

# Outpatient Physical Therapy Presence and Access in Medically Underserved Chicago Communities

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## Background

Health disparity is an issue that continues to plague our communities. Inability to use and access physical therapy (PT) may contribute to these disparities in Chicago. In Chicago, health disparities are worse than the national average. A preliminary survey conducted in the Chicago area found discrepancies in available outpatient PT clinics between Chicago communities. The survey found that the neighborhood of Austin (a large, primarily Black and low income neighborhood) has one outpatient PT clinic with a single PT provider. Comparatively, West Town (a primarily White, moderate income neighborhood) has 56 PT providers at multiple PT clinics.

## Research Objectives

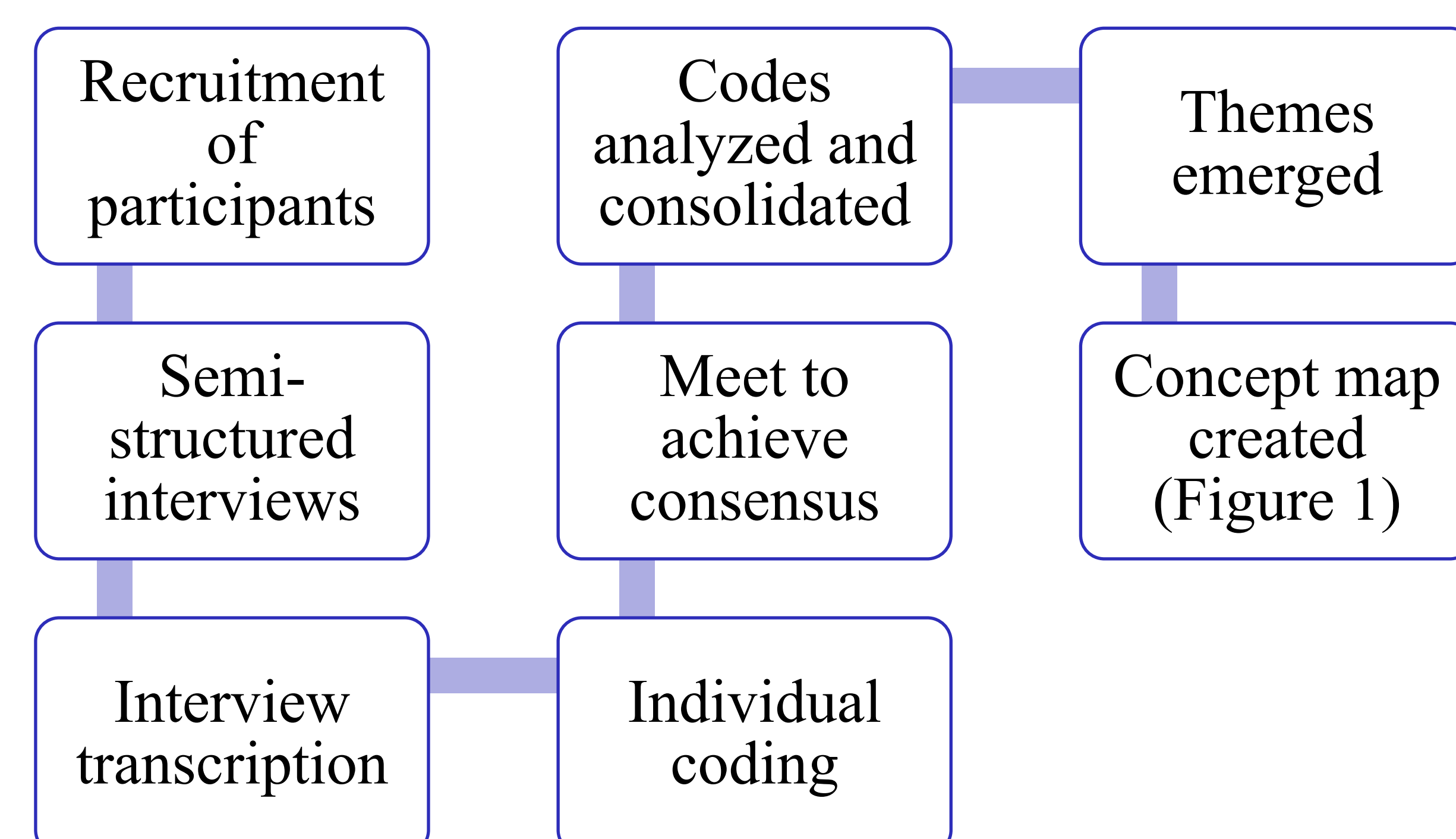
The purpose of this study was to explore why outpatient (OP) PT providers are or are not located in medically underserved Chicago neighborhoods. The study's research questions were:

1. What are the barriers and facilitators to being located in a medically underserved community?
2. What is the role of the physical therapy profession in providing outpatient services to people in underserved communities?

## Methods

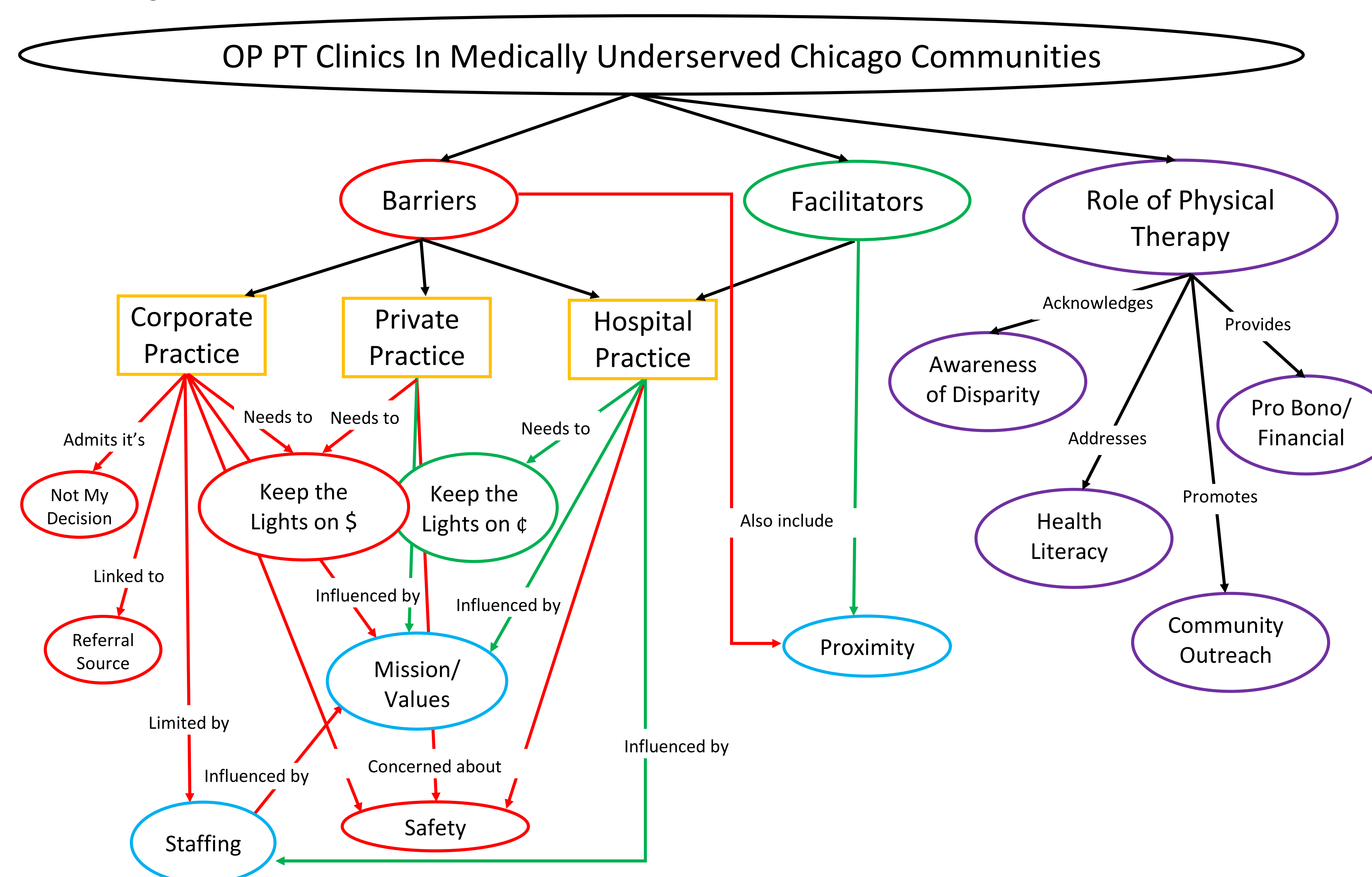
Participants:

- 2 PTs/owners from private practice
- 2 PT managers in corporate practice
- 1 staff PT/1 audiologist rehab manager in hospital practice at safety net hospitals
- Mean age = 41 years
- Years practicing ranged from 5-30 years



## Results

Figure 1



Three main themes were identified: Barriers, Facilitators, and the Role of Physical Therapy.

- Corporate and private practice providers reported more barriers than hospital clinics.
- Major barriers for corporate practices were fiduciary responsibility to their shareholders/employees and finding staff PTs to work in underserved communities.
- Hospital participants reported fewer barriers due to reduced focus on profit and high volume of patients. Additionally, a hospital's mission/values attracted PTs who had a personal value of service to these communities.
- Private practice participants desired to provide service in underserved communities, but had financial limitations due to low and inconsistent reimbursement.

"When it comes to providing care for those insurances [with low reimbursement], it's not that I don't want to... I can't get the lights on."  
– Private Practice #3

"Literally tomorrow we could put a clinic there [in an underserved community]... We have the resources to do that. We don't have the human capital resources that want to do that..."  
– Corporate Practice #5

"...it's not as profitable as [practices] that take private insurers. But pure volume, we see more patients... We are ethically responsible, and we're still profitable."  
– Hospital Practice #4

"They lower, lower, lower our reimbursements so much that it's impossible to survive."  
– Private Practice #1

## Discussion

- This study suggests that OP PT providers acknowledge the plight of medically underserved communities in accessing PT services, but not all felt it was their personal responsibility to address.
- Due to financial and staffing challenges of corporate and private PT providers, underserved communities must rely on hospital OP PT clinics.
- All providers stated that patient and staff safety are a concern; however, hospitals did not have issues finding staff or patients despite this concern. This issue persists in Chicago, but a solution requires further investigation.
- A more diverse profession may result in larger numbers of PTs seeking employment in more varied communities. However, it's important to acknowledge that it is not the responsibility of minority PTs alone to service these communities.
- Health insurance changes that ensure reimbursement equity of PT services for all patients may bring OP PT providers into underserved communities.
- Safety net hospitals need more financial support or PT needs to be incorporated into Federally Qualified Health Centers.
- All hospitals across Chicago should support expansion of OP clinics in these communities to address health inequity.

Limitations include a small sample size, possible observer effect on participants, and the specific and sensitive nature of our research.

Future research should investigate:

- The effect of practitioner diversity on practicing in underserved communities.
- Do PTs have stereotyped views of safety in certain Chicago communities that influence where they want to work?

## Conclusions

PTs need to demonstrate a more visible adherence to the APTA's Code of Ethics, Social Responsibility Core Value, and Strategic Plan by advocating for health care reform and by promoting a more diverse and culturally-aware PT profession. This study demonstrates that some providers and practice settings are challenged to meet these goals. This research is at the forefront of investigating and promoting PT access for all individuals regardless of where they live.

## Acknowledgements

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