

Traumatic Brain Injury - Brain Health Priority Setting: A PROGRESS-driven Approach to Advancing Equity, Diversity, and Inclusion

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Introduction

Fig. 1: PROGRESS-Plus framework^{2,3}

- Traumatic brain injury (TBI) is an injury caused by an external force¹
- People's outcomes differ based on social characteristics (Fig.1)
- It is unknown what people with TBI and other interest groups think about the role of social parameters in brain health outcomes
- This knowledge is important for person-centered rehabilitation

Objective

- To ask people with TBI and other interest groups to rank their priorities on social parameters that matter most to them

Methods

- We followed a step-wise prioritisation process (Fig. 2)

Identifying interest holders

- People with TBI
- Their families
- Researchers
- Clinicians
- Community orgs

Survey distribution

- Importance of social parameters
- Integration in policy, research, practice
- Needed resources

Team distribution

- Brain Injury Canada
- Patient partners
- Researchers
- Academics
- Clinicians

Ranking ideas

- Survey responses
- Feasibility
- Impact

Fig. 2: Steps in knowledge translation priority setting

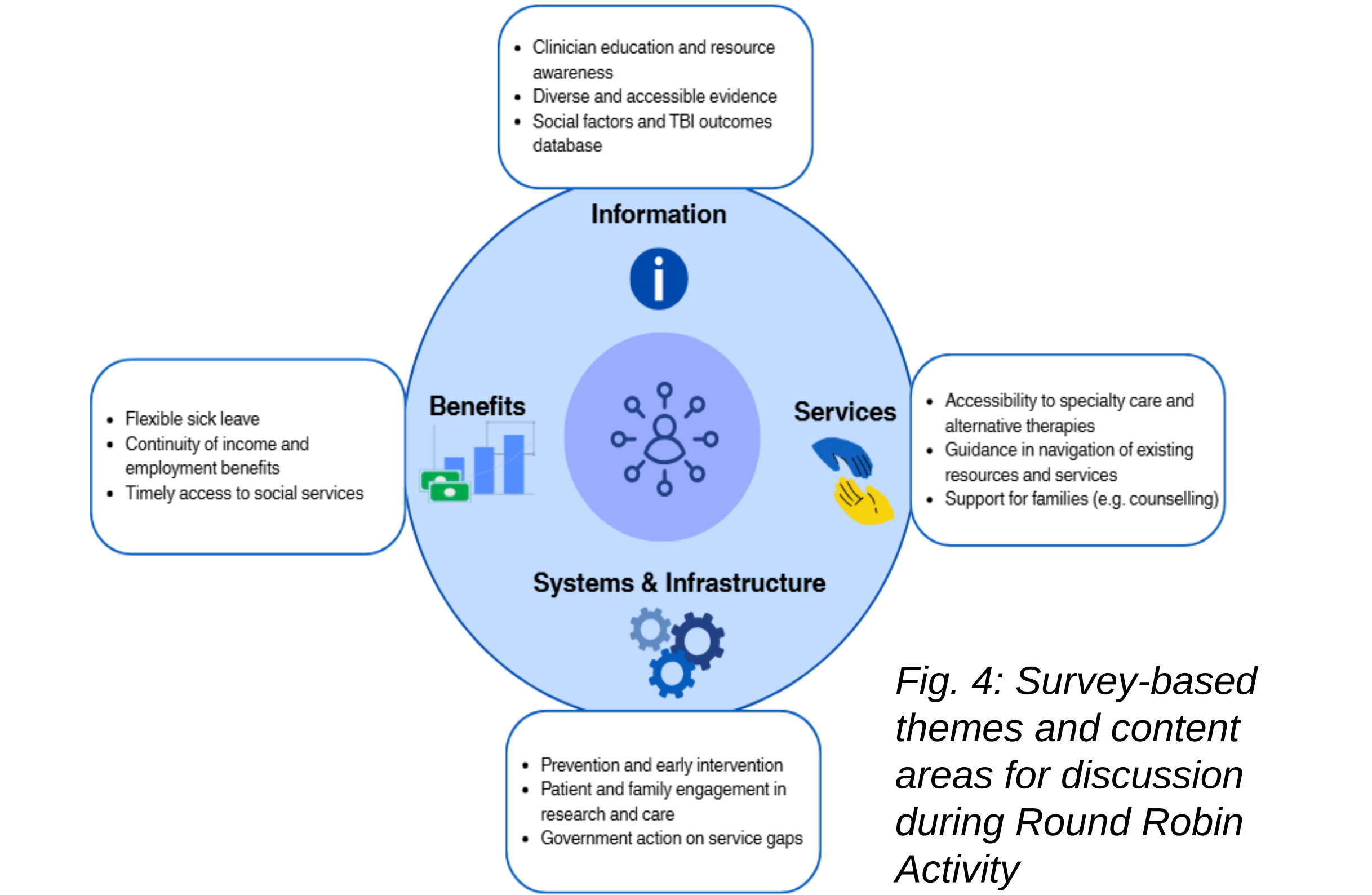
Results

- Priorities set by patients and other interest groups as indicated by survey responses collected between June – December 2024 (Fig. 3)
- Open-ended question “Which resources would help you better understand the links between brain health and social factors?”, brought four categories of responses (Fig. 4)

Results, continued

PROGRESS-Plus	Top parameters (average score)	Rated as top parameter by:
Place of residence	Homelessness (3.74)	
	Housing insecurity (3.71)	
Race, ethnicity, culture, language	Language (3.16)	
	Race (2.89)	
Occupation	Access to benefits (3.75)	
	Work status (3.38)	
	Workplace health/safety (3.49)	
Gender, sex	Sex at birth (3.03)	
	Gender (2.99)	
Religion	Spirituality (2.77)	
	Religious beliefs (2.62)	
Education	Level of formal education (3.12)	
Socioeconomic status	Income level (3.37)	
	Wealth and assets (2.94)	
Social capital	Trust in relationships (3.56)	
	Community participation (3.35)	
	Social network size (3.35)	
Plus	(Dis)ability (3.68)	
	Exposure to assault/abuse (3.46)	
	Age (3.36)	

Fig. 3: Weighted ratings of PROGRESS-Plus parameters by interest groups. Higher scores, shown in parentheses, indicate higher priority (n=113; the largest group was people with TBI, n=65); qualitative data analyzed using thematic analysis⁴



Results, continued

- These were used to direct the Round Robin discussion around feasibility and impact
- The top priorities from three rounds of discussion resulted in two tracks:

Track A – feasible within current grant

- Rank 2.2:** Connect with federal agencies to mobilize knowledge emerging from this research at the national level.
- Rank 3.1:** Promote existing brain injury service directories (e.g., created by Brain Injury Canada, ABI Lab). Search for additional services across Canada to be added to directories.
- Rank 3.5:** Integrate existing brain injury service directories into patient portals (e.g., MyChart, etc.) to facilitate ease of access for people with lived experience.

Track B – ideas for future grant development

- Rank 1.4:** Connect with community partners through Brain Injury Canada to build long-term relationships and develop resources that meets unique needs of each partner.
- Rank 4.0:** Integrate existing training for healthcare professionals into continuing education (accredited, for free).
- Rank 4.8:** Promote team-based model of care and contribute to its implementation (e.g., through research, policy briefs, advocacy, etc.).

Discussion

- Reflecting on priorities of different groups provides a feasible roadmap for promoting equity in knowledge exchange for research, policy, and practice.

References

1. Mollayeva T, et al. Traumatic brain injury: sex, gender and intersecting vulnerabilities. Nat Rev Neurol. 2018 Dec;14(12):711-22; 2. Cochrane Methods Equity. PROGRESS-Plus. 3. Tylinski Sant'Ana T, et al. "Gender matters": the development of infographics to raise awareness and promote gender-transformative care in traumatic brain injury. Brain Inj. 2025 Mar 21;39(4):300-11. 4. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3(2):77–101.



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