

March 3, 2016

Gary Gibbons, M.D.

National Heart, Lung, and Blood Institute Office of the Director Attn: Strategic Visioning Team

National Heart, Lung, and Blood Institute

National Institutes of Health

Building 31, Room 5A48

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Bethesda, MD 20892

NHLBI Vision@mail.nih.gov

Re: Written Comments on the National Heart, Lung, and Blood Institute Draft Strategic Research Priorities (81 Federal Register 6026 February 4, 2016)

Dear Dr. Gibbons:

On behalf of the National Athletic Trainers' Association (NATA), we appreciate the opportunity to provide comments on the National Heart, Lung, and Blood Institute (NHLBI) Office of the Director's Draft Strategic Research Priorities.

NATA is a professional organization serving more than 43,000 certified athletic trainers, students of athletic training, and other health care professionals. Our mission is to represent, engage, and foster the continued growth and development of the athletic training profession and athletic trainers as unique health care providers. Athletic trainers are health care professionals who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention, and rehabilitation of injuries.

Athletic trainers are thoroughly trained to provide urgent and acute care of injuries; they specialize in preventing, diagnosing, and treating muscle and bone injuries and illnesses.¹ Athletic trainers are included under the allied health professions category as defined by the U.S. Department of Health and Human Services (HHS), and are assigned National Provider Identifier numbers. The insight and understanding of patient services furnish professional opportunities beyond the sports industry. In addition to employment by sports and athletic organizations, athletic trainers are employed by hospitals, clinics, occupational health departments, wellness facilities, the United States military, and in a number of other health care settings.

NATA is supportive of NHLBI's mission to promote the prevention and treatment of heart, lung, and blood diseases, and conditions and sleep disorders (HLBS diseases), and enhance the health of all individuals so that they can live longer and more fulfilling lives. It is important that individuals have access to health care professionals who can support lifelong,

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¹ Department of Labor Occupational Outlook Handbook (2012). Retrieved from: http://www.bls.gov/ooh/healthcare/athletic-trainers-and-exercise-physiologists.htm



safe physical activity. Athletic trainers are an intrinsic and essential component of the health care workforce, and the demand for athletic trainers is projected to considerably increase over the next decade.

NATA appreciates the opportunity to provide comments on the Draft Strategic Research Priorities. While we are supportive of NHLBI's efforts to develop a framework of mission-oriented strategic goals, NATA has concerns that the NHLBI's Draft Strategic Research Priorities fails to acknowledge the importance of social and behavioral research in the prevention and treatment of HLBS diseases, in addition to the positive outcomes and benefits of improving physical activity.

Behavioral and Social Sciences

Behavioral and social sciences play an integral role in the prevention and treatment of HLBS diseases. There are numerous personal, social, and environmental factors that influence the risk of developing a HLBS disease. It is imperative that NHLBI support research to completely understand the effects of social and behavioral factors on the development of HLBS diseases. Behavioral and social science research can address a number of relevant HLBS disease prevention areas, such as the impact of delivering behavioral interventions at the patient or community-level on HLBS disease incidence; the prevention and treatment needs of seniors, adults, and adolescents; how socioeconomic status impacts the distribution of HLBS diseases; and methods to communicate health promotion and prevention of HLBS diseases.

Examining the influence of personal, family, and community factors on acquiring an HLBS disease is critical to identifying, comprehending, and reducing the risk of the development of HLBS diseases. Additionally, it is imperative that NHLBI develop positive approaches to treatment and management of HLBS diseases by analyzing behavioral interventions that successfully impact health outcomes and improve quality of life. NATA encourages the NHLBI to incorporate a strategic visioning objective within its strategic research priorities that focuses on examining how behavioral interventions and social factors improve health and reduce disease.

Primary Prevention and Physical Activity

NATA supports NHLBI's objective to develop and optimize novel diagnostic and therapeutic strategies to prevent, treat, and cure HLBS diseases. It is imperative, however, that NHLBI specifically acknowledge the importance of primary prevention within its strategic research priorities, such as engagement in physical activity, and preventing the onset of an HLBS disease. The benefits of physical activity are plenty, including: reducing the risk of cardiovascular disease, Type 2 diabetes, and some cancers; strengthening bones and



muscles; improving the ability to perform activities of daily living; and increasing the chances of living longer.²

The Centers for Disease Control and Prevention's National Prevention Strategy outlines the importance of preventive care and recognizes that active living is important to reducing the burden of disease and death.³ Engaging in increased levels of physical activity and fitness is associated with a reduction in the risk of death and/or from cardiovascular disease.⁴ According to HHS' 2008 Physical Activity Guidelines, "adults who are physically active are healthier and less likely to develop many chronic diseases than adults who aren't active – regardless of their gender or ethnicity." Evaluating the effectiveness of exercise on improving outcomes related to HLBS diseases will wholly contribute to reducing the burden of HLBS diseases.

We are appreciative of NHLBI's commitment to accelerating research and reducing human disease. NATA has concerns, however, that in pursuing its strategic visioning goals, NHLBI's outlined objectives fail to include an emphasis on examining the correlation between preventive services and/or behaviors and HLBS diseases. NATA encourages NHLBI to devote resources to studying the prevention of HLBS diseases and identifying constructive approaches to expand the use of preventive services. We also recommend NHLBI include an objective within its strategic research priorities that focuses on assessing the role physical activity plays in the prevention and treatment of HLBS diseases.

Again, thank you for the opportunity to share NATA's comments on the NHLBI Office of the Director's Draft Strategic Research Priorities. NATA is committed to working with policymakers at all levels of government to promote and preserve the health of individuals and families. NATA strongly supports NHLBI's efforts and we stand ready to be a resource to the Agency as you work to finalize the Strategic Visioning Objectives. Should you have any questions, please do not hesitate to contact Amy Callender, Director of Government Affairs, at amyc@mata.org or (972) 532-8853.

Respectfully submitted,

Scott Sailor, EdD, ATC

NATA President

² Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity http://www.cdc.gov/physicalactivity/basics/pa-health/

³ Centers for Disease Control and Prevention National Prevention Strategy http://www.cdc.gov/Features/PreventionStrategy/

⁴ Warburton, D. E.R., Nicol, C.W., Bredin, S. S.D. Health benefits of physical activity: the evidence *Canadian Medical Association Journal* 174.6 (2006): 801-809.

⁵ HHS Physical Activity Guidelines http://health.gov/paguidelines/guidelines/adults.aspx