

Meeting Summary

Division: Public Health

Meeting Topic: Brain Injury Advisory Committee Brain Injury State Plan Development

Facilitator: Maggie Ferguson, Ellen Maahs, Gabby Tufts

Date: 10/20/2025

Time: 12:30 – 2:30 pm

Location: Zoom

Meeting Objectives

Review brain injury data and determine the focus areas for the next State Plan for Brain Injury. Reference document: [2021-2026 State Plan](#)

Meeting Participants

Community Voices Members	Organizational Representative Members	Iowa HHS Brain Injury Program Staff
Tia Clark ✓	Marsha Burrigh	Maggie Ferguson ✓
Brenda Easter ✓	Catherine Johnson	Jim Pender ✓
Andrea Gomez	June Klein-Bacon ✓	Toby Yak ✓
Eric Lietsch	Brooke Lovelace	
Ashley Smith	Krys Purscell ✓	
Jim Torner ✓	Margot McComas	
Jordan True	LeAnn Moskowitz	
	Laura Leise ✓	
	Angela VanPelt	
	Melissa Walker	

Others in attendance:

Gabby Tufts (Iowa HHS), Ellen Maahs (Iowa HHS)

Agenda Topic and Items

1. Overview of Current State Plan

- The plan is required by the Traumatic Brain Injury (TBI) Grant, is structured around four focus areas, and guides the work of the Brain

Injury Advisory Committee as well as the Iowa HHS Brain Injury Program.

2. Iowa Brain Injury Data Overview

- 2023 Traumatic Brain Injury (TBI) Incidence
 - Iowa reported 697 TBI-related deaths, 6,821 emergency department visits, and 1,068 hospitalizations. These figures exclude non-traumatic brain injuries and cases not treated in hospitals.
 - Falls are the most common cause of TBI, though firearms and suicide are more often associated with fatalities.
 - A significant number of individuals report their first severe brain injury during key developmental years (ages 7–18).
 - Data indicates a strong association between severe brain injury and mental health challenges, including frequent distress and depressive disorders.
 - Potential links were noted between early brain injuries and substance misuse.
- Community Input
 - Feedback from listening sessions and surveys identified both strengths and areas for improvement in services and outreach.
 - Concerns were raised about how education and awareness efforts may unintentionally contribute to stigma.
 - The group discussed the importance of messaging that is both validating and non-stigmatizing.

3. State Plan Development Discussion

- Reflections on the Current Plan
 - The plan covers 2021–2026 and includes strategies that address current needs. Some areas may require updates based on recent data and community feedback.

- There is a need for improved tracking of progress and clearer reporting on implementation status.
- Opportunities exist to engage additional partners across sectors, including education, criminal justice, and other HHS divisions.
- Key Data and Trends
 - The group emphasized the importance of aligning the plan with available resources, noting limitations in funding and capacity.
 - Substance misuse emerged as a recurring theme, affecting both individuals with brain injuries and their caregivers.
 - Suggestions were made to simplify educational materials and make them more accessible to the public.
 - Concerns were raised about the underreporting of mild TBIs and non-traumatic brain injuries.
- Service Gaps
 - Major gaps include long waiting lists, caregiver shortages, and limited access to diagnostic tools such as neuropsychological assessments.
 - Pediatric concussion baseline testing is not easily accessible for working families, prompting discussion about alternative delivery models, such as school-based services.
- Encouraging Aspects
 - The existence of a formal plan provides structure and visibility to the work being done.
 - Progress has been made in building partnerships and identifying prevention opportunities, particularly for youth ages 15–18.
- Challenges and Unfinished Work
 - Several goals in the current plan are still in early stages or require further development.
 - There is a need for more targeted resources for youth athletes and better support for families navigating TBI-related challenges.

- The group discussed ways to empower individuals, especially teens, to advocate for themselves and access appropriate resources.
- Focus Areas Review
 - The four existing focus areas remain relevant, though some overlap was noted.
 - The group considered whether screening and assessment should be elevated as a distinct focus or integrated into existing areas.
 - There was general agreement to retain all four focus areas for now, with flexibility to revisit this structure during the plan development process.

4. Next steps:

- A status report on plan implementation will be developed to support ongoing evaluation.
- The committee will continue to explore data trends, service gaps, and educational strategies.
- Focus areas will be reassessed as needed during the next phase of planning.

No public comment was received.

The next meeting is November 6, 2025 from 11am – 1pm.

For inquiries about this meeting, please email brain.injury@hhs.iowa.gov