

DIVERSITY IN THE MN PT PROFESSION AND EDUCATION

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None

All records used for this project were available to the public. Survey information from MN PT/PTA was obtained through a MNPTA workgroup.

Purpose: The American Physical Therapy Association defines 'Underrepresented Minorities' (URM) in physical therapy (PT) education as "Racial and ethnic populations under-represented in PT education relative to the general population...1" URM represent 30% of the general United States population, but only account for 11% of healthcare professionals. In Minnesota, only 3.7% of PTs are non-white. The purpose of the initial phase of this project were: (1) To define and categorize URM within Minnesota and PT/PTA education. (2) To research trends/strategies to develop/recruit URM populations to PT/PTA professions. (3) To utilize literature to identify barriers URM pursuing a healthcare profession. (4) To share knowledge and future recommendations with the MNPTA and MN DPT/ PTA Programs.

Description: This project consisted of literature review, a PT/PTA demographic data analysis, and a survey of MN PT/PTA programs. Demographic data obtained from Minnesota Compass organization determined specific race percentages within a specific region. Demographic information obtained from the MN Board of PT to determined the URM within the profession. Surveys information obtained from PT/PTA programs identified minority status of staff, accepted students, and recruitment efforts. **Observations:** Minnesota PT 2016 demographic data showed: White (96.3%), Asian (2%), Hispanic (1.3%), African American (.8%), and American Indian (.5%). MN Board of PT results showed that 97.3% of PT's identify as white.

Survey results: MN PT/PTA programs (0-24%) URM students; four programs do not have URM recruitment strategies. The four programs with strategies in place report little success in URM recruitment.

Conclusions: Diversity in the PT/PTA profession does not match the general population. More work needs to occur to determine underlying causes of this phenomenon. Phase II: focus groups of URM PTs to determine educational barriers. Phase III: develop programs that increase Minnesota PT diversity.

Implications: Efforts to increase diversity in PT/PTA education must be a ground up approach.