
Recruiting Underrepresented Minorities to Chiropractic Colleges

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Background: Admissions departments at chiropractic colleges across the United States are under continual pressure to recruit students. The underrepresented minority populations in the United States are potential markets for chiropractic patients, students, and doctors. **Objective:** To assess the current diversity recruiting practices of the chiropractic colleges. **Methods:** Directors of admissions of the chiropractic colleges were polled to identify recruiting programs and their success. **Results:** Sixteen of the 17 colleges were polled. Nine of the respondents had no program for targeted underserved populations and seven did have such a program. Five colleges employed several methods to work with universities to recruit underserved populations. Other strategies included outreach via student groups and alumni recruiters. **Conclusion:** Programs to attract minority students can be created and infrastructure can be provided but they are nearly useless without role models. Encouraging alumni participation to raise awareness of chiropractic in minority communities may be a step toward a profession more reflective of America's population. (The Journal of Chiropractic Education 20(2): 123-127, 2006)

Key Indexing Terms: chiropractic; education; minority groups

INTRODUCTION

Admissions departments at chiropractic colleges across the United States are under continual pressure to recruit students. All of the schools have multiple entering classes each year. With changes in the health care industry, many of the schools are finding it challenging to maintain optimal enrollments. The underserved minority communities are potentially fertile recruiting grounds.

The reasons for choosing careers in chiropractic have remained stable since the first reported study of chiropractic students. Such reasons include: (1) students are influenced by chiropractic role models who are frequently family members or friends, (2) students benefited from chiropractic care or family members did, and (3) chiropractic's natural drug-free

philosophy is attractive. Students have also cited the general status and economic benefits afforded health professionals.¹⁻³

Chiropractic colleges have generally relied on alumni to recruit students to their colleges. However, "... new strategies need to be developed by chiropractic admissions officers to attract potential students. More and more students have bachelor's degrees and are not from chiropractic backgrounds. Strategies must be devised to attract applicants from the shrinking pool of college age students" (p. 78).⁴ After the baby bust of those born in the 1960s and 1970s, numbers of college-age students are expected to climb in 2009 as the echo generation, children of the baby boomers, reach college age. Because of the 4 years of prerequisites, it will be 2013 before that turnaround is reflected in chiropractic college applications.⁵

Wiese⁶ describes the shortage of racial minorities in all areas of health care and then focuses on chiropractic students. She states, "The chiropractic profession may have even greater problems in attracting

and keeping minority candidates because of its inferior professional status and the lower potential earnings capacity of its graduates” (p. 2).⁶

Only when the GI Bill of the 1950s provided an easy means of finance did chiropractic colleges seek out black students. In 1960, the earliest study that reports on the topic stated that 97% of California chiropractors were Caucasian.⁷ Interviews with doctors in practice in Buffalo, New York, in 1963 suggested that a large segment of their patient base was of minority origin. This appeared to be the norm until 1972, when chiropractic was specifically excluded from Medicaid coverage by state law.⁸ In 1969, Sternberg wrote, “It may well be that the absence of black recruits to chiropractic is as much a function on their parts to enter chiropractic as it is the result of refusal to admit them by the training schools. If you are already struggling with a stigmatized racial status, why take on the new burden of a stigmatized occupational one?”³ By the 1970s, Westbrook identified about 200 black chiropractors in the United States.⁹ During the late 1970s, only three schools had black students on campus: National Chiropractic College, Palmer College of Chiropractic, and Life College of Chiropractic.

The American Black Chiropractors Association (ABCA) was founded in 1981. The lack of records pertaining to black students was one of the impetuses for its founding. Life College, in Marietta, Georgia, was the first chiropractic college to encourage and financially assist its students to attend the ABCA conventions. Bluestein reported that, “College presidents need to be interested not only in accepting black students, . . . but they need to provide the aesthetic surroundings to interest and attract blacks, including racially sensitive administrators and teachers” (p. 20).⁸

Troetti¹⁰ reported that the main stumbling block preventing many blacks from becoming more familiar with the profession was a lack of contact with chiropractic and with what chiropractors can do. Minorities represent 1% of the number of chiropractors in practice. Troetti states,¹⁰ “Blacks seldom come into contact with chiropractors, black or white, who could serve as role models” (p. 41). Troetti quoted an ABCA statistic saying that 99% of black people who come into a chiropractor’s office are there for the first time and said, “African American naturopaths promote their skills in the black community, but chiropractors do not” (p. 41).¹⁰

Tutashinda¹¹ lamented that as African Americans are continuously confronted with America’s social

bigotry and racism, they have never had the luxury of just being “professional.” W.E.B. DuBois, noted African American scholar, referred to the black men at selective colleges as the “talented tenth,” exceptional men who would contribute outstanding leadership to the black community. From the “talented tenth” concept on to today, education of any kind meant a greater chance to articulate the feelings, needs, and demands of the “masses.” Therefore, it is assumed that black chiropractors will take active roles in their communities.¹¹ Blacks do not escape the stigma of oppression by being chiropractors. There is a tremendous need for chiropractic in the African American community and it may primarily be the responsibility of black chiropractors to meet that need.

Bluestein⁸ reported on the practice of minority chiropractors in Erie County, New York. There were proportionately fewer chiropractors and chiropractic patients in the specific areas identified as minority areas. Bluestein posed the question as to why so few minority graduates chose to return to Erie County. He then answered it himself, stating “Minority students do not come from underserved areas but from suburban areas where minorities are found in very low percentages” (p. 43).⁸ There is a lack of information about chiropractic in areas with high minority populations and so the new graduates cannot return to somewhere from which they did not come. Chiropractic is excluded from government programs that exchange forgiveness of school loans for service to underserved areas.⁸

The majority of participants in Wiese’s interviews of African American chiropractors conducted throughout 2001–2002 thought that race had a negative influence on their practice, “. . . one being black and the other being a chiropractor. . . . Also, for some reason or another, an African-American patient would rather go somewhere else to receive service” (p. 85).⁶ Two of the 16 doctors interviewed thought that African Americans preferred a Caucasian doctor. Niles¹² surveyed 434 field doctors who were members of the ABCA. She tabulated patients by race: 59% black, 23% white, 9% Hispanic, 5% multiracial, 2% Asian, and 2% other.¹²

One of Wiese’s interview subjects thought that Caucasians do not want to be touched by black people. Some thought their race was an advantage. One person stated, “I haven’t had but a few instances or situations where I was prejudged by patients. . .but you get that anyway if you are a chiropractor” (p. 86).⁶ Further, “African-Americans haven’t been

exposed to chiropractic the way they should be or I want them to be” (p. 87).⁶ Racism and academic challenges were barriers that could have become obstacles to their success. At chiropractic colleges, they were a distinctive minority. At one school, there were more Africans than African Americans.

In 1979, one person filed a formal charge of racial discrimination against the Council on Chiropractic Education and its member colleges in the matter of admissions. Colleges were reviewed and no evidence could be found to demonstrate discrimination in admissions, retention, graduation, financial aid, or employment.¹³ The suit served as a “wake-up call” and the schools started addressing the matter. In the 25 years since the complaint, changes in chiropractic education are apparent. Photographs of black students are included in recruiting materials and several chiropractic colleges employ African American faculty members.⁶

By the end of the 1980s, there were more than 100 black students at Life College. Palmer and others had about 15 students each. Black administrators were hired and many had black recruiters. Whitworth reported in 1992 that most schools were actively recruiting black students.⁹

With the demise of affirmative action, Whitworth⁹ predicted a decline in the level of black admissions to medical schools and law schools. Whitworth stated that chiropractic schools, “. . . would do well to align with the ABCA to tap this new market” (p. 21).⁹ Admissions officials at chiropractic colleges agree that most of their new students come to them based on referrals from chiropractors. Chiropractic college administrators say they would like to see the number of black chiropractors rise.

Bower¹⁴ gave some tips for recruiting more African Americans into the profession. Chiropractic needs to be presented as health care first, then as a career option. Instead of defining progress as an increase in numbers, he suggested it be defined as, “. . . more individual acts of initiative and leadership.” Career fairs, where alumni serve as liaisons, are a very effective means of recruiting. He also promoted mentoring programs between students and field doctors, stating, “These kids need to see an example of a professional who has made it. . . . They need to hear the stories and know that they can make it, too” (p. 18).¹⁴ Most of the participants in Wiese’s 2003 study had mentors at one stage in their academic career or practice; “The mentors in their academic careers were evenly divided between African-Americans and Caucasians” (p. 87).⁶ All but

two served as mentors to others.⁹ There needs to be diversity in field doctors, students, staff, and faculty telling the story.¹⁴

With this background in mind, the purpose of this study was to assess the current diversity recruiting practices of the chiropractic colleges.

METHODS

After receiving Institutional Review Board approval from Fielding Graduate University, I contacted the directors of admissions of all the US chiropractic colleges by e-mail to set up telephone interviews. Those who did not respond to the e-mail were contacted by telephone. Institutional Review Board releases were e-mailed to the participants and were returned by fax or mail. Interviews were conducted over the telephone in June 2005.

Each respondent was asked, “Do you have any recruitment program that targets underserved populations?” The definition of underserved was left open for the respondent to define. A negative response terminated the interview. A positive response elicited two more questions: “Please describe your program,” and “Do you feel it has been successful in recruiting students?”

RESULTS

Sixteen of the 17 colleges were successfully polled. Nine of the schools reported “no program.” Their responses were peppered with notes of regret, some defensiveness, plans for the future, or lack of support. Of these nine, two would be better described as “no, but.” Both offered scholarships for minority students, placed ads in minority publications, and/or supported the ABCA through attendance at their convention.

Of the seven directors who replied in the affirmative to having a program to recruit underserved populations, five were working with historically black colleges and universities by sending representatives to career fairs and graduate fairs and recruiters to speak in classrooms, raising awareness of chiropractic as a profession. Building relationships with counselors and faculty at these schools through personal contact and articulation agreements was viewed as very important.

Three of the schools had student chapters of the ABCA and three schools reported that multicultural

activities were part of campus life. Two mentioned diversity in faculty and staff. One school incorporated multicultural faculty to make calls to prospective students who have identified themselves. Three of the schools had identified minority recruiters—persons of color whose main focus was on recruiting minority students. One school had employed a retired African American chiropractor as a recruiter. The doctor had sought out the position at the profession's education conference. One school reported an active program recruiting Hispanic students and one for Native Americans. Two of the directors reported that they believed their lack of success was due in large part to the lack of role models, both on the faculty and in the field.

DISCUSSION

Prospective students' ethnicity is self-reported in the inquiry, or recruiting, stage. The ethnicity of applicants and students are also voluntarily self-identified, so any report of findings will obviously be more indicative than accurate. Most of the programs discussed seem to have evolved rather than have had a specific starting date. Such dates would make the cause and effect from program to matriculant more defensible.

I used the latest available (2003) Integrated Post Secondary Education Data System (IPEDS) data as a measure of success of the recruiting programs. For six of the seven schools that reported "no program," the percentage of students who were reported using the IPEDS categories of black and non-Hispanic, American Indian and Alaska Native, Hispanic, or Asian and Pacific Islander ranged from 4.7% to 35.8%. One school was not included in the IPEDS report. For those schools with reported programs, the percentage of students who reported themselves in the IPEDS categories ranged from 8.4% to 26% of the student body, with one school not included in the IPEDS report.

Before I started gathering data and after I looked at the IPEDS data, I theorized that there are geographic forces that factor strongly in a student's decision on a chiropractic college. In many instances, staying closer to family may be more important in the decision-making process than the academic or philosophic reputation of a college far afield. This seems to be supported by the data collected. There are schools with high proportions of minority students who make no overt effort to recruit that

population and schools in less diverse areas with very active recruiting programs that should be successful, but are not. The location of the college seems to be the strongest factor regarding its racial makeup. Colleges on the coasts and in the South are more diverse than those in the center of the country, whether or not there was any program designed to recruit minority students. This observation will require further study.

CONCLUSION

Programs to attract minority students can be created and infrastructure can be provided, but they are nearly useless without role models. Encouraging alumni participation to raise awareness of chiropractic in minority communities may be a step toward a profession more reflective of America's population.

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