Suicide Prevention/Man Therapy article in Senior Resource Guide, O'Gara Publishing (September, 2014)
- ManTherapy article in Wisconsin Business Voice, publication of WMC, October 2014

- Materials distributed in Sun Prairie, Cottage Grove, Madison East, Madison downtown, Bristol, Black Earth, Mazomanie, Cross Plains, Stoughton, Oregon, Verona, Middleton, Dunn and McFarland, and distributed coasters to bartenders. (More than 200 posters and 1000 coasters distributed.)

Special thanks to Jean Papalia, Susan Opheim, and Mental Health America of Wisconsin for all their hard work and partnership to help raise awareness for this important issue!

2. Safe Communities Reaches Over 1600 People between 2009 – 2014 with QPR Suicide Prevention Training

Question, Persuade, Refer, or QPR, continues to be an international leader in suicide prevention training programs, with over one million people serving as certified gatekeepers. The strength of QPR is it aims to train people connected in a community to respond boldly and quickly to the threat of suicide. Safe Communities continues to offer QPR training for free, and in 2014 alone can count over 700 people attending QPR training at work, in their church or in their community.

Addressing suicide is not easy and is a conversation filled with stigma, confusion and unfortunately, often personal experiences. QPR has enjoyed great success when presented as part of health and wellness in the workplace, and 2014 marks the partnership of QPR with Wisconsin Department of Transportation. This state agency of over 3,500 employees has made suicide prevention a wellness initiative. More than 350 employees have been trained this year alone, thanks to the partnership of QPR trainers and newly trained DOT employees who are coordinating sessions at locations all over the state. This spring, Wisconsin State Patrol will train every trooper in QPR, making the State Patrol the largest trained police agency in the State.

Safe Communities facilitated training of 368 people in the Dane County area (in addition to 350 Department of Transportation employees) in partnership with the following organizations:

- Mount Horeb Fire Department
- Northeast Senior Coalition of Madison
- Wisconsin Department of Military Affairs
- Madison Police Department Pre-Service Academy - 35 officers - first time QPR has become part of the academy agenda and thanks to an expansion of the mental health training module
- Madison Police Crisis Intervention
- Bethel Lutheran Church, Madison
- Sun Prairie School District
- Marshall School District

- Madison School District
- Belleville School District

Special thanks to Susan Fuszard, EAP Coordinator - Wisconsin Department of Transportation and Jean Papalia, QPR Coordinator, for their hard work to bring awareness to this topic!

Falls Prevention

1. Falls Prevention Task Force:



The Falls Prevention Task Force includes 30 area organizations (all area health care organizations, home health agencies, senior centers and senior services providers, first responders) participate in meetings every-other-month to plan activities and network. This group of the Falls Prevention Task Force include: Andy Kosseff, MD, Task Force Chair. Member Organizations: Catholic Charities; Dane County Medical Society Board Of Trustees; Dane County EMS; Dean & St. Mary's; Fitchburg Senior Center; Home Health United; Independent Living; Madison Senior Center; MSCR/Goodman - Rotary 50+ Fitness Program; Meriter-UnityPoint Health; Northeast Senior Coalition; Park Glen Senior Apartments; Public Health Madison Dane County; SAIL (Supporting Active Independent Lives); UW Health; University Of Wisconsin; United Way 2-1-1 and Volunteer Center; Wisconsin Chapter-American Parkinson Disease Association; Wisconsin Council of the Blind; Wisconsin Institute On Healthy Aging

Only Leaves Should Fall:

Between 2009 – 2014 Safe Communities hosted an annual event called Only Leaves Should Fall. Typically between 50 and 100 older adults attend each year.

The program includes:

- A keynote address and demonstrations that offer tools for living well and falls-free.
- Balance screenings from physical therapists, medication reviews from pharmacists among other offerings to help prevent falls.
- A large contingent of UW PT, OT, Nursing and Pharmacy students who assist with screenings. New in 2014, Faith Learner from Journey Mental Health's MOST (Mobile Outreach to Seniors Team) conducted screenings called "A New Way to Look at Happy Hour".

2. Stepping On, NoFalls and Other Evidence-Based Classes:

Safe Communities coordinates Stepping On and NoFalls classes in Dane County. Stepping On has been shown to reduce falls among participating older adults by 50%; NoFalls by 31%.

Thanks to these organizations for hosting Stepping On and NoFalls classes, and special thanks to the Dane County Area Agency on Aging for their financial support of these programs. Each year between 2009 and 2014, we held an average of 14 classes serving nearly 175 older adults annually

- Attic Angels Community/SAIL (Supporting Active, Independent Lives)
- Fitchburg Senior Center
- Goodman Community Center
- Jewish Social Services
- MMSD Goodman Rotary 50 + Fitness
- Meriter-UnityPoint Health
- Monona Senior Center
- Stoughton Senior Center
- St. Mary's Hospital
- UW Health
- Waunakee Senior Center



Dane County Area Agency on Aging

Traffic Safety

1. Alive at 25

Safe Communities offers the 'Alive at 25' defensive driving class in partnership with area municipalities, police departments and high schools. Developed by the National Safety Council, Alive at 25 is a course designed to prevent the #1 killer of teens - automobile crashes. This four hour defensive driving program focuses on the behaviors, decision-making, and risks facing young drivers every time they get behind the wheel.



Most young drivers who take the class are referred by one of the fourteen municipal court judges in Dane and Jefferson Counties who require completion of the course among youth they see in court for traffic violations. Between 2009 and 2014, an average of 150 participants attended each year.

2. 2014 BeSafe Awards



For the past eight years, Safe Communities hosts the BeSafe Awards to recognize those who provide significant contributions to our community's safety. In 2014, the following individuals were

honored at the 8th Annual BeSafe Awards at Maple Bluff Country Club:

Leadership:

William (Bill) Greer, CEO
Journey Mental Health Center

Bill's input in the Dane County professional mental health community has been instrumental in determining various levels of care for individuals seeking mental health or substance abuse treatment, of which many are low-income or uninsured.

Collaboration:

Mary Zimmerman, Patient Safety Officer (Ret.)
Meriter-UnityPoint Health

Mary has built professional relationships in healthcare in the course of her 30-year career, seeking to promote safety through improved system design, and is an inspiration to others with her vision for safety programs.

Advocacy:

Susan Fuszard, EAP Coordinator
Wisconsin Department of Transportation

Susan's advocacy for suicide prevention led to the inclusion of QPR training in a health and wellness initiative for 3,500 employees at the WIDOT. She has reached out to a vulnerable population with evidence-based training that teaches about suicide warning signs and how to seek help to save a life.

Innovation:

Horizon High School

Dane County's only recovery high school offers hope through an innovative approach to education and treatment, in a caring, constructive environment, and allows students to transition to recovery, graduate from high school and move on to college if desired.

Lifetime Achievement Award:

Andy Kosseff, MD

Andy's leadership in the medical community has created a strong coalition of community agencies and health care organizations to tackle two of Dane County's most challenging injury causes: falls among older adults and drug poisoning.

What's Up in 2015? Here's A Small Sampling.



Parent Addiction Network:

- With partners, create a "Recovery-Friendly Directory" of housing, employment and community support resources
- Conduct "Navigation" sessions: identify common scenarios, talk through barriers families face and work with stakeholders to improve experience and outcomes.
- Support Platicas to be conducted by Latino Council on Children and Families on substance misuse, addiction and support for Latino families

Community Education and Prevention:

- Launch "Use Only as Directed" public education campaign in early 2015
- Expand MedDrop promotion and increase collections
- Work with partners to support anti-stigma efforts
- Continue to promote and track presentations through Educator Prevention Network
- Safe Prescribing and Health Care Partnerships
- With Health Care Task Force on Safe Opioid Prescribing in the lead, continue collaborating on safe prescribing practices, clinician and patient education, promotion of evidence-based treatment and patient safety.

September 17, 2014

Carrie Nie
Director
Safe Communities America
National Safety Council

Dear Ms. Nie:

I am writing to support Safe Communities of Madison/Dane County's application to recertify as a member of the Safe Communities Network.

Public Health and Safe Communities have been collaborating around injury prevention since the Safe Community Coalition began in 1999. We work together to uncover and address emerging injury issues based on injury data, trends, and community input, and then work with Coalition partners and the community to promote evidence-based strategies to improve safety.

Public Health is an active participant in Coalition activities which address the leading causes of injury and death in Dane County: traffic safety initiatives, older adult falls prevention, suicide prevention and the newest, the drug poisoning initiative.

In 2010, Public Health reviewed local injury data, which revealed that poisoning had surpassed traffic crashes as the leading cause of injury death in Dane County. Most of these poisoning deaths are drug related. Deaths due to opioids (prescription and heroin) almost tripled from 2000-2010. As a result of this revelation, Safe Communities brought together City and County leaders, representatives from healthcare, substance abuse treatment and recovery organizations, law enforcement, EMS, education, courts and the community to develop an impressive coordinated response to address the growing drug overdose epidemic. Safe Communities, along with its community partners, developed evidence based strategies across six areas to stop the drug overdose epidemic, and is being seen as a model in other communities.

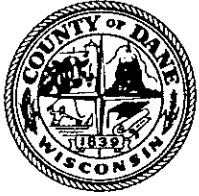
I personally serve on the Safe Communities Board and am proud of how this organization is a respected go-to organization, known for successfully building partnerships and mobilizing diverse individuals and organizations behind community injury prevention efforts.

On behalf of Public Health-Madison & Dane County, we wholeheartedly support Safe Communities recertification of its membership in the Safe Communities Network.

Sincerely,



Janel Heinrich, MA, MPH
Director



DANE COUNTY

Joe Parisi
County Executive

June 1, 2015

Carrie Nie, Director
Safe Communities America
National Safety Council

Dear Ms. Nie:

I am writing to support Safe Communities of Madison-Dane County's application to become recertified as a member of Safe Communities America Network.

As Dane County Executive, I have been delighted to include funding for collaborative injury prevention efforts of Safe Communities in our county budget, and to oversee the active participation of county agencies in Safe Communities programs.

Safety and injury prevention are vital functions of county government. As such, we are fortunate to have Safe Communities as an effective venue through which to collaborate with all sectors of our community including area businesses, the health care sector, media partners, neighborhood groups and nonprofit organizations. Our joint efforts have yielded measurable improvements in the safety of Dane County residents.

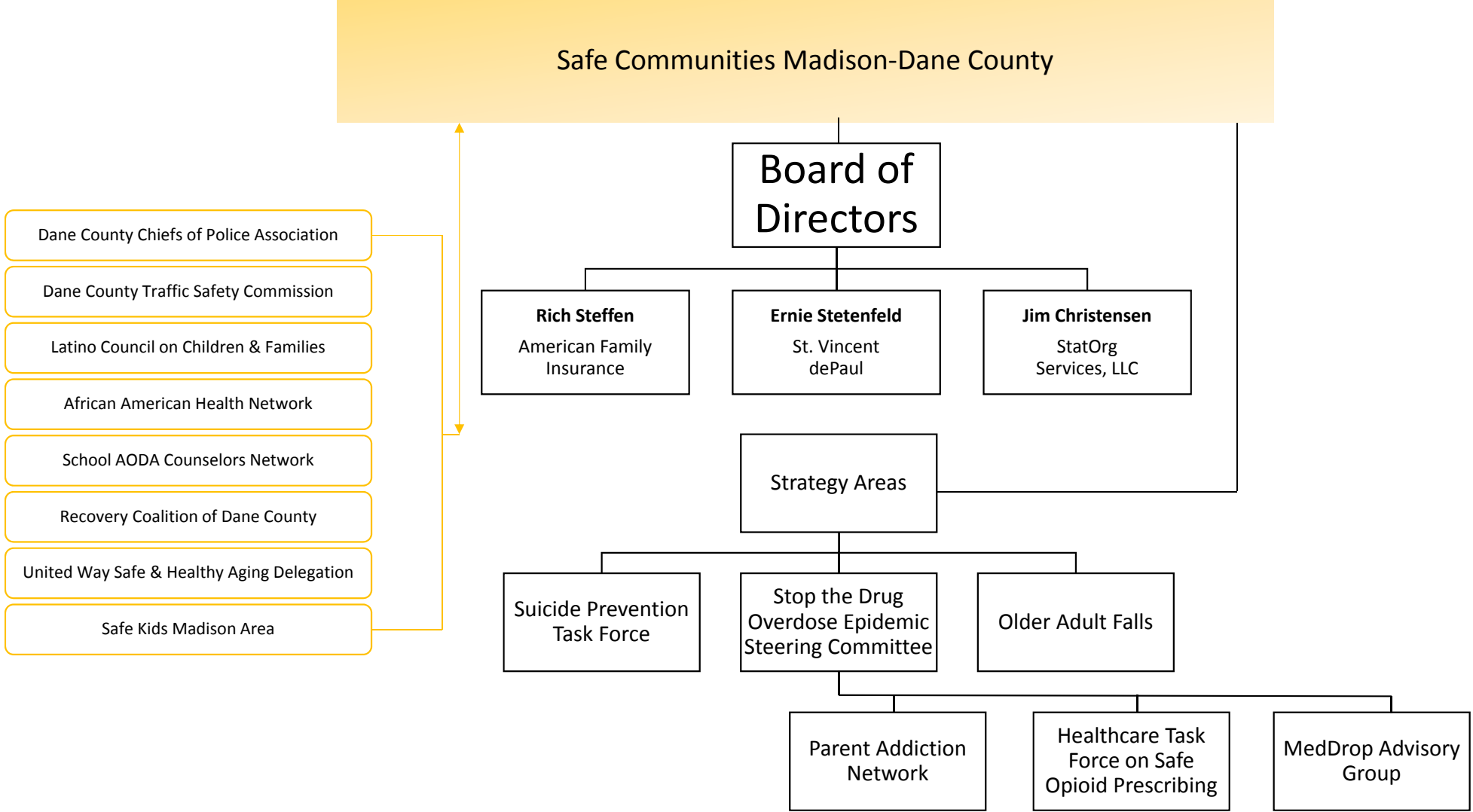
Examples include a significant increase in collections of unused household pharmaceuticals through our MedDrop program (7.4 tons in 2015), and our comprehensive approach to stop our prescription drug overdose epidemic.

Safe Communities has elevated preventable injury as a community priority, has mobilized our community to address top causes of injury and has demonstrated measurable results. On behalf of Dane County government, we are delighted to be part of this collaboration and wholeheartedly support Safe Communities application.

Sincerely,


Joe Parisi
Dane County Executive

Appendix B: Safe Communities Coalition Organizational Chart



Appendix C Meeting Notes

Drug Poisoning Initiative: Stop the Overdose Epidemic
Steering Committee Meeting
May 16, 2013

Apologies: Janel Heinrich (Public Health), Andy Kosseff (St. Mary's), Russ Jenson (St. Mary's Pharmacist), Skye Tikkanen (Connection Counseling), Barry Irmén (Medical Examiner Office), Amy Mosher-Garvey (Chem. Dependency Consortium), Steve Staton (Village of Oregon), Scott Stokes (ARCW), Genevieve Kirchman, Michael Christopher, Luis Yudice (MMSD), Neil Heinen (WISC)

List of those present with the strategy area (team) interest:

- Geoff Priest – Reduce prescribing (yellow)
- Tom Meyer – Reduce prescribing, esp. in EDs (yellow)
- Andrea Jacobson – Treatment & Recovery and Mental Health (blue & orange)
- Sarah O'Brien – Early Intervention, Treatment & Recovery (blue)
- Stan Brysh – Reduce Prescribing – dental community (yellow)
- Robert Henze – Access (red), OD Intervention (purple), SA Prevention (green)
- Kevin Plendl – OD Intervention (purple), Access (red), Prevention (green)
- Carrie Meier – OD Intervention/Harm Reduction (purple)
- Todd Campbell - Early Intervention, Treatment & Recovery, Mental Health, SA Prevention (blue, orange & green)
- Amy Miller – SA prevention (green)
- Ellen Taylor-Powell – Early Intervention, Treatment & Recovery (blue)
- Brian Ackeret – Access (red)
- Ishmael Ozanne – Access (red) and yellow?
- Randy Brown – Treatment& Recovery (blue), OD prevention (purple), Substance Abuse w/ Behavioral Health (orange)
- Cathy Rigdon – Harm Reduction (purple)
- Mike Lohmeier – OD Intervention (purple)
- Lisa B-C – all areas (data & evaluation)

What is Your Wish List or What Do You Want from Other Strategy “Teams” or What Still Needs to Be Addressed:

- Wish - Lock boxes for people that are prescribed medicines [Randy B]
- Wish - Pharmacy warning when people prescribed opiates [Tom M]
- Look beyond individual health systems [Tom M]
- People report to police that drugs stolen to get more (know not stolen) and have mentioned that they can get refills w/o seeing doctor (Kevin P)
 - UW will NOT refill lost or stolen prescriptions in ED [Tom M]

- People don't know how to help people with chronic pain, especially concerning tapering off or withdrawal [Randy B]
- When people overdose, they call 911 and say their friend passed out so police will not come. It can result in someone not getting the right help (EMS without ability to administer Naloxone)
 - Trying to expand ability to allow EMT basics to administer Naloxone – state not moving very quickly to allow [Carrie M]
 - Group could write letters of support to allow Dane County to pilot
 - State does not want to open up “pandora’s box” to allow nasal forms of other drugs (Mike L)
- Wish - What are the best practices, what are the things that parents need to know and what are the important messages, so they can be put on Parent Addiction Network [Ellen T-P]
- Will disseminate info about Parent Addiction Network to all DC Police Chiefs [Henze]
- Wish - Need more doctors that can prescribe Suboxone, including those in Primary Care [Randy B]
- Wish – Private fundraising for AODA treatment (including Methadone) [Sarah]
- DC Law Enforcement have a pro-arrest policy at OD scene (partially to get people into treatment) perhaps it is NOT the way to go [Brian A]
 - MPD has access to a DOJ Heroin Initiative grant (\$25,000)
 - Idea: follow-up with families that have had someone that has OD'd
 - OD survey showed missed opportunity at OD scene to discuss getting help/treatment [Brian]
 - Pilot Treatment people working with law enforcement [Andrea]*
- Wish – Intervention in ED if someone has overdosed [Brian A]
- Wish – Provide support services for drug users getting out of jail [Ellen]
 - Suggested Captain Anhalt to join this group (oversees jail)
- Treatment access is problematic [Randy]
- Prevention messaging to move parents from denial to getting them to do something [AmyM]
 - Genevieve working on modules to parents and youth
 - School policies to respond to increasing issues with drugs
- Law enforcement doesn't have the expertise and shouldn't be in the business of SA prevention [Brian A]
 - Police have a limited with knowledge base [Henze]
- Police provide info about Parent Addiction Network at overdose scene [Henze]
- Need database that can be checked for people that are red-flagged [I Ozanne]
 - PDMP – will help pharmacists and health care prescribers determine if someone is abusing the system
 - What should happen if someone is redflagged?

- Good Samaritan Law – It's not about simple possession, what is the outcome? What happens to people?

Conversations that Took Place after the Meeting with Members:

- Group formed to pursue idea of assessing victims after overdose for treatment (SBIRT screening) with law enforcement – DOJ grant
- Discussed idea of meeting with Attorney General to talk about idea of piloting police administering Naloxone (interested local law enforcement, EMS, PHMDC, SC)
- Bringing together people/organizations in blue area to discuss further ideas – Ellen and Sarah O'B to attend Chemical Dependency/Mental Health Summit
- Develop a variation of the Parent Addiction Network card to include why prescribing less pain meds, ways to dispose of meds, Safe Community info - for dentists to hand out when prescribing pain meds
- Other conversations between members?

Meeting Notes

Health Care Task Force on Opiates

Thursday, November 1, 2012

3 – 5 PM St. Mary's Hospital

Participants: Andy Kosseff and Geoff Priest, co-chairs; Phillip Bain, Paul Baum, Carrie Boeckelman, Stan Brysh, Cindy Gaston, Eric Heiligenstein, Mike Miller, Kevin Straka, Lisa Bullard Cawthorne, Cheryl Wittke

Welcome and Introductions

Presentation by Fred Brason, Director, Project Lazarus (see attached powerpoint) and Q/A:

Q: Based on your experience at Project Lazarus, when should a community coalition start seeing results?

A: First nine months are intensive re: building partnerships and momentum; by 18 months reasonable to see some outcomes. Long term commitment (5-10 years) is also required to change attitudes and behavior through school- and community-based education.

Q: How do you explain reduction in overdoses even as numbers of prescriptions dispensed in Wilkes Co. NC continued to rise?

A: Primarily due to bringing effective treatment resources into the community – there were none when problem emerged.

Distribution of DRAFT prescriber and patient education flyer – PLEASE RETURN EDITS BY NOV 9th

At August meeting, Task Force ID'ed creation and dissemination of consistent education materials across health care providers as a short term goal. Staff distributed a first draft at the meeting (also attached)– **members are asked to provide edits/feedback to Cheryl** (cwittke@safercommunity.net; 441-3055 fax) **by Friday, November 9th**. MedDrop info and locations (also attached) would be printed on the backside of each flyer.

Task Force Charter and Goals

Measures:

- # of prescription opiates dispensed
- Opiate related deaths
- Opiate related hospitalizations and ED visits

Goal: return to 1995 levels

On topic of collecting data on opiate prescribing:

- Collect from payors
- Convene data group to determine what we're measuring across systems
- Public Health (Lisa and epidemiologist) to analyze data

On topic of hospitalization and death data:

- Cheryl and Lisa will reach out to Dane County Medical Examiner about gathering more recent data than what is currently available
- Typically one-year lag in hospitalization data

4:55 Adjourned

DRAFT Meeting Notes
Health Care Task Force on Opioids
Wednesday, June 12, 2013
South Madison Police District Station

Participants: Paul Baum, GHC; Alan Rifkin, UHS; Kevin Straka, UW Health; Phil Bain, Dean; Greg Love, Dean; Russ Jensen; Lisa Bullard-Cawthorne, Public Health; Monica Messina, Meriter; Cheryl Wittke, Safe Communities. By teleconference: Randy Brown, UW Health, Peggy Riley, UW Health; Mike Miller, Rogers Memorial

Apologies to participants who joined via teleconference for poor audio – will fix that for next time!

Updates:

Steering Committee (multidisciplinary group coordinating across strategy areas) met May 16th – minutes attached. Please review for ideas on how this health care task force can help other groups advance goals.

Final version of patient and prescriber flyers were distributed and are available electronically. Ways members plan to disseminate:

- Pharmacy to provide and review with each opioid prescription
- Physician to use as teaching tool with patient when prescribing opioid
- Create card for teach-back – perhaps this can be distributed during Scope of Pain training

Data conversation with DEA – they have agreed to provide opioids prescribed in Dane County to us by zip code; next step is to work out details.

- Purpose is to measure progress toward task force goal of reducing opioid prescribing to 1995 levels, not to identify top prescribers or individual opioid users (not our charge). Lisa noted that we will be able to look at Dane County-wide data by zip code.

Scope of Pain training – sponsored by Safe Communities Health Care Task Force on Opioids (that's us)

Friday, November 1, 2013

8:30 AM – 1 PM

Monona Terrace

\$25

Monica Messina, Meriter Office of Continuing Professional Development gave an overview of Scope of Pain training and distributed promotional flyer. Thanks to Monica and Geoff for bringing this training to Madison and to the task force! General enthusiasm ensued – Greg Love said it would be a “shot in the arm” to prescriber education efforts currently underway, and thought there’d be strong interest and participation. Alan Rifkin took the on-line version and thought it was a good, comprehensive overview. Monica and Greg – in other states this training is mandatory, and could become so in Wisconsin.

Questions: How can each Task Force member help to:

- Recruit 200 + clinicians to attend
- Recruit 15 clinicians to attend Training-of-Trainers and agree to become Scope of Pain clinician educators – see overview, below.

Goal: Recruit 200 + clinicians to attend

Discussion - Statewide vs. local focus on recruitment: Put out a call to participate via networks statewide, but task force members are asked to focus recruitment on Dane County-based contacts within their organizations and networks.

Next steps:

Recruiting participants: Use whatever personal contacts or communication tools you have to get as many *Dane County* physicians, nurses and nurse practitioners, pharmacists as possible from your organization and within your professional network to register. Also feel free to put it out to statewide contacts (lower priority).

Goal: Recruit at least 15 clinicians to attend Training-of-Trainers and agree to become Scope of Pain clinician educators

Discussion: statewide vs. local focus – same as above (Dane County top priority but disseminate via statewide networks). Monica: recruiting trainers has been a tough sell, according to BU staff.

Next Steps: As a task force member, work within your organization to identify and recruit a team or teams of trainers – physician, nurse, pharmacist, other – to attend the Training of Trainers program (see details, below). This team will be charged with taking the lead on disseminating Scope of Pain training on an on-going basis at your organization. Bring in continuing professional education staff to support training team.

Other issues related to Scope of Pain training: Cheryl and Monica will work with task force members to recruit health care leaders to serve on an interdisciplinary panel planned as part of the training. Members suggested the panel include youth in recovery or story (eg. Rock County youth who died of oxycotin overdose) – we will pursue idea with Boston University staff.

Meeting adjourned at 5:10.

Overview: Train the Trainer Program: Friday, November 1, 2013, 2:00 – 4:30 PM, Monona Terrace

The Boston University School of Medicine (BUSM) Continuing Medical Education Safe and Competent Opioid Prescribing Education (SCOPE) program is offering a free 2½-hour **Train-the-Trainer Program**.

The goal of this program is to train clinician educators how to effectively teach safe opioid prescribing practices using the BUSM three hour SCOPE of Pain curriculum. The Train-the-Trainer program will be provided in the afternoon following a regional ½ day conference on safe opioid prescribing. Train-the-trainer participants are expected to attend both the ½ day conference and the ensuing Train-the-Trainer program.

Following the Train-the-Trainer program, participants will be expected to provide the three hour SCOPE of Pain program to a minimum of 20 clinicians who prescribe opioids, for which they will receive an honorarium. The SCOPE of Pain curriculum can be presented in one 3-hour meeting or as three 1-hour modules. Detailed instructions and resources, including on-site educational materials, will be provided to the trainers during and after the Train-the-Trainer program.

Required qualification for trainers

- Must be a clinician with experience in treating patients who suffer from chronic pain
- Must have some experience training clinicians

Desired qualifications

- Familiarity with peer-education
- Experience with facilitating small group learning

How do I become a SCOPE of Pain Trainer?

- [Complete the online trainer application](#)
- Attend one of the ½ day regional live meetings and the 2½-hour live Train-the-Trainer program. (The live meeting has a registration fee of \$25. The Train-the-Trainer program is free to all accepted applicants.)
- Commit to planning and teaching the three-hour SCOPE of Pain educational program to at least 20 clinicians who can prescribe opioids in either one three-hour session or three one-hour sessions.
- Commit to using the online tool to log training sessions.
- Work with clinicians that attended your training to complete the post-test online and receive certificates.

Health Care Task Force on Safe Prescribing of Opioids

Tuesday, Feb 25, 2014 4:30 – 6 PM

Wisconsin Medical Society

Participants: Andy Kosseff, Phil Bain, Cindy Gaston, Kevin Straka, Monica Messina, Mike Lohmeier, Paul Baum, Mike Miller, Alan Rifkin, Sarah Sorum, Tom Meyer, Michael Ostrov, Cheryl Wittke; on the phone: Peggy Riley and Gale Garvey

AGENDA

Welcome and Introductions – Co-Chair Andy Kosseff

REPORTS/UPDATES

Clinician Education

- Repeat of Scope of Pain Training is in the works (date to be determined)
- Grand Rounds with Dr. Don Teater, National Safety Council

DATE	PLACE	TIME
Wed. Nov. 19	St. Mary's Special Grand Rounds	7:30-8:30 a.m.
Thurs. Nov. 20	UW Fammed Statewide Grand Rounds - Alumni Hall	12:30-1:30 p.m.
Fri. Nov. 21	Meriter Grand Rounds	7:30-8:30 a.m
TBD	Stoughton Hospital	
TBD – Clifford Madison, contact	VA GRAND ROUNDS	Sent avail. dates, timeframes

Smart Set from Phil Bain (thanks, Phil!) – please see attachment

- Took over 6 months to put this together, and he's happy to share
- Phil to send written description of smart set sheet for rooming staff. If patient questions, it includes a non-judgmental script that rooming staff can use.

Phil's work was met with wild acclaim, and also a few suggestions ☺:

- Consider making urine tests standard practice unless patient is in hospice, and set it as an expectation up-front with first prescription
- Madison is a place where everyone is on Epic – can we leverage this?
- UW has clinical policies working their way through their legal department – everyone wants consistent practices by prescribers
- How can we encourage all systems to employ something like this?

Update on HOPE Bills:

HOPE bills have passed legislature and await governor's signature (Nygren's office predicts he'll sign in April). All would become effective two days after gov signs them, except AB 448 [relating to drug disposal] that is effective July 2015. Here are links to them:

<http://docs.legis.wisconsin.gov/2013/related/proposals/ab445>

<http://docs.legis.wisconsin.gov/2013/related/enrolled/ab446>

<http://docs.legis.wisconsin.gov/2013/related/enrolled/ab447>

<http://docs.legis.wisconsin.gov/2013/related/enrolled/ab448>

Additional HOPE bills introduced by Nygren (passed Assembly and pending action by the Senate)

<https://docs.legis.wisconsin.gov/2013/related/proposals/ab701>

<https://docs.legis.wisconsin.gov/2013/related/proposals/ab702>

Update on overdose response and referral to treatment pilot at UW Emergency Department, Tom Meyer (thanks, Tom!):

Beginning three years ago, all area emergency departments collaborated on an effort to reduce the size of opioid prescriptions given to patients seen in the ED's – thus reducing unneeded opioids from entering the community. Now Tom is working with everyone to share this data. A second ED initiative at UW is to make sure patients treated for overdoses get needed support services when they leave the hospital, possibly including naloxone and connection to a recovery coach.

Evaluation discussion – Lisa Bullard Cawthorne (thanks, Lisa!) reported on her quest for data from PDMP and DEA, followed by discussion on developing an evaluation plan for task force activities. Please see attached discussion outline. An on-line poll of members re: what data do you think we should collect to evaluate efforts of task force to follow.

2014 Meeting dates (all at Wisconsin Medical Society office on Lakeside):

Wednesday, May 21, 2014 4:30 – 6 PM

Tuesday, Aug 26, 2014 4:30 – 6 PM

Thursday, Nov 13, 2014 4:30 – 6 PM

Parent Addiction Network (PAN) Minutes

Wednesday May 5, 2014 8:00am

Welcome: Cheryl Wittke welcomed all attendees

Guest Speaker/Presenter – David Pierce, MD North Star-General Psychiatry and Addiction Medicine

Medication Assisted Treatment-Options for treating Opioid and Heroin Addiction

To view this presentation and seek answers to these questions, please visit the below link. Thank you to Madison City Channel for filming it.

To see the presentation click on the link below

<http://media.cityofmadison.com/Mediasite/Play/b1b5c3c85c5c410ba61dbdc908a9b3621d>

Dr. Pierce indicated that many ask the question “Why don’t they just stop.” The Answer: For many people addicted, they can’t stop which is why medication is necessary.

What is Agonist? An Agonist are Morphine, OxyContin, Methadone, and heroin. Heroin binds over receptors and causes an effect that people like. It competes for binding sight.

Methadone-

Has long half life. Blocks heroin. Because of pharmacology you don’t get radical ups and downs.

To administer this drug you have to be certified by SAMSA- There is substantial period of time clients have to attend to work through phases and you must go initially 6 days per week, with take home doses only on Sunday. You attend therapeutic appointments, and have urine tests. If you are compliant for significant period of time on these areas, this eventually may result in more take home dosing vs. coming into office.

Pro: Very effective treatment and has saved a number of lives. Reduces HIV and Hepatitis C, protects health and public health. Reduces criminal activity and recidivism.

Con: Tied to the clinic and their times to administer. Stigma associated with taking methadone.

Best candidate: A person with long term history of IV heroin use in big quantities as using heroin will produce no reward.

Cost: Methadone- 100/week-most insurance will pay- some take badger care

Suboxone

Partial agonist- it stimulates receptors but has ceiling effect. It is possible, but harder to over dose on. It became available in 2002. The changes once implemented were dramatic. It’s not to say that people can’t over dose on suboxone as they can and about 400-600 have Od. It’s less regulated than Methadone. . Each doctor can prescribe up to 100 patients. There is 8 hour training to prescribe.

Pro: It can reduce cravings and desire for drug and also helps with withdraw symptoms. It also has Naloxone, so if you inject it, it will block the ability to get high. It can be prescribed in office and easier to get access to it.

Con: You can over dose on Suboxone. It also is easy to abuse in jail as the film is easily concealed. You do become dependent on Suboxone and go through withdraws (sick) if stop taking it. It’s hard to find a doctor to prescribe. There is also stigma associated with taking Suboxone.

Best Candidate: Persons who have not had long term IV may do well with Suboxone.

Cost: Suboxone- if no insurance \$500-\$800. There is generic medication now.

What is Antagonist?

An Antagonist is medicine that blocks receptors

Naltrexone- Antagonist-block opiate receptors- Studies have shown in pill form not effective. Injectable Naltrexone is now available – released over period of time and blocks effects of opiates. This form has increased a lot in the past 10 years. You have

to be detoxed to start taking it, so ideal for persons coming out of jail with motivation for change.

Con: Addicted clients can stop taking pill if they want to get high.

Best Candidate: Highly motivated individual or person who is under court (probation) control, or whose parents have lots of control over them.

Cost ; Vivtrol-\$1,000/month. Insurance covers cost. Can get from primary care provider to get shot

Dr. Pierce indicated no matter what choice you make for medicated assisted treatment the biggest thing to increase your chance of being successful is having a large support system (familial support, attend NA, obtain sponsor, 12 step-rational recovery, etc. They need to really need to try AA/NA as it does improve outcome. There are so many meetings out there for young persons in recovery. Also, suggested reaching out and getting involved in sober activities. Connections counseling is fabulous at posting "sober activities."

PAN Meeting-Post Presentation.

- Update Cheryl Wittke Safe communities overall initiative-provided hard copy of information that is available on Safe Communities website.
- Report from Ellen Tylor Powell on Prescription Drug Summit in Atlanta, which she attended with Lisa Buillard-Cawthorne . She and Lisa co-presented there. Over 1,100 persons in attendance which included persons from Law enforcement, insurance and health care field, State and National agencies, Governors Congressmen, and parents, etc. Quite a display of dignitaries. Big topics was marijuana and legalization of it, Zohydro, and really potent timed release hydrocodone. Their presentation was around 45 minutes on the statistics that were kept but Public Health in Dane County and how it was used to effect change (EMS, hospital, etc.) Information will be on PAN website
- Ellen Powell-PAN Book cards and business cards, etc. - Discussion on how to change it to provide a "message" What "key message" do we want to share. A small group will be formed to have discussion on this. Also discussed reaching out to youth and getting "youth talking with youth," with having a mentoring mentality. Social networking may be outlet as this is where kids are talking.
- Ellen Powell- May 10th is Young people in Recovery Event at Gordon Events Center. Ellen discussed this event needing coverage during the display time for a PAN booth. The event is around Anonymous People and about changing the thinking of addiction David Pierce agreed to present and staff the display board between 530p-7:00pm.
- Cheryl Wittke, Discussed how to implement process to solicit gift cards for Drug Court. It was decided a smaller group will be formed to go out and try to solicit businesses. Julie Beyler discussed the benefit of rewards in Drug Court Model. Persons present at meeting felt gift cards make more impact than other forms of gifts.
- Julie Foley AIDS and UW Health re: underwriting cost of Narcan. Julie Foley will forward the email she received from UW Health and AIDs Network to Dr. Pierce.

- Cheryl Wittke –She asked for groups feedback on PAN doing reception for Dr. Teater and Rep. Nygren in November (week of November 17th) All agreed it was good idea. Need Slogan.
- Cheryl Wittke Ads on Madison metro and maybe Adams Outdoor. Cheryl updated group on Adams Outdoor putting PAN informational messages on billboards that are not being used. Also discussed putting messages on Madison Metro. Need group to work on “what are the messages”
- Ellen -Spanish language PAN-Ellen stated there is meeting with Latino counsel next week. A subcommittee has identified Spanish language material and will figure out how they would like to see information presented.
- Additional topics for PAN Educational series. Julie Beyler suggested Affordable Care Act. Some thought it was too new to say much and thought this should be tabled as idea until 2015. Sara Bremser suggested learning more about different treatment programming in community and or sober housing. A suggestion was having a panel of treatment providers. Another suggestion was during National Recovery month hosting a sober activity/gathering for persons in recovery, A final suggestion was having a presenter about the legalization of Marijuana, and what’s going on in Colorado.
- Bill Swanson-spoke about the tragedies that affected his family. He lost a son to murder and a son to an over dose. He had a support group in the past that discontinued. He would like to get going again a support group for Parents who have lost a loved one, and was hoping that perhaps PAN could help with this process. . It was suggested perhaps to provide his name and contact information on PAN. Julie Foley offered her help in getting this set up and or doing outreach when she has contact with a family member.
- Cheryl Wittke Roundtable on what’s going on with partners and how can PAN supports you. Sara Bremser discussed their use of the -Carey Guides- evidence based practice tool that looks at 8 Crimniogenic needs- it has copy wright. Can PAN help with costs or help with fundraising for this tool for DCTP. Cheryl suggested they come up with budget and then we approach the county.
- Joselyn Longley reminded persons of Drug presentation in Mazomanie on 5-19-14.

Upcoming Presentations.

DATE: Wednesday, June 4, 2014
 TIME: 8:00 – 9:30 AM
 PROGRAM: *Dane County’s Deferred Prosecution Program*
 SPEAKER: James Sauer, Dane County Deferred Prosecution Program
 LOCATION: Madison Municipal Building, 215 MLK Jr. Blvd, Room 260

NO JULY MEETING

DATE: Wednesday, August 6, 2014

TIME: 8:00 – 9:30 AM
PROGRAM: *Dane County Drug Treatment Court: What's New?*
SPEAKERS: Members of Drug Treatment Court team
LOCATION Dane County Court House

Meeting adjourned around 10:30am. Next Meeting June 4, 2014 8:00 am at Madison Municipal Building, 215 MLK Jr. Blvd, Room 260

MINUTES

Falls Prevention Task Force of Safe Communities

Wednesday, December 8, 2010 7:30 – 9 AM

Fitchburg Senior Center

Participants: Ann Albert, Deedra Atkinson, Charlene Avery, Bob Boelter, Claire Culbertson, Judy Howard, Amy Jordan, Jean Kalscheur, Liz Kelly-Schultz, Kathy Martinson, Jill McHone, Ruth Meyer, Sandy Miskelly, Kristen Oehrlein, Jean O'Leary, Joyce Pohl, Sue Peterson, Janie Riebe, Lynne Robertson, Mary Stamstad, Dee Suchomel, Terry Shea, Carmel Tesmer, Dave Tetzlaff, Barb Thoni, Jim Todd, Amy Vieth, Cheryl Wittke, Hooyung Young

Andy Kosseff, Falls Prevention Task Force Chair sent his regrets. He's in St. Louis working today (isn't this out of character for a retired guy?) and looks forward to being more retired which he says means being more engaged in the Task Force in 2011 (yeah – lucky for us!)

Overview of 2010 Task Force Accomplishments and draft 2011 Workplan – Cheryl Wittke, Safe Communities

Congratulations to Task Force Members and partners for the following 2010 accomplishments:

- Two successful community education events and screenings reaching 150+ seniors (thanks to Ann Albert, Fitchburg Senior Center and Community Education Workgroup for their great work.)
- A winning title for these great events (thanks Bob Boelter!): Only Leaves Should Fall
- Development and distribution of "What Falls Classes are Right for Me" taxonomy (thanks Terry Shea!)
- Distribution of tai chi video starring Charlene Avery (thanks, Charlene!)
- Stepping On Master Trainer Carmel Tesmer is crowned; another class of Stepping On Instructors trained
- Significant expansion of Stepping On, NoFalls, tai chi, Balancing Act and other balance-enhancing classes throughout Dane County thanks to efforts of partners

(St. Mary's, Meriter, UW Health, MSCR Goodman Rotary 50+, dedicated cadre of tai chi instructors including Charlene and Jody Curley, Fitchburg Senior Center, Madison Senior Center, NESCO and Warner Park Community Center)

- Creating a BUZZ in the senior community about falls and taking action to prevent them
- Collaboration across competing home health agencies to implement and evaluate Otago Program
- Recognition as a model falls prevention coalition from Wisconsin Collaborative on Healthcare Quality, in State of Wisconsin Falls Prevention Strategic Plan, and as part of site visit by CDC, AOA and Council on Aging
- Engagement of PT, nursing and medical students in community falls prevention activities
- Keeping it fresh and focused – people come to task force meetings engaged and ready to collaborate, leaving organizational agendas at the door
- Did we miss anything? THANK YOU!

Overview of DRAFT 2011 Workplan – please review and bring comments to January meeting (this draft workplan is also attached).

Launch of outreach efforts, thanks to funding from Area Agency on Aging: Lynne Robertson, a true pro and committed elder advocate, has joined Safe Communities as a outreach consultant to build partnerships that result in more class offerings and more older adults participating in evidence-based falls prevention activities. We met Lynne, she gave us an update on how she's getting started, and she asked for suggestions from the group on potential leads and approaches. More on this in January. Also attached is a draft fact sheet for dissemination to potential class sponsors – please email comments to Lynne or Cheryl. Lynne can be reached at Lynnerob2@yahoo.com, 836-9810 or 616-2796 (cell). *Welcome, Lynne – we're delighted!*

Announcements and Updates:

- MSCR Goodman Rotary 50+ is looking for community locations to hold classes. Demand for classes is fabulous. Contact Jean O'Leary at joleary@madison.k12.wi.us to chat.
- St. Mary's will kick off four Stepping On classes in 2011 – two at the hospital and two in faith communities in partnership with their parish nurses. Contact Carmel at carmel_tesmer@ssmhc.com for info.
- Wisconsin Institute for Healthy Aging hired Betsy Abrahamson as deputy director. Looking forward to hearing more about the institute and opportunities to partner.
- Sandy Miskelly gave an update on evaluation of Otago across home health agencies. More to come – thanks to UW Home Health, Meriter Home Health and Home Health United for this really unique partnership across competing organizations!

- Terry Shea and Jane Mahoney will appear as expert panelists at a national falls prevention policymaker gathering (participants will include leaders of CDC, AOA, Council on Aging). Terry graciously acknowledged our Falls Task Force and state injury prevention leadership efforts as playing a role in this recognition, BUT, without Jane and Terry's leadership we wouldn't be doing what we're doing. THANKS, Terry and Jane, and congratulations on this well-deserved recognition!

Report and Discussion on Safe and Healthy Aging Delegation of United Way – Deedra Atkinson and Hooyung Young

Deedra and Hooyung described the delegation process, data findings, priorities and currently thinking on allocation of funds through Self-Reliance and Independence Community Solution Team. After responding to a few questions, Deedra broke the group into small groups and presented the following questions for discussion:

1. Understanding there is much work and much opportunity in Dane County to work on falls prevention, what role should the Falls Prevention Task Force play with United Way on the implementation of its strategies?
2. How should United Way align its work with that of the Falls Prevention Task Force?
3. Looking back at the work of the Falls Prevention Task Force, what does it consider are the 2 or 3 most successful strategies it has deployed? What makes these successful?
4. What is the best way the community can collectively "move the needle" to reduce falls?
5. We are thinking we'll announce this work to the community with a kick-off in the 1st quarter 2011.....we are considering creating a 1 ½ or 2 hour symposium or workshop on the subject of geriatric syndromes with a focus on falls and adverse drug events in Dane County. Intended audience: a front-line audience of case managers, parish nurses, home health nurses, health providers and volunteers (such as Meals on Wheels volunteers). Do we have the right audience? Do we have the right method? What does the group want to learn?
6. What else?

United Way staff were note keepers – Kathy, Hooyung and Deedra, could you please send small group responses so they can be included in the minutes and shared with task force members who weren't able to attend? Thank you.

Meeting adjourned at 9:05
Thanks to Fitchburg Senior Center for hosting!

Safe Communities Falls Prevention Task Force

Wednesday, June 13, 2012

7:30 – 9 AM

Fitchburg Senior Center

AGENDA:

- Coordinating Home Health United and Pharmacy Quality Collaborative with Falls Prevention Task Force classes and efforts – Cheryl, Myrna, Kari and Hooyung if they can make it
- Update on EMS Pilot – Cheryl
- STEADI (new toolkit for health care providers to be released by CDC) – thoughts/start planning for dissemination and implementation by area health care organizations?
- See Lynn Beattie's powerpoint (attached) for info about the STEADI program
- Roundtable – updates from Task Force partners

From Lynne Robertson:

Please send Tai Chi, Stepping On, Balancing Act and all the other falls prevention classes we've always listed to Lynn by July 1 if you have em. She uses this listing when representing the programs at health fairs, etc. Plus, Home Health United's SAFE at Home program and Wisconsin Pharmacy Quality Collaborative are promoting the classes so we want to get listings to them.

We are very much in need of guest PT's for upcoming Stepping On classes! An ad will appear in July's WPTA newsletter; we'd be happy to forward the text to any medical group or ? that would put it in a newsletter to rehab or PT staff.

--Stepping On leader training is being offered in Madison at the end of July. We would love to train leaders, particularly independent ones. If they know of anyone who might consider doing the training, let Lynne know.

--Once again we are pretty desperately in need of more Peer Leaders. The few we have are very geographically based - ie. will only work on east side or west or... Lynne am currently looking for someone to peer lead Mary Fulton's class in Waunakee this fall.

MINUTES

Suicide Prevention Task Force of Safe Communities

May 5, 2011 2 PM

Thanks to Kathy Lauer and Middleton Senior Center for hosting

Participants: Susan Conlin Opheim, Chair; Mary Burmeister, Bill Cheadle, Carey Cress Fose, Jerry Halverson, Donna Hamilton, Kimberly Hein-Beardsley, Kelly Janda, Jane Jenson, Adrienne Laravuso, Cheri Linehan and Autumn Croft, Bonnie Loughran,

Lauren Pallin, Jean Papalia, Bob Power, Corinda Rainey-Moore, Tom Sieger, Amy Vieth; Cheryl Wittke, staff.

Welcome and Introductions – Sue Opheim

Overview of suicide and self harm data – Cheryl Wittke (also see Burden of Suicide Report/Dane County appendix included in Suicide Prevention Task Force resource binder)

- greatest number of suicides are within 35-54 age category
- \$ 5.6 million dollars is 2006 annual cost of hospitalizations and ER visits due to self-inflicted injury in Dane County
- Males complete suicide at a ratio of 3 to 1 compared to females; state level, ratio is 4 to 1.
- 45 – 57 is the annual number of suicides in years 2005 – 2009 in Dane County.
- 82 percent of people were in a current depressed state when they completed suicide in 2005-2009 in Dane County
- In Wisconsin, 1 out of every 5 suicides is a veteran. For people 55 plus, nearly 50% of suicides are veterans.
- 75 percent of older adults who complete suicide saw their doctor within one month of completing suicide. Older adults complete suicide at a rate of 1 out of 4 attempts; general population is 1 completion to 80 attempts (national figures)
- 40 – 40% of suicides were by firearms in years 2007-2009 followed by 36% by poisoning.

Comments:

- It would be good to have rural vs. urban suicide attempt and completion data;
- also LGBT attempt and completion data
- Why do women die less often (typically use less lethal means)

Overview of workplan (draft) and member roles – Sue and Cheryl

Please see workplan included in resource binder. Members were invited to suggest tweaks to the workplan either during the meeting or after they'd had a chance to mull everything over. Suggestions:

- The effort needs to be wholistic – provide education to everyone
- Consider spiritual component of suicide prevention – involve faith communities/pastors
- Suicide is a public health issue; also a substance abuse and mental health issue
- Stick to evidence-based prevention approaches. There is a growing body of evidence that outlines what works and what doesn't.

Role of Suicide Prevention Task Force Members: Make connections/mobilize groups and people in your network to implement a collaborative, evidence-based suicide prevention strategy, both in our target communities and county-wide; to build

partnerships with others on the task force to advance your organization's suicide prevention priorities; and to serve as "suicide prevention ambassadors" by promoting the message that many suicides are preventable with treatment and community support.

Comments: like the "suicide prevention ambassador" role – we can all do this

Task Force members talked about how they and their organizations can engage as task force members to reduce suicide

- Identify success stories – how did treatment/asking for help prevent a tragedy
- Share work of task force with colleagues and encourage them to help disseminate info/strategies
- Host trainings and post information at senior centers, assisted living apartments
- Spread the word about new suicide prevention community tool kit for nursing homes, assisted living
- Review current systems of assessment and referral at hospital emergency departments and revisit if appropriate
- Reach out to media (Leah Mills is chair of NAMI Walk – engage her in a story about suicide prevention)
- Rogers Memorial/other hospitals – conduct suicide prevention grand rounds
- Make counseling center at UW more accessible and encourage students to take better advantage of community resources
- Support effort to reduce stigma – work on social marketing
- Community grief counseling – has been offered but not many takers
- Link with Dane County Medical Society
- Disseminate more information about crisis services available in Dane County
- Madison Police Department to be a training center for mental health (supported by a Dept of Justice grant)
- Disseminate computer-based education on suicide and prevention to all clinical staff
- Health care organizations offer depression screenings but people weren't showing up for them

Next steps: form committees; begin planning QPR trainings in target communities (Stoughton, Middleton, Sun Prairie) to be held this fall; gather more real-time data from police departments and medical examiner

Adjourned at 3:40 PM

MINUTES

Safe Communities Suicide Prevention Task Force Meeting

July 21, 2011 10:30 AM

Madison Public Library Lakeside Branch

Participants: Susan Conlin Opheim, Chair; Mary Burmeister, Carey Fose, Donna Hamilton, Kimberly Hein-Beardsley, Kelly Janda, Brenda Jennings, Jane Jenson, Adrienne Laravuso, Bonnie Loughran, Lauren Pallin, Jean Papalia, Mark Peterson, Bob Power, Corinda Rainey-Moore, Sarah Rogers, Amy Vieth; Cheryl Wittke, staff

Welcome, Introductions and sharing of news – Sue Opheim

- Bob: shared with his Colonial Club advisory group that he's joined this task force. A member of his advisory group's grand daughter is interested and will join the task force as well (Paige).
- Jean: will QPR train 90 Wisconsin State Patrol officers in September. Madison Police Department is one of 6 DOJ pilot sites: for people who've been in crisis and where there's been a police response, MPD is building a database that includes a plan of action should police be called again. Database includes contact information and recommendations for collaboration with health care providers and family.
- Amy: Public Health Madison/Dane County is analyzing data – new analysis will be available for Suicide Prevention Week. Also, Amy and Sue will meet with Dr. Tranchida, Dane County Medical Examiner, to figure out a way to gather more real-time suicide data while protecting confidentiality.
- Jane: Stoughton QPR group is planning trainings!
- Kelly: has created a list of service providers and target populations to be systematic about who to train. Kelly will train senior center volunteers this summer.
- Bonnie: Shared copies of the NAMI's "Navigating the Mental Health System". Great resource. For more copies, contact Bonnie, or you can find links to the document on NAMI and Safe Communities' websites.
- Kim: is conducting a QPR training for human relations, patient resource and nurse health line staff at UW Health.
- Adrienne – Middleton QPR group needs help.
- Mark: QPR is now part of their confirmation program

Ground rules for task force:

- Keep personal information confidential
- Activities we promote and conduct are evidence-based and data driven
- Start and end on time
- Commit things to paper and don't duplicate effort – disseminate minutes on time, create templates (news releases, reports, flyers) so no one's redoing what's already been done
- Share resources

Reviewed workplan – comments: it's ambitious! We need more guidance to kick off QPR trainings this fall.

TENTATIVE Plans for QPR trainings this fall:

- Tuesday, September 27, 6 – 8 PM Lakeview Church in Stoughton; Instructors: Jean, Jane and Kelly
- Date and lead instructor to be determined (target – October): St. Bernard's Catholic Church in Middleton
- Date and lead instructor to be determined: Colonial Club in Sun Prairie

We talked about roles of committees, mainly QPR groups. Some people on the QPR groups felt overwhelmed (sorry about that – you've taken on more than we dreamed you would, and will help!)

Cheryl noted she'd be sending an email to set up a Clinical Committee meeting (now set for August 30, 1- 2:30 PM, Lakeview Library)

Committee membership:

Data: Amy, Dr. Tranchida, Sue

Clinical: Tom, Jerry, Bill, Lauren, Cheri, Kim, Corinda, Sarah

Schools: Christy, Jeanette, Brenda, Bonnie

First Responders: Carrie, Donna, Jean

QPR: all – Carey, Sue

Middleton: Adrienne, Donna, Kathy, Mary, Amy (staff)

Sun Prairie: Bob, Christy, Cheryl (staff)

Stoughton: Mark, Jane, Kelly, Cheryl (staff)

Discussion about how to support QPR classes and activities of local QPR groups: start an email list or blog where people can ask for what they need and have a member of the group respond; post more on facebook (a number of folks said they couldn't access facebook at work); overall, figure out a way to open more communication between meetings.

Carey offered to provide support for all QPR groups in terms of members of her staff to help with planning, to provide more business-to-business networking for purposes of outreach for classes and fundraising, and to provide snacks and material support for classes.

Meeting adjourned at 12:15 PM.

MedDrop Meeting

July 12, 2011

Meeting Minutes

Present: Bryan, Russ, Cheryl, Mae, Kendra, Lisa, Wayne

Drop Box Updates

- Cheryl met with Mayor of Fitchburg July 10 – they are a go. Cheryl will meet with their counsel later this month.
 - Offered to do a PSA for all community access stations to use
 - Should add this to our website and you tube
- Met with Waunakee July 12, 2011 and they are a go
- Sun Prairie is a go – Lisa to talk to their committee in August
- Phone tag with Verona, still very interested, more info next week
- All of these are aiming for September go-live
- Cheryl to meet with Board of Health Thursday, July 14
- Still no info on Dane Co sheriff site. Nays from Cambridge and Black Earth.
- Discussed an idea to contact campus police. Bryan will ask Chief when he sees her on Thursday.
- Cheryl will also check with VA Hospital and their police force
 - Cheryl to ask Pam who to contact at VA
 - Was thought that they may not have enough storage.

Veolia Pick up Review

- Veolia came and dumped everything from the 5 gallon buckets into large 55 gallon drums after a doing a quick sorting process.
- Bryan saved the buckets – should we reuse the buckets?
 - Who will be responsible for cleaning the buckets and making sure they are fit for reuse?
 - This may be a good time to call in some volunteers?
 - Wayne and Bryan will take a look at the buckets and let Kendra know if they want volunteers to help clean them out.
- Cheryl and Dave R. to call Veolia to review this process and see if this is what will be expected in the future.
 - Were they checking for sharps? Aerosols?
 - We did not expect the sorting process....
- Seemed that Middleton took longer because there was a time that Middleton was not sorting meds.
- 2100 pounds from Middleton
- 1150 pounds from east madison

Lisa reported that we are recommended to have more (as much as possible) face time with county/city boards to update about program.

Very Small Quantity Generators

- Cheryl has been getting calls from some of these facilities
 - Capitol Lakes
 - Mental Health Center
- Dave said that the DNR defined what is considered a business. If they are considered a business – they are not allowed (by law) to drop things off at

community sites. DNR requires at the very least some paperwork so that these businesses can prove how they are disposing of their haz waste.

- Define first if we CAN take the stuff (Dave working on this with DNR)
- If we CAN, then we need to decide if we WANT to take the stuff.
- Dave is checking with DNR on some of these legal questions.
- Bryan mentioned that some small business are being referred to MARI. Is this a good idea? No, MARI is not a drug disposal option.
- Moving forward, we need to consider a policy on how to deal with VSQGs.

Evaluation Plan

- Cheryl, Grace and Lisa met
- We want info from law enforcement participants
 - Discussion about collecting data on sharps and aerosols
 - Interested in learning about best practices so we can disseminate this information to new boxes coming up, perhaps through training.
 - Seems reasonable to put data from MedDrop Reports (that Wayne generates) into a database. (Kendra volunteered to do this)
- We want info from the general public
 - Can they provide info on what they are dropping off?
 - We may be able to infer a % of controlled substances
 - We would also get a sense of what ages of people were dropping things off
 - Discussion about when to roll this out
 - Cheryl to check with Madison and Middleton to see if they can do this right away.
- We want info about the program to deliver to our funders and create quarterly reports
 - Lisa to ask Kyle for what info he may want to know

Collection Event for Oct 22

Safe Communities Marketing Strategy Matrix

Strategy Area	Strategy Tool	Strategy Plan / Message	Audience(s)	Goal	Deadline	Measurement & Evaluation
Alive at 25	Website	Feature classes @ 'Upcoming Events' on home page	Community	Inform & recruit participants; Recognize Partners; Increase web traffic.	Coincides w/ A25 Class Schedule	Google Analytics
	Press Release/ Earned Media	Mid-year release of stats to-date # of participants, etc.	Community	Increase Awareness, of program, increase class attendance, SC Awareness	7/1/13	Media Coverage
	E-Newsletter	Post stats for each class	Community & Partners	Increase Awareness, of program, increase class attendance, SC Awareness	7/15/13	Constant Contact Statistics
	E-Mail Blast	2 wks & 1 mo prior to ea class? Clerks email blast?	Community & Partners	Increase class attendance	Based on A25 sched.	Constant Contact Statistics
	Social Media- Twitter	Tweet re: upcoming class Tweet re: completed classes with comments from comment cards	Community Partners Media	Increase Awareness of program; increase class attendance; SC Awareness Increase followers/ RT's/Mentions	1 mo. & 2 wks. prior to start of ea. Class (A25 schedule)	Media Hits; # of participants in A25 classes; News Stories; RTs/Mentions
	Social Media- Facebook	Post re: upcoming class Post re: completed classes with comments from comment cards	Community Partners Media	Increase Awareness of program; increase class attendance; SC Awareness Increase Friends/likes	1 mo. & 2 wks. prior to start of ea. Class (see schedule)	Media Hits/# of participants in A25 classes; News Stories, Facebook Metrics
	YouTube	Check NSC for DD videos Testimonials from A25 participants	Community (future participants)	Reach target age group, increase attendance	TBD	YouTube Metrics
	Print Advertising	WSJ Calendar Community Newspapers Neighborhood Association Newsletters	Community (Parents of A25 participants) Potential Partners	Increase Awareness of program; increase class attendance; SC Awareness	TBD	Media Hits/# of participants in A25 classes; News Stories
	Radio Advertising	WPR/ WIBA WMGN	Community (Parents of A25 participants) Potential Partners	Increase Awareness of program; increase class attendance; SC Awareness	TBD	Increased Participants/Google Analytics for Website/Adds to Database
	News Article	Re: 2013 stats, upcoming classes, A25 info and referral to SC website. Tie-in with press release of mid-year A25 stats/update. Quotes from Kathy, Court Clerks, Particiapnts.	Community Newspapers & Neighborhood Association Newsletters	Increase Awareness of program; increase class attendance; SC Awareness	7/15 (Tie in with press release)	Media Hits; # of participants in A25 classes; links to other websites; News Stories
Flyer	?	?	?	?	Dependent on Project	
Direct Mail (postcard, etc.)	?	?	?	?	Dependent on Project	

Safe Communities Marketing Strategy Matrix

Strategy Area	Strategy Tool	Strategy Plan / Message	Audience(s)	Goal	Deadline	Measurement & Evaluation
Drug Poisoning Prevention: MedDrop	Website	Feature Drug Takeback Days @ 'Upcoming Events' on home page Recap stats from Drug Takeback Day on MedDrop page	Community Partners	Inform Recognize Partners Increase web traffic.	Coincides w/ Takeback Days	Google Analytics
	Press Release/ Earned Media	Issue press release re: Takeback Day Truck to Sauget: Contact news affiliate in IL	Community Partners	Inform SC Program Awareness Recognize Partners	Coincides w/ Takeback Days	Media Coverage
	E-Newsletter	Post recap stats/updates for MedDrop (i.e., new locations, # of drugs collected, etc.)	Community & Partners	SC/Program Awareness Partner Recognition	Quarterly	Constant Contact Statistics
	E-Mail Blast	Drug Takeback Days A MedDrop box is near you: Use it!	Community & Partners	SC/Program Awareness Partner Recognition	Coincides w/ Takeback	Constant Contact Statistics
	Social Media- Twitter	Tweet re: upcoming Takeback days, stats re: Takeback days, locations and hours; comments from comment cards	Community Partners Media	SC/Program Awareness Partner Recognition Increase followers/ RT's/Mentions	4x month 15x week during event	Media Hits; # of MedDrop users; News Stories; RTs/Mentions
	Social Media- Facebook	Post re: upcoming Takeback days, stats, locations and hours; comments from comment cards	Community Partners Media	SC/Program Awareness Partner Recognition Increase Friends/likes	4x month 15x week during event	Media Hits/# of MedDrop users; ; News Stories, Facebook Metrics
	YouTube	Create YouTube videos of MedDrop Users-Target one MedDrop location to measure (rotate, 1x month); footage from Takeback Days (truck)	Community Partners	SC/Program Awareness recognize partners; SC Awareness	TBD	YouTube Metrics
	Print/Radio Advertising	WSJ Calendar (Takeback Days) Community Newspapers Neighborhood Association Newsletters WPR/WIBA/WMGN	Community Partners Potential Partners	SC/Program Awareness Partner Recognition Future partners	TBD	# of MedDrop users during target ads Google Analytics for Website
	News Article	Re: Drug Takeback Days General: re: MedDrop locations & quotes from partners/users	Community Newspapers & Neighborhood Association Newsletters	SC/Program Awareness Partner Recognition Future partners	TBD	Article is published
	Flyer	?	?	?	?	Dependent on Project
Direct Mail (postcard, etc.)	?	?	?	?	Dependent on Project	

Safe Communities Marketing Strategy Matrix

Strategy Area	Strategy Tool	Strategy Plan / Message	Audience(s)	Goal	Deadline	Measurement & Evaluation
Drug Poisoning Prevention: Parent Addiction Network	Website	Co-Market PAN; Focus Group 7/8 *Talk with Ellen about upcoming events to tie-in marketing/analytics*	Community Partners	Inform Recognize Partners Increase web traffic.	Ongoing	Google Analytics
	Press Release/ Earned Media	5K promotional materials delivered/Judy Munaker	Community Partners	Inform SC Program Awareness Recognize Partners	TBD	Media Coverage
	E-Newsletter	Updates on PAN (new features/info, etc.)	Community & Partners	SC/Program Awareness Partner Recognition	Quarterly	Constant Contact Statistics
	E-Mail Blast	Updates on PAN (new features/info, etc.)	Community & Partners	SC/Program Awareness Partner Recognition	Quarterly	Constant Contact Statistics
	Social Media- Twitter	Tweet re: PAN updates/info	Community Partners Media	SC/Program Awareness Partner Recognition Increase followers/ RT's/Mentions	4x month	Media Hits; News Stories; RTs/Mentions
	Social Media- Facebook	Post re: PAN updates/info	Community Partners Media	SC/Program Awareness Partner Recognition Increase Friends/likes	4x month	Media Hits; News Stories; RTs/Mentions Facebook Metrics
	YouTube	Discuss with Ellen	Community Partners	SC/Program Awareness recognize partners; SC Awareness	TBD	YouTube Metrics
	Print/Radio Advertising	Need Something to target WSJ Calendar/Community Newspapers Neighborhood Association Newsletters WPR/WIBA/WMGN	Community Partners Potential Partners	SC/Program Awareness Partner Recognition Future partners	TBD	Google Analytics for Website
	News Article	Re: General PAN info; quotes from volunteers/focus group/partners	Community Newspapers & Neighborhood Association Newsletters	SC/Program Awareness Partner Recognition Future partners	TBD	Article is published
	Flyer	PAN Flyers/Bookmarks	Community	Inform & Educate	?	?
Direct Mail (postcard, etc.)	NA	NA	NA	NA	NA	

Safe Communities Marketing Strategy Matrix

Strategy Area	Strategy Tool	Strategy Plan / Message	Audience(s)	Goal	Deadline	Measurement & Evaluation
Traffic Safety: National Stop on Red Week (Aug. 4-10)	Website	Feature National Stop on Red Week @ 'Upcoming Events' on home page Provide Info on Traffic Safety page	Community Partners	Inform Recognize Partners Increase web traffic.	Posted week of 8/4	Google Analytics
	Press Release/ Earned Media	Issue press release re: Nat'l. Stop on Red Week. Partner with Madison PD Contact News for Morning Show Spot	Community Partners	Inform SC Program Awareness Recognize Partners	Week of 8/4	Media Coverage
	E-Newsletter	Announce upcoming details of Stop on Red Campaign	Community & Partners	SC/Program Awareness Partner Recognition	Newsletter prior to 8/4	Constant Contact Statistics
	E-Mail Blast	Announce upcoming details of Stop on Red Campaign	Community & Partners	SC/Program Awareness Partner Recognition	8/2/13	Constant Contact Statistics
	Social Media- Twitter	Tweet re: upcoming Nat'l. Stop on Red Week, stats re: Nat'l. Stop on Red Week	Community Partners Media	SC/Program Awareness Partner Recognition Increase followers/ RT's/Mentions	4x month 15x week during event	Media Hits; # of MedDrop users; News Stories; RTs/Mentions
	Social Media- Facebook	Post re: upcoming Nat'l. Stop on Red Week, stats re: Nat'l. Stop on Red Week	Community Partners Media	SC/Program Awareness Partner Recognition Increase Friends/likes	4x month 15x week during event	Media Hits/# of MedDrop users; ; News Stories, Facebook Metrics
	YouTube	Check with MPD about ideas for footage/video to post	Community Partners	SC/Program Awareness recognize partners; SC Awareness	TBD	YouTube Metrics
	Print/Radio Advertising	WSJ Calendar (Nat'l. Stop on Red Wk.) Community Newspapers Neighborhood Association Newsletters WPR/WIBA/WMGN	Community Partners Potential Partners	SC/Program Awareness Partner Recognition Future partners	TBD	Google Analytics for Website
	News Article	Nat'l. Stop on Red Week details with quotes from MPD, others?	Community Newspapers & Neighborhood Association Newsletters	SC/Program Awareness Partner Recognition Future partners	TBD	Article is published
	Flyer	NA	NA	NA	NA	NA
Direct Mail (postcard, etc.)	NA	NA	NA	NA	NA	

Safe Communities Marketing Strategy Matrix

Strategy Area	Strategy Tool	Strategy Plan / Message	Audience(s)	Goal	Deadline	Measurement & Evaluation
Traffic Safety Roundabout Education	Website	Information is updated on website- make sure Fitchburg is highlighted as a partner	Community Partners	Inform Recognize Partners Increase web traffic.	Ongoing	Google Analytics
	Press Release/ Earned Media	NA	Community Partners	Inform SC Program Awareness Recognize Partners	TBD	Media Coverage
	E-Newsletter	Revisit FACTv video in enewsletter Tie-in updates to roundabouts in area (Fitchburg, any new ones?)	Community & Partners	SC/Program Awareness Partner Recognition	Quarterly	Constant Contact Statistics
	E-Mail Blast	NA	Community & Partners	SC/Program Awareness Partner Recognition	Quarterly	Constant Contact Statistics
	Social Media- Twitter	Tweet re: Roundabout video & roundabout safety facts	Community Partners Media	SC/Program Awareness Partner Recognition Increase followers/ RT's/Mentions	4x month	Media Hits; News Stories; RTs/Mentions
	Social Media- Facebook	Post re: Roundabout video & roundabout safety facts	Community Partners Media	SC/Program Awareness Partner Recognition Increase Friends/likes	4x month	Media Hits; News Stories; RTs/Mentions Facebook Metrics
	YouTube	?	Community Partners	SC/Program Awareness recognize partners; SC Awareness	TBD	YouTube Metrics
	Print/Radio Advertising	?	Community Partners Potential Partners	SC/Program Awareness Partner Recognition Future partners	TBD	Google Analytics for Website
	News Article	Write news article re: roundabouts and safety / incorporate FACTv link and mention City of Fitchburg	Community Newspapers & Neighborhood Association Newsletters	SC/Program Awareness Partner Recognition Future partners	TBD	Article is published
	Flyer	NA	NA	Inform & Educate	NA	NA
Direct Mail (postcard, etc.)	NA	NA	?	NA	NA	

Safe Communities Marketing Strategy Matrix

Strategy Area	Strategy Tool	Strategy Plan / Message	Audience(s)	Goal	Deadline	Measurement & Evaluation
Slow Down Yard Sign Campaign	Website	Feature Slow Down Campaign @ 'Upcoming Events' on home page Recap stats from campaign (participating agencies, etc.)	Community Partners	Inform Recognize Partners Increase web traffic.	Ongoing	Google Analytics
	Press Release/ Earned Media	Issue press release re: campaign prior to kickoff date	Community Partners	Inform SC Program Awareness Recognize Partners	TBD	Media Coverage
	E-Newsletter	Mention Slow Down Campaign in enewsletter; Tie-in updates to participating neighborhood, agencies, etc. Recap after event.	Community & Partners	SC/Program Awareness Partner Recognition	TBD	Constant Contact Statistics
	E-Mail Blast	Pre-Slow Down Campaign announcement with details; separate email blast to agencies for sign pickup prior to event	Community & Partners	SC/Program Awareness Partner Recognition	TBD	Constant Contact Statistics
	Social Media- Twitter	Tweet re: Slow Down Campaign upcoming event; during event; post-event and all week of campaign safety facts	Community Partners Media	SC/Program Awareness Partner Recognition Increase followers/ RT's/Mentions	4x month 15x week during event	Media Hits; News Stories; RTs/Mentions
	Social Media- Facebook	Post re: Slow Down Campaign upcoming event; during event; post-event and all week of campaign safety facts	Community Partners Media	SC/Program Awareness Partner Recognition Increase Friends/likes	4x month 15x week during event	Media Hits; News Stories; RTs/Mentions Facebook Metrics
	YouTube	Footage of campaign kickoff, quotes from key stakeholders	Community Partners	SC/Program Awareness recognize partners; SC Awareness	TBD	YouTube Metrics
	Print/Radio Advertising	?	Community Partners Potential Partners	SC/Program Awareness Partner Recognition Future partners	TBD	Google Analytics for Website
	News Article	Write news article re: campaign and safety / incorporate quotes from key stakeholders and photos from previous events	Community Newspapers & Neighborhood Association Newsletters	SC/Program Awareness Partner Recognition Future partners	TBD	Article is published
	Flyer	NA	NA	Inform & Educate	NA	NA
Direct Mail (postcard, etc.)	NA	NA	?	NA	NA	

Safe Communities Marketing Strategy Matrix

Strategy Area	Strategy Tool	Strategy Plan / Message	Audience(s)	Goal	Deadline	Measurement & Evaluation
Ped Flag Program	Website	Update website when Ped Flag Holders are complete. Sector 67 & Arthur Ross from City of Madison TE	Community Partners	Inform Recognize Partners Increase web traffic.	TBD	Google Analytics
	Press Release/ Earned Media	Issue press release re: redesigned ped flag holders. Contact local news stations.	Community Partners	Inform SC Program Awareness Recognize Partners	TBD	Media Coverage
	E-Newsletter	Mention ped flag holder project and eta of completion.	Community & Partners	SC/Program Awareness Partner Recognition	TBD	Constant Contact Statistics
	E-Mail Blast	Announcement of holders, partnership with City of Madison TE, Sector 67, etc. and what that means for Ped Flag pgm.	Community & Partners	SC/Program Awareness Partner Recognition	TBD	Constant Contact Statistics
	Social Media- Twitter	Tweet re: updates; when launch will occur; if launch occurs and event, during event; post-event and all week of campaign safety facts	Community Partners Media	SC/Program Awareness Partner Recognition Increase followers/ RT's/Mentions	4x month 15x week during event	Media Hits; News Stories; RTs/Mentions
	Social Media- Facebook	Post re: updates; when launch will occur; if launch occurs and event, during event; post-event and all week of campaign safety facts	Community Partners Media	SC/Program Awareness Partner Recognition Increase Friends/likes	4x month 15x week during event	Media Hits; News Stories; RTs/Mentions Facebook Metrics
	YouTube	Footage of campaign kickoff, quotes from key stakeholders	Community Partners	SC/Program Awareness recognize partners; SC Awareness	TBD	YouTube Metrics
	Print/Radio Advertising	?	Community Partners Potential Partners	SC/Program Awareness Partner Recognition Future partners	TBD	Google Analytics for Website
	News Article	Write news article re: campaign and safety / incorporate quotes from key stakeholders and photos from previous events	Community Newspapers & Neighborhood Association Newsletters	SC/Program Awareness Partner Recognition Future partners	TBD	Article is published
	Flyer	NA	NA	Inform & Educate	NA	NA
Direct Mail (postcard, etc.)	NA	NA	?	NA	NA	

Safe Communities Marketing Strategy Matrix

Strategy Area	Strategy Tool	Strategy Plan / Message	Audience(s)	Goal	Deadline	Measurement & Evaluation
Falls Prevention	Website	Feature classes @ 'Upcoming Events' on home page	Community Partners	Inform Recognize Partners Increase web traffic.	Coincides with FP class calendar	Google Analytics
	Press Release/ Earned Media	Class offerings, 1 story with quotes/info on Falls Prevention-related topics	Community Partners	Inform SC Program Awareness Recognize Partners	Quarterly	Media Coverage
	E-Newsletter	Highlight progress/upcoming events/class offerings. Promote STEADI info.	Community & Partners	SC/Program Awareness Partner Recognition	TBD	Constant Contact Statistics
	E-Mail Blast	?	Community & Partners	SC/Program Awareness Partner Recognition	TBD	Constant Contact Statistics
	Social Media- Twitter	Tweet re: class updates and/or events, during event; post-event and all week of campaign falls prevention safety facts	Community Partners Media	SC/Program Awareness Partner Recognition Increase followers/ RT's/Mentions	4x month 15x week during event	Media Hits; News Stories; RTs/Mentions
	Social Media- Facebook	Post re: class updates and/or events, during event; post-event and all week of campaign falls prevention safety facts	Community Partners Media	SC/Program Awareness Partner Recognition Increase Friends/likes	4x month 15x week during event	Media Hits; News Stories; RTs/Mentions Facebook Metrics
	YouTube	Footage of Falls Prevention classes; testimonials from key stakeholders	Community Partners	SC/Program Awareness recognize partners; SC Awareness	TBD	YouTube Metrics
	Print/Radio Advertising	Need Something to target WSJ Calendar/Community Newspapers Neighborhood Association Newsletters WPR/WIBA/WMGN	Community Partners Potential Partners	SC/Program Awareness Partner Recognition Future partners	TBD	# of attendees per class/compared to 2012 Google Analytics for Website
	News Article	Write news article re: campaign and safety / incorporate quotes from key stakeholders and photos from previous events	Community Newspapers & Neighborhood Association Newsletters	SC/Program Awareness Partner Recognition Future partners	TBD	Article is published
	Flyer	Create for hospitals and clinics	NA	Inform & Educate	TBD	NA
Gift Idea	Promote classes on Groupon/Living Social, etc. for gift ideas	Families of older adults	Increase class participation, inform & educate	11/1/13	# of gift/classes purchased	

Safe Communities Marketing Strategy Matrix

Strategy Area	Strategy Tool	Strategy Plan / Message	Audience(s)	Goal	Deadline	Measurement & Evaluation
Only Leaves Should Fall 9/25/13	Website	Update website @ upcoming events and Falls Prevention page prior to/during event	Community Partners	Inform Recognize Partners Increase web traffic.	TBD	Google Analytics
	Press Release/ Earned Media	Issue press release re: program. Coordinate morning TV spot w/SC, UW-OT/PT/Nursing school or Terry Shea for interest; Contact local news stations.	Community Partners	Inform SC Program Awareness Recognize Partners	TBD	Media Coverage
	E-Newsletter	Mention upcoming event and details	Community & Partners	SC/Program Awareness Partner Recognition	9/11/13 timeframe	Constant Contact Statistics
	E-Mail Blast	Announcement of event with details.	Community & Partners	SC/Program Awareness Partner Recognition	TBD	Constant Contact Statistics
	Social Media- Twitter	Tweet re: event/updates/during event; post-event and all week of event; post falls prevention safety facts	Community Partners Media	SC/Program Awareness Partner Recognition Increase followers/ RT's/Mentions	4x month 15x week during event	Media Hits; News Stories; RTs/Mentions
	Social Media- Facebook	Post re: event/updates/during event; post-event and all week of event; post falls prevention safety facts	Community Partners Media	SC/Program Awareness Partner Recognition Increase Friends/likes	4x month 15x week during event	Media Hits; News Stories; RTs/Mentions Facebook Metrics
	YouTube	Footage of event, quotes from key stakeholders	Community Partners	SC/Program Awareness recognize partners; SC Awareness	TBD	YouTube Metrics
	Print/Radio Advertising	WSJ Calendar/Community Newspapers Neighborhood Association Newsletters WPR/WIBA/WMGN	Community Partners Potential Partners	SC/Program Awareness Partner Recognition Future partners	TBD	# of Attendees compared to 2012 Google Analytics for Website
	News Article	Write news article re: event and falls prevention / incorporate quotes from key stakeholders and photos from previous events	Community Newspapers & Neighborhood Association Newsletters	SC/Program Awareness Partner Recognition Future partners	TBD	Article is published
	Flyer	Flyers TBD	Community Partners	Inform & Educate Partner Recognition	TBD	NA
Direct Mail (postcard, etc.)	NA	NA	?	NA	NA	

Safe Communities Marketing Strategy Matrix

Strategy Area	Strategy Tool	Strategy Plan / Message	Audience(s)	Goal	Deadline	Measurement & Evaluation
Suicide Prevention & QPR Training	Website	Update website @ upcoming events and Suicide Prevention page prior to/during classes or events	Community Partners	Inform Recognize Partners Increase web traffic.	TBD	Google Analytics
	Press Release/ Earned Media	Issue press release re: classes. Coordinate morning TV spot, contact local news stations.	Community Partners	Inform SC Program Awareness Recognize Partners	TBD	Media Coverage
	E-Newsletter	Mention upcoming classes/events and details	Community & Partners	SC/Program Awareness Partner Recognition	TBD	Constant Contact Statistics
	E-Mail Blast	Announcement of classes/events with details.	Community & Partners	SC/Program Awareness Partner Recognition	TBD	Constant Contact Statistics
	Social Media- Twitter	Tweet re: classes/events/updates/during event; post-event and all week of event; post suicide prevention safety facts	Community Partners Media	SC/Program Awareness Partner Recognition Increase followers/ RT's/Mentions	4x month 15x week during event	Media Hits; News Stories; RTs/Mentions
	Social Media- Facebook	Tweet re: classes/events/updates/during event; post-event and all week of event; post suicide prevention safety facts	Community Partners Media	SC/Program Awareness Partner Recognition Increase Friends/likes	4x month 15x week during event	Media Hits; News Stories; RTs/Mentions Facebook Metrics
	YouTube	Footage of QPR training classes, events, quotes from key stakeholders	Community Partners	SC/Program Awareness recognize partners; SC Awareness	TBD	YouTube Metrics
	Print/Radio Advertising	WSJ Calendar/Community Newspapers Neighborhood Association Newsletters WPR/WIBA/WMGN	Community Partners Potential Partners	SC/Program Awareness Partner Recognition Future partners	TBD	# of classes/attendees compared to 2012 Google Analytics for Website
	News Article	Write news article re: event and falls prevention / incorporate quotes from key stakeholders and photos from previous events	Community Newspapers & Neighborhood Association Newsletters	SC/Program Awareness Partner Recognition Future partners	TBD	Article is published
	Flyer	Flyers TBD	Community Partners	Inform & Educate Partner Recognition	TBD	NA
Direct Mail (postcard, etc.)	TBD	TBD	TBD	TBD	TBD	

Safe Communities Marketing Strategy Matrix

Strategy Area	Strategy Tool	Strategy Plan / Message	Audience(s)	Goal	Deadline	Measurement & Evaluation
	Website		Community Partners	Inform Recognize Partners Increase web traffic.	TBD	Google Analytics
	Press Release/ Earned Media		Community Partners	Inform SC Program Awareness Recognize Partners	TBD	Media Coverage
	E-Newsletter		Community & Partners	SC/Program Awareness Partner Recognition	TBD	Constant Contact Statistics
	E-Mail Blast		Community & Partners	SC/Program Awareness Partner Recognition	TBD	Constant Contact Statistics
	Social Media- Twitter		Community Partners Media	SC/Program Awareness Partner Recognition Increase followers/ RT's/Mentions	4x month 15x week during event	Media Hits; News Stories; RTs/Mentions
	Social Media- Facebook		Community Partners Media	SC/Program Awareness Partner Recognition Increase Friends/likes	4x month 15x week during event	Media Hits; News Stories; RTs/Mentions Facebook Metrics
	YouTube		Community Partners	SC/Program Awareness recognize partners; SC Awareness	TBD	YouTube Metrics
	Print/Radio Advertising		Community Partners Potential Partners	SC/Program Awareness Partner Recognition Future partners	TBD	# of classes/attendees compared to 2012 Google Analytics for Website
	News Article		Community Newspapers & Neighborhood Association Newsletters	SC/Program Awareness Partner Recognition Future partners	TBD	Article is published
	Flyer		Community Partners	Inform & Educate Partner Recognition	TBD	NA
	Direct Mail (postcard, etc.)		TBD	TBD	TBD	TBD

THE HEALTH OF DANE COUNTY

Injury Data Report for Safe Communities

October, 2014

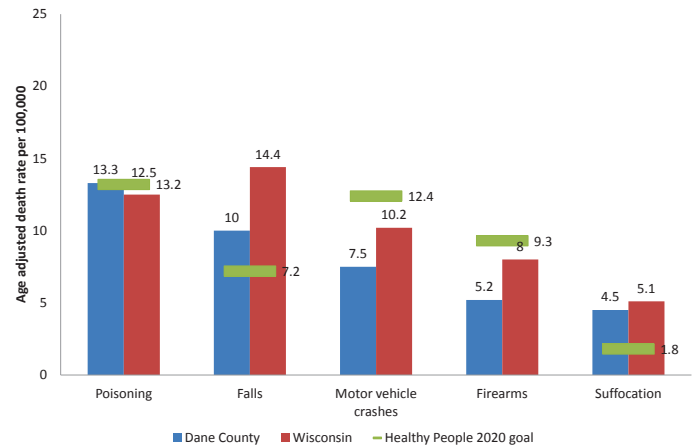


INJURIES IN DANE COUNTY

Injuries are a significant public health problem in Dane County. Unintentional injuries and suicide are among the top ten leading causes of all deaths for Dane County residents. Over a five-year period (2007-2011), there were 794 deaths due to unintentional injury and 279 deaths due to suicide.

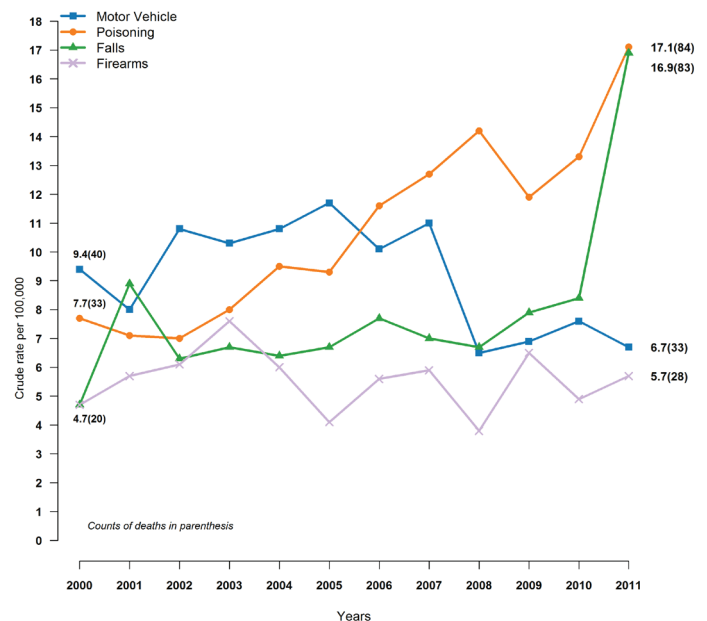
- The five leading causes of injury deaths in Dane County are poisoning, falls, motor vehicle crashes, suffocation and firearms. (2007-2011)
- The poisoning death rate (13.3/100,000) is higher than the state average (12.5/100,000).
- The death rates for falls, poisoning and suffocation are above the Healthy People 2020 target.
- Among the leading causes of injury death, there has been a dramatic increase with poisoning and an increase for falls, while deaths from motor vehicle crashes have decreased. (2002-2011) In the past decade, the greatest increase in injury deaths has been poisoning. As of 2006, poisoning deaths surpassed motor vehicle crashes as the leading cause of injury death.
- Poisoning, falls and motor vehicle crashes are the leading causes of injury death for both males and females; however, firearm deaths also rank high for men.
- Unintentional injuries are the top cause of death (among all causes) for those 1-44 years of age.

Injury Death by Underlying Cause
Dane County & Wisconsin, 2007-2011 and HP 2020 Goals



Source: Wisconsin Interactive Statistics on Health (WISH), PHMDC 2014

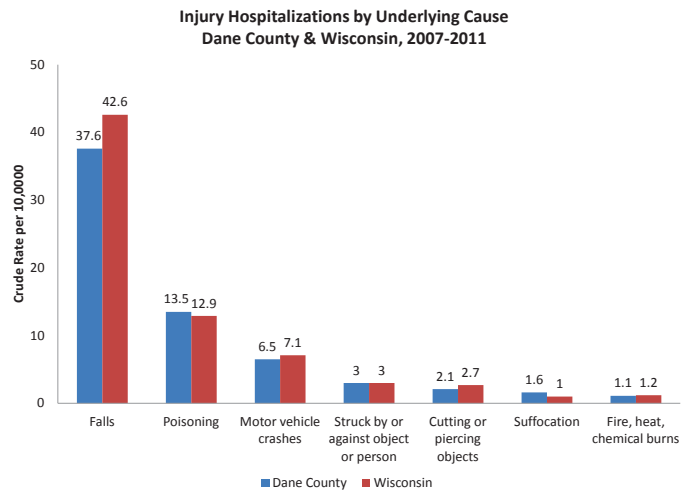
Dane County: Injury Mortality Trends
2000-2011



Source: WISH / PHMDC 2014

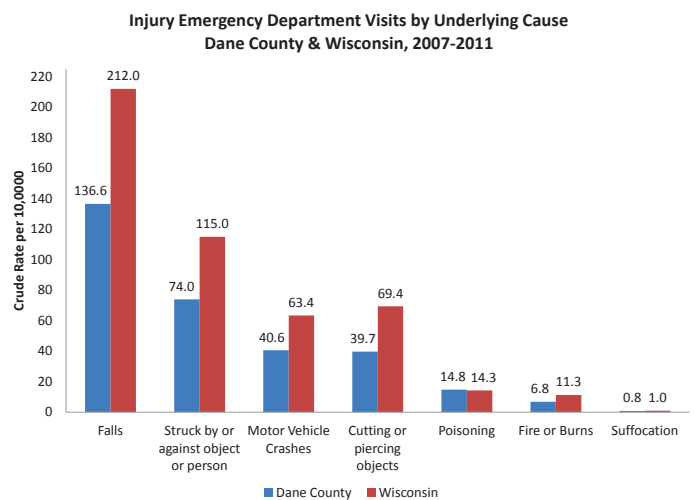
Injury-related visits to the hospital (those visiting the emergency department and leaving and those admitted), also cause significant impact on our community.

- The five leading causes of injury hospitalization in Dane County are falls, poisoning, motor vehicle crashes, struck by or against an object or person, and cutting or piercing objects. (2007-2011) Dane County rates for poisoning hospitalization are higher than the state average.



Source: WISH / PHMDC 2014

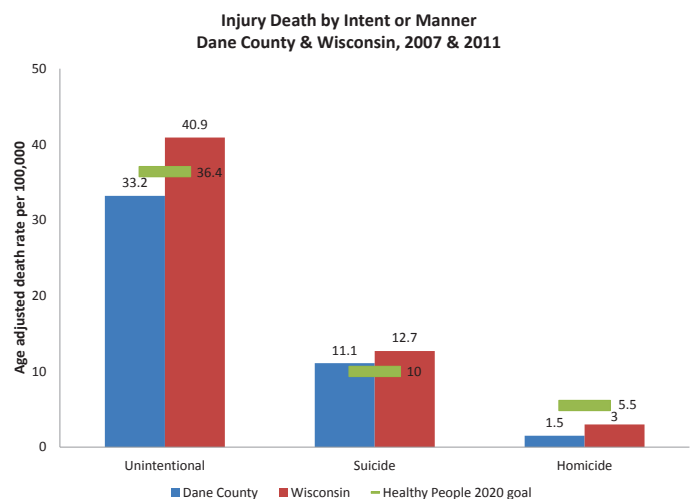
- The five leading causes of injury emergency department (ED) visits in Dane County are falls, struck by or against an object or person, motor vehicle crashes, cutting or piercing objects, and poisoning. (2007-2011) Dane County ED poisoning rates are greater than the state average.



Source: WISH / PHMDC 2014

The intent (or manner) of injuries, for those in Dane County, are broken down as follows:

- Injury deaths: 70.1% are unintentional, 24.9% are suicide and 3.4% homicide.
- Although unintentional injury deaths and suicide in Dane County are less than the Wisconsin state average, the Dane County suicide rates (11.1) are above the Healthy People 2020 target.
- Injury-related hospitalizations: 85.0% are unintentional, 11.2% are self-inflicted, and 2.1% are assault.
- Injury-related hospital ED visits: 93.2% are unintentional, 1.6% are self-inflicted, and 4.4% are assault.



Source: WISH / PHMDC 2014

The leading causes of injury death and hospital visits in Dane County for each age group are listed in the table below: (2007-2011)

Age (Years)	Leading Cause(s) of Injury Death	Leading Causes of Injury-Related Hospital Visits (hospitalizations and ED visits)
0-1	Suffocation	Falls
1-4	Suffocation	Falls
5-9	Suffocation, Poisoning	Falls
10-14	Motor vehicle crashes	Falls
15-19	Motor vehicle crashes	Poisoning
20-24	Motor vehicle crashes, Poisoning	Poisoning
25-34	Poisoning	Poisoning, Falls
35-44	Poisoning	Poisoning
45-54	Poisoning	Falls, Poisoning
55-64	Poisoning	Falls
65-74	Falls, Motor vehicle crashes	Falls
75+	Falls	Falls

Source: WISH / PHMDC 2014

Unintentional Injury

Although the unintentional injury death rate in Dane County (29.4 deaths per 100,000) meets the Healthy People 2020 national health target (29.4 per 100,000 vs. 36 per 100,000), it is still the leading cause of death for those under 44. On average, there have been almost 160 unintentional injury deaths per year. (2007-2011)

Suicide and Suicide Attempt

Suicide is a significant public health problem in Dane County. Suicide deaths in Dane County (2007-2011) are above the Healthy People 2020 target (11.1 vs. 10.2 per 100,000 respectively).

From 2006-2010, there has been an average of about 50 deaths per year (10.9/100,000). However, beginning in 2011, the numbers of suicides have increased to around 70 in a year, with an average rate of 13.6/100,000. Between 2007 and 2011, there was an average of 822 hospital visits that were self-inflicted (suicide attempts) in Dane County.

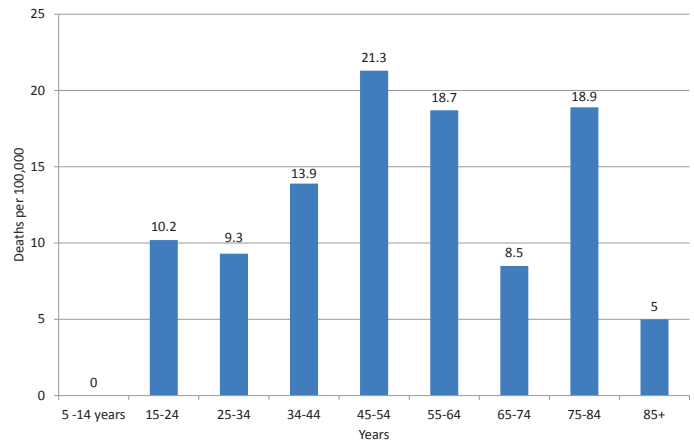
For both completed suicides and suicide attempts, there are differences in gender and age groups. In Dane County, for the years 2007-2011:

- The rates of suicide are almost three times greater for males than females (17.2 vs. 6.0 per 100,000 respectively).
- The rates of self-inflicted hospitalizations and ED visits (suicide attempts) for females are double those of males (21.2 vs. 11.1 per 10,000 respectively).
- The rates for suicides are greatest in those 45-54 years of age.
- The rates for suicide attempts are highest in those 15-24 years of age.

The percentage of the type of method used (lethal means) varies between completed suicides and suicide attempts: (2007-2011)

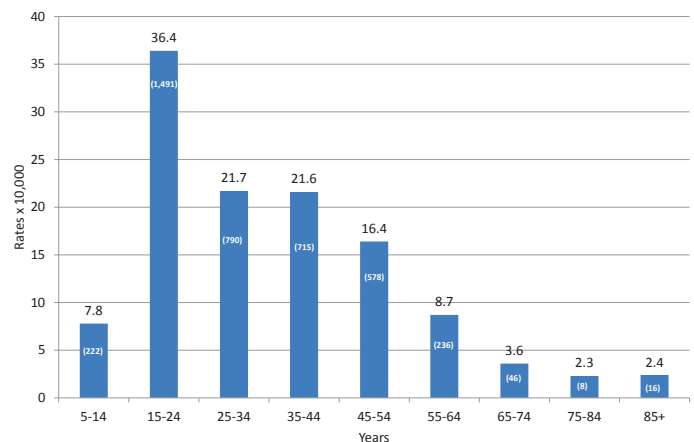
- The leading methods of suicide are firearms (38%), followed by poisoning (28%) and suffocation/hanging (25%). The poisoning substances most commonly used are medications.
- For those that visit the hospital (hospitalizations & ED visits), poisoning (70%) is the leading method of attempted suicide, followed by cutting and piercing by a sharp instrument (24%).

Suicide Deaths by Age Group
Dane County, 2007-2011



Source: WISH

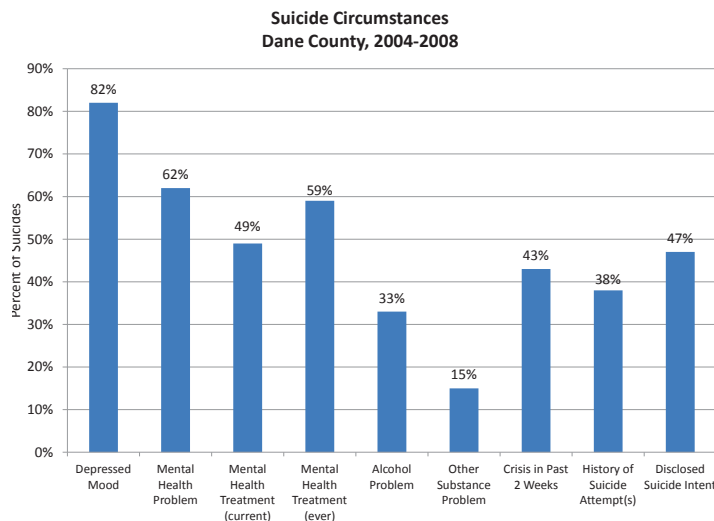
Self-Inflicted Hospitalizations & ED Visits by Age Group
Dane County, 2007-2011



Source: WISH / PHMDC

Information was gathered from the medical examiner, police, family and friends about the circumstances leading up to a suicide. Review of patterns can help gain an understanding for prevention efforts.

- Mental health issues were often implicated with suicide victims:
 - » More than 80% were characterized as being depressed.
 - » 62% had a current mental health diagnosis.
 - » 49% were currently in treatment for a mental health issue.
 - » 59% were treated for a mental health issue at some point.
- 48% of the suicide victims had a substance abuse problem.
 - » 33% had an alcohol problem.
 - » 15% had another type of substance abuse problem.
- 38% had experienced a crisis within two weeks of their death.
- 38% had a history of prior suicide attempts.

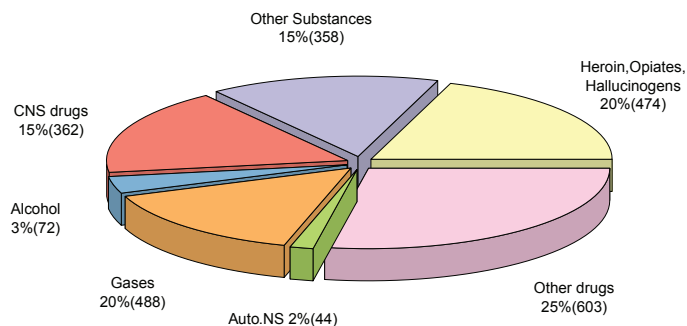


Source: Wisconsin Violent Death Reporting System / PHMDC

Poisoning

Poisoning is the leading cause of injury death in Dane County and the rates have dramatically increased over the past decade, surpassing motor vehicle crashes in 2006. Hospital admissions due to poisoning are also of concern. For both poisoning death and hospital visits, the majority of the substances used are drug-related (illicit, prescription and over the counter).

Unintentional Poisoning ED Visits and Hospitalization by Substance Dane County, 2007-2011

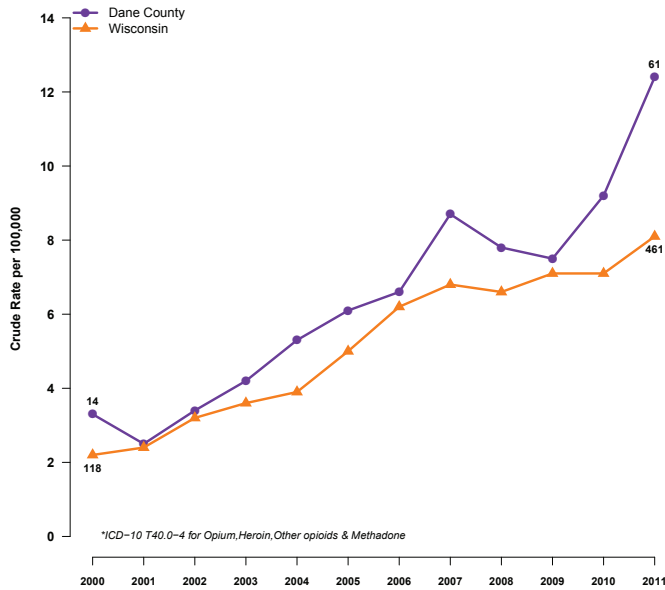


Source: WI Hospital Association / PHMDC

Due to the dramatic increase in the number of opioid-related poisoning deaths and hospital visits, opioids being easily available and their highly addictive nature, opioids are of a particular concern in Dane County:

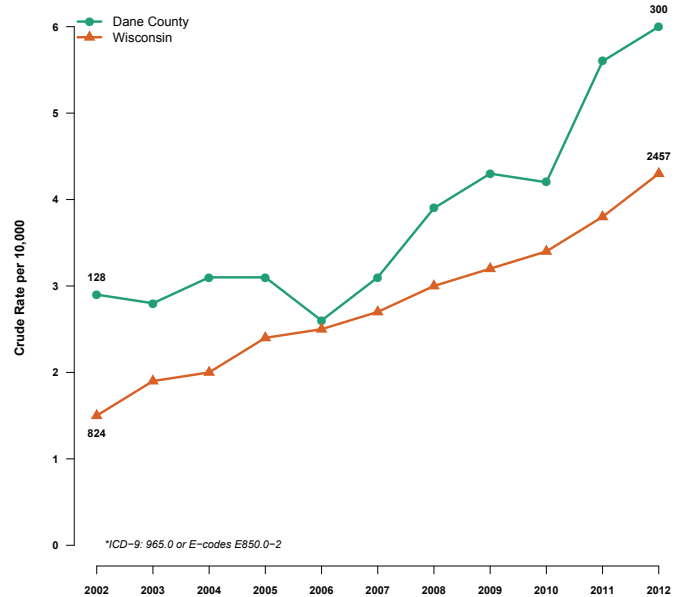
- Opioid death rates have almost quadrupled, with 75% due to prescription drugs. (2000-2011) In 2011, there were 61 opiate-related deaths. The opioid death rates in Dane County are higher than the Wisconsin state average.
- Opioid-related poisoning hospitalizations and emergency department visits have more than doubled, with 67% due to prescription opioids. (2003-2012) In 2012, there were 300 hospital discharges for opioid-related poisonings. The opioid poisoning hospital rates in Dane County are higher than the Wisconsin state average.
- In 2011, there were also over 1,000 discharges from the hospital for opiate abuse and dependence.

Opiate* Related Deaths (All Intents)
2000-2011



Source: WI Office of Health Informatics / PHMDC 2014

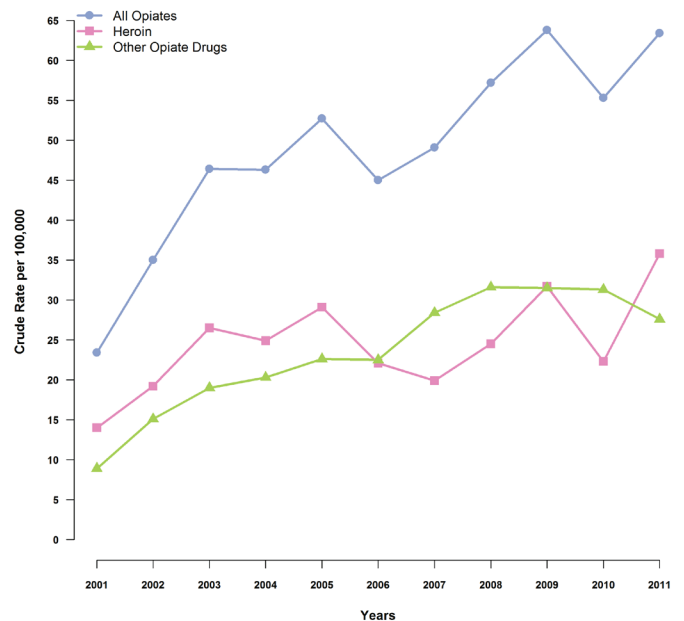
Unintentional Opioid* Poisoning Hospitalization and ED Visits
2002-2012



Source: WI Hospital Association / PHMDC 2014

There has been an increase in the number of clients that have received public-funded substance abuse treatment for opioid use disorder problems in Dane County.

Dane County Publicly-Funded Treatment for Opiate
2001-2011



Source: Dane County Department of Human Services / PHMDC 2014

Falls

Falls are a leading cause of injury-related deaths and the number one cause of injury-related hospitalization and ED visits for all ages in Dane County.

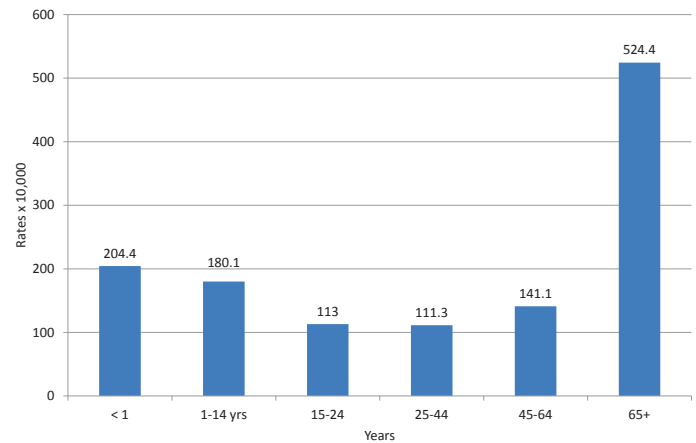
In Dane County, there were 10.0 deaths per 100,000 for falls (2007-2011), higher than the Healthy People 2020 national target (7.0 per 100,000) and the rates have increased over the past decade. In 2011, there were 83 falls-related deaths.

- Falls are the leading cause of injury hospitalization and ED visits for both males (156.3/10,000) and females (191.8/10,000), but the rate is higher for females.
- Falls-related injury rates are especially high for those ages 65 and older.

In Dane County, for adults over 65 years of age, for the years 2007-2011:

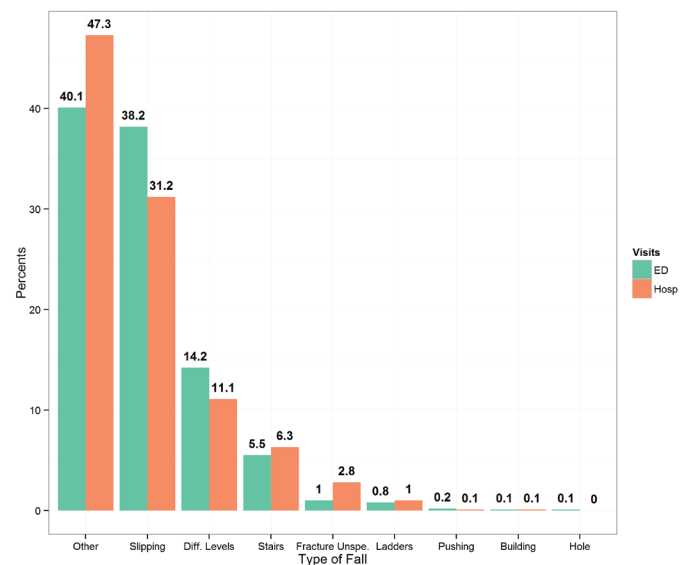
- The falls-related death rates for older adults were 75.6 per 100,000. This is greater than the Healthy People 2020 target for those 65 and older (47.0/100,000).
- The rates for falls-related hospitalizations and ED visits were 524.4 per 10,000.
- In 2011, there were 72 deaths from falls.
- In 2011, there were 2,624 visits to the hospital due to falls (hospitalizations and ED visits).
- For those who visited the hospital due to falls, whether going to ED and leaving or being admitted into the hospital, over 1/3 (4,596) of the falls were from the same level (slipping, tripping or stumbling), followed by those from one level to another (2,778). There were also over 750 falls from stairs or steps, over 200 falls from fractures (before fall) and over 100 from ladders or scaffolding.

Falls Hospitalizations & ED Visits
Dane County, 2007-2011



Source: WISH

Falls Hospitalization & ED Visits
Proportion of Causes Among 65+ with Falls
Dane County, 2007-2011



Source: WI Hospital Association / PHMDC 2014

Category Definitions:

- Slipping - Fall from same level (slipping, tripping or stumbling)
- Diff. Levels - Fall from one level to another
- Stairs - Fall from stairs or steps
- Fracture Unspe. - Fractures (before fall)
- Ladders - Fall from ladders or scaffolding
- Pushing - Fall on same level from collision, pushing or shoving by or with another person
- Building - Fall from or out of building or other structure
- Hole - Fall into hole or other opening in surface

Motor Vehicle Crashes*

Motor vehicle crashes are the third leading cause of injury deaths and hospital visits in Dane County. In 2013, there were 10,040 motor vehicle crashes in Dane County, resulting in 35 fatalities and 3,158 injuries. Motor vehicle fatalities have remained steady in recent years, with a 5-year average of 34.2 deaths. (2009-2013)

Of the 35 motor vehicle fatalities in 2013, 7 were those on a motorcycle or moped, 5 were pedestrians and 2 were on bicycles. See table for details about fatal and injury motor vehicle crashes.

Type of Crash	Fatal Crashes	Injury Crashes	Total Crashes
Passenger Vehicles	38	4,075	15,893
Motorcycle or Moped	7	161	199
Bicycle	2	116	136
Pedestrian	4	107	120

Dane County contains several rural areas and, therefore, deer crashes are also a concern. In 2013, there were 786 deer crashes, resulting in no deaths, but there were 7 people injured. As expected, 90% of the deer crashes occurred in rural areas.

The leading driver contributing circumstances for motor vehicle crashes in Dane County is inattentive driving, followed by failing to yield the right of way.

Impaired driving continues to be a problem on our roads in Dane County.

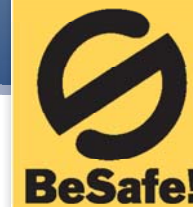
- There were 2,136 alcohol-related crashes, resulting in 74 deaths and 1,009 injuries. (2009-2013) Alcohol-related crashes occurred most often with drivers between the ages of 25-34 (146), followed by those 21-25 years old (122).
- There were 291 drug-related crashes, resulting in 47 deaths and 176 injuries. (2009-2013) Although the number of drug-related crashes are less than those from alcohol, the numbers are increasing. However, these numbers are under reported because there is no standard testing for drug-impaired driving.

At the state level, in 2012 drivers of fatal crashes are most often between the ages of 45-54 and for injury crashes are most often between the ages of 25-34. There are many more male than female drivers in fatal or injury crashes.

86% of those who were **not** injured in passenger car motor vehicle crashes in Dane County **were** wearing safety equipment (safety belts, car safety seats, motorcycle helmets).

*All motor vehicle crash data is from the WI Department of Transportation.

Appendix H (Section IV: Community Inventory of Safety and Injury Prevention Initiatives)



MISSION: Safe Communities builds partnerships with people and organizations to save lives, prevent injuries and make our community safer.

VISION: Safe Communities will be both a leader and a catalyst in making Madison/Dane County a safer community.

ISSUES: We address the top causes of injury as determined by data and the safety concerns most cited at listening sessions.

Drug Poisoning & MedDrop

In Dane County, poisoning has passed traffic crashes as the leading cause of injury death, and most of these are drug-related. Deaths due to prescription opioids almost tripled from 2000-2010.

OUR WORK

- Funding from city and county
- Collaboration with 150 partners
- Reduce access through 12 MedDrop locations and Lock Up Meds campaign
- Reduce inappropriate use through Health Care Task Force on Opioids, SCOPE of Pain Training and Patient/Prescriber Education
- Overdose intervention: pilot Narcan programs with police and surveys / focus groups with more than 1,000 respondents
- Partnership with Dane County Recovery Coalition
- Dedicated Parent Addiction Network website
- Educators Prevention Network to disseminate prevention programs

RESULTS

- More than 6 tons of medicines collected and safely disposed of through MedDrop
- Featured program of the 2013 National Safety Council Rx Symposium and Strategy Meeting
- \$10,000 award through US Conference of Mayors 2013 Safeguard My Meds Prescription Drug Abuse Recognition Competition
- Model program for Wisconsin Department of Justice grant to local communities

Elder Falls

Falls are the #1 cause of injury hospitalization for older adults in Dane County; there are about 1,700 annually at a cost of \$33,000 per hospital stay. But, most falls are preventable ... not an inevitable part of aging.

OUR WORK

- 40 partner organizations collaborate on Falls Prevention Task Force
- Website is one-stop for older adults and care/service providers to find classes and programs proven to prevent falls
- Deliver STEADI Clinician Toolkit from CDC to health care partners
- Partnership with EMS to reach frequent fallers

RESULTS

- Stepping On class reduces falls by 50%; we have graduated more than 300 area seniors
- "Only Leaves Should Fall" event annually screens nearly 100 older adults for risk and refers for classes / services
- Featured program at 2012 Midwest Injury Prevention Alliance Conference

Traffic Crashes

A young person dies every 46 days in Dane County as a result of a crash, making it the age group's #1 cause of death. Speed, alcohol and/or failure to wear safety belts are a factor in 60% of crashes. If a child is struck by a car, there is an 80% survival rate at 20mph; but only 20% survive at 40mph.

OUR WORK

- Administer Alive at 25 Defensive Driving Course for young offenders referred by municipal courts and for area high schools
- 7,000 Slow Down yard signs distributed annually through partnership with law enforcement and neighborhoods
- More than 50 pedestrian flag sites established in Dane County
- Roundabout education and Stop on Red Campaign

RESULTS

- Research shows 98% reduction in serious crashes in Alive at 25 grads
- 76% of drivers surveyed reported slowing down upon seeing a Slow Down yard sign
- Yield-to-pedestrian rate among motorists is 89% with pedestrian flags vs. 11% without
- Awarded 3 National Highway Traffic Safety Administration demonstration projects and partner on a 4th

Suicide Prevention

More than 1/4 of injury-related deaths in Dane County are suicides, and the rate in Dane County in 2011 increased 41% over previous 5-year annual averages. Also in 2011, more than 835 people were hospitalized for self-inflicted injuries.

OUR WORK

- 40 partner organizations collaborate on Suicide Prevention Task Force
- Reduce access to lethal means of suicide by disseminating 3,000 gun locks and promoting MedDrop as a means of prevention
- Promote Man Therapy (an evidence-based website) with sportsmen's groups and mental health providers

RESULTS

- Reached 1,000 people in 2013 with evidence-based QPR (Question, Persuade, Refer) Gatekeeper Training
- Trained 130 professionals at Suicide Prevention Summit in January 2013; conduct annual or biennial trainings
- Featured program of 2011 Safe States Alliance Conference

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