Providing Quality Sports Medicine Care for Underserved & Minority Athletes: Is There a Level Playing Field?

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Faculty Disclosure Information

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Learning Objectives

1. Describe the components of quality sports medicine care for adolescent athletes

2. Describe the health status of minority and underserved athletes and the impact of social determinants and health disparities on health equity for this population

3. Discuss tools to providing quality sports medicine care that is person centered and addresses the social determinants to level the playing field for good health for this population
New Definition of Child Health
(IOM, Children’s Health, the Nation’s Wealth, 2004)

“...the extent to which individual children or groups of children are able or enabled to a) develop and realize their potential, b) satisfy their needs and c) develop the capacities that allow them to interact successfully with their biological, physical and social environments”

“A purely medical approach falls short”
• Kuo, et al, 2012
What is Quality Health Care? - IOM Crossing the Quality Chasm Institute of Medicine

Quality in health care delivery - Triple Aim


3 Interrelated Goals

- Improve patient experience
- Reduce healthcare costs
- Improve population health
Quality Sports Medicine Care - ACSM Team

Physician Consensus Statement

• Principal responsibility is to provide for the well being of individual athletes so each can realize his/her potential

• Provide medical management for athletes

• Provide appropriate education and counseling

• Must actively integrate medical expertise with other healthcare providers
Health Benefits of Athletic Participation (Armstrong et al, 2010)

• More physically active and higher fitness levels

• Less illicit drug and tobacco use

• Higher self efficacy and hope, less depression

• Better sleep habits

• Path to a better life for many minority and poor youth
What is a level playing field- the concept of health equity

“Health inequities are differences in health status & mortality rates across population groups that are systematic, avoidable, unfair and unjust”
- Margaret Whitehead, 1992
Framework for Achieving Health Equity

**Social Determinants of Health**
- The conditions in which people are born, grow, live, work and age
- Can lead to inequities based on societal power differentials between groups

**Health Disparities**
- Unjust differences in health
- Can be improved by changes in human capital investments to equalize the societal differentials
- Types of capital: social, economic, environmental, education

**Health Equity**
- Equal access to available care for equal need
- Equal utilization for equal need
- Equal quality of care for all
Social Determinants of Young Adult Health
(Adapted from Blum et al, Lancet, 2012)

Goals for Healthy Adolescent
• Educated and employed
• Emotionally and physically safe
• Positive self efficacy
• Good life and decision making skills
• Physically and mentally healthy

Achievement of these goals is impacted by social context
The Impact of Social Factors on Health
Framework to Apply Triple Aim to Adolescent Sports Medicine Care Delivery

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Experience of Care

• Athlete perception of social support from ATC after injury (Barefield, et al)

• Athlete satisfaction with ATC care (Unruh, et al, 2005)

• Sports medicine physician comfort with discussing injury and non-injury related psychological issues with athletes (Mann, et al 2007)

• Gaps exist in medical coverage for games and practices, emergency action protocols and education programs in large urban high school district (Mann, et al, 2014)
Population Health- Morbidity

• 1% to 10% of pediatric sports injuries are physeal injuries and that growth disturbance may occur in as many as 1 out of 6 cases.

• Powell et al report that the majority (67.4% or greater) of injuries in both boys’ and girls’ high school sports required fewer than 8 days of time loss.

• Existing percent estimates for re-injury to the same body part (from previous and/or present season) representing a variety of sports and participation levels range from 6.4% to 49.0%.
Population Health-African American Athletes

• Disproportionately represented in sports – 12.7% of national student body vs. 20.6% of Division I NCAA athletes (Lapchick, 2006)

• High rates of poor academic performance and lower graduation rates (Wittmer et al, 1981; McDougle & Capers, 2012; Lee et al, 2011)

• Rely on sports for fame/fortune at higher rates than Caucasians (Lee et al, 2011)

• Face stereotypes and bias and lack of support for academic success (Bimper et al, 2012)

• Female athletes have better experiences than males (Sellers et al, 1997)
Racial/Ethnic Identity and Transition to Healthy Adulthood (Phinney, 1997)

• For adolescents from less dominant racial/ethnic groups, there is a heightened sense of difference from the majority group and developing a secure racial/ethnic identity is an additional developmental task

• This process must occur in an environment where their race/ethnicity is associated with negative stereotypical images, cultural differences are seen as inferior and there are restricted opportunities

• A successful transition to adulthood requires that racially and ethnically diverse adolescents “differentiate stereotypes of their group from the reality of the group as they know and experience it” so that they can integrate themselves as a both a member of their racial/ethnic group and a member of the larger society
Components of Racial/Ethnic Identity (Phinney, 1997)

Additionally, racial identity includes the psychological changes that occur as one struggles with the implications of racial group membership (Cross, 1991; Carter, 1991).
LGBT Athletes
(Roper & Halloran, 2007)

• Athletic environment is often not inclusive or safe place to be open about sexuality

• Face high rates of bias and discrimination such as social isolation, harassment, and negative comments

• More hostile atmosphere present in mainstream team sports such as football, basketball and hockey

• Tendency for heterosexuals to have more negative attitudes towards gay men than lesbians
Female Athletes

• 150% increase in NCAA women athletes since 1981 (NCAA, 2006)

• Still get less resources devoted and face sexism, risk of sexual assault and few female role models (Loughran & Etzel, 2013)

• Higher rates of disordered eating, stress fractures and menstrual irregularities; less sexual activity (Nattiv et al, 1997)
Other Aspects of Diversity to Consider

- Religious
- Psychiatric Disorders
- Low SES
- Learning Disabilities
- Physical Limitations
- International Athletes
Costs

- The direct and indirect costs of health disparities of all types across the life cycle estimated to be 1.24 trillion dollars between 2003-2006 (LaVeist et al, 2009)

- Estimates of cost sports injury-top 4 sports ages 0-14 years in 1998
  - Football: $6,629,184,627
  - Basketball: $6,519,129,000
  - Baseball: $3,017,473,669
  - Soccer: $2,870,722,842
Life Course Approach to Achieve Sports Medicine Health Equity in Adolescents

• Address key factors that negatively impact on well being in childhood to improve health outcomes in adult life

• Most impact is obtained by focusing on biological, psychological and social factors that can be precursors to chronic medical and mental health disorders in adulthood

• 4 areas of exposures that can be precursors: childhood environment, health related behavior, risk states and fully developed disorders
The Holistic Athletic Healthcare Model - Application of the Social-Ecological Model to Sports Medicine Care Delivery

(Barkley, Taliafero, Baker, Garcia, 2017)
Definition of Cultural Competency  The Joint Commission

The ability of health providers and organizations to understand and respond effectively to the cultural and language needs brought by the patient to the health care encounter.
Factors that Challenge Cross Cultural Communication

- Micro aggressions
- Unconscious Bias and Cultural Clashes
- Stereotypes & Discrimination
- Provider Comfort & Training
Strategies to Address the Needs

- Talk to athletes
- Set the stage for communication about all aspects of their lives
- Utilize other members of the sports medicine team, school student support services and community resources
HEEADSSS Psychosocial Assessment (Goldenring and Rosen, 2004)

- Home Environment
- Education/Employment
- Eating
  - Activities with Peers
  - Drugs
  - Sexuality
  - Suicide/Depression
  - Safety from Injury and Violence
Psychosocial Screening Questionnaires

• Guidelines for Adolescent Prevention Services (GAPS) (AMA, 1997)

• Rapid Assessment for Adolescent Preventive Services (RAAPS) (University of Michigan, 2011)

• Quick Screen
  • How are you doing?
  • Are you stressed out about anything?
  • How do you manage your stress?
Addressing Problems (GAPS, 1997)

Assess Further

Lower Risk for Adverse Outcome
- Education & F/u

Moderate Risk for Adverse Outcome
- More Problem Identification

High Risk for Adverse Outcome
- Referral & F/u

Negotiate Solutions & F/u
Promoting Strengths- 5C’s of Positive Youth Development
(Thompson & Lerner, Policy, Politics & Nursing Practice, 2000)

- **Competence**
  - Intellectual competency & achievement
  - Positive social and behavioral skills

- **Confidence**
  - Clear boundaries and expectations
  - Promoting self image and efficacy

- **Connection**
  - Positive links to caring adults and institutions
  - Ability to contribute to community

- **Caring**
  - Climate of love and caring
  - Promotion of positive values
  - Encouraging health growth

- **Character**
  - Empathy and sense of social justice
  - Integrity and moral centeredness
Summary- Changes You May Want to Make in Practice

1. Consider sports medicine care for athletes as part of quality care delivery for adolescents and look to address the patient experience, the population health needs, cost and equitable care delivery with a focus to promote transition to good adult health

2. Recognize that minority and underserved athletes have unique social determinants that influence their health behavior and need a person centered approach to these social needs to achieve equitable care delivery

3. Incorporate cultural competency care principles and adolescent psychosocial assessments in sports medicine care and create linkages with providers and community resources to address the social as well as physical care needs
References- For more information on this subject, see the following publications:


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Question 1

Which of the following are components of the Triple Aim for quality healthcare services?

A. Accessible, acceptable, effective
B. Patient experience, population health, cost
C. Safe, timely, patient centered
D. Equitable, population health, convenient
E. Patient experience, equitable, effective
Question 2

Which of the following social determinants promote inequities in care for minority and underserved athletes?

A. Ability to obtain sports training or equipment
B. Safe spaces to exercise or train
C. Underperforming schools
D. Access to healthcare services
E. All of the above