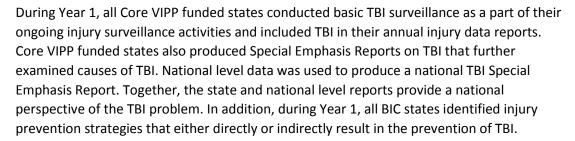
Core VIPP (2011-2016) Traumatic Brain Injury Prevention Activities

Overview of Core VIPP Traumatic Brain Injury Prevention Activities

The CDC's Injury Center is committed to reducing traumatic brain injuries (TBI). In FY11, \$2.35 million of TBI funding was combined with other Center resources to fund the Injury Center's Core Violence and Injury Prevention Program (Core VIPP) (*CE11-1101*, *Years 2011-2016*) that supports states in implementing activities to build a solid foundation for violence and injury prevention activities; collecting and analyzing data; designing, implementing and evaluating strategies; providing technical support and training; and affecting behavior and knowledge. A total of 20 states receive Base Integration Component (BIC) funding. These states are: Arizona, Colorado, Florida, Hawaii, Kansas, Kentucky, Maryland, Massachusetts, Minnesota, Nebraska, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, and Washington.









Falls are the leading cause of TBI in the United States. Among all age groups, motor vehicle crashes and traffic-related incidents are the second leading cause of TBI and result in the largest percentage of TBI-related deaths. Core VIPP funded states' ability to address TBI prevention is furthered through topic specific funding supporting Older Adult Falls (Falls) and Motor Vehicle Child Injury Prevention Policy (MVP).

During Year 1, the four states (Colorado, Nebraska, New York, and Washington) that received Core VIPP funding for the MVP component conducted activities that included: using surveillance findings to guide motor vehicle/child injury prevention policy activities; developing an Action Plan; identifying policy interventions; identifying collaborating partners; and evaluating outcomes. The three states (Colorado, New York, and Oregon) that received Core VIPP funding for the Older Adult Falls component implemented exercise programs such as *Tai Chi, Stepping On or Otago;* addressed policy changes; and provided technical assistance and trainings to state partners.

During Years 2-5, the Core VIPP funded states will continue to conduct TBI surveillance, disseminate data products, continue building collaborative relationships, implement TBI related interventions, and impact the TBI related policy process.

Core VIPP Traumatic Brain Injury Prevention Related Objectives

During Year 1, Core VIPP funded states used their data to select focus areas based on the injury and violence burden and needs in their states. While states were allowed to choose any area related to violence and injury prevention, the majority of states choose topic areas that correspond with the Injury Center focus areas which include: Motor Vehicle-related Injuries; Violence Against Children and Youth; Prescription Drug Overdose; and Traumatic Brain



Injury. A total of 6 Core VIPP funded states chose TBI prevention as their focus area. The focus areas for the states are as follows:

- *Massachusetts, Nebraska, Oklahoma, and Minnesota* Focusing on sports concussion.
 - Massachusetts Monitoring and supporting implementation of recently passed sports concussion law.
 - o Nebraska Monitoring and supporting implementation of recently passed sports concussion law.
 - Oklahoma Preventing and educating about sports-related TBI among young people less than 25 years of age.
 - Minnesota Establishing a statewide surveillance system for high school student-athletes sustaining concussions.
- **Ohio** Focusing on bicycle helmet use and sports related concussions in middle/high schools and recreational leagues.
- *Hawaii* Focusing on helmet use when riding a motorcycle/motorized scooter.

Core VIPP Traumatic Brain Injury Surveillance Activities

At the end of Year 1, 19 of the 20 (95.0%) Core VIPP funded states completed Year 1 requirements of producing and submitting an annual injury data report and TBI Special Emphasis Report. Funded states reported conducting a variety of surveillance activities. Examples of data sources and surveillance activities include:

- Maryland Maryland monitors trends of TBI-related fatalities and non-fatalities annually. TBI-related fatalities
 are calculated using the mortality data from the Maryland Vital Statistics Administration. TBI-related nonfatalities are derived from the emergency department visits and hospitalizations using the Health Services Cost
 Review Commission Ambulatory Care and Hospital Discharge Databases, respectively.
- Massachusetts Massachusetts Department of Public Health (MDPH) uses several data sources to monitor the
 causes, risk factors, and frequencies of TBI-related deaths and nonfatal injuries among residents. Data on
 fatalities are obtained from the MDPH Registry of Vital Records and Statistics Death Database. Data on nonfatal
 injuries are obtained from the Massachusetts Inpatient Hospital Discharge, Outpatient Observation Stay and
 Emergency Department Discharge Databases, which are administered by the Division of Health Care, Finance,
 and Policy. Data on sports-related head injuries among middle and high school students are obtained from the
 Massachusetts Youth Health Survey.
- **Minnesota** The Minnesota Department of Health (MDH) is mandated by state statute to maintain a TBI registry of all hospitalized cases of traumatic brain and spinal cord injury in Minnesota. The Injury and Violence Prevention Unit analyzes the data in the registry to describe rates and patterns of injury to help guide appropriate community-specific intervention strategies and identify service needs and gaps.
- North Carolina North Carolina produces the CDC State Injury Surveillance Report, periodic short reports, and surveillance updates that include TBI information/data. For the last two years, the North Carolina Behavioral Risk Factor Surveillance System (BRFSS) has asked about TBIs. In 2013, the BRFSS will include a module for military-related TBIs. In 2011, North Carolina used Core VIPP funding to conduct an evaluation and update of their state Injury and Violence Prevention strategic plan. The update included adding TBI as a cross cutting issue. North Carolina used data to update a motorcycle injury data report and prepare a motorcycle helmet fact sheet. They also collaborated with the NC Brain Injury Association to provide information on the brain injury impact of repealing the motorcycle helmet law.
- Rhode Island Since 2007, Rules and Regulations Pertaining to the Rhode Island Traumatic Brain Injury and Spinal Cord Injury Registry require hospitals to report all cases of TBI diagnosed through inpatient and emergency departments to HEALTH (RI Department of Health) within 14 days of diagnosis. With the passage of reporting

requirements, the number of reported cases of TBI increased dramatically from 147 cases in 2006 to 8,340 cases in 2010.

Core VIPP Traumatic Brain Injury Prevention Activities

During Year 1, Core VIPP funded states used Core VIPP funding to make significant strides toward reducing the burden of TBI in their states. Core VIPP states also developed partnerships and leveraged additional resources for TBI prevention. Highlighted below are examples of how states utilize Core VIPP funding and/or partner with key TBI prevention organizations:

- Arizona The Arizona Injury Program partners with the Arizona Governor's Council on Spinal and Head Injuries which works to enhance the health, safety, and quality of life for children and adults with spinal cord injuries and TBI and their families. The Council provides funding for projects and programs focusing on client services, prevention, and education; advises state agencies on the needs of people with spinal cord and brain injuries; supports, sponsors, or collaborates to provide programs that assist people with spinal cord and brain injuries, their families, and the professionals who serve them; and serves as a resource for information about spinal cord and brain injuries. The Arizona Department of Health Services Injury Surveillance and Prevention Program participates in this effort by collecting, analyzing, and reporting data on the incidence of TBI in Arizona so that the partnership can make targeted, informed decisions regarding projects and programs.
- Kentucky In 2012, Kentucky passed the Sports Concussion Legislation (HB 281) requiring concussion recognition training for coaches and athletic trainers and return to play guidelines relating to scholastic sport leagues. In this effort, the Kentucky Injury Prevention Research Center (KIPRC), the designated lead agency for the Kentucky's Injury Program ICPG (known as the Kentucky Safety Alignment Prevention Network-KSPAN), provided data and information to decision makers and partner organizations including the Kentucky High School Athletic Association, the Brain Injury Alliance of Kentucky, Kentucky Athletic Trainers Society, Norton Healthcare, and state legislators. In addition, KSPAN collaborated with their partners and the CDC to develop a website (www.kyconcussions.com) to provide concussion related information to the athletic community.
- Maryland The Department of Health and Mental Hygiene implemented two evidence-based programs: Stepping On and Tai Chi Moving for Better Balance to reduce falls in older adults. 13 Tai Chi instructors and 6 Stepping On instructors were trained. Two local health departments and one area agency on aging were awarded mini-grants to implement the programs covering the target population of older adults in six Maryland counties. A total of 177 participants attended the Tai Chi program while 111 participants attended the Stepping On program. Maryland's goal is to decrease the number of hospital re-admissions due to a fall by 5% in the six counties by 2016.
- **New York** –New York State (NYS) enacted the "Concussion Management and Awareness Act" which went into effect on July 1, 2012. The Act mandates that a student with a suspected or actual concussion must be removed from play until he or she has been symptom-free for at least 24 hours and evaluated and cleared by a licensed physician. To support implementation of the Act, the NYS Education Department and the NYS Department of Health worked with an advisory group to develop guidelines for concussion management in the school setting. The guidelines were finalized and made public in June 2012.
- *Utah* In 2008, the Utah State Legislature established the TBI Fund with a one-time appropriation of \$50,000. The restricted special revenue fund is administered through the Utah Department of Health Violence and Injury Prevention Program (VIPP). The fund is used to educate the public and professionals on the treatment and prevention of TBI; provide access to evaluations; coordinate short-term care to assist an individual in identifying services or support needs, resources, and benefits for which the individual may be eligible; and

develop and support an information referral system for persons with a traumatic brain injury and their families. For every \$1 spent of the TBI Fund at least 81 cents of private matching funds have been obtained. In 2011, the Utah State Legislature passed a concussion law requiring amateur sports organizations and schools to adopt and enforce a concussion and head injury policy. A child who gets a head injury must be removed from play and may only return after written clearance from a qualified health care provider. Qualified health care providers must have taken a continuing education course in the evaluation and management of a concussion within the last three years. In 2012, the VIPP developed a fact sheet, *Sports/Recreation-related TBI in Utah, 2009*, that includes statistics, prevention information, information about the law, and resources including a link to concussion and head injury continuing education courses for health care providers to help implement the law.

Core VIPP Relationships with Traumatic Brain Injury Prevention Organizations

At the end of Year 1, Core VIPP states reported collaborating with a variety of TBI prevention partners. Examples of partners include:

Brain Injury Associations	Safe Kids Coalitions
Hospitals and Trauma Systems	Falls Prevention Coalitions
Emergency Medical Services	YMCA's and Recreation Centers
Health Care Providers and Medical Societies	Aging Agencies
Health Insurance Companies	State Departments Of Education, Transportation, Mental Health, Child And Family Services
Schools	Athletic Trainer and Scholastic Athletic Associations
Injury Research Centers and Universities	School Nurse Associations