

## Brain Injury and Rural Health

People living in rural areas are at a higher risk of sustaining a brain injury, and have more fatalities, in part because of the greater distance to specialized care.

60 million

60 million (1 out of 5) people live in rural America, making the problems with TBI management and resources a major public health concern

Contributing factors to higher rates of brain injury:

Environmental issues (poorer road conditions, unpredictable weather and livestock and wildlife), drinking and driving, and substance abuse.

Poorer outcomes result from:

Longer travel times to emergency care, lack of access to level 1 trauma centers, lack of specialized brain injury care and high cost of healthcare in rural areas.

## Best Practices

Providers Rural Areas should:

SCREEN for prior history of Brain Injury  
ASSESS Cognitive & Functional Impairment  
EDUCATE staff on Brain Injury  
EDUCATE the person about their Brain Injury  
PROVIDE and TEACH Accommodations  
CONNECT person served with Community Resources

## COMMON PROBLEMS

After Brain Injury, we often see problems with:

Attention, memory and new learning  
Slowed speed of processing  
Organization, problem solving & impulsivity  
Irritability, frustration & agitation  
Balance, dizziness & headaches  
Poor awareness of deficits & difficulties Difficulty being flexible, poor self-monitoring

## What to Look For

Providers in Rural Areas may see:

Children doing poorly in school; adults struggling at work

Missing appointments

Appearance of non-compliance because they cannot remember dosages and medication schedules

Slow to follow directions because they cannot process quickly

Falling into things, often getting hurt

Parenting and relationship issues because of cognitive changes

Gets stuck on an idea or a way of doing something, does not recognize mistakes

Rural communities face issues with higher rates of chronic diseases like obesity and high blood pressure, more substance use, less access to transportation and quality healthcare, higher poverty and poorer overall infrastructure.

## Common Accommodations for Brain Injury Challenges

Here are some common and simple accommodations:

Working for shorter periods of time

Getting rid of distractions, like noise or movement

Taking notes (on paper, in a notebook, on a phone or computer)

Using a phone to set timers to remember appointments & medication schedules; providing a check-off medication schedule to avoid forgetting they have already taken a medication

Repeating information to the person

Slowing down when talking; giving them more time to respond

Giving a written list of non-medication strategies to avoid or reduce pain

Coaching the person to take deep breaths when feeling angry or anxious

## Tools for Best Practice

Brain Links' Strategies & Accommodations Tool: <https://www.tndisability.org/rehabilitation>

Symptom Questionnaire: <https://mindsourcencolorado.org/adult-symptom-questionnaire/>

Cognitive Strategies Guidebook: <https://mindsourcencolorado.org/wp-content/uploads/2019/05/Strategies-and-Accommodations-Guidebook-CJ-Professionals-5.6.19.pdf>

## Brain Injury Screening Resources:

OSU TBI Identification Method: <https://wexnermedical.osu.edu/neurological-institute/neuroscience-research-institute/research-centers/ohio-valley-center-for-brain-injury-prevention-and-rehabilitation/osu-tbi-id>

NASHIA's OBISSS: <https://www.nashia.org/obissprogram>

## Tennessee Resources

Brain Links' Website with many resources: <https://www.tndisability.org/brain>

Brain Links' Toolkits (for Service Professionals and Survivors):  
<https://www.tndisability.org/brain-toolkits>

TN Department of Health TBI Program:  
<https://tinyurl.com/3v5jrdt3>

Tennessee Brighter Futures' Resource Pages & Training for Brain Injury:  
<https://www.tndisability.org/tbf-brain-injury>

Resource Pages & Training for Rural Health: <https://www.tndisability.org/tbf-social-determinants-health>

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## References:

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