

APPLICATION TO BECOME A US ACCREDITED SAFE COMMUNITY

Applications should be submitted in 12-point font, Arial and single-spaced.

Section 1: Contact information

List two key contacts in your community during the application process.

Name and title: John Grimes

Organization: Associated Wholesale Grocers, Inc.

Mailing address: 1301 W. Omaha Ave., Norfolk, NE 68701

E-mail: john.grimes@awginc.com

Phone: 402-649-5479

Name and title: Heather Drahota

Organization: Elkhorn Logan Valley Public Health Department

Mailing address: PO Box 779, Wisner, NE 68791

E-mail: heather@elvphd.org

Phone: 402-529-2233

Section 2: Community Description

Describe your community: (maximum 2 pages, may include pictures)

- Describe your community's history and what makes your community unique.

On July 17, 1866, a three-train caravan of prairie schooners, carrying 44 German families from Ixonia and Watertown, Wisconsin arrived at the junction of the Elkhorn and North Fork valleys where they were attracted by the rich land open for settlement. These pioneers were joined by others from Wisconsin, and formed the community that later became Norfolk.

In 1881, the Village of Norfolk was organized. The settlers proclaimed "North Fork" to be their permanent post office address, named after the river, but suggested "Norfork" as the simplest compounding of "North Fork". Postal authorities thinking the word had been misspelled, changed the spelling to "Norfolk".

Norfolk is located in Northeast Nebraska in Madison County in the Elkhorn River Valley. A convenient distance from major cities including 112 miles northwest of Omaha, 121 miles north of Lincoln, and 75 miles southwest of Sioux City. Norfolk is only 15 miles from Madison, Nebraska, the county seat of Madison County, which is governed by a three-person Board of County Commissioners. Norfolk accommodates several branch offices for Madison County as well as a separate State Highway Patrol Center and serves a 23-county area.

Norfolk is the economic center for an area encompassing six counties. Basic economic activities in Norfolk include manufacturing, farming (both livestock and

grain), education, retailing, and wholesaling. Manufacturing employs over 4,059 persons. Norfolk is the major retail trade center for Northeast Nebraska.

- Why is your community seeking a Safe Communities accreditation?
To identify and reduce the risks of our population in a collaborative effort with community leaders and organizations.
- Who in your community (person/agency) is taking the lead in organizing this effort? Division of Public Safety (Police/Fire Divisions) Why?

Section 3: Criteria to Be a Safe Community

I. Sustained collaboration

An infrastructure based on partnership and collaboration representing a cross section of community leaders and organizations committed to community safety and well-being.

1. Describe your Safe Communities Coalition (be specific)

- a. Name of the coalition
Norfolk Safe Communities Coalition
- b. Members, their organizational affiliations and email address
(See Appendix A)
- c. Organizational support
(See ELVPHD letter of support)
(See Faith Regional Health Services letter of support)
- d. Date the group formed
August of 2008
- e. Meeting notes
(Attached)

2. Mission Statement

“Our mission is to improve the health, safety and quality of life for residents and visitors through injury analysis and the implementation of programs designed to increase safety and prevent injuries.”

3. Communications Strategy

Website, e-mails, radio, press release

II. Data Collection and Application

What does your local data tell you about injuries and safety and how is the coalition applying the data to set goals? Include the most recent data available.

1. Community demographics

DEMOGRAPHICS

Norfolk city government includes a mayor and council. The population inside Norfolk city limits is 24,210. A total of 34,876 people live in Madison County. There are 11,871 (49.1 %) male and 12,339 (50.9%) female residents. The median age in Norfolk is 35.3. The following chart displays the percent of the population of Norfolk in each age group.

Age	Percent of the Population
Under 18	24.5%
18-24	12.1%
25-44	23.6%
45-64	25.1%
65 and over	14.6%

There are 9,910 households and 6,005 families reside in the city. Of the 9,910 households, 31% had children under the age of 18 living in them, 46.3% were married couples living together, 10.6% had a female householder with no husband present, 3.7% had a male householder with no wife present and 39.4% were non-families. 32.5% of all households were made up of individuals and 11.3% had someone living alone who was 65 years of age or older. The average household size was 2.36 and the average family size was 3.00

The per capita income is \$16,990 with the unemployment rate being 2.5%. 89.2% have a high school level education or higher and 21% have a bachelor's degree or higher. The chart below illustrates the racial makeup of Norfolk.

Race	Percent of the Population
White	83.2%
Hispanic or Latino	12.1%

Black	1.6%
American Indian or Alaska Native	1.6%
Asian	1.4%

HEALTHCARE

Norfolk has one 166 bed hospital, Faith Regional Health Services. Three representatives from the hospital serve on the Norfolk Safe Communities Steering Committee, Mark Sears, Joyce Warneke and Brian Blecher. Norfolk has 10 outpatient clinics for primary care and numerous allied health clinics. Elkhorn/Logan Valley Health Department which serves a four county area which includes Norfolk, is represented on the committee by Heather Drahota.

TRANSPORTATION

Highways 81(North-South) and 275 (East-West), and Nebraska Highways 24 (Northwest- Southeast) and 35 (Northeast-Southwest) intersect in Norfolk. The nearest interstate highway is Interstate 29, which is 70 miles east. Interstate 80 is 99 miles south. Interstate 90 is 117 miles north. Nebraska Central Railroad runs through Norfolk with an average of two freight trains daily. Karl Stefan Memorial Airport is located three miles from Norfolk and serves private citizens and commercial entities. The nearest commercial airport is Omaha Eppley International, 117 miles from Norfolk.

EDUCATION

The Norfolk Public School District has an enrollment of over 4,000 students with approximately 50% eligible for free/reduced lunches. There are seven elementary school; one junior high school; and two high schools, Norfolk High school and Alternatives for Success, which is an alternative high school. There are several smaller private elementary and high schools in Norfolk. Norfolk Catholic Schools operates an elementary school and a high school with a total enrollment of approximately 700 students. There are two Lutheran elementary schools and a high school with about 470 students in the school system. Norfolk is also home to Northeast Community College which has an enrollment of more than 7,000 students. Northeast has over 70 programs including agriculture, business, vocational, applied technology, general education and liberal arts programs

2. Injury data

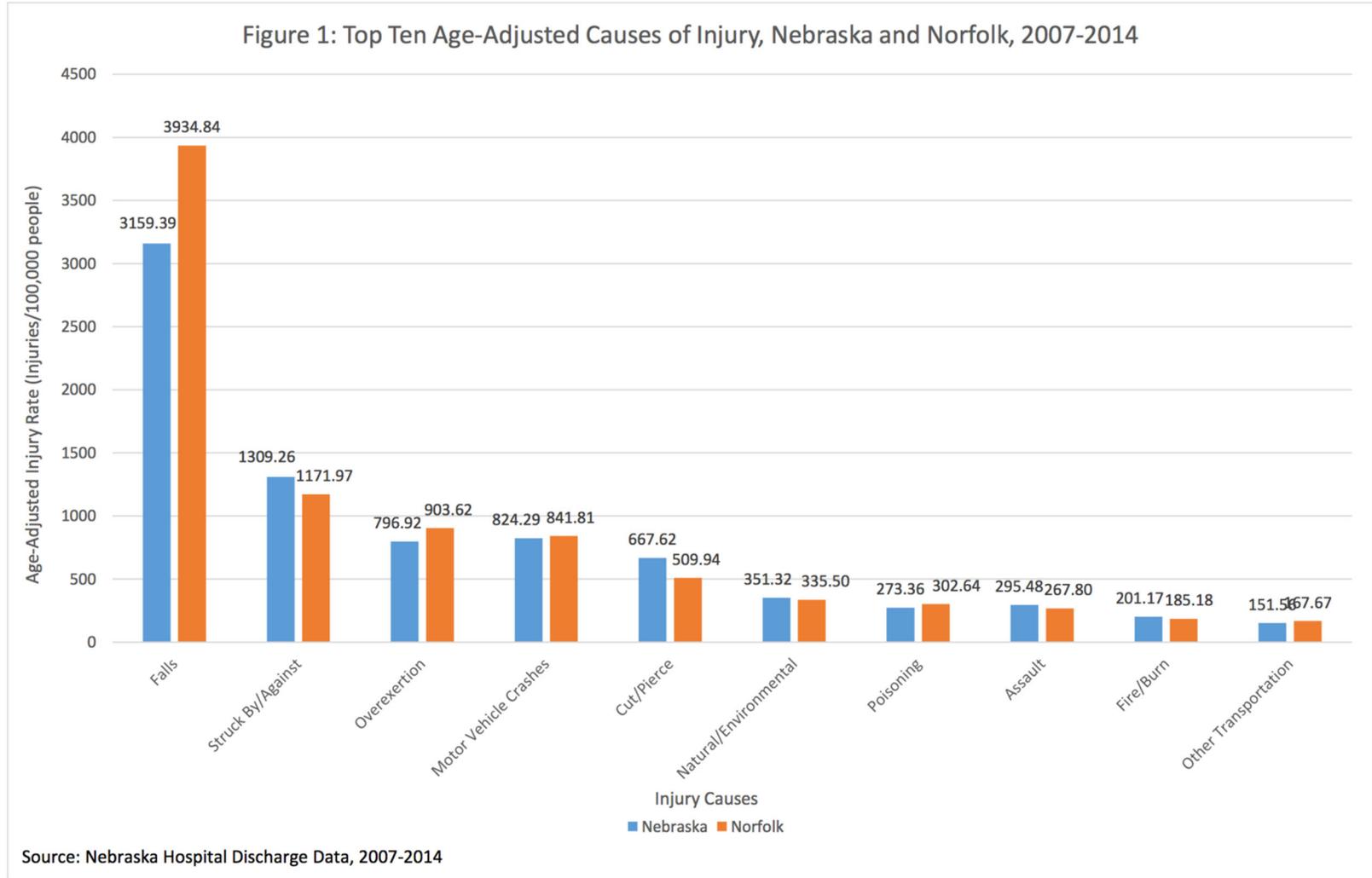
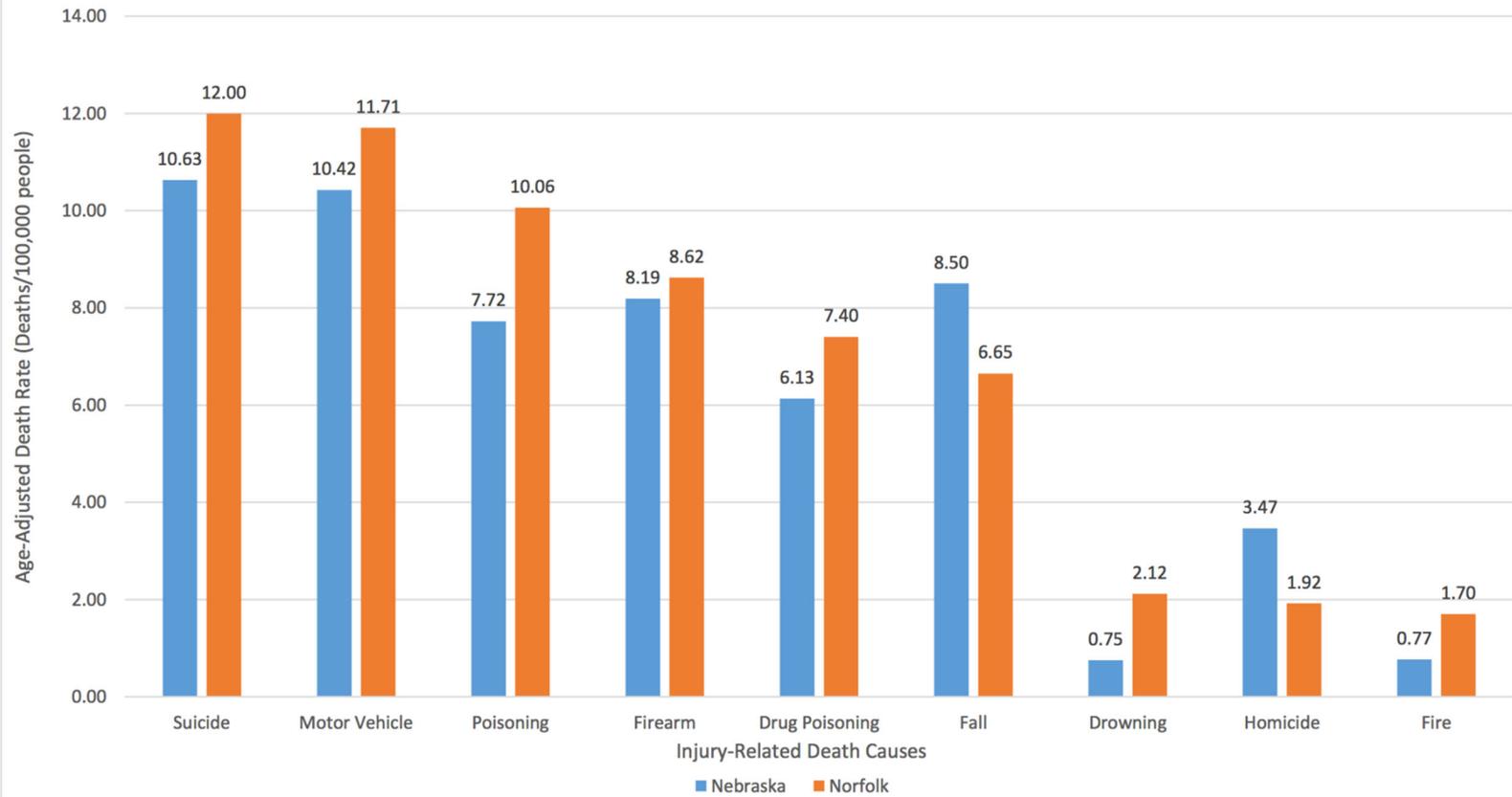


Figure 2: Age-Adjusted Injury-Related Death Rates, Nebraska and Norfolk, 2007-2014



Source: Nebraska Death Certificate Data, 2007-2014

All Injury Related Deaths by gender and age group			
Norfolk, Nebraska. 2007-2014			
Gender	Count	Percent	Rate*
Female	33	29.7%	34.00
Male	78	70.3%	81.20
Total	111	100.0%	57.48
Age Group	Count	Percent	Rate*
0-14	5	4.5%	12.47
15-24	11	9.9%	38.96
25-34	11	9.9%	46.36
35-44	10	9.0%	48.10
45-54	20	18.0%	68.39
55-64	13	11.7%	57.37
65+	41	36.9%	144.52
Total	111	100.0%	57.48
*Rate per 100,000 population			
Source: Nebraska Death Certificate Data, 2007-2014			

5 leading causes of injury-related hospitalizations by age group Norfolk, Nebraska. 2007-2014											
Rank	0-1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	Fall	Fall	Fall	Fall	Struck By/Against	Fall	Fall	Fall	Fall	Fall	Fall
	139	704	452	381	599	421	451	749	916	3610	8364
2	Struck By/Against	Struck By/Against	Struck By/Against	Struck By/Against	Fall	Motor Vehicle	Motor Vehicle	Overexertion	Overexertion	Overexertion	Struck By/Against
	33	182	182	276	541	256	217	258	178	205	2209
3	Natural/Environmental	Burn	Natural/Environmental	Overexertion	Overexertion	Struck By/Against	Overexertion	Struck By/Against	Motor Vehicle	Struck By/Against	Overexertion
	14	87	63	116	411	244	213	240	151	170	1716
4	Cut	Natural/Environmental	Cut	Motor Vehicle	Motor Vehicle	Overexertion	Struck By/Against	Motor Vehicle	Natural/Environmental	Motor Vehicle	Motor Vehicle
	11	84	56	75	403	240	188	230	95	149	1573
5	Poisoning	Motor Vehicle	Poisoning	Bicycle	Bicycle	Cut	Cut	Cut	Poisoning	Struck By/Against	Cut
	9	(Tie)	75	56	61	203	169	125	110	95	90

Source: Nebraska Hospital Discharge Data, 2007-2014

3. Data summary table

Nebraska death certificate data and hospital discharge data, including ER visits and inpatient hospitalizations, from 2007-2014 were reviewed for the state of Nebraska and the city of Norfolk, Nebraska. Age-adjusted injury rates and injury-related death rates were compared statewide and for the city of Norfolk.

Motor Vehicle Safety	Motor vehicle is the 2 nd highest cause of death for both the state of Nebraska and the city of Norfolk. It is the 4 th highest cause of injury.
Falls Prevention	The highest rates of injury from 2007-2014 for both the state of Nebraska and the city of Norfolk were falls with 3,159.39 fall injuries per 100,000 for the state and 3,934.84 fall injuries per 100,000 for Norfolk.
Substance Abuse/Misuse	Drug poisonings is the number 5 th highest cause of death in the city of Norfolk and the 6 th highest in the state of Nebraska.
Workplace Safety	Since workplace incidents are not specifically tracked in our hospital data it is difficult to say where these rank, however the top 3 workplace injury events resulting in lost work days (per the National Safety Council) are overexertion, contact with objects and equipment, and slip, trips and falls. Overexertion is the 3 rd highest cause of injury in the city of Norfolk. Falls are of course our number 1 cause.
Violence and Suicide Prevention	The highest age-adjusted injury related death cause for the state of Nebraska and the city of Norfolk was suicide, with 10.63 per 100,000 and 12.00 per 100,000, respectively.
Emergency Preparedness	In the past five years, no emergency events come to mind for the city of Norfolk, however our fire department has been involved in tornado disasters in two small communities very close to our city.

4. Data source

State hospital data

5. Project goals

Goal 1: Increase the number of participants in our Falls Prevention programs, and the number of home assessments, to reduce older adult falls.

Goal 2: Increase the number of parents, coaches, players educated on the prevention of concussions due to youth sports activities, to reduce our highest area of struck by/against injuries.

Goal 3: Increase the number of teens involved in our distracted driving, teens in the driver seat, drug/alcohol awareness demonstrations, to continue a downward trend of teen motor vehicle injuries/deaths.

6. How will the data be used in the development of new strategies?

Looking at the data, we do not feel a need to deviate from our current goals. We will continue to consider new programs that will drive down our highest injury/death rates.

III. Effective strategies to address unintentional and intentional injuries

Coalition-driven strategies should be promising or evidence based and fall within six key areas: Motor vehicle, including distracted and teen driving and child passenger safety; Older adult falls; Poisoning by prescription drug overdoses; Workplace safety - on and off-the-job; Violence and suicide prevention; Emergency preparedness. Include current activities and plans for the future.

Include at least three coalition-led activities for the application. Use the table below to outline your strategies. Review the Safe Communities Application Guidelines document for an example.

Injury Area: Older adult falls						
Project Name	Project Goal	Project description	Is this promising or evidence based? Include the source.	Target group (age, gender, vulnerable population)	Length of project	Partners
Tai Chi	The goal of Tai Chi is to address the issue of unintentional injuries due to falls among adults age 65 and older.	Tai Chi is the practice of slow movements designed to increase flexibility, improve balance, and reduce stress.	Yes. Found in the CDC Compendium of Effective Falls Interventions	65+	Ongoing since 2007	Assisted living, Churches, senior centers
Stepping-On	The goal of the Stepping On project is to reduce falls and build confidence in older adults.	Stepping On incorporates a practical set of exercises that were specifically designed to improve strength and balance and delivers expert presentations on a	Yes. www.steppingon.com	65+	Ongoing since 2016	Assisted living, senior centers

		variety of relevant falls related topics including vision, home hazards, medicines, bone health and footwear.				
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Injury Area: Transportation Safety						
Project Name	Project Goal	Project description	Is this promising or evidence based? Include the source.	Target group (age, gender, vulnerable population)	Length of project	Partners
Teens in the Driver Seat	Increase teen awareness of risk factors that affect safe driving. Increase seat belt use among teens. Decrease distracted driving in all its many forms among teens.	Teens in the Driver Seat is a peer-to-peer safety program for America's youth. Teens help shape the program and are responsible for implementing it as well as educating their peers and parents. Junior Optimists make up the "Teens in the Driver Seat" team at Norfolk Sr. High and two of the members are on their national Teen Advisory	Teens in the Driver Seat uses both evidenced based and promising activities and has won dozens of awards (including eight national awards) and has been recognized as a national best-practice model by the U.S. Dept of Transportation, Governor's	Teens in the Driver Seat focuses on teen safe driving efforts by educating both the teens and their parents about the risks and how to make their teen's	Teens in the Driver Seat runs throughout the school year, but some activities can take place during the summer months	Texas A&M Transportation Institute Nebraska Department of Health & Human Services Nebraska State Patrol Nebraska Extension Healthy Communities Initiative Norfolk Public Schools.

		<p>Board. The program is coordinated nationally by the Texas A&M Transportation Institute and in Nebraska by the Department of Health & Human Services. While all risk factors are addressed, the primary focus is on increasing seatbelt use (1st Semester) and decreasing distracted driving (2nd Semester). Students are surveyed annually about their knowledge of the risk factors and personal behaviors associated with them.</p>	<p>Highway Safety Association and the National Safety Council (http://www.t-driver.com)</p>	<p>driving experience safer.</p>	<p>as well.</p>	
<p>“Click It, Don’t Risk It” Seatbelt Checks</p>	<p>The goal of this program is to increase seatbelt use among students at the Norfolk Middle School and their parents.</p>	<p>Junior Optimists at the Norfolk Middle School conduct seatbelt checks with support from the Norfolk Police Division as students arrive to school two or three times during both the fall and spring semesters. Surveys are conducted and students are</p>	<p>The youth implementing the program are using what would probably best be described as promising practices. (http://www.safenebraska.org/safe-home-play/seat-</p>	<p>The program targets all Middle School students (5th/6th graders)</p>	<p>The program runs throughout the school year.</p>	<p>Norfolk Police Division Nebraska State Patrol Norfolk Public Schools.</p>

		encouraged to sign a pledge to wear their own seatbelt and encourage everyone in the vehicle to do so as well. The Nebraska State Patrol is invited in the spring to educate the students using their seatbelt convincer and roll-over vehicle.	belt-safety)			
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Injury Area: Struck by/Against						
Project Name	Project Goal	Project description	Is this promising or evidence based? Include the source.	Target group (age, gender, vulnerable population)	Length of project	Partners
Heads Up Concussion education	To provide education to parents, players, and coaches, to better understand a concussion and reduce the likelihood of these injuries.	By taking this free, online course and using what you learn, you will be well positioned to improve the culture of concussion. Your actions can help create a safe environment for young athletes so that	Yes. (www.cdc.gov/headsup)	Youth involved in sports	Ongoing	Norfolk YMCA Norfolk Public Schools Faith Regional Health Services

		<p>they can stay healthy, active, and thrive – both on and off the playing field.</p> <p>The Faith Regional Health Services hospital also offers a live presentation on concussion awareness.</p>				
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IV. Evaluation methods

Document how the coalition is measuring initiatives in at least three key Safe Communities areas. Review the Safe Communities Application Guidelines document for an example.

Activities	Outcomes	Length	Method	Indicator(s)	Result
What did you (or will you) do?	What does success look like?	Short, intermediate or long term outcomes?	What did you (or will you) measure?	How did you (or will you) measure it?	What did you find? (if applicable)
Older adult falls	Increase the number of senior adults participating in our Tai Chi and Stepping On programs, triggering a reduction in the number of falls Specifically, to increase the percentage	Long-term	Hospital ER visits. Weekly participant attendance logs. Peer Review Mentor Tool	State Data and survey results	Comparing 2001-2006 to 2007-2012 age-adjusted State hospital data a very slight decrease occurred in visits to the ER

	of class participants to 70% pre/post tested who show overall improvement in the Timed Up and Go assessment		forms.		
Transportation safety	Increase the number of teens in both Jr. High and High School participating in our safety programs to reduce the number of motor vehicle injuries/deaths	Long-term	Hospital ER Visits, Participant Counts and surveys	State Data and survey results	Comparing 2001-2006 to 2007-2012 age-adjusted State hospital data a 50% reduction occurred in visits to the ER
Struck by/against	Increase the number of youth, parents, coaches, etc. educated on concussion awareness to drive down the number of concussions involving youth involved in struck by/against incidents while playing sports	Long-term	ER Visits	State Data	Comparing 2001-2006 to 2007-2012 age-adjusted State hospital data a 60% reduction occurred in visits to the ER

Section 4: Community Inventory of Safety and Injury Initiatives

This section should be an audit of all the injury-related programs, policies, and practices available in your community. This should provide your community with a broad view of all the activities occurring in the community, identify duplicated efforts, and encourage cross collaboration between agencies in the community. List all initiatives by the **six injury areas** and include the **initiative name** and target **population**. Review the Safe Communities Application Guidelines for a template.

Motor Vehicle

Name of initiative	Target group
Teens in the Driver Seat	Teens 13-18
Click It, Don't Risk It	Drivers age 16 plus
Car Seat Checks	Parents of Children 0-14
AARP Defensive Driving	Older Adults 65 plus
Driver's Education Classes	Ages 15-24
Come Home Safe Campaign	Ages 15-24
Rollover Vehicle Demonstrations	Ages 15-24
Choices for Living	Ages 15-24
Prom Cards "Live to see another sunrise"	Ages 15-24
MADD School Seminars	Ages 15-19
State Patrol Alcohol Awareness	Vehicle Operators
State Patrol Drug Awareness	Vehicle Operators

Older adult falls prevention

Name of initiative	Target group
Tai Chi	Older Adults 65 plus
Stepping On	Older Adults 65 plus
Home modification interventions	Older Adults 65 plus
Nursing home/Assisted Living interventions	Older Adults utilizing these services

Poisoning prevention

Name of initiative	Target group
Med Drop box-Police station	All ages
Patch Health Fair collection of unused meds	All ages
Pharmacies now taking back meds	All ages
Brown Bag Medication	Older Adults 65 plus
Certified Pesticide Application-Private	Farmers
The Zone after-school program	Jr. High/High School Students

Workplace safety

Name of initiative	Target group
Certified Pesticide Application-Commercial	Pesticide applicators
Forklift Operator Training	Employees
Lock-Out/Tag-Out Training	Employees
Confined Space Training	Employees
Trenching & Excavation	Employees
OSHA 10 & 30 Hour-Construction	Employees
OSHA 10 & 30 Hour-General Industry	Employees
Hazardous Material Training	Employees
Defensive Driving 4 Hour Program	Employees
Safety Committee Training	Employees
Truck Driving Training	Employees
Fall Protection Training	Employees

Violence and Suicide Prevention

Name of initiative	Target group
School bullying prevention	Children in school
QPR	Healthcare providers, social workers, law enforcement, first responders, school staff
Child Advocacy	Children to age 18
Hands are Not for Hurting	Young children to age 14

Emergency Preparedness

Name of initiative	Target group
Local Emergency Planning Committee (LEPC)	Entire community
Hands Only CPR Classes-FRHS	Students
ELVPHD Emergency Response Course	Entire community
ELVPHD Disaster Planning	Entire community
ELVPHD Pandemic Flu Preparedness	Entire community
ELVPHD Continuity of Operations Planning	Entire community
FRHS Surge Capacity Planning	Entire community
FRHS Psychological First Aid Training	Entire community

Appendix A: Community Coalition Member List

All listed members agree to the goals of the coalition and to play a role in the coalition, steering committee or task group.

Member Name	Organization	E-mail	Date organization joined coalition	Member roll (steering committee, task group, other)
Bill Mizner	Norfolk Police Division	bmizner@ci.norfolk.ne.us		Traffic
Mark Claussen	Norfolk Public Schools/JOOI	markclaussen@npsne.org		Traffic
Terry Zwiebel	Norfolk Fire Division	tzwiebel@ci.norfolk.ne.us		General Residential
Laurie Klosterboer	Nebraska Safety Council	kloster@nesafetycouncil.org		
Connie Cooper	NENAAA	connie.cooper@nebraska.gov		Aging
Heather Drahota	ELVPHD	heather@elvphd.org		General Residential, Drug Abuse
Mark Zimmerer	Norfolk Chamber of Commerce	mzimmerer@norfolkareachamber.com		
Kelli Wacker	NENCAC	klowe@frhs.org		Child Maltreatment
John Grimes	Associated Wholesale Grocers	john.grimes@awginc.com		Occ S&H
Mark Sears	Hospital/Safety Manager	msears@frhs.org		Occ S&H
Mary Meyer	Northeast Community College	maryjm@northeast.edu		
Mike Hart	Norfolk Public Schools	michaelhart@npsne.org		Child Maltreatment
Rob Finkral	Louis Dreyfus Commodities	robert.finkral@ldcom.com		Occ S&H
Mitch Geary	Continental Conti-Tech, Inc.	mitchell_geary@veyance.com		Occ S&H
Stephanie Hoff	Home Instead Senior Care	stephaniehoff@homeinstead.com		Aging

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All listed members agree to the goals of the coalition and to play a role in the coalition, steering committee or task group.

Member Name	Organization	E-mail	Date organization joined coalition	Member roll (steering committee, task group, other)
Jerry Hain	Heritage of Bel-Air	jmsmhain@yahoo.com		Aging
Kendra Buss	Agri-City Insurance	kbuss@agri-city.com		
Chris Sila	Nucor Steel Nebraska	chris.sila@nucor.com		Occ S&H
Joyce Warneke	Faith Regional Health Services	jwarneke@frhs.org		
Brian Blecher	Faith Regional Health Services	bblecher@frhs.org		

Appendix B: Safe Communities Coalition Organizational Chart

