RESEARCH LETTER

Reaching Underserved Communities in Partnership with Outreach Athletic Trainers

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Introduction: **Outreach athletic trainers (ATs) are a novel community-clinical linkage who connect high school students and family medicine practices. Our study quantitatively explored the relationship between students and ATs.**

Methods: **We conducted a cross-sectional study, collecting data from students and parents/guardians at a preparticipation examination event in April 2024.**

Results: **We recruited 79 unique participants (42 students, 37 parents/guardians). In a linear regression, parent/guardian trust in ATs, parent/guardian distrust in the health care system, student health literacy, and student age predicted student trust in ATs. Students were open to talking to ATs about concussions, headaches, and mental health concerns.**

Discussion: **Findings here indicate that ATs are trusted health professionals who are well positioned to support whole-person care and link students to family medicine and primary care. (J Am Board Fam Med 2025;38:765–767.)**

Keywords: **Access to Care, Adolescent Medicine, Athletic Trainers, Community Medicine, Cross-Sectional Studies, Delivery of Health Care, Family Health, Family Medicine, Health Care Disparities, Health Literacy, Linear Regression, Multidisciplinary Care Team, Patient Care Team, Primary Health Care, Sports Medicine, Trust**

Outreach athletic trainers (ATs) are a novel community-clinical linkage who are well-positioned to connect high school students and family medicine practices. ATs are licensed allied health professionals who provide care in many environments including school system. They evaluate, diagnose, treat, and rehabilitate everything from concussions to musculoskeletal injuries and may be a student's only source of health care.[1] An estimated 36% of ATs are employed by local health systems.[2] ATs implement preparticipation exams (PPE) and health education. ATs also provide care for students outside of athletics, including band, junior ROTC, and dance team members. They are certified in Basic Life Support, and their on-field emergency response experience can be leveraged when students experience medical emergencies throughout the school day.

Particularly in underserved communities, ATs are a student's first contact with health care, and they subsequently act as care coordinators.[3] In Title 1 schools, ATs are a protective factor for the students they serve.[4] Our study quantitatively explored the relationship between students and ATs.

Augusta University Sports Medicine, including a multidisciplinary team of ATs, family physicians, orthopedic surgeons, and nurse practitioners, provides PPEs at no cost for high school students annually at a local community center. At the April 2024 event, we conducted a cross-sectional study, collecting data from students and parents/guardians before the encounter. To measure trust in ATs, we adapted the global trust

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Table 1. Summary of Individual Characteristics and Variables of Interest

Individual Characteristics	Parent/Guardians n = 37	Students n = 42
Age, in years	Mean 42.44 (SD 7.39)	Mean 15.18 (SD 1.06)
Race and ethnicity		
Non Hispanic Black American	23 (62.2%)	26 (65%)
Non-Hispanic White American	8 (21.6%)	5 (12.5%)
Multiple race and/or ethnicities	2 (5.4%)	7 (17.5%)
Hispanic White American	2 (5.4%)	2 (5%)
Chose not to respond	2 (5.4%)	2 (5%)
Education completed		
Graduated high school or equivalent	7 (19.4%)	
Some college	15 (41.7%)	
Bachelor's degree or higher level of completed education	14 (38.9%)	
Type of health insurance		
Medicaid/Medicare	3 (8.3%)	
None/self-pay	3 (8.3%)	
Private insurer	37 (75%)	
TRICARE (U.S. Department of Defense health plan)	3 (8.3%)	
Trust and distrust measures		
Global trust in athletic trainers[a]	Mean 15.30 (SD 2.45)	Mean 16.93 (sd 2.91)
Healthcare system distrust[b]	Mean 23.81 (SD 5.94)	—

[a]The minimum score is 4; the maximum score is 20. Higher scores indicate higher trust.
[b]The minimum score is 9; the maximum score is 45. Higher scores indicate higher distrust.

subscale of the Wake Forest Physician Trust Scale.[5] Students completed the trust subscale, the brief health literacy item,[6] and willingness to communicate items. Parents/guardians completed the global trust subscale and Health Care System Distrust Scale.[7] This study was approved by Augusta University Institutional Review Board.

We recruited 79 unique participants, including 42 students and 37 parents/guardians. See Table 1. Thirty-six matched pairs are included in analysis. In a linear regression, parent/guardian trust in ATs, parent/guardian distrust in the health care system, student health literacy, and student age predicted student trust in ATs, $F\ (4,\ 25) = 3.63$, $p < .05$. See Table 2. Parent/guardian trust in ATs was positively associated with student trust in ATs, whereas parent/guardian health care system distrust was negatively associated with student trust in ATs in the model.

In line with the traditional role of ATs, 92.9% of students were mostly/completely willing to talk to ATs about injuries. 92.9% of students were mostly/completely willing to talk to ATs about concussion. Outside of the traditional role, 88.1% of students

Table 2. Regression Model

	Step 1		Step 2	
	b	(*95% confidence interval*)	b	(*95% confidence interval*)
Student health literacy	0.20	(−0.54, 1.62)	0.09	(−0.68, 1.18)
Student age	−0.01	(−1.12, 1.06)	0.04	(−0.82, 1.03)
Parent distrust in healthcare system			−0.40***	(−0.98, −0.89)
Parent trust in athletic trainers			0.45**	(0.14, 0.94)

Note: $R^2 = 0.038$ for Step 1, $\Delta R^2 = 0.330$ for Step 2 ($p < .005$).
**$p < .01$.
***$p < .05$.

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were mostly/completely willing to talk to ATs about headaches and 71.4% about depression and anxiety.

Findings here indicate that ATs are trusted health professionals who are well positioned to support whole-person care and link students to family medicine and primary care. Students are open to talking to ATs about concussions, headaches, and mental health concerns. Athletic training is a unique allied health profession with direct access to students. As a discipline, ATs value teamwork, open communication, and respectful care with varied patient populations as well as promotion of activities of daily living, self-care and quality of life.[8] These features reflect family medicine priorities in patient care.

The willingness of students to talk to ATs about depression and anxiety signals a need for trainers to receive additional training in responding to athlete needs outside of their traditional role. This willingness could translate to referrals to primary care clinicians who are prepared to address both physical and mental health issues and provide comprehensive care to students.[9]

ATs are an underused resource who can be an instrumental leverage point for health care-community partnerships to comprehensively address the health inequities in access and care. A partnership between a health system and the community through an outreach AT program is economically sustainable.[10] As health systems consider developing outreach programs, they must consider the influence of parent trust and broader distrust in the health system as they build relationships with students and families.

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