

Meeting Summary

Division: Public Health

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

Date: 12/12/2025

Time: 10:30 AM – 12:30 PM

Location: Zoom

Meeting Objectives

Finalize Focus Areas 2 and 3 through review of goals and tactics.

Reference document: [2021-2026 State Plan](#)

Meeting Participants

Community Voices Members	Organizational Representative Members	Iowa HHS Brain Injury Program Staff
Tia Clark	Marsha Burright	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/Rebekah Traver	
	Laura Leise ✓	
	Angela VanPelt	
	Melissa Walker	

Others in attendance:

Gabby Tufts (Iowa HHS)

Ellen Maahs (Iowa HHS)

Meeting Summary

1. Review priority area purpose, relevant data and structure being utilized.

Facilitators Ellen Maahs and Gabby Tufts provided an overview of progress made in previous meetings.

2. Discussion

The focus of the meeting was continued review of the tactics in order to Finalize Focus Area 2: Service Systems. The discussion began where the prior meeting's discussion ended.

Goal 4: Develop a well-trained and culturally competent workforce to serve and support individuals with brain injury.

Tactic 1: Update the online brain injury training module for direct service professionals for use with new hires and, electively, existing staff.

- The module update is currently in progress and expected to be completed by early 2026.

Decision: Remove – as the work is already underway and nearing completion.

Tactic 2: Create additional brain injury training modules for case managers, care coordinators, utilization managers, and LTSS planners for use by Medicaid managed care organizations and other service providers.

- Progress has been made, including in-person training and development of infographics to support brain injury-informed practices.
- Emphasis was placed on meeting organizations where they are, with a focus on sustainability, screening, and person-centered planning.

- The group recommended broadening the language to reflect flexibility and accessibility.

Decision: Discontinue Tactic 2 as currently written and replace with: “Expand accessible, flexible training opportunities that meet staff where they are, strengthening their person-centered planning skills and overall workforce capacity.”

The group discussed the need to continue to collaborate with various state agencies and other partners to create brain injury informed systems. The need for an additional tactic to support this need was developed.

Decision: Add new Tactic to Goal 4: Explore opportunities to connect with various systems on a regular basis to better understand their workforce needs.

- A current landscape analysis is underway in partnership with the Department of Corrections.

Focus Area 3: Prevention.

Goal 5: Reduce preventable brain injury through implementation of sustainable, structural changes in Iowa.

- The committee discussed current efforts in fall prevention, traffic safety, and Adverse Childhood Experiences (ACEs), noting that falls and traffic-related incidents remain leading causes of brain injury in Iowa.
- Opportunities were identified to support injury prevention through policy briefs and collaboration with the Iowa Trauma System Advisory Council.
- Electric bikes and scooters were highlighted as emerging risk areas, particularly for young people.
- The group emphasized the importance of integrating social determinants of health (SDOH) and aligning with broader public health initiatives, including partnerships with other divisions within Iowa HHS.

Decision: Update goal language to “Reduce preventable brain injury through implementation of evidence-based practices and guidelines”.

Goal 5 Tactic discussions:

Tactic 5.1: Engage with Iowa Injury and Violence Prevention (IVP) Advisory Committee to recognize opportunities for prevention-focused collaboration and identify at least three IVP groups that align with the prevention priorities of the state plan.

- There are many groups that have a prevention focus this committee could partner with. Uncertain the future of the IVP Advisory Committee as it has been inactive.

Decision: Update Tactic to “Recognize opportunities for prevention focused collaboration and identify groups that align with the prevention priorities of the state plan.”

Tactic 5.2: Develop at least one plan or initiative related to prevention of brain injury in collaboration with other IVP groups.

- Participants were unsure if this work was completed.
- There is limited control over this tactic.

Decision: Discontinue Tactic 5.2.

Tactic 5.3: Assess the data reporting system for brain injury statistics (surveillance)

- Trauma System and the Behavioral Risk Factor Surveillance System data are currently used for surveillance.

Decision: Update to “Utilize data reporting systems to make data-informed decisions, including identification of priority populations”.

Tactic 5.4: Implement at least one shared strategy demonstrating measurable outcomes for prevention of ABI

Decision: Remove, Tactic 5.4 as it is redundant.

Committee discussed additional tactics for consideration under Goal 5:

- Develop policy briefs based on the most recent evidence.
- Add tactic on prevention of repeat brain injury. (*Language to be refined.*)

Goal 6: Increase utilization of best practices for concussion prevention and management.

Tactic 6.1: Develop a data report on concussion and other traumatic brain injuries (TBIs).

- It is challenging to find good concussion data. Brain Injury Program will start developing reports based on TACT data.
- Iowa Youth Survey (IYS) and Youth Risk Behavior Survey data have been used in the past, but Iowa is no longer participating in the latter survey. There may be opportunity to receive data from IYS in the future.
- This can become an activity under another tactic once data is available.

Decision: Remove Tactic 6.1.

Tactic 6.2: Develop recommendations for concussion surveillance in Iowa.

- Past pilot with athletic trainers had minimal participation due to link with incentives.
- TACT and IYS are likely best sources of concussion data in the future.

Decision: Broaden this tactic to “Identify opportunities to improve concussion surveillance in Iowa.”

Tactic 6.3: Implement local and statewide training on screening, identification and referral to reduce long term consequences of brain injury.



- This tactic may fit better under a different goal.

Decision: Remove Tactic 6.3.

Tactic 6.4: Expand utilization of Teacher Acute Concussion Tool by school personnel.

- Iowa currently has a subscription to TACT.
- There was discussion about being too specific by naming a particular tool.

Decision: Keep Tactic 6.4 as is.

Tactic 6.5: Expand athletic trainer reporting for youth sports concussions.

- There was discussion about expanded this to cover other settings such as club sport.

Decision: Tabled for future discussion.

The committee discussed whether tactics in Goal 6 were too focused on youth, and if there is opportunity to expand to include adults and other settings other than school sport-related concussion.

3. Public Comment:

No public comment was received.

Next meeting: January 8, 2026, from 10:30 – 12:30pm

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