Required for Adoption: Majority Vote | Category:

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1 **PROPOSED BY: ARIZONA CHAPTER**
2
3 **COSPONSORED BY:**
4
5 **INCREASING PROFESSIONAL DIVERSITY**
6
7 **APTA, in partnership with the Education Leadership Partnership and other relevant stakeholders, shall**
8 **eliminate underrepresented minorities in physical therapy as defined in DEFINITION OF AN**
9 **UNDERREPRESENTED MINORITY IN PHYSICAL THERAPY EDUCATION HOD P06-14-13-08 within the next 20**
10 **years.**
11
12 **SS:** In physical therapy we are not seeing progress in creating a more diverse profession. We are celebrating
13 professional diversity annually while not achieving greater diversity. This is not an indictment on the
14 substantial efforts toward diversity to date, it is just a statement of reality that the number of
15 underrepresented minorities in physical therapy is not improving and, in some categories, is falling further
16 behind.
17
18 The numbers are harsh. Please see the Appendix from Physical Therapy Centralized Application Service
19 (PTCAS), CAPTE and APTA data. Let's focus on just two categories of underrepresented minorities, African-
20 American and Latino/Hispanic as compared to those categorized as White. From the 2010 US Population
21 Census statistics (which are trending toward greater racial/ethnic diversity) these categories were (in 2010)
22 African-American 12.2%, Hispanic/Latino 16.3%, White 63.7%. 2015 APTA memberships statistics are (for
23 PTs) African-American 2.3%, Hispanic/Latino 3.0%, White 85.6%. The ratios are similar for PTAs (see the
24 Appendix).
25
26 Using PTCAS cumulative 8-year data between 2008 and 2016, the data are: African-Americans are 4.69% of
27 the applicant pool but only 2.67% of those accepted. Hispanic/Latinos are 4.58% of the applicant pool but
28 only 3.62% of those accepted. Whites are 67.19% of the applicant pool but 72.18% of those accepted to US
29 programs.
30
31 In 2014 the APTA House of Delegates adopted the **DEFINITION OF AN UNDERREPRESENTED MINORITY IN**
32 **PHYSICAL THERAPY EDUCATION HOD P06-14-13-08** (see below under Related Positions). This 2014 House
33 action was on the consent calendar so had no debate and may have been little noticed. The definition
34 originated from the American Council of Academic Physical Therapy (ACAPT) and was part of the extensive
35 work that their Diversity Task Force completed over a 2 to 3-year period. It is important to understand that
36 this definition is broader than just racial and ethnic minorities. It additionally defines URMs as "individuals
37 from geographically underrepresented areas, lower economic strata, and educationally disadvantaged
38 backgrounds." Their 20-page final report outlines the problems and potential approaches to solutions
39 through a 9-point plan. The report can be found at this website (and you will need to go to the Diversity Task
40 Force Final Report and download the PDF file): http://www.acapt.org/documents/reports.
41
42 The ACAPT recommendations include the following:

1. Promote physical therapy as a viable career option for underrepresented minority (URM) students.
2. Develop resources to help middle school, high school, community college, and 4-year college advisors mentor pre-DPT students.
3. Develop a new task force to create a pre-DPT admissions structure to simplify and standardize prerequisites across programs and revise the course prerequisites policy to state that programs should not exceed the standardized set.
4. Provide programming and resources to help promote the use of holistic admissions strategies at physical therapist education programs.
5. Advocate for greater financial assistance for URM physical therapist students.
6. Recommend PTCAS explore the feasibility of automatically identifying applicants from medically underserved areas (MUA) and applicants who may be from underrepresented areas or educationally disadvantaged backgrounds using the applicants' permanent addresses and the Health Resources and Services Administration (HRSA) MUA list or other sanctioned documents that indicate geographic or educational disadvantages.
7. Collaborate with APTA and Student Assembly to develop [reinvent] a mentoring network to match URM prospective students with current URM DPT students, and current URM DPT students with new URM professionals.
8. Promote the development of faculty and clinical residencies for URM graduates at Historically Black Colleges and Universities (HBCUs) and Hispanic-Serving Institutions (HSIs).
9. Prioritize a research agenda to further understand factors and provide evidence to support URM student choice of a physical therapist career.

Each of their 9 points include additional specifics. The bottom line of the ACAPT report is that more must be done and that efforts, at least in physical therapy to date, have not been very successful in addressing the problem. There may be some value in self-assessment – i.e. what have we not done to date to achieve better results. Overall, however, the focus must be on what must be done, perhaps aggressively, to achieve the results for which we are aiming. The metric for knowing when we have achieved the goal of this position is when we "eliminate underrepresented minorities." Goal II of the **OPERATIONAL PLAN ON CULTURAL COMPETENCE BOD 07-10-03-06** provides a similar measurement when it states: "Increase the number of physical therapists and physical therapist assistants from racial/ethnic minority groups to reflect the changing demographics of US society."

The House of Delegates and APTA are and have been engaged as well. The Related Positions and Policies section below lists some past House actions. Good areas to review regarding what APTA has and is doing can be also found at least on these areas of the APTA website: http://www.apta.org/CulturalCompetence/ and at http://www.apta.org/CulturalCompetence/Vision/. While this motion has been developing, we have been made aware that the APTA Board and staff have also been actively considering new initiatives and we anticipate that they will explain those initiatives leading up to the 2017 House of Delegates in discussion about this motion and as we approach the 25th anniversary Diversity Celebration later this year.

While much of the effort must, of necessity, be made at the professional education level, this is not an issue that falls only on our educators or at their institution's doorsteps. They need to know and feel from everyone that this is a priority for the entire profession and its professional association. Having the House debate and adopt this motion sends a clear signal that this is something we all need to step up and get done over the next 20 years. It may take that long, but it may never happen or take longer if we do nothing. This motion concept came from our student population who looked around at their student cohort and said, this isn't good enough. We can and should be more diverse in filling the new shoes of our profession.

Gaining an appreciation for why diversity in the provision of health care is important might also encourage each of us to look at our own clinics and departments and make the recruitment and hiring decisions, not only with professional staff but with all staff, that create clinical environments that signal our commitment to serving a diverse society. If you are fortunate enough to work in departments or practices that are racially and ethnically diverse and where you can see firsthand the reaction of a diverse patient population to the environment they enter, then you will understand inherently why this is important. We can also look at our own communities and see where we can reach out and mentor or encourage those who we know to consider a career in physical therapy. Much of this can be done outside the walls of our educational institutions.

Last year the House of Delegates adopted **RC 11-16 Charge: Investigation and Plan to Address Student Debt in Physical Therapy**. In response to that unanimously adopted charge, APTA created the Education Leadership Partnership to work on this and other educational initiatives. This group consists of APTA, ACAPT, the Section on Education, and CAPTE. The decreasing numbers of URM applicants in the last few years may draw a conclusion that minorities and disadvantaged potential applicants are being priced out of the market of a career in physical therapy. It seems logical then that the efforts related to addressing the charge of RC 11-16 should also consider this as a companion issue, which is why the main motion charges APTA to work to accomplish this task through this partnership and others. It will be at this table that ACAPT can bring its report and recommendations on behalf of professional education, and the APTA Board can bring its plans on behalf the association and profession, the Section on Education can share its perspective on behalf its membership, and with CAPTE and their accreditation authority, all sit at the same table to arrive at effective strategies.

Some may want further information about why we should make this substantial effort. We suggest online searches of phrases such as “why diversity matters in healthcare” or “cultural diversity in healthcare.” Here are 3 links to articles that address this topic and won’t take much of your time to read:

https://learn.uvm.edu/blog-health/cultural-diversity-in-healthcare

http://health.usnews.com/health-news/patient-advice/articles/2016-10-12/diversity-in-health-care-providers-helps-patients-feel-more-included.

http://journals.lww.com/academicmedicine/Fulltext/2011/12000/Commentary__Diversity_3_0__A_Necessary_Systems.7.aspx.

The first of these articles states:

“The patients we’re serving now will look very different from the patients we’re going to be serving in 20 years,” she says. “If we don’t have the cultural context of the people we’re serving, we’re not going to be effective as health care professionals. It’s not just in medicine; it’s in nursing, speech pathology, physical therapy, radiation therapy – all the health professions.”

The author also asked us to consider these statistics from the US Census Bureau:

- In 2043, the so-called “minority” populations will become the majority in the United States. However, no one single group will make up a majority. The non-Hispanic white population will remain the largest single group.
- By 2060, “minorities” – meaning those who are not of white European descent – are projected to comprise 57 percent of the population, up from 37 percent today.
- By 2060, nearly one in three Americans will be Hispanic (the term used by the U.S. Census), up from one in six today. The Hispanic population will more than double, to 128.8 million.

- The percentage of black Americans will increase to 14.7 percent — 61.8 million — in 2060.
- Asian Americans will double to 34.4 million in 2060, comprising 8.2 percent of the total population.
- The number of international migrants is expected to grow by 41.2 million.
- The U.S. population is aging. By 2060, the number of Americans age 65 and over is expected to double to 92 million. Those 85 and older will make up 4.3 percent – 18.2 million — of the overall population.

This article also quotes the author of the 3rd reference above, Mark A. Nivet, EdD, chief diversity officer for the Association of American Medical Colleges. He said in clarifying the changing rationale for why attention to professional diversity matters that, "Medical schools and teaching hospitals have moved away from the antiquated "diversity versus excellence model" – the product of ensuring compliance with civil rights legislation and affirmative action – and now should employ "strategies to better capture, leverage, and respond to the rich diversity of human talents and aptitudes. Fundamentally, it requires a mental shift that frames diversity as a means to address quality health outcomes for all, rather than an end goal in and of itself."

These points are reasons we need to find new strategies, and why a healthy debate at the 2017 House of Delegates will be an important re-launching of our commitment to achieving a more diverse profession for the future. We ask for your support for this important motion.

CURRENT POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE: none

RELATED POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:

DEFINITION OF AN UNDERREPRESENTED MINORITY IN PHYSICAL THERAPY EDUCATION HOD P06-14-13-08
The American Physical Therapy Association defines "Underrepresented" in physical therapy education as the racial and ethnic populations that are underrepresented in physical therapy education relative to their numbers in the general population, as well as individuals from geographically underrepresented areas, lower economic strata, and educationally disadvantaged backgrounds.

APTA EDUCATION STRATEGIC PLAN (2006-2020) BOD 03-06-26-67
Goal 5: Advocate for the physical therapy educational community in the context of social, governmental and regulatory practices and policies.
Objectives: Advocate for increased sources of funding for entry-level and post-professional education.
Strategies: Investigate and identify funding sources that support efforts to recruit minority faculty.

OPERATIONAL PLAN ON CULTURAL COMPETENCE BOD 07-10-03-06
GOAL II: Increase the number of physical therapists and physical therapist assistants from racial/ethnic minority groups to reflect the changing demographics of US society
A. Identify and communicate strategies for recruitment/retention of PTs and PTAs from racial/ethnic minority groups into PT/PTA education programs and APTA membership.
B. Identify the benefits and barriers to APTA membership/governance/ participation for PTs and PTAs from racial ethnic/minority groups.

POLICY AND PROCEDURES FOR THE MINORITY INITIATIVES AWARD BOD Y06-08-02-02

AFFIRMATIVE ACTION HOD P06-98-14-05 [Position]
The American Physical Therapy Association (APTA) is committed to serving the needs of all people who require physical therapy and to meeting the needs of all its members. As noted in its policy, Non-

Discrimination, APTA “prohibits preferential or adverse discrimination on the basis of race, creed, color, sex, gender, age, national or ethnic origin, sexual orientation, disability or health status in all areas.” The Association's stand against “preferential or adverse discrimination” does not negate the need for APTA to act affirmatively for certain classes of people, identified by race, color, sex, gender, national or ethnic origin, or disability or health status. **APTA supports the planning and implementation of comprehensive Affirmative Action programs.**

RACE/ETHNICITY IN DEMOGRAPHIC INFORMATION BOD Y03-94-07-09 [Policy]
Whenever APTA surveys request demographic information, a consistent and appropriate segment on race/ethnicity shall be included.

GUIDELINES: AMERICAN BOARD OF PHYSICAL THERAPY SPECIALITIES (ABPTS) BOD G10-09-07-14
Tasks:
3. Increase the number of board-certified physical therapists, including increased representation of racial and ethnic minority groups.

(See Appendix on following 2 pages)

Appendix

All uses of this data should reference the American Physical Therapy Association (APTA) as the source of the data and acknowledge that APTA bears no responsibility for interpretations presented or conclusions reached based on analysis of the data.

% of Males in PTCAS Application Pool

Cycle	African-American/ Black	American Indian/Alaskan Native	Asian/Pacific Islander	Hispanic/ Latino	White	Other	Hawaiian/ Pacific Islander	2+ Race/Ethnicity Designations	Decline to State
2008-2009	1.20%	0.20%	4.50%	1.70%	23.50%	1.30%			1.50%
2009-2010	1.50%	0.10%	3.10%	0.30%	23.00%	0.60%	0.30%	2.90%	3.30%
2010-2011	1.70%	0.20%	3.00%	1.10%	23.20%		0.30%	2.10%	4.80%
2011-2012	1.70%	0.10%	3.40%	0.90%	23.90%		0.20%	2.40%	5.10%
2012-2013	1.90%	0.10%	3.60%	1.10%	24.80%		0.20%	2.70%	4.70%
2013-2014	1.63%	0.08%	4.27%	3.07%	25.60%	0.30%	0.04%	1.55%	4.06%
2014-2015	1.94%	0.05%	4.67%	3.31%	25.87%	0.40%	5.00%	1.54%	2.98%
2015-2016	2.02%	0.09%	4.80%	4.12%	25.58%	0.42%	0.03%	1.40%	2.28%

% of Accepted Male Applicants in PTCAS

Cycle	African-American/ Black	American Indian/Alaskan Native	Asian/Pacific Islander	Hispanic/ Latino	White	Other	Hawaiian/ Pacific Islander	2+ Race/Ethnicity Designations	Decline to State
2008-2009	0.90%	0.20%	4.40%	1.00%	23.40%	1.00%			1.40%
2009-2010	1.00%	0.10%	2.90%	0.20%	22.70%	0.60%	0.20%	2.50%	3.20%
2010-2011	0.90%	0.10%	2.40%	0.90%	23.30%		1.00%	2.10%	4.70%
2011-2012	1.00%	0.10%	2.80%	0.60%	24.10%		0.20%	2.00%	4.30%
2012-2013	0.90%	0.10%	2.70%	0.80%	25.50%		0.10%	2.40%	4.50%
2013-2014	0.91%	0.08%	3.30%	2.24%	26.80%	0.18%	0.01%	1.46%	3.78%
2014-2015	1.06%	0.02%	3.77%	2.56%	26.10%	0.30%	0.04%	1.55%	2.91%
2015-2016	1.17%	0.09%	3.96%	3.25%	26.60%	0.31%	0.01%	1.21%	2.06%

% of Females in PTCAS Application Pool

Cycle	African-American/ Black	American Indian/Alaskan Native	Asian/Pacific Islander	Hispanic/ Latino	White	Other	Hawaiian/ Pacific Islander	2+ Race/Ethnicity Designations	Decline to State
2008-2009	2.90%	0.20%	5.30%	2.90%	50.40%	2.00%			2.50%
2009-2010	3.00%	2.00%	3.70%	0.30%	45.50%	0.90%	0.40%	4.40%	6.40%
2010-2011	3.20%	0.10%	3.50%	1.40%	42.80%		0.30%	3.30%	8.90%
2011-2012	3.00%	0.10%	3.80%	1.30%	41.80%		0.30%	3.40%	8.40%
2012-2013	2.90%	0.10%	3.70%	1.30%	41.30%		0.20%	3.80%	7.40%
2013-2014	2.85%	0.10%	4.17%	4.18%	40.20%	0.46%	0.04%	2.06%	5.24%
2014-2015	2.84%	0.10%	4.48%	4.40%	40.23%	0.55%	0.04%	2.13%	3.74%
2015-2016	3.23%	0.13%	4.44%	5.27%	39.84%	0.50%	0.03%	2.10%	3.07%

% of Accepted Female Applicants in PTCAS

Cycle	African-American/ Black	American Indian/Alaskan Native	Asian/Pacific Islander	Hispanic/ Latino	White	Other	Hawaiian/ Pacific Islander	2+ Race/Ethnicity Designations	Decline to State
2008-2009	1.70%	0.20%	4.80%	2.50%	54.40%	1.70%			2.20%
2009-2010	1.70%	0.20%	3.40%	0.20%	49.20%	0.70%	0.30%	3.90%	6.80%
2010-2011	1.90%	0.10%	3.20%	1.00%	46.50%		0.20%	3.10%	9.50%
2011-2012	1.70%	0.10%	3.10%	0.90%	46.80%		0.10%	3.10%	9.00%
2012-2013	1.80%	0.10%	3.10%	1.00%	45.40%		0.10%	3.30%	7.90%
2013-2014	1.36%	0.05%	3.39%	3.59%	45.30%	0.34%	0.03%	1.99%	5.12%
2014-2015	1.59%	0.10%	3.79%	3.65%	45.98%	0.38%	0.04%	2.01%	3.76%
2015-2016	1.73%	0.11%	3.72%	4.60%	45.37%	0.50%	0.00%	2.12%	3.01%

APTA membership type by race and gender from December 31, 2016 year end IMIS snapshot.

PT		56,850
1- American Indian or Alaskan Native	0.40%	232
F	60.30%	140
M	38.40%	89
(blank)	1.30%	3
2- Asian	6.40%	3,631
F	58.20%	2,114
M	41.50%	1,507
(blank)	0.20%	10
3- African American or Black (Not Hispanic)	2.30%	1,300
F	63.50%	826
M	35.90%	467
(blank)	0.40%	4
4- White (Not Hispanic)	85.60%	48,644
F	65.60%	31,933
M	34.20%	16,626
(blank)	0.20%	85
5- Hispanic/Latino	3.00%	1,705
F	61.90%	1,055
M	37.90%	646
(blank)	0.20%	4
6- Other	2.00%	1,119
F	59.60%	667
M	39.40%	441
(blank)	0.90%	11
7- Pacific Islander or Native Hawaiian	0.40%	219
F	50.20%	110
M	49.80%	109
(blank)	0.00%	
PTA		6,449
1- American Indian or Alaskan Native	1.00%	63
F	74.60%	47
M	23.80%	15
(blank)	1.60%	1
2- Asian	4.20%	269
F	51.70%	139
M	48.30%	130
3- African American or Black (Not Hispanic)	2.90%	188
F	51.60%	97
M	46.30%	87
(blank)	2.10%	4
4- White (Not Hispanic)	82.90%	5,347
F	74.80%	3,997
M	25.00%	1,339
(blank)	0.20%	11
5- Hispanic/Latino	6.50%	420
F	63.80%	268
M	35.70%	150
(blank)	0.40%	2
6- Other	2.00%	128
F	74.20%	95
M	25.00%	32
(blank)	0.80%	1
7- Pacific Islander or Native Hawaiian	0.50%	34
F	64.70%	22
M	35.30%	12
(blank)	0.00%	