Advancing Diversity  
as We Advance the Chiropractic Profession  

A Joint Report from the  
American Black Chiropractic Association  
and the  
International Chiropractors Association  

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Introduction: There is a call to action from numerous health care stakeholders to achieve greater racial diversity in health professions including chiropractic. There are social and health promotion reasons for removing barriers within the chiropractic profession. Making this call to action a priority is integral to achieving this goal.

Call to Action: The rate at which the utilization of chiropractic grows and increases diversity is in the hands of the profession. The latest data from the Department of Health and Human Services (HHS) suggests that nationally, approximately 57,470 chiropractors were active in the US workforce in 2016. The US Workforce Project data indicates the demand for chiropractors to increase three to seven percent by 2030. A 26 percent growth rate in the number of doctors of chiropractic in practice is needed to meet the projected demand.¹

A 2012 study found the chiropractic profession has yet to achieve diversity proportionally with the US population, and; chiropractic educational institutions are not meeting diversity proportional to their local communities. The authors concluded, “The chiropractic profession urgently needs to develop and implement strategies to address issues of diversity and cultural competence in order to prepare for inevitable changes by the year 2050.”²

While the United States is an increasingly diverse nation, according to the US Census in 2018, the Black/African American population in the US was 13.8 percent, Hispanic or Latin was 18.3 percent and in 2014, more children in the United States under the age of five years of age were minorities rather than white. The chiropractic profession continues to lack diversity. Racially, the profession continues to be overwhelmingly white (92%), with just 2.3% Black. The profession is also underrepresented by Hispanic, Asian, and Native Americans. In 2013, Johnson and Green proposed a call to action through a planned strategy to prepare the profession to serve a diverse population through
education and the creation of a pool from which future students and chiropractic graduates will be derived. People of different races, in general, prefer to have the choice to be taken care of by a health care practitioner who reflects their ethnicity. The lack of enough numbers of minority practitioners may keep some people of color from seeking chiropractic care. This must change.

Cultural and Philosophical Bias: Common themes that span across the health professions focus on advancing the inclusion of students of all races and cultures in health professions as well as improving cultural competence in health education. Healthy People 2020 set a goal that 100% of health professions would provide content in cultural diversity in required courses by 2020. Cultural competence training will help the chiropractic profession better serve patients and improve educational environments.

Former Secretary of Health and Human Services, Dr. Louis W. Sullivan, chaired the Kellogg Foundation sponsored Sullivan Commission on Diversity in the Healthcare Workforce. In 2007, when the Commission issued the report, “Missing Persons: Minorities in the Health Professions,” Dr. Sullivan stated, “While Blacks, Hispanics, and American Indians make up more than 25 percent of the US population, they are only 9 percent of the nation’s nurses, 6 percent of the doctors, and 5 percent of the dentists. The report concluded, “There is widespread agreement on the urgency in the United States of training more black medical professionals.”

James Banks, a leading expert in multicultural education, defines cultural competence as a process that “… seeks to create equal educational opportunities for all students by changing the total school environment so that it will reflect the diverse cultures and groups within a society.”
Increasing Racial Diversity: “Chiropractic care is different from many other types of health care in that the spinal manipulation frequently employed in treatment usually involves frequent, close physical contact between doctor and patient. Such close contact requires development of a level of trust that racial tensions may impede. Older southern blacks, for example, who experienced the cruelty of segregation and continue to feel the effects of racial discrimination, may lack the level of trust required to allow themselves to be physically manipulated by a white chiropractor.” 12

Several Chiropractic colleges have taken specific measures to increase diversity in the chiropractic profession. For example:

In 2011, Texas Chiropractic College (TCC) entered into a 3+3 agreement with Dillard University, an historically black university in which students attend Dillard for three years, and TCC for three years. Upon completion, the students receive a Bachelor’s degree from Dillard and a chiropractic doctorate from TCC.5

In 2019, Logan Chiropractic College entered into a 3+3 agreement with Grambling State University, an historically black university similar to the TCC-Dillard agreement.6

Accreditation Standards: Accreditation standards and actions must be adequate to ensure a quality education is provided; while being flexible and fair to institutions who seek to increase student diversity. In 2012, the ICA raised concerns related to the standards, policies, by-laws and practices of the Council on Chiropractic Education (CCE). The ICA continues to be concerned as it was in 2012 that the application of the threshold requirements of Policy 56 is inconsistent with the statement of CCE Principles and Processes of Accreditation which states the following:” This reflects a recognition that DCPs (Doctor of Chiropractic Programs) exist in different environments. These
environments are distinguished by such differing factors as jurisdictional regulations, demands placed on the profession in the areas served by the DCPs, and the diversity of student populations” (Emphasis added).

In January 2019, Dr. Winston Carhee, the Past President of the American Black Chiropractic Association (ABCA) provided the following request to the CCE on behalf of the ABCA:

“I am here to enlist the support of the CCE in improving the level of diversity in the chiropractic profession by using your capacity of oversight to promote increasing the number of African Americans in chiropractic… In other professions, including the physician workforce, achieving diversity remains a challenge. Both public and private institutions are making investments in programs to continue to improve diversity in the healthcare workforce. However, there is insufficient evidence regarding programs and best practices. As a result, policy makers and educators may have insufficient information to develop effective programs to maximize outcomes. Greater diversity in the health workforce is critical to improve health care delivery for an increasing diverse population. However, efforts to match the community needs initially may yield significant gaps in the target groups statistics when compared to the majority population. Variables such as culture acclimation, communication barriers, change in lifestyle must be accommodated for…graduation rates will likely differ because of these variables. Just because the statistics may vary initially does not mean that the efforts should be abandoned… improving racial and ethnic diversity in the health workforce is a critical step in developing a better health care system that promotes access to quality health care for all.”
At the January 2019 meeting, the ABCA requested the CCE support to develop and support opportunities in chiropractic admission criteria not only focused on grade point average, test scores, or time to complete a program but allow consideration of minority students’ experiences and attributes. The ABCA also requested the CCE create and support policies and practices that help to develop strategies to recruit minority faculty members to match the population needs, and to develop college environments that better support students of color and focus on minority recruitment efforts.

Dr. Carhee concluded his remarks to the CCE with the following: “Surely we ALL agree that building a more diverse chiropractic profession will insure a Stronger Chiropractic Profession”

Racial and ethnic diversity among health professionals has been shown to promote better access to healthcare and improved healthcare quality for underserved populations. This also meets health needs of an increasingly diverse population.

Lezli Baskerville, President and CEO of the National Association for Equal Opportunity in Higher Education, the umbrella organization for Historically Black Colleges and Universities and predominantly black institutions, said that “the right type of data gathering or the strategic organizing of currently collected data can assist institutions in better realizing their missions.” She said accrediting bodies should take into account the socioeconomic makeup of student bodies as well as missions that prioritize affordability and serving low-income and first-generation students.⁷

In 2018, the US Department of Education issued a White Paper, Rethinking Higher Education ⁸ in which Secretary Betsy DeVos stated, “Rethinking Higher Education requires us to challenge every assumption, examine every practice, and question..."
the status quo. We must ask ourselves why we do what we do, if there might be a better way, and if the needs of all students are being met.”

The report notes, “Perhaps most disappointing, institutions of higher education and education policy-makers continue to rely on simplistic outcomes metrics to evaluate institutional quality, when these metrics are more reliable proxies for institutional selectivity and student socioeconomic advantage than academic quality. Despite ample research findings that demonstrate the correlation between student demographics and socioeconomic status, on the one hand, and college completion, student loan repayment, and earnings early in a graduate’s career, on the other hand, almost all current institutional outcomes assessments simply ignore these factors and incorrectly assert causal relationships between academic quality and student outcomes.” The report provided Principles for Reform which include a series of student, institution, and innovators empowerment principles. For students this includes respecting a student’s goals and evaluating success relative to those goals. Among the principles related to accrediting institutions are the following:

1. Provide regulatory relief by removing overreaching regulatory burdens, revising costly or ambiguous regulations, and providing a greater understanding of Department expectations concerning regulatory compliance;
2. Carefully construct accountability measures that take into account the unique mission of an institution and the needs and goals of its students;
3. Ensure that accreditors evaluate institutional quality in the context of the students an institution serves and the institution’s unique mission; and
4. Reward institutional value-added rather than student selectivity.
Principles for innovators related to accrediting organizations include:

1. **Reform the accreditation system to promote change and innovation, to allow accrediting agencies to accommodate educational innovation**, and to reduce the cost of quality assurance;
2. Enable institutions to integrate programs developed and delivered by non-accredited providers into their accredited, Title IV eligible programs; and
3. Identify new ways to expedite approvals for new programs and program modifications in order to keep pace with changing technologies and employer demands.

As part of its continuing engagement on accreditation, the Department of Education issued a proposed rulemaking for accrediting agencies in June 2019. The agency acknowledges, “…**accrediting agencies and the institutions they oversee have too often been forced into regulation-induced conformity**. The volume of regulatory requirements limits innovation and diversity among institutions in their approach to issues such as mission, curriculum, and instructional methods. **It is not simply that the sheer volume of regulatory requirements may limit innovation - though that is certainly a concern - but also that many regulatory and sub-regulatory requirements demand adherence to the orthodoxy of the day.** Moreover, the growing list of administrative responsibilities conferred upon accrediting agencies reduces the time and attention they can devote to academic rigor and the student experience.” Among the changes the agency seeks to implement through rulemaking:

- More clearly define the roles and responsibilities of title IV accrediting agencies, States and the Department;
- **Establish “substantial compliance”** as the standard for agency recognition;
- Provide greater flexibility for institutions to engage in innovative educational practices more expeditiously and meet local and national workforce needs;
Protect institutional autonomy, honor individual campus missions, and allow institutions the opportunity to build campus communities based upon shared values; and

Encourage and enable accrediting agencies to support innovative practices and provide support to accrediting agencies when they take adverse actions.\(^9\)

Implicit to this list of flexibility is the support for innovations related to increasing student diversity. One of the continuing challenges for educational facilities is the Policy 56, tying of graduation rates to accreditation given that racial disparity in graduation rates that continues into 2019. The question arises as to whether specific provisions such as mandated percentages on student outcomes should be hard lines or goals to seek when educational quality measures are being met. Are the standards we set arbitrary or are they in line with other professions? ICA and ABCA suggest that the 70% completion rate for our students at the 150% timeline is arbitrary when used as a hard line. Our medical school accredditor colleagues such as the LCME accommodate diversity when considering program completion rates. In the above-mentioned proposed rulemaking and report, the Department of Education expresses the need for greater flexibility, and we concur. ICA is concerned that current standards inadvertently (or inherently) discriminate against an increase in the number of minority students and eventually chiropractors in practice.

In 2006, Alana Callender noted three principal reasons why individuals seek a career in chiropractic:

1. The influence of a chiropractic role model, often a family member or friend;
2. Seeing the benefits of chiropractic personally either personally or through a family member; and
3. Philosophical alignment with chiropractic's natural and drug-free approach.
She adds that “Students have also cited the general status and economic benefits afforded health professionals.”\textsuperscript{10} To achieve the goal of having the chiropractic profession demographics more closely match the racial demographics of our nation and communities, we as a community must actively focus on recruiting minority students into chiropractic and closing the gaps in student outcomes. **CCE should be part of the solution, rather than an impediment.** When institutions are focused on increasing the diversity of its student body; meeting the student outcomes percentages established in Policy 56 should be less of a mandate, and more of a goal. We cannot expect this transitionary time of diversity building to be a short time of three to five years, but more as a generational shift. It will take that long for the entire educational system to improve and undergraduates of all races to be prepared to achieve the same level of student outcomes as whites.

**Health Outcomes and Life Expectancy:** Increasing the number of racial and ethnic minority chiropractors is urgently needed. In the U.S., racial and ethnic minorities have higher rates of chronic disease, obesity, and premature death than whites. Black patients have among the worst health outcomes. Health outcome racial inequalities are well documented for numerous conditions including cardiovascular disease, \textsuperscript{15,16} and chronic illnesses.\textsuperscript{17}

In the Oakland Men’s Health Disparities Project, African American men who had African American male doctors were more likely to agree to health screenings such as blood pressure and BMI; were 47% more likely to agree to a diabetes screening and 72% more likely to accept a cholesterol screening than those who saw a nonblack doctor. Black and white men both stated that they would feel more comfortable talking to a doctor of their own race.\textsuperscript{11}
A 2007 study among Medicare beneficiaries found a lower utilization of chiropractic among African Americans and Hispanics than whites. In 2012, researchers analyzed the demographic composition of chiropractic users and found one to two percent of black Medicare beneficiaries were utilizing chiropractic, all non-white racial categories comprised one percent or less, and white beneficiaries hovered around 96 to 97 percent over time. Expanding access to chiropractic care to individuals of all races and ethnicities is a high priority for the ICA.

**Life Expectancy:** In 2016, the US Overall expectation of life at birth was 78.7 years. For whites, the rate is 78.9. “Life expectancy at birth decreased by 0.2 years for the black population and dropped from 75.5 to 75.3 years.”

**Pain Outcomes and Injustice:** A 2019 study “Examining Injustice Appraisals in a Racially Diverse Sample of Individuals With Chronic Low Back Pain” found, “Within the United States, individuals identifying as Black/African American endorse more frequent and disabling pain across a number of conditions compared with other racial groups, most notably whites.” The authors note, “Consistent findings across whiplash injury, fibromyalgia, arthritis, pelvic pain, and samples comprising varied chronic pain conditions suggest that injustice perception represents an important risk factor for musculoskeletal pain outcomes.”

The first of its kind appraisal of chronic low back pain found African American patients found higher rates of depression and pain-related disability, and higher pain intensity with a link between perceived injustice and worse outcomes. There is also a noted racial disparity in treating pain.

When we look at the interconnectedness between racial disparities in health outcomes and life expectancy; cultural competence, the lack of diversity in the
chiropractic profession and the CCE accreditation process; it is clear we must make establishing and implementing the goal to achieve racial diversity within the chiropractic profession through increased diversity on our chiropractic campuses. As a nation, and as a professional community, we have more in common than we have differences; however, we have for too long ignored that fact. ABCA and ICA seek to affect change in this regard. Among the ICA’s value statements is the following:

**Equitability:** We advocate for a healthcare system that is just, fair, and free from discrimination. We believe that all people should have equal access to services that promote health and well-being, including chiropractic care. We support the inclusion of all licensed health providers that are practicing within the scope and standards of their profession and advocate for compensation that is commensurate and fair for services provided.

As the ICA vision statement provides, ICA seeks to empower humanity to optimal life expression, health and human potential through specific and scientific chiropractic care. We work to accomplish this through our mission to protect and promote chiropractic throughout the world as a distinct health care profession predicated upon its unique philosophy, science, and art of subluxation detection and correction.

Likewise, the **ABCA mission**, “**Integrating and improving outcomes for persons of color entering the profession of Doctor of Chiropractic**” is implemented through its constituted purposes which include:

- To recruit, encourage and support black persons to study chiropractic.
- To encourage camaraderie and leadership amongst black chiropractic doctors, instructors, technicians and students.
To assist chiropractic colleges in recruiting qualified black students and faculty members.

To help advance the science, philosophy, and art of chiropractic, and to improve the standards in chiropractic professional knowledge.

**Conclusion:** There is an urgent need to increase diversity in the chiropractic profession to help our profession more accurately represent our communities. To achieve this goal, changes are needed. These changes include changes in recruitment, in campus environment, in faculty diversity, and in the accreditation process in order to accommodate innovation at our chiropractic institutions. The Department of Education is now calling upon accrediting agencies to be more flexible to “no longer rely on simplistic outcomes metrics to evaluate institutional quality, when these metrics are more reliable proxies for institutional selectivity and student socioeconomic advantage than academic quality”. The chiropractic profession knows the value of chiropractic care. If we are to help everyone in our nation to have the opportunity to benefit from chiropractic care, we need to work together to advance our profession by advancing diversity in our schools. Taking these courageous steps lays the foundation for a better health care system tomorrow.

The ABCA and the ICA encourage the CCE to embrace increasing the diversity of our profession and work in a supporting role to the chiropractic educational institutions, to innovate the process. A reconsideration of the current “hardlines” established in Policy 56 as a mandate is needed. ABCA and ICA feel strongly that no chiropractic education institution that is focused on recruiting minority students and ensuring a quality education should have its accreditation threatened based solely on the student outcome measures of Policy 56. We invite a collaboration with the CCE and the entire profession to address the needs of all members of our society with a better health care system. A first step to this is increasing the diversity of our students.
In 1993, Dr. Bobby Westbrook the founder of the ABCA was quoted by *Dynamic Chiropractic*: "While chiropractic struggled for its existence as a profession, black people had to struggle for membership in the profession founded on the back of a black man."

Westbrooks was referring to Harvey Lillard, a black man whose hearing was restored through chiropractic and is considered the first chiropractic patient.

We cannot just talk the talk; it is time to act. To quote the ICA’s founder, Dr. B.J. Palmer, “Throw away your wishbone, straighten up your backbone, stick out your jawbone and go to it.”

**Sources Cited**


