IOWA PLAN for BRAIN INJURY

2007 – 2010

A product of the Iowa Department of Public Health
(Iowa's Lead Agency for Brain Injury)

In Cooperation with the Iowa Advisory Council on Brain Injuries,
the Iowa Brain Injury State Plan Task Force, the Brain Injury Association of Iowa,
and the University of Iowa Center for Disabilities and Development.

Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

The Brain Injury Association of Iowa

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Acronym List

AACBIS	-	American Academy for the Certification of Brain Injury Specialists
ACBI	-	Advisory Council on Brain Injuries
AEA	-	Area Education Agency
BIA-IA	-	Brain Injury Association of Iowa
BIRT	-	Area Education Agency Brain Injury Resource Teams
BISP	-	Brain Injury Services Program
CDC	-	Centers for Disease Control and Prevention
CDD	-	Center for Disability and Development
CPC	-	Central Point of Coordination
DHS	-	Iowa Department of Human Services
HCBS	-	Home and Community Based Services
IBIRN	-	Iowa Brain Injury Resource Network
IBRC	-	Iowa Brain Injury Information and Resource Center
ICN	-	Iowa Communications Network
IDPH	-	Iowa Department of Public Health
IFSN	-	Iowa Family Support Network
IVRS	-	Iowa Vocational Rehabilitation Services
NRF	-	Neuro-Resource Facilitation
TBI	-	Traumatic Brain Injury
VA	-	Department of Veterans Affairs

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Introduction

Traumatic Brain Injury (TBI) impacts the lives of thousands of Iowans every year. TBI has been described as the “Silent Epidemic” because so often the scars are not visible to others. The affects of brain injury are cognitive, emotional, social, and can result in physical disability. In addition to the overwhelming challenges individuals with brain injury experience, families also face many difficulties in dealing with their loved one’s injury, and in navigating a service delivery system that can be confusing and frustrating.

In 1998, the Iowa Department of Public Health (IDPH) conducted a comprehensive statewide needs assessment of brain injury in Iowa. This assessment led to the development of the first Iowa Plan for Brain Injury, “Coming Into Focus.” An updated state plan, the Iowa Plan for Brain Injuries 2002 – 2005, was developed, which reported on progress of the previous state plan, and outlined gaps in service delivery in Iowa. Four areas of focus were identified by the State Plan for Brain Injuries Task Force that included: 1) Expanding the Iowa Brain Injury Resource Network (IBIRN); 2) Promoting a Legislative and Policy Agenda, While Increasing Legislative Strength; 3) Enhancing Data Collection; and, 4) Increasing Funding.

The IDPH utilized “Coming Into Focus” as the framework for an application to the federal TBI State Grant Program, which has resulted in more than $900,000 for plan implementation. Iowa continues to receive grant dollars through the TBI State Grant Program, which focuses on increasing capacity to serve Iowans with brain injury and their families. Highlighting the success of this grant project, in 2007 the IDPH received the federal TBI Program’s “Impacting Systems Change” Award.

The Iowa Brain Injury Resource Network (IBIRN) is the product of nine years of TBI State Grant Program funding. The IBIRN was developed to ensure that Iowans got the information and support they needed after a loved one sustained a TBI. It consists of a hospital and service provider pre-discharge information and service linkage process, a resource facilitation program, a peer-to-peer volunteer support network, and a service provider training and technical assistance program. Currently over 90 public and private partners work with the IDPH and the Brain Injury Association of Iowa (BIA-IA) to administer the IBIRN system and ensure that families have a relevant and reliable location to turn for information and support.

Further success was accomplished in 2006 when the Iowa legislature created the Brain Injury Services Program within the IDPH. This program consists of four components focusing on increasing access to services and improving the effectiveness of services available to individuals with TBI and their families, including: 1) HCBS Brain Injury Waiver-Eligible Component; 2) Cost Share Component; 3) Neuro-Resource Facilitation; and, 4) Enhanced Training. The Iowa legislature appropriated $2.4 million to the Brain Injury Services Program in state fiscal year (SFY) 2007, and increased that amount to $3.9 million in SFY 2008.

The Cost Share Component models the HCBS Brain Injury Waiver menu of services but is available for Iowans who do not qualify functionally or financially for the Waiver. In addition, the Neuro-Resource Facilitation program links individuals with brain injury and their families to needed supports and services.

The Iowa Plan for Brain Injury highlights the continued need for serving individuals with brain injury and their families. Additionally, the Plan outlines the paths of prevention and services, which will expand the current system and direct efforts into the future.

Brain Injuries in Iowa 2003-2005
Hospitalizations and Emergency Room Visits

(Full report available at the Iowa Department of Public Health,
Bureau of Disability and Violence Prevention)

On average, there are 1,150 unintentional deaths per year in Iowa; nearly 500 of those are from Traumatic Brain Injury (TBI). In 2004, 37 percent of unintentional deaths were due to motor vehicle accidents (MTVC) occurring across all age ranges; and 30 percent were due to falls involving persons over 65 years of age 82 percent of the time (IDPH Health Statistics Division, 2004).

The most debilitating outcome of injury is TBI, which is characterized by the irreversibility of its damages, long-term effects on quality of life marred by physical impairment, memory troubles, emotional difficulties, learning disability and limited activities of daily living necessitating external help or putting a heavy burden on families. TBIs incur heavy healthcare costs with increased hospital stays and repetitive outpatient visits.

This report presents data about TBI hospitalizations and ER visits; however, the report does not report on individual TBI cases from 2003 to 2005. The data were obtained from the statewide inpatient and outpatient database provided to the Iowa Department of Public Health by the Iowa Hospital Association.

Incidence Rates

From 2003 to 2005 there were, on average, **2,610** hospitalizations per year for TBI with an increasing rate of 88.9 in 2003 up to 91.5 per 100,000 in 2005. The ER visits' rates were more than double that of the hospitalizations, increasing steadily from 190.4 per 100,000 in 2003 to 223.6 in 2005. Even though there were more TBI hospitalizations and ER visits in urban areas, the respective rates, proportionate to population, were not significantly different.

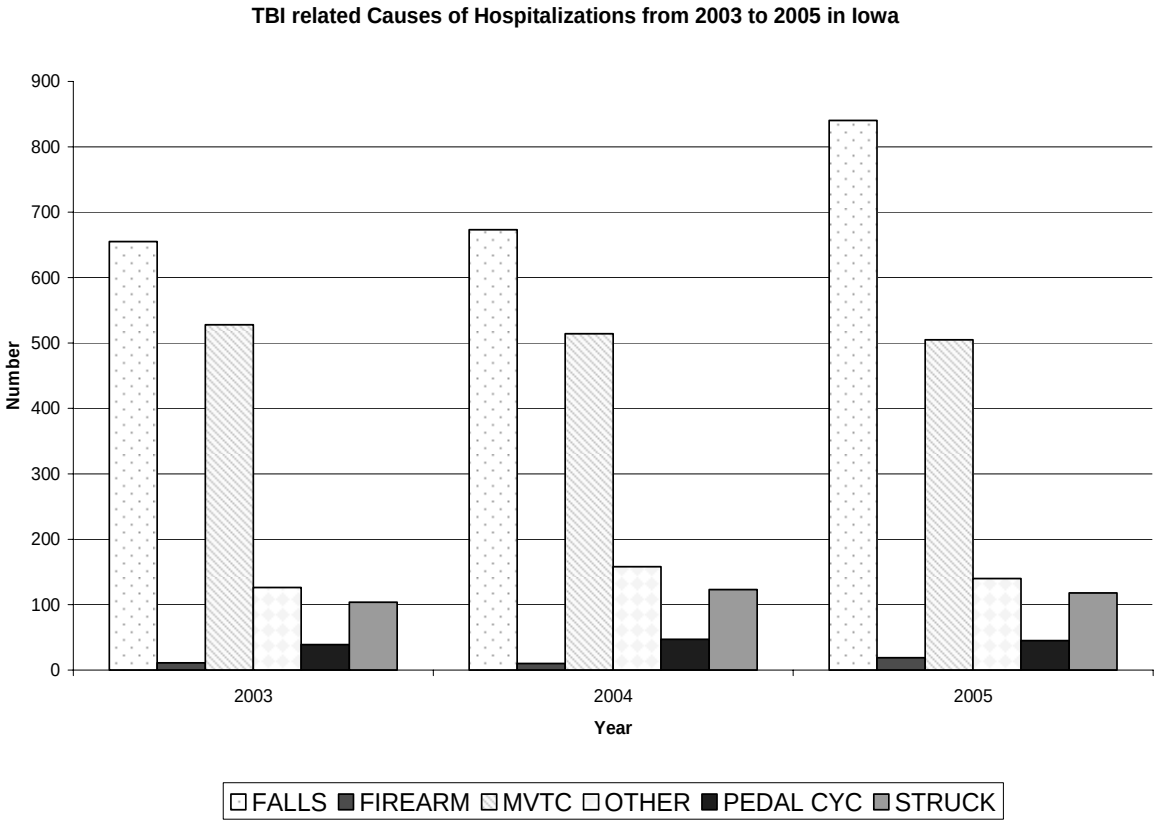
Demographics

Sixty-five percent of the time, males were more likely to go to the ER and to be hospitalized for TBI than females. Caucasians constituted 76 percent of all hospitalizations and ER visits, compared to 3 percent African Americans. The data collection left gaps in the racial demographic data, with 20 percent of the cases having a missing value.

The TBI hospitalizations showed an increased proportion of the elderly (37%) as opposed to ER visits, which predominated on individuals less than 25 years of age (53%).

TBI Causes

Falls were the leading causes of TBI ER visits (41%) and hospitalizations (48%), followed by motor vehicle accident ER visits (22%) and hospitalizations (29%). There was a noticeable increase in falls over the three years while motor vehicle accidents remained stable. Victims of falls over the age of 65 were more likely to be hospitalized (65%) compared to the youths under 25, who made up 45 percent of the ER visits.



Youths were more likely to be victims of motor vehicle accidents. Individuals 25 years of age and under made up the majority (52%) of TBI ER visits and nearly 40 percent of TBI hospitalizations. The distribution of ER visits and hospitalizations related to motor vehicle accidents have been consistent over the years. Motor vehicle occupants constituted 78 percent of motor vehicle-related ER visits and 72 percent of hospitalizations.

Brain injuries from being struck by or against an object, including assaults, was the third leading cause of ER visits (26%) and hospitalizations (7%). TBIs caused from being struck by others affected mostly younger individuals; 83 percent of those who visited the ER due to that violence were under 35 years of age.

Length of Stay

The average length of stay for TBI hospitalizations was 7.6 days, with a wide range from one day up to over 2.5 years. In most cases of ER visits and hospitalizations, individuals were sent home 80 percent and 70 percent, respectively.

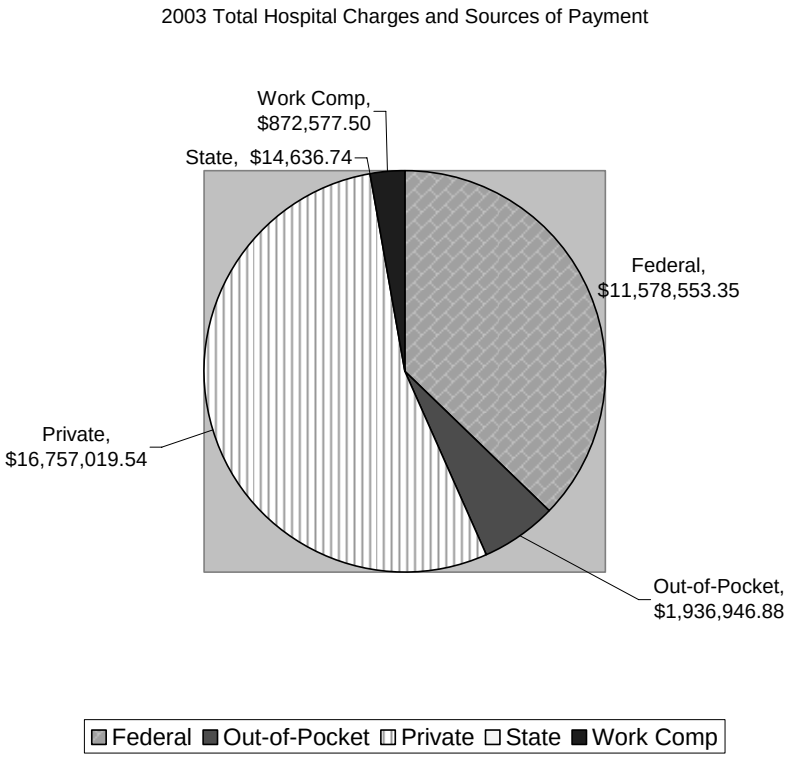
Following an ER visit, only 18 percent of all TBI victims were admitted to a hospital. This corresponds to 20 percent of fall victims, 26 percent of motor vehicle accidents and 56 percent of firearm victims. After hospitalization, TBIs from firearms resulted in a greater proportion of death (67%), and fall victims had a greater rehabilitation and long term care proportion (23%).

Outcomes of TBI related Hospitalizations

Cause	Home	Transfer	Long Term Care	Deceased	Rehabilitation	Other
MTV	75%	9%	4%	6%	5%	2%
Firearm	24%	5%	0%	67%	5%	0%
Falls	58%	9%	21%	9%	2%	1%
Struck	90%	4%	3%	0%	1%	2%
Other	76%	9%	5%	5%	2%	3%

Healthcare Charges

Private payers were charged the most for both ER visits and hospitalizations. The charges were highest for motor vehicle accidents. This can be explained by the difference in reimbursement rates between private and public payers and the difference in average lengths of stay, which are greater for motor vehicle accidents.



Recommendations for TBI Prevention

The CDC addressed several key recommendations that are in line with Healthy Iowans 2010 strategic plan to reduce the burden of TBI. Objectives contained in Healthy Iowans 2010 chapters that directly or indirectly address brain injury include those that seek to:

- assure that all are served by an effective emergency medical services system;
- reduce falls through better surveillance and progressive resistance training for the elderly so that their functional fitness is improved;
- reduce firearm-related injuries through education in the schools and in the community about proper storage of ammunition and firearms;
- confiscate and store firearms possessed by persons convicted of violent crimes and require all handguns sold in the state to possess mechanisms to prevent anyone but the owner from using them;
- establish better surveillance systems to record firearm injuries, and other violent acts, including victimization of adults/children and school/workplace-based violence;
- screen all substance abuse treatment program clients for domestic abuse and all domestic abusers for substance abuse;
- reduce child abuse through improved respite care, mentoring and other supportive programs;
- increase funding for investigation of elder abuse;
- establish a state level task force on school and workplace violence to develop a prevention action plan;
- reduce playground-related injuries through better surveillance, use of national playground safety standards and education of persons responsible for playgrounds;
- decrease motor-vehicle-related fatalities through driver education, increased enforcement of laws regarding drunken driving, child safety restraints and seat belt use;
- reduce head injuries by increasing the use of helmets by bicyclists and motorcyclists, and through motor vehicle prevention education in the primary and secondary schools; and
- reduce water-related injuries through increased testing by officers of operators for drug or alcohol consumption, increased supervision of young operators and better drowning reporting.

Brain Injury Public Forum

Background

In October and November of 2005, fourteen public forums were held throughout the state to obtain feedback on "Coming Into Focus" and the Iowa Plan for Brain Injury 2002-2005. The meetings addressed the following four questions:

1. What are the needs of individuals and families with brain injury in the state of Iowa?
2. What are necessary changes that can be made to prevent "preventable" brain injuries in Iowa?
3. What needs to be done to ensure that Iowa has a comprehensive statewide service delivery system for brain injury?
4. What services need to be developed that are not available?

These forums were hosted in fourteen sites throughout the state in each geographic region, and both urban and rural communities. They were facilitated by members of the Advisory Council on Brain Injuries, members of the Brain Injury Association of Iowa, IBIRN members and the staff to the Advisory Council on Brain Injuries. Attending the forums were individuals living with brain injuries, family members, professionals, advocates and members of the Iowa legislature. Of the total participants, 71 (71%) were individuals who had experienced brain injury and/or family members; 28 were professionals. This group also included elected officials including state senators and representatives.

Feedback

The questions outlined above were the starting points for discussion brain injury in the state of Iowa. For the purposes of this document, general themes that were shared during the public feedback forums and through e-mail will be outlined.

1. What are the needs of individuals and families with brain injury in the state of Iowa?
    - Assistance navigating service systems
    - Enhanced/appropriate case management
    - Greater access to funding
    - Single point of coordination for information and resources
    - Access to local supports
2. What are necessary changes that can be made to prevent "preventable" brain injuries in Iowa?
    - Both motorcycle and bicycle helmet laws
    - Increased public awareness of brain injury and education on brain injury
    - Lower the speed limit
    - Review age and driving privileges, increase training for young drivers
3. What needs to be done to ensure that Iowa has a comprehensive statewide service delivery system for brain injury?
    - Centralized system for information, resources, application for programs, etc.
    - Professionals who understand brain injury, answers included a variety of professionals from doctors to home health aides
    - Improved, expanded case management services
    - Increased funding that follows the individual
4. What services need to be developed that are not available?
    - Neurobehavioral care (in-state)
    - Transportation
    - Intermediate Care Facilities (ICF) – brain injury level of care
    - Community services for individuals with behavioral and medical needs

Iowa Association of Community Providers
Brain Injury Survey of Provider Organizations

Background

In the fall of 2006, the Iowa Association of Community Providers, in conjunction with the Iowa Department of Public Health, developed a survey regarding brain injury services in the state of Iowa. The purpose of the survey was to assess the extent of services currently being provided to individuals diagnosed with TBI, to identify the level of brain injury training in Iowa, and to uncover those barriers discouraging providers from offering services to individuals who have been diagnosed with TBI. The survey was sent out twice via the internet, once in November and once in December, to the CEOs of 125 agencies that are members of the Iowa Association of Community Providers throughout Iowa. The Brain Injury Survey yielded a total of 60 responses.

Summary

When the survey results were compiled and evaluated, three major areas of concern stood out clearly from the information received. Those three concerns were:

HCBS/Funding

- Providers are hesitant to initiate services without appropriate reimbursements
- TBI consumers are not able to earn wages under the Pre-Vocational Program
- The wide range of services necessary to properly care for TBI consumers raises the question of exactly what should be covered and what shouldn't

The BI Consumer Population

- The public needs to be better informed as to what TBI services are available
- TBI consumers often require specialized service settings, and do not always integrate well into agencies serving individuals with mental retardation, developmental disabilities, and mental illness
- From a practical standpoint, for many providers the lack of referrals for TBI services discourages the hiring of staff with previous brain injury training

Training

- Approximately two-thirds of the respondents indicated that their agency does not have any designated staff members assigned to work on TBI issues
- The amount of time that providers spend annually on staff training related to TBI issues and the quality of the training generally available is inadequate
- There is a very clear need for more regionally sponsored, affordable, and high-quality TBI training to be made available to direct care providers

The Iowa Plan for Brain Injuries
2007 – 2010

In 2007, a group representing individuals with brain injuries and their families, service providers and state government agencies was convened by the Iowa Department of Public Health. This State Plan Task Force was charged with the task of developing an updated "Iowa Plan for Brain Injuries" that would set the course of prevention and service efforts over the course of the next three years. Consisting of stakeholders from both the public and private sector, including survivors of brain injuries and family members, the task force dedicated themselves to developing a thorough and thoughtful plan that would best impact the lives of all Iowans.

The former state plans were reviewed and assessed for work that was not yet accomplished or work that was vital to continue. "Coming Into Focus" and the "Iowa Plan for Brain Injury 2002 – 2005" were both comprised of countless hours of work and consideration; that work was incorporated into this plan.

What follows is a result of the hard work and dedication of the State Plan Task Force and the Advisory Council on Brain Injuries, in conjunction with the Iowa Department of Public Health.

Vision:

Iowa will have a comprehensive, coordinated and seamless service system for persons with brain injury that:

- Respects the individuality and dignity of the survivor and their family
- Continuously improves the outcomes for individuals and their families for living, learning and working
- Provides easy access to information and resources
- Collaborates and partners with all stakeholders in the system in order to reduce barriers and improve services and supports
- Creates and maintains a comprehensive base of needs assessment and service delivery data
- Actively and consistently pursue needed funding and legislative change

Areas of Focus:

1) **Individual and Family Care Access:** It was discussed that the most important support in the lives of individuals with brain injuries are families. A “natural support” in the life of a survivor, a family is often under-appreciated in all the work and care they provide. Brain injury affects survivors and their families both emotionally and financially, and because of that, the first area of focus was dedicated to the enhancement of their lives.

2) **Service and Support Availability:** The service delivery system for individuals with brain injury and their families can be difficult to navigate. Furthermore, service providers are in need of on-going training in order to most effectively provide services. Oftentimes the fragmented system leaves both individuals and providers unaware or misguided regarding services available and/or eligibility requirements.

3) **System Enhancement:** Data collection and dissemination prove important and effective in enhancing policy change and increasing funding. The State Plan Task Force felt that the current data collection system does not fully utilize the resources available; this system leaves room for improvement which will greatly assist in the efforts of the Advisory Council on Brain Injuries and the Iowa Department of Public Health. Additionally, building Iowa’s capacity to serve individuals with brain injuries requires continued funding growth and public awareness campaigns that draw attention to the impact of brain injury.

AREA I Individual and Family Care Access

Goals:

A. Create and enhance ways for families and individuals with brain injury to gain access to information about needs and resources.
B. Identify ways to serve sub-populations needing specialized services.
C. Coordinate services and training for individuals with brain injury and their families.

Annually

1. Improve use of the Iowa Brain Injury Resource Network (IBIRN) helpline by promoting the helpline to IBIRN sites, support groups, individuals with brain injury and their families.
   - The BIA-IA will market the helpline to all brain injury support groups and advertise the helpline in its monthly newsletter.
   - IBIRN locations will be made aware of the helpline through regular communications by BIA-IA staff.

2. The IDPH will continue to apply for federal grants to expand the IBIRN and fund additional initiatives.
   - The TBI Council will provide recommendations to IDPH regarding funding needs.
   - The IDPH will determine feasibility and availability of additional funding sources.

3. Assess family needs regarding education and training at least yearly.
   - The BIA-IA will administer needs assessments through local support groups to determine family needs.
   - The needs assessment results will be provided to the TBI Council to assist in providing recommendations of training and education.

Year 1

1. Implement an outreach plan to individuals with brain injuries that experience substance abuse problems and/or mental health issues.
   - A task force will be established to determine outreach and intervention activities focused on individuals with brain injuries that experience substance abuse and/or mental health problems.
   - A portion of the outreach plan should focus on prevention of brain injuries in individuals with substance abuse and/or mental health problems.

2. Create appropriate family advocacy training resources for families choosing to use support groups and those who prefer home based models.
   - With input from families, the BIA-IA will develop evidence-based advocacy training for families of individuals with brain injuries.
   - The BIA-IA will ensure advocacy training is made available to families who do not utilize support groups.

3. Develop and implement outreach plans for juvenile detention facilities, shelter care facilities, Iowa Department of Corrections, community correction facilities, and juvenile court officers.
    - Convene a summit, with partners from the correctional community, to address brain injury prevention and services within the juvenile and adult correctional system.
    - Implement outreach activities based on recommendations by the summit.
    - Identify youth and adult shelters to distribute brain injury information and materials, including prevention materials.

4. Address prevention and outreach strategies to help reduce the number of fall-related brain injuries in the state of Iowa.
    - Convene a task force involving the Department of Elder Affairs that studies effective prevention of fall-related brain injuries.
    - Based on the recommendations of the task force, IDPH will lead efforts to reduce the incidence of fall-related brain injuries in the state of Iowa through prevention and outreach.

5. Enhance the Iowa Family Support Network (IFSN) in order for families to connect to a peer-to-peer network.
    - Complete an evaluation of current IFSN program materials, procedures, and training.
    - Assist IFSN volunteers with on-going training to best ensure needs of families are met.
    - Promote the IFSN to support groups, services providers, IBIRN sites and other identified locations.

Year 2

1. Create a rural outreach effort to rural hospitals, primary care physicians and other rural service providers to make them aware of existing brain injury information and resources.
    - The IDPH will lead the development and implementation of a rural outreach plan, targeting hospitals, primary care physicians and other rural services providers.

2. Deliver brain injury information on-line, by phone, in-person, and/or in writing, in languages that Iowans speak, including Spanish, Bosnian, Vietnamese, Swahili, etc.
    - Based on need, materials will be procured for the IBIRN tote bags in other languages, especially Spanish.
    - The IBIRN helpline will ensure that non-English speaking individuals with brain injuries have access to information and resources.

3. Increase distribution of IBIRN information and materials beyond existing sites to domestic violence shelters.
    - The IDPH and BIA-IA, with recommendations from the TBI Council, will develop a plan to expand the IBIRN to include domestic violence shelters.
    - Prevention and awareness materials will be developed and distributed to domestic violence shelters, emphasizing the concurrence of domestic violence and brain injury.

4. Enhance existing listing of brain injury services in the Iowa Compass and 2-1-1 databases.

5. Convene a task force to identify needs and develop solutions to address brain injury related issues in children and families, focusing on: 1) children, ages 0 to 5; 2) sibling support of children with brain injuries; 3) child care issues for children with brain injuries; and, 4) transition to adult services.
    - Recommendations of the task force will be provided to the TBI Council and the IDPH in order to direct activities.
    - Outreach planning by the IDPH and BIA-IA will subsequently occur in order to fulfill identified goals.
    - The IDPH and BIA-IA will meet at least yearly with AEAs in order to identify methods of providing services for children with brain injuries and their families.

Year 3

1. Increase the inclusion of adults with brain injuries in employment programs and services by partnering with Iowa Vocational Rehabilitation Services, Department for the Blind, and the Department of Veterans Affairs.
    - Work for the inclusion of persons with brain injuries in Veterans Administration employment programs.
    - Continue collaboration with Iowa Vocational Rehabilitation Services to ensure inclusion of persons with brain injuries in employment programs.
    - Provide training to local vocational rehabilitation specialists in brain injury.

2. Increase the brain injury outreach base by providing training and information resources to hospital chaplains and other religious denomination leaders.
    - The IDPH and BIA-IA, with recommendations from the TBI Council, will identify hospital chaplains and other religious leaders to provide brain injury information and training.
    - The BIA-IA will utilize the IBIRN to provide materials and training.
    - Follow up will be provided by the BIA-IA in order to ensure appropriate and current materials are distributed.

3. Develop relational strategies that help individuals with brain injuries and their families understand their injuries and pursue available resources.
    - The IDPH and BIA-IA will develop medically-focused brain injury informational packets which will be made available to primary care physicians.
    - The IDPH and BIA-IA will develop informational packets focused on both cognitive effects, and social and family impact of brain injury that will be distributed to mental health centers.

4. Identify needs and feasibility of training brain injury support group members to enhance peer support.
    - The BIA-IA will identify effective training resources to provide to support group members.
    - The BIA-IA will work with all brain injury support groups to integrate trainings into regular or special support group meetings.
    - Trainings will focus on services and support, information and resources, family impact of brain injury, and others as determined.

AREA II Service and Support Availability

Goals:

A. Assure competency based training for providers with emphasis on respect for and self-determination of the individual consumer.
B. Explore technological solutions to address training to meet service delivery needs.
C. Expand solutions to address changing demographics of Iowa.
D. Remove or reduce barriers created by the service system eligibility requirements.

Annually

1. The BIA-IA and the IDPH will provide brain injury trainings as needs are identified or requests are received.
   - Trainings will be regularly updated to include the most accurate and timely information.

2. Identify and streamline resource and service delivery systems through statewide coordination.
   - The TBI Council will outreach to all areas of the state to ensure broad representation on the Council.
   - As needs arise, the TBI Council, and task forces of the Council, will garner ad hoc representation from appropriate industry or sub-populations.

Year 1

1. Increase awareness of, and access to, the American Academy for the Certification of Brain Injury Specialists (AACBIS) certifiable core, intermediate and advanced curriculum of brain injury training for adult and children providers in Iowa.
   - The IDPH will promote AACBIS to provider agencies to increase the number of AACBIS trained individuals in the state.

2. To provide a more seamless brain injury service delivery system, create and expand linkages with governmental and private entities.
   - The BIA-IA will promote IBIRN programs to County Central Points of Coordination (CPCs) through one-on-one contact, newsletters, and other available resources.
   - The TBI Council and BIA-IA will encourage Iowa counties to include persons with brain injuries in their service delivery system, utilizing data to highlight those counties with high percentages of persons with brain injury.

3. Create a task force, including representatives from the Department of Veterans Affairs and other Veterans organizations, to identify issues and concerns of Iowans with brain injuries and their families.
   - The TBI Council will develop a task force to identify concerns of Iowans with brain injuries and their families in receiving services and supports.
   - Composition of the task force will comprise of representatives from the TBI Council, Veterans Administration, persons with brain injury and their families.
   - Recommendations from the task force will be used to prepare a report that will be distributed to key stakeholders, including Iowa legislators.

Year 2

1. Renew and strengthen the Area Education Agency (AEA) Brain Injury Resource Team (BIRT) component through Iowa Department of Education.
   - Iowa Department of Education will support the utilization of evidence-based examples for educational programming, which will be incorporated into the BIRT program.

2. Core and intermediate brain injury training will be provided through technological means to at least 10 percent of recipients by 2009.
   - The IDPH and BIA-IA will work to provide 10 percent of core and intermediate brain injury training through the internet, ICN, or other methods.
   - Encourage IBIRN locations that discharge planners receive on-line training as part of their orientation.
   - On-line trainings will be promoted to potential recipients through newsletters, support groups and IBIRN notices.

3. Create, enhance and utilize virtual systems of information delivery and training for rural providers and individuals with brain injury and their families, utilizing the Iowa Communication Network (ICN), Tele-Health, Polycom, Internet, community colleges and/or state and private universities.
   - The IDPH will lead in efforts to utilize the ICN to provide training to rural service providers.
   - The IDPH and BIA-IA will work to partner with higher educational organizations to provide brain injury training to providers, individuals with brain injuries and families.

Year 3

1. Improve the success of identified school-age children with brain injuries in educational settings by tailoring the student's curriculum and environment.
   - A task force will be convened in order to identify recommendations for educators that will focus on success of the student in both curriculum and educational environment.
   - The IDPH, Iowa Dept. of Education and BIA-IA will promote collaboration with AEAs in order to best serve students with brain injuries.

2. By 2010, core and intermediate brain injury training will be provided through technological means to at least 20 percent of recipients.
   - The IDPH and BIA-IA will work to provide 20 percent of core and intermediate brain injury training through the internet, ICN, or other methods.

3. The BIA-IA will promote utilization of on-line information systems which identify the most common eligibility requirements and resources for individuals with brain injuries and their families.

AREA III Brain Injury Service System Enhancements

Goals:

A. Develop a statewide information base that best utilizes all data sources.
B. Utilize collected data in order to fully capture and articulate brain injury needs in Iowa.
C. Seek partnerships and collaboration.
D. Promote brain injury awareness and prevention through public marketing campaigns.

Annually

1. Integrate data into all relevant brain injury planning processes (i.e., assessment to evaluation) to assure effectiveness and efficiency.
   - Data reports will be presented to the TBI Council as they are completed in order for recommendations to be based on timely and relevant information.

2. Pursue a data driven legislative agenda.
   - The TBI Council Legislative Agenda will incorporate brain injury data in order to present a credible basis for legislative action.

3. Create a data access system that provides real-time data in a timely manner to requestors.
   - Inquires to the IBIRN helpline and to IDPH will be responded to in a timely manner, preferably within 48 hours.

4. Iowa's brain injury constituency will become involved with and/or maintain involvement in current and future redesign efforts.
   - Representation on the Mental Health, Mental Retardation, Developmental Disabilities, and Brain Injury Commission (MH/MR/DD/BI Commission) will be maintained.
   - The TBI Council should regularly review and recommend appropriate committees, task forces, or commissions in which representatives from the brain injury community should attend.

5. Participate in coalitions to effect change in the health care system and in safety standards both at state and federal levels.
   - Collaboration should be pursued in support of helmet laws and seatbelt usage to promote brain injury prevention.

Year 1

1. Create a data warehouse that collects, analyzes and disseminates brain injury data.
   - The IDPH will assess current data collection strategies, including a gap analysis, and provide a report to the TBI Council that describes collection, analysis and dissemination of data relating to brain injury.
   - Based upon the IDPH assessment of current data activities, recommendations from the TBI Council will be provided to IDPH to best collect and utilize brain injury data.
   - IDPH staff will work to enhance current brain injury data collection by collaborating with internal and external partners.

2. Partner with state and regional stakeholders in creating new programs and services, locating funding, and coordinating existing efforts.
   - The TBI Council, IDPH and BIA-IA will maintain and enhance their relationship with the Mayo Clinic Traumatic Brain Injury Model System.
   - The IDPH will facilitate and develop an interagency workgroup within state government agencies focusing on brain injury.

3. Establish benchmarks, outcomes and indicators to measure and evaluate the brain injury service system in Iowa.
   - The IDPH will establish a mechanism to track information regarding brain injury waiver utilization, number of requests for information and resources, and number of people accessing resource facilitation.

Year 2

1. Seek private and corporate funding for new initiatives.
   - The IDPH will lead in efforts to research new funding through private and corporate grants in order to increase prevention efforts.

2. Assess current awareness activities throughout the state.
   - The TBI Council shall establish a task force to assess current public awareness of brain injury in the state of Iowa.

3. Develop a strategic marketing campaign with input from key stakeholders, utilizing proven and effective strategies.
   - The TBI Council task force will make recommendations regarding marketing and awareness activities by the IDPH and BIA-IA.
   - Sponsorships, both corporate and media should be pursued to support Brain Injury Awareness Month (March) and other activities as recommended by the TBI Council.

Year 3

1. Develop incentives and advocacy for sources to participate in brain injury data collection.
   - Representatives from the BIA-IA, IDPH and TBI Council should request a meeting with the Iowa Hospital Association in order to facilitate collaboration on inpatient and outpatient hospitalization data.

2. Utilize available funding, and pursue additional funding as needed in order to support public awareness and prevention objectives.
   - The IDPH should pursue appropriate funding in order to support public awareness campaigns.

3. Expand the Brain and Spinal Cord Registry to include all acquired brain injuries.
   - The TBI Council will advocate the expansion of the Brain and Spinal Cord Registry to include all acquired brain injuries, as defined by the Department of Human Services definition of brain injury.

For more information

Iowa Department of Public Health
515-281-7689
www.idph.state.ia.us/bh/brain_injury.asp