

Injury Prevention Advisory Committee
Emergency Medical Services & Injury Prevention System Branch
Hawaii State Department of Health

IPAC Membership Survey 2018 Report

March 20, 2018



community | **works**

Planning
Facilitation & Training
Nonprofit Management



Emergency Medical Services & Injury Prevention System Branch

Survey Background

The Injury Prevention Advisory Committee (IPAC) has used the Hawaii Injury Prevention Plan (HIPP) 2012-2017 to prioritize and coalesce collaborative activities and substantially impacted injury prevention in Hawaii over the last five years. As the IPAC Steering Committee prepares to refresh HIPP for the next five years, they sought the input of the IPAC Membership to inform future priorities and direction. The IPAC Membership has 104 representatives and is supported by the Injury Prevention System Branch (IPSB) staff who provide expert assistance and operational support.

The IPAC Membership Survey was developed to inform the IPAC Steering Committee about the members views on the value of HIPP, the value of the Core Capacity Recommendations, achievements in injury prevention, future priorities, and member engagement. The survey was crafted under the guidance of Therese Argoud, Injury Prevention Section Manager, and Nicholas Hines, Core State Violence and Injury Prevention Program Grant Coordinator. In order to assure anonymity a third-party consultant was contracted to manage and report the survey results.

Survey Respondent Profile

The characteristics of the respondents are as follows:



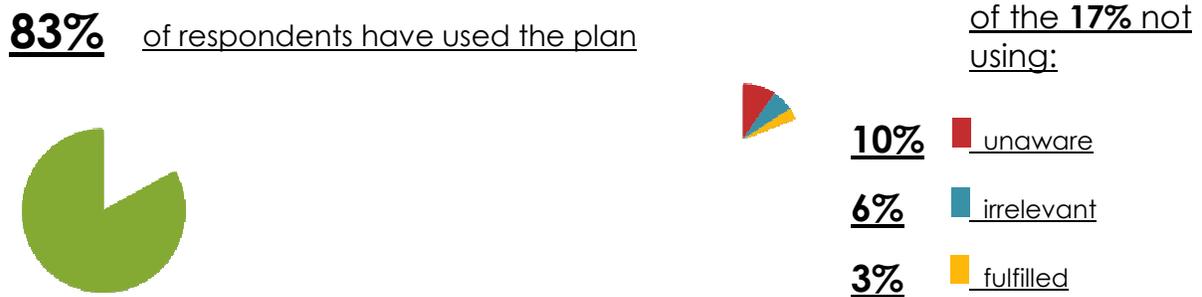
A total of 30 members responded to the survey. Five have been involved for one year or less and an additional 8 have been involved for 1-4 years. The majority of the respondents were from Oahu, but 22% identified as serving statewide. There were no respondents from Hawaii Island. The majority of the respondents identified broad engagement in injury prevention, however, three injury areas had no respondents - Intimate Partner Violence, Drowning and Spinal Cord, and Poisoning (including Drug Abuse, Misuse and Overdose). Other areas mentioned included TBE, SCI & Stroke, and Data. In terms of their professional affiliation, the majority indicated either State or Healthcare organizations, along with a few Educational institutions. A large majority of the respondents self-identified as moderately to highly engaged in IPAC; only 4 respondents self-identified as Low or No Engagement.

Key Results and Observations

Value of the Hawaii Injury Prevention Plan

EMSIPSB and IPAC work has been guided by the Hawaii Injury Prevention Plan 2012-2017 (HIPP). HIPP addresses critical priorities for injury prevention, including: Core Capacity to Sustain Injury Prevention, Injury Specific Recommendations, and critical data supporting the plan. HIPP is seen as providing significant value to the members with a large majority having used it to support their activities in injury prevention. The most useful elements of HIPP were identified as Data on Injuries (65%) and the entire Plan (42%). Three individuals reported being unaware of HIPP.

USE OF THE HAWAII INJURY PREVENTION PLAN



Accomplishments in Injury Prevention Over Past Five Years

The respondents were invited to select up to three significant achievements in injury prevention in the last five years. The 2013 passage of Act 73, the All Passenger Seat Belt Bill, was identified by 70% of the respondents. (See Detailed Survey Results for complete list.)

Contribution to Accomplishments

The respondents were asked to evaluate several elements and their contribution to the achievements of the last five years. They valid the importance of Quality Data, IPAC and IPSB Staff Leadership and Technical Support, and the importance of the HIPP Recommendations and Priorities. (See Detailed Survey Results for complete ratings.)

Excellent comprehensive data [is] the strongest contribution of all. [The] second is evidence based recommendations.

Reflecting on Core Capacity Recommendations

HIPP included recommendations addressing the Core Capacities required to sustain injury prevention efforts throughout the state. The Core Capacity Recommendations address infrastructure, leadership, data, training, technical assistance, policy, evaluation, public education, and collaboration. Seventy-eight percent of the respondents indicated familiarity with the Core Capacity Recommendations and identified the following of as the strongest elements:

- Data analyses generated by EMSIPSB
- EMSPSB data clearinghouse
- Injury prevention policy initiatives
- Technical assistance
- Collaborative efforts in Suicide Prevention, Opioid Abuse Prevention, Preventing Falls Among Older Adults, Traffic Safety, and Drowning Prevention

It is important to observe that while Technical Assistance received high ratings from those who were aware of its availability, this element had the most number of respondents (six) who indicated that they were unaware of this service. (See Detailed Survey Results for complete ratings and additional comments from respondents.)

EMSIPSB data clearinghouse has data from all the major sources recommended by CDC and an excellent Epidemiologist to collect, analyze and disseminate this data. And, staff members are also fluent in the data and have done an excellent job of disseminating and using the data in program planning and policy work.

Staff are trained and skilled in injury prevention and offer technical assistance to other governmental organizations (for example, DOT) and community organizations (for example the Suicide Prevention and other Taskforces and committees).

Future Trends and Opportunities and Priorities in Injury Prevention

The overarching theme of future trends, opportunities and priorities for the next five years could be summarized in a single word: **Collaboration**. It is the top opportunity identified by the respondents, as well as the top priority among the six Core Capacity Recommendations. Although not among the top Trends, it still received several comments by respondents.

Trends. The respondents were asked to look to the future and identify emerging trends in injury prevention. The three most commonly mentioned trends were:

- 1) Substance Abuse (legal cannabis, alcohol, opioid and poly-drug use)
- 2) Violence and Abuse (bullying, road rage, child abuse, intimate partner abuse, etc.)
- 3) Aging-related Issues for Seniors.

Although not as commonly mentioned, the impact of new technologies on the potential for injury, such as driver-less vehicles, and sports/outdoor injuries such as motor cross and ziplines, were also noted as emerging trends. Many respondents also mentioned a need for continuing focus in traditional areas such as Drowning and Pedestrian/Traffic Safety. (See Detailed Survey Results for complete list.)

Opportunities. The respondents were provided a list of potential opportunities for IPAC; they were able to select up to three priorities. Only one of the opportunity was selected by more than

50% of the respondents: *Develop a more formal partnership with public health programs to increase prevention activities, develop a future workforce, and improve evaluation.* (See Detailed Survey Results for complete results.)

Core Capacity Priorities. The respondents selected their top two priorities among the six Core Capacity recommendations and **Recommendation 6: Increase Collaborative Efforts** was the only recommendation that was prioritized by more than 50% of the respondents.

HIPP and IPAC Priorities. The respondents also considered a variety of HIPP and IPAC activities and selected up to three priority activities. The responses were diverse, but emphasized the importance of continued focus on the Core Capacity Recommendations.

IPAC Membership and Engagement

Finally the respondents reflected on the IPAC Membership, their level of engagement in injury prevention, and opportunities to increase engagement. The most commonly selected description acknowledged that members' engagement can be variable (41%), although 26% would describe IPAC as vital and engaged and another 26% noted the strong, engaged leadership of IPAC. The respondents recommended diverse methods to increase members engagement, particularly: training and technical assistance; activities and/or events that engage their organization; and an orientation to IPAC, HIPP, Core Capacity Recommendations, Priorities and Actions.

Detailed Survey Results

Accomplishments in Injury Prevention Over Past Five Years

% reported	Year	ACCOMPLISHMENTS OVER PAST FIVE YEARS - 3 accomplishments selected
70%	2013	Act 73- All passenger seat belt bill was passed, closing the gap in Hawaii's seat belt laws.
41%	2012	A Complete Streets Ordinance for Oahu was passed that laid the groundwork for roadway improvements for bicycle and pedestrian safety
37%	2013	With assistance from EMSIPSB, the Executive Office on Aging convenes a blue ribbon Fall Prevention Task Force that elevated statewide efforts to reduce falls among older adults.
33%	2012	The statewide system of gatekeeper trainings for suicide prevention was enhanced with the development of community collaboration on all islands.
26%	2016	The first statewide Drowning and Aquatic Injury Prevention Advisory Committee was established.
26%	2017	The Legislature endorsed the Suicide Prevention Strategic Plan to reduce suicides by 25% by 2025 through HCR66.
19%	2015	The Good Samaritan Law was passed to provide drug overdose immunity and set the stage for future drug overdose prevention efforts.

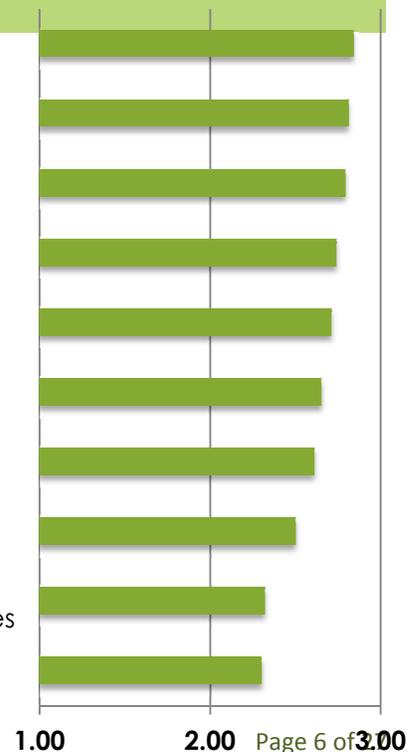
Other significant achievements noted by the respondents included:

- Hawaii's participation in the National Violent Death Reporting System
- Ongoing acquisition of the Core SVIPP and DDPI grants

Contribution to Accomplishments

Average Score **DEGREE THE PLAN CONTRIBUTED TO ACCOMPLISHMENTS**
ranked from 1-low to 3-high

- 2.84** High quality data from DOH-EMSIPSB
- 2.81** The IPCS Staff leadership and technical support
- 2.79** HIPP made clear recommendations
- 2.74** HIPP provided focus on important priorities
- 2.71** The Hawaii Injury Prevention Plan 2012-2017
- 2.65** The IPAC Steering Committee leadership
- 2.61** Collaboration among IPAC members
- 2.50** Clear policy and program initiatives
- 2.32** HIPP helped me/my organization advocate for new policies
- 2.30** The IPAC Membership engagement



Reflecting on Core Capacity Recommendations

Respondents were asked to rate the quality of Core Capacity Recommendation services on a scale of 1 (low) to 3 (high). A fourth option was to indicate that they were unaware of this service. High rating is >2.5, medium 2.10-2.5, and low <2.10.

Recommendation 1: Build and Sustain Infrastructure	Average Score	# Unaware
What is the quality of leadership development through IPAC and other injury prevention coalitions?	2.28	3
What is the quality of injury prevention policy initiatives?	2.57	0

Leadership Strengths

- IPAC not only serves as an Advisory Committee to the Department, but it also serves to educate its members, develop and foster collaboration, partnerships and networks. IPAC also helps to focus its [own] and the communities efforts on the most important issues/problems identified in the Injury Prevention Plan.
- It seems like a core set of personnel exists at the leadership/steering levels that is constant.
- Knowledgeable, wide range of representation, evidence-based.

Leadership Challenges

- I am aware of some of the leadership development capabilities through IPAC, but not all. I think this aspect could be enhanced.
- Involvement is sporadic and some key partners [are] missing.
- A concerted effort to cultivate leadership is needed for IPAC and other coalitions through training and peer mentoring.
- For what intent? Leadership development to volunteer for IPAC, or for external professional development?

Policy Initiative Strengths

- The policy initiatives have been promoted fairly widely. I would say they have been rather successful.
- Lots of work on legislative issues.
- Policies are identified after research, deliberation and are evidence based or promising.
- The initiatives are good, but follow through inconsistent.
- Evidence-based
- They follow best practices in areas of policy.

Policy Initiative Challenges

- This requires significant involvement and monitoring but few organizations have [that] capacity.
- The initiatives are good, but follow through inconsistent.
- Report more performance indicator data representing impact resulting from the policy initiatives.

Recommendation 2: Serve as a Clearinghouse for Data	Average Score	# Unaware
What is the quality of EMSIPSB data clearinghouse?	2.57	0
What is the quality of the data analyses generated by EMSIPSB and/or presented at IPAC meetings?	2.81	0

Data Strengths

- VERY high, very comprehensive.
- Data reports are posted on DOH website.
- EMSIPSB data clearinghouse has data from all the major sources recommended by CDC and an excellent Epidemiologist to collect, analyze and disseminate this data. And, staff members are also fluent in the data and have done an excellent job of disseminating and using the data in program planning and policy work.
- Dan does a lot for one person.
- EMSIPSB sole epidemiologist is superb.
- Injury data provided is of consistently high quality and there is timely response to data requests from all quarters
- Dan is the clearing house for quality morbidity and mortality injury data.
- Dan does a great job with his data analyses. Kari also does.
- Sets the policy framework.
- Good data presented at meetings. It would be nice to put presentations on website.
- A trained and highly skilled Epidemiologist is responsible for collecting, analyzing and disseminating the data.
- Easy to use; always leads to good discussion.
- I think that the quality of the analysis far exceeds the quality of the data.
- The quality is high, because it is used to identify progress and outcomes of particular efforts and issues.
- High quality due extensive data sources and expert analysis.

Data Challenges

- IPAC in and of itself relies upon data from DOH. It could be helpful if there was a collective space where additional data partners could provide data that complements IPAC efforts.
- It is in the rudimentary stages of use. I am uncertain whether the data is being utilized to its optimum. I would also like to see more inclusion of the agencies that provide the data in its utilization and the programs that are developed. The data is provided by the state's EMS agencies, yet they get very little input into program development or providing any steering in its usage. I would like to see more EMS agency involvement and more leadership courses for EMS on data usage for injury prevention.
- Good for some, [but] not for other topics. Need more support so that maps of injury areas and more detail can be routinely made available. Dan does a lot for one person.
- Much of the data presented analyzes either limited data sets or those where the apples aren't always apples (i.e., inconsistent sample specifics).
- The so called EMSIPSB data clearinghouse term isn't used. However, EMSIPSB sole epidemiologist is superb. Aside from the epidemiologist, it would be worthwhile to explain or define where to consistently find "clearinghouse type data."

- Dan is the clearing house for quality morbidity and mortality injury data. The overall (totality) quality of surveillance data can be enhanced by capturing and reporting key program/ project based indicator data.
- I believe there is a wealth of data that is not utilized due to the structure of the current system. We need to enhance the capture & make sure that what we are looking at is accurate.
- It would be nice to put [data] presentations on website.
- The overall (totality) quality of surveillance data can be enhanced by capturing and reporting key program/project based indicator data.

Recommendation 3: Provide Training and Technical Assistance	Average Score	# Unaware
What is the quality of the training?	2.26	2
What is the quality of the technical assistance?	2.53	6

Training Strengths

- Adequate or above for suicide prevention training.
- Education/training does take place at the IPAC meetings in addition to the more recent formal training/workshops offered by the Program.
- For Suicide Prevention.
- Training has been provided in a variety of ways, such as understanding the legislative process, telling stories, and key focus areas.
- Injury prevention education/training is a core activity with partners.

Training Challenges

- Limited opportunities.
- I haven't received training recently but have in the distant past.
- Few specific training opportunities, but linked to community offerings. Story telling the last one by IPAC, ongoing in suicide prevention, falls but not clear whose efforts.
- Not having taken advantage of the training opportunities, I would have to rate this as adequate.

Technical Assistance Strengths

- Excellent
- Staff are trained and skilled in injury prevention and offer technical assistance to other governmental organizations (for example, DOT) and community organizations (for example the Suicide Prevention and other Taskforces and committees).
- Complete understanding after the trainings.

Technical Assistance Challenges

- I do wish that there was more interaction with the supporting agencies such as EMS. It seems rather compartmentalized presently.
- In what capacity, purpose or intent would injury prevention provide technical Assistance?

Additional Training or Technical Assistance Desired

Injury Prevention Basics

- Basics of injury prevention.
- Injury 101 refresher
- A presentation on the most cost effective injury prevention strategies.

Leadership Development

- Leadership development.
- I would like more collaboration and use of all members.
- The committee is excellent but limited in my mind to only certain members.

Data-Related

- Open the eyes of EMS agencies as to what the data can do! Provide more learning/leadership experiences in data management for the EMS agencies.
- Evaluation criteria

Violence & Abuse Prevention

- Training & support for family/community violence.
- Protective and risk factors of family violence/intimate partner violence.

Communication

- Language access
- Messaging

Grant Writing

- Grant expertise or assistance
- Grant writing seminars

Other

- Mental Health First Aid
- First Aid/CPR
- An online system (form), with pre-populated testimony, that I or my organization can include [with] our contact information, [and] push "Send" during leg season.
- Safe Sleep/Purple Crying

Recommendation 4: Cultivate Awareness	Average Score	# Unaware
Have you seen increased awareness among decision makers about injury and violence as a major health problem in Hawaii?	2.05	1
Have you seen increased awareness among the public about injury and violence as a major health problem in Hawaii?	2.10	0

Strengths in Awareness of Decision Makers

- New focus on drug related deaths.
- The Department, IPAC and its partners have had a major influence on policy makers and legislation in many of the injury areas, such as traffic (including pedestrian), drowning,

suicide and falls. They do this through educating legislators, providing data and testimony at hearings.

- [It's] Good when [the] committee makes legislative rounds on general topics, [but we] haven't done [it] in a while.
- Pedestrian safety.
- I have seen preambles of bills and resolutions that quote HIPP priorities in the areas of suicide prevention, falls prevention, and traffic safety.
- There have been important bills introduced and passed in most of major areas of injury prevention.

Challenges in Awareness of Decision Makers

- Yes, but action is what is needed! Awareness is not enough.
- Domestic violence is very high. Too much emphasis on opioid overdose. [It's a] national issue with low impact in Hawaii [and it has] hijacked the conversation and attention.
- [It's] Good when [the] committee makes legislative rounds on general topics, [but we] haven't done [it] in a while.
- I have no way of measuring increased awareness among decision makers.
- I don't recall having access to survey data that followed up with decision makers regarding their level of awareness of major health problem in Hawaii. Perhaps it is produced, but not reported well. This key programmatic indicator data would be powerful to collect and report; without it I can't say that there is an increase.

Strengths in Public Awareness

- Senior falls and drug deaths are getting more attention.
- Pedestrian safety [and] school safety.
- More adds on TV and on radio.
- Policies are being proposed as measures to reduce injuries, injury severity, and fatal injuries.
- Where concerted efforts were made to conduct and evaluate comprehensive campaigns such as falls prevention among older adults there is documented increases.

Challenges in Public Awareness

- Yes, however action is needed.
- Have not seen any analytics to evaluate response.
- With the exception of high profile cases such as pedestrian, drowning and firearm injuries, injury is not in the public eye unless the press does a story. Keeping these stories and issues in the public eye is the issue.
- [There] seems to be increased awareness in most areas, but [I'm] not sure [it's] attributable to IPAC [and] not EMSIPS.
- There is still a disconnect and lack of public knowledge about the impact of injury and violence to overall health and well being.
- Perhaps, but is the awareness of the seat-belt project and summer falls prevention campaigns being sustained? This kind of key programmatic indicator data isn't reported very often or at least sustained tracking.

Recommendation 5: Inform Policy	Average Score	# Unaware
Have you seen increased engagement in injury prevention policy settings?	2.05	2

Strengths in Policy Setting Engagement

- Yes. The legislature has focused some attention on passing legislation on recent high profile issues such as firearms, and suicide and other key injury areas.
- Policy makers are beginning to turn to Injury Prevention vs. Injury Prevention educating policy makers.
- At IPAC meetings.

Challenges in Policy Setting Engagement

- Yes, however if there is not sustainability through funding it means very little.
- Same people engaged.
- Policy maker engagement about the correlation of injury and violence to overall health and well being must continue.
- I do not understand the question.
- [I] Would like to see more organized and proactive efforts to determine policy by organizing coalitions to set priorities prior to legislative session.

Recommendation 6: Increase Collaborative Efforts	Average Score	# Unaware
Suicide Prevention	2.75	2
Opioid Abuse Prevention	2.65	4
Preventing Falls Among Older Adults	2.60	1
Traffic Safety	2.58	2
Drowning Prevention	2.52	0
Violence and Abuse Prevention	2.35	4
Poisoning Prevention	1.88	5

Suicide Prevention Collaboration Strengths

- The collaborative efforts statewide in suicide prevention are outstanding!! Wonderful teams and training accessible to the public on all islands!!
- The partnerships and collaborative efforts have resulted in the legislature passing a resolution calling for a state strategic plan to address suicide and a bill in the current legislature to establish a state Taskforce.
- Growth on all islands and continuing to expand, some setbacks as personalities clash.
- HCR66 and suicide prevention legislative briefing contributed greatly.
- Well established collaboration being coordinated by injury prevention.

Suicide Prevention Collaboration Challenges

- Growth on all islands and continuing to expand, some setbacks as personalities clash.
- Through only certain groups and individuals.

Opioid Abuse Prevention Collaboration Strengths

- This has gotten a great deal of attention lately.

- Good involvement from many partners.
- New partnerships developed especially in poisoning prevention with an emphasis on opioids.
- Lots of involvement from community but mostly thru ADAD connections.
- Governor and DOH Director-lead efforts have contributed.
- Coalition/work-groups established via grant.

Opioid Abuse Prevention Collaboration Challenges

- Only aware of activities through another organization.
- How well is Injury Prevention positioned as lead?

Preventing Falls Collaboration Strengths

- Some good collaborative efforts, however Falls are still causing way too much injury and health care expense. We need to do better.
- Working with Executive Office on Aging and with Senior Centers and Care Homes.
- AARP and Medical providers are pushing this area.
- Increased public awareness via the TV program which seems to have waned.
- More organizations [are] involved.
- Significant since collaboration with EOA, but needs resurgence.
- Well established collaboration being coordinated by injury prevention.

Preventing Falls Collaboration Challenges

- Some good collaborative efforts, however Falls are still causing way too much injury and health care expense. We need to do better.
- Yes, but children [are] somewhat neglected with [the] emphasis on older adults.
- Significant since collaboration with EOA, but needs resurgence.

Traffic Safety Prevention Collaboration Strengths

- Pedestrian safety has gotten a lot of attention. I am unsure whether it has made a difference in the outcomes however.
- Increased collaboration in traffic safety has resulted in polices supporting pedestrian and bicycle safety as well as occupant protection.
- Safe and Complete Streets Initiative.
- PSA campaign seems to have raised public awareness.
- Consistent
- Well established collaboration being coordinated by injury prevention.

Traffic Safety Prevention Collaboration Challenges

- Pedestrian safety has gotten a lot of attention. I am unsure whether it has made a difference in the outcomes however.
- More work being done on Safe Streets in Honolulu.

Drowning Prevention Collaboration Strengths

- This is getting a lot of collaboration! This is an effort that has paid off!
- Drowning and aquatic injury prevention is coordinated statewide.
- Good work getting visitor industry partners involved.
- New Taskforce on drowning prevention set up.
- Drowning Task Force [is] meeting regularly; more activity.

- New committee making great headway.

Drowning Prevention Collaboration Challenges

- Need to get stakeholders together for HIPP update.
- [There is] more information, but inconsistent participation/representation in statewide meetings.
- Drownings seem to be much higher recently.
- Only among certain groups or individuals.
- Does the public consider injury prevention to be the clearinghouse/ the go to expert in this area?

Violence and Abuse Prevention Collaboration Strengths

- Some on bullying and some on gun control (recent).
- PSA campaign seems to have raised public awareness.
- In select areas like home visiting for child abuse and intimate partner prevention.
- Collaboration increased via grant.

Violence and Abuse Prevention Collaboration Challenges

- Nope. Not enough funding. Not enough attention. Not enough thought into training. We need more training and also more attention in the community about violence. This issue is still in "silos" and the gravity of this issue needs a great deal more emphasis.
- Still minimal DOH support.

Poisoning Prevention Collaboration Strengths

- New partnerships developed especially in poisoning prevention with an emphasis on opioids.
- Increased awareness through KIPC meetings.

Poisoning Prevention Collaboration Challenges

- Except for the Narcan efforts I do not see much effort in this arena.
- Only if [it] includes opioids, otherwise no increase.
- No movement here. Perhaps partners can elevate activity such as Hawaii Childhood Lead Poisoning Program, or other.

Future Trends and Opportunities and Priorities in Injury Prevention

Trends

Substance Abuse and Related Injuries (12)

- Impact of legal marijuana on injury data
- Alcohol related deaths including DUI's
- Defining and alcohol impairment (all kinds for all types of injury)
- Opioid use (2)
- Consequences and impact of opioid and other drugs
- Opioid epidemic
- Opioid use and abuse
- Opioid overdose
- Opioid use and falls
- Poly drug use especially in rural and insular areas of the islands

- DUI and speeding

Violence and Abuse (8)

- Violence - bullying in schools and adults in the community
- Enhance state-wide IVP Plan to include child abuse and neglect.
- Hospital/school violence
- Inappropriate and unsafe coping response amongst children and youth to community violence
- Fun violence
- School community settings would be the venue to expand public knowledge on the risk and protective factors of injury and violence prevention.
- Road rage
- Enhance state-wide IVP Plan to include intimate partner/sexual violence, and traumatic brain injury.

Aging-Related Injuries (8)

- Senior falls
- Elderly falls
- Demographic aging of the population
- With the aging of the population increased attention to injuries that can occur with them.
- Falls among older adults
- In home injuries to 65 and above population
- Elderly falls (which just keep increasing!!)
- Types of injuries among aging population (auto, pedestrian, drowning, poisoning)

Sports Injury (5)

- Motocross injuries
- Zip line injuries
- Sports related injuries, particularly concussions
- Risky trail running/hiking/biking
- Keiki sports injury data analysis

Pedestrian Safety (4)

- Pedestrians - younger generations using phones or iPads
- Pedestrian safety / Bike safety
- Pedestrian safety
- Pedestrian/Motor Vehicle accidents

Drowning & Ocean Recreation (3)

- Drowning and ocean recreation will continue and possibly increase.
- Ocean drownings
- Drownings

Childhood Injuries (3)

- Childhood injury prevention
- Falls among young children
- Keiki sports injury data analysis

Collaboration (3)

- Increase [in] collaborative efforts (2)
- Working across areas of injury prevention with common risk and protective factors
- New partners in prevention as healthcare funding shifts to population/capitated payments.

New Technologies Impacting Injuries (3)

- increase new prevention strategies through engineering and design
- Issues related to self-driving cars
- Design of integrated transportation models

Other

- Work related injuries (start with the DOH and sitting).
- Healthcare systems
- Social and community wellness among vulnerable populations
- Economic and political forces that will impact funding streams and prioritize some injury areas over others - these priorities may not reflect what is happening at the state and local level
- Enhance statewide IVP Plan to include motor vehicle crashes.
- Suicide prevention
- Motor Vehicle crashes
- Emphasis on wellness to prevent injuries.
- Emergency response

Opportunities

% reported	FUTURE IPAC PRIORITY OPPORTUNITIES - 3 opportunities selected
54%	Develop a more formal partnership with public health education programs (UH, Chaminade, Argosy, etc.) to increase prevention activities, develop a future workforce, and improve evaluation.
42%	Leadership development (e.g., regular, short-term classes at University of Hawaii at Manoa, Office of Public Health Sciences; annual internships.
42%	Institutionalize injury prevention curriculum for health care professions (e.g., EMS, Nursing, Public Health, JABSOM).
42%	Engage the tourism and hospitality industry in prevention initiatives.
35%	Integrate injury prevention efforts between related injury areas to leverage resources and increase effectiveness.
23%	Offer additional training opportunities (e.g., advocacy, policy development, Injury Prevention 101).
23%	Develop a Hawaii Trauma Advisory Council sub-council within IPAC responsible for coordinating the integration of prevention and evaluation activities for the greatest impact on trauma centers.
15%	Improve stakeholder involvement in Regional Trauma Advisory Councils to increase the resources available for injury prevention program implementation.

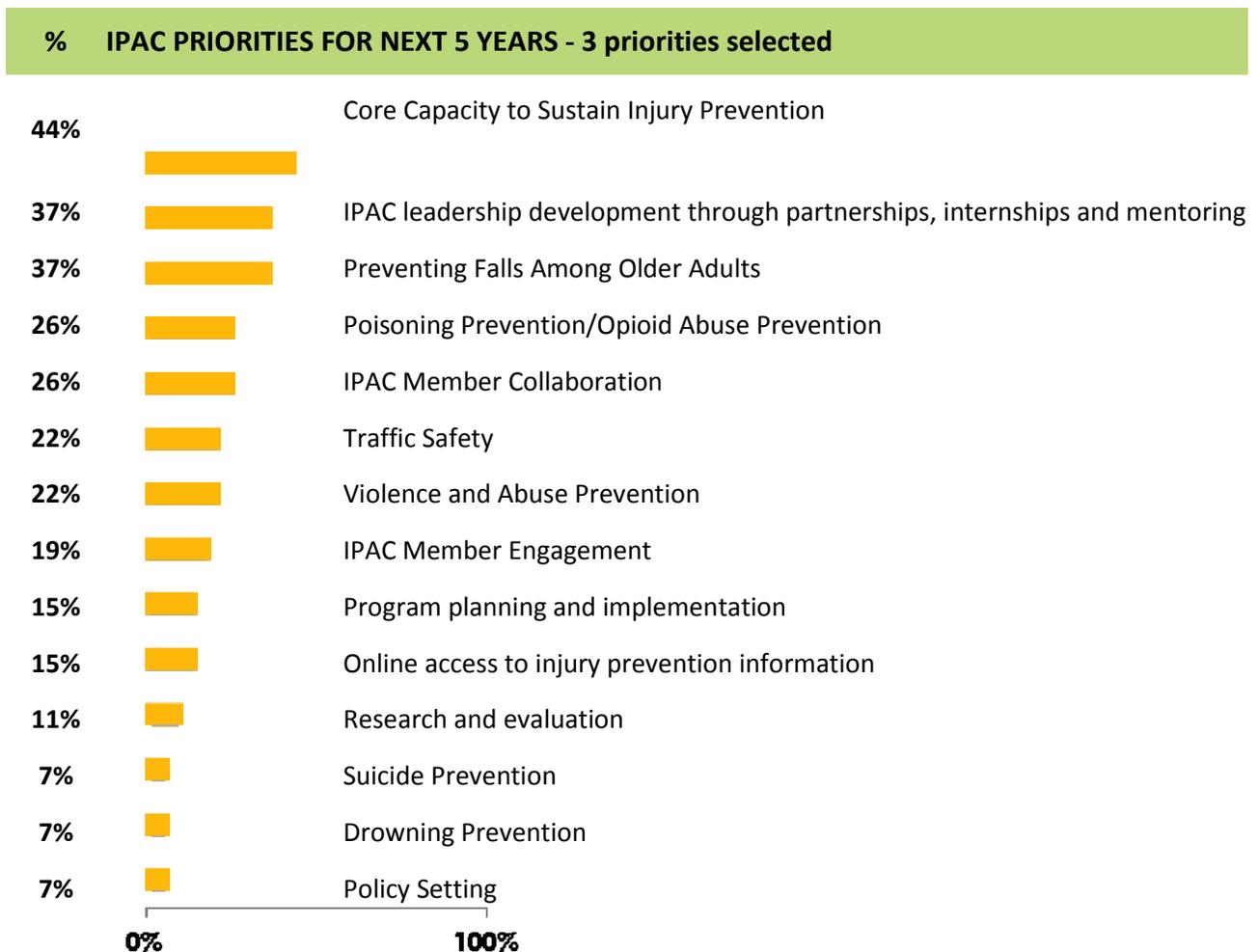
Other Opportunities Noted by Respondents:

- Develop partnerships and training opportunities in housing communities (e.g. condos, apartment buildings, senior housing).

- Need more competence in and use of program evaluation overall.
- Support data collection activities through public private partnerships; recognition of collaboration from data providers.
- Injury prevention has taken tremendous strides in prevention of injuries in multiple areas. A very commendable group. In order to collaborate with multiple groups I recommend using easily understood terms and lack of jargon like stakeholders, appropriate key programmatic, etc. It would seem to make sense to start educating about injury prevention at the grade school or high school level.
- Add HPU to the list of Universities.

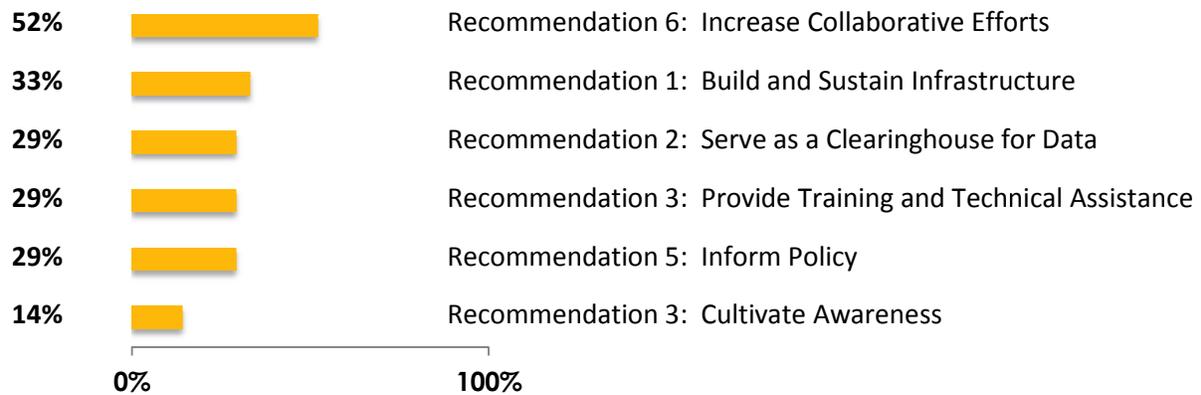
Note Error in the Survey: Leadership development was accidentally combined with, "Identify several injury prevention efforts for evaluation and ensure that appropriate key programmatic and performance indicator data is being collected to determine effectiveness."

HIPP and IPAC Priorities



Core Capacity Priorities

% reported CORE CAPACITY RECOMMENDATIONS FOR NEXT FIVE YEARS - 2 priorities selected



Respondents' Organizational Priorities in Injury Prevention

The respondents were asked to identify their organization's priorities in injury prevention for the next 3 years.

- Childhood Injuries/Child Abuse and Neglect (7)
- Substance Abuse Prevention (6 total)
 - Drug use
 - Opioid abuse/misuse (3)
 - Alcohol related issues
 - Underage Drinking Plan Policy Priorities
- Suicide Prevention (5)
- Traffic Safety (5)
- Data (4)
 - Improvement in the collection of cause of death information
 - Research and development
 - Evaluation
 - Increase data analytical capacity
- Falls Prevention Among Older Adults (3)
- Drowning and Ocean Safety (3)
 - Drowning and aquatic injury prevention for non-English speaking visitors
 - Drowning in children
- Brain and Spinal Cord Injury Prevention (3)
- Collaboration with Partners (3)
 - Collaboration with partners
 - Increase partner participation
 - Work across injury areas to maximize effectiveness
- Violence and Abuse Prevention (2)
 - Family/Community Violence Prevention

- Bullying prevention
- First Responders (2)
 - Proactive paramedic intervention and connection with social service providers to address housed and non-housed homeless
 - Increase first responders (police, fire, EMS) knowledge of ACES and the social determinants of health
- Comprehensive Injury Prevention (2)
- Other
 - Training
 - Leverage resources in injury prevention to make progress

IPAC Membership and Engagement

% STATEMENTS THAT BEST CAPTURE PERCEPTION OF IPAC - 1 statement selected	
41%	IPAC members have variable engagement, focus and commitment to injury prevention priorities and activities
26%	IPAC is a vital group of engaged individuals and organizations clearly focused on and engaged in injury prevention activities to benefit our community
26%	IPAC has a strong leadership team of engaged individuals and organizations, but other members are moderately involved
4%	IPAC members are largely disengaged and uninvolved in collaborative efforts for injury prevention
4%	Other: IPAC has good leadership – focused on injury prevention situations – need to get other government agencies involved like Police, Fire, Education

% IPAC ACTIONS TO INCREASE ENGAGEMENT - 3 actions selected	
36%	Training or technical assistance in the science of injury prevention
36%	Specific activities and/or events my organization can engage in
32%	An orientation to IPAC, HIPP, Core Capacity, Priorities and Actions
24%	Opportunity to serve on the IPAC Steering Committee
24%	Facilitated opportunities to develop action plans that my organization can implement
20%	Reimbursement for interisland travel for IPAC participation
16%	Outreach to my organization to foster their support for my time in IPAC
16%	Recruit new IPAC members
4%	Introduction to other IPAC members and IPSC staff

Other Actions:

- [I] don't have time to increase my participation, but [I] highly value IPAC.
- Time

Respondents' Awareness of Online Resources. Ninety-three percent of the respondents were aware of the availability of online resources like HIPP and data.

Improvements to Online Site. The respondents were asked to identify improvements to the online site that would make it more valuable. They were invited to select all that apply.

%	Improvements to Online Site
67%	View/print injury prevention strategies per injury area
56%	View/print morbidity and mortality indicators per injury area
56%	View/print key performance indicators per injury area
52%	View/print Risk and Protective Factors impacted by strategies
48%	Offer an online form to received questions from the public
41%	Marketing to increase awareness of the online site
33%	View/print levels in the Social Ecological Model impacted by strategies
7%	No improvements needed

Other Improvements:

- Provide more fact sheets on injury topics.
- Recognition of data providers.
- Again, please use simple language – Social Ecological Model?

Appendix: IPAC Membership Survey 2018

Thank you for giving your time to complete this survey. Your responses will help the Department of Health, EMS and Injury Prevention System Branch (EMSIPSB), in collaboration with the Injury Prevention Advisory Committee (IPAC), shape the future direction of injury prevention in Hawaii.

Your responses to the survey questions will be anonymous (received and analyzed by a third-party consultant).

Mahalo!

Reflecting on the Hawaii Injury Prevention Plan 2012-2017

EMSIPSB and IPAC work has been guided by the Hawaii Injury Prevention Plan 2012-2017 (HIPP), which you can find at <http://health.hawaii.gov/injuryprevention/>. HIPP addresses critical priorities for injury prevention, including: the Core Capacity to Sustain Injury Prevention, Injury Specific Recommendations, and critical data supporting the plan.

1. Have you made use of the Hawaii Injury Prevention Plan 2012-2017?

- YES** (if YES, continue on to Question 3)
- NO** (if NO, continue on to Question 2)

2. Why have you NOT used the Hawaii Injury Prevention Plan 2012-2017?

- I was unaware of the Hawaii Injury Prevention Plan 2012-2017** (continue on to question 4)
- I think the Hawaii Injury Prevention Plan 2012-2017 has been fully completed** (continue on to question 3)
- I don't think the Hawaii Injury Prevention Plan 2012-2017 is relevant** (continue on to question 4)

3. What elements of the Hawaii Injury Prevention Plan 2012-2017 have you found most useful?

(select up to 3 elements)

- The entire Hawaii Injury Prevention Plan 2012-2017 was useful**
- Focus on Core Capacity to sustain Injury Prevention**
- Drowning Prevention Recommendations**
- Preventing Falls Among Older Adults Recommendations**
- Poisoning Prevention Recommendations**
- Suicide Prevention Recommendations**
- Traffic Safety Recommendations**
- Violence and Abuse Prevention Recommendations**
- Data on Injuries in Hawaii**
- Other** (please specify)

Injury Prevention Achievements

4. Between 2012 and 2017, what are the three most significant achievements in Injury Prevention in Hawaii that you have noted? (select up to 3 elements)

- 2012: Bill 25** - A Complete Streets Ordinance for Oahu was passed that laid the groundwork for roadway improvements for bicycle and pedestrian safety.
- 2012:** The statewide system of gatekeeper trainings for suicide prevention was enhanced with the development of community collaboration on all islands.

- 2013:** Act 73- All passenger seat belt bill was passed, closing the gap in Hawaii's seat belt laws.
- 2013:** With assistance from EMSIPSB, the Executive Office on Aging (EOA) convenes a blue ribbon Fall Prevention Task Force that elevated statewide efforts to reduce falls among older adults.
- 2015:** The Good Samaritan Law was passed to provide drug overdose immunity and set the stage for future drug overdose prevention efforts.
- 2016:** The first statewide Drowning and Aquatic Injury Prevention Advisory Committee was established.
- 2017:** The Legislature endorsed the Suicide Prevention Strategic Plan to reduce suicides by 25% by 2025 through HCR66.
- I am unaware of any significant achievements in injury prevention in the last 5 years**
- Other significant achievements** (please specify)

5. **Given the achievements you identified in the previous question, to what degree did the items below contribute to the achievements.** (Scale: 1 = Low Attribution; 2 = Medium Attribution; 3 = High Attribution; Don't Know/Not Applicable)

- The Hawaii Injury Prevention Plan 2012-2017 (HIPP)**
- HIPP provided focus on important priorities**
- HIPP made clear recommendations**
- HIPP helped me/my organization make the case for additional funding**
- HIPP helped me/my organization advocate for new policies**
- HIPP helped me/my organization pursue new research and evidence-based practices in Injury Prevention**
- The IPAC Steering Committee leadership**
- The IPAC Membership engagement**
- The IPCS Staff leadership and technical support**
- Collaboration among IPAC members**
- High quality data from DOH-EMSIPSB**
- Clear policy and program initiatives**
- Other** (please specify)

Reflecting on the Core Capacity Recommendations in HIPP

HIPP 2012-2017 included recommendations addressing the Core Capacities required to sustain the Injury Prevention efforts throughout the state. The Core Capacity Recommendations address infrastructure, leadership, data, training, technical assistance, policy, evaluation, public education, and collaboration. Please respond to the following questions from *your personal perspective*.

6. **Please indicate your familiarity with the Core Capacity Recommendations in HIPP 2012-2017.**
- Not at all familiar with the Core Capacity Recommendations** (continue on to Question 13)
 - Somewhat familiar with the Core Capacity Recommendations**
 - Very familiar with the Core Capacity Recommendations**

In the next series of questions, you will be asked to assess the Core Capacities. Please use the comment box to add any additional explanation for your response.

Scale: 1 = Poor; 2 = Adequate; 3 = High; I was unaware) + Please explain your rating

Recommendation 1: Build and sustain infrastructure to provide leadership, data, technical assistance, and to support policy and evaluation for advancing injury prevention.

7. What is the quality of leadership development through IPAC and other injury prevention coalitions?
8. What is the quality of injury prevention policy initiatives?

Recommendation 2: Serve as a clearinghouse for data, and incorporate other injury data sources to strengthen analyses and further injury prevention efforts.

9. What is the quality of the EMSIPSB clearinghouse for data?
10. What is the quality of the data analyses generated by EMSIPSB and/or presented at IPAC meetings?

Recommendation 3: Provide training and technical assistance to increase and enhance knowledge and skills among injury prevention practitioners and partners.

11. What is the quality of the training?
12. What is the quality of the technical assistance?
13. What additional training or technical assistance would be helpful to you in integrating injury prevention in your work? (3 comment boxes)

Recommendation 4: Cultivate awareness among decision makers and the public to elevate injury and violence as a major health problem in Hawaii.

14. Have you seen increased awareness among decision makers about injury and violence as a major health problem in Hawaii?
15. Have you seen increased awareness among the public about injury and violence as a major health problem in Hawaii?

Recommendation 5: Inform injury prevention policy at all levels.

16. Have you seen increased engagement in injury prevention policy setting?

Recommendation 6: Increase opportunities for collaborative injury prevention efforts in all priority injury prevention areas.

17. Have you seen increased engagement in injury prevention policy setting?
 - Drowning Prevention
 - Preventing Falls Among Older Adults
 - Poisoning Prevention
 - Opioid Abuse Prevention
 - Suicide Prevention
 - Traffic Safety
 - Violence and Abuse Prevention

Core Capacity Recommendations: Overall Assessment

18. Based on all 6 Core Capacity Recommendations, from a systemic perspective, which two recommendations should be prioritized by IPAC in the next 5 years?

- Recommendation 1: Build and sustain infrastructure
- Recommendation 2: Serve as a clearinghouse for data
- Recommendation 3: Provide training and technical assistance
- Recommendation 4: Cultivate awareness
- Recommendation 5: Inform policy
- Recommendation 6: Increase collaborative efforts
- I recommend the following priority (comment box)

Reflecting on the Core Capacity Recommendations in HIPP

19. Looking ahead to the next 5 years (2018-2023), what do you see as emerging trends in injury prevention to which EMSIPSB AND IPAC should pay attention? (3 comment boxes)

20. Looking ahead to the next 5 years (2018-2023), which of the following opportunities would you recommend IPAC prioritize (select up to 3 opportunities)

- Develop more formal partnerships with public health education programs (e.g., University of Hawaii, Chaminade University, Argosy University) to increase prevention activities, develop a future workforce in injury prevention, and improve the ability to evaluate injury prevention programs
- Leadership development (e.g., regular, short-term classes at University of Hawaii at Manoa, Office of Public Health Sciences; annual internships) Identify several injury prevention efforts for evaluation and ensure that appropriate key programmatic and performance indicator data is being collected to determine effectiveness
- Offer additional training opportunities (e.g., advocacy; policy development; Injury Prevention 101)
- Institutionalize injury prevention curriculum for health care professions (e.g., EMS, Nursing, Public Health, JABSOM)
- Integrate injury prevention efforts between related injury areas to leverage resources and increase effectiveness
- Develop a Hawaii Trauma Advisory Council (HTAC) sub-council within IPAC responsible for coordinating the integration of prevention and evaluation activities for the greatest impact on trauma centers
- Improve stakeholder involvement in Regional Trauma Advisory Councils to increase the resources available for injury prevention program implementation
- Engage the tourism and hospitality industry in prevention initiatives
- None of the above

Other opportunities (please specify):

21. In general, what do you think IPAC's top three priorities should be for the next 5 years (2018-2023)? (select up to 3 elements)

- Core Capacity to Sustain Injury Prevention
- Drowning Prevention
- Preventing Falls Among Older Adults
- Poisoning Prevention/Opioid Abuse Prevention
- Suicide Prevention
- Traffic Safety

- Violence and Abuse Prevention
- IPAC leadership development through partnerships, internships and mentoring
- IPAC Member Engagement
- IPAC Member Collaboration
- Policy Setting
- Program planning and implementation
- Research and evaluation
- Online access to injury prevention information

22. What are your/your organization's priorities in injury prevention for the next 3 years? (3 comment boxes)

IPAC Membership and Engagement

23. Please describe your level of engagement in IPAC.

- High level of engagement, including serving on the Steering Committee (attend regularly, lend leadership, actively support activities)
- High level of engagement as a committee member (attend regularly, actively support activities)
- Moderate level of engagement (attend occasionally, support some activities)
- Low level of engagement (rarely attend meetings, rarely support activities)
- Not engaged

24. Which description best fits your perception of the Injury Prevention Advisory Committee?

- IPAC is a vital group of engaged individuals and organizations clearly focused on and engaged in injury prevention activities to benefit our community
- IPAC has a strong leadership team of engaged individuals and organizations, but other members are moderately involved
- IPAC members have variable engagement, focus and commitment to injury prevention priorities and activities
- IPAC members are largely disengaged and uninvolved in collaborative efforts for injury prevention
- Other description (please specify)

25. What actions would increase your personal engagement in IPAC and in injury prevention efforts?

(select up to 3 actions)

- An orientation to IPAC, HIPP, Core Capacity, Priorities and Actions
- Introduction to other IPAC members and IPSC staff
- Opportunity to serve on the IPAC Steering Committee
- Training or technical assistance in the science of injury prevention
- Outreach to my organization to foster their support for my time in IPAC
- Facilitated opportunities to develop action plans that my organization can implement
- Reimbursement for interisland travel for IPAC participation
- Specific activities and/or events my organization can engage in
- Recruit new IPAC members

Other (please specify)

26. If you want to be contacted about your engagement, please provide your name and contact information. If you chose to provide your identity, the information will be provided to the IPSC staff so they may contact you directly. This information will not affect the anonymity of your

other responses. Name; Company; Address; Address 2; City/Town; State/Province; ZIP/Postal Code; Country; Email Address; Phone Number.

27. Are you aware that HIPP and other resources like data are available online?
(<http://health.hawaii.gov/injuryprevention/>)

- Yes
- No

28. What improvements to the online site would make it more valuable to you and/or the public?
(<http://health.hawaii.gov/injuryprevention/>) (Select all that apply)

- Marketing to increase awareness of the online site
- View/print morbidity and mortality indicators per injury area
- View/print key performance indicators per injury area
- View/print injury prevention strategies per injury area
- View/print Risk and Protective Factors impacted by strategies
- View/print levels in the Social Ecological Model impacted by strategies
- Offer an online form to receive questions from the public
- No improvements needed

Other (please specify)

IPAC Membership and Engagement

29. How long have you been involved with IPAC?

- 0-6 months
- 7-12 months
- 1-4 years
- 5-10 years
- 11+ years

30. What county do you represent?

- Hawaii
- Kauai
- Maui
- Oahu
- Statewide

31. What is your primary focus in injury prevention?

- All unintentional Injury Prevention
- All intentional Injury Prevention (intention to cause harm to self or others)
- Childhood Injury Prevention
- Traumatic Brain Injury
- Intimate Partner Violence
- Child Abuse and Neglect
- Drowning and Spinal Cord Injury Prevention
- Preventing Falls Among Older Adults
- Poisoning Prevention (includes Drug Abuse, Misuse and Overdose)
- Suicide Prevention
- Traffic Safety (pedestrian, bicycle, occupant protection and motor cycle safety)
- All of above

Other (please specify)

32. What best describes your current organizational affiliation?

- No organizational affiliation, I'm a community volunteer
- I represent a Federal organization
- I represent a State organization
- I represent a City & County organization
- I represent a Nonprofit organization
- I represent a Professional organization
- I represent a Healthcare organization
- Other** (please specify)

Thank you for your time and thoughtful input!