Funding Appropriate Medical Care

Strategies for Funding and Employing an Athletic Trainer in the Secondary School

Schools have limited budgets to accomplish a great deal of work in educating and preparing youth for tomorrow. Each year, schools must decide which programs and personnel to support and be able to justify their use of funds. Keeping young athletes safe is a great concern for secondary schools, but often the question is how to afford appropriate medical care.

The number of students who participate in high school athletics has been on the rise since the 1970s, and today more than 7.8 million high school athletes compete each year.[1] Keeping youth healthy, active and in the game is important not only for students and parents, but also for schools and communities at large.

Physical activity and athletic participation yield numerous benefits for young athletes. Students who participate in sports:

- Have lower health care costs and reduced risk of heart diseases, cancer and diabetes[2]
- Are less likely to use drugs or smoke cigarettes[3]
- Have enhanced perceptions of their body, competence and self-worth[4]
- Are less likely to drop out of school[5]
- Earn consistently higher grades[6]
- Are 15 percent more likely to attend college[7]
- Demonstrate more leadership, self-confidence and self-respect[8]

As the number of student athletes continues to increase, so does the potential for injury. Consider this:

- In 2013, there were an estimated 1.24 million emergency room visits for injuries related to the 14 most commonly played sports in children under 19[9]
- Approximately 62 percent of sports injuries occur during practice[10]
- Among youth, those ages 15-17 experience the highest rate of emergency room visits for sports injuries[11]

Injuries are often thought to be an unavoidable part of participating in sports. However, according to the CDC, more than half of all sports injuries in youth are preventable when the proper guidelines, best practices and appropriate personnel are in place.[12] Having a highly-educated and qualified health care professional on staff is paramount because relying on coaches, administrators and volunteers to provide medical services puts the athlete, school, district and its employees at risk.

To reduce your school's risk and help keep young athletes safe, ensure you have the proper athletic health care team in place. Athletic trainers are the most qualified professionals to provide medical care for student athletes. The current minimum entry point into the profession of athletic training is the baccalaureate level, however more than 70% of athletic trainers hold at least a masters' degree. Athletic trainers are educated and trained in the prevention, diagnosis and rehabilitation of injuries to keep athletes healthy and on the field. In addition to medical services, ATs also deliver risk mitigation services through injury prevention and care policies, appropriate medical referral and practice and competition coverage. Currently, only 37 percent of public high schools employ a full-time athletic trainer.[13]

The Worth of AT Services

Schools must understand the value and worth an athletic trainer brings to their campus in order to justify the funds needed to support a sports medicine program. The monetary worth of athletic training services varies greatly state to state. While most athletic trainers in the secondary school setting do not bill for the services they provide, we can estimate the worth of their services by applying commonly used CPT codes.

Examples of services that ATs provide:

- Injury prevention
- Rehabilitation
- Assessment
- Treatment
- Education
- Game preparation
- Event/practice coverage
- Administrative work
- Teaching classes
- Oversight of student club
- Performance enhancement training
- Off-season conditioning

As health care professionals, athletic trainers document the athletes, volumes, treatments, seasons and sports they oversee to demonstrate their daily, monthly, seasonal and annual worth. In fact, schools that employ athletic trainers have been able to show cost savings of as much as $80,000 a year to student athletes and their families.[67]

Administrators can use this information to explain why employing an athletic trainer has value to the athlete, school and community, including: decreased absenteeism, decreased lost game days, decreased parental concern and increased participation in school, to name a few.

Employing an Athletic Trainer

Even with proper understanding of the value and worth of an athletic trainer, some schools may still struggle to financially support a full-time athletic trainer position. Schools should work to gain support and identify the best coverage model based on their athletic needs and financial sustainability.

Possible methods of employing an athletic trainer include: a full-time athletic trainer, a teacher who is also an athletic trainer, a district athletic trainer or a contracted athletic trainer from a local sports medicine clinic.

Full-Time – NATA's Gold Standard of Care

A full-time AT whose sole responsibility is providing athletic health care to all student athletes at the school is the ideal situation. Schools who are able to support a full-time position gain the full benefit of the AT's knowledge, skills and abilities. A full-time athletic trainer:

- Provides medical care at practices and games beyond the traditional school day
- Creates availability during the school day to provide injury care services to student athletes during the lunch periods, study halls or any non-academic time, reducing time loss from school
- Increases opportunity for communication with parents, coaches and physicians regarding student athletes
- Manages the sports medicine program and sports medicine policies and procedures
- Creates and implements appropriate emergency action plans and crisis protocols
- Educate parents, peers and the community on relevant health care issues

Split Position

In situations where a full-time AT is not initially financially possible, a split position, combining AT duties with teaching, has traditionally been the most common approach. Some schools have combined an AT position with that of an athletic director, educator, strength coach, equipment manager, study hall/in-school suspension monitor, substitute teacher or health educator. In these cases the AT oversees athletic practices and events and provides treatment/rehabilitation around his or her teaching schedule.

Many states offer alternative teacher certification programs that ATs often qualify for by teaching courses in sports medicine, health science, physical education or science. While not the NATA gold standard, a split position is a great first step towards the creation of a full-time position that allows the AT to focus solely on the health and safety needs of the school's student athletes in the future.

Part Time

Part-time AT positions may be considered when the school system deems athletic health care vital, but full-time or split position roles are not an option. Part-time arrangements often involve a contract between a sports medicine clinic, hospital or university and the high school to provide limited AT services to a school for afternoon/evening sports coverage.

Funding an Athletic Trainer

Gain Support

Find likeminded individuals who will help advocate for sports safety and assist in raising awareness and fundraising. Youth athlete safety is important for the entire community, so parents, students, teachers, coaches, physicians and legislators should be encouraged to support a sports medicine program at your local school. Seek out potential advocates, such as:

- Parents, booster clubs and other parent groups
- School board members
- Superintendents and principals
- Mayors, city council members or county supervisors
- Athletic trainers
- Lions Club/Rotary
- High school activities associations and student groups
- Local and state media (newspaper and TV)
- Local hospitals and physician groups (sports medicine, emergency medicine, orthopedics, family practice and pediatric specialists)
- EMTs and ambulance companies
- Insurance companies
- Local professional teams or post-secondary intuitions
- National and local retailers and business owners

Raise awareness

The following are ways to help educate influencers and decision makers on the need for an athletic trainer at your school:

- Ask a reporter to write an article about the issue. Suggest an interesting angle, such as the personal story of an injured athlete.
- Host a letter writing campaign to advocate for change in your school or community. Ask local physician groups, parents, students and legislators to write to your school board expressing the need for an athletic trainer.
- Host a safety awareness night; invite a local athletic trainer or physician to speak to your school board or parents and student athletes about sports safety.
    - *The American Heart Association and the National Football League, with support from NATA, launched their Back to Sports program in which ATs serve as expert facilitators in educating parents and guardians of youth athletes. This program increases the awareness of the benefits of sports while addressing key safety concerns.*
- Create a petition advocating for sports safety and collect signatures to grab attention of local officials and school decision makers.
- Talk to your school about applying for a Safe Sports School Award. If your school doesn't meet the criteria, this is a great conversation starter for taking the appropriate steps to be deemed a Safe Sports School. To learn more about the award, visit http://www.nata.org/safe-sports-school-award.

Fundraise

Fundraising is a great opportunity to educate the community about youth sports safety while raising money to help support a sports medicine program and athletic trainer in your school.

Tips on Fundraising

- Set an overall goal. Do your research and determine how much it will cost to start a sports medicine program at your school. To determine the cost of establishing a sports medicine program and employing an athletic trainer in your school, contact Amanda Muscatell and amandam@nata.org.
- Set goals for each of your fundraising efforts. Small things add up, so keep track along the way!
- Minimize your expenses. If you host various fundraising events, reduce the costs as much as possible. Seek out help from your community.
- Think outside the box. Schools may be limited as to what fundraising activities are approved by their school district, so get creative when thinking of ways to support a sports medicine program in your school.

Fundraising Ideas

At School

- Increase athletic fees with a portion dedicated to supporting the sports medicine program/budget at the school.
- Ask for a percentage of gate and concession revenue at games.
- Use existing fundraising opportunities within the school and athletic program; dedicate all or part of the funds to developing a sports medicine program. Some ideas include:
    - Car wash

    - Rent a student/rent an athlete to help clean, mow lawns, etc.
    - Relay races
    - Dinner, party or themed events
    - Auctions
    - Golf tournaments
    - School carnival
    - Concert
    - Parents vs. kids or kids vs. coaches sporting tournament (baseball, kickball, etc.)
    - Host bake sales during games, holidays or other fundraiser events
- Offer free advertisement for those who donate to the sports medicine program:
    - Sports bulletins
    - Game fliers
    - On campus advertising
    - Venue advertising
    - Scoreboards
    - Equipment

In the Community

- Ask for monetary donations from area businesses, such as:
    - Restaurants
    - Large retailers
    - Insurance companies
    - Corporate headquarters
    - Grocery stores
    - Car dealerships
    - Hospitals
    - Sports medicine clinics
    - Pediatricians/other physicians
- Ask for equipment and supply donations:
    - Contact local professional sports teams or post-secondary institutions for donations of equipment or supplies.
    - Seek out companies that could provide custom mouth guards, free brace fitting, discounts on computer neurocognitive testing license fees, free injury tracking systems or other necessary supplies.
- Ask for service donations, such as:
    - EMS standby coverage for events.
    - Physician and/or other medical services provided without expense or contracted with a nominal retainer. They can be asked to donate their time or money to help finance the services of an athletic trainer, since they may directly benefit from any medical referrals.
- Seek out other donations for fundraising events, including food or drinks for a party, cakes for a bake sale, etc.

Help from the State

- Lobby for your state to grant tax credits to entities that employ athletic trainers.
- Ask your state to add a small tax for health care insurance companies to raise necessary funds to employ athletic trainers in the secondary school.
- Work with your state athletic training association, state teaching association and lobbying groups to petition your state government to appropriate funds to employ athletic trainers at each high school.
- Urge schools, parents and athletes to contact their state representatives and ask for support to fund athletic trainers in the high school setting and to support other legislation that helps keeps young athletes safe.

Additionally, look for local, state or federal grants that could help support your sports medicine program. The NFL Foundation, NATA and Gatorade provided a funding opportunity in 2015, the Athletic Trainer Initiative, to help schools fund $50,000 for an athletic trainer.

Fundraising Tip: If possible, seek multi-year support from donors to help secure the sustainability of a sports medicine program and athletic training position.

Case Studies

A Michigan Case Study: Using CPT Codes to Determine Worth [14]

While athletic trainers have been proven to reduce the cost of medical bills for student athletes, how much money can they directly save your school? This question, inspired by a school district risk manager, formed the basis of a study conducted at a Michigan secondary school to determine the exact cost savings an AT would bring to their school.

By comparing health insurance reimbursement rates based on Current Procedural Terminology (CPT) codes of services performed by the AT, over the course of a year, these researchers determined that 555 student athletes of the 700 total student athletes received a combined 3,024 treatments. Treatments included, but were not limited to, evaluation, cryotherapy, taping and stretching.

When these treatments were monetized by three independent insurance agencies, the total insurance cost was estimated to be $64,025. When compared to the $55,640 cost of employing one full-time athletic trainer with salary and benefits, the **total cost savings were approximately $8,386**.

It should be noted that there were several non-reimbursable treatments and additional interventions, such as manual therapy and manual muscle testing, which were not recorded or included in the above totals. Additionally, this case study considered costs of interventions performed but did not consider the cost savings of insurance premiums for individual families or to schools who receive attendance incentives from the state. Prevention is also an invaluable factor that could not be assessed or included in this analysis.

$1.2 Million Grant to Fund Athletic Trainers

After realizing that of all secondary schools in his state, only the private schools had a full-time athletic trainer, B.P. Buxton, EdD, ATC, developed a plan to secure state funding for full-time athletic trainers in his home state of Hawaii by proving to legislators that there was a significant difference in care received by student athletes in private schools as opposed to those in public schools. The plan included a community-based educational platform on the importance of appropriate health care for student athletes and a twofold needs-assessment study. The first part of the needs assessment study was completed by each of Hawaii's 61 (public and private) secondary schools and consisted of a 30-question survey on the current sports health care practices at each school. The second part of the study, completed only by the public schools, was a year-long injury surveillance study to determine injury rates for public school student athletes.

Buxton's findings validated his claims and along with extensive lobbying efforts by recruited parents, coaches and physicians, he helped convince the Hawaii Department of Education to run a two-year, $1.2 million pilot program to fund ATs in 15 schools. The program has since grown to 76 permanent athletic training positions, making Hawaii the only state to have ATs in all public high schools.

Parent Advocates for Change

You don't have to be an athletic trainer or even someone with an interest in state politics to get athletic trainers in your local schools. In 2012, Louisa Meyer, a Dallas mother and community leader, worked with the Dallas Independent School District (DISD) head athletic trainer and athletic director to propose a budget reallocation that would fund an athletic trainer at each high school in the district, while also providing every school with a reasonably equipped athletic training facility.

Thanks to the help of Meyer, her commission and several athletic trainers, DISD allocated more than $3 million for the 2013-2014 school year to increase athletic trainer staff from 10 to 22, one for each school, and to make sure each school had a useable athletic training facility. In 2015 the district was also awarded NATA's Youth Sports Safety Ambassador Award.

"Extracurricular activities are the greatest dropout prevention program. Athletes have higher academic achievement, high attendance rates and fewer discipline referrals." - *Louisa Meyer, Parent and Community Leader*

Improving Community Health with Athletic Trainers

The Student Athlete Foundation of Kansas City (SAFEKC) is a non-profit organization that promotes the safety and health of student athletes through the leadership of athletic trainers in its community. SAFEKC was founded in 2007 by an athletic trainer, Josh Adams, ATC, and team physician, John Vani, MD, who recognized a community in need. With the goals of employing full-time athletic trainers in their local high schools, improving the relationship between student athletes and the athletic trainer, and providing proper diagnosis, treatment and rehabilitation to

injured athletes in order to improve long term health, they formed the Student Athlete Foundation of Kansas City.

SAFEKC partnered with local nonprofit and for profit corporations, medical groups and physicians to raise funds in order to support this community health initiative. Through the support of like-minded groups, SAFEKC provided three full-time athletic trainers for five local high schools in Wyandotte County, Kansas – one of the most health challenged counties in the state.

Initial challenges to the program were lack of education and awareness of who athletic trainers are and what they do. The new athletic trainers in these schools worked to educate the coaches, administrators, students and parents on their new roles in the schools.

Athletic trainers quickly became an asset to the school district and served as a hub of medical care for the community which otherwise had limited or no access to quality health care. Coaches were able to focus on coaching and had the liability of making medical decisions removed from their responsibilities. The athletic trainer worked closely with the athletic director to prioritize coverage, identify injury trends and implement best practices to improve safety.

The athletic trainers also had a tremendous influence on their student athletes. In addition to improved health and safety in sports, athletic trainers educated students on the benefits of sports participation and exposed them to new health care professions. Many student athletes discovered a new career path to pursue after graduation thanks to their local athletic trainer.

SAFEKC has successfully grown its program, with support of the community, to employ eight full-time athletic trainers and serve 4,500 student athletes at 10 high schools and 21 middle schools. SAFEKC also works with its local youth and adult communities at regional and national events.

Libby Knox, executive director of SAFEKC, offers some advice for communities looking to provide athletic training services and improve the health and safety of their student athletes. "Be tenacious and creative when identifying sustainable and diversified funding partners in your community. There are many health foundations, medical providers and corporations that are interested in public health and our youth. Once you identify like-minded organizations, work to cultivate a partnership with these people."

For more information about the Student Athlete Foundation of Kansas City, visit http://saf-k.org/.

Do you have a success story you'd like to share? We'd love to hear it. Contact marketing@nata.org.

References

1. Nfhs.org,. (2015). Retrieved 28 September 2015, from http://www.nfhs.org/ParticipationStatics/PDF/2013-14_Participation_Survey_PDF.pdf
2. Ratey, J. J., and Hagerman, E., Spark: The Revolutionary New Science of Exercise and the Brain, Little, Brown & Company, 2014; Moore, L. et al., "Does early physical activity predict body fat change throughout childhood?," Preventative Medicine, 37:10-17, 2003; Grissom, J., "Physical Fitness and Academic Achievement," Journal of Exercise Physiology, 8(1), 11-25, 2005; Staurowsky, E.J., "Her Life Depends On It: Sport, Physical Activity, and the Health and Well-Being of American Girls and Women," East Meadow, NY: Women's Sports Foundation, 2009; Jones-Palm, D.H. and Palm, J., "Physical Activity and Its Impact on Health Behavior among Youth," 2005; Lieras, C., "Do skills and behaviors in high school matter? The contribution of noncognitive factors in explaining differences in educational attainment and earnings," Social Science Research, 27:888-902, 2008; Stevenson, B., "Beyond the Classroom: Using Title IX to Measure the Return to High School Sports," Review of Economics and Statistics, 92:284-301, 2010; Cawley, J. and Meyerhoefer, C., "The medical care costs of obesity: An instrumental variables approach," Journal of Health Economics, 31(1), 219-230, January 2012; Proper, K.I. et al., "Dose-response relation between physical activity and sick leave," British Journal of Sports Medicine, 40(2), 173-178, 2006;2008 Physical Activity Guidelines for Americans, United States Department of Health and Human Services, 2008; Olshansky, S.J. et al., "A Potential Decline in Life Expectancy in the United States in the 21st Century," New England Journal of Medicine, 352(1):1138-1145, March 17, 2005; Fires, J., "Physical activity, the compression of morbidity, and the health of the elderly," Journal of the Royal Society of Medicine, 89, 64-68, 1996; Moore, L.L. et al., "Influence of Parents' Physical Activity Levels on Activity Levels of Young Children," Journal of Pediatrics, 118(2):215-219, 1991.
3. Pate, R., Trost, S., Levin, S., & Dowda, M. (2000). Sports Participation and Health-Related Behaviors Among US Youth. The Journal of the American Medical Association. Retrieved September 30, 2015, from http://archpedi.jamanetwork.com/article.aspx?articleid=351023
4. True Sport: What We Stand to Lose in Our Obsession to Win. (2012). Retrieved September 29, 2015.
5. Marsh HW, Kleitman S. School athletic participation: mostly gain with little pain. J Sport Exerc Psychol. 2003; 25(2):205-228
6. Eccles JS, Barber BL. Student council, volunteering, basketball or marching band: what kind of extracurricular involvement matters? J Adolesc Res. 1999; 14(1):10-43
7. Facts: Sports Activity and Children. (n.d.). Retrieved September 29, 2015, from http://www.aspenprojectplay.org/the-facts
8. Kniffin, K., Wansink, B., & Shimizu, M. (2014). Sports at Work: Anticipated and Persistent Correlates of Participation in High School Athletics. Journal of Leadership & Organizational Studies, 217-230.
9. Nelson NG, Collins CL, Comstock RD, McKenzie LB. Exertional heat-related injuries treated in emergency departments in the U.S., 1997-2006. Am J Prev Med. 2011;40(1):54-60.
10. Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) Cost of Injury Reports. Available at: http://wisqars.cdc.gov:8080/costT/.
11. Wier L, Miller A, Steiner C. Sports injuries in children requiring hospital emergency care, 2006. Rockville, MD: Agency for Healthcare Research and Quality; 2009. HCUP Statistical Brief #75. http://www.hcup-us.ahrq.gov/reports/statbriefs/sb75.pdf.
12. A National Action Plan for Child Injury Prevention: Reducing Sports and Recreation-Related Injuries in Children. Retrieved from http://www.cdc.gov/safechild/NAP
13. Riana R. Pryor, Douglas J. Casa, Lesley W. Vandermark, Rebecca L. Stearns, Sarah M. Attanasio, Garrett J. Fontaine, and Alex M. Wafer (2015) Athletic Training Services in Public Secondary Schools: A Benchmark Study. Journal of Athletic Training: February 2015, Vol. 50, No. 2, pp. 156-162.
14. Hambleton, MSA, AT, ATC, M., Smith, PhD, CAA, S., Eyers, EdD, AT, ATC, C., & Schneider, PhD, W. Cost Savings Analysis of a High School Athletic Trainer. International Athletic Administration, (Winter 2012), 8-11.