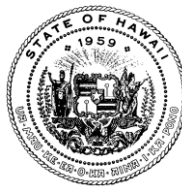


JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII



DEPT. COMM. 10-214
KENNETH S. FINK, M.D., M.P.H., M.G.A.
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

December 15, 2025

The Honorable Ronald D. Kouchi,
President and Members of the Senate
Thirty-third State Legislature
State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Nadine K. Nakamura,
Speaker
and Members of the House of
Representatives
Thirty-third State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Nakamura, and Members of the Legislature:

For your information and consideration, I am transmitting a copy of the Annual Report to the Legislature on the Activities Under the Neurotrauma Special Fund, pursuant to Chapter 321H, Section 4, Hawaii Revised Statutes.

In accordance with Section 93-16, Hawaii Revised Statutes, I am also informing you that the report may be viewed electronically at:

<https://health.hawaii.gov/opppd/departments-of-health-reports-to-2026-legislature/>

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Fink", is written over a faint circular stamp.

Kenneth S. Fink, M.D., M.P.H., M.G.A.
Director of Health

Enclosures

c: Legislative Reference Bureau
Hawaii State Library System (2)
Hamilton Library

REPORT TO THE THIRTY-THIRD LEGISLATURE

**STATE OF HAWAI'I
2026**

**PURSUANT TO SECTION 321H-4
HAWAI'I REVISED STATUTES**

**REQUIRING THE DEPARTMENT OF HEALTH TO PROVIDE AN
ANNUAL REPORT ON THE ACTIVITIES UNDER
THE NEUROTRAUMA SPECIAL FUND**



**PREPARED BY:
STATE OF HAWAI'I
DEPARTMENT OF HEALTH**

December 2025

EXECUTIVE SUMMARY

In accordance with the provisions of Section 321H-4, Hawai'i Revised Statutes (HRS), the Department of Health (DOH), Developmental Disabilities Division (DDD), Neurotrauma Program respectfully submits this annual report on the activities of the Neurotrauma Special Fund (NSF).

The NSF was established for the DOH to “develop, lead, administer, coordinate, monitor, evaluate and set direction for a comprehensive system for survivors of neurotrauma injuries.” Since January 2003, the NSF has been funded by surcharges from neurotrauma-related traffic citations that are deposited into the NSF. The Neurotrauma Program continues to work with neurotrauma survivors and their families to identify priorities for expenditure of moneys that is available in the NSF. The Neurotrauma Advisory Board (NTAB) and the Traumatic Brain Injury Advisory Board (TBIAB) provide stakeholder input into the Neurotrauma Program's activities. Additionally, NTAB offers advisory recommendations regarding the special fund. Feedback from neurotrauma injury survivors, board members, other state agencies, contractors, advocates, families, medical providers, hospital trauma workers, and injury prevention personnel were used to create the Strategic Plan Fiscal Year (FY) 2025-2030 (Attachment II). The highest priorities for use of the NSF, as defined by the goals and objectives in the Strategic Plan FY 2025-2030, were to 1) partner with other organizations to educate the community on the signs, symptoms, resources, and effects of a neurotrauma injury; and 2) improve medical appointment experiences for neurotrauma injury survivors.

During FY 2025, the Neurotrauma Program worked on meeting the goals and objectives of the Strategic Plan FY 2025-2030. Program staff implemented activities to use the NSF in accordance with the mandate of Section 321H-4, HRS, in collaboration with the NTAB, TBIAB, Brain Injury Association of Hawai'i, families, survivors, and other community stakeholders.

Section 321H-4, HRS mandates the NSF be used for a “registry of neurotrauma injuries within the state”. The purpose of the Hawai'i Neurotrauma Registry (HNTR) is to gather information on the long-term service and support needs of survivors of neurotrauma injuries and their family members. A previous contract to administer the HNTR ended in May 2020. Since this time, the Neurotrauma Program has researched several options to build on the existing HNTR. The Neurotrauma Program's focus for the HNTR is to ensure the data collected is a valid representation of the needs of all survivors in Hawai'i, statewide. Options explored included contracting with other State departments and/or private insurance companies to obtain deidentified survivor information from existing databases. Restrictions outlined in the Health Information Portability and Accountability Act (HIPAA) prohibited access to deidentified survivor information from the State databases, and private insurance companies declined the opportunity to collaborate with the State to contribute information for the HNTR.

The Neurotrauma Program then developed a Request for Information (RFI) to solicit information on other methods to implement the HNTR. Based on responses to the RFI, it was determined that the Neurotrauma Program needed to consider alternative methods for the HNTR data collection. The Neurotrauma Program went on to research possible technological solutions for a sustainable HNTR that also provides survivors and their caregivers, a tool to support functions of daily living. Ensuing discussions with University of Hawai'i (UH) staff included accessibility of the technology, support to users, and qualifications needed for an organization to build, launch, maintain, and sustain the HNTR. Throughout FY 2025, the Neurotrauma Program worked with the UH to create a Scope of Service for management of the day-to-day operations of the HNTR. Community and stakeholder input continues to be gathered through NTAB, TBIAB, community partner discussions, and during community outreach events.

Until a new HNTR can be established, stroke and traumatic brain injury (TBI) data are being collected through the Centers for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS) <https://www.cdc.gov/brfss/index.html>. Hawai'i's BRFSS is managed by DOH's Chronic Disease Prevention and Health Promotion Division. The Neurotrauma Program's participation in the BRFSS includes submission of stroke and TBI questions specific to Hawai'i residents, quarterly data workgroup meetings, and an annual review, which includes findings, use of the data, and next steps. On a smaller scale, community neurotrauma needs information is also collected through the Neurotrauma Helpline. When someone reaches out to the Neurotrauma Helpline, a log is kept identifying the neurotrauma injury and need being addressed.

During FY 2026, the Neurotrauma Program will continue to gain community input through NTAB, TBIAB, and community organizations to meet the requirements of Section 321H-4, HRS. In collaboration with our community partners, the Neurotrauma Program will work to maximize awareness of neurotrauma injuries and actions that can be taken to prevent such injuries. The Neurotrauma Program continues to support the work being done through the UH Hawai'i Concussion Awareness Management Program (HCAMP) by funding the BrainSpace project. HCAMP's BrainSpace project provides students, athletes, parents, coaches, and educators best practice guidelines to prevent, recognize, and respond to a concussion. New video content and curriculum for the BrainSpace project are currently in production. When complete, it will increase access to up-to-date concussion information. The new material includes how the sporting and general community can work together to best support one another when someone is suspected or confirmed for having sustained a concussion.

Additional efforts in FY 2026 will include data collection and analysis aimed at identifying gaps in services for TBI, spinal cord injury (SCI), and stroke survivors and their families. A new objective was added to the Strategic Plan to explore options for a curriculum to guide elementary-age children in decision-making for lifetime health and the early establishment of good habits to prevent lifestyle choices that contribute to neurotrauma injuries. Efforts to achieve this objective are still being explored. The Neurotrauma Program aims to coordinate existing programs to convey the latest safety messages to the children of Hawai'i. Overall, the Neurotrauma Program will continue its purpose of improving the statewide system of services and supports for individuals living with neurotrauma in Hawai'i through activities consistent with the goals of the Strategic Plan FY 2025-2030.

REPORT TO THE LEGISLATURE IN COMPLIANCE WITH SECTION 321H-4, HAWAI'I REVISED STATUTES

Introduction

Pursuant to Section 321H-4, HRS, the DOH-DDD Neurotrauma Program respectfully submits this annual report on the activities of the Neurotrauma Special Fund (NSF) to the Thirty-Third Legislature.

Section 321H, HRS, mandates the DOH to “develop, lead, administer, coordinate, monitor, evaluate, and set direction for a comprehensive system to support and provide services for survivors of neurotrauma injuries;” to establish a Neurotrauma Advisory Board (NTAB); and to administer the NSF. The NSF began accumulating moneys from neurotrauma-related traffic citation surcharges (speeding, drunk driving, not wearing seat belts, leaving the scene of an accident involving bodily injury) on January 1, 2003. This report is a status report on activities funded by the special fund for the period of July 1, 2024, to June 30, 2025 (FY 2025).

Neurotrauma Advisory Board (NTAB) and Traumatic Brain Injury Advisory Board (TBIAB)

In 1997, the legislature passed Act 333 that created the TBIAB to advise the DOH in the development and implementation of a comprehensive plan to address the needs of persons affected by disorders of the brain. Section 321H, HRS was passed by the legislature in 2002, establishing the NTAB to advise the DOH on the use of the NSF to implement these statutes. As a subset of the NTAB, the TBIAB would continue to exist and advocate on behalf of the individuals affected by brain injury and would advise the DOH in consultation with the NTAB. In 2014, the Legislature amended Section 321H-3, HRS, to reduce NTAB membership from twenty-one (21) to eleven (11) members to obtain quorum while maintaining the same representation of members for the board. All members are appointed by the Director of Health and represent key stakeholder groups statewide. Board members participated in the development of the Strategic Plan FY 2025-2030 and continue to guide its work. Current board members of the NTAB are listed in Attachment I.

Neurotrauma Program Strategic Plan FY 2025-2030

During FY 2025, the Neurotrauma Program continued work to meet the goals and objectives defined in the Strategic Plan FY 2025-2030. Through NTAB and TBIAB, community members provided the Neurotrauma Program with input on strategies to meet goals and objectives. This Legislative Report provides highlights of how the Neurotrauma Program, in collaboration with many community partners, implemented activities to address the goals and objectives of the Strategic Plan FY 2025-2030.

Use of the Neurotrauma Special Fund

Section 321H-4(b), HRS, mandates that the NSF shall be used for:

1. Education on neurotrauma;
2. Assistance to individuals and families to identify and obtain access to services;
3. Creation of a registry of neurotrauma injuries within the State to identify incidence, prevalence, individual needs, and related information; and
4. Necessary administrative expenses to carry out this chapter not to exceed two percent (2%) of the total amount collected.

(1) Educational activities:

Consistent with the Strategic Plan FY 2025-2030, Goals 1 and 2, the Neurotrauma Program, in coordination with community partners, provided education on neurotrauma to the public and providers to increase awareness of the effects of neurotrauma, how to respond to an injury, and to improve service delivery and outcomes for survivors of neurotrauma.

Partnerships with Community Organizations and Neurotrauma Awareness

Consistent with Strategic Plan FY 2025-2030, Objective 1.2, the Neurotrauma Program conducted activities to promote awareness of neurotrauma. Throughout FY 2025, the Neurotrauma Program partnered, participated, led, and supported twenty-eight (28) virtual and in-person events and presentations statewide. Event attendees were provided promotional products and educational materials related to neurotrauma.

Interactive activities at TBI events allowed participants to experience some of the symptoms commonly experienced by TBI survivors. The interactive experiences were designed to enhance participant's awareness of how a TBI can turn a seemingly simple task into an overwhelming challenge. Some of the events featured helmet giveaways, during which attendees were educated on injury prevention and road safety, while being offered a bicycle or multisport helmet free of charge. Informational handouts provided at each event, covered various topics, including TBI prevention, strategies for living with TBI, ways to help a concussed child return to school, and recognizing TBI symptoms. Since SCI injuries often involve head and/or brain injury, the Neurotrauma Program offered SCI and TBI information simultaneously. SCI information shared with the public focused on prevention and resources.

During stroke events, participants received a stroke risk scorecard. Completing this stroke risk scorecard provided the participants with personalized information about their specific stroke risk. In addition to understanding their level of stroke risk, participants learned about lifestyle factors that may contribute to a stroke and the controllable factors that can increase or decrease their risk for stroke. For example, a high-sodium diet can lead to unhealthy blood pressure levels and sustained high blood pressure is the primary indicator of a potential stroke. The stroke events included informational handouts with recipes for preparing favorite local dishes with reduced sodium content, and a tracking sheet to record daily blood pressure results. The Neurotrauma Program also shared BEFAST information (<https://health.Hawaii.gov/nt/stroke/>), which teaches how to recognize the signs of a stroke and immediate action that can be taken to minimize injury.

The Neurotrauma Program and partnering agencies worked together to coordinate staffing, schedules, and resources to put on these events. FY 2025 event partners included Queen's Medical Center, Kapiolani Medical Center for Women and Children, Hawai'i Bicycling League, Rollerskate Oahu, Brain Injury Association of Hawai'i, Leeward Pilots Club, Hawaii Stroke Coalition, Pacific Disabilities Center (PDC), and Kaua'i Brain Injury Group (BIG). There were close to two thousand five hundred (2500) individuals who attended FY 2025 events. Attendees included members of the public as well as professionals. Refer to Table 1 for additional information on the outreach activities.

Table 1. Neurotrauma Program Community Outreach and Education

Organization / Event	Topic	Number Educated
Kaua'i BIG (support throughout the year)	Supporting the support group	25
Hawaii Bicycling League at Kaka'ako	TBI education/prevention	80
American Heart Association Walk	Stroke education/prevention	100
National Night Out – Schofield	TBI education/prevention	100
National Night Out – Aliamanu	TBI education/prevention	150
Children and Youth Day at the Capitol	TBI education/prevention	350+
BGCH bike rodeo	TBI education/prevention	50
BGCH skate event	TBI education/prevention	50
A'ala Skate with Trust for Public Lands	TBI education/prevention	75
Preschool Here I Come – Kapolei	TBI education/prevention	100
Generations Sr Fair – Windward Mall	Stroke education/prevention	250
Honouliuli Middle School	TBI education/prevention	75
Kaimiloa Elementary	TBI education/prevention	50
Hui Malama Po'o	Supporting the support group	10
Spring Fling- TKP Community Hall	Stroke education/prevention	50
Kalihi Union Church – Joyful Thursdays	Stroke education/prevention	100
Operation Driver Excellence	TBI education/prevention	150
Get up and Moving – Keoneula Elementary	TBI education/prevention	100
BIOSG with Kaua'i BIG visit	Supporting the support group	15
HUOA Sr. Fair	Stroke education/prevention	350+
HBL bike month kick off	TBI education/prevention	25
FGrandparents - Oahu	Stroke education/prevention	25
BIHi at RHOP	TBI care & rehabilitation	10
Waialeale Community Assoc	Stroke education/prevention	50
FGrandparents – Kaua'i	Stroke education/prevention	15
Healthy HI Collab	TBI & Stroke education/prevention	50
FGrandparents – Hawai'i island	Stroke education/prevention	15
Kaua'i Resource Fair	Stroke education/prevention	50
TOTAL		2470+

Neurotrauma Program Event Photo Gallery

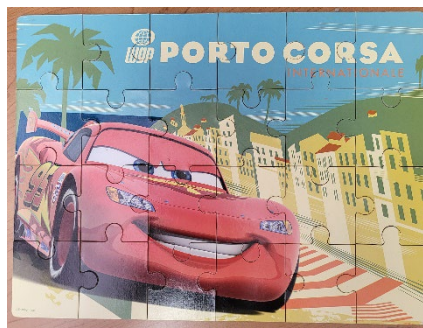
2/27/2025 Honouliuli Intermediate

Brain injury education presentation with a free helmet giveaway, Brain Injury Jeopardy game, and brain injury simulation activities.



4/5/2025 Operation Driver Excellence

Educating teen drivers on brain injury prevention through seatbelt use and avoiding distracted driving. The teens wear goggles and gloves to simulate visual and tactile changes often associated with a brain injury, and work to put together a puzzle intended for a 4-5 year-old child.



4/25/2025 Get up and Get Moving – Keoneula Elementary

Students learning what they can do to prevent injury while staying healthy, and how simple tasks become challenging when you sustain a brain injury.



Queen's Medical Center-Trauma, Kapiolani Medical Center-Injury Prevention, and Department of Health-Neurotrauma Program partnering to educate on injury prevention to keep our community safe.



5/2/2025 Hawaii United Okinawan Association (HUOA) Senior Health & Fitness Fair

Teaching seniors how to assess their own risk for stroke and how changes in diet and exercise can reduce the risk/impact of a stroke.



Stroke Risk Scorecard			
Each box that applies to you equals 1 point. Total your score at the bottom of each column and compare with the stroke risk levels on the back.			
RISK FACTOR	HIGH RISK	CAUTION	LOW RISK
Blood Pressure	130/80 or unknown	120-129/ 80	<120/ 80
Atrial Fibrillation	Irregular heartbeat	I don't know	Regular heartbeat
Smoking	Smoker	Trying to quit	Nonsmoker
Cholesterol	>240 or unknown	200-239	<200
Diabetes	Yes	Borderline	No
Physical Activity	None	1-2 times a week	3-4 times a week
Weight	Overweight	Slightly overweight	Healthy weight
Stroke in Family	Yes	Not sure	No
TOTAL SCORE	High Risk	Caution	Low Risk

Risk Scorecard Results	
High Risk 2-3: Talk to your healthcare provider immediately and ask about a stroke prevention plan. Make an appointment today.	
Caution 4-6: You have several risks that if elevated will place you at a higher risk for stroke. Take control now and work towards reducing your risk.	
Low Risk 6-8: You're doing well at controlling stroke risk! Continue to stay informed about your numbers. Get tips at www.stroke.org .	

(The stroke self-assessment tool is for educational purposes and does not diagnose or supersede advice from a qualified medical provider. Regular visits with your primary care provider to manage your health is highly recommended.)

Other FY2025 Education and Awareness Events in our Community

8/9/2024 National Night Out – Schofield



10/4/2024 National Night Out – Aliamanu



10/6/2024 Children and Youth Day at the Capitol



October 2024 Boys and Girls Club of Hawaii – Wai'anae Bike and Skate Rodeo



4/3/2025 Kalihi Union Church – Joyful Thursdays



5/4/2025 Hawai'i Bicycling League Bike Month Kick off at Kaka'ako



(2) Assistance to individuals and families to identify and obtain access to service activities:

DOH Neurotrauma Program Information and Resource Referral

The Neurotrauma Helpline provides information and resource referrals to survivors of neurotrauma, family members, and professionals assisting survivors in identifying and obtaining access to services and supports. During FY 2025, the Neurotrauma Program provided information and resource referral assistance fifty-one (51) times. Three (3) contacts were initiated by academic professionals, sixteen (16) by a family member, ten (10) by survivors, four (4) by friends, four (4) by the justice system, six (6) by a community member or organization, and eight (8) by health professionals. The time needed to manage each request varies between a few minutes to several hours of dedicated staff time to ensure everyone who contacts the Neurotrauma Program receives proper attention. From the fifty-one (51) contacts, approximately two hundred fifty (250) interactions were generated.

Of the fifty-one (51) contact requests for assistance, many had a combination of neurotrauma injuries. The primary injuries, per the requesters, were five (5) for general neurotrauma information, twenty-six (26) for traumatic brain injury, eight (8) for stroke, and two (2) for spinal cord injury. The remaining ten (10) requests were for a variety of information, not all related to neurotrauma injury. Each year, the assistance being requested reflects a need for case management services. Most requests also contain multiple topics and needs on which a person would like assistance or information. The top three (3) primary requests in FY 2025 were for opportunities for community engagement, housing assistance, and financial assistance.

Not reflected in the Helpline numbers are interactions with brain injury support groups, NTAB and STBIAB members who convey neurotrauma-related needs, concerns, and experiences for which they are seeking or for which they have been sought out for assistance. The breadth of knowledge and resources from the boards has been extended to support one another's efforts to address these requests. The concerted efforts have resulted in the building of a stronger community of support and an expansion of the resource knowledge base, which each member can utilize in their personal and professional lives. One such outcome is the resurrection of a Kaua'i brain injury and stroke support group. The group Think BIG is now known as Kaua'i BIG. With partnerships and staff support from Hawai'i Pacific Health, Brain Injury Association of Hawai'i, NTAB, DOH Neurotrauma Program, and UH's Pacific Disabilities Center, Kaua'i BIG celebrated its first anniversary in July 2025.

Lasting Impact of the Neurotrauma Special Fund:

Since its inception, the Neurotrauma Program has strengthened Hawai'i's neurotrauma system of care by contracting with organizations respected for their work in neurotrauma. Relationships nurtured by the Neurotrauma Program have resulted in programs that have sustained themselves, flourished, and continue to benefit the State of Hawai'i.

University of Hawai'i, Hawai'i Concussion Awareness Management Program

The Hawai'i Concussion Awareness Management Program (HCAMP) was founded in 2010 through a collaboration of the Department of Health's Neurotrauma Program, University of Hawai'i, College of Education, Kinesiology and Rehabilitation Science Department, and the Hawai'i Department of Education Athletic Health Care Trainers Program. The mission of HCAMP is to provide Hawai'i's physically active and medical communities with evidence-based research, education, support, and resources to manage concussions. From 2010-2016, the NSF funded UH's HCAMP to systematically track concussion-related activity in high school sports. Accomplishments resulted in data-informed measures that promote safer playing

conditions, concussion awareness trainings, guidelines to support someone who has been concussed, and the passage of Hawai'i's Concussion Law, [Act 262](#), (<https://hcamp.info/downloads/act262.pdf>). Act 262 prioritizes the health and safety of the athlete by requiring a player with a suspected concussion to be removed from play, cleared by a health professional for return to play, and sets protocols for a gradual return to play and return to learn.

Currently, HCAMP continues to support Hawai'i high schools with neurocognitive testing for all athletes, continuing education for medical professionals, return to school support for educators and families of concussed individuals, and ongoing concussion education and awareness to youth and high school stakeholders via BrainSpace (<https://hcamp.info>). BrainSpace is an online education curriculum that provides concussion education statewide. Having the curriculum online allows for greater accessibility across the state. Currently, BrainSpace's intended target audience is high school athletics. However, it is being used by middle school athletics as well as youth sports programs. Table 2 demonstrates the usage of BrainSpace from 2022 to 2025.

Table 2. BrainSpace total usage from high school, middle school, and youth sports

BrainSpace	2022	2023	2024	2025 (Jan -Sept)
Coaches	1721	2094	2329	2267
Educators	831	552	863	784
Parents	1690	2307	3106	2283
Student Athletes	1771	2788	3863	2411

Table 3. University of Hawai'i, Hawai'i Concussion Awareness Program Education and Outreach

Project Head, Neck, Spine	Participants	Number
Jan 1, 2025 - Sept 2025	Middle school Students	870
	High School Students	334
	Educators	80
BrainSpace	Participants	
Jan 1, 2025 - Sept 2025	Coaches	2267
	Parents	2283
	Student Athletes	2411
	Educators	784
Other Education Events (January – September 2025)	Target Participants	Estimated Number
HCAMP Community Forum	Community	43
NeuroHuddle Conference	MD, PT, PsyD	77
Dr. Frass	Speech Language Pathologists	80
Hawai'i Public Radio	Community	unknown
HI Assoc for Health, Physical Education, Recreation and Dance	PE, Health educators	250

JPS Coaches Certification	Youth Football Coaches	56
Mililani High School Health Class	High School Students	35
Mililani High School Health Class	High School Students	100
PBS Kakou - Sports Concussion	Community	unknown
Toho University/Hospital Presentation	Japan HealthCare	40
Waimea High School Health Fair	Community	125
DOE Drivers ED	High School Community	100
Great Lakes Youth Concussion Surveillance Summit	Athletic Directors, State Athletic Administrators, MD, and TBI stakeholders from WI, IL, IN, MI, OH, and NY	30
Concussion in Sports Group Symposium	International and National Medical Professionals involved in concussion management and research	200
Sports Neuropsychology Society	International and National Neuropsychologists and Medical Professionals	200
HMSA – Media / Interview	Magazine and social media	unknown
City and County Summer Fun	Summer fun leadership	40
HIADA	Athletic Directors / School Administrators	250
DOE Training Day	Athletic Trainers	40
PDE3 Course	Teachers, school counselors	6
Interprofessional Management of Concussion	Athletic Trainers and SLP	20
OIA Football Coach Advisory Meeting	Football coaches	50
Hawaii Family and Sports Expo	Families, athletes, community	125
OIA Spine Board	Athletic trainers	32
OIA Spine Board	Athletic trainers	15
AYSO Coaches Meeting	Youth soccer coaches, parents	35
JPS Coaches Meeting	Youth football coaches	35
Moanalua High School ImPACT baseline testing	High School athletes	20
JPS Coaches Meeting	Youth football coaches	135
Moanalua Middle School ImPACT baseline testing	Middle school athletes	14
TOTAL		11,182

Queens Medical Center and Hawaii Stroke Coalition

In Hawai'i, stroke is the third (3rd) leading cause of death. Every minute a stroke goes untreated, one point nine million (1.9 million) brain cells die. Appropriate care administered immediately can minimize damage and dysfunction caused by stroke. Through the foresight and efforts of QMC's Medical Director of Telemedicine and Neurocritical Care Neurology, a request was made for use of NSF to increase the responsiveness of stroke care to Hawai'i's more rural areas and neighbor island communities. A contract with QMC from 2010 – 2016 gave rise to Hawai'i's Stroke Network (HSN). Funding was used to purchase telemedicine equipment for the QMC Punchbowl location (the "hub") and eight (8) statewide "spoke" sites. In 2022, a ninth (9th) spoke location was added, increasing Hawai'i's capacity to serve additional patients. Emergency Department doctors and nurses, hospitalists, and administrators of the hub and all spoke hospitals were educated on stroke care protocols and the use of telemedicine technology. As the hub, QMC Punchbowl has a neurologist on-call twenty-four (24) hours a day, seven (7) days a week, to evaluate stroke patients from the nine (9) spoke hospitals via the telemedicine equipment to make treatment recommendations in the best interest of the patient.

In addition to the creation of the HSN, came the creation of the Hawaii Stroke Coalition (HSC) (<https://Hawaiistrokecoalition.org/>). HSC brings together all of Hawai'i's stroke medical providers to continuously and systematically track and review stroke care in Hawai'i, allowing for evidence-based decisions to improve care. One result of the quality improvement measures involves all stroke hospitals following the same protocol and a stroke patient being serviced by the most appropriate location, rather than automatically being taken to the hospital covered under their insurance plan. By avoiding delays in the delivery of stroke treatment, patients retain more undamaged brain cells, experience better health outcomes, and less disability. Improved communication and standards of efficiency allow Hawai'i's providers to consistently achieve faster stroke care delivery times than their national counterparts. From 2015 to 2023, Hawai'i has consistently achieved a higher proportion of patients receiving stroke intravenous (IV) treatment within a 30-minute window (the recommended time frame for the greatest chance of treatment effectiveness) than the rest of the nation. In 2024, nationally, forty-two-point-five percent (42.5%) of patients were treated within the 30-minute window. In Hawai'i, fifty-eight-point-one percent (58.6%) of patients were treated within the 30-minute window.

Based on achievements from the first (1st) contract and technological advances in stroke care, the Neurotrauma Program entered into a second (2nd) contract with QMC to bring RAPID, superior imaging software, to HSN providers. RAPID imaging identifies patients outside the four and a half (4.5) hour window for IV stroke treatment, excludes treatment for patients with symptoms mimicking stroke, detects the location of a large vessel occlusion (LVO), and shows areas of the brain affected or that will be affected by a lack of blood flow due to the LVO. Knowing the location of an LVO and the salvageable area of a patient's brain allows the physician to determine if the patient will best be served through mechanical thrombectomy, a surgical procedure to remove the LVO, or pursuit of other care measures. As a part of both contracts, QMC with HSC provided stroke education and awareness outreach to schools and at community events. The outreach focused on identifying the signs and symptoms of stroke and knowing the best action to take when a stroke occurs is calling nine-one-one (9-1-1).

Highlights from 2025 focus on stroke education and awareness outreach by HSC and HSN:

- The HSC Stroke Campaign reached five million (5,000,000) people in 2024 and was run again in 2025. Media outreach included 30-minute TV spots, 15-minute pre-roll videos, 16-minute social media videos, and HSC website hits.
- In FY 2025, HSC and HSN conducted forty-one (41) outreach events, resulting in more than two thousand two hundred sixty-two (2,262) unique in-person interactions; for additional details on education and outreach, please refer to Table 4.

Table 4. Hawaii Stroke Coalition and Hawaii Stroke Network Education and Outreach

Stroke Education and Awareness Event	Number of unique interactions
Prince Lot Hula Festival	120
AHA Heart Walk Health Fair	150
COFA Resource & Craft Fair	7
We are Kalihi – Celebrate Us	25
'Imi Pono Cultural & Wellness Fair	75
Bayer Hawai'i B Well Fair	35
Filipino Resource Fair	14
Kukui Gardens Outreach Event	24
Aulani Benefits Showcase 2024	150
Aulani Blood Pressure Screenings	97
MTA Keikii Fair	175
QMC – WO Diabetes Fair	75
Menehune Turkey Trot - MoHS	60
KPT Rocking Around Health & Resource Fair	50
Leilehua High School Central District Health Fair	70
HI HOSA State Conference - Workshop	70
HI HOSA State Conference - Expo Table	120
Honouliuli Middle School	47
Wahiawa Elementary School Spring Fest	50
Papakolea 'Ohana Health Fair	30
Kaimiloa ES Spring into Healthy Habits	45
Kaimiloa Blood Pressure Screenings	28
Tongan Health Outreach Fair	12
KPT Spring Fling	50
Senior Health & Wellness Fair - Kalihi Union Church	50
HOSA Presentation - Radford High School	18
Radford High School Spring Fest	35
La 'Ohana Health Fair	35
Cyril Pahinui Music Event	20
Senior Companion Program Presentation	15
Senior Health & Fitness Fair	150
MTA Senior Fair	150

QMC WO Farmer's Market	50
Halewai'olu Senior Residences	---
Stroke Presentation	12
Stroke Ed Table	30
Stroke Ed Blood Pressure Screenings	18
Bayer Hawai'i Wellness Fair	60
Stroke Walk and Potluck	---
DOH Island Collaboration: Bridging Health Care & Communities in HI	20
EMS Explorer Program - Stroke	20
TOTAL	2262



Please visit the following links to view the posters and videos created and used for the HSC Stroke Campaign:

<https://livinghealthy.hawaii.gov/stroke/>

<https://www.dropbox.com/scl/fo/w7a80uv8oeorlqipd00sd/ADPCkOr8DhYd4b2OvsHx45l?rlkey=n73hgkjl3fojsz22qm9556on&e=1&st=fuxugbsz&dl=0>

On April 10, 2025, a press conference held at Washington Place announced a grant of \$6.8 million from the Leona M. and Harry B. Helmsley Charitable Trust and the American Heart Association to launch *Mission: Lifeline Stroke Hawai'i Grant Initiative*. The Mission: Lifeline project aims to strengthen and expand the stroke system of care in Hawai'i by increasing access to culturally relevant hypertension and stroke prevention education and ensuring that all stroke patients in the state have the best possible chance at survival, rehabilitation, and independent

quality of life through guideline-based care. Click the link to view Hawaii News Now coverage of the announcement: <https://www.hawaiinewsnow.com/2025/04/10/american-heart-association-receives-68m-stroke-care-hawaii/>

- (3) Development of a registry within the State to identify incidence, prevalence, individual needs, and related information of survivors of neurotrauma injuries:

Section 321H-4, HRS, states the NSF shall be used for the “creation of a registry of neurotrauma injuries within the State to identify the incidence, prevalence, individual needs, and related information.” Incidence of TBI, SCI, and stroke are collected via the Hawai‘i Trauma Registry and the Hawai‘i Stroke Registry, and prevalence is collected via the BRFSS. The goal of the HNTR, consistent with Goal 4 of the Strategic Plan FY 2025-2030, is to identify the individual needs and service gaps of survivors of neurotrauma injuries after they transition back into the community from acute care and rehabilitation. The data obtained from the HNTR shall be used to make data-driven decisions to improve the system of services and supports for survivors of neurotrauma where most needed.

From March 21, 2013, to June 19, 2020, the Neurotrauma Program contracted with PDC to identify and register survivors to the HNTR. The HNTR is not a mandated registry. PDC’s efforts in running the voluntary registry provided data analysis of the needs of five hundred sixty-one (561) unduplicated respondents, statewide. FY 2021 through FY 2022 efforts were made to continue the HNTR by accessing existing data from current State information systems gathered by Hawai‘i’s medical providers for Laulima Data Alliance, the Hawai‘i Stroke Registry/Get With The Guidelines (GWTG), and Hawai‘i Trauma Registry. Although the request was to have the information deidentified prior to sharing, HIPAA compliance prohibited the sharing of the data between programs within the DOH. The Neurotrauma Program went on to develop a Request for Information (RFI) to identify potential methods for implementation of the HNTR. Based on responses to the RFI, it was determined that the Neurotrauma Program needed to consider alternative methods of data collection for the HNTR.

During FY 2023, the Neurotrauma Program with UH College of Education, Kinesiology and Rehabilitation Science (KRS), explored technology that would allow neurotrauma survivors and/or their caregivers to register for the HNTR and receive ongoing benefits by digitally tracking and managing the survivor’s daily symptoms. Only applications with a history of proven success, HIPAA compliance, and the ability to incorporate data points from the current HNTR survey were considered viable options. The current survey, can be viewed by clicking on: https://health.Hawaii.gov/nt/files/2020/07/Neurotrauma-Survey_DOH_Neurotrauma_Program_rev.-06-25-20.pdf

In FY 2024, the Neurotrauma Program worked with UH KRS to outline the process of acquiring and implementing a health monitoring application. Discussion and efforts included training staff for all aspects of the project, establishing a timeline for activities, recruiting eligible users to register for the HNTR, and introducing the benefits of utilizing the application. The application will be provided to users at no cost. However, progress on outlining the acquisition and implementation process was delayed due to insufficient staff and competing priorities. Work in this area has now resumed and will continue into FY 2026.

Hawai‘i averages approximately eight thousand four hundred (8,400) TBI, SCI, and strokes every year. The current focus of the Neurotrauma Program is to have the HNTR to identify a data collection system capable of gathering a sample that accurately represents Hawai‘i’s neurotrauma community.

(4) Necessary administrative expenses to carry out this Section:

In FY 2025, a total of \$396,811 was deposited into the funds from traffic surcharge collections. This amount is a \$38,263 decrease compared to FY 2024. The total expenditure as of June 30, 2025, was \$166,298. As of July 1, 2025, there was an available cash balance of \$1,164,599. A projected FY 2026 budget for the NSF is provided in Attachment III.

The Neurotrauma Program, with input from the NTAB, TBIAB, and other community constituents, plans to utilize the NSF in accordance with Section 321H-4, HRS, by supporting:

- **Hawai'i Neurotrauma Registry:** Engage in preparatory activities to determine the most effective method to create, implement, maintain, and sustain the HNTR.
- **HCAMP BrainSpace:** Create new and update existing education, information, and resources on concussions, geared specifically for students, parents, athletes, coaches, and educators.
- **Education & Dissemination of Information:** Provide opportunities for education on neurotrauma to the public and providers that are in line with the Strategic Plan FY 2025-2030, objectives 1.1, 1.2, 1.3, 2.1, and 2.2. Dissemination of information will be through verbal and written information, such as TBI, SCI, and Stroke information packets, conferences, events, presentations, the Neurotrauma Program Helpline, and information on the DOH Neurotrauma website. The DOH Neurotrauma website allows the community to access the most up-to-date information and resources on neurotrauma in real time.

ATTACHMENT I

NEUROTRAUMA ADVISORY BOARD

Section 321H-3, HRS

VOTING MEMBERSHIP

Molly Trihey

Angie Enoka

Rita Manriquez

Dr. Kent Yamamoto, M.D.

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Billie Jean Wade

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Valerie Yamada

William Rodrigues

TERM REPRESENTATION

Neurotrauma Injury Survivor
Spinal Cord Injury

Neurotrauma Injury Survivor
Traumatic Brain Injury

TBIAB Member
Neurotrauma Injury Survivor
Traumatic Brain Injury

Private Sector
Rehabilitation Hospital of the Pacific

Trauma Center
Queen's Medical Center

Brain Injury Association of Hawai'i
Representative

Trauma Services
Pali Momi Medical Center

At-Large
Neurotrauma Injury Survivor
Traumatic Brain Injury

Chair
Neurotrauma Injury Survivor
Stroke

At-Large
Catholic Charities Hawai'i

At-Large
Neurotrauma Injury Survivor
Traumatic Brain Injury & Stroke

TBIAB Member
Neurotrauma Injury Survivor
Traumatic Brain Injury

ATTACHMENT II

NEUROTRAUMA PROGRAM STRATEGIC PLAN **FISCAL YEARS 2025-2030**

Goal 1: In coordination with community partners, expand educational opportunities to the public sector on all neurotrauma injuries to increase awareness on the effects of neurotrauma and how to respond to an injury.

Objectives:

- 1.1 : Provide survivors and caregivers with awareness of how a neurotrauma injury can affect a person's life immediately following an injury and throughout their lifetime.
- 1.2: Educate the public on the signs, symptoms, and what to do when recognizing a TBI, SCI, or Stroke.
- 1.3: Coordinate public education efforts to maximize the impact and ensure efforts are not being duplicated.
- 1.4: Collaborate with Hawai'i's Department of Education to create and distribute a curriculum for elementary students and teachers on choices and behavior patterns that have historically contributed to neurotrauma injuries.

Goal 2: In coordination with community partners, connect providers to educational opportunities to increase awareness of neurotrauma and improve service delivery and outcomes for the survivors they serve.

Objectives:

- 2.1 : Provide social workers and medical providers with insight on survivors' experiences and methods for effective communication to improve collaboration between patient and provider.
- 2.2 : Work with administration and staff involved with educating youth to establish and implement a Return-to-Learn protocol for students exhibiting signs of a TBI, including the identification of TBI signs and symptoms and how to discuss with parents.

Goal 3: Expand survivors', family members', and caregivers' connections to available resources in Hawai'i.

Objectives:

- 3.1 : Work with hospital staff and interested stakeholders to develop and implement an effective way to share information and resources with survivors to increase access to services and supports.
- 3.2 : Provide guidance for members of the neurotrauma community to gather in a safe space to share thoughts, ideas and resources on a regular basis.

Goal 4: Use data to identify the needs and service gaps for survivors of neurotrauma and family members/caregivers.

Objectives:

- 4.1 : Develop and implement a plan for obtaining generalizable data.
- 4.2 : Develop and implement a plan to analyze data and identify service gaps to direct program activities.

ATTACHMENT III

PROJECTED BUDGET FOR THE NEUROTRAUMA SPECIAL FUND FY 2026

Beginning Cash Balance as of 7/1/25	\$	1,164,599
Estimated Revenues FY 2026	\$	450,000
<u>FY 26 Estimated Expenses</u>		
Contract Encumbrances:		
1. Website Maintenance	\$	6,911
2. Hawaii Neurotrauma Registry	\$	410,000
Get with the Guidelines Stroke Data	\$	6,927
NASHIA Membership	\$	1,375
Education and Awareness Activities	\$	15,000
Personnel	\$	285,065
<hr/>		
Total Expenses	\$	725,278
Estimated Ending Cash Balance as of 6/30/2026	\$	889,321