THE ASPEN INSTITUTE
PROJECT PLAY
REIMAGINING YOUTH SPORTS IN AMERICA

"Off the Bench: How to Get Health Pros into the Game of Youth Sports?"

Roundtable Summary

Pediatricians, sports medicine doctors and allied health professionals have recommendations on how to properly engage children in sports – insights that can be valuable in growing access to an early positive experience that encourages lifelong habits of health and fitness. However, this advice is rarely considered by parents and sport organizers, who structure the activity of children but are largely unaware of the knowledge produced by these key organizations.

On Feb. 13, 2014, the Aspen Institute Sports & Society Program explored the role of health and medical professionals in informing the decision-making process in youth sports at the local and national levels. In collaboration with the American Academy of Pediatrics, American College of Sports Medicine, and American Council on Exercise, more than 50 leaders were convened for an all-day roundtable at ESPN Wide World of Sports in Lake Buena Vista, Florida. The event was part of the Aspen Institute's Project Play, a thought leadership exercise that aims to help stakeholders reimagine youth sports in a form that serves all children and all communities.

Moderated by Tom Farrey, Sports & Society director, the roundtable began with an accounting of the most relevant recommendations made by 11 leading health and medical bodies. The University of Florida's Sport & Policy Research Collaborative (SPARC), the research partner for Project Play, presented a draft report aggregating those recommendations, from physical activity to injury prevention. Feedback was sought on gaps in the report, so it could be refined.

Roundtable participants then explored three areas of significance:

- **Growing Local Connections:** Adding the voice of allied health pros to sport boards
- **Growing Local Quality:** Addressing the lack of athletic trainers at games, practices
- **Growing Local Credibility:** How best to advise parents – and what about football?

Participants shared their perspectives on the above topics, while identifying opportunities for collaborations that could catalyze progress. The group's insights will also help inform the recommendations made in the Project Play report, to be released in January 2015.

During the roundtable, survey questions were posed to the group using an electronic polling system provided and conducted by the American College of Sports Medicine. The responses provided quantitative, real-time feedback on key topics. *(Note: These results are not scientific*

and the answers provided by each participant who voted should not be considered the official stance of their affiliated organization but rather a reflection of their personal opinion).

PRIMARY OUTCOMES

- A consolidated recommendations document that health/medical bodies can use to begin the process of speaking to sport organizers and parents with a shared voice
- New ideas on how to leverage health/medical resources to engage more kids in sports
- Support of policies that would prohibit tackle football until age 14

TOPLINE FINDINGS AND SELECT OBSERVATIONS

Allied health professionals seek a greater role in shaping youth sports: When asked in an event poll whether each National Governing Body (NGB) of sport should include one allied health professional on its board, 95 percent of attendees answered "yes." A chief value of that designated person would be to ensure that a sport organization's policies and practices are evaluated against the knowledge base of health and medical bodies. Individually, participants at the roundtable noted that some of the 47 NGBs affiliated with the U.S. Olympic Committee, as well as others beyond the Olympic family such as USA Football and US Lacrosse, already do a good job of soliciting opinion of medical professionals on issues of safety. In fact, some NGBs have dedicated medical or sports science committees that help shape policy. However, the chairs of those committees often sit on governing boards in non-voting capacities. Furthermore, there is an overall lack of consistency in how medical professionals are incorporated into NGB organizational structures. Roundtable members felt more could be done to elevate the role of medical pros, and that the USOC could be helpful by requiring NGBs to designate a voting position for health professionals on their respective boards. One roundtable member said that outreach is also necessary to the non-NGB youth sport governing bodies, such as the Amateur Athletic Union, that more directly reach millions of kids.

Participants also expressed strong support for carving out a greater role for allied health pros on local recreation commissions and sport boards, e.g. Little League or youth soccer boards that are frequently comprised of volunteer parents who often lack training in topics related to child development. Questions were raised about the supply of local health professionals who could serve on these boards. How many are available and willing to make the time commitment? Regardless, greater efforts could be made to recruit local health professionals to participate in the decision-making process of local sport boards, either on a regular or annual basis when policies are being adopted. The need for institutional expertise is especially important in light of the fact that few organizations mandate coach training in areas related to safety. In his post-event survey, David Geslak, founder of the Exercise Connection and an expert on teaching sports to kids who are autistic, wrote, "If the people that cut our children's hair have to be licensed by the state, shouldn't the people that work with their developing human bodies be?"

Health and medical organizations need to develop a clear, consistent voice: Right now, it's a chaotic landscape. If parents and coaches are aware at all about what health and medical

bodies recommend in the area of sports and physical activity, they're likely to get conflicting messages. Efforts such as the NFL's Play 60 have helped establish the Centers for Disease Control recommendation that kids be physically active 60 minutes a day, but pediatricians, sports medicine doctors, personal trainers and others aren't always on the same page when it comes to age-appropriate sport activity of children. Messages from the popular media, star athletes and sport organizations themselves can further confuse parents. Mike Millay, director of sports development at the ESPN Wide World of Sports complex at Disney World, highlighted the disjointed nature of youth sports in which national organizations often struggle to promote policies that may be of greatest benefit to children and communities. "These organizations are too busy competing with each other," he said. "There is too much opposition in different organizations to get a unified message through to constituents. One option would be to try to target the audience at large events (tournaments), where everyone comes together."

University of Florida professor J.O. Spengler presented the SPARC paper as a potential solution, and solicited feedback so the consolidated recommendations could be refined before broad distribution. Several roundtable members made suggestions for additional content, for instance in the area of mental health. Others questioned whether there was enough agreement across medical organizations about some of the recommendations reflected in the report. Dr. Michael Bergeron, executive director of the National Youth Sports Health and Safety Institute, countered that while some of the language needs to be tightened there is sufficient consensus on many recommendations and any differences should not impede coordinated action by leaders. "We must move forward," he said. Jim Whitehead, executive vice president/CEO of the American College of Sports Medicine, said, "The paper is a great start and a platform for action." A final version of the paper was published in April with this event summary.

Consolidate recommendations, but also communicate and catalyze: Dr. Neeru Jayanthi, medical director of primary care sports medicine at Loyola University in Chicago, suggested that the SPARC paper for the Aspen Institute be used by medical organizations as a foundation for creating their own evidence-based, joint position statement to be published in an academic journal. In his post-event survey, he wrote, "This could concomitantly serve as a sound basis for implementing (an) ad campaign that NGBs and other organizations could endorse about youth sports centered around one to three mutually accepted goals. It would be hard for skeptics to argue with collaborative recommendations of medical organizations. Some of these ads could center around: 'delay (sport) specialization,' 'increase participation for all,' 'make sports fun again!'" Dr. Angela Smith, an orthopedic surgeon at Nemours/AI DuPont Hospital for Children in Philadelphia, suggested the medical bodies annually update and vote upon their consolidated recommendations.

Several participants said the recommendations also need to be simplified for specific audiences, whether for parents, coaches, doctors, or otherwise, so each group knows exactly what the task is. Dr. Nancey Tsai, Chief Science Officer for the American Council on Exercise, noted the effectiveness of the dental community in conveying one of its main messages to the public, "brush twice a day." Sally Johnson, executive director of the National Council of Youth Sports, endorsed the value of simply worded recommendations. She also said the best way to reach

parents, coaches and the leaders of community youth sports organizations is to limit the number of recommendations. Additionally, others stressed the importance of developing a well-considered dissemination and integration plan to ensure that stakeholders know the recommendations exist, and can be acted upon easily. “With physicians, for instance, the key is probably to develop electronic health record templates so they don’t even have to think about it,” said Dr. Michelle LaBotz, executive committee member of the American Academy of Pediatrics’ Council on Sports Medicine and Fitness. “They have decision-making embedded in the medical record.”

Dr. Carrie Jaworski, a specialist in sports medicine and head team physician at Northwestern University, said the recommendations could also form the basis of a book or pamphlet that would help cut through the current message clutter. “I would like to see/write a ‘Parent's Guide to Raising Fit-for-Life Kids’ that can be a resource about how to engage kids in activity and prevent injury,” she wrote in her post-event survey. “It could also have tips on nutrition, mental health, life balance and basic first aid/injury management. The group we had assembled could each contribute chapters and ACSM could assist in publishing it.”

LaBotz argued that the best “window of opportunity where you have unified message is in that pre-k age group where you have a chance to relay messages to families embracing healthy, active lifestyles. Parents are uniquely receptive when they have very, very young children. So if you can get them to embrace the right amount of healthy exercise – not too much, not too little – and embed that within the family culture, then that’s going to expand organically, whether or not that does include organized sports down the road.”

There’s a growing need for more medical care at organized youth games: Athletic trainers are considered critical agents in serving the health and safety needs of young athletes, yet less than half of all high schools have them, according to Bob Colgate, director of sports and sports medicine for the National Federation of State High School Associations. Trainers are all but non-existent in non-school youth sports. Farrey noted that a New York City council member this year introduced legislation that requires a trainer to be on site for every youth football practice conducted in city limits, and that a doctor be present for all games. In response, youth sport leaders had raised concerns about the potential expense associated with contracting for appropriate medical care, which could cost a program hundreds or thousands of dollars a year.

Several medical leaders at the roundtable expressed support for the need for proper medical personnel at youth games, at least in certain sports. Joining them was Sally Johnson, head of the National Council on Youth Sports, whose members include many of the largest national providers of youth sport opportunities. However, many also recognized both the cost and technical challenges in providing such support, particularly in rural areas where there may not be a trainer or physician within 100 miles. Chad Gilliland, chief operating officer of the Andrews Institute, mentioned a survey of Alabama high schools that found that those in rural areas had trainers less often than those in cities. Given these issues, the dialogue shifted to the question of which need was greater: trainers at practices or doctors at games? Jayanthi cited research showing that injury rates in games far exceed those of practices, especially in collision sports.

Opinion was divided on how participation rates might be affected if appropriate medical support were introduced into community sport programs. An instant poll of roundtable members found that 8 percent said participation would increase significantly, 23 percent said it would increase slightly, 30 percent predicted no change, 25 percent felt it would decrease slightly, and 15 percent said it would decrease significantly. Some attendees felt that adding a medical component would increase numbers by attracting new participants whose parents were concerned with safety, while others felt they would drop because of additional costs. Farrey noted that participation in youth football has decreased in each of the past five years due in part to safety concerns of parents; meanwhile, another collision sport, hockey, has seen participation gains since introducing reforms designed to make the game safer, such as banning body checking at the pre-teen level and revamping its mandatory coach training courses.

Beyond funding, creativity will be required to address gaps: Several potential solutions to growing the supply of in-game resources were explored. Roundtable members floated the idea of training more parent volunteers to be first responders. An emergency responder certification can be obtained through the Red Cross and ideally would include sport-specific elements. Smith, an orthopedic surgeon, said an Australian program, Safer Sport, could be a model. A program by Sports Medicine Australia, it trains 12,000 people annually in the basics of sports medicine. Half of those trained are parents, while coaches comprise a smaller percentage.

Whitehead noted that many physicians need training in sports medicine basics as well. Just because someone is a doctor, or even a pediatrician, does not mean they have sufficient knowledge to guide child athletes in areas related to preventing and healing injuries. For instance, many lack the training to address concussions, a new and rapidly evolving area.

Carol Ewing Garber, ACSM president-elect, said opportunities to collaborate with other non-medical professionals also exist (think: clinical exercise physiologists, health fitness specialists, and other credentialed, allied health professionals). “We in fact have thousands and thousands of well-trained young people currently who are in in undergraduate programs such as kinesiology who are looking for jobs and having trouble finding a career path,” she said. “They could fit in a lot of the areas that we’re talking about and provide the support that is needed.”

It’s not all about safety: While much of the conversation centered on protecting kid athletes in organized sports, several roundtable members said safety shouldn’t be the only consideration when recruiting allied health professionals to work with youth teams. At the pre-pubescent ages when injuries are less common, a primary role of any health professional should be to help kids develop fitness patterns for life. There are many kids who simply need to start becoming kinesthetically competent, getting out of the house to play with friends, and interacting with their environment. Only one in three kids is physically active every day, and childhood obesity rates have tripled since 1980, according to the Centers for Disease Control.

The urgency of the issue was underscored by Army Lt. Gen. Mark Hertling (ret.), now a member of the President’s Council on Fitness, Sports and Nutrition. He told the roundtable that in 1995,

there was just one bell curve that the Army used for assessing the physical competence of recruits; now, it uses two bell curves – one consisting of "athletes" and the other for "everyone else." He said the Army has had to teach recruits in the latter category remedial movement skills, such as how to jump and dodge. And plenty never even qualify for training. One quarter of all Americans ages 17 to 24 are too obese to serve in the military, according to Too Fat to Fight, a 2010 report, making the issue is one of national security.

New connections could be established between schools and pediatricians: P.E. teachers are the one group that focuses on the physical activity and movement skills of all kids. Schools often assess the fitness levels of children through tools such as the Presidential Youth Fitness Program, backed by the President's Council on Fitness, Sports and Nutrition. Shellie Pfohl, executive director of PCFSN, said, "How cool would it be if someday in America every school was doing the Presidential Youth Fitness Program, and that (individualized) data was fed to the pediatrician's office, and everyone understood what it meant – pediatrician, parents and kids." Then, the doctor would connect that child with a local sport or other program that could provide physical activity. As for the barriers to that dream scenario, she said, "I don't have confidence that physicians know what to tell parents, and they sure as heck don't know where to send kids. They don't know where the sports programs and rec centers are. There are a lot of obstacles to overcome. That doesn't mean we shouldn't move (in that direction)."

Paul Roetert, CEO of Shape America (formerly AAHPERD), proposed the idea of allowing doctors to write exercise prescriptions, paid for by third parties, to address what he calls an "exercise deficit disorder." Dr. Nancey Tsai, Chief Science Officer for the American Council on Exercise, said the first question she asks patients is if they exercise at least 30 minutes per day. "Kids play Xbox all day and then we expect them to be Ferraris on the field," she said. But Tsai's approach is not common. Jaworski cited a survey she conducted involving 7,000 doctor visits that found that less than one percent of physicians discussed exercise. Pfohl said physicians do not feel comfortable talking about exercise because they are not well versed in the area.

Delay entry into tackle football until teenage years: Pediatricians, sports medicine physicians and other allied health professionals are often asked the question by parents, "Should my kid play football?" Public awareness of the injury risks associated with the most popular collision sport in the U.S. have grown in recent years, with football at or near the top in injury rates, including areas of orthopedic and spinal cord injuries and concussions. Even Chronic Traumatic Encephalopathy, once associated only with former NFL players, has been found in the brain of a deceased high school player. Much remains unknown about the relative risks of playing football at the youth level, making the advice that allied health professionals provide to parents a challenge. Still, many at the roundtable felt a conservative response was the most appropriate.

When asked in an instant poll at what age they would recommend a child enter tackle football – from age six to 16, to not at all – none of the respondents selected age 6 or age 8. Only 3 percent of attendees chose 10 as the appropriate age, increasing to 20 percent for age 12. By far, the greatest support was at age 14, with 57 percent of the vote. Another 10 percent preferred holding off until age 16, and the final 10 percent said youth should never play tackle

football. In all, 77 percent of respondents were uncomfortable with tackle football before age 14. Voters in the poll were representing themselves, not conveying the official opinion of the medical or health organizations with which they are affiliated. The results should not be interpreted as the consensus opinion of medical and health organizations. Still, as Farrey noted, the results showed considerable support for idea that Dr. Robert Cantu, the Boston University pioneer on sports concussions, has proposed: no tackle football before age 14. Cantu suggests flag football at first, then a transition into the full-contact football once children reach puberty.

Gilliland said he does not know the proper age to begin playing tackle football but supports flag football into the middle school years because it promotes skill development without contact. Children learn to solve problems on the field with their feet and hands, rather than knocking someone down. Smith advises against playing the game at all, though added that ultimately it's a family decision after considering the risks versus benefits. Football is one of the few sports that make room for the obese child, Farrey noted. However, Smith said, football is not always a healthy sport for overweight kids. While they are often recruited into the game because they are seen as immovable objects, some are not physically literate – they lack fundamental movement skills – and thus are at heightened risk of being injured. Additional concerns were raised about the fact that, according to a recent survey produced for the Sports & Society Program, only 46 percent of youth football coaches are trained in concussion management. Recently, two insurance firms have expressed concerns about underwriting youth football.

The issues surrounding football have prompted the American Academy of Pediatrics to draft a position statement on football, LaBotz said. That statement will be released in the next year.

Insurance companies can create standards through incentives: Gary Hall Jr., the principal of Hallway Consulting and a former Olympic champion swimmer, noted that groups are driven by motivation. Relative to Project Play's topic focus, there are two groups within the population of children whose needs must be addressed – highly competitive athletes and the uninvolved. The highly competitive group uses college scholarships as a motivating factor. "It really comes down to benefits," he said. "What is the benefit to the under-active group?" He proposed insurance premium deductions for families and individuals who can demonstrate they are involved in sports and physical activity. If someone smokes, they get higher insurance rates; if someone is proactively working on their health, they should receive insurance discounts, he argued. Yes, playing sports can lead to injuries – but an ACL injury is cheaper to cover, medically over the long term, than treating for Type 2 Diabetes, he noted. Hall also suggested that insurance companies work with gym chains to create industry incentives.

Tim Dutra, past president of the American Podiatric Sports Medicine, was among those who embraced the ideas presented by Hall. In his post-event survey, he wrote, "I think what Gary Hall mentioned is critical, that the health insurance industry and Affordable Care Act give wellness/activity incentives to reduce individual's premium. I think that is a huge message to get kids more active, as well as adults." Jaworski agreed that insurance incentives could provide the motivation for physicians and patients to start talking about physical activity.

NEXT STEPS

- Distribute the white paper of consolidated recommendations of health/medical bodies.
- Develop concise, clear messages to specific target audiences – including parents.
- Advance thought about the possibilities of insurance companies creating incentives.

SUPPORTING MATERIALS

"Getting and Keeping Kids in the Game: A Summary of Key Recommendations by Medical and Health Groups," by J.O. Spengler, University of Florida Sport Policy and Research Collaborative

Aspen Institute Project Play microsite

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