

# 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

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- 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

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- After the webinar, you can send follow-up questions and feedback to [tbitarc@hsri.org](mailto: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](http://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)

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# What we will cover

## Part 1

### 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*

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# What we will cover

## Part 2

### **Break**

### **Part 2**

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

# 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)



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# 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**



# Health Resources and Services Administration (HRSA)

## Overview



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.

### Quick Background

Part of HRSA &  
Dept. of Health and Human Services (HHS)

Review HHS Regulations

“Voice for Rural”

Administer Grant Programs

Policy & Research Role

Technical Assistance

Building Healthy Rural Communities



# The Federal Office of Rural Health Policy (slide 2 of 2)



 Social Security SEARCH MENU LANGUAGES SIGN IN / UP

Compilation Of The Social Security Laws

OFFICE OF RURAL HEALTH POLICY

Sec. 711. [42 U.S.C. 912] (a) There shall be established in the Department of Health and Human Services (in this section referred to as the "Department") an Office of Rural Health Policy (in this section referred to as the "Office"). The Office shall be headed by a Director, who shall advise the Secretary on the effects of current policies and proposed statutory, regulatory, administrative, and budgetary changes in the programs established under titles XVIII and XIX on the financial viability of small rural hospitals, the ability of rural areas (and rural hospitals in particular) to attract and retain physicians and other health professionals, and access to (and the quality of) health care in rural areas.

(b) In addition to advising the Secretary with respect to the matters specified in subsection (a), the Director, through the Office, shall—

- (1) oversee compliance with the requirements of section 1102(b) of this Act and section 4403 of the Omnibus Budget Reconciliation Act of 1987<sup>[21]</sup> (as such section pertains to rural health issues),
- (2) establish and maintain a clearinghouse for collecting and disseminating information on—
  - (A) rural health care issues, including rural mental health, rural infant mortality prevention, and rural occupational safety and preventive health promotion,
  - (B) research findings relating to rural health care, and
  - (C) innovative approaches to the delivery of health care in rural area, including programs providing community-based mental health services, pre-natal and infant care services, and rural occupational safety and preventive health education and promotion,
- (3) coordinate the activities within the Department that relate to rural health care,
- (4) provide information to the Secretary and others in the Department with respect to the activities, of other Federal departments and agencies, that relate to rural health care, including activities relating to rural mental health, rural infant mortality, and rural occupational safety and preventive health promotion, and
- (5) administer grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas.

<sup>[21]</sup> See Vol. II, P.L. 100-203, §4403.



# Rural Health Landscape

## The Oft-Cited Rural Health Concerns ...

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 and high blood pressure**

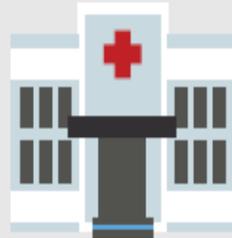


Rural populations face greater challenges with **mental and behavioral health** and have **limited access to mental health care.**

Rural hospitals are **closing or facing the possibility of closing**

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**Increasing shortages of clinicians**



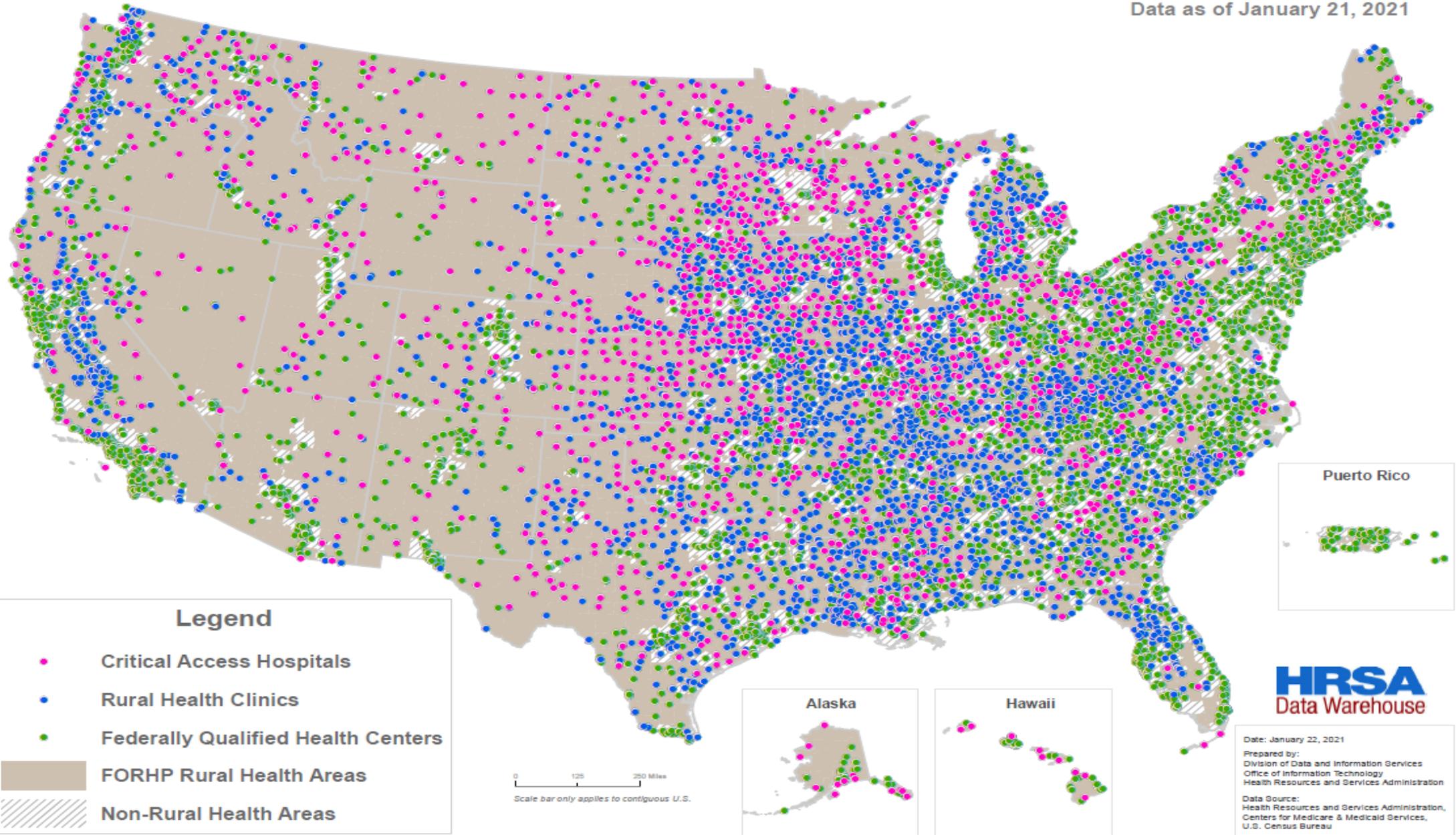
**Long distances and lack of transportation make it difficult to access emergency, specialty and preventive care.**



Rural populations are more likely to be **uninsured and have fewer affordable health insurance options** than in suburban and urban areas.

## Critical Access Hospitals, Rural Health Clinics, and Federally Qualified Health Center (FQHC) in Rural Health Areas

Data as of January 21, 2021



# Resources and Tools



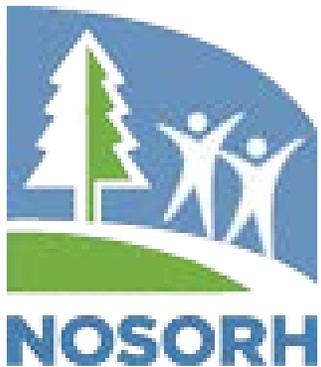
# Rural Grant Opportunities

From the Federal Office of Rural Health Policy

Program <i>Notice of Funding Opportunity (NOFO)</i>	FY 2021	FY 2022	FY 2023
Rural Health Care Services Outreach*	To Be Awarded Summer		
Rural Health Network Development*			NOFO Available Summer 2022
Rural Health Network Development Planning*	NOFO Available Summer 2020	NOFO Available Summer 2021	NOFO Available Summer 2022
Small Health Care Provider Quality Improvement		NOFO Available Winter 2022	
Delta States Network			NOFO Available Summer 2022
Rural Communities Opioid Response Program – Implementation*	NOFO Out		
Rural Communities Opioid Response Program – Psychostimulant Support	NOFO Out		
Rural Maternal Obstetrics Management Strategies Program	Late Spring/Early Summer		
Northern Borders Region Planning Grants	Late Spring, Early Summer		



# 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/>



Your First Stop for Rural Health Information 

Get Rural Updates & Alerts



Sign-up to receive our [weekly newsletter](#):

[Daily and weekly custom alerts](#) also available

Funding Opportunities



Discover the latest funding and opportunities to support rural health. [Browse all funding opportunities.](#)

Find Rural Data



The [Rural Data Explorer](#) and [Chart Gallery](#) provide access to a wide range of data on rural health issues.

Learn how to locate and use data in the [Finding Statistics and Data Related to Rural Health](#) topic guide.

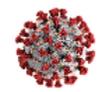
Am I Rural?



Use the [Am I Rural? Tool](#) to find out if a location is considered rural based on various definitions of rural, including definitions that are used as eligibility criteria for federal programs.

Coronavirus Disease 2019 (COVID-19)

[Rural Response to COVID-19](#)  
 Key federal and state resources to address COVID-19.



[Rural Healthcare Surge Readiness](#)  
 Up-to-date and critical resources for rural healthcare systems preparing for and responding to a COVID-19 surge.



RHIhub Toolkit

[Early Childhood Health Promotion Toolkit](#)  
 This new toolkit provides information critical to promoting health in early childhood and compiles evidence-based and promising models and resources to support the implementation of early childhood health promotion programs in rural communities.



The RURAL MONITOR

[Critical Access Hospital in Oregon Uses Advisory Council and Trainings to Improve Cultural Competency](#)  
 To improve care for its American Indian and Latino patients, St. Charles Madras, a Critical Access Hospital in Oregon, created a Patient Family Advisory Council,



Traumatic Brain Injury (TBI) Surveillance among American Indians in Arizona, Nevada, and Utah

<b>Link</b>	<a href="#">View Resource</a>
<b>Description</b>	Provides a snapshot of traumatic brain injuries for Native Americans in Arizona, Utah, and Nevada. Includes breakdowns by gender, age group, and cause, where data is available. Identifies action items for tribes, public health workers, and individuals.
<b>Date</b>	10/2018
<b>Type</b>	Document
<b>Organization</b>	Inter Tribal Council of Arizona, American Indian Research Center for Health
<b>Tagged as</b>	Abuse and violence · American Indian or Alaska Native · Children and youth · Elderly population · Injuries · Statistics and data · Arizona · Nevada · Utah

Diagnosing and Managing Mild TBI in Rural Kids

<b>Link</b>	<a href="#">View Resource</a>
<b>Description</b>	Discusses the challenges of diagnosing and treating pediatric mild traumatic brain injury (mTBI) in rural areas. Covers recommendations and rules for computerized tomography (CT) scans and symptom assessment, recovery and support for patients, educational resources for patients and families, and telemedicine as an option that increases access to follow-up care for mTBI.
<b>Author(s)</b>	Kelly Sarmiento
<b>Date</b>	01/2021
<b>Type</b>	Document
<b>Organization</b>	National Rural Health Association
<b>Tagged as</b>	Access · Children and youth · Emergency medical services · Health screening · Injuries · Primary care · Telehealth





## Rural Health Research Gateway

The Rural Health Research Gateway provides easy and timely access to research conducted by the Rural Health Research Centers, funded by the [Federal Office of Rural Health Policy](#). Gateway efficiently puts new findings and information in the hands of our subscribers, including policymakers, educators, public health employees, hospital staff, and more.

- [Gateway flyer](#)
- [Popular rural health products and topics, 2019-2020](#)
- [Learn more](#)



### Rural Health Research Recaps

- Access brief summaries on key rural health issues
- Key findings from the work of the Rural Health Research Centers



### Research Alerts

- Email notifications when new research products are completed
- See five most recent alerts



### Research Publications

- Access policy briefs, chartbooks, journal articles, and other products developed under the Centers' [Research Projects](#)



### Research Centers

- Learn about the Rural Health Research Centers Program
- View list of currently funded research centers
- Learn about their areas of expertise



### Dissemination Toolkit

- Learn how to create health research products
- Tips for developing policy briefs, fact sheets, journal articles and more

[Rural Health Research Gateway](#) > [Projects](#)

## Unintentional Injury in Metropolitan and Nonmetropolitan Settings by Race or Ethnicity

<b>Research center:</b>	<a href="#">Rural and Underserved Health Research Center</a> Phone: 859.218.0108
<b>Lead researcher:</b>	<a href="#">Jeffery Talbert, PhD</a>
<b>Contact:</b>	<a href="#">Jeffery Talbert, PhD</a> , 859.323.7141, <a href="mailto:jeff.talbert@uky.edu">jeff.talbert@uky.edu</a>
<b>Project funded:</b>	September 2020
<b>Anticipated completion date:</b>	August 2021
<b>Topics:</b>	<a href="#">Emergency medical services and trauma</a> , <a href="#">Health disparities and health equity</a>

Unintentional injury was the third leading cause of death in 2018. 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.

# FORHP Weekly Announcements

## 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](mailto:mdaniels@hrsa.gov)



## Announcements from the Federal Office of Rural Health Policy

August 22, 2019

### What's New

**Comments Requested: Rural Access to Health Care Services – October 9.** The Health Resources and Services Administration (HRSA) seeks information from the public about measuring access to health care in rural communities. This Request for Information (RFI) supports the ongoing work of the [HHS Rural Health Task Force](#) that is seeking to identify the needs of rural communities, how to meet those needs, and what HHS policy changes can address those needs. Questions for public comment specific to rural communities include: what are the core health care services needed, what types and numbers of health care professionals are needed, what factors are important to identify core health services, and how should access to health care services be measured. People in rural communities [face a range of health disparities](#), including greater obesity and disease burden in children and adults, higher mortality rates, and shorter life expectancy. Rural areas also have [fewer health professionals per person](#) compared to urban areas.

**Agrisafe: Nurse Scholar Distance Education Program – Early Registration Ends August 23.** Calling all nurses serving rural communities! Get the tools necessary to help farmers and ranchers in your community, while earning 18 Continuing Nursing Education hours. The Nurse Scholar program is a distance learning opportunity available to rural nurses provided by experienced health and safety educators. Increase your knowledge base in prevention, identification, and assessment of diseases related to agricultural work exposures. Classes are in the form of webinars from September 4 – December 6, 2019 that can be viewed live or On Demand.

### Funding Opportunities

**Rural Health Network Development Program – November 25.** The Health Resources and Services Administration (HRSA) announced a new Notice of Funding Opportunity for The Rural Health Network Development Program (Network Development). This program will support up to 46 applicant organizations, which are either public or nonprofit private rural entities who represent a network of three or more separate, existing health care entities. HRSA expects to invest approximately \$13 million for this program to support integrated rural health care networks that combine the functions of the network entities and include skilled, experienced staff, with a high functioning network board, to address the health care needs of the targeted rural community.



# Contact Information

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**Alexa Ofori**

**Federal Office of Rural Health Policy (FORHP)  
Health Resources and Services Administration (HRSA)**

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**Phone: 301-945-3986**



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# Underserved Populations – Work Group



**Miranda Talkington**

*TBI Program Manager*



**Becky Spaulding**

*TBI Survivor/Advocate*



**Megan Jones**

*Research Assistant*



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.<sup>1</sup>

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.<sup>2</sup>

1. <https://www.yourdictionary.com/underserved>

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.

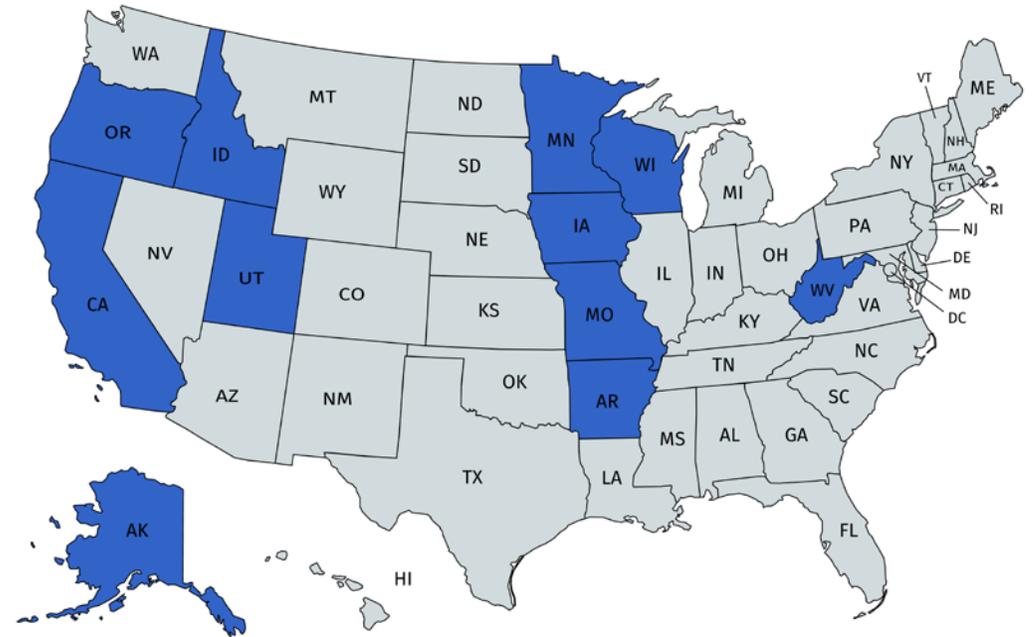
# ACL TBI Partnership Underserved Populations – Work Group

## 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](#)





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## What is it like to be a person living with TBI in a rural community?

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- Becky Spaulding shares her story
- Access and transportation in rural WV
- Navigating resources and services
- Barriers faced:
  - Communication
  - Accessibility
  - Mobility



# Toolkit: Serving Individuals with Brain Injury in Rural and Frontier Communities

**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.

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

## 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](#) | [Military 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)

NASHIA 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](#) | [Brochures](#)

### American Indian and Native American Organizations

Indian Health Service (IHS): [IHS Area Offices](#) | [IHS Health Facilities](#)

Bureau of Indian Affairs (BIA): [Regional Offices](#) | [Tribal Leader 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:** [Training 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.

### 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:** [State Homeless Shelters and Service Organizations](#) | [Fact Sheets](#)

### National Disability Rights Network-Protection & Advocacy

Each state or territory has a Protection and Advocacy for individuals with Traumatic Brain Injury (PATBI) program to help people with TBI and their families with legal issues.

### 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 ECHO](#) | [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:** [Concussion 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:** [Treating Clients with 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:** [Acronym 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](#)

**BREAK**



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# Future TBI Tuesday Sessions

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Register on [ACL.gov](https://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*

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# 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](mailto:TBITARC@hsri.org)

# Future TBI Sessions

**March 16, 2021**, 1:00 – 4:00pm (ET)

"Sustainable Partnerships: Forging Relationships that Last." [Register for the session.](#)

**March 23, 2021**, 1:00 – 4:00pm (ET)

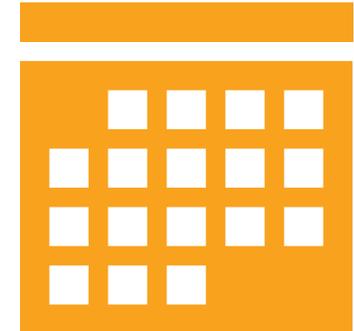
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"Maximizing the Effectiveness of Advisory Boards Through Full Participation." [Register for the session.](#)



# 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.



**TBI SPP**  
Traumatic Brain Injury  
State Partnership Program



# Speaker Bios



# Bios (slide 1 of 4)

**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).

# Bios (slide 2 of 4)

**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).

# Bios (slide 3 of 4)

**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.

# Bios (slide 4 of 4)

**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.