Identifying Traumatic Brain Injury in High Risk Populations: Public Policy Implications

The National Association of State Head Injury Administrators (NASHIA) recognizes that a traumatic brain injury (TBI) is often misdiagnosed or undiagnosed, yet individuals may experience associated problems with behavior, memory and other cognitive issues, fatigue, and personality changes that impact major life activities -- interpersonally, vocationally, educationally, and in managing activities of daily living. NASHIA supports training of professionals, paraprofessionals and provider staff who may engaged with people who are at high risk for a TBI in order to ensure that these individuals are identified and receive needed accommodations, treatment and supports. High risk populations include:

- **Older Adults and Fall-Related TBIs**

Falls among older Americans account for four in five (81%) of the TBI-related emergency department visits among adults aged 65 and older, according to the Centers for Disease Control and Prevention (CDC). Identifying a TBI among this age group is challenging due to the similarity of symptoms associated with other conditions, which also may be present at the time of the fall (e.g., dementia, stroke, dehydration). NASHIA supports screening for TBI in home and community-based (HCBS) settings and training to enable healthcare providers to better diagnose and coordinate resources at state level among aging and TBI programs. **NASHIA Supports H.R 4334, the Dignity in Aging Act, which the Senate has named Supporting Older Americans, and addresses these issues.**

- **Juvenile Justice**

Studies have shown that approximately 40% of youth in juvenile justice systems have experienced one or more TBIs. A few state TBI grant programs are beginning to screen for TBI in selected juvenile justice programs, train staff in screening and accommodations, offer information & referral and resource facilitation services. This takes collaboration among many players in the system, including community juvenile justice providers, which is often county government; probation and parole officers; judges and court systems. Expanding the work statewide and to maintain efforts after grant funding ceases has proven to be difficult for many states. Federal leadership to assist with best practices, to engage stakeholders, and to help fund these activities over the long-term would help to expand and to sustain these efforts.

- **Victims of Domestic Violence**

A pilot screening project conducted in four domestic shelters in Nebraska indicated that 60 percent of those screened had sustained a TBI. It was undertaken by the Nebraska Core State Violence Injury Prevention Program team working with the Nebraska Brain Injury Alliance. Victims of domestic violence often experience multiple blows to the head which can result in TBI-related cognitive and behavioral problems. Victims may not even associate the problems they are having as the result of physical abuse. Screening and training domestic violence providers and healthcare professionals would help to identify and to address the associated problems.

- **Homelessness**

Studies have shown that TBI is at a higher rate among people who are homeless than the general population. A TBI can occur before or after being homeless due to violence. The October 2018 National Health Care for the Homeless Council issued a report indicating the need for adapted practice guidelines for the care of individuals with TBI and unstable living situations.

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