Methods Former players (n=1,784), recruited via National Football League (NFL) and Players’ Association contact lists, completed an online/paper questionnaire. Variables included: demographics, playing history, retirement reasons (pre-specified options), and factors helping/hindering post-career transitions (open-ended). We calculated descriptives for study variables from players reporting retirement due to brain-health concerns. Using template analysis, we coded open-ended responses to identify factors helping/hindering post-career transitions.

Results Overall, 211 (11.8%) former players retired due to brain-health concerns (mean age=50.9±18.1, mean years played professionally=6.9±3.3). Alongside brain-health, other retirement reasons included: concerns about long-term physical health (n=155), mental health (n=121), and chronic pain (n=120). Factors helping post-career transitions were problem-focused (e.g., future planning, advice from older players, saving money) and emotionally-focused (e.g., faith/religion, spousal support, health provider/therapist care). Hindering factors were personal (e.g., ongoing musculoskeletal injury/pain issues, mental health concerns, poor health insurance, lacking transition plans, losing former schedule/routine), interpersonal (e.g. lacking support/empathy, being asked why they need to still work), and organizational (e.g., poor post-career transition support). These themes were also present among former players not reporting retirement due to brain-health concerns.

Conclusion Numerous post-career transition issues concern former players. Multidimensional interventions that mitigate cognitive challenges, chronic pain, and occupational stressors may help optimize post-career transition coping strategies.

Learning Outcomes Describe the post-career transition experiences of former players retiring from brain-health concerns.

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48.002 ASSESSMENT OF TRAUMA CARE SYSTEMS IN HEALTHCARE FACILITIES IN KOLAR DISTRICT

1Soumalya Ghosh*, 2Gautham Melur Sukumar, 2Gururaj Gopalakrishna. 1World Health Organization – India, Bhagalpur, India; 2National institute of mental health and neurosciences, Bengaluru, India

Background Injuries are a public health problem worldwide accounting for significant mortality, morbidity and disability. The incidence of injury deaths was reported at 32.8 and 42.6 per lakh population in India and Karnataka respectively (NCRB-2015). Evidence indicates that well-organized trauma care systems reduce trauma deaths by 25–30% (WHO). With a vision to strengthen evidence-based trauma care programme in Kolar district, an assessment of trauma care systems was conducted.

Methodology The Study covered all Level 2,3 and 4 hospitals (n=39, Public=6, Private=33) and 8 ambulance service providers. Also, five key informant interviews were conducted. Information was collected regarding current trauma care systems (macro areas, manpower, ER infrastructure, emergency equipment and drugs) in Kolar district. Each hospital was scored based on the existing trauma care systems and these scores were compared with expected standards (WHO guidelines for trauma care).

Results We observed that there was no trauma care policy, SOPs or guidelines for trauma care in most of the HCFs. A severe shortage of CMOs was observed with none in the public sector. Among functioning doctors, only 40.65% were trained in trauma care with this proportion lesser among nurses. Among the HCFs from Level – 2 and Level – 3 had trauma care systems which were >75% of expected standards. The trauma care landscape is multifaceted but there are areas which could potentially benefit with the major one being prehospital care. Specific policies that can arise as a result of this study include improving the logistical coordination of prehospital transportation, a legal framework to protect bystanders providing first aid, and bolstering a non-physician prehospital care workforce.

Conclusion The results provide a direction to guide governmental (both local and national) and organizational efforts toward prehospital trauma care.

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