

Faculty Racial/Ethnic Make-up Among America's Top 40 DPT Program Website is Absent or Unclear: An Orthopedic Physical Therapy Perspective

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ABSTRACT

Background and Purpose: Approximately 35% of the U.S. population is a minority. This article aims to identify the percentage of DPT (Doctor of Physical Therapy) core faculty and program director/chairs who identify as minorities. **Methods:** An email including 2 survey questions inquiring about the faculty ethnic make-up was sent to the program directors/chairs of the top 40 physical therapy programs as identified by 2019 U.S. News and World Report. **Findings:** Seventeen of 44 programs responded (39% response rate). Approximately 14.7% (46/313) of the core faculty identify as minority and 1 out of the 17 programs (5.9%) has a minority program director/chair. **Discussion and Relevance:** The percentage of minority core faculty and program director/chair was below the percentage of minorities in the United States. **Conclusion:** An immediate change to consider is for the program director/chair to provide how many core faculty and leaders identify as minorities on their program website.

Key Words: diversity, equity, inclusion

BACKGROUND AND PURPOSE

When it comes to patients seeking musculoskeletal care, one size (of physical therapy care and education) does not fit all and one of the reasons is due to known racial health heterogeneity.¹ Racial health care disparities start early. For example, after an anterior cruciate ligament rupture, minority children experience a greater delay in surgery and receive less physical therapy.² Following this, 9 months after surgery, they had greater residual knee muscle weakness than non-minority children.²

A similar picture emerges in the middle to older age group; a national survey (NHANES III) found that black individuals have higher odds of reporting symptomatic knee osteoarthritis.³ They tend to have weaker lower extremity strength than white women,⁴ worse pain scores,^{5,6} and poorer function pre-total knee arthroplasty (pre-TKA).^{5,7} Despite these

issues, they are less likely to use surgery, even if it is needed and appropriate.⁸ This hesitancy may be due to individuals who are black having poorer pain outcome expectations and this perception of poorer post-op outcome is not unfounded.^{6,9,10} While the root causes of these disparities are unknown, existing data inform us that a patient-provider relationship leading to improved trust would be beneficial.¹¹ It is pragmatic to believe that prehab and counseling from physical therapists, who themselves are minorities, may bridge this gap.¹²

This concept is supported by the APTA President, Sharon Dunn, PT, PhD, who stated that “health care professions should be as diverse as the populations they serve...”.¹³ One of the ways the APTA is monitoring its progress towards diversity equity and inclusion (DEI) is through research on the percentage of minorities that make up our leaders, educators, and incoming health professionals. Generally speaking, any group (ie, ethnic, racial, or religious) “having a distinctive presence within a larger society” can be defined as a minority.¹⁴ The APTA’s 2019-2021 Strategic Plan includes an objective to make the APTA an organization that reflects the diversity of society. Their current initiatives include plans to increase minority student recruitment, the Campaign for Future Generations to increase DEI funding, and creating a committee to continue the APTA’s DEI efforts.¹⁵ Currently, the U.S. population as a whole has approximately 35% of minorities.¹⁶ In physical therapy programs across the United States, there is an increasing percentage of minorities in the past 3 years, from 23.9% in 2016 to 26% in 2019.¹⁶ However, core faculty make up about 15% (415/2765) according to the Commission on Accreditation of Physical Therapy Education (CAPTE).¹⁵ The U.S. News and World Report Annual Program Ranking carries a certain prestige and influence where potential students would refer when applying to physical therapy programs. Thus, this article aims to identify where the top 40 ranked DPT programs are in the percentage of core

faculty and program director/chair who are minorities.

METHODS

The websites of DPT programs that were ranked within the top 40 according to the 2019 U.S. News and World Report were reviewed.¹⁷ The data collected from the sites are publicly available online and were used to identify each program’s faculty, director/chair, and credentials. Emails (**Appendix**) were then sent to program directors/chairs (February-March 2020) to verify our findings. If a response was not received, a second consecutive email was sent to the program director.

FINDINGS

Seventeen out of 44 programs responded (39% response rate). The results were similar to that of CAPTE: approximately 14.7% (46/313) of the core faculty identify as minority (**Table 1**). However, according to the CAPTE, 10.5% (25/239) of program directors/chairs are minorities,¹⁶ while the current findings show this to be true for only 1 of the 17 leading programs (5.9%) (**Table 1**).

DISCUSSION AND RELEVANCE

Our main findings indicate that nearly two-thirds of the top-ranked 40 programs did not respond to our request to participate in this study. Based on the current findings, the percentage of physical therapy program faculty and program director/chair who identify as members of the minority race/ethnicity is well below the national percentage of the U.S. population and is also well below the percentage of minority core faculty in medical schools, which exceeds the percentage of the U.S. population. It can be argued that this lack of diversity creates a chain effect due to potential minority students are more inclined to apply if there are minority faculty in a DPT program.¹⁸

The American Physical Therapy Association (APTA) has a long history of supporting physical therapy programs with minority initiatives, recognizing them with the Minority

Table 1. Minority Faculty Leaders/Members of the Top 40 DPT Program in 2019 vs CAPTE and APTA

Resource	Summary of Key Findings
Current Study	% of Minority DPT Core Faculty: 14.7% (46/313) % of Minority DPT Directors/Chairs: 5.9% (1/17)
CAPTE¹⁶	% of Minority DPT Core Faculty: 15% (415/2765) % of Minority DPT Directors/Chairs: 10.5% (25/239)
APTA¹⁹	# of Minority Initiative Awards Given in past 21 years: 7

Initiative Award. It is important to note that the APTA has given this award to 7 programs in the past 21 years (Table 1).¹⁹ It is reasonable to speculate that not enough programs apply due to not meeting the requirements. In turn, programs do not meet the requirement because there is no CAPTE mandate, no minority program leader, lack of minority faculty mentoring,²⁰ and no institutional support.²¹ This may in part be due to lack of awareness or perspective attuned to the needs of having a minority faculty in their midst or there are not enough qualified minority faculty who join their ranks.

Doctor of Physical Therapy websites can display what actions they have taken to promote a sustainable DEI program as advocated by the University of Delaware Dean, Gregory Hicks in his inaugural Lynda D. Woodruff Lecture this year.²² In 2009, the medical school accreditation body mandated Liaison Committee on Medical Education (LCME) MS-8. This document states medical schools must develop an institutionalized pipeline programs, collaborate with institutions serving minorities, increase career awareness and academic enrichment pre-MD programs.²³ The LCME IS-16 advocates that programs develop policies and practices to systematically engage in focused efforts to attract and retain minority faculty/staff.²³ A systematic review by Rodriguez et al affirmed the value of these mandates.²⁴ Prior to the mandate, there were disparities in recruitment and retention of academic faculty.²⁵ Less than 10 years following the LCME policy changes, medical school graduates (41.1%) and faculty (36.1%) have exceeded the percentage of minorities in their midst as the U.S. general population (35%) in 2018.²⁴ The LCME mandates did not include promotion of faculty and minorities continue to struggle in getting promoted at the highest levels in academic medicine.²⁶⁻²⁹ Similar to medicine, the physical therapy profession may benefit from such mandates (which must include

promotion, not just recruitment and retention) from CAPTE to effect systemic change at the institution level. For example, at the professional service level such as AOPT, bylaw changes to include mandated inclusion and mentoring of minorities to advance their leadership roles within our profession may be warranted.

CONCLUSION

Information about the faculty racial/ethnic among America's 2019 top 40 DPT program website is absent. The authors suggest that one immediate change is for physical therapy programs to state on their website how many of their faculty leaders and members are minorities.

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Appendix. DEI Email

Subject Line: PT Diversity Equity and Inclusion Initiative

Dear Dr. _____

As DPT students at Sacred Heart University, we would like to find out where the leading physical therapy programs are in terms of diversity, equity, and inclusion (DEI). In particular, we are looking to gather information that is accessible in the public domain through the DPT program website regarding the racial/ethnic makeup of the core faculty for a potential APTA newsletter article (i.e. PT in Motion). This article is meant to contribute to APTA's DEI initiatives.

The APTA's effort to encourage greater diversity involves seeking congressional financial support to increase minority representation in PT due to the fact that the racial/ethnic makeup of PTs does not reflect the racial/ethnic makeup of the US. The current APTA president, Sharon Dunn, PT, PhD stated in a recent PT in Motion Newsletter that "the idea that health care professions should be as diverse as the populations they serve is an important one for APTA, and this legislation is a welcome step in the right direction."

<https://apta.org/PTinMotion/News/2019/10/29/DiversityBillHouse/?category=New%20in%20Research&blogid=10737418615>

We believe that this effort will be successful if there are enough PT faculty and program chairs/leaders who serve as role models and faculty advisors for PT students. Therefore, we are kindly asking for two pieces of information regarding the racial/ethnic makeup of your department:

1. How many of your [*insert # of core faculty*] core faculty is of racial/ethnic minority?
2. Is your program director/chair or associate program director/chair a racial/ethnic minority? **Yes/No**

Below is the list we've compiled for the core faculty at your institution based on the department's website.

[Table Including Faculty Name, Credentials, and Role in PT Department]

Thank you for your time.

Respectfully,
 Jake Tavernite, SPT
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