ISSUE 25 / APRIL 2022

DIVERSITEA

Diversity Month!

INDIGENOUS HEALTH INEQUITIES

It has long been reported that members of Native American tribes across the country possess worse health outcomes compared to the rest of the American population. Nevertheless, the statistics are still staggering; according to data from the Indian Health Service (IHS), the average lifespan is 5.5 years less than the U.S. all races population. Alcohol-induced deaths are 6.6 times higher. The American Indian race has the highest prevalence of type II diabetes of all U.S. racial groups. Why do these disparities exist? Like many large-scale health inequities, it is not due to a single factor, and the solutions contain many nuances.

To start, the IHS, which provides care to over 2.2 million American Indians/Alaska Natives, is funded by Congress. For decades, the program has been severely underfunded; according to the National Congress of American Indians, healthcare spending per capita in 2017 was $3,332 annually, compared to the national average of $9,207. Knowing what we know about the health disparities present in the Indigenous community, this shockingly low amount of financial support demonstrates a lack of necessary care for a population in need. Decreased spending has a multitude of effects: less services are offered, providers are overworked and underpaid, and less health clinics are able to be created to improve access.

Along with the lack of funding is the scarcity of representation among clinicians. The 2020 APTA Workforce Analysis reported that the percentage of American Indian PTs is just 0.2-0.4%. To task this incredibly low number of clinicians to care for the over 2 million Indigenous citizens is just impossible. This opens the door for outside clinicians to treat this population, which could hold the risk of saviorism complexes and lower therapeutic alliances.

To build more trust and improve the health of American Indians/Alaska Natives, schools should consider the creation of pipeline programs on reservations to increase the number of Indigenous clinicians and create a more just healthcare system.

Yet, there are still a myriad of reasons to be hopeful for change. Efforts to improve health outcomes of American Indian and Alaska Native communities are growing by the year. Loan repayment programs, culturally aware public health promotions, and professionally sponsored DEI sessions are just a handful of the many resources recently initiated to push the needle in the right direction. Some tribes, like the Eastern Band Cherokee, are funding state-of-the-art hospital facilities to become beacons of wellness in historical healthcare deserts. Clinical rotations on reservations are offered to a few Duke DPT students each year as well. Like most systemic health injustices, we as providers cannot fix the issue alone. Yet, our voices can inspire and advocate for historically marginalized communities both locally and nationally, in turn creating a much greater long-term impact than we can fathom.

Source

THE LAND UNDERNEATH OUR FEET

It is imperative to remember that not all Native American tribes are the same. Although it may be convenient to lump them all together for data, there are 574 American Indian and Alaska Native tribes recognized by the United States, each with its own slew of traditions, history, and, oftentimes, language. These tribes are the epitome of the value of local community and deserve to be celebrated. One easy way to celebrate these tribes is to discover the traditional lands that your hometown currently resides in and acknowledge this history. This gives a shout-out to the true heritage of where we come from and uplifts a voice that has been historically silenced. We acknowledge that Duke University and the Interprofessional Education Building reside on the lands of the Occoneechi, Shakori, and Lumbee tribes.

REFLECTIONS FROM THE DUKE POWWOW

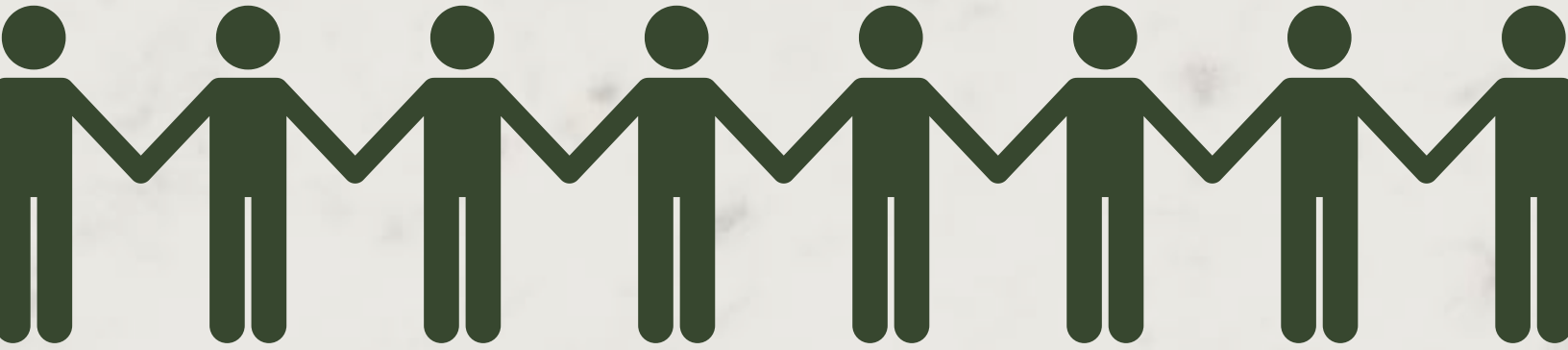
BY GENNA LOCKLEAR

Duke University hosted their annual Powwow this past weekend and I was so glad I was able to attend. As a Native American woman, I have been attending powwows for as long as I can remember. In the Native culture, a powwow is a celebration consisting of dancing, singing, feasting, and honoring the traditions of our ancestors. This continues to be a way for Native American people to keep their traditions alive. Powwows are friendly events that welcome everyone from all races to come and join in on the celebration. This social gathering opens the doorway for educational opportunities and to share our Native American culture with others. Some of my classmates and staff from the DPT program attended this event and was able to get a glimpse into my culture and what makes me who I am. Seeing them so interested and eager to learn about the different dance styles, the drums, and overall powwow etiquette really touched my heart. During my time at Duke, at times I have felt like I was trying to find my place. After the powwow, I now know that I do belong and I have my own little tribe of people here in this program. During this event, I was also able to spend time and catch up with family and friends from my own tribe, Lumbee Tribe of NC.

Initially, I was skeptical about attending the powwow since it would be my first time attending one hosted by Duke University. However, once I stepped foot on campus and heard the lingering sound of the drum playing in the distance, I knew this event would provide me with good spirits, good medicine, and the comfort of being surrounded by my people. In addition to celebrating and gathering as a community, powwows also allow for opportunities of healing to take place. For example, during the powwow this past weekend, multiple jingle dress dancers gathered in the arena to dance an honor song for a member of the community who was sick. Women's jingle dance is known to have been a gift from the Creator for the sole purpose of healing. Seeing women in the arena dancing, with the hopes of healing their loved ones is a powerful moment to witness and gain insight into understanding Native American traditions and teachings. As a minority population who has limited access to healthcare and medical resources, Native people have relied on the land and the Creator for many years to provide care to their people. Dancing, singing, and having smudging ceremonies are just a few ways Native people practice good medicine.

If you were unable to attend the powwow, you missed out on an opportunity to learn and to witness a beautiful moment of Native American celebration. I am hopeful to see this powwow grow, and I cannot wait to attend it next year.

INTERFAITH:
Ramadan, Easter, Passover



April is chock full of celebrations from a wide span of global religions. Easter (Christianity), Passover (Judaism), and Ramadan (Islam) all occur this month. The Duke School of Medicine has an interactive interfaith calendar to keep track of major religious holidays and provide some background on the significance of the observance. This April, take some time to recognize the significance of spirituality in health and learn how we can become more informed and inclusive clinicians in the future. It is essential to respect the spiritual needs of our patients and colleagues alike, especially since our typical working schedules have a Christianity-centric view.

WHAT'S HAPPENING IN APRIL?

RAMADAN

Ramadan is the holiest time of the year for Muslims. Muslims celebrate this month by fasting for 30 days, from dawn til dusk. It is a time to focus on family and prayer

EASTER

In Christianity, Easter celebrates the resurrection of Jesus Christ. Easter also marks the end of Lent season - a time of fasting and penitence.

PASSOVER

Passover, also called Pesach, is celebrated by the Jewish faith to commemorate the liberation of Israelites from slavery in Egypt also known as the Exodus.

ABLEISM & ACCESSIBILITY

Throughout our careers, providers of rehabilitation will see the entire spectrum of ability at all stages of life. We play a special role in the lives of patients with either physical or intellectual disabilities. Whether or not a full 'recovery' is viable, we can fulfill a crucial need to manage symptoms and improve function. Thus, it is our responsibility to advocate for improved spaces and language that encourage this population's well-being. Although more work is needed to create truly equitable environments for levels of ability, let's recognize the important milestones already achieved. The passing of the Americans with Disabilities Act (ADA) in 1990 extended anti-discriminatory laws from the 1964 Civil Rights Act to individuals with disabilities. As highlighted in the 2020 documentary Crip Camp, this grassroots movement sparked some of the most progressive legislation in the history of America, single handedly altering the way we design infrastructure in this nation. Adaptive equipment and programs have become much more common in urban and suburban areas. Athletes with disabilities are slowly becoming represented in big TV advertisements from Adidas and Toyota. There's now a wheelchair Barbie as well!

Yes, some advancements have been made. This does not mean the work is over, however. Although some big companies are inclusive in their commercials, Americans with disabilities are still seen in only 1% of primetime TV ads, even though they make up about 25% of the U.S. population. The built environment is not always conducive for individuals with disabilities, even when it meets ADA standards. Consider the difficulty (and irony) of some healthcare clinics; long hallways, touchscreens, heavy doors, and narrow pathways can become barriers for people that could greatly benefit from the use of our services. To be an advocate within your own locus of control, reflect on the spaces that make up your clinical rotation or your job in the future. Ask yourself, "Is this space truly inclusive?" In reality, it may shock you how often that answer is "no".

Source

IMPROVING DIVERSITY EFFORTS IN DPT COHORTS: PARENTS AND NON-TRADITIONAL STUDENTS

Our cohort, as well as DPT programs across the country, predominantly consists of students in their 20s with no children. This should not be surprising, as it is much easier to commit oneself to a full-time three year program when there are less life obligations. Many students are married, which brings along its own unique challenges, especially if they are not from this local area. However, having children of their own creates an exponentially harder challenge. The time, finances, and flexibility required to complete a doctorate of physical therapy is not only arduous, but impossible for many parents interested in joining the profession. DPT programs should consider this reality when recruiting for more diverse classrooms; second- or third-career students and students with children are greatly lacking in the current state of DPT academics. Non-traditional students typically have more experience with collaborative work, which makes them excellent candidates for team-based learning. Child support, local clinical experiences, and blended learning environments are three options DPT programs could consider to make physical therapy education, and the field at large, more inclusive to this community.

Source

Improving Diversity in DPT Faculty

Faculty Demographics

Table 29. Number of Faculty by Race/Ethnicity 2020

	Program Director	DCE	Other Faculty	All Core Faculty	Associated
Black or African American	11	17	64	92	70
American Indian/Alaskan Native	0	1	5	6	1
Asian	8	11	183	202	123
White	245	321	2,060	2,381	1,987
Hispanic/Latino of Any Race	4	9	102	115	95
Native Hawaiian/ Pacific Islander	0	1	3	4	13
Two or More Races	4	1	26	31	20
Unknown	0	2	27	29	121
Total	272	363	2,470	3,105	2,430

When discussing solutions to improve diversity in the physical therapy workforce, oftentimes the conversation veers towards a "chicken or the egg" debate: shouldn't the DPT student body become more diverse first, to spark change in the next generation of PTs? But how does one achieve a more diverse student body if the core faculty doesn't represent this equitable mission? The fact of the matter is that multiple realities co-exist; neither of these issues will be solved in isolation, and both can (and should) be solved simultaneously. For the sake of discussion, however, it may be simpler to view the subject as two sides of the same coin: representation in the student body versus representation in faculty, both geared towards improving representation in the overall workforce. Many previous issues of DiversiTea have addressed the need for a diverse student body in DPT programs to ultimately create more inclusive workplaces. Now, let's discuss the "egg": improving diversity on DPT faculty to attract and retain students of diverse backgrounds.

Evidence suggests that faculty of color are crucial in the development of a more equitable student body. Hassouneh and Lutz (2013) found greater success of nursing students of color when their instructors shared a similar background: the faculty "played a critical role in the survival and success of students and other faculty of color through processes of connecting, guiding and supporting, and challenging racism." The authors elaborate on these concepts, noting that the faculty of color in this study " displayed a high level of sensitivity to the well-being and success of students and other FOC as part of their educational practice." Similarly, Hunn (2014) noted that informal mentorships between African American faculty and African American students can enhance that student's feeling of belonging at primarily white institutions.

Many positions within a DPT academic program exist, including administrators, staffers, clinical educators, teaching assistants, research specialists, and so on. Yet, the core faculty position remains the most well-known and prestigious in an institutional setting. Most school websites have their core faculty members clearly listed, with headshots included. Thus, the core faculty of a program are the most imperative to improve for both recruiting students of color pre-PT and supporting students of color during their time at school. CAPTE's 2020 data on physical therapy educator demographics highlight the fact that diversity is still lacking in the classroom. Out of the 3,105 core faculty across the country, 92 (3.0%) are African-American, 115 (3.7%) are Hispanic/Latino, and just 6 (0.19%) are American Indian/Alaska Native. DPT student bodies and the workforce at large both have higher numbers of representation than CAPTE's findings.

It is not talked about enough that improving diversity in DPT faculty could create a palpable change in our profession. If a diverse student body translates to a more diverse workforce in the next generation, diverse faculty may create change 2 generations away. This should not deter programs from pursuing this need; as made evident in each previous DiversiTea issue, a more equitable and inclusive physical therapy field will create a healthier and happier global population. The issue of low representation in the academic setting is a big, yet necessary, step to take to reach this goal.

CELEBRATING RECENT DEI ADVANCEMENTS

The summer of 2020 was a catalyst for change in the United States. The events of police brutality brought to life by smartphones tipped the scales; the nation woke up and finally said “enough is enough”. It is debatable how much progress has truly been made since this time, but it would be remiss to discount the amount of conversations and organizations initiated because of this era of social activism. Here are some university and statewide DEI advancements that sprung out of the summer of 2020:

- **Duke DPT: creation and hiring of a Director of Diversity, Equity, and Inclusion (Dr. Tiffany Adams), Coordinator (Olivia Giovingo), and Graduate Assistants (Jessika Barnes and Razan Fayyad)**
- **Duke DPT: creation of the Diversity, Equity, and Inclusion Committee**
- **Duke School of Medicine: creation of Moments to Movement**
- **Duke University: expanded amount of holidays to recognize Juneteenth**
- **APTA NC: creation of the Diversity, Equity, and Inclusion Student SIG**
- **APTA NC: enhanced role of the Diversity, Equity, and Inclusion Committee**
- **APTA: creation of the Diversity, Equity, and Inclusion Committee**

CHAMPIONS OF DIVERSITY

DUKE DPT/OTD STUDENTS

Each and every DPT student from a systematically excluded background at Duke is courageous. It takes immense amounts of bravery to step into these spaces and make their voices heard. They are leaders that are sparking change in our profession and inspiring others to follow in their footsteps. Here are just a handful of amazing students that are championing diversity efforts during their time at Duke:

PIA SALCEDO

Pia is a student in the Class of 2022 and, though graduating soon, has left a legacy on the Duke DPT program for her efforts in diversity, equity, and inclusion. She is a former Co-Leader of the Diversity Club, Co-Founder of the Duke Summer Discovery Program Club, and a Duke DPT Student Excellence Scholar. She also held a position on the Duke School of Medicine Anti-Racism Task Force. Her contributions extend beyond Duke, as she is also a committed member of the APTA NC DEI Committee. Her efforts have not gone unnoticed; Pia will continue to be a champion of diversity even beyond her time at Duke.

AMANDA CLARKE, SHAWN ARMSTRONG

Amanda and Shawn are the President and Vice President of the Class of 2023, respectively. Amanda was recently named a 2022 APTA Leadership Scholar. She is also an HPREP mentor through the Duke School of Medicine, guiding and advising underrepresented students in high school and college who are interested in pursuing a career in the health professions. Shawn has been accepted into the 2022 class for the Future Clinician Leader's College, where he will devote his year-long project to improving access for healthy foods and exercise for rural North Carolinians with Type II Diabetes. Together, they are mentors in the NC Central mentorship program, members of the APTA Student DEI Committee, participate in local Boys and Girls Club Volunteer Days, and have spoken on various panels related to DEI in healthcare. Shawn and Amanda are trailblazers in their own right, establishing themselves as inclusive and determined leaders.

JESSIKA BARNES, RAZAN FAYYAD

Jessika and Razan are the inaugural graduate assistants for the DEI/Student Affairs department within Duke DPT. They are also both members of the Duke DPT DEI Committee. Their passion and creativity will thrive in this role and create sustainable change within our program for years to come.

CHAMPIONS OF DIVERSITY

DUKE DPT/OTD STUDENTS

JISUN KIM, JUDEAN GRIFFITH

Jisun and Judean are co-leaders of the Coalition of Occupational Therapy Advocates for Diversity (COTAD) in Duke's inaugural class of the Occupational Therapy Doctorate (OTD) program. The OTD program has already benefited greatly from their enriching panels, thoughtful discussions, and inspirational community events. Through their leadership, Jisun and Judean are championing diversity efforts and creating a legacy as the first leaders of COTAD at Duke.

C/O 2023 TEAM 9: ELLIE BRADACH, EDGAR LOPEZ, ANGELICA MCNAIR, JULIANNE PETERS, LILY SCOTT, MADISON WRIGHT

Team 9 from the Class of 2023 is turning conversation into action. They, along with inaugural OTD student and graduate assistant Gloria Cesar and the assistance of Drs. Adams, Greco, Mikush have received funding to create a PT/OT Summer Impact Program for local high schools. This innovative program's primary objective is to enhance high school students' awareness of healthy lifestyle choices that they can take back to their families and communities. The program also aims to increase their awareness of the PT and OT professions. Youth programs such as this one and the Boys and Girls Club Volunteer Days can lead to downstream improvements in our classrooms and workforces. The project is inspirational and the leaders deserve immense praise for their DEI efforts.