

Athletic Training Staff Levels at California Community Colleges

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Introduction: Community college athletic trainers (ATs) in California often seek additional personnel to increase access to medical services for student-athletes, as demand has increased with mandated medical coverage of non-traditional sport seasons.^{1,2} To date, a dearth of literature exists addressing the appropriate level of medical coverage at the community college level of intercollegiate athletics.

Methods: With input and final approval from the executive board of the California Community College Athletic Trainers' Association (CCCATA), a web-based survey was created to investigate employment characteristics and current levels of athletic training staff. An Appropriate Medical Coverage for Intercollegiate Athletics (AMCIA) calculator was included to ascertain recommended levels of medical coverage based on the National Athletic Trainers' Association guidelines.¹ The AMCIA requires ATs to input the number of student-athletes per team, days per sport season, percentage of time each year teams are active, days traveled and a percentage of time ATs devoted to administrative duties. Using the CCCATA directory and various district athletic webpages, the survey was distributed to ATs from 105 California community colleges that hosted intercollegiate athletics during the 2015-2016 academic year. Completed responses were received from 57.1% ($n = 60$) of total colleges with 46.7% ($n = 28$) from the northern conferences and 53.3% ($n = 32$) from the southern conferences.² Football was present at 60% ($n = 36$) of respondent colleges. Full-time employment for athletic trainers was calculated based on 12-month contracted employment. Union representation varied, with 76.7% ($n = 46$) represented by the classified union, 13.3% ($n = 8$) by a faculty union, 3.3% ($n = 2$) were non-union management and 6.7% ($n = 4$) were unrepresented. Means for actual and recommended full-time equivalent ATs were compared using a paired samples t test.

Results: A statistically significant difference was present between the number of actual (mean = 1.49, SD = 0.63) and recommended (mean = 3.99, SD = 2.35) full-time equivalent ATs ($t_{59} = 8.69$, $P < .001$) with a mean difference of 2.50 (SD = 2.23). Colleges averaged 12.60 (SD = 5.27) sports per college with 8.46 sports per AT.

Implications: Results indicate inadequate medical coverage for intercollegiate athletics at California community colleges. The AMCIA calculator currently excludes several athletic activities that fall under the purview of community college athletic training (badminton, beach volleyball, cheer, crew, dance, and rodeo), which indicate that results may be understated. These deficiencies may expose districts to increased legal liability, as "Sport-related lawsuits have shifted *away* from equipment manufacturers and their "duty to warn" *toward* the health care delivery process."^{1(p3)} Community college districts should invest in additional athletic training personnel to increase access to medical services while potentially reducing sport-related legal liability.

References

1. National Athletic Trainers' Association. Recommendations and Guidelines for Appropriate Medical Coverage for Intercollegiate Athletics. <http://www.nata.org/sites/default/files/amciarecsandguides.pdf>. Accessed March 4, 2016.
2. California Community College Athletic Association. Constitution and Bylaws 2016-2017. http://ccaasports.org/working/pdf/Constitution/2016-17_Constitution_and_Bylaws.pdf. Accessed November 11, 2016