



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
Honolulu, HI 96801-3378

In reply, please refer to:
File:

**NEUROTRAUMA ADVISORY BOARD (NTAB)
MEETING MINUTES
OCTOBER 23, 2015**

Present: Lyna Burian, Angie Enoka, Rita Manriquez, Scott Sagum, Stella Wong

Excused: Ian Mattoch, Milton Takara, Doris Warner, Valerie Yamada

Others: Violet Horvath, Director Pacific Disabilities Center (PDC) Hawaii
Neurotrauma Registry (HNTR); Nathan Murata, Chair-Kinesiology and
Rehabilitation Science University of Hawaii-Manoa; Tina Robertson,
Queen's Medical Center Neuroscience; Cora Speck, Queen's Medical
Center

DOH Staff: Curtis Inouye

- I. **Call to Order** – Meeting was called to order by Acting Chair Scott Sagum. Quorum present.
- II. **Approval of Minutes from the June 26, 2015 meeting** – Board Member Stella Wong made a motion to accept the minutes as written. Board Member Lyna Burian seconded that motion. All Board Members present voted in favor of minutes being accepted as written. No questions.
- III. **Review of Agenda** – Board Member Stella Wong made a motion to accept the agenda as written. Board Member Lyna Burian seconded that motion. All Board Members present voted in favor of accepting the agenda as written. No questions.

IV. New Business

A. Pacific Disabilities Center Proposals:

Violet Horvath, Director-Pacific Disabilities Center, provided a brief description of the three proposed projects listed below and requested any feedbacks Board Members may have regarding these projects. Violet mentioned that all three of these projects are in the development stage and may change. Because of that, a budget proposal for these projects have not been developed. After receiving feedback and the proposals are further developed, Violet will submit a budget proposal for review by the Board.

1. Critical Skills for Transition-Aged Youth with mild traumatic brain injury (mTBI):

Goals of this project is to increase the chances that transition-aged youth (14-24 years old) with mTBI obtain and retain employment. Ten transition-aged youths with mTBI participate in a 12 week program that emphasizes technological skills (smartphones and e-mail usage, basic computing skills and Microsoft Word and Excel) and social/behavioral/attitudinal skills, the so called “soft skills” that have been found to be critical for successful youth employment along with academic and technical skills.

Second, is to increase communication skills and thus the quality of life for transition-aged youth with mTBI. Board Members were provided with a description of this project and a copy of the proposed project is attached to these Minutes for review.

2. Children’s Story Book on Traumatic Brain Injury-“The TBI (The Brain Information) Kid”

Violet informed the Board that the second proposed project is for the PDC to develop a series of children’s adventure stories that are informative, educational and culturally relevant to Hawaii. Violet mentioned that we know how important a child’s brain is especially in their formative years of learning and growing up. Every year millions of children in the United States hit their heads as a result of a sport injury, a playground accident, while walking or riding to school, or as a result of something else. Here in Hawaii, our children are exposed to more potential risk of head, neck, and spinal cord injuries, or mTBI due to good all year weather conditions. Because concussions, also known as mild traumatic brain injury (mTBI) can have long term effects well into adulthood, education about prevention is vitally important. We need to reach both children and their parents and guardians. For more details on the proposed series of children’s adventure stories, refer to the PDC handout which is attached to these Minutes.

3. The PDC proposes a video series to educate the public on neurotrauma injuries. A series of eight documentaries will explore the different types of neurotrauma injuries (stroke, traumatic brain injury, spinal cord injury) and feature personal accounts from Hawaii-based survivors of these injuries and their family members, friends, and caretakers. The goal is to galvanize social

awareness of the various issues surrounding neurotrauma injuries by highlighting the eye-opening experiences of Hawaii-based survivors and those around them impacted by neurotrauma injuries. Through this initiative, residents of Hawaii will be educated on various prevention measures and empowered to better recognize, respond, and recover from neurotrauma injuries. The project will span two years with the goal of producing four episodes per year for a total of eight videos. Please refer to the PDC handout which is attached for more information.

V. Old Business

- A. Hawaii Concussion Awareness and Management Program (HCAMP) Update: Nathan Murata reported on the HCAMP Annual Report for year 5 school year (8/1/2014-7/31/2015). He mentioned that baseline totals at this time is slightly below 10,000. This is slightly lower than the previous year totals, possibly due to not having the University of Hawaii graduate students administer the baseline testing. In year 5, the schools were responsible to continue with the baseline testing. Nathan mentioned that although there was a slight decrease in the number of total baselines completed, the numbers indicated that the schools understand the importance of the baseline testing when it comes to concussions in the schools. Also to note, even the schools with no athletic trainers (smaller private schools), the Athletic Director or the coach would administer the baseline testing knowing the importance of it. Per Nathan, after all these years, the schools are buying in on the importance of the baseline testing and it is beginning to show. Nathan mentioned that on the Year 5 Annual Report on page five, the graph representing the percentage of concussion between the OIA and the ILH needs to be switched. He will be making the correction to this graph on pg. 5 of the Annual Report.

It was reported that the number of concussions reported this year were a little over a thousand, which is slightly less from the previous year.

Concussion Injury Rate per 1000 exposures (incidence data) for the 14 sports identified during the 2014-2015 year was not available but Nathan mentioned preliminary data for the 2014-2015 year indicates that Girls Judo continues to be the sport with the most concussion followed by Football, Girls Basketball, and Girls Soccer in fourth.

Nathan mentioned that all schools follow the 7 step protocol for return to play after an athlete is concussed. More information on the Return to Play Protocol can be found in the Annual Report on pages 9-11. Also, a list of Education and Training activities are listed in the Report. A contract modification was provided to extend this ongoing concussion project into the community and youth organizations. The modification purpose was to address three research questions which are addressed in the Annual Report on pages 12-13.

Based on the data obtained across school-based concussion baseline and post testing, and the educational awareness sessions, Nathan provided a list of recommendations which he reviewed and can be found on page 18 of the Report.

For a copy of the HCAMP Year 5 Annual Report, contact Neurotrauma Supports at

733-2147 or e-mail: curtis.inouye@doh.hawaii.gov

- B. Pacific Disabilities Center (PDC) – Hawaii Neurotrauma Registry (HNTR) Update. Violet Horvath, Director of the PBRRTC/HNTR Project provided highlights on the registry. Violet reported that there are a total of 121 unique participants in the Registry as of September 30, 2015. Of the many community events that HNTR participated in, there have been over 10,000 individuals who have visited their table. The PDC and HNTR newsletters will be published on alternating months. HNTR will increase their efforts to recruit children with neurotrauma injuries into the registry. HNTR will be working with private schools and agencies such as the Boys and Girls Club and the Boy and Girl Scouts. HNTR will be working with John Anderson, a spinal cord injury survivor in coordinate a spinal cord injury stakeholders meeting in January, 2016. HNTR will rebroadcast the stroke and traumatic brain injury segments as well as Dr. David Cifu's lecture. PDC also informed the NTAB of the following Neurotrauma Fund Project Proposals which will be covered more in detail under: IV. New Business.
- Children's Book: "The TBI Kid"
 - Critical Skills for Transition-Aged Youth with Mild TBI
 - Video Project

Refer to the HNTR reports and Proposals which are attached to these Minutes for more information.

- C. Hawaii Islands Regional Stroke Network Update – Tina Robertson from Queen's Neuroscience reported that they now have opened six of the seven sites under the contract. They are still waiting for North Hawaii Community Hospital to come aboard. The six sites are Molokai General Hospital, Wahiawa General Hospital, Hilo Medical Center, The Queen's Medical Center West Oahu, Kona Community Hospital, and Maui Memorial Medical Center. Tina reported that there were 145 completed calls. Out of the 145 completed calls, 59 received IV tPA. 52 individuals out of the 145 total completed calls were transferred to Queen's Medical Center. Kauai Board Member Scott Sagum asked Tina if any Kauai Hospitals would be added to the regional Stroke Network. She responded that at this time, the Stroke Network wants to accomplish their goal of getting the seven sites they have identified before thinking of expanding. Tina also mentioned that they need to ensure there are medical personnel on board at QMC to address the increase in calls in the event any other hospitals are added to the Stroke Network. See attached report for additional information.
- D. Neighbor Island Activities – Kauai: Ms. Rita Manriquez reported that she no longer is the Independent Living Specialist for Kauai. Rita was asked to be a part of the Aloha Independent Living Advisory Board but graciously declined but did recommend another individual who she felt would be an asset to the Board.
- E. DOH Update – The Community Resources Branch is currently in the process of obtaining an external list of potential candidates for the 2 Neurotrauma positions.

No definite timeline is available for the hiring process. Neurotrauma Supports is located at the Diamond Head Health Center in Room 412. Neurotrauma Supports will be partnering with Queen's Medical Center (QMC) and the Honolulu Police Department along with the Department of Education in fitting and providing helmets to middle school students at Kapolei Middle School who ride their bikes to school. Cora Speck from the Queen's Medical Center provided information on the event. The event will be held on November 6, 2015 beginning at 6:30 am to 8:05 am. The Honolulu Police Department from District 8 will be out at the school and will be giving tickets to children who are caught being good by wearing their bike helmets and those who are not wearing helmets will be fitted and given bike helmets. Children receiving tickets for wearing a bike will be able to redeem it at a later date for ice cream. Cora is asking for volunteers to assist with the event and can contact her at QMC for more details. Cora's contact information can also be obtained by calling Neurotrauma Supports at 733-2147 or 733-2155.

VI. Announcements

A. Brain Injury Association of Hawaii

1) *Support Group and Educational Meetings*

- a. First Saturdays, 1-3 p.m., Rehabilitation Hospital of the Pacific, Wo Conference Room #4. December 5, 2015 presentation by Mari Nakamura HNTR-PDC relating to Spinal Cord Injury.
- b. 2nd and 3rd Wednesdays, 6 p.m., Rehabilitation Hospital of the Pacific, Wo Conference Room #4

VII.

Next Meeting:

Date: December 18, 2015

Location: Kalanimoku VCC and Neighbor Island Sites

Time: 1:30 p.m. to 4:00 p.m.

Meeting Adjourned at 3:15 p.m.

Hawaiian Islands Regional Stroke Network Update

(Funded by a grant from the Hawaii State Dept. of Health Neurotrauma Fund)

Hub site: The Queen's Medical Center

Current spoke sites:

Current active sites are Molokai General Hospital (activated on 11/8/2011), Wahiawa General Hospital (activated on 6/21/2012), Hilo Medical Center (activated on 8/1/13), The Queen's Medical Center West Oahu (activated on 1/12/15), Kona Community Hospital (activated on 5/27/15) and Maui Memorial Medical Center (8/11/15). The six spoke site hospitals – ED MDs and nurses, hospitalists, and administration - have been educated on stroke care paths and protocols and in-serviced on use of the technology. Credentialing of the telestroke MDs has been completed at North Hawaii Community Hospital and installation of equipment is pending.

Total Calls	190		
Incomplete Calls	47	Triage calls, not telestroke	16
		Technical difficulties	27
Completed Calls	143	Molokai General Hospital (MGH)	15
		Wahiawa General Hospital (WGH)	41
		Hilo Medical Center (HMC)	32
		The Queen's Medical Center West Oahu (QMC-W)	39
		Kona Community Hospital (KCH)	9
		Maui Memorial Medical Center (MMMC)	7
# IV tPA Administrations	58	# Transferred to QMC Punchbowl	41
		# Not transferred-remained at site or transferred to another institution	16
Total Transfers to QMC Punchbowl	52	Non tPA Transfers	10

IV tPA Administration Summary

tPA #	Spoke Site	Encounter Duration (min)	Transfer to QMC Punchbowl?	Initial NIHSS	Last NIHSS	DC Disposition
1	MGH	60	YES	6	1	Home
2	WGH	45	YES	9	2	Home
3	WGH	UTD	YES	16	16	Hospice
4	WGH	60	YES	5	0	Home
5	WGH	45	YES	14	0	Home
6	WGH	35	YES	13	13	SNF

7	WGH	40	YES	6	2	Home
8	WGH	60	YES	5	0	Home
9	WGH	50	YES	8	ND	RHOP
10	WGH	30	YES	3	3	Home
11	WGH	40	YES	11	13	RHOP
12	HMC	40	NO	13	UTD	UTD
13	MGH	35	YES	11	6	RHOP
14	WGH	35	YES	15	3	RHOP
15	MGH	15	YES	7	0	Home
16	HMC	45	NO	6	4	Kaiser Acute
17	HMC	45	NO	7	UTD	SNF
18	WGH	40	NO	16	3	UTD
19	HMC	50	NO	17	UTD	Home
20	HMC	35	NO	21	21	UTD
21	MGH	40	YES	10	4	RHOP
22	HMC	30	NO	5	1	VA home
23	MGH	UTD	YES	9	10	RHOP
24	HMC	35	NO	ND	7	Home
25	WGH	30	YES	7	0	Home
26	MGH	UTD	YES	6	6	Home
27	QMC-W	35	YES	32	24	Foster Home
28	QMC-W	120	YES	4	1	HOME
29	QMC-W	40	NO	16	UNK	DC to Kaiser Acute
30	MGH	80	YES	20	29	Expired
31	HMC	30	NO	14	8	Home
32	QMC-W	90	YES	17	5	Home
33	WGH	90	YES	10	26	Expired
34	QMC-W	50	YES	6	9	RHOP
35	QMC-W	45	YES	6	0	HOME
36	HMC	35	NO	ND		Expired
37	QMC-W	90	YES	24	24	Expired
38	WGH	45	YES	31	27	Hospice
39	QMC-W	40	YES	9	0	HOME
40	HMC	50	NO	6		HOME
41	MGH	45	YES	5	1	HOME
42	QMC-W	40	YES	16	6?	RHOP
43	QMC-W	50	YES	10	7	HOME-MRS 0
44	QMC-W	60	NO	11	11	DC to Kaiser Acute
45	WGH	45	YES	11	2	HOME-MRS 0
46	QMC-W	50	YES	14	20	SNF rehab
47	HMC	50	NO	11		
48	QMC-W	40	YES	13	4	HOME
49	WGH	90	YES	26	1	HOME
50	QMC-W	90	YES	16	5	SNF rehab
51	QMC-W	50	YES	15	11	DC to STR then Hospice
52	KCH	35	NO	2	0	DC to home
53	QMC-W	30	YES	5	0	DC to home
54	QMC-W	60	YES	7	ND	DC to home

55	WGH	30	YES	19	0	DC to STR
56	QMC-W	55	YES	12	0	DC to home
57	MMMC	30	NO	?	?	?
58	QMC-W	60	YES	22	9	DC to RHOP

- 10 patients did not receive t-PA but transferred to QMC for further treatment such as endovascular reperfusion, closer monitoring and further evaluation.
- 75 patients remained at spoke site since they were not tPA candidates and did not require a higher level of care. These patients were diagnosed with either mild stroke, completed stroke, complex migraine, old stroke, ICH, fatal stroke or with transient symptoms.
- 11 patients at HMC, 1 patient at MMMC and 1 patient at KCH received t-PA and remained at site, 2 patient from QMC West transferred to Kaiser and 1 patient from Wahiawa General remained at site due to lack of available bed.
- Telemedicine encounters require about 35- 60 minutes of direct critical care time

Community Education

- QMC West Oahu Community Health Fair- May 17, 2014, educated 1000 people on stroke signs and symptoms and telestroke network.
- Public health campaign 'Spot a Stroke' was a joint effort between DOH, QMC, and AHA that placed stroke education signs on every Oahu bus from May-September of this year. This campaign resulted in an estimated 14 million impressions on Oahu bus riders and was paid from our Neurotrauma Fund grant and the placement fee was donated by Ad Walls.
- Dr Koenig filmed a promo with the Pacific Basin Telehealth Resource Center regarding the telestroke project. To view the video: <http://vimeo.com/102377242>
- 15 Craigsid Place – July 22, 2013, educated 100 seniors on “Stroke: What you should know.”
- Waipio Senior Fair – June 21, 2013, Hawaii Okinawan Center, partnered with Wahiawa General Hospital and Genentech to conduct stroke risk assessments with 240 people and educate on stroke signs and symptoms and telestroke network.
- QMC – May 29, 2013, educated 150 medical center staff and guests on the stroke chain of survival (i.e. stroke risk factors, stroke signs and symptoms, acute stroke treatment and the telestroke network).
- Hawaii Dental Services – May 16, 2013, educated 40 worksite staff on “Heart Disease and Stroke: What women should know.”

- QMC – April 24, 2013, educated 15 volunteers on “Stroke: What you should know.”
- Moanalua Middle School Health and Safety Fair – February 15, 2013, educated over 75 middle schoolers on signs and symptoms of stroke.
- Wahiawa Community Health Fair – October 27, 2012, educated over 300 in the Wahiawa community about stroke and signs and symptoms and introduced them to Hawaiian Islands Regional Stroke Network Camera System.
- Article in Star-Advertiser on 10/18/12.



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**Hawai'i Neurotrauma Registry Project (HNTR) Report
For Neurotrauma Advisory Board (NTAB)
Period covered: August – September 2015
October 23, 2015 1:30 p.m. – 4:00 p.m.**

Highlights:

1. Total of 121 unique participants in the Registry as of September 30, 2015
 - a. Over 10,000 people have now visited our tables at public events
2. Newsletter relaunch announcing organization name change to Pacific Disabilities Center
 - a. PDC newsletter and HNTR newsletter will be published on alternating months until HNTR ends in March 2016 (PDC newsletter: October, December, February; HNTR newsletter: November, January, March)
3. Increased efforts to recruit children with neurotrauma injuries
 - a. Working with private schools, Boys & Girls Clubs, Boy and Girl Scouts
 - b. Parent/guardian brochure approved by Human Studies; may also add a 2-sided business card with contact info, URL, and QR code
4. Coordination of SCI stakeholder meeting, tentatively scheduled for end of January 2016
5. Social media and marketing update
 - a. Rebroadcasts of stroke and TBI segments on 'Ōlelo
 - b. Progress on post-production of Dr. David Cifu's lecture for 'Ōlelo
 - c. Surprise rebroadcast of interview on Rick Hamada's Community Matters radio show
6. Social media and marketing update
7. Neurotrauma Fund Project Proposals (see handouts on each project)
 - a. Children's Book: "The TBI Kid"
 - b. Critical Skills for Transition-Aged Youth with mTBI
 - c. Video Project

Hawai'i Neurotrauma Registry Update

Table 1: Dashboard Report through September 30, 2015

Item	Total through July 2015	August 2015	September 2015	Grand Total
Registry Participation				
Number of unique participants in HNTR Registry	112	7	2	121
Public Education				
Public events attended by HNTR staff and volunteers	65	2	2	69
Number of individuals who visited HNTR tables at public events	9569	450	845	10864
Number of HNTR brochures distributed	9115	450	845	10410
Number of HNTR business cards distributed (incl. trivia cards)	3133	0	0	3133
Neurotrauma educational materials distributed (incl. CDC info)	9069	450	905	10424
Number of volunteers assisting with public events (duplicated count)	100	1	5	106
Networking with Professionals				
Presentations about HNTR to professionals	28	4	2	34
Number of professionals who attended HNTR presentations	638	80	16	734
Networking contacts made with partners / collaborators	230	2	3	235
Events / presentations in conjunction with partners / collaborators	26	0	0	26
Media				
Print articles	8	0	0	8
Print ads	16	0	0	16
HNTR newsletters (quarterly, effective October 29, 2014)/eCards	3	0	0	3
Distribution (Number of subscribers)	412	5	0	417
Radio PSAs/Interviews	1439	5	0	1444
TV PSAs (to be determined)				
TV programs, appearances, or ads (duplicated count/broadcast)	10	0	0	10
Social media following (Facebook effective July 16, 2014)	33	0	1	34
Facebook Posts	61	0	4	65
Facebook Friends/Following	31	0	1	32
Twitter Posts (effective October 31, 2014)	19	0	1	20
Twitter Following (effective October 31, 2014)	2	0	0	2
YouTube Hits (effective February 23, 2015)	62	3	7	72
Information and Referral				
Number of information / referral contacts with individuals	301	9	12	322

Number of information / referrals provided to individuals Range: 1 – 5 pieces of information / referrals per contact Average: 1.72 pieces of information / referrals per contact	514	17	15	546
Volunteers/Trainings				
Number of volunteer trainings held	16	1	0	16
Number of persons attending trainings (duplicated count includes HNTR volunteers and others)	82	10	0	82
Number of new volunteers recruited to help with HNTR	14	0	0	14

Goal 1: Develop and administer a voluntary NT Registry

Seven new persons were added to the Registry in August 2015 and two in September 2015 for a total of 121 unique individuals. There are 107 complete surveys and 14 that are incomplete. There are more women (n=71) than men (n=50) in the survey. The vast majority (n=105) reside on Oʻahu, but there are now also 11 in the Registry from Hawaiʻi, 3 from Maui, and 1 from Kauaʻi. Most participants (99) list TBI or some other form of brain injury as their first or second neurotrauma injury. The next most reported injury is, specifically, ischemic stroke (27), followed by hemorrhagic stroke (17), and spinal cord injury (16). Five persons did not list the nature of their injury.

Regarding how participants obtained information about the registry, ten heard about it from a table at a public event, six from a newspaper or newsletter, and 19 from presentations. (In terms of presentations, the Pacific Head Injury Support Group, Rehabilitation Hospital of the Pacific, and BIA-HI were specifically named.) Five heard it on the radio; one from family or friends; three from an article in Generations magazine; and one from the Island Scene article. One person heard about it from a physician/hospital/clinic and two were referred by others. One person mentioned television; another Google; one individual in Hilo picked up the HNTR brochure at the Hawaiʻi Adult Day Care Center.

Develop an Advisory Board of Stakeholders

Nothing to report at this time.

Conduct Research on Best Practices and Information Contained in Voluntary Database for Individuals with Neurotrauma Injuries

The Senior Researcher completed a draft of a report or manuscript based on information obtained. The draft is currently under internal review after which it will be sent to DOH for review. Once approved, the report/manuscript will be shared with all states and territories regardless of participation. It will be submitted to a journal for possible publication.

Develop Project Materials

- HNTR Brochures and inserts directed towards parents and children were approved by the Human Studies Committee and are currently in use.
- The Project Director drafted a letter introducing HNTR to service professionals working with veterans at Dr. Robert Sloan's request.
- The codebook for the first version of the survey is complete. Data entry of completed surveys using the first version is underway.

Develop Statewide Recruitment Plan

The final push is underway to get as many people into the Registry.

Specific efforts include attempts to reach parents of children with neurotrauma injuries. The PDC Director has placed the PDC Deaf and Hard-of-Hearing Specialist, Colin Whited, in charge of this initiative. We are targeting private schools, Boys & Girls Clubs, and Boy and Girl Scouts.

Provide Community Outreach

Ten events and activities took place in August and four in September for a total of 14 efforts to recruit participants for the registry and educate others regarding NT injuries.

Completed:

- August 4, 2015, National Night Out at Hickam AFB
- August 12, 2015, Stroke Presentation for Portuguese Club, Lanakila Senior Multipurpose Center
- August 14, 2015, intake at Hauʻula Civic Center, Lanakila Group Dining—Hauʻula/Kahaluʻu group
- August 15, 2015, KHON Elderhood Project, Aging in Place Workshops
- August 19, 2015, Lanakila Group Dining Lani Huli senior group, "Intro to HNTR" Presentation
- August 26, 2015, Central Oʻahu (Wahiawa/Mililani) Lanakila Group Dining seniors, "Intro to HNTR" Presentation
- August 28, 2015, intake at Hauʻula Civic Center, Lani Huli Group Dining Seniors (Kailua)
- August 31, 2015, Stroke Presentation for Japanese Club at Lanakila Multipurpose Senior Center (75 members total)
- August 15, 2015, KHON Elderhood Project, Aging in Place Workshops
- August 31, 2015, Stroke Presentation to Japanese Club at Lanakila Multipurpose Senior Center (75 members total)
- September 4, 2015, National Night Out at Kailua (HPD community safety fair)
- September 9, 2015, Brain Injury Presentation for Portuguese Club, Lanakila Senior Multipurpose Center

- September 16, 2015, Stroke Presentation for BIA—HI support group meeting (Wednesday evening)
- September 25—27, 2015, Seniors Fair/The Good Life Expo at NBC Exhibition Hall

Current Month and Future:

- October 3, 2015, Stroke Presentation at BIA—HI 1st Saturday Support Group meeting
- October 8, 2015, Stroke Presentation at Koʻolau Seniors Hui in Kāneʻohe
- October 10—11, 2015, Oh Baby! Family Expo at NBC Exhibition Hall
- October 10, 2015, Annual Hawaiʻi Hispanic Heritage Festival at Honolulu Hale
- October 12, 2015, Brain Injury Presentation to Japanese Club at Lanakila Multipurpose Senior Center
- October 14, 2015, SCI Presentation to Portuguese Club at Lanakila Multipurpose Seniors Center
- October 16, 2015, Fall Prevention Conference at Hawaiʻi Convention Center
- October 16, 2015, Hawaii island (Kailua-Kona) FHB PrimeTime Wellness Fair
- October 24, 2015, Footsteps to Transition at Kapolei High School
- October 25, 2015, KIDSfest at Bishop Museum
- November 2, 2015, SCI Presentation to Japanese Club at Lanakila Multipurpose Senior Center
- November 7, 2015, Brain Injury Presentation/Training with BIA—HI 1st Saturday Support Group members and HNTR volunteers
- November 10, 2015, Kauaʻi FHB PrimeTime Wellness Fair
- November 20, 2015, Maui 14th Annual Caregiver’s Conference by Office of Aging
- December 5, 2015, SCI Presentation/Training with BIA—HI 1st Saturday Support Group members and HNTR volunteers
- March 2016, Oahu FHB PrimeTime Wellness Fair

Develop a Volunteer Program

1. Trainings

- a. Five volunteers and five advocates attended a Stroke training on August 29, 2015.
- b. HNTR conducted a second “How to Promote HNTR” training via email for a new staff person beginning September 15, 2015 (not yet completed).
- c. Stroke training for a volunteer missing the August 29 training is scheduled for October 3, 2015.

2. Involve Volunteers in Community Outreach, Recruitment, and Intake

In August, one volunteer helped promote and recruit for the registry and informed the public about NT injuries. In September, five volunteers and one advocate participated in these efforts.

Provide and Document Information and Referral

During August 2015, nine individuals contacted the project and 17 items of information or referral provided. During September 2015, 12 individuals contacted the Project Coordinator and 15 items of information or referral were provided.

Goal 2: Develop and disseminate an effective PSA and social media campaign

The Project Assistant has continued to update the following:

1. Facebook Page: The Project Assistant added future events to the calendar.
2. Twitter Page: The project Assistant posted upcoming HNTR events. So far, there are no responses to the hashtag game #WhatIsNeurotrauma.
3. Email Marketing: The next newsletter is being developed for release now that the new name Pacific Disabilities Center has been approved. Release date is mid-October.
4. Print Ads: Discontinued due to lack of return considering expense of effort.
5. Publications: The Project Director drafted an article for Midweek to review. And will now be submitted to Midweek for their review and, hopefully, approval.
6. Radio:
 - a. ʻŌhāna Broadcasting: BONUS traffic sponsorships: 10-second liner for on-air personalities aired August 3-7: DA PAINA 93.1 FM and August 10-14: DA BOMB 102.7 FM
 - b. iHeartRadio: (CCME, radio) HNTR is looking into the possibility of doing a second radio flight with iHeartRadio. In addition to what was offered during the previous radio flight, children/family-related events will be included.
7. Television: As of August 11, 2015, the rights to HNTR's ʻŌlelo productions were transferred to the Project Assistant. New air dates for a repeat broadcast are as follows:

Hawaii Neurotrauma Registry: HNTR for Stroke (repeat)

10/4/2015 12:30 PM OLELO54

10/9/2015 12:00 PM OLELO54

Hawaii Neurotrauma Registry: HNTR for Traumatic Brain Injury (repeat)

10/5/2015 5:00 PM OLELO54

10/9/2015 12:30 PM OLELO54

- a. Editing for Dr. David Cifu's TBI lecture of July 12, 2015, is complete. Captioning is continuing at this time.
8. YouTube: Current numbers of views are 24 for TBI segment, 12 for Stroke segment, 24 for Community Matters radio interview, and 11 for the KSSK promo.

Goal 3: Evaluation Process to Assess Goals and Objectives of HNTR

The Annual Report for Contract Year 1 (March 21, 2013 – March 20, 2014) is under review by the Project Director.

The Project Assistant completed the data reports for Contract Year 2 (March 21, 2014—March 20, 2015).

The Project Coordinator is drafting the Annual Report for Contract Year 2 (March 21, 2014—March 20, 2015).

Goal 4: Reporting

All updates on overall project and registry progress are ongoing and have been completed as required.

**Pacific Disabilities Center
677 Ala Moana Blvd. Suite 202
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Video Series – Educating the Public on Neurotrauma Injuries

According to the Centers for Disease Control and Prevention, traumatic brain injury (TBI) is a contributing factor in a third (30%) of all injury-related deaths in the United States.ⁱ The challenges with such injuries also carries economic ramifications. The economic cost of TBI in 2010, including direct and indirect medical cost, is estimated to have been approximately \$76.5 billion.ⁱⁱ Additionally, the National Spinal Cord Injury Statistical Center (NSCISC) reports that, as of 2014, there are approximately 276,000 persons in the U.S. living with spinal cord injury (SCI).ⁱⁱⁱ In the U.S. there are approximately 12,500 new SCI cases each year, and that the yearly expenses in *indirect* costs (losses in wages, fringe benefits, and productivity) attributable to SCI averaged at \$71,961 per year in 2014.^{iv} Stroke has fallen to become the fifth-leading cause of death (down from fourth), but still kills almost 129,000 per year.^v It costs the U.S. \$34 billion annually in lost productivity, health care services, medications, and more.^{vi}

The Pacific Disabilities Center (PDC) proposes a video series to educate the public on neurotrauma injuries. A series of eight documentaries will explore the different types of neurotrauma injuries (stroke, traumatic brain injury, and spinal cord injury), and feature personal accounts from Hawaii-based survivors of these injuries and their family members, friends, and caretakers. Included are local experts, policymakers and individuals representing relevant advocacy groups who will cover neurotrauma diagnosis, treatment, policy, and prevention. The goal is to galvanize social awareness of the various issues surrounding neurotrauma injuries by highlighting the eye-opening experiences of Hawaii-based survivors and those around them impacted by neurotrauma injuries.

The project spans two years (24 months) with the goal of producing four episodes per year for a total of eight videos. The two-year timeline incorporates all five stages of film making: development, pre-production, production, post-production, and distribution. These stages include, but are not limited to, the recruitment and vetting of subjects, storylines and scripts and all other necessary preproduction, the actual filming, and all post-production, including making videos accessible to persons with disabilities in order to reach a broad audience.

Through this initiative, residents of Hawaii will be educated on various prevention measures and empowered to better recognize, respond, and recover from neurotrauma injuries. The project team will be comprised of staff, interns, and volunteers who are certified ‘Ōlelo producers and/or survivors of neurotrauma injuries. Dissemination will be conducted in a variety of ways. The documentary series will be broadcast on ‘Ōlelo networks, streamed online via the project website and YouTube page, and made available to the community in DVD format. The project team will also pursue collaborations with various educational and community health entities to maximize the project’s reach.

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- ⁱ "Injury Prevention & Control: Traumatic Brain Injury." Centers for Disease Control and Prevention, 4 Mar. 2014. Web. Accessed 15 Oct 2015. <http://www.cdc.gov/TraumaticBrainInjury/severe.html>.
- ⁱⁱ "Injury Prevention & Control: Traumatic Brain Injury." Centers for Disease Control and Prevention, 4 Mar. 2014. Web. Accessed 15 Oct 2015. <http://www.cdc.gov/TraumaticBrainInjury/severe.html>.
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- ^{iv} "Spinal Cord Injury (SCI) Facts and Figures at a Glance." National Spinal Cord Injury Statistics Center, 2015. Web. Accessed 15 Oct 2015. <https://www.nscisc.uab.edu/Public/Facts%202015%20Aug.pdf>.
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- ^{vi} "Stroke Frequently Asked Questions (FAQS)." Centers for Disease Control and Prevention, 19 Feb. 2015. Web. Accessed 19 Oct 2015. <http://www.cdc.gov/stroke/faqs.htm>.

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Children’s Story Book on Traumatic Brain Injury – “The TBI (The Brain Information) Kid”

Many of us have heard to phrase that the quickest way to a parent’s heart is through their child. We also know how important a child’s brain is especially in their formative years of learning and growing up. Every year millions of children in the United States hit their heads as a result of a sport injury, a playground accident, while walking or riding to school, or as the result of something else. Hitting one’s head is seen by some as a normal part of being a child.

As fortunate as we are to live here in Hawaii with good all year weather conditions, our children unfortunately are exposed to more potential risk of head, neck and spinal cord injuries. Because concussions (also known as mild traumatic brain injuries, or mTBI) can have long term effects well into adulthood, education about prevention is vitally important. We need to reach both children, and their parents and guardians.

The Pacific Disabilities Center proposes a series of children’s adventure stories that are informative, educational and culturally relevant to Hawaii. The main characters are Lana, an adventurous 9-year-old local girl and her over-cautiously cousin, Ke’i. There is also Pono, the wise old family dog (and ex-police dog), and Jaz, the inquisitive tabby cat. They embark on a series of fun, profound, and colorful adventures. We have an author who is working on the first story. Listed below is the synopsis for the first book. We are in the process of identifying potential illustrators.

Lana and Ke’i’s Island Adventures: “Jumping Off the Rock”

Like all best friends, who happen to be close first cousins, Lana and Ke’i enjoy hanging out together. Lana is nine. She’s fearless and always likes to push the limits sometimes with little regard for the consequences. One time, when she was seven she broke her arm while hanging onto the back of Uncle George’s truck as she caught a quick ride down to the local skate board park. It didn’t quite go as planned when Uncle G rounded a corner and Lana’s skateboard clipped a pot hole in the middle of the road. Luckily for her Uncle wasn’t going wasn’t going fast otherwise she would have ended up squashed against a rock wall. Being the tough daredevil she was Lana managed to stay on her feet until she reached a grassy area where she fell and ended up on her okole, sitting on her now-broken arm.

Ke'i, who is a year younger than Lana, likes to play things safe. She and Lana are so different but in many ways complement one another - like poke and rice, as they say. They go biking, hiking, and fishing, but their favorite is boogie boarding. Lana is afraid of nothing and likes to charge into the ocean while Ke'i always likes to stand back and look around, and read what's going on before going in. Ke'i is super cautious, always thinking "safety first," just like her Nana Tita taught her. She remembers her Nana telling her, "We live in these beautiful islands and with such beauty comes great upheavals. The mountains that were created by the Goddess Pepe, are as majestic as they are are perilous. You must walk them cautiously. And the oceans that surround us are full of beautiful reefs and plenty fish. You must never disrespect Kanaloa, the God of the Sea." Ke'i harkens to her grandmother's voice when she's in the mountains or in the ocean and stays vigilant of hidden dangers.

The two "bestest" friends skateboard to school and to the park along the road where there's hardly any pavement. Lana likes to skate all over the road while Ke'i, again being as mindful as ever, puts on her helmet and knee pads. "Eh!" she would yell, "Be careful Lana!" They love riding their bikes up and down steep path behind Grandpa's house. Lana as she always does likes to go as fast, while Ke'i likes to take it easy going down slowly. "Eh! Be careful Lana!" Ke'i would repeatedly call.

Apart of surfing, Lana likes to jump off of the top rock known as the "Point." Ke'i jumps too, but from the ledge that's closer to the water. Ke'i would always remind Lana to be safe and not get hurt. Lana, of course, never listens. She's got no ears!

One day they were approached by some friends who said they're going to the Point to jump off the rock blindfolded. Lana, as bold as she was said, "I can do that!" while Ke'i looked on hesitantly. All the kids went and on the way there Ke'i kept thinking how this was a bad idea. Lana was ready to show off even though the wind was picking up and it became overcast and they could smell the rain coming.

Pono, their ever-alert family dog decided to follow them. When he saw all the kids getting excited he too got excited and began jumping around barking at everyone. His bark became more intense as Lana walked to the edge of the rock escorted by the friends who dared her. Pono's bark got louder and more intense and eventually it caught the attention of Ke'i's older brother, Kawika, who happened to be fishing off the reef just down from the 20 foot rocks. He yelled to the girls, "What yous doin ova dare?" Lana yelled back proudly, "I'm going show my friends that I can jump no look." Kawika had that look of shock and disbelief on his face. "You kidding me girl!" he yelled back. "You stay right dare, don't even move your okole!"

It began to rain heavily. Kawika hastily began to pack his gear and ran to bottom of the rocks all while yelling to Lana, "Don't even think about it." As he got closer he

asked, "What you tinkin, eh, it's low tide, you'll hit your head them rocks. Get down already."

Kawika explained, "I tell now you to be careful for a reason because us older ones have more experience in doing dumb this like this." Lana stopped and took off the blindfold and said she was sorry. She looked around at everyone, realizing how it was a stupid idea.

Lana learned that while it was fun to take the dare, it is also important to be sensible. "Thank goodness Pono barked," Ke'i said. "If he hadn't I'm afraid what might have happened." The girls went home as the weather closed in and it was getting dark. They both learned an important lesson: Never dare to do something when you don't know the conditions. That night Grandpa made their favorite – poke and rice.

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Critical Skills for Transition-Aged Youth with mTBI

Goals of project:

1. Increase the chances that transition-aged youth with mTBI (mild traumatic brain injury) obtain and retain employment
2. Increase communication skills and thus the quality of life for transition-aged youth with mTBI

Description of project:

Ten transition-aged youth with mTBIs participate in a 12-week program that emphasizes technological skills (smartphone and email usage, basic computing skills and Microsoft Word and Excel) and social/behavioral/attitudinal skills, the so-called “soft skills” that have been found to be critical for successful youth employment along with academic and technical skills (Lippman, Ryberg, Carney, & Moore, 2015).

Potential participants are referred by physicians who diagnose mTBIs, such as neurologists, and the Hawaii Division of Vocational Rehabilitation. They will be screened by a professional for appropriateness and given a cognitive and behavioral evaluation to provide valuable individualized information. Given the diversity of issues amongst persons who have the same diagnosis of mTBI and the need to modify services as needs change over time (National Institutes of Health, 1998), a more individualized approach is best but must be balanced with cost, time, and demand.

Group technology classes will take place once a week, taught by two instructors. Homework will be assigned. In addition, each student will receive at least one session of individual instruction on how to use their particular smartphone and computer.

Soft skills groups will be held once a week for 1.5 hours per session. The groups are led by two speech-language pathologists (SLPs) who have experience working with persons with traumatic brain injuries. At times the SLPs will work with the group as a whole, in smaller groups, or individually. Preliminary research and anecdotal information suggests including the family in the process has been shown to be important to successful rehabilitation for all levels of TBI (Sander et al., 2002; Summerall, 2015). Monthly family group meetings will also be held so family members understand what skills clients have been/will be working on and so they may assist in reinforcing these skills, whenever possible.

As memory issues are often a problem for persons with mTBI, memory aids will be utilized. These may include smartphone reminders, written instructions, or videos, among others. They also receive resume instruction and how to search for a job.

If the participant is successful in obtaining employment, it is important to “close the loop.” Employers may not understand the needs of persons with mTBIs and youthful employees may not understand how a workplace functions. Project personnel spend at least two workdays with the employer and employee at the worksite, helping to ensure that the employer understands the unique needs of the employee, and that the employee understands the expectations for behavior and performance.

After the 12-week program concludes, participants join a monthly support group meeting.

During the course of one year, three 12-week sessions are held. A total of up to 30 youth receive the training. Technology class and soft skills instructors will keep progress notes on each participant. Objective and subjective evaluations will take place at the conclusion of each 12-week session and three months later.

Need for project:

There are a few fine existing projects in Honolulu that currently assist persons with mTBI. This project does not seek to replace any of them, but rather to increase the number of persons served in a given year, and to pilot test this model. The costs of rehabilitation can be high (Humphreys, Wood, Phillips & Macey, 2013). In order to reduce costs, this project focuses on what are suggested to be some of the most important skills needed both for recovery from mTBI and employment.

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