Injury Prevention Advisory Committee

and

Hawai‘i State Department of Health

Injury Prevention and Control Section

Policy Plan

2012-2017

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Description of Policy Priories

The policy priorities of the Injury Prevention and Control Section (IPCS) are a collaborative effort between the IPCS 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 well-informed policy priorities will assist IPCS in achieving its stated outcomes. The primary users of this document 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.

The Injury Prevention Advisory Committee (IPAC), established in 1990, is a volunteer network of professionals from various disciplines and industries committed to working together to prevent injuries in Hawai‘i. The primary purpose of IPAC is to serve as an advisory group to the Hawai‘i State Department of Health (DOH), Injury Prevention and Control Section (IPCS). The Injury Prevention Advisory Committee includes a Steering Committee (SC) with members who are focused on policy development and implementation.

Vision - A safe Hawai‘i, from the mountains to the sea.

The **Injury Prevention and Control Section** (IPCS) serves as the focal point in the Department of Health (DOH) for injury prevention throughout the state for all age groups. The IPCS is responsible for coordinating, planning, conducting and evaluating injury prevention programs; developing policy; collecting, analyzing and disseminating injury data; and providing technical support and training. Much of the IPCS’s work is achieved through community coalitions and partnerships that strive to increase and focus community resources, minimize duplication of effort and support the injury prevention activities of local agencies and the community.

The **Hawai‘i Injury Prevention Plan 2012-2017** (HIPP) includes the broadest scope of policy recommendations guiding the work of the IPCS. These recommendations focus on the eight leading causes of fatal and nonfatal injuries in Hawai‘i. The IPCS worked with community partners to conduct needs assessments. The recommendations are initially based on the results of the needs assessments, current best practices and the impact of the previous HIPP 2005-2010.

The **Core Violence and Injury Prevention Program 2011-2015** (Core VIPP) grant requires IPCS to annually implement and evaluate two policy focus areas. The purpose of the Centers for Disease Control and Prevention, Core VIPP grant is to assist grantees in building and supporting the capacity and infrastructure for violence and injury prevention activities. The IPCS, IPAC and community partners initially discussed and approved two policies priorities/ focus areas, based on the more comprehensive HIPP policy recommendations.

HIPP and Core VIPP Policy Alignment

Annually, the Steering Committee approves a revised or continuing comprehensive list of policy priorities in the context HIPP. Concurrently, in preparation for the Core VIPP continuing grant application, two approved policy focus areas are also revised or continued. To assess continuity, the SC ensures alignment between HIPP policy priorities and Core VIPP policy focus areas.

Two Policy Focus Areas: Core VIPP Grant	**Align**	**Policy Recommendations**: Hawai‘i Injury Prevention Plan 2012-2017
	Yes	**Core Capacity to Sustain Injury Prevention:** • **Recommendation 1**: Build and sustain infrastructure to provide leadership, data, technical assistance, and to support policy and evaluation for advancing injury prevention • **Recommendation 5**: Inform injury prevention policy at all levels • **Recommendation 6**: Increase opportunities for collaborative injury prevention efforts in all priority injury prevention areas
	No	**Drowning Prevention:** • **Recommendation 1**: Establish a task force to develop a statewide approach to drowning prevention
	No	**Preventing Falls Among Older Adults:** • **Recommendation 3:** Engage professionals and community members in fall prevention activities
Promoting PMP Awareness • Reduce inappropriate	**Yes**	**Poisoning Prevention:** • Recommendation **2**: Identify and support enactment of policies and practices that reduce both inappropriate and illegal

and illegal prescribing of prescription drugs.		prescribing, and evaluate their effectiveness.
	No	**Suicide Prevention:** • Recommendation **3**: Develop and promote effective clinical and professional practices and policies
Promoting Universal Safety Belt Law: • Increase seat belt use among all motor vehicle occupants	**Yes**	**Traffic Safety:** • **Motorcycle** and Moped Safety Recommendation **1**: Increase helmet use among motorcycle and moped riders by supporting a universal moped and motorcycle helmet law • **Impaired** Driving Recommendation **1**: Reduce impaired driving by increasing the use of screening and brief interventions in hospitals and primary health centers across the state • **Occupant** Protection Recommendation **1**: Increase restraint use by supporting a universal safety belt law for all vehicle passengers • **Pedestrian** and Bicycle Safety Recommendation **1**: Decrease pedestrian and bicycle-related injuries and fatalities by supporting "complete streets" policies in each county
	No	**Violence and Abuse Prevention:** • Recommendation **3:** Promote training that enhances knowledge and skills of community workers and professionals working in violence prevention and related fields

Policy Priorities & Success Indicators

While the SC finalizes the priorities, the recommendations are discussed with the general IPAC membership for input and validation. The Steering Committee recommends the following policy priorities for 2015.

Occupant Protection - Universal Seat Belt Law

- The state will have implemented an all passenger seat belt law.
- Increase the percentage of backseat passengers (ages 18 and older) using seatbelts in Hawaii from 74% to 90% by 2015.
- Decrease the percentage of unrestrained backseat occupants (> 18 years of age) treated by EMS personnel in Hawaii from 31% to 15% by 2016
- Decrease the percentage of non-use of seatbelts among fatally injured and hospitalized backseat passengers in Hawaii from 48% to 25% by 2016.

Prescription Drug Overdose Prevention:

- IPCS gains access to Hawaii's Prescription Drug Monitoring System (PMP).
- IPCS can link autopsy records to PMP database and analyze trends.
- Prescriber's knowledge and use of PMP has increased.
- Increase prescribers registered for access to Hawaii's prescription drug monitoring program system in Hawaii by 2016.
- Decrease the annual rate of pharmaceutical overdose in Hawaii from 140/100,000 residents to 56/100,000 by 2016.

Suicide Prevention - ASIST and safeTALK Gatekeeper Trainings

- In three years, at least one statewide conference will be held in suicide prevention for psychologists, social workers, nurses, medical students, etc.
- Develop and implement suicide prevention training for gatekeepers.
- Develop and implement effective clinical and professional practices and policies.
- The number of schools that have adopted a post-intervention toolkit.
- Increase the number of referrals by gatekeepers in Hawaii from 840 to 4684 by 2016.
- Decrease the annual rate of deaths by suicide across the State of Hawaii from 12.3/100,000 to 10/100,000 by 2016
- Decrease the annual rate of nonfatal suicide attempts across the State of Hawaii from 65.10/100,000 to 53/100,000 by 2016.

Fall Prevention:

- In three years two professional organizations will come out with a policy that supports screening of seniors for fall prevention and fall prevention has become their standard of care.

- Insurers are informed and are covering screenings for fall prevention; Medicaid reimbursement is being utilized.
- Increase in engagement of professionals and community members in fall prevention

Traffic Safety Policy – Universal Seat Belt Law: Occupant Protection

On May 20th, Senate Bill 4/ Act 73 was signed into law, requiring all front and back-seat passengers to be restrained by a seat-belt assembly or child passenger restraint while the motor vehicle is being operating upon any public highway. Increasing seat belt use among all motor vehicle occupants requires the continued distribution of data and technical assistant to traffic safety partner, and the public about seat belt usage and the benefits of the universal safety belt law. The IPAC SC will provide technical assistance to key IPCS staff as needed.

Key partners include:
Motorcycle Safety emphasis area group with Strategic Highway Safety Plan
Injury Prevention Advisory Committee (IPAC)
Hawai‘i Trauma Advisory Committee (HTAC)

1. **Universal Seat Belt Law: Occupant Protection Policy Objective:**

Policy Objective: Increase seat belt usage among all motor vehicle passengers			
Strategies: Evaluate effectiveness of law. Promote law to ensure widespread adoption. Evaluate impact of promotion efforts.			
Actions	**Measures of Success/ Outcome**	**Completed by** ___/___/___	**Responsible Party**
Identify and coalesce key partners in support of an all passenger seat belt policy	Partners identified	01/30/2013 03/15/2013	Traffic Safety Coordinator + SC, and IPAC members
Provide key partners with data points and legislative policy process information	Partners are prepared to utilize data and talking points with key decision makers	04/15/2013	IPAC and other partners prepared to testify.
IPCS will utilize University of Hawaii's Seat Belt Use Observational	Identified data to evaluate all passenger seat belt policy.	7/30/2013	Kari, Dan, EMS

Studies to examine the effectiveness of the 2014 “Click it or Ticket” summer campaign.			
Partner with DOT to enhance the public’s adherence to the universal seatbelt law by assisting in (Click It or Ticket) annual Summer campaign	Complete Summer Campaign	4/20/2014-7/20/2014	DOT, Kari, IPAC, safety partners
Conduct Preliminary evaluation of usage and injuries by linkage of EMS with HHIC records, funded through DOT. Corresponding DOT records will also be linked to this database when they become available.	Preliminary data reveal initial usage and injuries/ **Findings – Of 232 definitive data on restraint use and medical disposition (5/20/2013 through 12/31/2013) - restrained passengers were significantly more likely to not require EMS transport or be hospitalized. Among 162 linked with HHIC, 14% of back seat passengers will have been unrestrained during the post-law period; no pre-law data yet.**	**January 2015**	Dan, Kari
To evaluate the impact of the **August to September 2015** awareness campaign, the IPCS, using Core VIPP funds, add Pre and Post universal seat belt usage questions to the BRFSS during **January of 2015, that will run one full year.**	**PO for 1 Year of** BRFSS Questions Accepted.	**January 2015**	Dan, Kari, Tina and Core VIPP Funding

Plan **an August** 2015 through **September 2015** universal seatbelt awareness campaign to enhance the public's adherence to the universal seatbelt law. Research messaging focused on enforcing back seat seatbelt usage, and locally focus group test scripts as formative research on design.	**Focus group test/ formative research Campaign language messaging with Qmark Research on Hawaiian Islands/ Oahu is completed**	**February-March 2015**	Kari, IPAC, traffic safety partners, WPIPN,
Design, Finalize, and Publish the August to September 2015 universal seatbelt awareness campaign to enhance the public's adherence to the universal seatbelt law.	Complete **August 2015** Campaign	**May - August 2015**	Kari, Khon2 News, traffic safety partners, Khon2 News
To evaluate the impact of the August to September 2015 awareness campaign, the IPCS, evaluate Pre and Post universal seat belt usage questions from BRFSS	**BRFSS Data evaluated to assess impact of campaign on self-reported awareness.**	**Data Available Summer 2016**	Dan

Cells highlighted as **suggest completed.**

Poisoning Prevention Policy – Prescription Drug Overdose Prevention

This is a new area of focus for the IPCS. There are several poisoning prevention partners interested in this issue. The development and implementation of statewide prescription drug monitoring programs (PDMP) are best practices for reducing inappropriate and illegal prescribing of controlled substances, including prescription drugs.

In 1992, the Department of Public Safety (DPS) established Hawaii's Prescription Drug Monitoring System (PDMS). In 2012, improvements were made to the program to ensure the PDMS database is effectively used and maintained. In addition to maintaining the PDMS, DPS is required to "carry out educational programs designed to prevent and determine misuse and abuse of controlled substances" (HRS 329-58).

In Hawaii, the number of prescription drug overdoses has increased from 83 in 1999 to 187 in 2011.The development and implementation of statewide prescription drug monitoring programs (PDMP) are best practices for reducing inappropriate and illegal prescribing of controlled substances, including prescription drugs. The Injury Prevention and Control Section currently collaborates with the Narcotics Enforcement Division, Department of Public Safety (DPS), and other partners to support policies and practices aimed at reducing abuse and misuse of prescription drugs. IPCS supports a variety of efforts including using data from the Prescription Drug Monitoring Program (PDMP) for a linkage study, educating providers about the use and evaluation of the PDMP, and Collaborating with partners on programs aimed at reducing abuse and misuse of prescription drugs.

Key partners include:

- The Hawaiʻi Advisory Commission on Drug Abuse and Controlled Substances
- Hawaiʻi State Department of Health Alcohol and Drug Abuse Division
- Hawaiʻi State Department of Health STD/AIDs Branch
- The CHOW Project (The Community Health Outreach Work to Prevent AIDS Project)
- Hawaiʻi Substance Abuse Coalition
- Hawaiʻi State Department of Public Safety
- Hospitals and trauma centers
- First responders
- County police departments
- Physicians and pharmacists
- Community organizations

The IPAC SC will provide technical assistance to key IPCS staff as needed.

2. Poisoning Prevention - Prescription Drug Overdose Prevention

Policy Objective: Reduce inappropriate and illegal prescribing of prescription drugs.			
Strategy: Gain access and use of DPS Prescription Drug Monitoring System database. Conduct survey of prescribers to target education on appropriate prescribing practices.			
Actions	**Measures of Success**	**Completed by __/___/___**	**Responsible Party**
Secure access to DPS's Narcotics Enforcement Division -Prescription Drug Monitoring System (PMP) database through MOU.	IPCS gained access to PMP database via MOU with DPS	2014	EMSIPS
Link death certificates to autopsy records. "death certificates to autopsy records linkage"	Completed first step in data linkage project: "death certificates to autopsy records linkage"	2014	EMSIPS
Draft MOU and PO for poison prevention contractor (Krista Hopkins Cole) to coordinate development and initiation of a plan to increase provider use of PMP	MOU Completed and PO Accepted for Oct 1, 2014 through July 31, 2015	Sept 15th, 2014	Nick
(1) Research: • Provider survey questions & provider education methods • PMP key challenges and barriers, pros/cons • Current activities and concerns in Hawai'i	Researched and summarized survey and education findings and presented to IPAC.	January 2014	Contractor and EMSIPS
Core VIPP SMART Objective 2 & 3: • Acquire 1 PMP database access of prescribers (Objective 2) and gather contacts of prescribers registered with the PMP database. • Measure a baseline of prescribers registered with access to the PMP for Core VIPP (Obj 3), before initial survey and brief education below.	**One PMP database access and contacts of prescribers acquired** & Baseline measure for core VIPP obj 3-completed	**March 2015**	**Dan and NED**
(2) Provider Survey with Brief Education Material: • **Acquire contact information from PMP NED and Setup Survey Monkey Mailing Logistics.** • **Develop provider survey questions with WPIPN, CDC, IPAC, ect** • **Develop provider DOH online educational resource for prescribers**	**Provider Survey E-mailed with prescriber education resource loaded on website**	**March 2015**	**Contractor and EMSIPS, and NED**

taking survey			
Educate policy makers on CDC recommended stratifies on prevention of prescription drug abuse and local data.	**IPAC or DOH Program Manager Educate Policy Makers via Testimony**	**2015 Legislative Session**	**IPAC and DOH testimony**
Core VIPP Objective 1: • Take the combined "death certificates to autopsy records linkage", and then link to drug poisoning database product (Autopsy Records and Death Certificate) to the PMP. Aside from utility with Core VIPP, also needed for Action plan below.	Completed final data linkage project, by linking death certificates to autopsy records in Hawaii from 0 to 363 by 2014	May 2015	Dan
(3) Action Plan • Draft action plan (with a specific focus on *provider-oriented intervention component*), based on provider survey results, linkage study results, and interest garnered in community partnerships • Incorporate process/outcome evaluation into the action plan, 1-3 key objectives and measures. • Prepare and present plan to IPAC for buy-in and approval and prioritization	Draft and Finalize the Action Plan	April 30th, 2015	Contractor and EMSIPS
(4) Provider-Oriented Education and Outreach • Develop targeted provider-oriented education and outreach method and materials, based on Action (includes draft, and revisions based on input from DOH, DPHS, IPAC, and key stakeholders and subject matter experts)	Finalize and Implement provider-oriented education Activities	June 30th, 2015	Contractor and EMSIPS
Core VIPP Objective 3: • Complete a post intervention measure of prescribers registered with access to the PMP for Core VIPP (Obj 3) immediately after targeted provider-oriented education.	Completed a post intervention measure of prescribers registered with access to the PDMP for Core VIPP (Obj 3.	July 31st, 2015	Dan

Cells highlighted as suggest completed.