TBI Tuesdays

Outreach to All: Brain Injury Within Underserved Populations

March 9, 2021

TBI TARC is supported by contract number HHSP233201500119I from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201
Welcome to Today’s TBI Tuesday Session

Thom Campbell
TBI Team Lead
Thom.Campbell@acl.hhs.gov
Webinar Logistics

- Participants will be in listen-only mode during the webinar. Please use the chat feature in Zoom to post questions and communicate with the hosts.
- Toward the end of the webinar, we will have an opportunity to respond to questions that have been entered into chat.
- The webinar will be live captioned in English.
- The webinar will also have an American Sign Language (ASL) interpreter.
- This live webinar includes polls and evaluation questions. Please be prepared to interact during polling times.
Feedback and Follow-Up

• After the webinar, you can send follow-up questions and feedback to tbitarc@hsri.org
  (Please note: This email address will not be monitored during the webinar.)

• A recording, including a pdf version of the slides, will be available on the ACL website (acl.gov)
Who’s Here?

“In what role(s) do you self-identify? Select all that apply.”

1. Person with a traumatic brain injury (TBI) or other disability
2. Family member or friend of a person with a TBI or other disability
3. Self-advocate / advocate
4. Peer-specialist / peer-mentor
5. Social worker, counselor, or care manager
6. Researcher / analyst
7. Service provider organization employee
8. Government employee (federal, state, tribal, or municipal)
What we will cover

Part 1

• Opening remarks
• Presentation from the Federal Office of Rural Health Policy
• Underserved Populations – Work Group
• What is it like to be a person living with TBI in a rural community?
• Toolkit: Serving Individuals with Brain Injury in Rural and Frontier Communities
What we will cover

Part 2

• Review/feedback on Toolkit
• Engagement and Cultural Competency Practices

Break

Part 2
Meet Our Speakers
(slide 1 of 2)

Reyma McCoy McDeid
Commissioner
ACL’s Administration on Disabilities

Alexa Ofori
aofori@hrsa.gov
Senior Advisor
Federal Office of Rural Health Policy, Health Resources and Services Administration
Meet Our Speakers  (slide 2 of 2)

Miranda Talkington  
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Becky Spaulding  
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Megan Jones  
Research Assistant  
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Maria Martinez  
BI Survivor/Advocate  
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Eric Washington  
TBI Survivor/Advocate  
ewash33@gmail.com
Opening Remarks

Reyma McCoy McDeid

Commissioner of ACL’s Administration on Disabilities
Federal Office of Rural Health Policy
Overview

Alexa Ofori
Federal Office of Rural Health Policy (FORHP)

Vision: Healthy Communities, Healthy People
Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged.

HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities.

Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care.
The Federal Office of Rural Health Policy (slide 1 of 2)

Mission

FORHP collaborates with rural communities and partners to support programs and shape policy that will improve health in rural America.

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<th>Quick Background</th>
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<tr>
<td>Part of HRSA &amp;</td>
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<td>Dept. of Health and Human Services (HHS)</td>
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<tr>
<td>Review HHS Regulations</td>
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<td>“Voice for Rural”</td>
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<td>Administer Grant Programs</td>
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<td>Policy &amp; Research Role</td>
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<td>Technical Assistance</td>
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Building Healthy Rural Communities
The Federal Office of Rural Health Policy (slide 2 of 2)
People in rural areas **live 3 fewer years** than people in urban areas, with rural areas having higher death rates for heart disease and stroke.

- **Rural women face higher maternal mortality rates.**
- **Rural residents face higher rates of**
  - tobacco use
  - physical inactivity
  - obesity
  - diabetes
  - high blood pressure
- **Rural populations face greater challenges with**
  - mental and behavioral health
  - have limited access to mental health care.

- **Rural hospitals are closing or facing the possibility of closing**
  + Increasing shortages of clinicians
- **Long distances and lack of transportation make it difficult to access emergency, specialty and preventive care.**
- **Rural populations are more likely to be uninsured and have fewer affordable health insurance options than in suburban and urban areas.**
Resources and Tools
# Rural Grant Opportunities

From the Federal Office of Rural Health Policy

<table>
<thead>
<tr>
<th>Program</th>
<th>FY 2021</th>
<th>FY 2022</th>
<th>FY 2023</th>
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<tbody>
<tr>
<td><em>Rural Health Care Services Outreach</em></td>
<td>To Be Awarded Summer</td>
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<td><em>Rural Health Network Development</em></td>
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<td>NOFO Available Summer 2022</td>
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<td><em>Rural Health Network Development Planning</em></td>
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<td><em>Small Health Care Provider Quality Improvement</em></td>
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<td><em>Delta States Network</em></td>
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<td>NOFO Available Summer 2022</td>
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<td><em>Rural Communities Opioid Response Program – Implementation</em></td>
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<tr>
<td><em>Rural Communities Opioid Response Program – Psychostimulant Support</em></td>
<td>NOFO Out</td>
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<td><em>Rural Maternal Obstetrics Management Strategies Program</em></td>
<td>Late Spring/Early Summer</td>
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<td><em>Northern Borders Region Planning Grants</em></td>
<td>Late Spring, Early Summer</td>
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State Offices of Rural Health

- Source for information on rural health issues and resources from state and federal level.
- Provide *technical assistance* to rural communities.
- Encourage *recruitment and retention* of health professionals in rural areas.
- Coordinate activities within the state to avoid duplication of effort and activities.
- Host grant writing workshops with FORHP representatives.

https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/
Unintentional Injury in Metropolitan and Nonmetropolitan Settings by Race or Ethnicity

Research center: Rural and Underserved Health Research Center
Phone: 859.210.0108

Lead researcher: Jeffrey Talbert, PhD
Contact: Jeffrey Talbert, PhD, 859.323.7141, jtalbert@uky.edu

Project funded: September 2020
Anticipated completion date: August 2021

Topics: Emergency medical services and trauma, Health disparities and health equity

Unintentional injury was the third leading cause of death in 2019. This rate has increased over time in both metropolitan and nonmetropolitan areas from 2014 to 2017. Existing research shows differences in the rates of death from unintentional injury between racial and ethnic groups. It is unclear if race or ethnicity modify the effects of urbanization on death rate. Nonmetropolitan residents have a particularly elevated risk of death from motor vehicle traffic injuries compared to metropolitan residents. Nonmetropolitan and metropolitan rates of death from drug overdose injuries were similar in 2015.

This study seeks to understand the relationship between race/ethnicity and urbanization in unintentional injury rates and deaths. This study uses Centers for Disease Control WONDER data (2014-2018) and the 2018 National Hospital Ambulatory Medical Care Survey.

http://www.ruralhealthresearch.org/
Focus on …
✓ Rural-focused Funding opportunities
✓ Policy and Regulatory Developments Affecting Rural Providers and Communities
✓ Rural Research findings
✓ Policy updates from a Rural Perspective

To sign up: Email Michelle Daniels at mdaniels@hrsa.gov
Contact Information

Alexa Ofori
Federal Office of Rural Health Policy (FORHP)
Health Resources and Services Administration (HRSA)
Email: aofori@hrsa.gov
Phone: 301-945-3986
Connect with HRSA

Learn more about our agency at:

www.HRSA.gov

Sign up for the HRSA eNews

FOLLOW US:
Underserved Populations – Work Group

Miranda Talkington
TBI Program Manager

Becky Spaulding
TBI Survivor/Advocate

Megan Jones
Research Assistant
Defining Underserved Populations

Underserved populations are disadvantaged because of ability to pay, ability to access care, ability to access comprehensive healthcare, or other disparities for reasons of race, religion, language group or social status.¹

People who are underserved face systemic and institutional barriers which prevent them from accessing health care and/or receiving the same quality of health care as people not facing those barriers.

Quality health care is safe, effective, patient-centered, timely, efficient and equitable.²

2. https://canvas.uw.edu/courses/1176574/pages/reading-assignment-who-are-the-underserved
What is an “Underserved Population”?

- Veterans
- Children and Youth
- Older Adults
- Incarcerated or Formerly Incarcerated Individuals
- Racial and Ethnic Minorities
- Native and Tribal Populations
- Rural Populations
- Individuals with Substance Use Disorders
- Homeless Individuals
- Survivors of Domestic or Other Forms of Violence
- Individuals Who Are Uninsured or Underinsured
- Individuals with Co-Occurring Behavior Health Disorders, Developmental, Intellectual, Physical, Psychiatric, Sensory or Emerging Disabilities.
ACL TBI Partnership Underserved Populations – Work Group

Participating States

Alaska, Arkansas, California, Idaho, Iowa, Minnesota, Missouri, Oregon, Utah, West Virginia, and Wisconsin

Products to Date

- Brain Injury and Homeless Toolkit
- Brain Injury and Co-Occurring Disorders Webinar Series
- Complex Issues in Vulnerable and At-Risk Populations Webinar Series
What is it like to be a person living with TBI in a rural community?

- Becky Spaulding shares her story
- Access and transportation in rural WV
- Navigating resources and services
- Barriers faced:
  - Communication
  - Accessibility
  - Mobility
**Purpose:** To direct providers to state level contacts within national organizations to support providers in establishing these relationships.

**Awareness | Education | Resources | Connection**
Serving Individuals with Brain Injury in Rural and Frontier Communities

Individuals with brain injury have a variety of needs. Meeting these needs is more challenging in rural and frontier communities. Relationships between providers are often key. The purpose of this document is to direct providers to state level contacts within national organizations to support providers in establishing these relationships.

Key:
- Social Support/Mental Health
- Financial/Essential Needs
- Medical Care/Physical Health
- Education/Training/Advocacy
- Underserved Populations

Brain Injury Resources

Brainline
Brainline offers information and support to anyone whose life has been affected by brain injury or PTSD: people with brain injuries, their family and friends, and the professionals who work with them.

Key resources: Glossary of Brain Injury Terms | Online Resource Directory

Brain Injury Association of America (BIAA)
BIAA’s mission is to advance awareness, research, treatment, and education and to improve the quality of life for all people affected by brain injury.

Key resources: Brain Injury Information

United States Brain Injury Alliance (USBIA)
The mission of the USBIA is to engage the community in preventing brain injury and improving lives.

National Association of State Head Injury Administrators (NASHA)
NASHA provides information on national trends, best practices, and state contacts to federal agencies, state and national associations and TBI stakeholders across the country.

General Resources

Aging and Disability Resource Centers (ADRC)
ADRCs provide information about options for long-term services and supports. Contact information for many ADRCs can be found through the Eldercare Locator.

Key resources: Caregiver Corner Resources | Brochure

American Indian and Native American Organizations
Indian Health Service (IHS): Area Offices | IHS Health Facilities
Bureau of Indian Affairs (BIA): Regional Offices | Tribal Ledger Directory

Centers for Independent Living (CILs)
The CILs provide independent living services, including information and referral; skills training; peer counseling; individual and systems advocacy, and services that facilitate transition from institutions to the community.

Key resources: Project for CILs

Council of State Administrators of Vocational Rehabilitation
Committed to providing innovative solutions, building careers and retaining talent, customizing services and expertise, and leading and engaging in collaborative strategies for people with disabilities and businesses.

Key resources: Native American Domestic Violence Services | Abused & Brain Injured

Department of Justice, Office on Violence Against Women (OVW)
OVW provides federal leadership in developing capacity to reduce violence against women, administer justice for and strengthen services to victims of domestic violence, dating violence, sexual assault, and stalking.

Key resources: Native American Domestic Violence Services | Abused & Brain Injured

National Coalition for the Homeless
National network of people who work to end and prevent homelessness, meet the immediate needs of those who are currently homeless, and ensure civil rights are respected and protected.

Key resources: Homeless Shelters and Service Organizations | Fact Sheets

National Disability Rights Network—Protection & Advocacy
Each state or territory has a Protection and Advocacy (PA) program to help people with "I" and their families with legal issues.

Key resources: Project ECHO (Extension for Community Healthcare Outcomes)

Project ECHO is a model designed to increase workforce capacity to provide best-practice specialty care and reduce health disparities. The model uses video conferencing to create a virtual learning community that connects a team of interdisciplinary experts to professionals working in underserved communities.

Key resources: Head Injury CEC | Directory of hubs and programs | Start an ECHO hub

Rural Health Information Hub
The Rural Health Information Hub, formerly the Rural Assistance Center, is funded by the Federal Office of Rural Health Policy to be a national clearinghouse on rural health issues. They are committed to supporting healthcare and population health in rural communities.

Key resources: Consequence in Rural America | Community Health Workers Toolkit

Substance Abuse & Mental Health Services Administration (SAMHSA)
SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to meet the behavioral health care needs of individuals, communities, and service providers.

Key resources: Treatments for Traumatic Brain Injury | Managing Stress Fact Sheet

University Centers for Excellence in Developmental Disabilities Education, Research, and Service (UCEDDS)
UCEDDS support people with disabilities across the lifespan by providing pre-service preparation, technical assistance, community education, direct services, conducting research, and engaging in information sharing.

Key resources: Acoreia Dictionary

Veterans Organizations
U.S. Department of Veterans Affairs: Find VA Locations | Directory of Veterans Service Organizations

Military Health System: Traumatic Brain Injury Center of Excellence | Provider Resources

This project was supported, in part, by HRSA-091-A12-1006328-02-01 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, DC, 2009. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.
Future TBI Tuesday Sessions

Register on ACL.gov

March 16, 2021, 1:00 – 4:00pm (ET)
Sustainable Partnerships: Forging Relationships That Last

March 23, 2021, 1:00 – 4:00pm (ET)
Return to Learn: Equal Access to Education for Students with Brain Injury

March 30, 2021, 1:00 – 4:00pm (ET)
Justice for All: Serving Individuals with Brain Injury Across the Justice System

April 6, 2021, 1:00 - 4:00pm (ET)
Maximizing the Effectiveness of Advisory Boards Through Full Participation
Review/Feedback on Toolkit

Miranda Talkington
TBI Program Manager

Megan Jones
Research Assistant
The Toolkit

- Is the purpose clear?
- Does it meet the needs of providers?
- Is it user-friendly?
- Suggestions for improvement?
- Suggestions for dissemination?
Engagement & Cultural Competency Practices

Maria Martinez

Eric Washington
QUESTIONS
Real-Time Evaluation Questions

• Please take a moment to respond to these seven evaluation questions to help us deliver high-quality TBI TARC webinars

• If you have suggestions on how we might improve TBI TARC webinars, or if you have ideas or requests for future webinar topics, please send us a note at TBITARC@hsri.org
Future TBI Sessions

March 16, 2021, 1:00 – 4:00pm (ET)
"Sustainable Partnerships: Forging Relationships that Last." Register for the session.

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Thank You.

The Traumatic Brain Injury Technical Assistance and Resources Center (TBI TARC) is an initiative from the Administration for Community Living that helps TBI State Partnership Program grantees promote access to integrated, coordinated services and supports for people who have sustained a TBI, their families, and their caregivers. The Center also provides a variety of resources to non-grantee states, people affected by brain injury, policymakers, and providers.
Speaker Bios
Reyma McCoy McDeid joined ACL as the Commissioner of ACL’s Administration on Disabilities on January 20, 2021. She provides executive leadership for a range of programs that empower people with disabilities to live independently and fully participate in their communities and serves as a senior advisor to the ACL Administrator on issues affecting individuals with disabilities and their families. She also fulfills the responsibilities of the Commissioner of the Administration for Intellectual and Developmental Disabilities and the Director of the Independent Living Administration, as described in statute.

Prior to joining ACL, Ms. McCoy McDeid served as the Executive Director of the Central Iowa Center for Independent Living. She joined the CICIL in September of 2015 with the goal of creating a human services agency dedicated to serving individuals not eligible for supports anywhere else. Prior to CICIL, Ms. McCoy McDeid served as the Employment Administrator for Candeo, Iowa’s largest community-based provider of employment supports.

Ms. McCoy McDeid is a nationally recognized subject matter expert on disability, diversity, and intersectionality and has served on numerous boards, including as both treasurer and Anti-Racism and Equity Taskforce Co-Chair for the National Council on Independent Living (NCIL). She has assisted Centers for Independent Living, Statewide Independent Living Councils, and other human services organizations with racial equity work that results in positive inclusion outcomes for racially marginalized consumers, employees, and leadership. After a 20-year career in social services, her personal mission has shifted from simply serving marginalized people to addressing how systems create marginalization in the first place. Ms. McCoy McDeid holds a master’s degree in non-profit administration with concentrations in business and human services from Lindenwood University and is an Association for Professionals Supporting Employment First (APSE) Certified Employment Support Professional (CESP).
Megan Jones received her BA in Psychology from Willamette University. Prior to coming to CBIRT she spent 8 years researching early childhood development with at-risk families. She currently brings her organization, coordination, and logistic expertise to many projects at CBIRT.

Maria Martinez was the first in her family to graduate from a university, became an educator in art education and English as a Second Language. Worked in the field of domestic violence, substance abuse and eventually retired from the Colorado Department of Corrections 2010 after a stroke. Maria was in Motorcycle accident in 2007 sustained a brain injury, she has complications with memory, balance, and anger. She realized where she lived (Pueblo, CO) had an impact on her recovery. Maria traveled to Denver and connected with the Brain Injury Alliance of Colorado (BIAC) attending classes, workshops and events that were provided to those impacted by a brain injury. She became involved with a local brain injury support group, eventually a support leader, today an advocate and peer mentor for brain injury survivors. A member of the Brian Injury Advisory Board since 2019 with MINDSOURCE Brain Injury Network, lead to National Center for the Advancement of Person-Centered Practices and Supports (NCAPPS) Brain Injury Learning Collaborative and today the TBI Advisory and Leadership Group (TAL-Group).
Alexa Ofori, MPH is a Senior Advisor for the Federal Office of Rural Health Policy (FORHP) in the Health Resources and Services Administration. As Senior Advisor she provides guidance on rural health issues, programs, policies, and initiatives. Prior to assuming this position, Ms. Ofori was the Program Coordinator for FORHP’s largest community-based grant program, the Rural Health Care Services Outreach Program, a multi-year grant program that provides support to rural communities to expand and enhance the delivery of health care services.

Becky Spaulding has suffered TBI’s. Her first documented TBI was in March 2017. She was inpatient at a hospital, asked for assistance using the restroom, at that time was tracheostomy dependent from other health issues, not able to speak because of 100% subglottic stenosis. The CAN who was helping her received a personal phone call on her cell phone told her to knock when she was finished, she did, fell in the process of cleaning herself and sustained a TBI. The problems she face with residing in a rural community are transportation, though currently she has personal attendant her job is to ensure she makes it to medical appointments. If she wishes to go shopping, go to lunch with friends or march on the capital she must use private taxi services, which is very costly. Independent accessible housing, she believes currently there is one apartment building in her home county to which again transportation. She as an individual with a brain injury has lost her independence and have a strong desire to regain it. Living in a rural area with a speech impediment she runs into barriers with communication at hospitals, physician offices, DHHR etc. Physicians are in a hurry and do not have the time to communicate with her directly, again loss of independence. Her hopes are these barriers can be resolved and once again she can return to self-sufficiency.
Miranda Talkington is a Licensed Graduate Social Worker (LGSW), Certified Brain Injury Specialist (CBIS), and Registered Yoga Alliance Teacher (RYT). She works at the WVU Center for Excellence in Disabilities as the Traumatic Brain Injury (TBI) Program Manager. Her passions include helping the people of West Virginia, spending time in nature, practicing and teaching self-care to individuals with disabilities, and their caregivers. During her free time, she spends time in the woods hiking with her dog, Koda, and partner Eric. Her goal is to one day own a therapeutic farm that celebrates native West Virginia plants, herbs, and foods, while serving and providing a place for the people of WV to be empowered and connected to nature.

Eric Washington is a former football player for the University of Minnesota and the University of Kansas. His football career ended on September 30th, 2006 due to a concussion and spinal cord injury. After recovering from the neck injury, he returned to graduate with a bachelor’s degree in Applied Behavioral Sciences. Today, Eric’s life mission is to advocate for people like him – people with TBI, especially those who are also homeless. He also serves as a strong advocate in the high school athletic community helping student athletes make educated decisions when taking a scholarship and helping their families understand the importance of not rushing back after injury. Eric is a faculty member for the NCAPPS Brain Injury Learning Collaborative and the TBI TARC.