

REPORT TO CONGRESS HIGHLIGHTS KEY POLICY STRATEGIES



The Centers for Disease Control and Prevention (CDC) released a Report to Congress detailing the impact of a Traumatic Brain Injury (TBI) on children and their families.

The report identifies gaps in care, provides opportunities for action to reduce the gaps, and highlights key policy strategies to address the short- and long-term consequences of a TBI.

TBI IN CHILDREN: OPPORTUNITIES FOR ACTION

Most of the TBI recovery process occurs after initial injury care, making coordination among parents, healthcare providers, and educational systems crucial.

Outcomes can be improved when healthcare providers, parents, and school professionals work together throughout the transition from the medical setting to home and school. The Report to Congress includes detailed opportunities for action to improve care coordination after a TBI to maximize children's potential for recovery, and achievement of optimal outcomes.

Opportunities for Action:

ADVANCING TBI SCIENCE

- Long-term studies are needed to understand a TBI's effects on brain development, achievement of adult milestones, and understand how the family environment and co-occurring conditions affect outcomes.
- Studies are needed to evaluate existing healthcare-to-school transition models, and evaluate the efficacy of guidelines and management protocols.
- Research is needed to examine TBI management across multiple settings.

ENHANCING HEALTHCARE

OPTIONS INCLUDE:

- Establishing clinical decision support to help incorporate a child's history and family circumstances into medical reporting.
- Developing procedures for healthcare providers to offer follow-up guidance and resources for continued TBI management.
- Evaluating the effectiveness of healthcare-to-school transition programs and practices.
- Developing models of care for people with a pediatric TBI history who transition to adult care.
- Increasing formal training for healthcare providers related to TBI diagnosis and management.
- In rural areas, school-based health clinics and Medicaid may address some coverage discrepancies, while telemedicine is an especially promising practice.

IMPROVING RETURN TO SCHOOL, ACTIVITY & INDEPENDENCE

OPTIONS INCLUDE:

- Providing training programs for educators about TBI management at school.
- Expanding support for school-based health clinics and telemedicine, especially in rural areas.
- Developing return to sports and activity protocols for school.
- Ensuring children returning to school receive needed accommodations and services.
- Documenting a child's TBI history in school records, and working with families to support success at school.



TRAUMATIC BRAIN INJURY

Traumatic brain injury occurs when a bump, blow, jolt or penetrating head injury disrupts the normal functioning of the brain. TBIs are labeled as mild, moderate, or severe based on clinical symptoms when they present to the healthcare setting.

Among all age groups, young children have one of the highest rates of TBI-related emergency department (ED) visits. Injuries of any severity to the developing brain can negatively impact a child's behavior and cognitive skills as they grow.

Most children are resilient and recover well following a TBI, but some effects can cause problems later in life, such as:

- Academic challenges and difficulty finding a job
- Chronic behavioral problems
- Social isolation
- Difficulty with peer relationships
- Risk for offending behavior and incarceration
- Lower participation in activities
- Depression and other mental health diagnoses

Factors that influence outcomes:

- Age at injury
- Severity of injury
- Family and environmental factors (e.g., family resources for care)
- Individual characteristics, such as learning style and pre-injury level of functioning

IN 2013

Among children aged 14 and younger, TBI contributed to 1,500 deaths and nearly:



640,000
ED VISITS



18,000
HOSPITAL STAYS

Although most people think of a TBI as an acute condition, the effects of a TBI can be chronic and disabling.

Taylor CA, Bell JM, Breiding MJ, Xu L. Traumatic brain injury-related emergency department visits, hospitalizations, and deaths—United States, 2007 and 2013. *MMWR Surveillance Summaries*. 2017; 66

Masel BE, DeWitt DS. Traumatic brain injury: a disease process, not an event. *Journal of Neurotrauma*. 2010;27(8):1529-1540. Corrigan, J.D. & Hammond, F.M. (2013). Traumatic Brain Injury as a Chronic Health Condition. *Archives of Physical Medicine and Rehabilitation*, 94(6), 1199-11201.

KEY GAPS

Services to support TBI management in children after initial injury care vary in availability, duration, and consistency within the United States.

In rural areas, primary care physicians are likely to be the only source of care, and are less likely to have received advanced training in TBI management. In addition, specialized TBI rehabilitation programs are less likely to be available in rural areas.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

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TBI: www.cdc.gov/TraumaticBrainInjury
HEADS UP: www.cdc.gov/HEADSUP