DEI: Why Does it Matter for Virginia?

By Corey Woldenberg, PT, DPT for the APTA Virginia Diversity and Inclusion Subcommittee

The APTA Virginia Diversity and Inclusion Subcommittee was created in Spring 2018 by the Board of Directors. The purpose of this subcommittee is to achieve more diversity and better inclusion within the chapter, to advance health equity in the physical therapy profession through diversity and inclusion to ultimately produce a more culturally competent workforce and improve access to high-quality care for the medically underserved.

The words *diversity*, *equity,* and *inclusion* have rightfully come to the forefront of many a lexicon over the past year. APTA President, Dr. Sharon Dunn, released a resounding statement in May 2020 regarding the APTA's position against racism and systemic inequalities, and called for commitment, innovation, and strategic investment to support diversity, equity, and inclusion (DEI) in our profession. Many companies, in healthcare, academia and beyond have begun emphasizing initiatives to improve DEI in their professional communities.

In the news, social media, our public circles, and professional arenas, identifying & acknowledging DEI gaps & planning initiatives can be an emotional and tumultuous road. Very early in my career, a mentor once fervently advised me to avoid discussion about sports, politics, religion, or similarly "sensitive" topics in the clinic, lest I detract from my efforts to heal the patient in front of me. As I've grown in my career, it has become clear that -while good intentioned- this advice to steer clear of sensitive topics can be a hindrance to really knowing the individual you are treating and "meeting them where they are" to deliver best care. The road to true diversity, equity, and inclusion in the healthcare space is a road we must walk.

As we strive to achieve best practice, we turn to the three pillars of evidence-based practice: patient values, clinical experience/expertise, and relevant research. Regarding DEI specifically:

- When we look at our current and potential patients, and our communities, we must acknowledge their makeup - their needs, preferences, and values.
- We must look at ourselves, individually and more broadly as a profession – where does our diversity and experience fall short?
- What does the research show regarding the impact of DEI (or lack thereof) on health outcomes?

Diversity, equity, and inclusion initiatives include any and all underrepresented, underprivileged, and underserved populations. This can include racial and/or ethnic minorities, religious minorities, those with low income/socioeconomic status, members of the LGBTQ+ community, individuals with disabilities, and more.

To illustrate the lack of representative diversity in our profession, let's look at disparities in racial and ethnic representation.

Race and ethnicity demographics amongst physical therapy professionals in comparison to the general population in the United States

	In the U.S.	**U.S. PTs**	**U.S. PTAs**
Total Population	328,239,523	312,716	127,750

White alone, not Hispanic or Latino	60.1%	84.3%	81.2%
Hispanic or Latino	18.5%	3.5%	8.0%
Black or African American	13.4%	2.5%	3.4%
Asian	5.9%	6.9%	4.0%
American Indian/Alaska Native	1.3%	0.4%	1.0%
Native Hawaiian and other Pacific Islander	0.2%	Not specifically reported	

U.S. general population data according to the United States Census Bureau, as of July 1st, 2019.
PT data according to the December 2020 APTA Physical Therapy Workforce Analysis

Race and ethnicity demographics comparison in Virginia

	In Virginia	**VA PTs**	**VA PTAs**
Total Population	8,535,519	9,518	3,979
White alone, not Hispanic or Latino	61.2%	81%	81%
Hispanic or Latino	9.8%	3%	5%
Black or African American	19.9%	4%	8%
Asian	6.9%	9%	3%
American Indian/Alaska Native	0.5%	Not specifically reported	Not specifically reported
Native Hawaiian and other Pacific Islander	0.1%	Not specifically reported	Not specifically reported

VA general population data according to the United States Census Bureau, as of July 1st 2019.
Virginia PT data from 2020 according to the Virginia Department of Health Professions Healthcare Workforce Data Center

What this data indicates is that the racial & ethnic makeup of our profession does not mirror the demographics of the country & state in which we live and practice. When the demographic makeup of our profession does not reflect the demographic makeup of the community we serve, this reflects a disparity.

Questions we must ask ourselves moving forward are,

Why is it like this? How can we change this?

Some might even start with,

Why does it matter, and do we even need to change?

There is a growing body of research and literature reviews around the impact of culture and race on health outcomes, the importance of cultural competence, and health inequities that lend credence to the need for change.

Mossey performed a 2011 systematic literature review around the topic of racial/ethnic disparities in pain management found that African American and Hispanic individuals are at a greater risk for insufficient pain management compared to White individuals. (Mossey, 2011)

A 2015 systematic review and meta-analysis of over 300 articles looking at the impacts of racism on a variety of mental and physical health outcomes across a variety of populations found significant support that racism was associated with poorer mental and physical health (Paradies et al., 2015). This particular article provides substantial food-for-thought for those eager to read further into the impact of racism on health outcomes.

McQuaid & Landier (2017) combed the literature to look at the role of culture in medication adherence and concluded that "Ineffective patterns of communication and lack of healthcare provider understanding of how cultural context influences patient beliefs may impede adherence among patients from diverse racial/ethnic and cultural backgrounds."

A recent, excellent article by Saddler and colleagues (2021) performed a thorough review of literature from around the globe looking at racial inequities and detailed support that a "shared identity" (meaning racial concordance) may improve qualitative and quantitative healthcare outcomes. A few striking findings reported:

- Black patients reported better experiences, increased satisfaction, and improved communication when being treated by Black physicians
- Black patients were more likely to disclose health information to race concordant physicians.
- Race discordant patient-physician pairings resulted in increased inpatient mortality for Black patients, but this finding was not found to be significantly present for white patients in race discordant pairings.

The research is convincing - having a more diverse, equitable and inclusive profession will improve health outcomes. We must continue to walk down the DEI road, hand-in-hand and with purpose. As the work of the APTA Virginia Diversity and Inclusion Subcommittee continues, we hope to bring you content that is thought-provoking, inspiring, challenging, helpful and actionable. We look forward to highlighting the beautiful diversity of our communities, honoring the work being done in the Virginia PT landscape, and offering opportunities for personal and professional growth. Come walk with us!

References

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