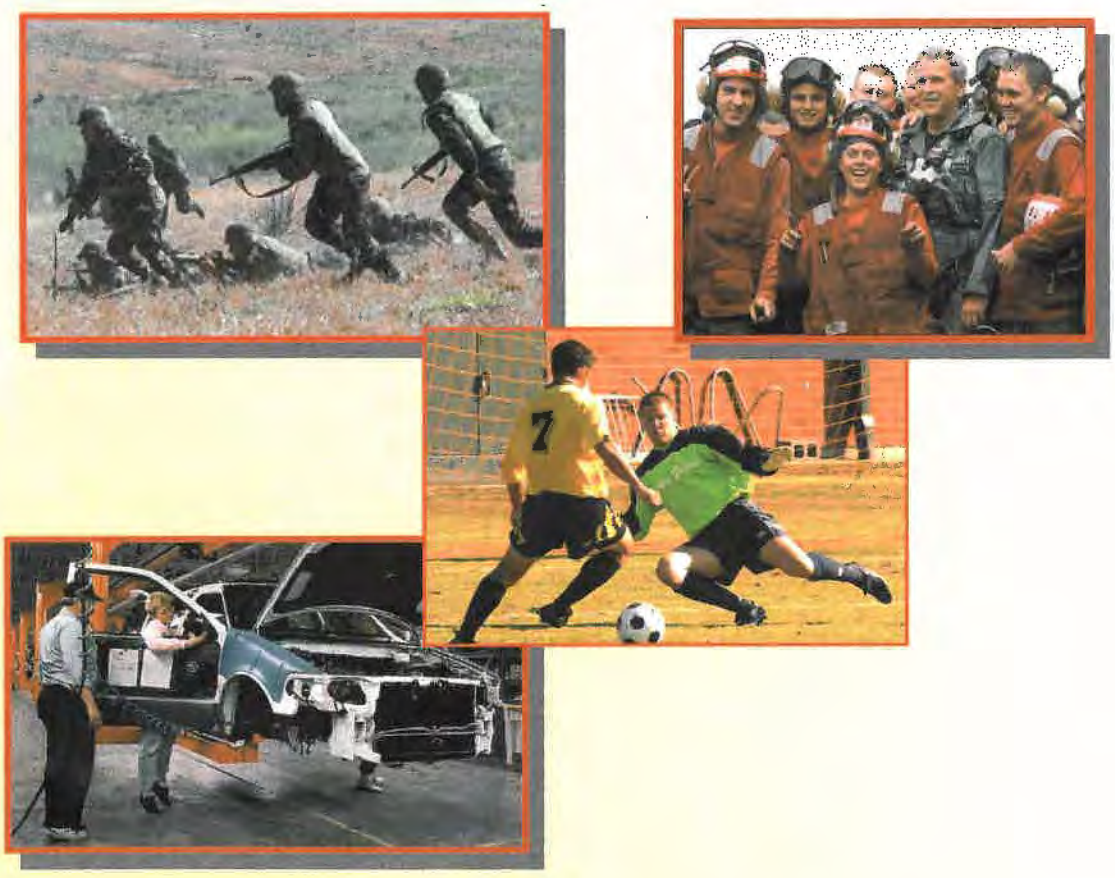
Building 21st Century Competencies to Achieve the Vision of the National Athletic Trainer's Association



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Program Manager, Injury Prevention & Physical Fitness
Navy Environmental Health Center
Portsmouth, Virginia

6/24/03: NATA Council on Employment Meeting
Renaissance Grand Hotel, St. Louis, MO

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6/24/03: NATA Council on Employment Meeting
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Presentation Outline

1. Presentation Slides
2. NATA Strategic Plan
3. Injury Prevention Models
   - Public Health Model
   - STIPDA
4. Suggested Reading
   - Periodical
   - Book
   - Website
5. U.S. Navy Injury Prevention Initiatives

Building 21st Century Competencies To Achieve the Vision of the National Athletic Trainer's Association.

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A. **<u>BACKGROUND</u>: Address NATA Strategic Plan: What is the vision of the NATA?**

1. **Mission Statement:** To enhance the quality of health care for athletes and those engaged in physical activity, and to advance the profession of athletic training through education and research in the prevention, evaluation, management and rehabilitation of injuries.

2. **Focus Question:** "How will we, the NATA Board, staff and key stakeholders, clarify and strengthen our professional and public identity, increase funding levels and effectively address the employment, reimbursement, education and regulatory issues affecting our membership?"
   i. *After discussing the various perspectives on the association's needs, concerns and intentions, the focus question was created.*

3. **Underlying Contradictions and Obstacles:** "What patterns, conditions, situations, issues, and obstacles, prevent us from realizing our Vision?"

4. **Strategic Direction of the NATA:** "What innovative, practical actions will deal with the underlying contradictions and move us toward our Vision?"

B. <u>IDENTIFY IMPORTANCE OF EVIDENCE-BASED COMPETENCIES</u>: How will competencies in evidence-based practices advance the athletic training profession?

1. Meet Primary goals of the NATA Strategic Plan.
2. Overcome obstacles identified by NATA in preventing the association from realizing the NATA Vision.
    a. Members and leadership resist and fear change related to growth and development
    b. Multiple internal and external funding priorities
    c. Unclear or inappropriate use of NATA documents, studies, PR, reports, position statements by members and the public
    d. Fragmented and limited approach to data collection and sharing
    e. Value of ATCs not recognized by consumers, employers and payors
    f. Missed Opportunities for Public Relations
    g. Operating as individuals rather than as a whole
    h. Imbalance between diversity of ATC's and the population we serve
3. Expand Employment Opportunities: Essential for Population Health Arena: Military, Corporate, Industrial settings.
4. Improve ATC Job/Program security: **If athletic trainers are unable to recommend evidence-based interventions to leadership, the risk of decreased employment opportunities in the military, corporate, and industrial arena is high! Are ATC's "critical to the mission" and "cost productive"? Will they provide a positive return on investment to their employer? Can they prove it? Will they survive corporate / military budget reviews?**
5. Obtain new program/initiative funds. Baseline, problem identification, cost analysis, etc. is eritical to any evidence-based proposal or business case analysis background.
6. Improve existing iuadequate collection and availability of "real" data (empirical).
7. Prove the value of ATC's for consumers, employers and payors; increase <u>value and respect</u> from other professional organizations/specialties.
8. Increase opportunities for public relations.
9. Identify Evidence-Based Best Practices: Pay for what really works.
10. Develop/implement/evaluate comprehensive Primary Injury Prevention strategies - the cornerstone of the military, corporate, industrial setting (preventing the injury from ever occurring). Important for group settings.
11. Define program/initiative priorities.

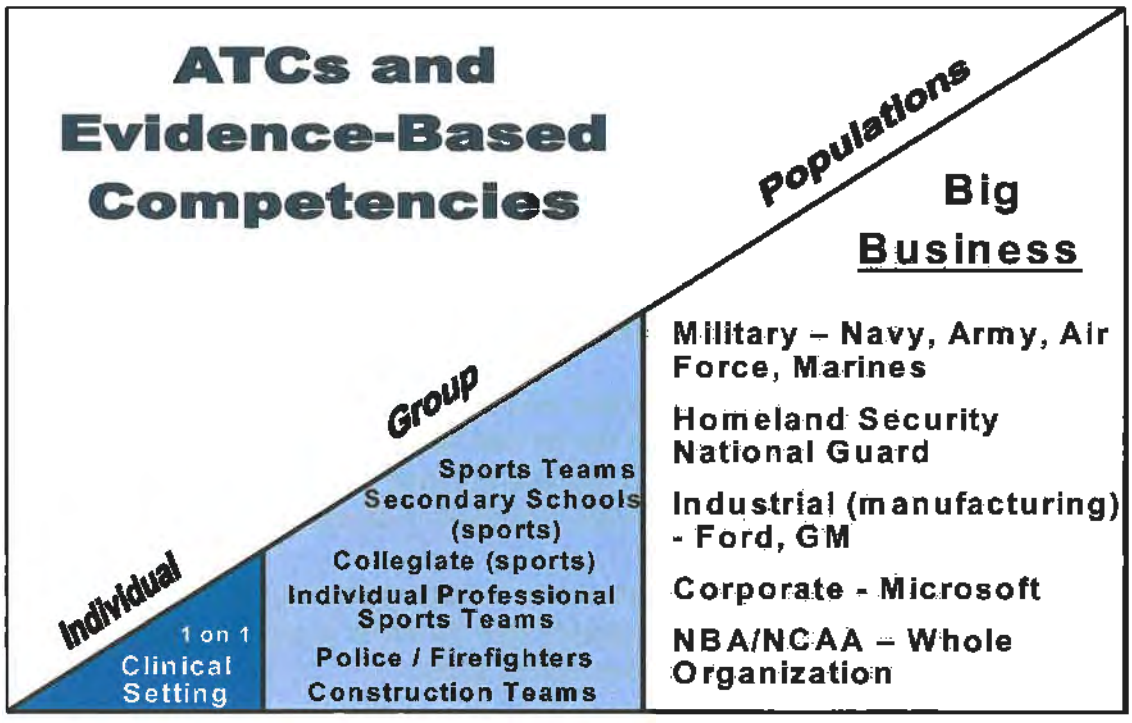
C. DEFINITIONS:

- **Population Health:** An approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. To reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health. (Federal Government of Canada, 2002).

- **Evidence-based Decision Making:** Integrating individual athletic training expertise with the best available external evidence from systematic research to determine the most effective course of action. Literature reviews combined with data collection and analysis are primary ingredients required for making evidence-based decisions. (Evidence-based Medicine: How to Practice and Teach EBM, 1997).

- **Injury Epidemiology:** The study of patterns of injury occurrence and the diverse factors that influence these patterns. Competencies in injury epidemiology would allow an athletic trainer to be a "scientific detective" who uses a range of methods to investigate, plan, predict, and assist in the prevention of injury and death.

- **Musculoskeletal Continuum of Care: (military definition)** Integrated health system focused on increasing readiness and decreasing personnel attrition through a spectrum of primary, secondary, and tertiary musculoskeletal services.
    - **Primary Injury Prevention:** Prevention of occurrence of injury.
    - **Secondary Injury Prevention:** accurate and timely evaluation, aggressive rehabilitation & reconditioning, accelerated return to duty – NCAA model.
    - **Tertiary Care:** traditional "sick call" model.... See "doc" to be treated.



D. CURRENT ATC EVIDENCE-BASED COMPETENCIES:

Individual: *(clinical, 1 on 1 setting, personal training)* Evidence-based competencies are especially strong during an ATC's 1 on 1 interaction with the population. Of all occupations, the ATC is the only profession that provides a comprehensive approach toward the musculoskeletal continuum of care from the primary prevention of the injury to the secondary or tertiary treatment/care and rehabilitation/reconditioning of the individual.

Group: *(sports teams: secondary; collegiate; & professional, city police force, city firefighters, construction laborers, etc.)* Competencies in evidence-based decision making decrease during movement from the individual to the group setting. The identified need for evidence-based competencies are not as noticeable in the group setting as recognized in the population setting. In the sports arena, ATC's possess the ability of knowing basic injury epidemiology components such as location and types of injuries related to specific sports, and can plan general prevention strategies accordingly.
How can evidence-based competencies improve an ATC's role in the group setting? Evidence-based competencies allow the ATC to more effectively communicate prevention strategies to coaches, conditioning specialists, athletes, etc. and to develop more effective primary injury prevention strategies. This competency allows the ATC to use a range of methods to investigate, explain, predict, and assist in the prevention of musculoskeletal injury.

Population: *(Big Business: Military: Navy; Army; Air Force; and Marines, Industrial (mfg): General Motors; Ford; Corporate: Microsoft: NCAA/NBA – Whole Organizations, Homeland Security: National Guard; US Coast Guard, etc.)* The need for ATC's to posess evidence-based compentencies is ESSENTIAL when working with large populations!!!!! Primary injury prevention is most important athletic training focus in the population health arena. Evidence based competencies are critical for job security and for future program funding. These competencies are ESSENTIAL for an ATC working with a large military/industrial/corporate population. **ARE WE READY?**

- Will ATC's be able to survive corporate budget reviews?
- Will they be able to demonstrate an evidence-based return on investment of their employment position? program? cost effectiveness of their program?
- Do they understand the basic methodology for gathering information?
- Can they build a comprehensive injury prevention program for 25,000, 725,000, etc.?
- Do ATC's currently know how to take data/surveillance information, analyze it, and turn it into an intervention?
- Do they know how to evaluate this intervention?
- Will they be able to work effectively with such large numbers of personnel?
- Will they know where or how to start a program for large populations?
- Will they be able to identify specific needs of specific population areas outside of the traditional sports arena?

E. HOW ARE COMPETENCIES IN EVIDENCE-BASED DECISION MAKING CURRENTLY BEING USED IN THE POPULATION HEALTH ARENA?

- **Example 1:** Implementing an injury prevention program (primary & secondary) for 173,000 people. How does an ATC begin this program?
- **Example 2:** Building a musculoskeletal injury prevention program for a large population with a specific mission (25k training example).
- **Example 3:** Building a musculoskeletal injury prevention program for a large population with a specific mission (25k operational example).
- **Example 4:** a. Identifying the problem of injuries: Where does the problem of injuries begin in a specific population?
  b. Identifying the importance of collaborative partnerships with related organizations.
- **Example 5:** Evidence-based best practices. Can ATC's identify an evidence-based best practice? *Best done v/s best possible.*
- **Example 6:** Providing evidence-based direction to the physician and to other key personnel involved in the musculoskeletal continuum of care….. can ATC's play a leadership role in improving the musculoskeletal continuum of care for their organization?
- **Example 7:** Identifying Program Return on Investment (ROI): Savings assessment. ½ the Battle Won….. hiring ATC's into a new employment arena; How do we keep them employed?. Will the ATC survive the first budget review? **If athletic trainers are unable to recommend evidence-based interventions to leadership, the risk of decreased employment opportunities in the military, corporate, and industrial arena is high!**
- **Example 8:** Developing a Proposal / Business Case Analysis that will be funded.

(1-7 = Examples of math, research, epidemiology, biostats, & evidence-based medicine)

F. FINAL THOUGHTS:

1. Evidence-based competencies are not out of the box concepts. ATC's are currently behind the "s-curve" in obtaining the competencies required to successfully work in population health arena. We're not on the cutting edge; we're catching up! (Surveillance is the primary component of 2 of the Nation's primary injury prevention population health organizations).

2. Key for ATC's in corporate/industrial/military setting is primary PREVENTION of injury. An evidence-based approach in athletic training is the cornerstone for primary injury prevention in the population health arena.

3. Competencies in injury epidemiology and evidence-based decision making are important for athletic training practices in "traditional" individual and group populations.

4. Competencies in evidence-based decision making are CRITICAL for the survival of ATC's in new job markets involving large populations.

5. Do ATC's currently possess the evidence-based competencies necessary to transition from individual and group settings into the population health arena? Council on Employment's Response: _____.

G: RECOMMENDATIONS

1. Present information to the NATA Strategy Board

2. Establish a working team (~ 15) to identify next steps for NATA

- Unbiased Facilitator:
- List of recommended attendees: (injury epidemiology background preferred)
  1. ATC rep from military
  2. Epidemiology rep from military
  3. ATC rep from corporate/industry/clinical
  4. Epidemiology/program rep from corporate/industry/clinical (GM)
  5. ATC rep from College/University/Secondary School
  6. ATC Epidemiologist: CDC
  7. Epidemiologist that has witnessed first hand the transition of traditional ATC competencies to meet the demands of population health arena (CAPT Brawley)
  8. Johns Hopkins Injury Epidemiologist (focus on military)
  9. University of Michigan Injury Epidemiologist (focus on industrial/corporate)
  10 – 13. NATA Strategic Board Team Member:
     Enhancing Professional Stature
     Increasing Member Personal and Professional Stature
     Strengthening Credibility and visibility
     Ensuring Financial Stability
  14. NATA COE Committee Rep- most evidence based rep
  15. NATA Education Committee Rep

  Recommended Attendees:John Powell,Indiana; Chad Starkey, PhD, ATC; Randy Dick: NCAA

WORK TEAM FOCUS:

RESPOND TO QUESTIONS PRESENTED BY THE STRATEGY BOARD and COUNCIL ON EMPLOYMENT

- What questions does NATA have regarding this topic?
- What is NATA's short term / long term goal for injury epidemiology?

ESTABLISH BACKGROUND: Why have ATC's been functioning without this knowledge/skill set; how do we identify the cause of the problem? ..... *have a general idea on this one already: traditional ATC is now moving to new employment ventures, advancement in technologies allow easier access to improved surveillance practices.*

IDENTIFY EXISTING MODELS / PROGRAMS

DEFINE HOW CAN NATA PROGRESS FROM CURRENT STATUS? How do we prevent the problem from occurring?

IDENTIFY STRATEGIES / RECOMMENDATIONS AND PRESENT TO THE NATA STRATEGIC BOARD FOR ACTION.

ESTABLISH HOW TO EVALUATE PROGRESS IN THIS AREA

3. Present Findings to the NATA Strategy Board for Action

Notes:

Notes:

Notes:

NATA Council on Employment Survey:

What are 3 points you feel are most important from what you heard today?

1:

2:

3:

Are there any added competencies YOU would recommend to the NATA Strategy Board?

Are there any recommendations you have for improving evidence-based competencies?

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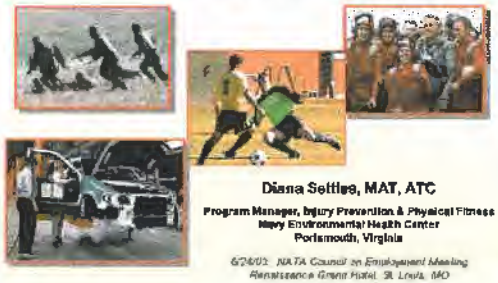

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6/26/03 NATA Council on Employment Meeting
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Presentation Objectives

1. **Address NATA Strategic Plan & Vision**
2. **Identify Importance of Evidence-Based Competencies**
   - Understand Primary Evidence-Based Approach Definitions
   - Identify Current Status of ATC Evidence-Based Competencies
3. **Learn How Competencies in Evidence-Based Decision Making Are (or can be) Utilized by the Athletic Training Profession**
4. **Identify Final Thoughts / Recommendations**

NATA Mission Statement

To enhance the quality of health care for athletes and those engaged in physical activity, and to advance the profession of athletic training through education and research in the prevention, evaluation, management & rehabilitation of injuries.

NATA Focus Question

"How will we, the NATA Board, staff and key stakeholders, clarify and strengthen our professional and public identity, increase funding levels and effectively address the employment, reimbursement, education and regulatory issues affecting our membership?"

After discussing the various perspectives on the association's needs, concerns and intentions, the focus question was created.

Underlying Contradictions & Obstacles

"What patterns, conditions, situations, issues, and obstacles, prevent us from realizing our Vision?"

Refer to Presentation Outline for Listing Page 2 / 2B (A – H)

NATA Strategic Direction

"What innovative, practical actions will deal with the underlying contradictions and move us toward our Vision?"

Evidence-Based Decisions

Integrating individual athletic training expertise with the best available external evidence from systematic research to determine the most effective course of action.

Literature reviews combined with **data collection and analysis** are primary ingredients required for making evidence- based decisions.

(Modified / Evidence-based Medicine: How to Practice and Teach EBM, 1997).

Population Health

An approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors / conditions that have a strong influence on our health.

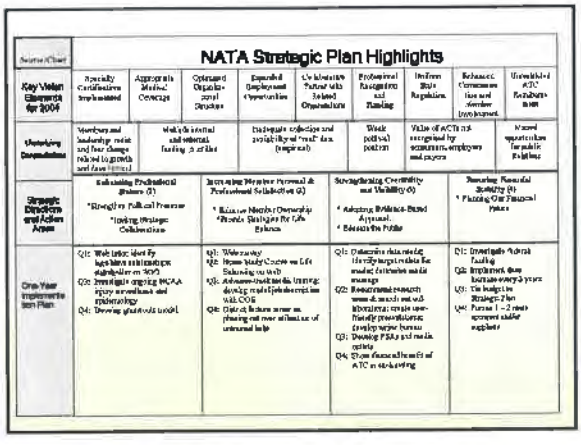
(Federal Government of Canada, 2002).

Examples: Big Business / Large Populations
Military, Industrial, Corporate Setting

How will competencies in

evidence-based practices

advance the athletic training profession?



Expand Employment Opportunities

NATA

Population Health Arena is low hanging Fruit for ATC's!

Injuries currently Military's #1 Health Impediment to Readiness
- VA spends approx. 17 B per year on injuries
- Services spend approx. 1.5B annually
- **2,500,000** active duty,reserves, and DoD civilians
- **9,000,000** military affiliates

Corporate/Industry losing millions on treatment / rehab / workman's comp of injuries (especially to the low back area)
- GM = **395,000** employees worldwide – just 1 corp.

Population health arena is seeking Evidence-Based Solutions!

Expand Employment Opportunities

NATA

Competencies For New ATC Ventures →

Traditional
"Our Foundation"

21st Century
New Ventures!!!

Expand Employment Opportunities

NATA

Competencies For New ATC Ventures →

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Expand Employment Opportunities

NATA

Competencies For New ATC Ventures →

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21st Century
New Ventures!!!

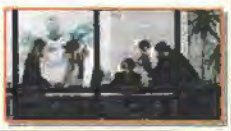
Improve Job Security!

NATA

What is the Return on Investment (ROI) for Employing ATC's?

Demonstrating ATC ROI is **Essential** to survive annual budget reviews in the corporate, industrial, and military arena.

- Demonstrate **cost effectiveness**: Did hiring an ATC save our Business money?
- Demonstrate **mission effectiveness** Improved productivity



GM Corporate Accountability

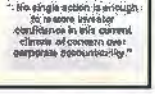
"We have a healthy system of appropriate checks & balances, and we've placed a priority on **clear consistent & truthful communication about our performance.**

News

GM Endorses New Corporate Accountability Initiatives

…..the ability of the corporation to achieve reductions in cost and employment levels to realize production efficiencies and implement capital expenditures at levels and times planned by management.

http://www.gm.com/company/investor_information/stockholder_info/corp_gov/



Improve Job Security!

If athletic trainers are unable to recommend evidence-based interventions to leadership, **the risk** of decreased employment opportunities in the military, corporate, and industrial arena **is high!**

Evidence – Based Benefits

Prove the value of ATC's ; increase value and respect from other professional organizations/specialties.

Increase opportunities for public relations.

Obtain new program/initiative funds.

Identify Evidence-Based Best Practices: Pay for what really works.

Develop/implement/evaluate Primary Injury Prevention strategies – the cornerstone for the population health setting.

Define program/initiative priorities.

Improve existing inadequate collection and availability of "real" data.

Musculoskeletal Continuum Of Care

Primary Injury Prevention

Prevention of occurrence of injury.

Secondary Injury Prevention

Accelerated return to duty. Accurate & timely evaluation. aggressive rehab & reconditioning.

Tertiary Care

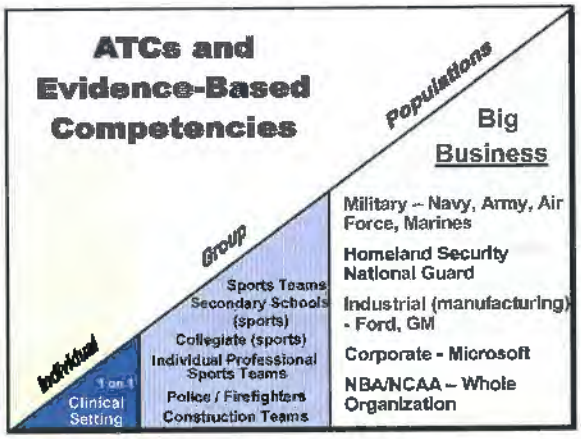
Traditional "sick call" model. Get hurt.... go to ER or wait in patient waiting room to see doc to be treated

Injury Epidemiology

Injury Epidemiology: **The study of patterns of injury occurrence and the diverse factors that influence these patterns.**

Competencies in injury epidemiology would allow an athletic trainer to be a "scientific detective" who uses a range of methods to investigate, plan, predict, and assist in the prevention of injury and death.

ATCs and Evidence-Based Competencies



Individual

Clinical, 1-1 setting, personal training

Evidence-based competencies are strongest in this setting – during an ATC's 1 on 1 interaction with the population.

ATC is a primary certification that provides a comprehensive approach toward the musculoskeletal continuum of care.

Group

sports teams, local police/firefighters

NATA

Competencies in evidence-based decision making decrease from the individual to the group setting.

Identified need for evidence-based competencies are not as noticeable in the group setting as recognized in the population setting.

- ATC's possess the ability of knowing basic injury epidemiology components such as location and types of injuries related to specific sports, and can plan general prevention strategies accordingly.

Group

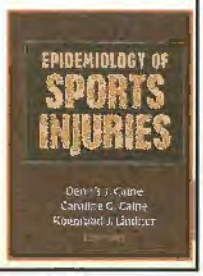
***Sports Teams:* community, school, professional**

NATA

EXAMPLE:

WHEN I SAY **BASKETBALL**.....

- What extremity injury locations come to mind?
  - Ankle
  - Knee
  - Hamstring
- What types of injuries come to mind?
  - Sprains
  - Strains
  - Tendonitis "jumpers knee"
  - Abrasions



How can evidence-based competencies improve an ATC's role in the group setting?

NATA

- allows the ATC to most effectively communicate prevention strategies to coaches, conditioning specialists, athletes, parents, etc. and to develop more effective primary injury prevention strategies.
- allows the ATC to use a range of methods to investigate, explain, predict, and assist in the prevention of musculoskeletal injury.

How can evidence-based competencies improve an ATC's role in the group setting?

NATA

Allows ATC's to play a more active leadership role in primary injury prevention.

- Increase coordination & collaboration

  Among coaches,parents,conditioning specialists and athletes
- Increase value/respect of the ATC
- Increase professional satisfaction

Injury Prevention Portfolio

Pre-Season / Post Season Analysis

General Components

- **What** types of injuries are most common?
- **Who** is getting injured? *Are there any athletes at high risk for injury?*
- **Where** are they getting injured? *Location of injury & location of training surface.*
- **How** are they getting injured? (mechanism / cause) **Why** are they are getting injured?
- **When** are they getting injured?

Injury Prevention Portfolio

Pre-Season / Post Season Analysis

Specific Components

- **Identify Injury Clusters**
  - *1st 2 weeks of training = increased incidence of heat stress*
  - *Mid-season large cluster of lacerations identified*
- **Indiv. Athlete Analysis:** history / predisposition of injury
- **Conclusions:** 'decreased rate of injuries in players by __% from 2002 – 2003 season' (incidence/severity)
- **Develop Primary Injury Prevention Strategies**

Injury Prevention Portfolio

Congratulations!!! You've just developed **evidence based** primary injury prevention strategies for your team!

ATC's take the lead!

- Identify the existence and size of the problem of injuries
- Identify who,what,when,where,why,how these injuries are occurring
- What causes the injuries to occur
- What prevents the injuries from occurring
- Recommendations for implementation of prevention strategies
- Evaluate prevention strategies

Population

***Big Business**: Military, Industrial, Corporate, Homeland Security, Whole Organizations*

NATA

The Need is there; Are We Ready?

Team of 20 athletes just increased to.....

- **725,000** Active Duty & Reserve Sailors & DoD Employees
- **1,000,000+** adding USMC Personnel
- **2,500,000** = DoD Personnel
- **9,000,000** = Military Affiliates

Population

***Big Business**: Military, Industrial, Corporate, Homeland Security, Whole Organizations*

NATA

Are We Ready to Venture into the Population Health Arena?

- **395,000** GM/Industrial (is only one of many industrial EX)
- **30,000** = common for a military Site specific population
- Currently hiring ATC's at many of these sites!
- **Are We Ready?**

Population

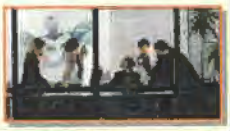
Are We Ready To Achieve the 21st Century Vision?

NATA

Will ATC's be able to survive **corporate budget reviews**?

Will ATC's be able to demonstrate an evidence-based **Return on Investment** (ROI) of their

- Employment position?
- Program?
- Cost effectiveness of the program?



Population

Are We Ready To Achieve the 21st Century Vision?

NATA

- Can ATC's build a comprehensive injury prevention program for 25,000, 725,000, etc,?
- Do ATC's understand the basic methodology for gathering and analyzing information?
- Do ATC's know how to take data /surveillance info, analyze it, and turn it into an intervention?
- Do ATC's understand how to evaluate this population based intervention ?

Population

Are We Ready To Achieve the 21st Century Vision?

Does a bachelor level **ATC** understand BASIC Injury Epidemiology Terms?

- Baseline?
- Metric?
- Rate?

Does a Master Level **ATC** understand BASIC Injury Epidemiology Terms?

Will ATC's be able to identify specific needs of specific population areas outside the traditional sports/clinical arena?

ARE WE READY

To Achieve the NATA Vision?

- **How are competencies in Evidence-Based Decision Making Currently Being Utilized in The Population Health Arena?**
- **Final Thoughts…. Recommendations / Next Steps for NATA**

Breaktime!

Example 1:

You've just been hired by the US Marine Corps to manage the musculoskeletal injury prevention program (172,741 active duty). What would be your first steps in setting up the population health program?

Key Steps in the Injury Control Process

1. Determine the existence and size of the problem
2. Identify the causes of the problem
3. Determine what prevents the problem
4. Implement prevention strategies and programs
5. Continue surveillance and monitor effectiveness of prevention efforts

Example 2:

Naval Aviation School's Command (NASC) – the cradle of the Navy's Aviation Training Program, Pensacola, FL has a problem with injuries. -moreso than with academics w/h the 25 K students that train through the command each year. You've just been hired to serve as the command's first head athletic trainer. (Congratulations!)

The Commanding Officer has already designated an empty training room area for you to set up. No supplies have been ordered. The campus is similar to that of a college or University.

What are your first steps in setting up?

Example 3:

You've just been hired to by the Navy to direct the newly developed Sports Medicine And Reconditioning Team (SMART) Center in Pearl Harbor, HI. It closely resembles a NCAA Division training room, but it is located 15 yards from the Pier & Navy ships. The focus is improving operational readiness through musculoskeletal prevention and immediate care of injury for approx. 25k catchment.

What is the most common extremity evaluated? What's the cause? Why is this information important?

SMART Center PEARL Harbor CNO's (454) Success Story

Program Inception: July 2002

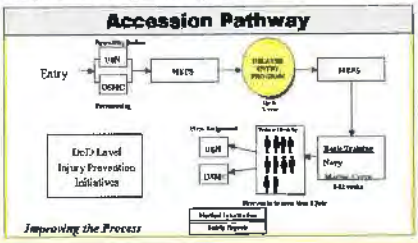
The center's main goal is to focus on managing injuries and educating patients on ways to prevent any future injuries.

The highest % of injuries

1. leisure sports at 35%
2. mandatory physical readiness training at 33%

Example 4:

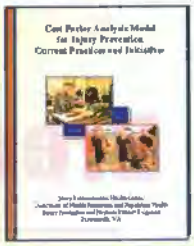
Listed is the Accession Pathway of a Sailor. How do you determine where the problem of injuries begins?



Example 5:

Can ATC's identify an evidence- based best practice?

Best done v/s best possible



Example 6:

An orthopedic surgeon specializing in back injuries from one of the Navy's primary medical centers contacts you (*NEHC ATC*) and requests subject matter expertise in beginning a **back to work** program. He's particularly interested in obtaining funding for a back rehab. program designed by his alma mater = 160K in personnel training alone. Your program does not have the funds to support his initiative, but it sounds like a good idea. **What action steps do you take?**

Example 7:

The Head athletic trainer for an industrial sports medicine program, has been asked by the factory's leadership (*includes directors, comptroller, and CEO*) to present a program update on his/her injury prevention program.

Leadership is especially interested in reviewing the program's **Return on Investment.** Review the slide prepared. **Identify the baseline, measure (metric), and rates on the slide.**

	Start-up yr		
Program 1	721 (FY00)	568 (FY01)	367 (FY02)
Program 2	580 (FY00)	480 (FY01)	618 (FY02)

Example 8:

Unintentional injuries are the leading cause of death, disability, hospitalizations, decreased productivity and decreased readiness in the US Armed Forces. Due to the impact, Secretary of Defense Rumsfeld released a full page memo May 19, 2003 requesting services to decrease accidents by 50%. $ 25 Million may soon be released to the Services to combat injuries. You are an ATC in the military with a very limited budget. **What action steps should be initiated?**

Final Thoughts

Evidence-based competencies are not out of the box concepts.

- ATC's are currently behind the "s- curve". We're not on the cutting edge; we're catching up!

Surveillance / data collection and analysis is a primary component of 2 of the nation's primary injury prevention population health organizations.

NATA 21st Century Vision: Going Where the Puck is Going to Be"

Where the puck has been

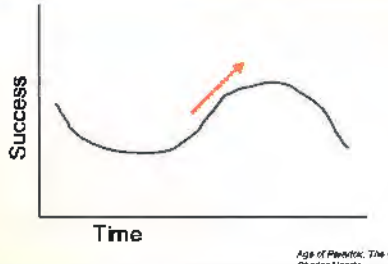
Where the puck is now

Where the puck is going to be

Preparing for going where the puck is going to be

NATA 21st Century Vision:

Going "Where the Puck is Going to Be"



Age of Paradox, The Chaos of Change
Charles Handy

Final Thoughts

- **Key** for ATC's in corporate/industrial/military setting **is primary PREVENTION of injury.**
- An evidence-based approach in athletic training is the cornerstone for **primary injury prevention** in the population health arena.

Final Thoughts

Competencies in injury epidemiology and evidence-based decision making are important for athletic training practices in "traditional" individual and group populations.

Final Thoughts

Competencies in evidence-based decision making are CRITICAL for the survival of ATC's in new job markets involving **large populations**.

Final Thoughts

Do ATC's currently possess the evidence-based competencies necessary to transition from individual and group settings into the population health arena?

New Ventures

Recommendations

1. Present information presented today to the NATA Strategy Board.
2. Establish a working team (~ 15) to identify next steps for NATA.
3. Present Findings to the NATA Strategy Board for action.

Work Group Focus

- **Respond** to questions presented by the NATA Strategy Board and NATA Council on Employment.
- **Establish** background / problem identification.
- **Define** how NATA can progress from current status.
  - How do we "fix" the problem?
  - **Identify** strategies / recommendations and **Present** to NATA Strategic Board for action.
- **Establish** how to evaluate progress in this area.

Suggested Reading / Review

See Section 4 in Manual:

- Book
- Periodical
- Website

Ask not "Why can't I?", Ask "How can we?"

Diana Settles, MAT, ATC
settlesd@nehc.med.navy.mil

NATA Strategic Plan Highlights

Source/Chart									
Key Vision Elements for 2004	Specialty Certifications Implemented	Appropriate Medical Coverage	Optimized Organizational Structure	Expanded Employment Opportunities	Collaborative Partner with Related Organizations	Professional Recognition and Standing	Uniform State Regulation	Enhanced Communication and Member Involvement	Unrestricted ATC Reimbursement
Underlying Contradictions	Members and leadership resist and fear change related to growth and development	Multiple internal and external funding priorities		Inadequate collection and availability of "real" data (empirical)		Weak political position	Value of ACTs not recognized by consumers, employers and payors		Missed opportunities for public Relations
Strategic Directions and Action Areas	**Enhancing Professional Stature (1)** *Strengthen Political Presence *Inviting Strategic Collaborations			**Increasing Member Personal & Professional Satisfaction (2)** * Enhance Member Ownership *Provide Strategies for Life Balance		**Strengthening Credibility and Visibility (3)** * Adopting Evidence-Based Approach * Educate the Public		**Ensuring Financial Stability (4)** * Planning Our Financial Future	
One-Year Implementation Plan	Q1: Web links; identify legislative relationships; stakeholder on BOD Q3: Investigate ongoing NCAA injury surveillance and epidemiology Q4: Develop grassroots model			Q1: Web survey Q2: Home Study Course on Life Balancing on web Q3: Advance-track media training; develop model job description with COE Q4: District lecture series on phasing out over utilization of untrained help		Q1: Determine data needs; Identify target outlets for media; determine media message Q2: Recommend research areas & search out collaborations; create user-friendly presentations; develop writer bureau Q3: Develop PSAs and media outlets Q4: Show financial benefit of ATC in each setting		Q1: Investigate federal funding Q2: Implement dues increase every 3 years Q3: Tie budget to Strategic Plan Q4: Pursue 1 – 2 more sponsors and/or suppliers	

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Key Steps in the Injury Control Process

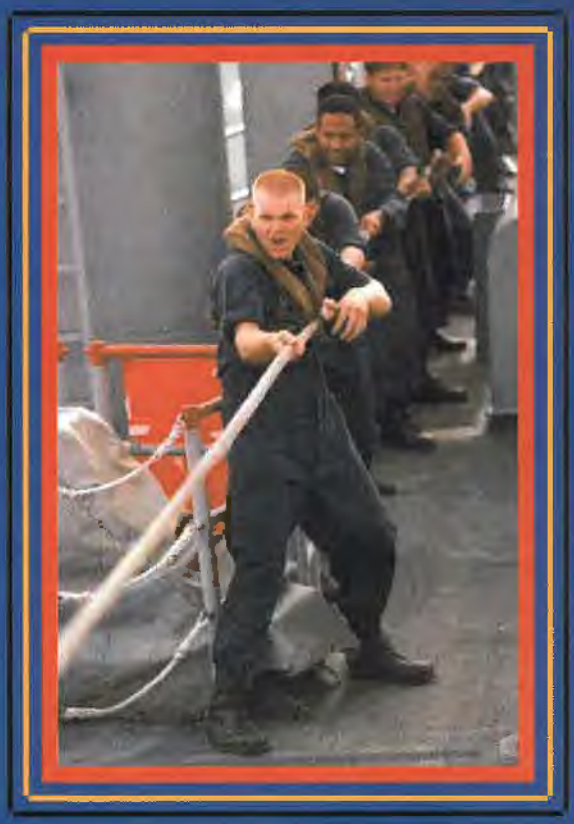
1: Determine the existence and size of the problem

2: Identify the causes of the problem

3: Determine what prevents the problem

4: Implement prevention strategies and programs

5: Continue surveillance and monitor effectiveness of prevention efforts



The Public Health Approach, Adapted from Mercy, J.A., M.L. Rosenberg, K.E. Powell, C.V. Broome, and W.L. Roper. "Public Health Policy for Preventing Violence." *Health Affairs*, Winter 1993:7-29, and Jones, B.H., and J.J. Knapik. "Physical Training and Exercise-Related Injuries: Surveillance, Research and Injury Prevention in Military Populations." *Sports Medicine*, 27(2):111-125, 1999.

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