APTA's Workforce Analysis 2020

Last year, the APTA published the most up-to-date information on the demographic breakdown of PTs and PTAs in their Workforce Analysis. This report is a great tool to recognize disparities seen in our workforce and inspire us to discover the solutions. You can read the full report here.

Compared to the 2018 U.S. Census's racial demographics, the field of physical therapy is significantly whiter. Data USA's 2018 numbers indicate that 76.7% of physical therapists are Caucasian, 16 percentage points higher than the nation's total (60.22%). The percentage of Black PTs (3.6%) and Hispanic/Latine PTs (5.3%) are both lower than the total U.S. population of these groups (12.32% and 18.27%, respectively). The only non-white racial group that has a greater percentage of the PT workforce compared to their U.S. population are Asians, making up 12.9% of PTs and 5.56% of the country's population.

These numbers indicate that the field of physical therapy is not fully representative of the populations we treat. This should come as no surprise to most people in DPT programs; the lack of minority representation is driving policies and initiatives around the country, and here at Duke, organizations like the Diversity Club, the DEI committee, and the Summer Discovery Program were created to seek an end to this disparity.

The APTA's data on the racial and gender demographics of physical therapists is extracted solely from members of the APTA. Thus, 81.2% of APTA members are white, compared to 76.7% of the entire field of PT. There is an even larger disparity in PT's main policy-driving body, an organization that is designed to advocate for all physical therapists, statewide and nationally. Diversity in leadership and policy making is one avenue of change that the APTA could consider.

The supply of PTs is soon expected to surpass the demand for physical therapy; however, states like Alaska, Hawaii, California, North and South Dakota, and Nevada all have less than 20 PTs per 100,000 residents. The overall number of PTs may increase, but the need for skilled physical therapy services will continue to exist in underserved and less-represented states.

35% of APTA members are men and 65% are women. According to Data USA, men make up 30% of the entire physical therapy workforce. Yet, the APTA and Data USA both report that men have a higher median annual salary. Men, on average, make anywhere from $84,000 to $90,000 a year, while women make $67,550 to $81,118. Although both the APTA and the field of PT are predominantly women, a wage gap is still evident between sexes.
Across the country, there are numerous groups of students, professionals, academics, and administrators fighting for a more inclusive profession while simultaneously celebrating the diversity found within our field already. By empowering students and clinicians alike, these organizations are making lasting impacts to better our profession for the foreseeable future.

In the same vein as SDP, the University of Delaware is creating a more inclusive workforce through the Advancing Diversity in Physical Therapy (ADaPT) program. Since 2013, ADaPT has been focused on making students of color interested in PT school stronger applicants for DPT programs. Through the use of faculty mentorships, tutoring, standardized testing prep, and summer research projects, underrepresented students have found solace at the University of Delaware, taking advantage of opportunities that historically have not been offered to them. ADaPT also offers scholarships to cover extraneous costs like application fees or school supplies, items that are often seen as barriers for low-income students to attend graduate school.

Many see the classroom as the central pathway to increasing diversity in PT. This makes sense: by increasing the number of DPT students of color, the PT field will ultimately become better representative of our country’s population. But how does one create a more diverse cohort? Multiple university-affiliated programs are utilizing recruitment efforts and scholarships to make this idea a reality. One program to highlight is Duke’s own Summer Discovery Program (SDP), a week-long physical therapy ‘boot camp’ at virtually no cost that is designed to encourage college students from underrepresented areas to apply to PT school. SDP aims to shine a light on the myriad of specialties within PT and to also formulate a sense of community among the participants. Since its inception in 2017, at least a few SDP alumni per year have gone on to become Duke DPT students, and will gladly tell you about the impact this program made on their decision to pursue PT and Duke.

To create community and change the narrative within their time at PT school, DPT students across the country are leading the charge for increased diversity in physical therapy. Organizations like University of Toledo’s Multicultural Leadership Council and the University of Pittsburgh’s PT Inclusion Initiative empower students and faculty alike to create innovative solutions for our future profession.

The Plan:
1. Communicate Our Strengths
2. Strengthen Our Partnerships
3. Advance Our Efforts
And outside of the academic setting, there are nationwide cohorts of diverse clinicians banding together to spark change in PT. The National Association of Black Physical Therapists (NABPT) is a leading force and a site of inspiration for racial justice. While the African American population is notoriously underrepresented in physical therapy, NABPT increases opportunities for prospective Black students as well as Black clinicians. Through scholarships, career development opportunities, and a national directory of Black PTs, NABPT is making leaps and bounds for Black representation in healthcare.

Working adjacent to NABPT is PT Proud, a national organization empowering LGBTQIA+ individuals in the field of physical therapy. PT Proud creates community for a vastly underrepresented group within PT, and even offers resources for other clinicians to create a more inclusive workspace and treatment session. As a subsection of the Global Health SIG within the APTA, PT Proud also contains an advocacy component, promoting and advancing policy to create sustainable change in our profession.
A relatively recent campaign from the APTA titled ChoosePT, an initiative to increase awareness of physical therapy services and benefits, carries along certain unwanted connotations. While this campaign contains a brief and catchy motto and is chock-full of evidence-based therapeutic recommendations, the idea of ‘choosing’ PT can be slightly misleading. Here are a few reasons why the APTA should reconsider how their slogan is not equally attainable by all parties:

1. PT is not always an equal option for everyone, such as if there are no clinics in an area. As made evident by the APTA’s Workforce Analysis, an individual in a state like Nevada, where there are just 18 physical therapists per 100,000 residents, could potentially face this issue. PT clinics are also often clustered in urban or suburban areas, potentially forcing nearly 19% of the country’s population residing in rural areas to drive for hours just to reach their nearest point of rehab. Telehealth and home health are improving, yet still inconsistent.

2. If not bound geographically, a patient could very well be hindered from attending PT financially. Although the Affordable Care Act mandated all Americans to own health insurance, a recent study from Artiga et al. (2021) found that uninsured individuals still exist, and they’re more likely to be a part of the BIPOC community. In 2019, Native Americans had the highest uninsured rate, hovering around 22%. The Hispanic/Latine has an uninsured rate of about 20%, compared to the African American rate of 11.4%. The push to secure health insurance for all Americans is an ongoing challenge; however, in the meantime, we cannot disregard the fact that physical therapy for an uninsured individual may not be feasible.

A person who is not able to afford insurance is less likely to seek out-of-pocket PT sessions, and with a greater number of minority groups representing the uninsured population, downstream health disparities will continue to persist in physical therapy outcomes and beyond.

3. While the uninsured rate has declined significantly with Medicaid expansion, many disparities still exist when it comes to access to Physical Therapy. According to the Kaiser Family Foundation, in 2019 33.9% of Black Americans, 30% of Hispanic Americans, and 15% of White Americans were covered by Medicaid, whereas 52% of Black Americans, 48% of Hispanic Americans, and 74% of White Americans were covered by private insurance. Medicaid coverage is better than no coverage, but when only around half of PT practices accept Medicaid insurance, compared to nearly 95% that accept private insurance, disparities ensue. A study by Curry et al. (2021) concludes that specifically for rehabilitation post-rotator cuff repair, patients with Medicaid insurance have trouble accessing physical therapy services.

Expansion of healthcare coverage enabled by the government should be met by efforts down the chain by PTs and other healthcare providers to prioritize finding a feasible way to be in-network with Medicaid. It ought to be our role as clinicians to increase access to physical therapy services for all.

4. Culturally, people feel more comfortable surrounded by members of their own community. It is human nature to gravitate towards people that look like you, talk like you, and share similar beliefs. It is the backbone of the fight to increase diversity in PT- when the workforce fully represents the people we serve, we should see better and more equal health outcomes across racial and ethnic lines.

It is also why the #ChoosePT campaign, to an individual of color, can sound condescending: ‘choosing PT’ could indicate stepping out of one’s own community, entering a clinic full of providers different than oneself, and being told how to ‘fix’ one’s way of life. It is just another reason why there is a disparity of folks who choose PT. In fact, Sandstrom and Bruns (2017) concluded that Hispanic and Black Americans with self-reported arthritis have decreased odds of a PT visit when compared to White Asian American adults with self-reported arthritis by 26.5% (95% CI 7.42%) and 44.8% (95% CI 31.9-55.3%), respectively.

Students, educators, and clinicians would fully support and recommend physical therapy; yet along with promoting our skilled services we should should prioritize addressing the privilege of physical therapy and understand the barriers many Americans face. When solutions for improved access, affordability, and workplace diversity are discovered and implemented, we will finally all be able to choose PT.
APTA

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