

Applying Diversity, Equity and Inclusion to Address Health Inequities

Daniel Deuel, M.Ed., SPT¹; Maurice Lucre, BS, SPT¹; Pedro Zavala, BS, SPT¹; Lisa Steinkamp, PT, PhD, MBA¹



¹Doctor of Physical Therapy Program
School of Medicine and Public Health, University of Wisconsin, Madison, WI



Introduction

Inequities routinely experienced by Black, Indigenous, and People of Color (BIPOC) have prompted medical organizations to unpack their complacency with and contributions to systems of inequity.¹⁻⁵ Within physical therapy (PT), major areas of concern exist: a lack of diversity amongst students, faculty, and providers; limited inclusion of patients and practitioners of color in didactic and clinical settings.⁶⁻⁸ What about equitable access to PT?

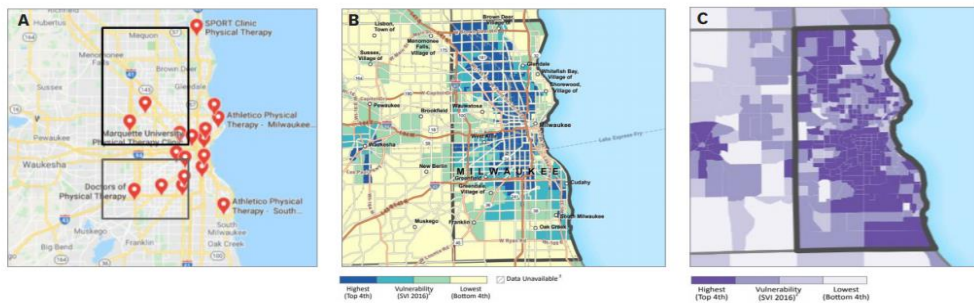
Purpose

Employing the Diversity, Equity and Inclusion (DEI) framework, we initially investigated *equity*, analyzing the geographic locations of PT clinics with respect to marginalized communities. We then included *diversity* and *inclusion* to encapsulate the framework.

Methods

Using the Centers for Disease Control and Prevention's Social Vulnerability Index (SVI) and Google, we mapped the locations of PT and primary care clinics within the four most diverse Wisconsin counties—Milwaukee, Racine, Kenosha, and Dane—which also had high SVI scores, to assess health equity in these communities.

Figure 2. Milwaukee County Physical Therapy Clinic Locations Contrasted with the County Social Vulnerability Index (SVI)

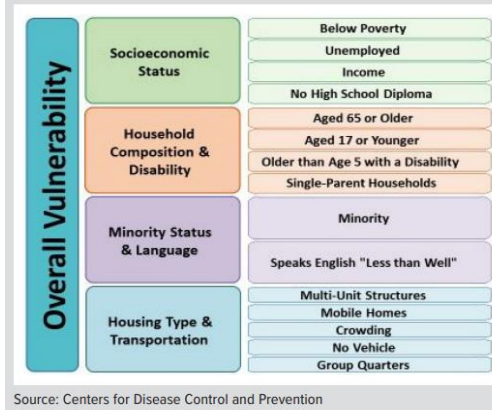


(A) Distribution of physical therapy clinics in Milwaukee County relative to the most vulnerable communities; (B) County SVI, where darker colors represent a greater degree of vulnerability; (C) Vulnerability in Milwaukee County attributable to race, ethnicity, and language, with darker colors representing a greater degree of vulnerability.

Results

We discovered that PTs generally operate outside of the most vulnerable communities.

Figure 1. Social Vulnerability Index: 4 Themes That Take Into Account 15 Variables



Clinical Relevance

Our findings highlight the paucity of PT clinics in vulnerable Wisconsin areas. A more diverse workforce may address health inequity by increasing services provided and adherence to medical advice in vulnerable populations.¹¹ Finally, inclusionary practices must be emphasized for DEI efforts to be effective.^{1,6}

Discussion

Equity

Our findings suggests that PT services in Wisconsin are often inaccessible to members of vulnerable communities. In viewing this predicament through the lens of DEI, efforts to improve equity must include interventions that address its other components: diversity and inclusion.⁶

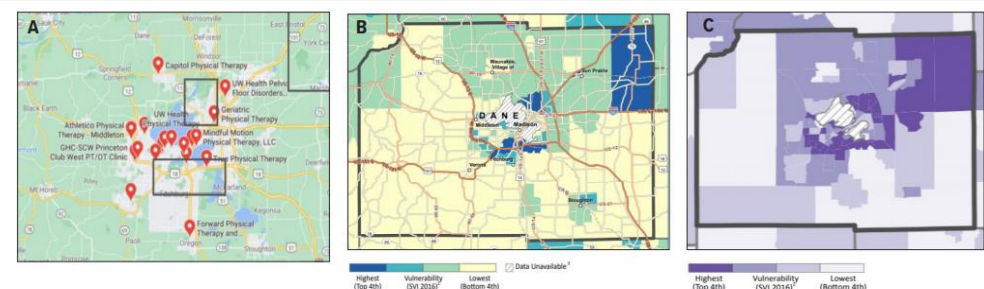
Diversity

A diverse workforce helps reduce inequity access to health care.⁹ Diversity in the workforce may also increase patient compliance.¹⁰ Providers who have similar backgrounds as their patients garner more trust because they comprehend barriers to access.¹² While all practitioners should understand the social determinants of health and their implications for health, a majority White practitioner base may be less-equipped to meet the needs of patients from diverse backgrounds than providers who share a similar racial/ethnic identity.^{6,13}

Inclusion

Inclusion directly impacts patient access and trust. It is crucial for patients to "see themselves" reflected in the health care setting they are accessing.^{9,11,13} These feelings of inclusion increase patients' desires to utilize health care services and follow medical advice.¹¹

Figure 3. Dane County Physical Therapy Clinic Locations Contrasted with the County Social Vulnerability Index (SVI)



(A) Distribution of physical therapy clinics in Dane County relative to the most vulnerable communities; (B) County SVI, where darker colors represent a greater degree of vulnerability; (C) Vulnerability in Dane County attributable to race, ethnicity, and language, with darker colors representing a greater degree of vulnerability.