

Memorandum

TO: Board of Directors
State Assembly Strategy & Long Term Planning Committee

FROM: Susan H. Connors, President & CEO

DATE: August 16, 2008

RE: Strategic Planning Survey Responses

BIAA conducted an online survey from July 21 to August 15, 2008, to gather input from the field as to the top five priorities to pursue during the next five years. This memo describes the respondents, survey methods and results. Select narratives are furnished to illustrate the recommendations made by participants.

Respondents

A total of 655 people completed the survey. The breakdown by respondent type and length of involvement with BIAA is as follows:

Respondent by Length of Involvement	< 2 yrs	2-5 yrs	5-15 yrs	> 15 yrs	Total
Individual with brain injury	34	47	32	23	136
Family member or unpaid caregiver	41	38	34	7	120
Clinician or rehabilitation provider	39	75	83	58	255
Other professional (attorney, educator)	10	20	22	9	61
Researcher	0	1	1	2	4
State affiliate employee or volunteer	5	18	13	9	45
BIAA employee or volunteer	3	3	3	2	11
Other	8	6	6	3	23
Totals	140	208	194	113	655

New Jersey furnished the most responses (10.4%) with strong participation from California (9.1%), Michigan (8.7%), and Massachusetts (5.1%). All other states furnished five percent or less each, except for Hawaii and Louisiana, which had no participants.

Methodology

The survey asked respondents five open-ended questions (i.e., What should be BIAA's 1st priority in the next 5 years? What should be BIAA's 2nd priority, etc.), which generated 2,131 separate narratives. Answers of up to 1,000 words were permitted; most ranged between 25 and 75 words but some contained as few as one or two words.

Each narrative was analyzed for a central theme (e.g., public policy, consumer services, organizational development) and then a subtopic within that theme (e.g., public funding, I&R, branding). Items designated as Priority 1 were assigned five points; Priority 2 got four points, and so on. Priorities were calculated for all respondents and then by respondent type and by length of involvement.

Overall Results

As shown in the table below, public policy was the highest ranking priority, earning 21.4% of all points counted. Under the public policy category, public funding received the greatest number points (n=563). In fact, this particular subtopic earned more points than several other entire categories (i.e., more than all of research, prevention, or affiliate services).

	Priority By All Respondents	Total Points	Percentage
1	Public Policy	1407	21.4%
2	Consumer Services	1314	20.0%
3	Education	916	13.9%
4	Public Awareness	874	13.3%
5	Organizational Development	524	8.0%
6	Access to Care	425	6.5%
7	Research	422	6.4%
8	Affiliate Services	375	5.7%
9	Prevention	312	4.7%

Note that the category labeled “access to care” includes insurance coverage by all types of payers; therefore, pursuing this priority could involve legislative and regulatory advocacy. However, “access to care” also includes setting standards of care and improving the number and quality of rehabilitation facilities. Thus, it was separated from the overall policy priority.

Consumer services earned second place in the priority rank with “individual and family support” as the primary subtopic. Note that some State agencies offer individual and family support programs in which flexible supports such as washing machines, wheelchair ramps, car batteries, etc. are provided based on self-determination. In the context of BIAA's survey, “individual and family support” is defined as emotional support but also includes unspecified help. Such responses were distinguished from I&R (800# calls), resource facilitation (individual assistance in navigating systems), and resource materials (printed or electronic information). Respondents who noted that providing cash assistance should be a priority were counted separately.

Similarly, education and public awareness and even some prevention narratives are somewhat overlapping. In this case, “training” is the distinguishing characteristic for education and “public” is a distinguishing factor in awareness. Correspondingly, many responses within the organizational development and state affiliate categories overlap; a focus on “state” or “affiliate” within the narrative is the determining factor.

Respondent & Length Results

Priorities differ only slightly by respondent type and by length of involvement with BIAA. Interestingly, when all responses were consolidated, organizational development garnered more total points than access to care, but when the responses were broken down, access to care often achieved a higher priority rating. (I can’t explain the reason for this phenomenon, but I checked the math three times!)

Priority by Respondent Type	Individuals	Families	Clinicians	Professionals	Affiliates	BIAA	Other
Public Policy	2	2	1	1	1	2	1
Consumer Services	1	1	4	3	5	3	4
Education	4	3	2	4	6	5	3
Public Awareness	3	4	3	2	3	4	2
Organizational Development	5	7	7	6	4	1	9
Access to Care	6	5	5	5	7	8	5
Research	7	6	8	8	8	9	7
Affiliate Services	8	9	9	6	2	6	6
Prevention	9	8	6	9	9	7	8

Priority by Length of Involvement	< 2 yrs	2-5 yrs	5-15 yrs	> 15 yrs
Public Policy	2	1	1	1
Consumer Services	1	2	5	2
Education	3	4	3	4
Public Awareness	4	3	2	3
Organizational Development	7	6	6	6
Access to Care	5	4	4	5
Research	6	7	9	9
Affiliate Services	8	9	8	7
Prevention	9	8	7	8

During the Board meeting, I will provide a summary of the findings and some additional observations and commentary based on a more in-depth analysis of the responses. In the meantime, select narratives by priority are shown on the succeeding pages.

Public Policy

Public Policy		
Public Policy - Public Funding (Research, Treatment & Long Term Care)	563	54%
Public Policy - Veterans	131	13%
Public Policy - Civil Rights	99	10%
Public Policy - Housing/Homelessness	79	8%
Public Policy - States	46	4%
Public Policy - Identification / Data Collection	33	3%
Public Policy - Long Term Care	31	3%
Public Policy - Transportation	24	2%
Public Policy - VR/Employment	24	2%
Public Policy - Prevention Laws	16	1%
	1046	100%

Funding is the most important issue. Better acknowledgement of the brain injured needs is necessary so that funding can be used in the proper format. Returning vets, rehabilitation needs, equipment, new technologies and research all must be funded more.

To have a child TBI Medicaid waiver in every state so people with a TBI can have physical therapy, speech therapy etc after they leave the hospital. Long term support where the parents income is waived.

The first priority should be veterans of Operations in Iraq and Afghanistan. You have been doing a wonderful job of advocating for those who put their lives on the line!!! Thank you!

CIVIL RIGHTS. No one has defined what accessibility and accommodation mean for people with TBI. We have so many tendrils of impairment from brain injury. We are denied access to health care, to the judicial system, to para-transit. People with TBI and their families are so little aware of their right to accommodation that they do not request it. People in places of public accommodation are so unaware that they do not grant it when they are asked. Those of us with invisible disabilities have to explain and argue through life. We should not have to in order to get the accessible seat on the train, get accommodations from para-transit, be treated with respect and dignity when we have to access health care in inaccessible environments.

TBI Medicaid Waiver in all States.

Make it law that anyone suffering TBI should get disability, no questions asked, until they are able to dissolve the need themselves.

Fight for some form of tax break for the families who take their loved ones home. We have welfare and all these benefits for illegal immigrants and people who use every excuse not to work and let the government support them yet the family member who takes care of the brain injured should be able to get some form of payment from the government and tax breaks.

Advocate for National Helmet Law

Consumer Services

Consumer Services		
Consumer Services - Individual & Family Support	269	20%
Consumer Services - I&R	161	12%
Consumer Services - Support Groups	136	10%
Consumer Services - Resource Materials	114	9%
Consumer Services – Cash assistance Treatment, LTC, DME, Home Mods, Higher Ed	110	8%
Consumer Services - VR/Employment	97	7%
Consumer Services – Socialization	90	7%
Consumer Services - Resource Facilitation	74	6%
Consumer Services - Directory	59	4%
Consumer Services - Outreach	50	4%
Consumer Services - Peer Mentoring	47	4%
Consumer Services - General or Other	40	4%
Consumer Services - In Hospital Support	29	2%
Consumer Services - Community Integration/Transition	20	2%
Consumer Services - Patient Registry	18	1%
	1314	100%

I believe that priority #1 is early and continuous support for families. With each transition new fears and concerns come forward. Families hear from so many different professionals that having a consistent partner would be a great asset. It would also help the providers who are treating the survivor. Many times we spend just as much time, if not more, with the family. Sometimes this takes away valuable time from the survivor's treatment. There have been times when treatment has been interrupted or stopped by families because they just did not know what else to do.

Give new patients/caregivers an outline or road-map showing the how to's and next steps of how to find the proper care and finances to pay for what the patient needs--so far our experience has been that the medical community that we are depending on is not providing that (even though we are at a Model System Center).

Most head injured clients receive little or no assistance with decisions unless they have a family that cares. A brochure identifying the laws that protect and govern those who work with the head injured must be developed and distributed so survivors know their rights.

Provide "case managers" who can help coordinate and "quarterback" among many doctors used for the various brain injuries issues. There isn't one doctor who gathers and correlates the testing and results of doctor assessments across the various fields. The caregiver and the survivor end up being case managers, yet they may not have the medical background.

It is hard to apply for social security when you have to make a sworn statement that there are no mistakes in your application that the caregiver is filling out. Consideration should be taken for the injury and help should be provided in the application process.

The BIAA should be the premier clearinghouse of information for survivors and caregivers, making a greater effort than I can see so far to connect every survivor and caregiver with one another.

Have personal connections to individuals in need of support. This may include family, friends, survivors, etc. The BIAA is viewed as the 'know all' link to information, and therefore should be a hub for support. Not just an internet connection or email connection.

Helping family members of people with brain injuries form their own self help networks, including internet support groups.

Promoting and assisting more support groups.

Developing a Peer to Peer support for individuals with ABI/TBI

Social gatherings for young adults. There is nothing for survivors between the ages of 17 - 25. They are either for very young or much older.

Respite. After 2.5 years of going through it all, I'm really, really tired of being constantly responsible for everything. There is no corner where one can escape the constant stress -- worries about your TBler's health, recovery, mental condition, worries about finances, worries about life in general and what the future holds.

Parents should receive free information to find out if their child is being taught in a manner that is best suited for him/her to learn and be able to remember. Are there learning techniques available for children that parents are not aware of and/or that the public education system is not aware of? As Parents we need a list of questions to ask and we need to know what types of learning strategies are available for our children with special needs. What type of education is our brain injured child receiving and is it best suited to teach them or is there something better that should be made available?

Provide alternative work for persons with brain injury in the community.

Help brain injured persons get back into their community as productive citizens. They need hands on support and they are not getting it.

Community Housing (with variable supervision) for persons with brain injury.

Helping those with brain injuries get the services they need to keep them safe. Prevent living on the street or jail.

Increase number of long term facilities available to families.

We need to reach out to the caregivers and family members to help them. You are doing it, yet, we need to find something to help them cope.

Give people hope.

Education

Education		
Education - Providers	165	18%
Education - General or Other	146	17%
Education - Primary Care & Allied Health	135	15%
Education - Consumer/Survivor Conferences	119	13%
Education - Caregivers	96	10%
Education - All Populations	61	7%
Education - Teachers/Schools	57	6%
Education - AACBIS	50	5%
Education - Professional	47	5%
Education - Online	40	4%
	916	100%

Education - there are very few meetings anymore where therapists come together and share new techniques and strategies

Increase lectures/conferences to educate clinicians on recent research/treatment techniques

Diploma in cognitive rehabilitation to be considered

One of the most damaging situations I see is when a person with a TBI is seen by a Doc that does not have any depth of experience with TBI or diffuse axonal injury. The standards applied in diagnosing situations and remedies therefore simply do not correctly identify the situation for this patient. It is common for a TBI patient to be referred to and assessed by a psychologist or psychiatrist, rather than by a neuro-psychiatrist. When a behavioral component is being addressed, standard practices are deficient in providing assessment and treatment. As you are well aware, a TBI victim can present well. I've heard many horror stories about families being told that their loved one is fine, or that they need to take their concerns to a marital therapist. This is not my personal story, we have been very fortunate in locating qualified care.

Educate doctors (all fields) and employers to be aware of brain injury and what direction they need to take in helping. The reason I mention employers is because our son was forced to resign his job and was not give a probation time to understand that his work problem was brain related.

Educate general medical physicians and ER physicians about the signs/symptoms of "mild" TBI. Patients with mild TBI are still sent home from the ER without tests or follow up with their regular MD's. Patients then struggle to resume their normal activities/work. They often do not know to ask their MD's for therapy services to assist with deficits. General practitioners often do not know how to probe the patient for potential problems related to TBI.

After a bicycle accident where my son broke his upper jaw, no one from social services or discharge planning contacted me during the week I visited him in the hospital every day. He was released unexpectedly with only a prescription list and a note to make follow up appointments with his 2 surgeons. I found out he had a brain injury 7 months later.

Teach BI survivors practical, useful, concrete day-to-day useful tools and techniques to maximize quality of life.

I'd like to see some training on budgets, credit restoration, financials, etc. for survivors and families.

Possibly funding or assisting in coordinating regional caregiver's conferences in individual states. Have heard very positive comments for the National Conference.

More educational opportunities (in-services) to teachers about head injuries and learning differences

Placing an emphasis on the AACBIS certification program. Perhaps BIAA would entertain offering regional conferences to make it more affordable and accessible. Each State participating in a Regional conference would agree to assume the responsibility for specific tasks and to underwrite or find sponsors to provide funding. Much of the work could be done via conference calls and you could potentially reach more people and recruit an impressive speaker pool.

Management of AACBIS certification program and continued growth and improvement, ex. additional levels of certification, offering of specialized CEU's beyond the one hour teleconferences - making sure all AACBIS certificants are up-to-date on the state of the art practices on all pertinent BI topics.

The BIA has been dedicated and successful in the area of educating specific state agencies who provide services to people with BIA - DVR and DDD. This remains of critical importance to people with brain injury - their families who are accessing these services and finally to the provider agencies who receive referrals from these state agencies. I would propose continued training - not only in the areas of brain injury and its effects, but how these agencies can make more accommodations and more appropriate referrals and followup to community agencies. The state systems in place are not up to date or proactive in coordinating with the community. Their systems need some revision and I think that the BIA can be invaluable in this area.

Getting law enforcement to understand that just because a person has balance problems, or slurred speech, or eye tracking difficulty, or slower mental processing, does not mean they are drunk or high and when they say they have a brain injury they should be believed!

Public Awareness

Public Awareness		
Public Awareness - General or Other	752	86%
Public Awareness - Spokesperson	43	5%
Public Awareness - Stigma	34	4%
Public Awareness - Mild	15	2%
Public Awareness - Children	10	1%
Public Awareness - Employers	10	1%
Public Awareness - Hope	10	1%
	874	100%

PUBLIC AWARENESS--Health issues that receive the most consideration for the public dollar and policies to support research and treatment are those that people know about. A prime example is breast cancer. Those of us in the acquired brain injury community are a silent group by comparison. Bob Woodruff has made some impact primarily related to combat. TBI related to car accidents, violence, sports injuries and falls don't even hit the radar screen. The public does not connect the dots with stroke and BI acquired through tumor treatment.

More PSA's to raise awareness outside of Iraq. It is great that the vets are bringing awareness, but people don't understand that a stroke, fall, concussion, etc. are BIs too and can be just as devastating. As an employee of a small non-profit, we need the support of the larger national organization to raise awareness. I think it's sad that people hear from small non-profits about these things before they hear anything from the national association. I've not seen one advertisement on TV, newspaper, or any other media talking about a fundraiser or prevention. You should be advertising during contact sporting events, national news, discovery channel, car shows, etc.

Public awareness! A comprehensive integrated communications campaign focusing on all media, especially in major media markets. Use all available formats of media including broadcast, radio, print, internet and social media, Ad Council PSA's, Billboards, pamphlets, mailings, commercials, license plates, bumper stickers, etc. The silent epidemic continues to be mute. Find sponsors in private sector - like drug companies, providers, and manufacturers and then let's make some noise.

To utilize its own internal resources. I just read an article in your newsletter indicating how many congress persons support the BIAA and it was even state specific. Do we invite them to speak at our conferences, their families or even the clerk from their office just to represent their interests? Do we highlight them or profile them to our members so that if they do not have computers or know how to use one, they can at least still be informed with even a picture? Use what we have and we have soooo much. We have NASCAR drivers, politicians, doctors, nurses, etc. So many have been affected by the outcomes of brain injury. Allow the voices to speak. They are there. We have universities and hospitals all have rehab, PM&R etc. Can there not be a sort of CDC for TBI? Just thoughts.

You need to get a spokesperson who is well known, who would have a passion for getting the message across. That is why the heart association and cancer society do as well as they do.

If BIAA is to observe Brain Injury Awareness Month in March, it needs to get the topic of focus and the materials prepared and available at least 90 days in advance, and preferably 120 days in advance. Please understand the materials BIAA has prepared have been quite good; however, it has been very frustrating to try to work with the media and obtain any support from sponsors when you cannot provide them with any information on the topic, etc.

Distribute information in every emergency room, dr.'s offices, hospital waiting rooms & cafeterias, plastic surgeon's offices, dentist's offices, patient lounges, etc.

Organizational Development

Organizational Development		
Organizational Development - Fundraising	136	26%
Organizational Development - Website	93	18%
Organizational Development - General or Other	88	15%
Organizational Development - Collaboration	71	14%
Organizational Development - BIAA Marketing/Branding/Positioning	67	13%
Organizational Development - Provider Council	40	8%
Organizational Development - Survivor Inclusion	15	3%
Organizational Development - Unify Constituencies	14	3%
	524	100%

Improve BIAA's Financial Situation. Evaluate cost and profitability in all service areas by more than increasing revenues or blindly slashing expenditures; rather, understanding which services are valuable (and profitable); eliminating non-value activities to reduce costs; centering on the things BIAA does best and are most helpful and needed by its constituents. Identifying individuals, organizations or companies who might be tapped to offer a financial boost to BIAA and working to bring them on-board to assist BIAA with monetary donations and long-term support.

Grant funding to continue the great work that is being done at BIAA. BIAA needs to get more sponsors that are outside the field of rehabilitation to pay for some of the services that are being offered.

Broader and greater use of the BIAA Board of Directors to assist with identification of individuals, agencies and organizations who might give immediate and long-term financial support to BIAA (using their expertise and communication avenues in the identification process).

Develop a website w/ detailed information on treatment options for brain injury survivors. Update this on a regular basis. Include hard statistics on success of the different treatment options. Include detail on the so called "new age" approach. Possibly include inspirational case histories on brain injury survivors w/ academic, professional and/or athletic success.

Be positioned as the first organization that comes to mind when discussing brain injury and as a logical and valued partner with anything brain related; updated mission, vision, logo, strategic plan; collaboration with a wider range of partners; collection and dissemination of data.

To increase marketing reach so more people are informed. The Stroke Assoc, associated with AHA, has FAR greater reach. Most people don't even know BIAA exists!

Be visible at conferences and special events, fundraisers, etc...

Partnering with well respected and well recognized organizations to promote the mission and utilize other groups' capacity and clout.

Empowering people with brain injuries -- not families, not professionals, not attorneys. The best way to show how successful people with brain injuries can be is to let them be it. Half of the board and half of the staff should have a personal experience.

We need one concerted effort and that is not happening today. Too many side groups trying to move forward their agendas. Let's get united as a brain injury community. Power is in numbers.

Access to Care

Access to Care		
Access to Care - Insurance Coverage	250	59%
Access to Care - # and quality of facilities	57	13%
Access to Care - Standards of Care	51	12%
Access to Care - National Catastrophic Fund	22	5%
Access to Care - Outcomes Data	19	4%
Access to Care - Public/Private Cooperation	12	3%
Access to Care - Long Term	11	3%
Access to Care - General or Other	3	1%
	425	100%

Enabling people who have suffered a TBI to get rehab and medical treatment by mandating insurance coverage-private, as well as Medicare and Medicaid. Insurance companies provide unrealistic coverage. After our experience, I feel that they are similar to organized crime.

Promoting a national program for catastrophic injury insurance coverage that will achieve greater parity in brain injury services in all states.

Begin a dialogue about the potential value of a national no fault auto mandate to lessen the private sector's push to "privatize profit and socialize loss" in the arena of auto insurance. Auto related injury is still the #1 cause of TBI and yet insurance companies are allowed to write policies that are so limited in their PI coverage as to be useless in the face of catastrophic injury. People are pushed into public funding arena and an already taxed system is pushed ever closer to the brink.

Provider's council to work on issues that are affecting the field of TBI, such as Medicare reimbursement, cognitive rehabilitation not being reimbursed in some states, lobbying, etc.

Foster evidenced based practice and establish clinical practice guidelines based on the evidence for PT/OT/ST working with patients with BI

Integrate the different disciplines involved for a use of a common language, jargon and cooperative research. Victims are lost in taxonomies. Health care professionals use different terms to describe the same problem. Insurance agencies code the diagnoses in 'mindless' computers and patients are mostly frustrated for not receiving treatment as computers reject treatments for 'different' diagnostic codes.

Identification of best practices in rehabilitation based on national database

BIAA should develop a clear set of guidelines for health care providers and easy to follow guides for laypersons in English, Spanish, Japanese and possibly other languages.

What about infants with brain injuries? Where is the help for babies? Our son received a brain injury during birth and we were told that he would be fine. It took us 5 years before a Dr. related his problems back to the brain injury. Why isn't there some type of rehab even for very young children?

Focus on LTC facilities. Are they properly equipped for LTC of TBI Pts? Do they have consistent support groups for members/families? Are activities adequate? Are therapies adequate? Do CNA's have the proper training/s?

Ethics, of providers - standardization of costs and services

Affiliate Services

Affiliate Services

Affiliate Services - Organizational Development/Strategic Planning	101	27%
Affiliate Services - Branding	60	16%
Affiliate Services - Fundraising	58	15%
Affiliate Services - Public Policy	47	13%
Affiliate Services - General or Other	42	12%
Affiliate Services - Networking	30	8%
Affiliate Services - Program Development (AACBIS, I&R, Membership, Respite, Vets)	24	6%
Affiliate Services - Board Development	13	3%
	375	100%

CREATE LEADERSHIP! A good leader, or group of leaders, who can join the state affiliates together despite differences! It's not easy, but ultimately BIAA is the ONLY one who can do this. Therefore they must! Many of the 13 original colonies did not want to join the Union. Powerful leadership can join the most independent minds into a team. This priority like all the rest go back to one singular goal: do a better job of fulfilling the mission and help more people!

Help states without BIAs to start establishing them, so that all brain injury people have access to support systems. We live in a very rural part of ND and after we left the hospital in MN, we have had very little support. We have no brain injury support groups for ourselves or our daughter. We do not know where to turn for help - what would be appropriate for Hannah, what is available for us as caregivers, etc.

Establish a BIAA in Alaska.

To establish a single "branded" identity, nationally recognizable and adopted by each state affiliate without dissent.

Present BIA as one face to the public. Why is BIAA website so separate from the state affiliates? I would predict that the public sees a group of similarly minded organizations that operate independently.

National Platform. I would like to see National priorities that affiliates can plug in to. To me, this would take the form of marketing and branding efforts. Orchestrating and demonstrating a clear media message that could expand to affiliates. Creating partners that affiliates can plug into as well. Member benefits would also fall into this category. We need to examine what we offer affiliate membership and BIAA could help affiliates find ways to enhance member benefits.

Preserving Michigan's Auto No Fault

Help to establish more "homes" within Pennsylvania to handle people with head injuries.

The first priority is for BIAA to get the Judiciary Committee to change the guardianship laws of New York, where a happily married couple for over 20 years with no prior domestic disturbance etc. because they have no POA is given one. If the spouse has the support of the entire family and they prove that their brain injured loved one is well taken care of like my husband the guardianship courts should back off.

Research

	Research		
Research - General or Other	195	47%	
Research - Translational	88	21%	
Research - Cure	28	7%	
Research - Agenda Setting	23	5%	
Research - Dissemination	23	5%	
Research - Make Grants	21	5%	
Research - Acute	18	4%	
Research - Pharmaceuticals	14	3%	
Research - Basic / Bench Science	12	3%	
	422	100%	

Initiate, request and support research.

Expansion of Long-term TBI Rehabilitation Research In the present system of care, controlled research must be completed showing that specific medical and rehabilitation services promote recovery in a cost-efficient manner before funding is available to support medical and rehabilitation service (Cope, Mayer, & Cervelli, 2005). However, due to multiple factors, research toward long-term TBI rehabilitation is limited. At a basic fundamental level the brain is the most complex organ in the human system and plays a role in nearly every human function. The dynamic functions of an individual's brain injury are often interrelated making definitive research difficult to accomplish. Ethical and practical issues make classic double-blind, randomized control studies difficult to implement for individuals with TBI (Malec & Basford, 1996). When one also considers that awareness and focus on TBI long-term rehabilitation needs in medical practice is in its early development in comparison to other medical and rehabilitation conditions, availability of quality research is limited especially in regards to long-term rehabilitation service and needs (Gordon et al., 2006). Without researched evidence-based practice, funding to support comprehensive continuum of care for individuals with TBI is limited (Cope, Mayer, & Cervelli, 2005); therefore, research examining efficacy and intuitive expansions of rehabilitative interventions is one of the greatest needs in the present system of care. If research were to expand addressing piece by piece the multiple complex aspects of the brain and relative TBI rehabilitation, a domino effect of service, funding, and improved rehabilitation would likely follow. As specific rehabilitative services are adapted and proven to be effective for a specific population of TBI and specific TBI needs, evidence based practice and guidelines could be implemented. With proven evidence based practice and rehabilitation guidelines implementing efficacious service, more funding would likely be demanded from both the private and public spectrum to address these proven valuable services. In the process of growth in funding and available service, guidelines could continue to be researched and evaluated and the knowledge base of TBI rehabilitation would continue to grow. TBI rehabilitation service as a whole would become more comprehensive addressing rehabilitation needs throughout the continuum of care. In conclusion, research is a beginning step to show that long-term rehabilitation exist and, thereby, a beginning step toward implementation of efficacious long-term rehabilitation into practice.

Research trials so people with brain injuries can start getting some more relief. We need to know that when a doctor says "this is the best you will be" that everyone is different and improvement can happen all through our lives. We do not need to give up.

Research on the cooling of the brain directly following a brain injury to prevent damage caused by swelling.

Find a Cure!

Prevention

	Prevention		
Prevention - General or Other		257	83%
Prevention - Sports & Concussion		22	7%
Prevention - Helmet/Equip Distribution		20	6%
Prevention - Children		13	4%
		312	100%

I have never been told that if I didn't wear a seatbelt or helmet that I might get a brain injury. The police are saying across the nation "click it or ticket." Ticket sounds so survivable. If people could really see the adverse affects first hand, then there would be no arguments. Maybe work with the ticket ads to show how desirable a ticket may be.

The BIAA should consider how to eliminate or reduce the injuries to the brain caused while children are playing junior athletics. I saw were you had the seminar on concussions in children's sports. You had many doctors that told stories of the serious problems being caused in children's sports. You even had a rep. from the CDC show evidence that this problem is now considered an epidemic. Yet I see no real action taken on this front and feel that many of these brain injuries could be prevented if the children wore some type of head protection during the playing of their activities.