



Advancing Equity Amongst Native Americans Impacted by Brain Injury

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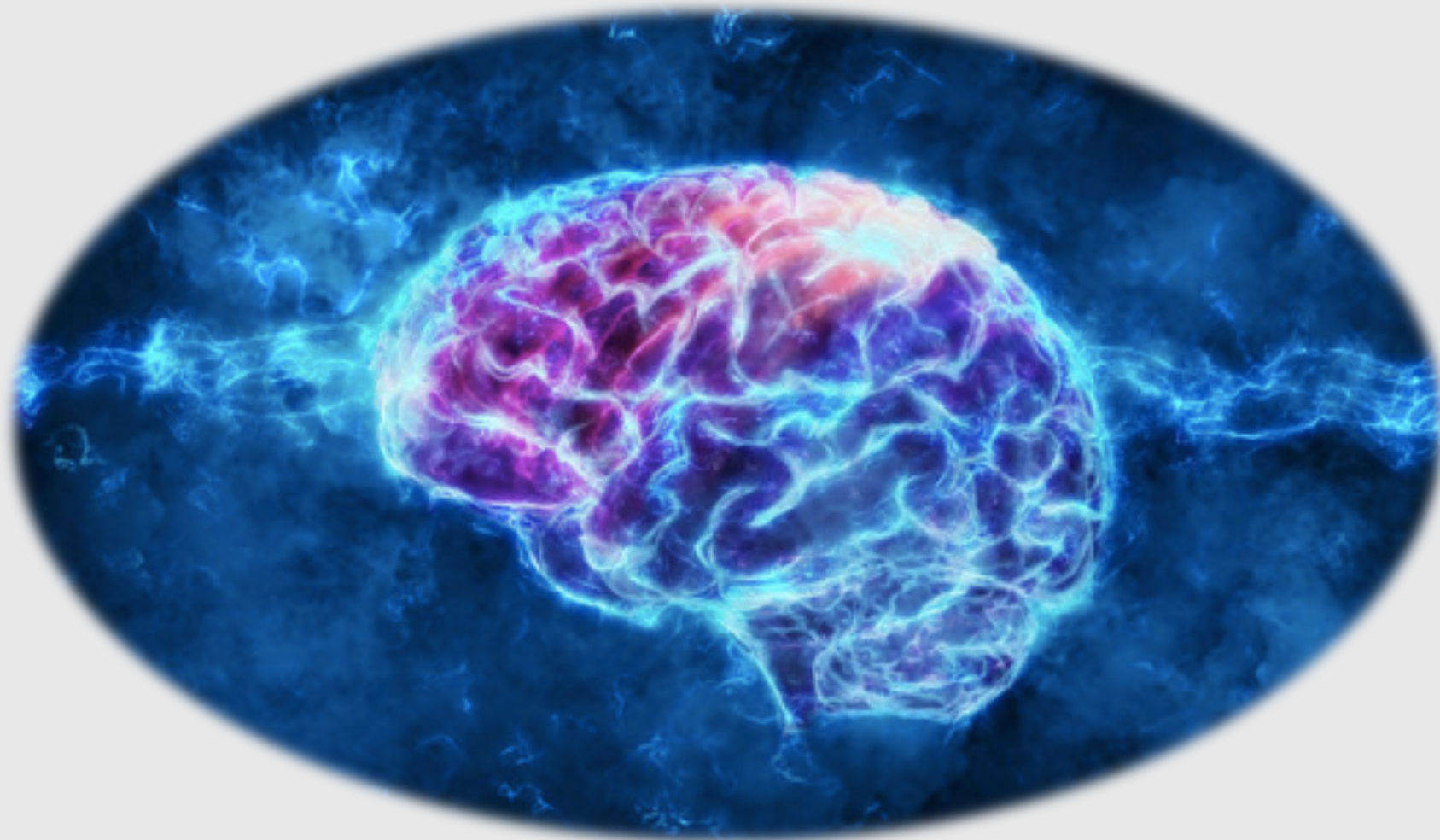
Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions.

Points of view or opinions do not, therefore, necessarily represent official ACL policy.

Today's Agenda

- ✓ Understand the purpose, goals and objective of the State Partnership ACL Traumatic Brain Injury grant
- ✓ Connect to the ACL Brain Injury Grant Partners
- ✓ Understand the need for analyzing and collecting data
- ✓ Get a historical perspective of Minnesota's TBI studies
- ✓ Discuss the Tribal TBI Needs and Resource Assessment
- ✓ Share resources and services for Native Americans with Brain Injury

ACL Traumatic Brain Injury State Partnership Grant- Move to Action



ACL TBI Grant Partners Network

Administration for Community Living (ACL-DHHS)	Office of Indian Policy (OIP)
Minnesota Brain Injury Alliance (MNBIA)	Indian Health Services Bemidji (IHS)
Traumatic Brain Injury Advisory Committee (TBI-AC)	Tribal Liaison- (TL-MDH)
Brain Injury Interagency Leadership Council (BIILC)	Tribal & Urban Health Directors (TUHD)
The Disability HUB MN (HUB)	Advisory Board and Survivor Work Group
Minnesota Health Department-	Data Connect Work Group
Injury and Violence and Prevention Section (IVPS)	Underserved Population Work Group

ACL Requirement-Addressing Barriers

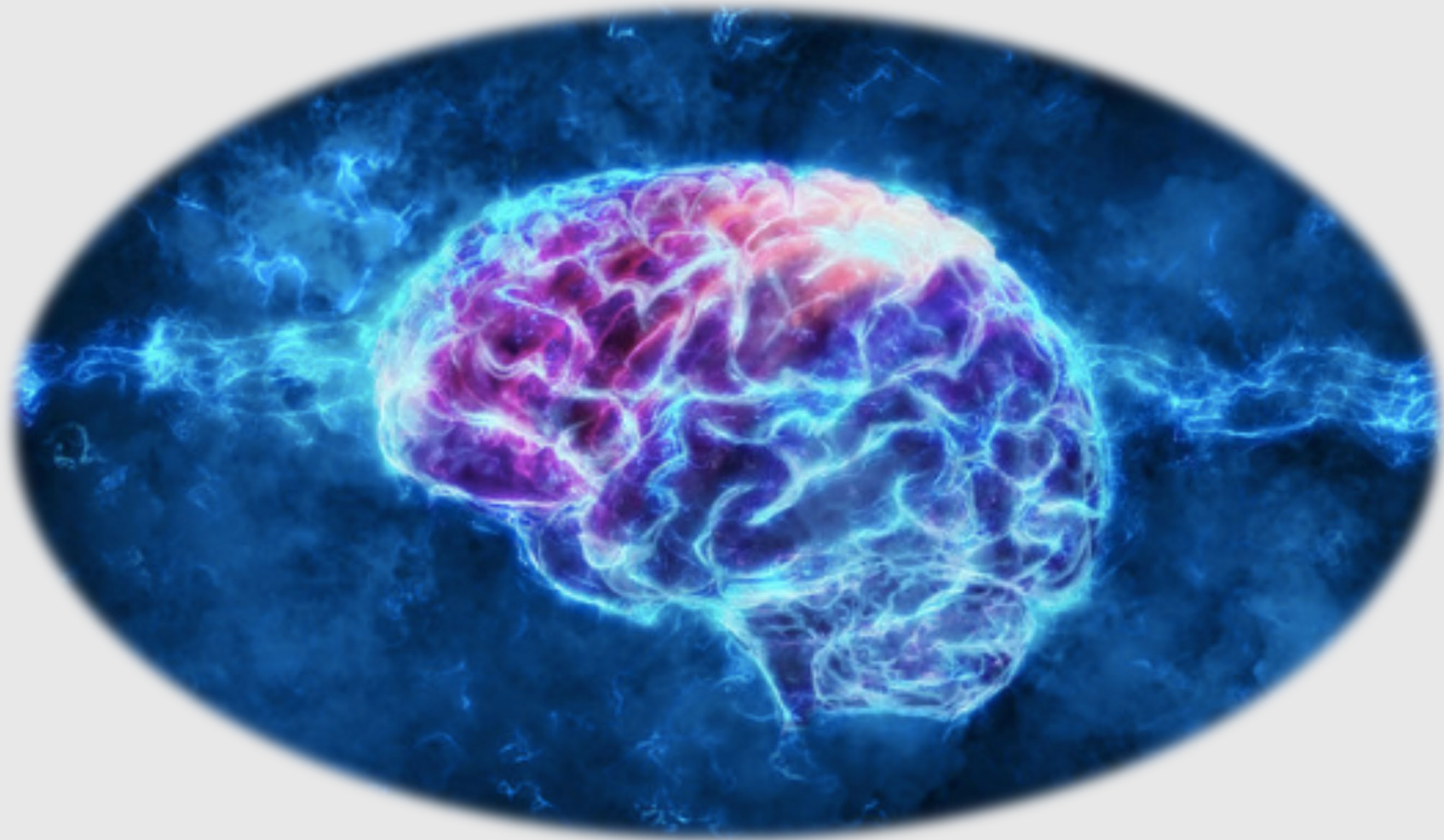
According to ACL, the states must address four barriers to needed services by:

- Providing information about TBI to families and referrals to appropriate service providers
- Facilitating access to needed services through resource facilitation and options counseling
- Screening to identify individuals with TBI
- Building a trained TBI workforce by providing professional training

Grant Objectives- Move to Action

- ✓ Expand the MN Trauma registry system to collect and analyze data that directly supports policy and services for Minnesotans with a TBI and their families
- ✓ Establish a statewide and cross-agency TBI plan including Native Americans with TBI
- ✓ Increase education and supports for Native Americans living with TBIs by creating TBI Tribal Community Action Plan that will be incorporated into the Annual TBI State Plan
- ✓ Streamline access and navigation to person centered supports resulting in informed choice

Connecting to the Brain Injury Grant Partners



Connecting to the ACL Brain Injury Grant Partners

The grant partners aim to:

- Elevate the voice of Native Americans impacted by brain injury
- Take assessment to action to make change happen
- Improve the outcomes in expanding access and navigation to services for Native Americans
- Enhance financial well-being through work and benefits counseling
- Help individuals living with the effects of brain injury connect to trained supports

Minnesota Health Department Injury and Violence and Prevention Section (IVPS)

The Minnesota Department of Health's Injury and Violence Prevention Section (IVPS) supports programs that help reduce the risk of injury and violence. Its staff includes epidemiologists, research scientists, program coordinators, prevention specialists, and administrative support.

Grant Objective: To expand the Minnesota's TBI registry (MN Trauma) system to collect and analyze data to inform policy and services on racial and ethnic minority and limited English proficient communities for Minnesotans with a TBI and their families.

Minnesota's TBI Advisory Committee (TBI-AC)

Established in 1992, the Traumatic Brain Injury Advisory Committee provides recommendations to DHS on program development and issues concerning the health and human services needs of people with traumatic brain injuries ([Minnesota Statutes, section 256B.093](#)).

Grant Objective: To establish a statewide and cross-agency plan for TBI.

Office of Indian Policy (OIP)

The Office of Indian Policy exists to provide American Indian participants who are eligible for public assistance full access to the benefits of DHS programs and will experience the unique protections and health and human services they have been guaranteed as a result of historic federal-tribal relations as well as state laws/policy.

Grant Objective: To increase education and supports for Native Americans living with TBIs by creating TBI Tribal Community Action Plan that will be incorporated into the Annual TBI State Plan.



Minnesota Brain Injury Alliance (MNBIA)

The mission of the Minnesota Brain Injury Alliance is to enhance the quality of life and bring the promise of a better tomorrow for all people affected by brain injury. It is the only statewide nonprofit dedicated to enhancing the quality of life for Minnesotans affected by brain injury

Grant Objectives:

- Increase access to person centered supports and planning resulting in informed choice by providing Resource Facilitation to bridge support from hospital to home by providing referrals for:
- Conduct 12 co-educational (MNBIA and the Disability Hub MN) sessions in the community (half with tribes)



The Disability HUB MN (HUB)

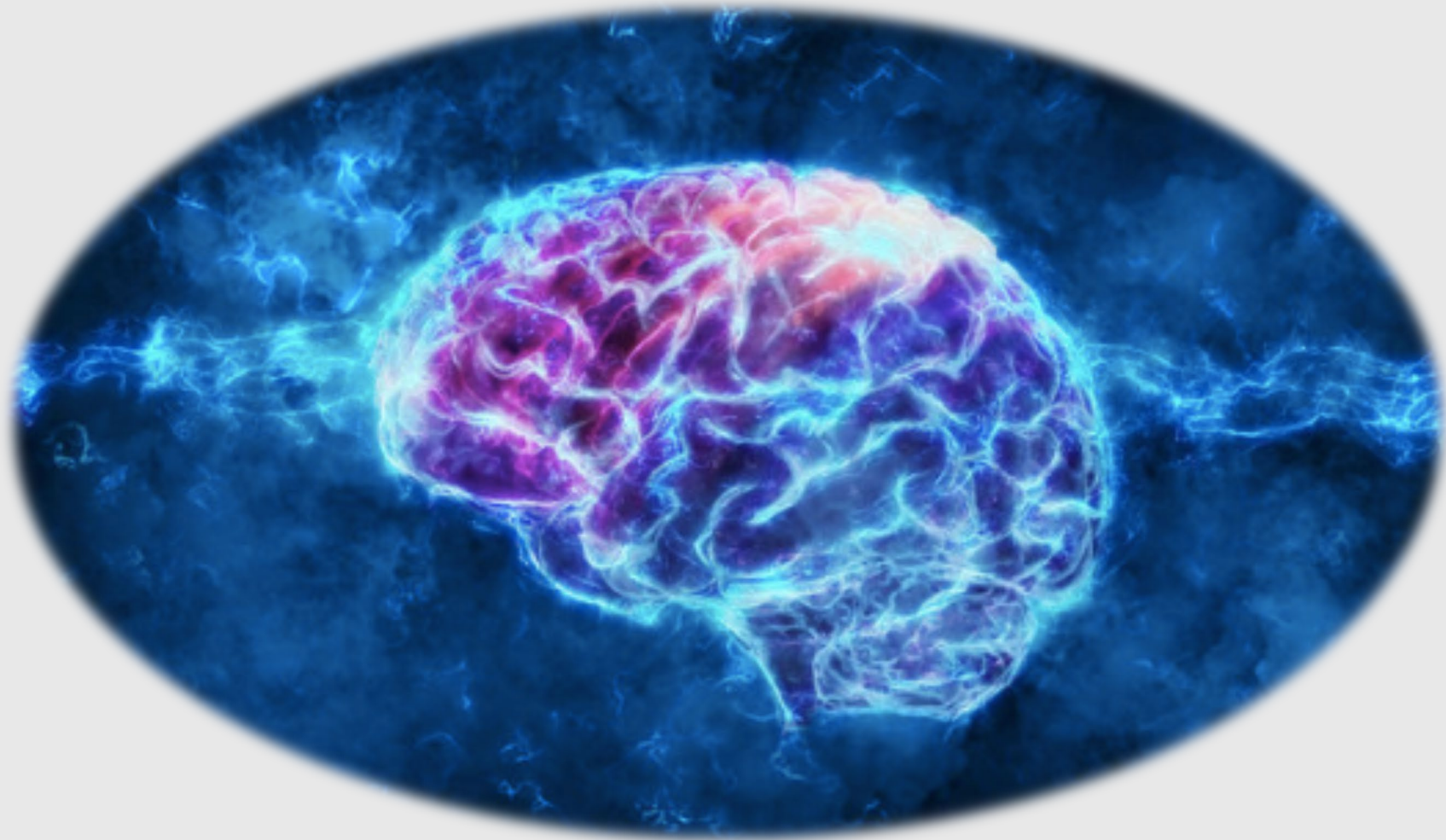
Free statewide resource network that helps people with disabilities solve problems, navigate the system and plan for their future.

Grant Objective:

- Streamline access to person centered information resulting in informed choice by providing Option Counseling and Work and Benefit Counseling.
- Conduct 12 co-educational (MN BIA and the Disability Hub MN) sessions in the community (half with tribes).

Personal Portrayal

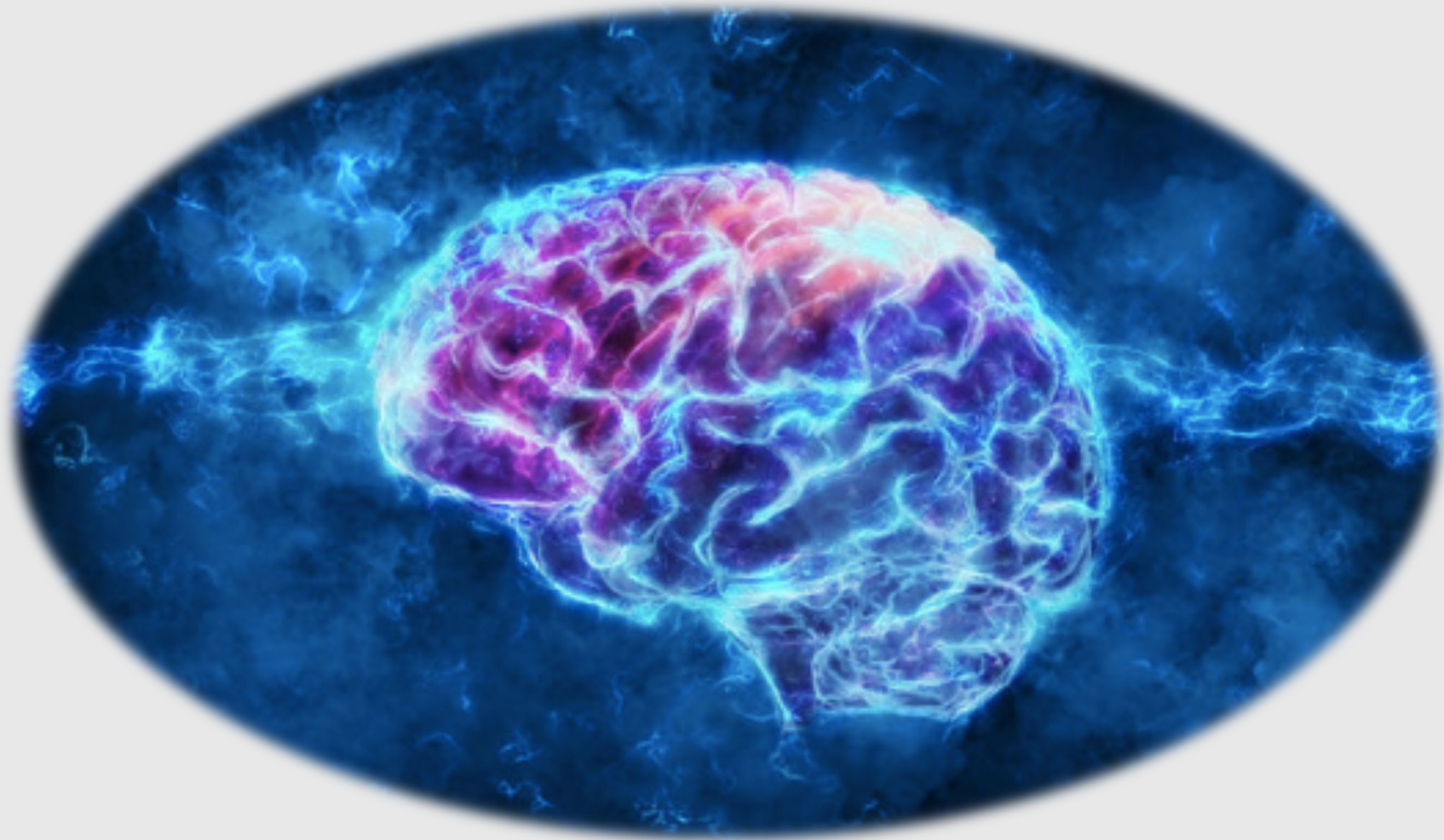
Enhancing the Voice of Minnesota Native Americans



A Personal Portrayal



Native Americans Impacted by Brain Injury A High Risk Community



Native Americans Impacted by Brain Injury

The Minnesota Department of Health (MDH) estimates that Native Americans experience non-fatal TBIs at twice the rate of their non-native peers.

This disparity has not received much attention and this grant will provide important steps in assuring the attention is focused in on this underserved population.

Native Americans Impacted by Brain Injury

“American Indians and Alaska Natives are often incorrectly classified as another race (usually White) in vital statistics, cancer registries, and other public health datasets. In the Northwest, AI/AN misclassification can range from 10-60%. Racial misclassification and other **data inaccuracies** make it difficult to measure and describe the health of tribal communities.

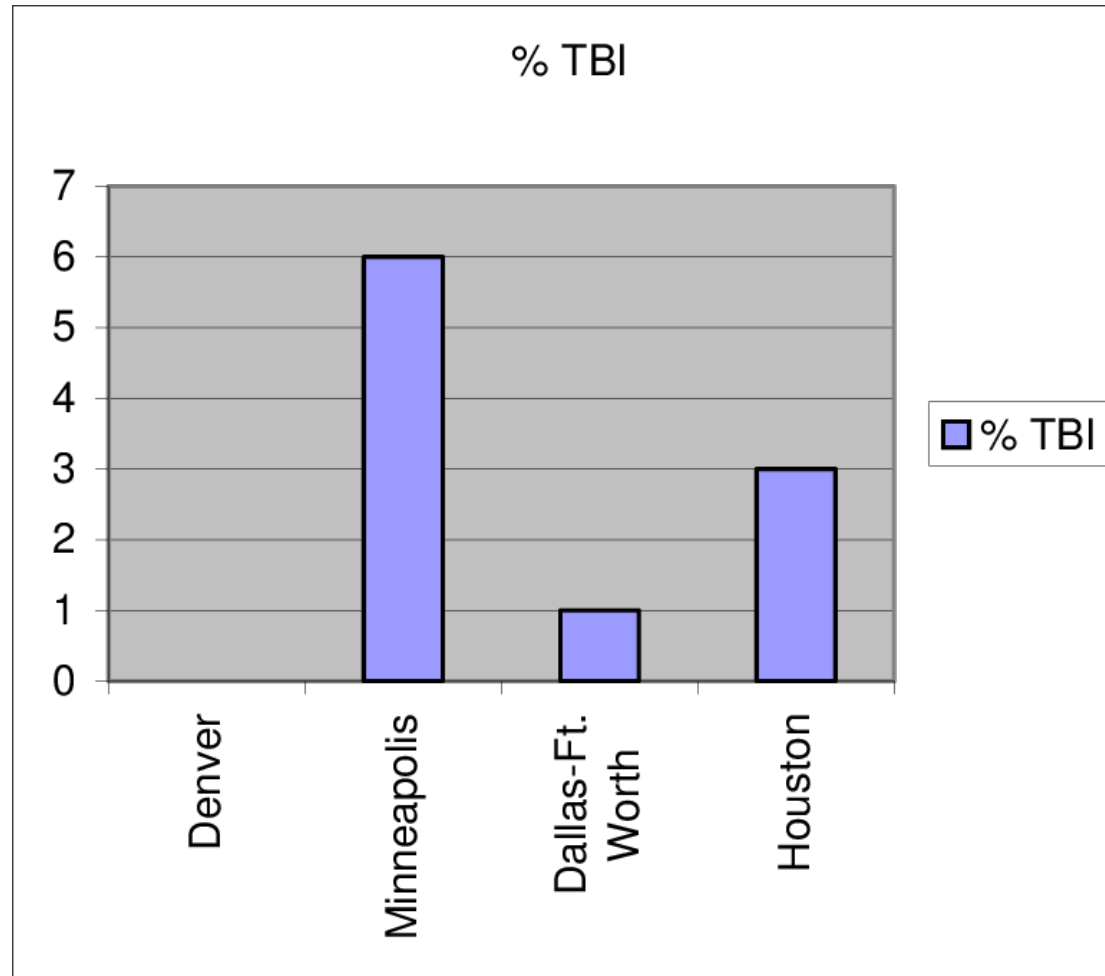
Without accurate data, tribes are limited in their ability to identify and allocate resources to the areas of greatest need.”

Northwest Portland Area Indian Health Board

Native Americans Impacted by Brain Injury

U.S. epidemiology study found that TBI-related hospital discharge rates were highest for American Indians / Alaskan Natives - 75.3 per 100,000. (Langlois, Kegler, & Butler, 2003, as cited in McCrea, 2008)

Native Americans Impacted by Brain Injury



2003 TBI Rates for [Indigenous] People Across Four Urban Areas. (Data from UIC) University of Illinois Chicago

History

MN's TBI Needs and Resource Assessment



2015 Minnesota Statewide Brain Injury Needs and Resources Assessment prepared by Wilder Research for the Minnesota Department of Human Services:

“The American Indian population is also understood to be at high risk for brain injury. Efforts were made to recruit American Indians to participate in the consumer survey as well as in one focus group designed to inquire about service gaps and needs of American Indians who have brain injuries.”

Previous Study

“Unfortunately, these efforts were not successful—only a handful of consumer survey participants identified as American Indian and we were unable to recruit appropriate participants for the focus group. The unique experiences and voices of the American Indian population are not well-represented in this report”

(Wilder Needs and Resource Assessment 2015-2016).

Key Findings

The key findings from the 2015 study that was successful:

- That professionals lack knowledge, respondents said there was a need for additional training and education for professionals
- That services were not available near them
- Lack of capacity to access service or navigate system
- There is a lack of education and understanding in the community regarding brain injuries

“The reason for collecting, analyzing, and disseminating information on injuries is to control those injuries and their effects.

Collection and analysis should not be allowed to consume resources if action does not follow.”

— *adapted from William H. Foege, Former Director, Centers for Disease Control and Prevention, 1976.*

The Plan: Native Americans Impacted by Brain Injury

Phase 1: Perform a Tribal Needs and Resource Assessment

Phase 2: Host a Summit to create a TBI Tribal Community Action Plan

Phase 3: Pilot implementation of the Action Plan

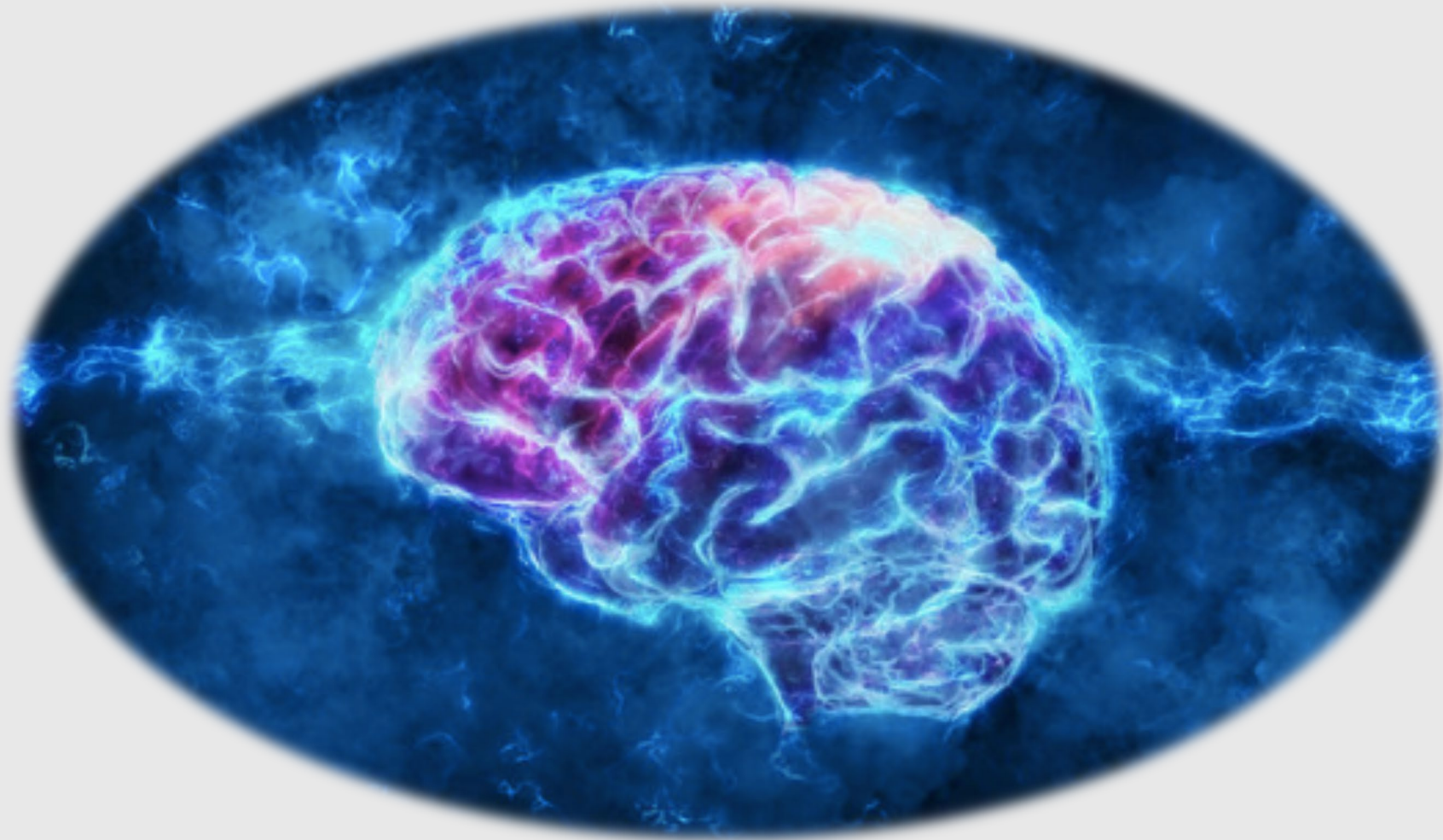
Phase 4: Review the pilot of the Action Plan

Phase 5: Pilot implementation of revised Action Plan (If necessary)

Phase 6: Incorporation of the final Tribal Community Action Plan into the State Services Plan

Discussion -The New Study

Advancing the Equity of Native Americans Impacted by the Effects of BI



Equity=eq·ui·ty

- NOUN
- the quality of being fair and impartial.
- "equity of treatment"

We are focusing on Native Americans equitable access to trained service providers, navigation assistance, quality of services available, availability of traditional healing services, community education and prevention.

Needs and Resource Assessment Components: What's worked, what's not worked?

- What Data Points Should We Address? (7 Min)
- Where are services for Native Americans with Brain Injury needed? (7 Min)
- Where Are TBI Screenings Best Incorporated? (7min)
- Who Do You Think Could Benefit from Professional TBI Training? (7 min)
- Where do you go for general information, referral, and assistance on brain injury? (7)

What data points should be addressed?

Existing data, collecting new data, data locations

- Minnesota Hospital Association
- Wilder Research's Statewide Homelessness study
- Indigenous people brain injury alliance
- Minnesota Department of Health
- DHS gaps analysis

What data points should be address ?



Minutes Remaining

Where are services for Native Americans with Brain Injury needed?

- TBI Waivered Services
- Health Information and Technology Services TBI/SCI hospital registry
- Work and Benefit Services
- Option Counseling
- Traditional Healing Services
- MNBIA Resource Facilitation
- Neuropsychological Testing

- Support Group Services
- Medical Services, Rehabilitation, Neurology
- Mental Health Services- Suicide Prevention
- Screening Services
- TBI Education
- Children's and Family services
- Domestic Violence Services

Where are services for Native Americans with Brain Injury needed?



Minutes Remaining

Where Are TBI Screenings Best Incorporated?

- Incorporate in Emergency Department Visits
- Rule 25 (Chemical Dependency Assessments)
- Mental Health case management
- Outreach to food shelves
- Opioid overdose surveillance
- Heart Clinics

Where Are TBI Screenings Best Incorporated?



Minutes Remaining

Who Do You Think Could Benefit from Professional TBI Training?

- Mental health and chemical dependency organizations
- Tribal Police
- Mandate TBI education for chemical health and mental health licensed professionals
- Support Planners- Care Coordinators, case managers, LISW, LGSW
- First responders
- My organization

Who Do You Think Could Benefit from Professional TBI Training?



Minutes Remaining

Where do/would you go for general information, referral, and assistance on brain injury?

7

6

5

4

3

2

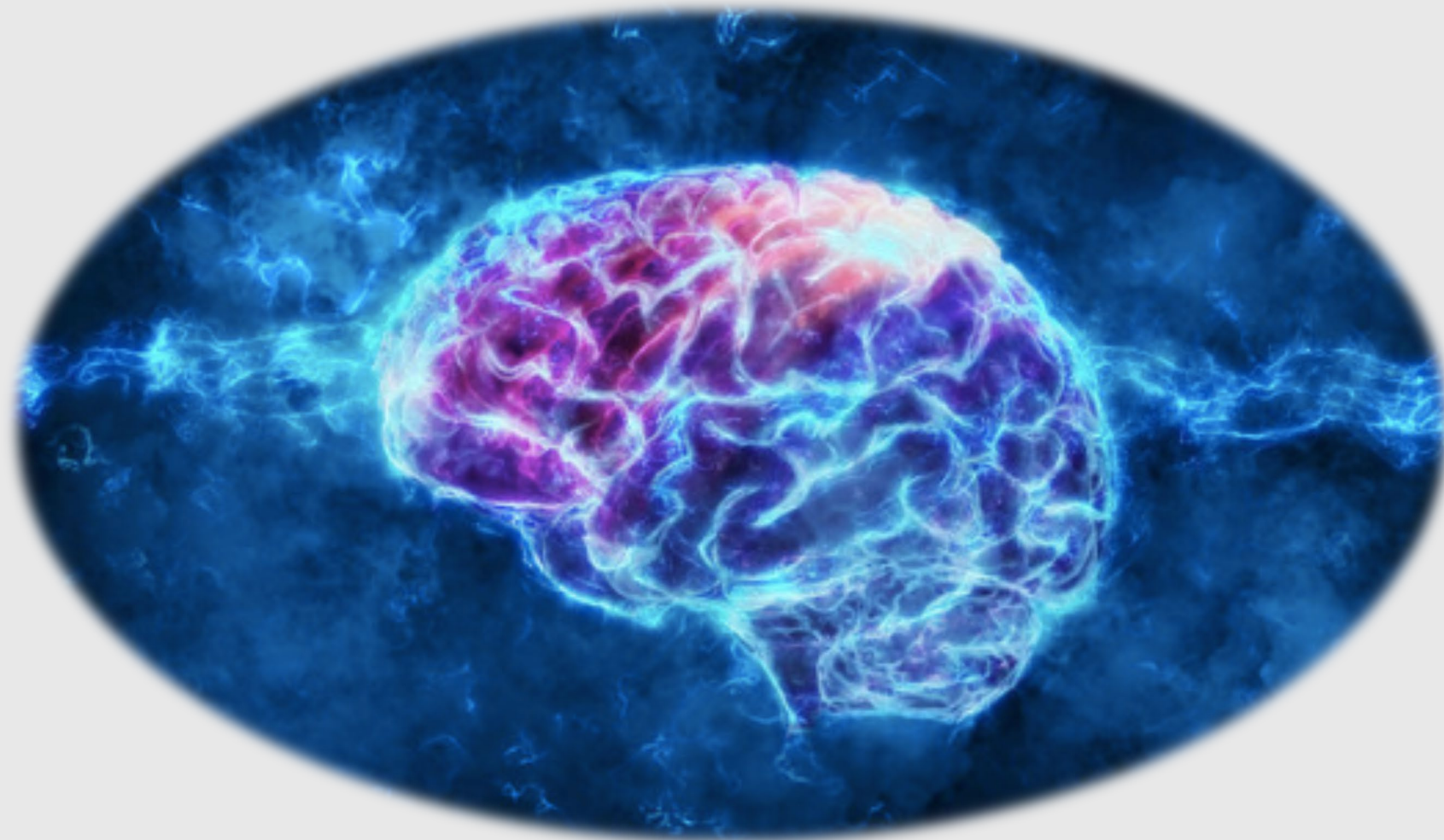
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Minutes Remaining

Where do/would you go for general information, referral, and assistance on brain injury?

- Case managers
- Health care providers
- Advocacy organization
- Family and Friends
- Minnesota Brain Injury Alliance

Work Group Discussion Group Findings



RESOURCES



<u>Traumatic Brain Injury Advisory Committee</u>	<u>Disability Hub MN</u>	<u>DHS Brain Injury Videos</u>
<u>Statute to Services for persons with Traumatic Brain Injuries</u>	<u>National Association of State Head Injury Administrators</u>	<u>Traumatic Brain Injury (TBI) State Partnership Grant Program</u>
<u>To Apply to be a Part of the TBI Advisory Committee</u>	<u>Trauma Registry with the Minnesota Department of Health</u>	<u>Minnesota Department of Health Injury and Violence Prevention Unit</u>
<u>Minnesota Department of Human Services Office on Indian Policy</u>	<u>Minnesota Brain Injury Alliance</u>	

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- **McCrea, M. A., (2008). Mild traumatic brain injury & post concussion syndrome. American Academy of Clinical Neuropsychology.**
- **Minnesota Department of Health. (2011). Minnesota Injury Data Access System (MIDAS).**

REFERENCES

- **Moss, Margaret & Bruce, Alta. (2003). Native Americans with Traumatic Brain Injury and the First National Native American Summit on TBI. TBI Rates for Indigenous People Across Four Urban Areas.**
- **Amherst Wilder Foundation Research, (2016). 2015 Minnesota Statewide Brain Injury Needs and Resources Assessment**



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For more information on this grant, to share resources, to partner, to make study suggestions, or to participate in the survey contact:

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[ACL TBI Sate Partnership Program](#)