

Injury Prevention Advisory Committee
and
Hawai'i State Department of Health
Injury Prevention and Control Section

Evaluation Plan
2011-2016



Table of Contents

Section 1. Intended Use

Section 2. Program Description

Section 3. Evaluation Focus Areas

Section 4. Methods

Section 5. Review and Interpretation Plan

Section 6. Dissemination Plan

Section 7. Program Logic Model

Section 8. Program and Policy Intervention Evaluation Charts

Section 1. Intended Use

The evaluation of the Injury Prevention and Control Section (IPCS) is a collaborative effort between the program and the Injury Prevention Advisory Committee (IPAC) as part of the Center for Disease Control (CDC) Core Violence and Injury Prevention Program (Core VIPP) Base Integration Component grant. Having a well-informed program evaluation in place, will not only assist the IPCS in achieving its stated outcomes but also help to identify IPCS's strengths, challenges and areas for improvement.

Program evaluation is a critical public health practice. It is essential to evaluate the effectiveness of a program now more than ever because of the increased demand for accountability at all levels and the diminishing funds available for needed interventions.

There are several purposes for building the capacity of the program to develop a well-informed program evaluation that include defining measures of progress and outcomes when developing annual plans, assisting staff in clearly defining why they have selected those activities, and determining whether there are sufficient resources for implementation. Reviewing the data will help determine whether activities are progressing towards the achievement of outcomes or if those activities need to be modified. At the end of the five year Core VIPP grant which corresponds to the final year of implementing the recommendations in the *Hawaii Injury Prevention Plan, 2012-2017* (HIPP), outcome evaluation will provide information on the impact of prevention efforts.

Resources devoted to program evaluation include an epidemiologist with extensive experience in evaluating injury prevention projects and policies, program staff with varying experience in evaluation, and the support of the Branch Chief who also has expertise in evaluation, access to comprehensive state and national data sources, and special studies.

Primary Users of the evaluation will be the IPCS program staff and the Injury Prevention Advisory Committee and Steering Committee, which is the Injury Community Planning Group (ICPG) for the purposes of the Core VIPP grant. IPAC meets quarterly, and the Steering Committee meets six times a year with the Department of Health Core VIPP grant Coordinator and Program Manager to guide the work of the Program and the grant funded focus area activities.

Section 2. Program Description and Capacity

The Injury Prevention and Control Section (IPCS) of the Emergency Medical Services and Injury Prevention System Branch has been the Hawaii Department of Health's focus for injury prevention since it was established in 1990 with two state funded positions for program manager and support staff. With federal funds from the Preventive Health and Health Services Block grant since 1992 and CDC Core funding since 2005, and additional state funding for suicide prevention, it is a mature program that has grown in core and programmatic capacity to its current nine staff positions. IPCS staffing and sources of funding are detailed below.

Violence and Injury Prevention Staff

Staffing to continue to support work under the Core VIPP Base Integration Component (BIC) grant that was initiated under the previous CDC Injury Prevention Grant includes:

Position Title	Name	Core VIPP Grant	Federal Block Grant FTE	State General Funds	State Trauma Special Funds
Principal Investigator and Program Manager	Therese Argoud, MPH			1.0 FTE	
Core Violence and Injury Prevention (Core VIPP) Grant Coordinator	Nicholas Lee Hines, MPH	1.0 FTE			
Epidemiologist and Evaluator	Daniel Galanis, PhD				1.0 FTE
Administrative Assistant	Debra Sanders				1.0 FTE
Administrative Assistant	Rose Olaivar		1.0 FTE		
Traffic Safety Coordinator	Kari Benes				1.0 FTE
Senior Falls Lead (childhood injury prevention focus)	Stanley Michaels				1.0 FTE
Suicide Prevention Coordinator	Nancy Deeley, MPH			1.0 FTE	
Drowning and Spinal Cord Injury Prevention Coordinator	Bridget A Velasco, PT MPH			1.0 FTE	

Direct Core VIPP funded staff time is utilized for:

Coordinating grant funded and supported activities, overseeing budget and ensuring that reporting requirements are completed.

Activities includes:

- Coordinating and staffing the Injury Prevention Advisory Committee and Steering Committee which is the Injury Community Planning Group (ICPG)
- Working with IPCS staff and IPAC in implementing the Policy plan
- Working with epidemiologist on developing and updating evaluation plan
- Serving as leads for implementing poisoning prevention, suicide intervention prevention, traffic safety, and older adult falls prevention
- Disseminating information on best practices, evaluation, program activities and data

Coordinating data collection, analysis, and evaluation of injury prevention priority areas includes:

- Injury surveillance, including annual state injury report
- Evaluation support to the Principle Investigator (PI), Epidemiologist, Grant Coordinator and program staff

- Submission of injury data to the CDC, including annual and interim progress reports, and special emphasis reports.

Additional staff brings extensive experience to the content areas they facilitate. Bridget A. Velasco, PT, MPH with prior experience in physical therapy, our newest team member, is leading drowning and spinal cord injury prevention. Nancy Deeley, MPH, is the suicide prevention coordinator has several years of public health background, 13 month of experience in injury prevention. Nicholas L. Hines, MPH, is responsible for coordinating various injury focus areas within the Core Violence and Injury Prevention (Core VIPP). Kari Benes has contributed to the strategic planning of traffic safety in Hawaii for nine years through various government and community partners. Stan Michaels has coordinated the older adult fall prevention and childhood injury prevention for eight years. Daniel Galanis, PhD, has provided epidemiology and evaluation support for IPCS for 18 years. Therese Argoud, MPH, IPCS program manager, has worked in various capacities for IPCS as childhood injury prevention coordinator, walkable community coordinator and Planner for 18 years. The combined experience of staff has enabled the program to move forward quickly in collaboration with community partners to implement activities outlined in the IPCS staff Work Plans.

Funding

Direct funding for the Injury Prevention and Control Section comes from the following sources:

- \$150,000 CDC Core VIPP Basic Integration Component Grant
- \$92,000 CDC Preventive Health and Health Services Block grant
- \$124,000 Trauma Special Funds for programmatic support (includes additional funding for screening and brief intervention project)
- \$276,904 State funding (include \$118,796 in programmatic funds for youth suicide prevention & 158,108 for program salaries)

Indirect funding includes:

- \$20,000 Department of Transportation, Safe Communities.
- \$20,000 Child and Adolescent Mental Health Division funding for suicide prevention

Focus Areas

The four Core VIPP funded focus areas include: universal seatbelt law-motor vehicle occupant injury prevention, screening brief Intervention (SBI), ASIST and safeTALK suicide intervention training program, and the prescription drug monitoring program (PMP); each are at various stages of development. Each of these focus areas has five year “SMART” objectives. Staff work plans have been developed and are being updated with the respective injury prevention coalitions or groups:

- The Occupant Protection Emphasis Area workgroup under the Department of Transportation’s Strategic Highway Safety Plan has identified universal seatbelt law as a focus area;
- Trauma Centers, in coordination with the Hawaii Trauma Advisory and Regional Councils, have identified Screening and Brief Intervention for impaired drivers a focus area for reducing alcohol related injuries;

- The Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) has been identified as a potential vehicle for developing and implementing the prescription drug monitoring system (PMP) prevention policy;
- The Prevent Suicide Hawaii Task Force has identified the ASIST and safeTALK suicide intervention trainings for gatekeepers as a focus area;

Overall Core program support components

The Core Capacity recommendations in *Hawaii Injury Prevention Plan (HIPP), 2012-2017* support the grant’s requirements regarding strengthening the infrastructure of IPCS as the state injury and violence prevention program. These include:

CORE VIPP Program Infrastructure Support	HIPP Core Capacity Recommendations
1) Support at least one annual workforce development activity.	3) Provide training and technical assistance to increase and enhance the knowledge and skills among injury prevention practitioners and stakeholders.
2) Use media and communication strategies to disseminate information related to injury and/or violence prevention.	2) Serve as clearinghouse for data, and incorporate other injury data sources to strengthen analysis and further injury prevention efforts.
3) Generate support and resources and/or secure funding to support integrated state violence and injury prevention	1) Build and sustain infrastructure to provide leadership, data, technical assistance, and evaluation, and to support policy for advancing injury prevention.
4) Support IPAC process by providing funding and resources.	4) Cultivate awareness among decision-makers and the public to elevate injury and violence prevention as a major public health problem in Hawaii.
5) Implement state plan and carry out activities agreed upon with the ICPG (i.e., IPAC)	Reference the state plan: <i>(HIPP), 2012-2017</i> . 5) Inform injury prevention policy at all levels.
6) Participate in all CDC initiated/sponsored activities related to Core VIPP.	6) Increase opportunities for collaborative injury prevention in all priority injury prevention areas.
7) Throughout the project period, IPAC membership will include broad based participation from key private sector organizations and public agencies involved in injury prevention and control.	6) Increase opportunities for collaborative injury prevention in all priority injury prevention areas.

The IPCS program logic model (Section 7) depicts the linkages and relationships between the program's resources and activities, including the focus area's program and policy interventions and infrastructural support described above, and the anticipated outcomes over the next five years.

Section 3 - Evaluation Focus

Core VIPP funds have not been allocated for evaluation activities. As previously described (Section 1), the program resources include staff with varying expertise and experience in evaluation and access to comprehensive data sources. There is funding from several sources to support some of the evaluation activities for the Core VIPP grant. These include Trauma System Special Funding for data from the Hawaii's Health Information Corp and Trauma Registry for implementing and evaluating screening and brief intervention training at Trauma Centers statewide.

Detailed work plans for the five focus areas are either developed or updated for multi-year projects at the beginning of each year. Work plans include the Core VIPP program and policy interventions and additional activities for each of the focus areas. Comprehensive evaluation measures (i.e., SMART Objectives) have been developed for each of the four program and policy interventions detailed in the individual evaluation plans (Section 8).

At the end of each grant year, the Core VIPP program and policy interventions will be evaluated based on the process and outcome measures detailed in the evaluation plans. Additional program activities will also be evaluated. The questions to be answered include: "did we do what we said we would do?" and "did the actions have the outcomes expected?" Any discrepancies will be examined. In addition, updated health measurement data will be analyzed with respect to the focus area.

Year One Activities

Year One activities include:

- Establishing objectives, baseline and evaluation measures for all priority content areas and core capacity areas.
- Validation of data sources
- Setting up any agreements for data sharing where appropriate
- Monitoring and evaluating program objectives and activities

Questions include:

Does IPCS have key staff with the experience and training to coordinate and integrate activities?

Does the project have access to the knowledge of experts in each of the focus areas through partnerships, IPAC members or through other injury related groups?

Has the program secured the necessary commitments from partners?

How does the program build on existing efforts and partnerships and avoid duplication?

Did the program identify best practices to include in work plans?

Years Two through Four Activities

Year two through four activities include:

- Continue to monitor and evaluate program objectives and activities
- Collect and analyze health impact measures
- Continue to track progress on evaluation activities and share findings with stakeholders

Questions include:

- Are activities being implemented and progressing towards the achievement of outcomes or do activities need to be modified?
- Are the communication methods used appropriate for the audience and type of message being conveyed?
- Have new partners been added to priority areas to support implementation and evaluation of priority areas?
- Are the correct partners in the work group, including representatives of any group disproportionately represented in injury statistics?
- How is the program continuing to work with existing efforts to avoid duplication?

Year Five Activities – Evaluation Focus

In the fifth year a longer term focus will be used for the evaluation. This evaluation will examine the cumulative efforts of the last four years and seek to answer the following questions, which were posed in the initial Core VIPP BIC grant application as goals for the project:

Has the grant resulted in increased state capacity of injury prevention programs to address prevention through:

- dissemination of best practices/policies?
- implementation of best practices/policies?
- strategic alignment of resources for change?
- monitoring and detecting fatal and non-fatal injuries?

Have the activities in the work plans for the focus areas resulted in the distal outcomes identified in the work plans?

Have the IPCS staff members been effective in providing infrastructure support for the work groups/coalitions?

Have work groups and staff secured increased resources for activities towards obtaining distal outcomes?

Section – 4 Methods

Evaluation methods will include both process and quantitative measures. Baseline quantitative measures will be identified in the first year for all focus areas. Process evaluation data will predominate in the initial two years of the grant. Primary data sources will be utilized in addition to linked data and special studies. Additional resources may be utilized to fund surveys, if necessary.

Regularly scheduled program staff meetings will be utilized to track and monitor progress on planned activities, and on a semi-annual basis, to review evaluation activities and findings. Refer to “Analysis and Interpretation Plan” timeline below.

Section - 5 Review and Interpretation Plan

The following timeline of activities describes who is responsible for ensuring evaluation activities for years 3 through 5 of the Core VIPP grant are completed, and who will be involved in interpreting the findings and developing recommendations:

Interpretation and Review Activities	Timeline
Gather data for evaluation activities for each of the focus area program and policy interventions	August 1 – July 31 or other indicated timeframe in evaluation plan
<p>Individual updates on progress to review evaluation activities and findings by focus area from staff.</p> <p>Staff will submit a 6 month progress report, annual progress report, and revised work plan in preparation for CDCs interim, annual, and continuing grant applications.</p>	<p>Regular program staff meetings for updates, and within 1 month of the timeframe indicated for review of preliminary findings.</p> <p>Staff progress reports are due February and August, each year. Work plan are due February each year.</p>
Check-in with the IPAC and SC for review and suggested revisions of evaluation activities.	As appropriate during the analysis phase
Incorporate previous year’s recommendations and preliminary findings in continuing grant application for next year’s Core VIPP funding	Feb 1 – 30
Stakeholder interpretation meeting per focus area for review and feedback on preliminary findings/analysis of evaluation activities	As appropriate during the analysis phase for each focus area activity needs.
Revise evaluation document using updated staff work plans.	Before each continuing grant application (Feb 1) or as appropriate.
Incorporate revisions into continuing grant application and annual Core VIPP report, and attach final evaluation document.	Feb – April & August – October

Section - 6 Dissemination Plan

Evaluation plans for each of the focus area program and policy interventions identify stakeholders who will be involved in communicating the results of the evaluation and project successes.

Target Audience (Priority)	Goals	Tools	Timetable
Project Implementation Teams (i.e., Occupant Protection Emphasis Area workgroup, PSHTF Steering Committee)	Inform team members in real time about what's working well and what needs to be adjusted during implementation	Quarterly meetings and briefing updates	Quarterly
Project Stakeholders (IPAC, FP Consortium, PSHTF, HTAC)	Promote progress of program and content areas	Success stories, IPAC newsletter, fact sheets, Department of Health IPCS web site	Annually
Department of Health, Legislators, project stakeholders	Promote program success	Targeted project briefs, final report, published article(s)	Conclusion of grant

Section - 7 Program Logic Model

(Draft 7/18/2012, Rev. 2.16.15)



Section 8 - Program and Policy Intervention Evaluation Charts

Objectives: Backseat Seat Belt Law: Motor Vehicle Occupant Injury							
<ol style="list-style-type: none"> 1. Increase the number of traffic Safety community partners receiving IPCS Occupant Protection policy updates in Hawaii from 67 to 74 by 2013. 2. Increase the percentage of backseat passengers (ages 18 and older) using seatbelts in Hawaii from 74% to 90% by 2015. 3. Increase the percentage self reported wearing a seat belt when riding in the back seat of a car driven by someone in Hawaii from __ to __ by 2015. 							
Evaluation Question	Indicators/ Measurement Type	Data Sources	Data Collection	Timefram e	Data Analysis	Communication Plan	Staff Responsible
What do you want to know	What type of data will you need	Where you will get the data	how you will get the data	when you will collect the data	What you will do with the data	When and how you will share results	who will endure this gets done
How many traffic safety partners are receiving policy updates? From 67 to 169 as of 2013	partners with supportive testimony? Data from capitol website.	IPCS, Legislative List serve for traffic Safety, Capitol website	IPCS Traffic Safety Coordinator	legislative session	Identify change in supportive traffic safety partners (list serve e-mail bounces, testimonies submitted)	Provide update to IPCS staff, IPAC policy subcommittee, SHSP Steering and Core Committee	IPCS Traffic Safety Coordinator, IPCS Epidemiologist
What is the distribution of EMS attended crashes pre and post law among back seat passengers.	DOT Observational Study Data - Statewide: 74% Honolulu: 85% Maui: 65% Hawaii: 57% Kauai: 76%	DOT Obser Study data b/c DOT crash data lags 4 years and Obser Study captures usage <i>opposed to injured passengers</i>	IPCS Epi will utilize databases (crash, EMS, hospital)	Baseline reflect initial observational Study in June 2013.	Review, compile and compare to previous years	Provide update to IPCS staff, IPAC policy subcommittee, SHSP Steering and Core Committee, CDC, SHSP Occupant Protection Group, Trauma Advisory Councils, Legislature.	IPCS Traffic Safety Coordinator, IPCS Epidemiologist
Did the backseat seatbelt awareness campaign impact the publics self reported adherence to the universal seatbelt law?	Knowledge Change and Public Awareness	BRFSS	IPAC Epi and Traffic Safety Coordinator or use BRFSS data	Baseline and goal from BRFSS data available for 2015 APR. Post eval data for 2016.	From BRFSS survey data, Identify change in self reported impact of publics adherence to the universal seatbelt law.	Provide update to IPCS staff, IPAC policy subcommittee, SHSP Steering and Core Committee	IPCS Traffic Safety Coordinator, Therese, and Epidemiologist.

Objectives: Backseat Seat Belt Law: Motor Vehicle Occupant Injury (Continued)

4. Decrease the percentage of unrestrained backseat occupants (>18 years of age) treated by EMS personnel in Hawaii from 31% to 15% by 2016.
5. Decrease the percentage of non-use of seatbelts among fatally injured and hospitalized backseat passengers in Hawaii from 48% to 25% by 2016.

Evaluation Question	Indicators/ Measurement Type	Data Sources	Data Collection	Timeframe	Data Analysis	Communication Plan	Staff Responsible
What do you want to know	What type of data will you need	Where you will get the data	how you will get the data	when you will collect the data	What you will do with the data	When and how you will share results	who will endure this gets done
How does the severity of injuries compare between restrained verses unrestrained occupants?	EMS data of backseat passengers (>18 years of age)	HEMSIS	IPCS Epi will utilize Hospitalization Data	Note - lag time rules out DOT data, plus description of medical disposition under that data source is limited	Analyze EMS data	Provide update to IPCS staff, IPAC policy subcommittee, SHSP Steering and Core Committee, CDC, SHSP Occupant Protection Group, Trauma Advisory Councils.	IPCS Traffic Coordinator, Epidemiologist
What is the percent of non-use of seatbelts among fatally injured and hospitalized backseat passengers?	Hospitalization Data of backseat passengers with no seatbelt	Fatality Analysis Reporting System and EMS	IPCS Epi will utilize Hospitalization Data	(Available data for 2013-2014 will be 1 year post law, 2015)	Analyze Fatality Analysis Reporting System & EMS records	Provide update to IPCS staff, IPAC policy subcommittee, SHSP Steering and Core Committee, CDC, SHSP Occupant Protection Group, Trauma Advisory Councils.	IPCS Traffic Coordinator, Epidemiologist

Objectives: Alcohol Screening and Brief Intervention (SBI)

1. Increase the number of level III trauma centers with brief intervention programs in the State of Hawaii from 0 to 6, by August 2013.
2. Increase the percentage of impaired drivers, who receive a brief intervention for substance related injuries in the State of Hawaii, from 5% to 10%, by 2016.
3. Decrease the percent of patients who are readmitted for alcohol/ drug related injuries in the State of Hawaii from 5%-2%, by 2016 by 2016.

Evaluation Question	Indicators	Data Sources	Data Collection	Timeframe	Data Analysis	Communication Plan	Staff Responsible
What do you want to know	What type of data will you need	Where you will get the data	How you will get the data	when you will collect the data	What you will do with the data	When and how you will share results	who will endure this gets done
Do the level III trauma centers have trained staff prepared to do screening and brief intervention?	Number of trauma center staff trained via trauma registry	Trauma Registry	IPCS Epidemiologist ; Dr. Goshima's group	Between Aug 2012- July 2013	The proximal objective 1 was achieved by year 3; no further progress to report.	provide updates to HTAC/ BITAC mtgs, SHSP EA, EMS &IPCS staff	IPCS Traffic Safety Coordinator, Dr. Rosen, Sherry Lauer, IPCS Epidemiologist, Dr. Goshima's Group
How many drivers tested positive for alc/ drugs received SBI at one of the Trauma Centers?	Hospitalization Data	Trauma Registry data from QMC	IPCS Epidemiologist	Between Jan 2013-Jan 2015.	Review and compile data from scores	provide updates to HTAC/ BITAC mtgs, SHSP EA, EMS &IPCS staff	IPCS Traffic Safety Coordinator, Sherry Lauer, IPCS Epidemiologist,
How many impaired drivers have been treated in Hawaii hospitals for alcohol related injuries post Screening and Brief Intervention?	Hospitalization Data - Number of MVC patients testing positive for Drugs/ Alc treated in ED	Trauma Registry	IPCS Epidemiologist	For 2013-2014 (Data available by August of 2015)	Analyze trauma records/ HHIC	provide updates to HTAC/ BITAC mtgs, SHSP EA, EMS &IPCS staff	IPCS Traffic Safety Coordinator, IPCS Epidemiologist,

Objectives: ASIST and safeTALK Suicide Intervention Training Prevention

1. Increase the number of trained gatekeepers in Hawaii from 210 to 1171 by 2016.
2. Increase the number of referrals by gatekeepers in Hawaii from 840 to 4684 by 2016.
3. Decrease the annual rate of deaths by suicide across the State of Hawaii from 12.3/100,000 to 10/100,000 by 2016
4. Decrease the annual rate of nonfatal suicide attempts across the State of Hawaii from 65.10/100,000 to 53/100,000 by 2016.

Evaluation Questions	Indicators	Data Sources	Data Collection	Timeframe	Data Analysis	Communication Plan	Staff Responsible
What do you want to know	What type of data will you need	Where you will get the data	How you will get the data	When you will collect the data	What you will do with the data	When and how you will share results	Who will ensure this gets done
How many trained, how many trainings?	Numbers of trainings and trainees	Pre and posttests from trainings	Compiled by DOP analyzed by IPCS	Annually, between December 2013- July 2016 Data for Yr 3, proximal 1, available Sept 2015, one year after the Y-3 trainings.	Review pre- and post-tests to determine numbers of trainees and trainings	Include in CDC Core VIPP reports, present to IPAC and to Prevent Suicide Hawaii Taskforce	Suicide Prevention Coordinator; CDC Core VIPP Coordinator; Principle Investigator; and Epidemiologist
Did gatekeepers refer individuals for services?	number of gatekeepers and those referred individuals for services.	Email surveys to gatekeepers for Survey Monkey by UK and follow-up Phone calls for those not reached.	1 year post training (Dec 2014) – completed by IPCS staff (Rose)	Annually, between December 2014- July 2016.	Analyze results from calls and email surveys to determine gatekeepers who made referrals	Include in CDC Core VIPP reports, present to IPAC and to Prevent Suicide Hawaii Taskforce	Suicide Prevention Coordinator; Clerical Staff; CDC Core VIPP Coordinator; Principle Investigator; and Epidemiologist
Morbidity by suicide?	death certificate data	Numerator is death certificate data	IPCS Epidemiologist	Data for distal 1 (2014) will be available Sept, one year after the Yr 3 trainings.	Morbidity by suicide.	death certificate data	Numerator is death certificate data
How many individuals at risk for suicide have been treated in Emergency Departments or hospitalized?	Rate of hospital visits ED for self-harm.	Hospital Admissions, ED Data, death certificates. Numerator is HHIC data.	IPCS Epidemiologist	Annually. Have 2012 numerator-death data baseline. Ddistal 2 (2014) will be available one year after the Yr 3 trainings.	Analyze ED, and hospital	Include in CDC Core VIPP reports, present to IPAC and to Prevent Suicide Hawaii Taskforce	Suicide Prevention Coordinator; CDC Core VIPP Coordinator; Principle Investigator; and Epidemiologist

Objectives: Poison Prevention - Prescription Drug Monitoring Database

1. Link Honolulu County autopsy records to Prescription Drug Monitoring Database (PDMD) in Hawaii from 0 to 363 by 2014
2. Acquire a database of opioid pain reliever (OPR) prescribers in Hawaii, including contact information (e.g., phone, e-mail, mailing addresses) for education campaign in Hawaii from 0 to 1 by 2014
3. Increase in percent of prescribers registered for access to Hawaii's prescription drug monitoring program system in Hawaii from % to % by 2016.
4. Decrease the annual rate of pharmaceutical overdose in Hawaii from 140/100,000 residents to 56/100,000 by 2016.

Evaluation Questions	Indicators	Data Sources	Data Collection	Time frame	Data Analysis	Communication Plan	Staff Responsible
What do you want to know	What type of data will you need	Where you will get the data	How you will get the data	When data is collected?	What you will do with the data	When and how you will share results	Who will ensure this gets done
Did we link death certificates to autopsy records, and then link the combined product to the DPS- Prescription Drug Monitoring Database (PMD)?	Decedent identifiers help record linkage between the 3 data sources.	<ol style="list-style-type: none"> 1. Death Certificates 2. Honolulu autopsy records 3. NED/ DPS- PMP 	Request to Dept of Public Safety Request through DOH EMS Branch Chief	2014	Link death certificates to autopsy records, and then linking the combined product to the PMPD	CDC Core VIPP reports, for partners working on policy, fact sheets, and peer-reviewed journals.	Principle Investigator; and Epidemiologist; Core VIPP Coordinator; and IPCS Branch Chief
Did we acquire a database of opioid pain reliever (OPR) prescribers , including contacts from Drug Enforcement Agency to survey and educate prescribers of PMP	Count of prescribers; numbers of physicians and pharmacists registered for Hawaii PMP from NED	<ul style="list-style-type: none"> • NED – PMP • 	Request to Dept of Public Safety Request through DOH EMS Branch Chief	Baseline= Sept Dec 2012 Progress = 2014	Use as baseline measure	Include in CDC Core VIPP reports, provide information to partners working on policy	Principle Investigator; and Epidemiologist; Core VIPP Coordinator; and IPCS Branch Chief
How frequently do prescribers access system?	Count of prescribers registered for Hawaii PMP	NED- PMP	Request through EMS Branch Chief, DPS send report for analysis by PCS	Annually	# of hits determine registered users and access	For partners working on policy, IPAC and HACDACS	Principle Investigator; and Epidemiologist; Core VIPP Coordinator; and IPCS Branch Chief
Will use of PMP lead to decrease in prescriptions from controlled substances	Hospitalization data - Prescription for controlled Substances	Hospital Admissions, ED Data, death certificates	Through requested HHIC data	Progress Available 2015	Analyses of DPS data and number of prescriptions prescribed	For partners working on policy, IPAC and HACDACS	Core VIPP Coordinator and PI; IPCS Epidemiologist, IPCS Chief