



Improving Access to Care for Persons with TBI

December 2025

BIG News from I-HEAL

Welcome to the first I-HEAL newsletter! A note from Risa

Welcome to this inaugural newsletter highlighting achievements and milestones in I-HEAL this past year. Each year, we submit a report to our funding agency (Department of Defense), and this report contains some of the highlights. We would love to hear feedback on things you want to see in this newsletter as well as frequency for getting information to you. A quick guide of abbreviations frequently used in I-HEAL can be found [here](#).

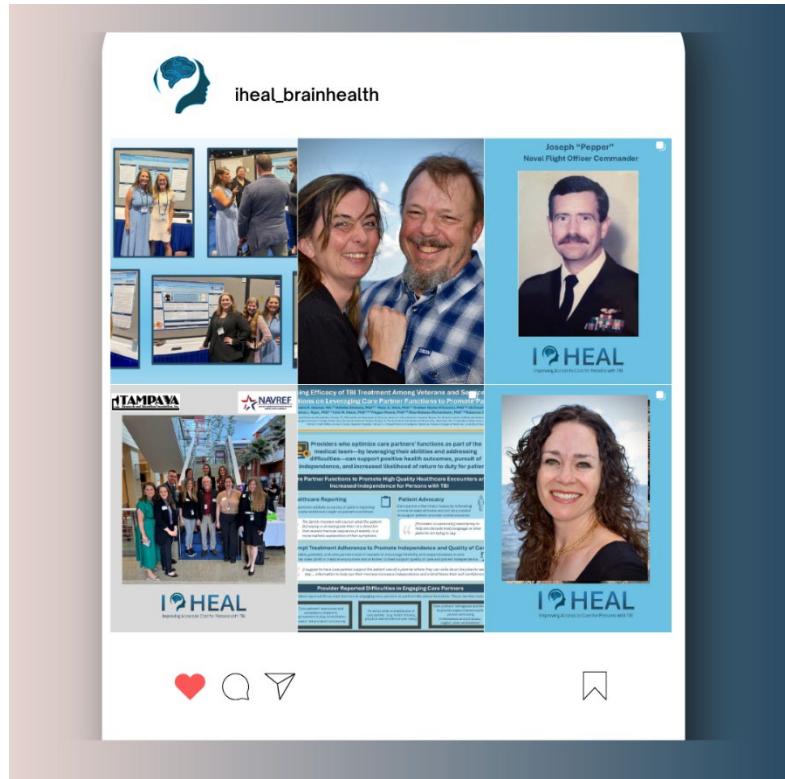
Final Engagement Meeting

Our final I-HEAL Engagement Meeting will be September 13-17, 2026, in Tampa, Florida. We look forward to getting together!

Call to Action: New Social Media Accounts

I-HEAL now has its own social media accounts. Follow us at the accounts below:

- Instagram: [@iheal_brainhealth](#)
- X/Twitter: https://x.com/iheal_brain
- Facebook: <https://facebook.com/iheal.brainhealth>



I-HEAL Instagram post example

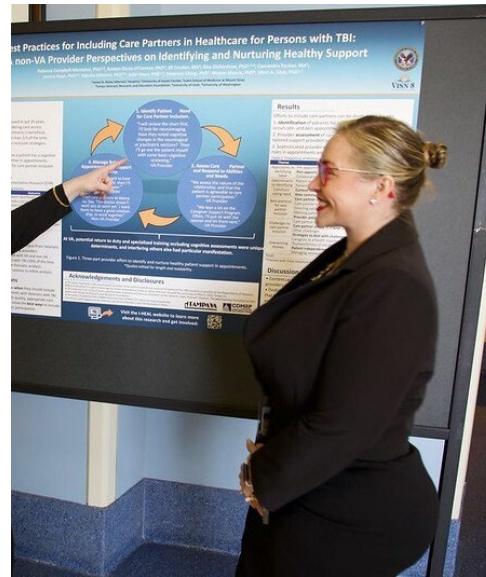
Highlights

Education and Mentoring

I-HEAL supports mentoring and education in everyday activities. The Operations Core and Implementation Science Core (ISC) create more formal opportunities to learn. 2025 had over 77 formal learning opportunities for more than 40 people. Education included topics like human centered design, qualitative research, and TBI training.



In fall 2025, Dr. Ashok Kumbamu presented an educational series about qualitative research.



For the 2025 Research Week, Dr. Jolie Haun consulted on multiple posters in her role with the ISC team.

Engagement

Recruitment and Lived Experience Partners (LEP)

I-HEAL performs traditional research in the form of focus groups, interviews and surveys. In years 1 and 2, I-HEAL has learned from 177 lived experience people (doctors, people with TBI, and caregivers).

In year 2, I-HEAL found new avenues to learn from our lived experience partners. Mike Loveall and Nikki Davis advised as social media liaisons, helping with study recruitment and sharing education and activities. Also, Nikki was our first LEP chair, a position now held by Jill and Pepper Coulter. The LEP chair attends additional study meetings to ensure the voice of the LEP are included and to bring information to the LEP monthly meetings.



Jill & Pepper Coulter



Mike Loveall



Ernie & Nikki Davis

National Academy of Neuropsychology (NAN)

The I-HEAL team was asked to develop and lead a workshop for the National Academy of Neuropsychology about educating current and future doctors who treat patients with TBI. The workshop highlighted work in Projects 2 and 3 and the lived experiences of Nikki Davis as a caregiver for her husband with a brain injury.

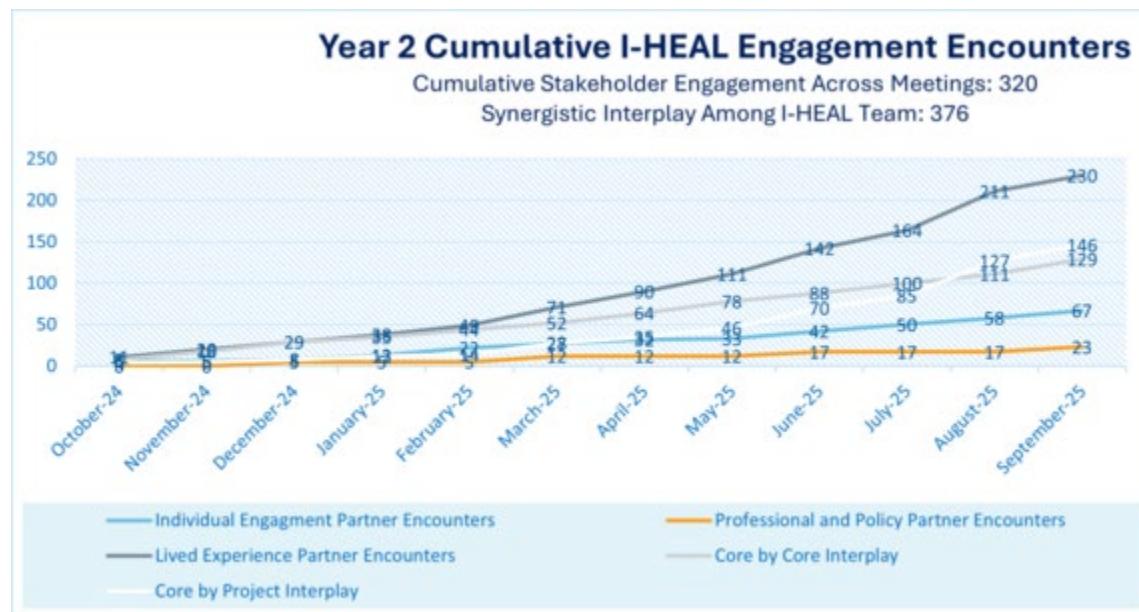


Engagement Encounters

I-HEAL tracks the number of times that stakeholders interact. The types of interactions include interactions between

- Lived Experience Partners & I-HEAL scientific team
- Policy and Professional Partners & I-HEAL scientific team
- Individual Experience Partners & I-HEAL scientific team
- Core members & other Cores
- Core members & projects

A breakdown of our 696 encounters can be found in the image below:



Reach

Website

The I-HEAL team has redesigned and added to our website, including a new address (www.ihealbrain.org). The website reached more than 2,500 people in seven months. We have started to include resources on the website that support I-HEAL's mission of access to health care.

HEAL

Home • Project Innovations • Get Involved • Login

Home • Innovations • Systems Intervention

PROJECT INNOVATION 1: COGNITIVE NUDGE

A systems intervention designed to cue providers to include healthcare proxies to compensate for cognitive difficulties or support them in other ways.

THE QUALITY OF CARE GAP

The Problem We Are Trying to Solve

- Persons experiencing TBI cognitive challenges require assistance with accessing, coordinating, and engaging in healthcare appointments.
- Specifically, cognitive difficulties result in challenges such as getting to appointments, remembering symptoms, understanding care plans, and implement them to get the full treatment benefit.

Caregiver Engagement Facilitates Better Quality of Support

Caregivers Are Often Excluded or Not Engaged

"TBI patients unfortunately forget things, they're not as compliant because they don't remember... You have to be cognizant of that when treating TBI patients. It's the patient population. You give them five or ten things (to do), they're probably not going to do any of them."

— VA Physician

PROJECT INNNOVATION: HOW ARE WE SOLVING THE PROBLEM?

"THE COGNITIVE FLAG INNOVATION"

Developing a cue that someone needs accommodations for their cognitive disability when seeking care is needed. This project's innovation includes the following objectives:

1. Engage healthcare providers, persons with TBI, and their families to identify content, processes, and procedures to develop a cognitive nudge clinical support tool.
2. Co-design a cognitive nudge clinical decision support tool with healthcare providers, persons with TBI, and their families.
3. Pilot implementation and evaluate outcomes of the cognitive nudge at a major VA medical and polytrauma rehabilitation center.

Awards and Recognitions

Project 1 Principal Investigator, Kristen Dams-O'Connor received the prestigious Clarivate award. This award is given to the top 1% of researchers who are cited in publications worldwide. Congratulations Kristen!



Project 2 Principal Investigator, Jeanne Hoffman, will be the keynote speaker at the Rehabilitation Psychology Conference in February 2026! Her talk “Grounded in Evidence, Growing with Purpose: Lessons from a Life in Rehabilitation Psychology” will share lessons from her career in science and rehabilitation psychology and how purpose and teamwork are incredibly meaningful in her life.



Impact and Reach

The I-HEAL team tracks the amount of times we share the project's goals and activities using a tool called the Dashboard. We separate these activities into three categories:

1) Impact: The deepest engagement. The information that comes out of I-HEAL is used to affect other research and policies that support TBI patients and caregivers. An example in 2025 includes recording I-HEAL presentations to use for professional training on topics like how to engage lived experience partners.

2) Influence: The next level of engagement. Peers learn about and use information from I-HEAL. Examples include presentations, research papers, and professional recognition.

Dr. Risa Nakase-Richardson received the William Fields Caveness Award from Stephani Kelly of Brain Injury Association of America. The Caveness Award recognizes a leading researcher in brain injury.



Dr. Nakase-Richardson (right) and Stephani Kelly (left)

3) Awareness: Tracks our reach of introducing people to I-HEAL topics. This includes the number of people who see our social media posts and website. In 2025 we had 78,659 opportunities for awareness.

IMPACT		Testimony	End-user request for information	Briefings	Citations in policy documents	Other		
			18		1	3		
INFLUENCE	Media mentions	Reporter inquiries	Peer-reviewed citations	Citations in grey literature	Presentations/webinars	Collaborations/partnerships	Awards/recognition	Other
	5	4			39	3	1	7
AWARENESS	Grant output	Page views/downloads	Social media activity	Attendees/participants	Other			
	12	78405	88	154				

Project Updates *(See below for a reminder on each project's overall goals)*

[Project 1: Cognitive Nudge](#) We provided opportunities for people with lived experiences to guide our development of the cognitive nudge through surveys and focus groups with doctors, patients with TBI, and caregivers.

- Held focus groups or interviews with 49 people (29 doctors, 20 patients who have TBI or their caregivers)
- Presented three posters at the Military Health Systems Research Symposium and two at VA Research Day

[Project 2: Provider Toolkit](#) (EBT Adaptations for Cognitive Challenges) We created and handed out an easy to understand [document](#) for providers to look at and support their patients that have cognitive challenges and other health conditions.

- Developed a product resource list of 41 resources (21 with general adaptation support for providers and 20 focused on specific areas)
- Engaged 33 researchers and doctors to identify resources. Included 14 high-quality resources to suggest to providers out of 191 resources reviewed
- Presented on a panel at the Military Health Systems Research Symposium and on a workshop at the National Academy of Neuropsychology



[Project 3: TeamBI Provider Playbook](#) We included people with lived experience in focus groups and workgroups to guide creating chapter content. We

developed a TeamBI logo, branding, and handouts that we handed out at conferences.

- Held focus groups with 28 patients who have TBI or their caregivers
- Met with clinical experts (Individual Experience Partners) 7 times to develop and review content for 5 chapters and 17 handouts in the TeamBI Provider Playbook
- Developed an individualized brand for the playbook
- Facilitated a workshop on challenging behaviors at the National Academy of Neuropsychology and a poster on the feedback process with Individual Experience Partners at the Military Health Systems Research Symposium

Project 4: Virtual Health Policy Recommendations We completed our review of existing information from interviews to create policy suggestions for virtual healthcare.

- Guided by our Individual Experience Partner, Ron Gironda, the team developed data summaries that were then reviewed by Lived Experience Partners and Policy and Professional Partners
- In process writing a paper that shares findings and recommendations

Project Descriptions

Project 1: Cognitive Nudge

A note within a patient's health record to tell doctors that the patient experiences cognitive challenges and may need additional support from caregivers.

Project 2: Provider Toolkit

A document for doctors working with patients who experience cognitive challenges. The document is a collection of resources informed by existing research.

Project 3: Provider Playbook

A training guide with strategies for rehabilitation doctors working with patients who experience behavior changes due to TBI.

Project 4: Virtual Health Policy Recommendations

Policy recommendations for using virtual health resources with patients with TBI. Recommendations are based on existing research and best practices.

Core Descriptions

Implementation Science Core (ISC)

A team of people who support the creation of resources (handouts, presentations, and other communications) for projects and cores. These resources are created with the so that they can be easily understood and used.

Operations Core

This group meets regularly to take care of the business side of research. This group is key to supporting the projects in their work. Operations responsibilities include the following: mentorship and education, communication and reporting, regulatory and budgeting, hiring and onboarding, meeting and events, study recruitment.

Data and Communications Core (DCC)

This team shares the progress of I-HEAL projects with the public and ensures that I-HEAL research is translated into accessible communications. This team also tracks the impact, influence, and awareness of those communications.

Community Engagement Council (CEC)

The Community Engagement Council is made up of three groups of people:

1. People who can speak to their lived experience of TBI or caregiving for a loved one with TBI, also known as Lived Experience Partners (LEP).
2. Professionals from influential organizations who advise on all aspects of individual studies, also known as Individual Study Partners (IEP).
3. Professionals from influential organizations who advise on the dissemination plan and policy, also known as Policy and Professional Partners (PPP).

Do you have information to include in the upcoming newsletter? Do you have questions about this newsletter? Contact Sonia.Arellano@va.gov to share your comments.