

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION
BOARD OF CHIROPRACTIC**



WORKFORCE CAPACITY REPORT



**A Summary of Findings from the
2014 Chiropractic Workforce Survey in the District of Columbia
September 2014**

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ACKNOWLEDGEMENTS

The District of Columbia Board of Chiropractic gratefully acknowledges all those who participated in the development of this report. The Board especially thanks Deniz Soyer, MBA, Board of Chiropractic Health Licensing Specialist, for her hard work, dedication and contribution to this report. The Board also thanks Eva Stern, GISP, GIS Analyst with the D.C. Office of the Chief Technology Officer, GIS Group, for her assistance and support.

The Board would also like to thank the members of the Healthcare Workforce Workgroup for their leadership and support throughout the development process.

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The Board thanks all individuals and organizations who generously gave their time to contribute to this report.

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- Justin Palmer, MPA – Consumer Board Member
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MESSAGE FROM THE DIRECTOR OF THE D.C. DEPARTMENT OF HEALTH

Joxel Garcia, MD, MBA

Thank you to all licensed chiropractors for taking part in the first Chiropractic Workforce Capacity Survey. This survey examined chiropractic workforce capacity, specifically where chiropractors are located and how often they are providing services. This information is important as the Department of Health looks to develop informed policies and regulations.

Chiropractors serve a critical role providing quality patient care in the District of Columbia. I appreciate all the work, effort and expertise of those who work to provide chiropractic health services

We hope this report serves as a catalyst for a broader discussion on the chiropractic workforce. The Department of Health will continue to engage with the chiropractic community to ultimately achieve better health outcomes for all District residents.

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KEY DEFINITIONS

Actively Licensed Chiropractor: Actively licensed chiropractors are defined as those who hold active licenses in the District.

Actively Practicing Chiropractor: Actively practicing chiropractors are defined as those who reported that they were involved in clinical practice in the District for more than 20 hours per week.

Census Tracts: Census tracts are small, relatively permanent statistical subdivisions of a county or equivalent entity that are updated by local participants prior to each decennial census as part of the Census Bureau's Participant Statistical Areas Program. The Census Bureau delineates census tracts in situations where no local participant existed or where state, local, or tribal governments declined to participate. The primary purpose of census tracts is to provide a stable set of geographic units for the presentation of statistical data. Census tract boundaries are delineated with the intention of being maintained over a long period of time so that statistical comparisons can be made from census to census.

Geographic Information System (GIS): GIS is a technology that allows policymakers, planners, and managers in many fields, including healthcare, to process, analyze, and visualize data based on spatial location. The GIS analysis in this report was performed based on primary practice addresses provided by the respondents.

Medicaid: Medicaid is a federally and state-funded healthcare program that pays for medical services for qualified low-income and disabled people. Primary oversight of the program is handled at the federal level, but each state establishes its own eligibility standards, sets the rate of payment for services, and administers its own Medicaid program.

Non-clinical activities: Non-clinical activities are defined as academia/teaching, administration/management, public health policy, or chiropractic research.

Practice Setting/Location: A practice setting/location is a location identified by a chiropractor as his or her physical work address. Please note: this address may not be exclusive to clinical practice.

Survey Respondents: Survey respondents are actively licensed chiropractors that responded to this survey.

Ward: A ward is an administrative division of a city and is represented by a councilmember. The District is divided into eight wards.

Zip Code: A zip code is a 5-digit code that generally identifies the individual Post Office or metropolitan delivery area associated with an address. The first three digits identify the delivery area of a sectional center facility or a major-city Post Office serving the deliver address area. The fourth and fifth digits identify the deliver area of a Post Office. Zip codes are frequently used to report population data in aggregate form.

EXECUTIVE SUMMARY

JACQUELINE A. WATSON, DO, MBA, EXECUTIVE DIRECTOR

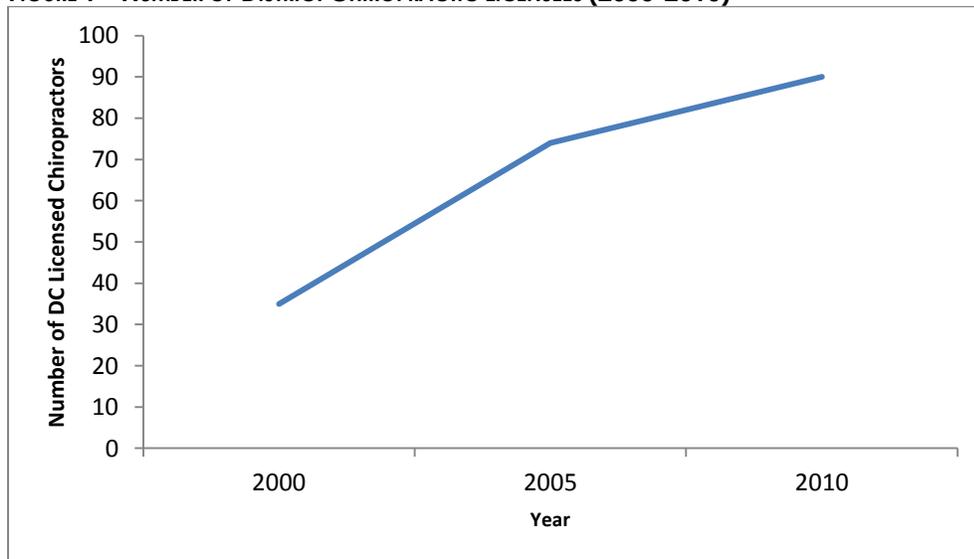
The Chiropractic profession plays a unique role in the healthcare delivery system of the United States. The passage of the Patient Protection Affordable Care Act has transformed healthcare in the U.S. The Affordable Care Act places greater emphasis on a healthcare team delivery model and access to quality patient-centered care. The role each healthcare provider, including chiropractors, will play in the new system is yet to be determined and has presented new and complex challenges. What is clear, is that traditional roles for every provider will likely change and everyone will have to adjust to the new normal in the healthcare marketplace of the future.

What is Chiropractic? The American Chiropractic Association defines it as a healthcare profession that focuses on disorders of the musculoskeletal system, and the nervous system, and the effects of these disorders on general health. Chiropractic is a drug-free, hands-on approach to healthcare. Chiropractors have broad diagnostic skills, and are trained to recommend therapeutic and rehabilitative exercises, as well as to provide nutritional, dietary and lifestyle counseling.

Research shows that chiropractors play a significant role in healthcare for many Americans. The most common procedure performed by chiropractic doctors is spinal manipulation or chiropractic adjustment. According to the Agency for Healthcare Research and Quality, in 2007 alone, about 27 million U.S. adults aged 18 or older (11% of the total adult population) reported having back pain. Seventy percent of these people (~19 million) sought treatment by a doctor. An analysis of data from a RAND Health Insurance Experiment found that chiropractors were the first healthcare providers seen for 38% of episodes of back pain, and that chiropractors were the primary providers that delivered the majority of care for 40% of back pain episodes.

The DC Department of Health, Health Regulation and Licensing Administration, regulates over 50,000 healthcare providers, including physicians (MD/DO), physical therapists, nurses, dentists, podiatrists, and chiropractors. Between 2000 and 2010, data shows that there has been a 157% increase in licensed chiropractors in the District (see Figure 1).

FIGURE 1 – NUMBER OF DISTRICT CHIROPRACTIC LICENSEES (2000-2010)



Currently, there are less than one hundred chiropractors licensed in the District. Though they make up a very small percentage of the healthcare workforce, and their scope of practice is limited, their presence has increased and their importance cannot be overlooked, especially in light of the

significant role they play as primary providers of the treatment of common disorders of the musculoskeletal system.

In FY2014 the DC Board of Chiropractic embarked upon assessing the chiropractic workforce capacity in the District. A taskforce was assembled to develop survey questions, using HRSA National Center for Workforce Analysis minimal data set guidelines as a resource. In February 2014, questions about their practice, including demographic and practice characteristic information, were disseminated electronically, using Survey Monkey, to all actively licensed chiropractors under the purview of the Board. The survey was voluntary and 61% of eligible licensees responded to the survey.

Select summary of results:

- 87% of chiropractors in our survey were between the ages of 31-60.
- 40% of actively practicing chiropractors (20 hours or more of patient care) were between the ages of 31-40. Only 7% were greater than 60 years.
- 69% of all survey respondents were male.
- 54% of respondents self-identified as Caucasian and 24% as Black/African-American.
- 68% of actively practicing chiropractors were in solo practice and 64% were owners of the practice.
- Wards 2 and 3 had the largest percentage of actively practicing chiropractors.
- General practice was the most common specialty among those actively practicing.

As a result of the passage of the Affordable Care Act, enumerating the healthcare workforce in the United States has taken on an increased sense of urgency. This report is the first of its kind to be published for a chiropractic regulatory board in the U.S. We hope that the information will be used by policymakers and stakeholders to better inform decisions that will serve to improve access to chiropractic care, not just in the District, but throughout the nation.

INTRODUCTION

The D.C. Board of Chiropractic is pleased to announce, not only the District's first, but the nation's first Chiropractic Workforce Capacity Report. This report, based on findings from the 2014 Chiropractic Workforce Survey, provides a close look at the District's chiropractic workforce.

D.C. Board of Chiropractic embarked on this project in late 2013. With the looming changes in the healthcare environment and reported lack of access to providers in the District, the Board recognized the role we could play in facilitating and collecting workforce data that could be used to inform decision makers. This served as an opportunity for us to make a significant contribution toward helping address healthcare issues in the District. The collection of this data not only provides information that can be useful on many levels for licensure and discipline, but it could also provide valuable information for other healthcare policymakers.

This report specifically examines where the District's chiropractors are located and how much time they dedicate to providing clinical care. We also examine special topic areas, such as the use of information technology. The purpose of this report is, not only to reveal the results of the survey, but more importantly, initiate a dialogue about the current capacity of the chiropractic workforce in the District.

This comprehensive report, we believe, will be most helpful to leaders in the District in planning and developing policies that provide a more inclusive plan for access to care. Our hope is that this report will make a positive impact and help inform internal and external stakeholders, healthcare providers, and other members of the public. Furthermore, we hope that this report will help raise awareness about the chiropractic profession and serve as a model for other states to follow.

Best regards,



Keita Vanterpool, DC
Chair, D.C. Board of Chiropractic

METHODS & SURVEY RESPONSE RATE

The data from this report was obtained from chiropractors who are licensed in the District of Columbia.¹ The survey questions were disseminated electronically using Survey Monkey. Licensees were able to complete the survey between February 12, 2014 and March 21, 2014.

The chiropractic survey was accessible to chiropractors that met the following eligibility criteria:

- Current license with D.C. Board of Chiropractic, in good standing, expiring December 31, 2014.

This workforce survey report is based on data collected from 54 chiropractors who elected to participate in the survey.

A comparison of the survey respondents to our entire eligible population of chiropractic licensees shows that the survey respondents and the eligible population were similar in age distribution (see Table 1).

TABLE 1 – RESPONDENTS COMPARED TO FULL POPULATION OF LICENSED D.C. CHIROPRACTORS, 2014

	Sample N=89	Respondents N=54
Gender		
Male	58.00%	76.00%
Female	31.00%	24.00%
Age		
30 & Under	4.49%	5.55%
31-40	33.71%	31.48%
41-50	24.72%	24.07%
51-60	25.84%	29.63%
Over 60	8.99%	7.41%

*Sample includes all D.C. licensed chiropractors who held an active license in February 2014.

Our response rate of 61% was similar to other reported response rates for large sample surveys.^{2,3} However, there was some potential for response bias in our survey results. Therefore, our report may not characterize all chiropractors in D.C.

Whenever possible, an attempt was made to find reliable responses to questions that were not fully answered on the survey by the survey respondents. The current HPLA database, MyLicense, was used to supply any missing basic demographic information (gender, age, and address) among our survey respondents.

Among our survey respondents, primary practice locations were analyzed using Geographic Information Systems (GIS). GIS is a technology that allows policymakers, planners, and managers in many fields, including healthcare, to process and visualize data based on spatial location. The GIS mapping was performed based on available complete addresses from survey respondents.

Data are displayed on tables and charts. Some percentages may not total 100 percent due to rounding.

¹ Survey Monkey is a private American company that enables users to create their own Web-based surveys.

² Cummings, S. et al. "Reported Response Rates to Mailed Physician Questionnaires." *HSR: Health Services Research* 35:6 2001.

³ Creavina, S. et al. "Do GPs Respond to Postal Questionnaire Surveys? A Comprehensive Review of Primary Care Literature" *Family Practice*. Published online Feb 2011. Available at <http://fampra.oxfordjournals.org/content/28/4/461.full.pdf>

2014 Chiropractic Workforce Survey Overview

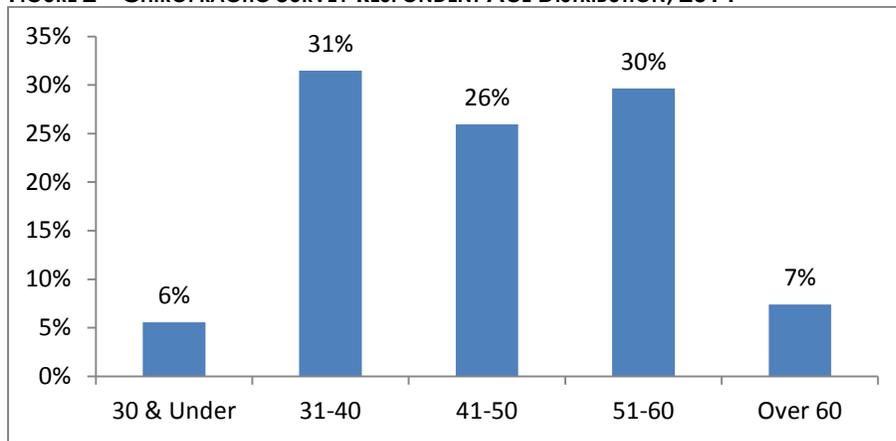
As of February 2014, the District of Columbia Board of Chiropractic had 89 chiropractors licensed to practice chiropractic. Sixty-one percent (61% or n=54) of these chiropractors responded to the 2014 Workforce Survey. This workforce survey report is based on data collected from the 54 chiropractors who completed the survey.

Chiropractic Workforce Demographics

Age

The majority of chiropractors in our survey (87%) were between the ages of 31 and 60. Only 6 percent of the chiropractic survey respondents were under the age of 30, and only 7 percent were greater than 60 years of age (see Figure 2). According to the U.S. Department of Health and Human Services Health Resources and Services Administration National Center for Health Workforce Analysis, in 2010, roughly 60 percent of chiropractors were between the ages of 35 and 55.

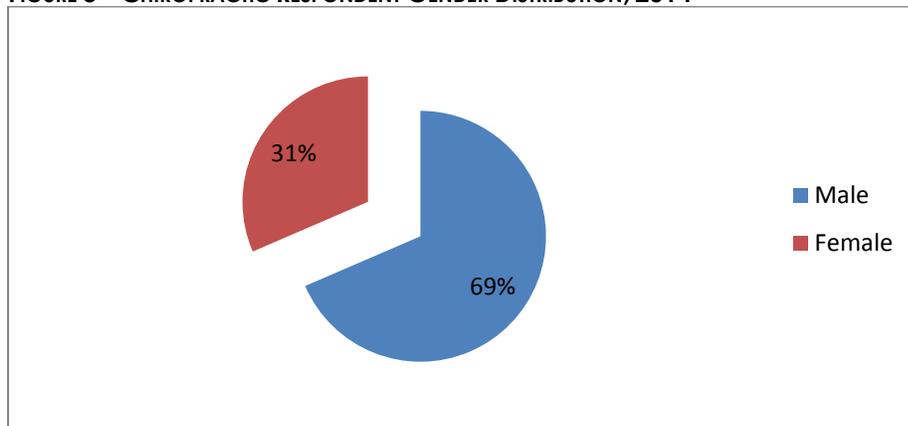
FIGURE 2 – CHIROPRACTIC SURVEY RESPONDENT AGE DISTRIBUTION, 2014



Gender

The majority of chiropractic survey respondents were male. Among the 54 chiropractic survey respondents, 69 percent (n=37) were male and 31 percent (n=17) were female (see Figure 3). Nationally, males comprised roughly 75% of the chiropractic workforce.⁴ The District appears to have a similar gender distribution to overall national figures.

FIGURE 3 – CHIROPRACTIC RESPONDENT GENDER DISTRIBUTION, 2014

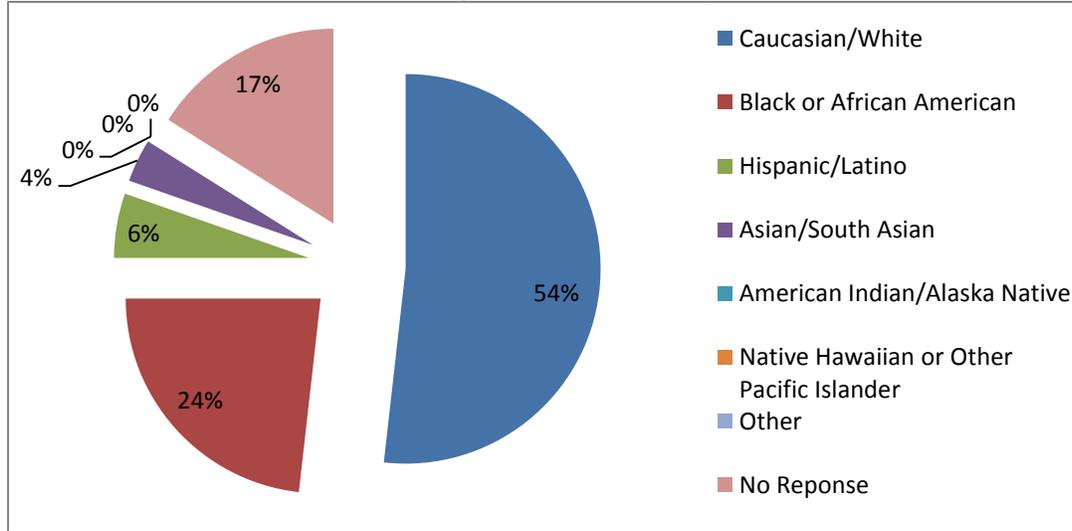


⁴ The U.S. Health Workforce Chartbook, Part II: Clinicians and Health Administration. Prepared by the National Center for Health Workforce Analysis. November 2013.

Race

The majority of chiropractic survey respondents identified as Caucasian/White (54%). Among the 54 chiropractic survey respondents, 24 percent (n=13) identified as Black or African American and 6 percent (n=3) identified as Hispanic/Latino. Seventeen percent (n=9) opted not to answer this question (see Figure 4). Nationally, Black or African American chiropractors comprise only 1.8 percent of all chiropractors and Hispanic/Latino comprise only 3.4 percent of all chiropractors. There appears to be a higher percentage of Black or African American and Hispanic/Latino chiropractors in D.C. than nationwide.⁵

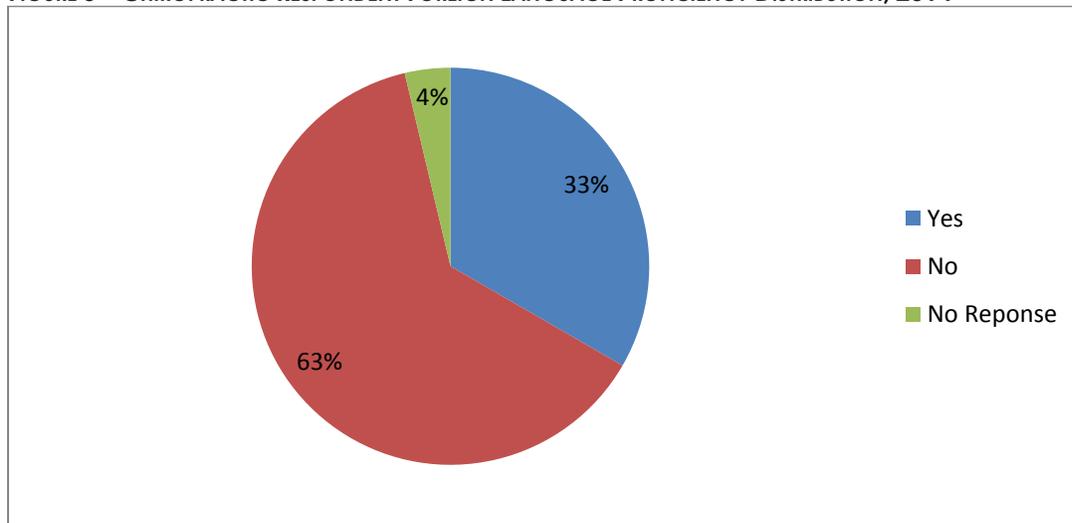
FIGURE 4 – CHIROPRACTIC RESPONDENT RACE/ETHNICITY DISTRIBUTION, 2014



Language

Thirty-three percent of chiropractic survey respondents (n=18) indicated that they spoke a language in addition to English (see Figure 5).

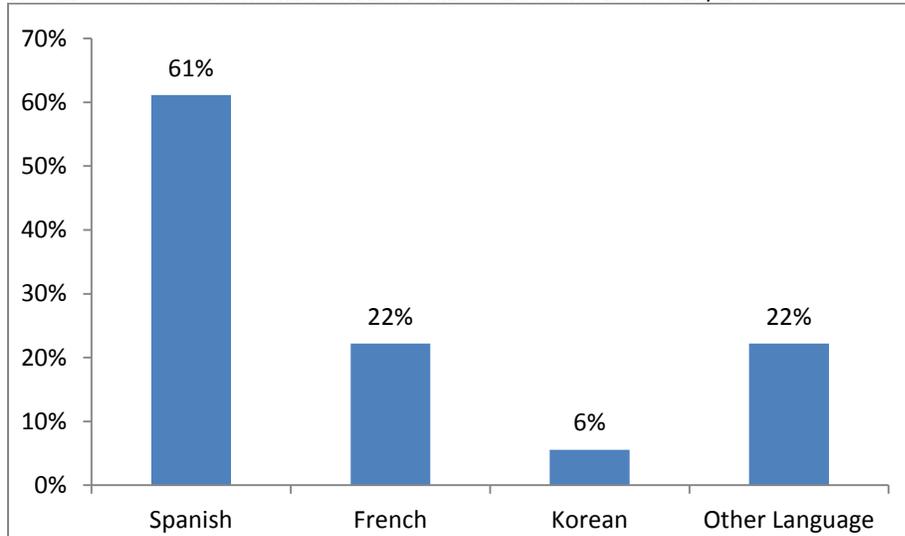
FIGURE 5 – CHIROPRACTIC RESPONDENT FOREIGN LANGUAGE PROFICIENCY DISTRIBUTION, 2014



⁵ The U.S. Health Workforce Chartbook, Part II: Clinicians and Health Administration. Prepared by the National Center for Health Workforce Analysis. November 2013.

Survey respondents were able to choose from Spanish, French, German, Italian, Chinese (Mandarin), Korean, Japanese, Arabic, and other. Of 18 chiropractic survey respondents, who spoke a language in addition to English, 61% (n=11) indicated that they spoke Spanish (see Figure 6). The second most commonly spoken language was French (22%).

FIGURE 6 – CHIROPRACTIC RESPONDENT FOREIGN LANGUAGES SPOKEN, 2014

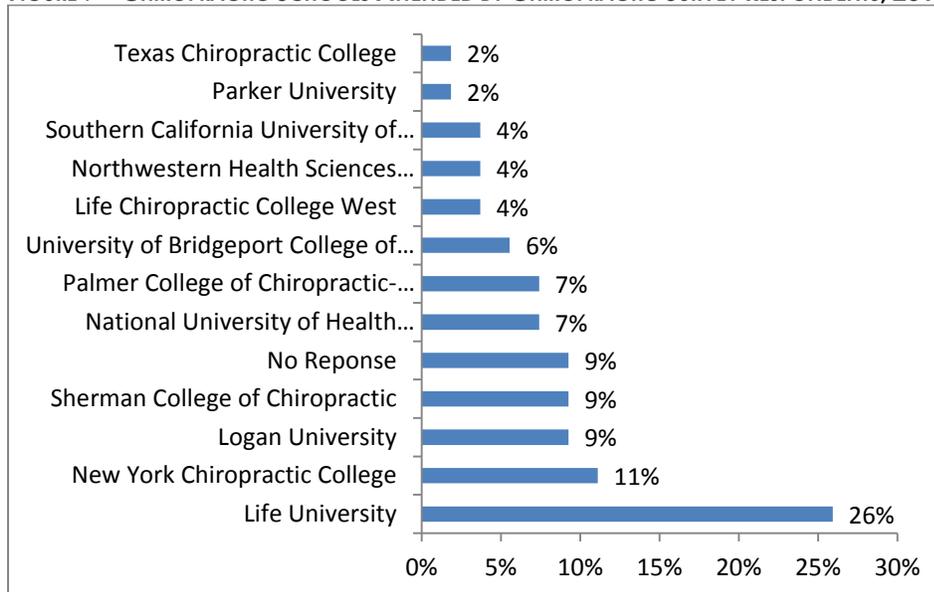


Twenty-two percent of multi-lingual chiropractic survey respondents selected “other.” Languages disclosed included Creole, Yoruba, Vietnamese, and Farsi.

Education

Currently, there are 18 programs and institutions in the United States that hold an accredited status with the Council on Chiropractic Association. All chiropractors licensed in the District of Columbia graduated from a chiropractic school in the United States. The greatest proportion of chiropractic survey respondents (26%) indicated that they attended Life University for chiropractic school (see Figure 7).

FIGURE 7 – CHIROPRACTIC SCHOOLS ATTENDED BY CHIROPRACTIC SURVEY RESPONDENTS, 2014



The majority of chiropractic survey respondents (53%) graduated from chiropractic school between 1994 and 2008 (see Table 2).

TABLE 2 – CHIROPRACTIC SCHOOL GRADUATION YEAR FOR CHIROPRACTIC SURVEY RESPONDENTS, 2014

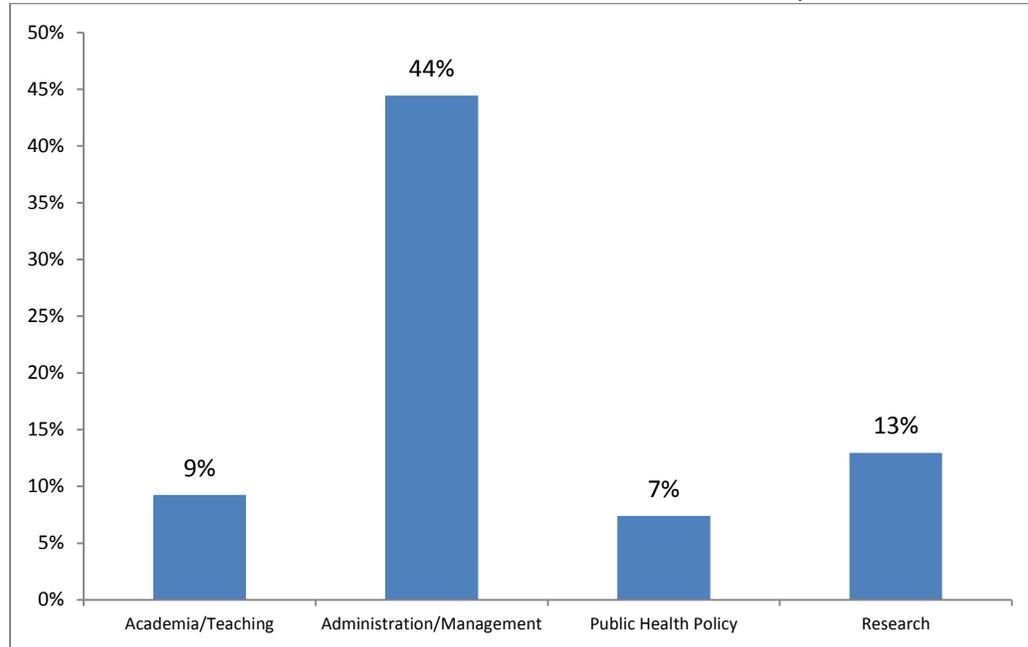
	Number of Respondents N=54	Distribution of Respondents
1979-1983	3	6%
1984-1988	8	15%
1989-1993	2	4%
1994-1998	10	19%
1999-2003	9	17%
2004-2008	9	17%
2009-2013	6	11%
No Response	7	13%

Non-Clinical Activities of Chiropractors

This survey assessed both the clinical and non-clinical activities of chiropractors. Chiropractors were asked to indicate whether they were engaged in non-clinical activities: academia/teaching, administration/management, public health policy, and/or research.

Forty-four percent (n=24) of chiropractic survey respondents indicated that they engaged in administration/management (see Figure 8).

FIGURE 8 – NON-CLINICAL ACTIVITIES OF CHIROPRACTIC SURVEY RESPONDENTS, 2014



Clinical/Patient Care Hours

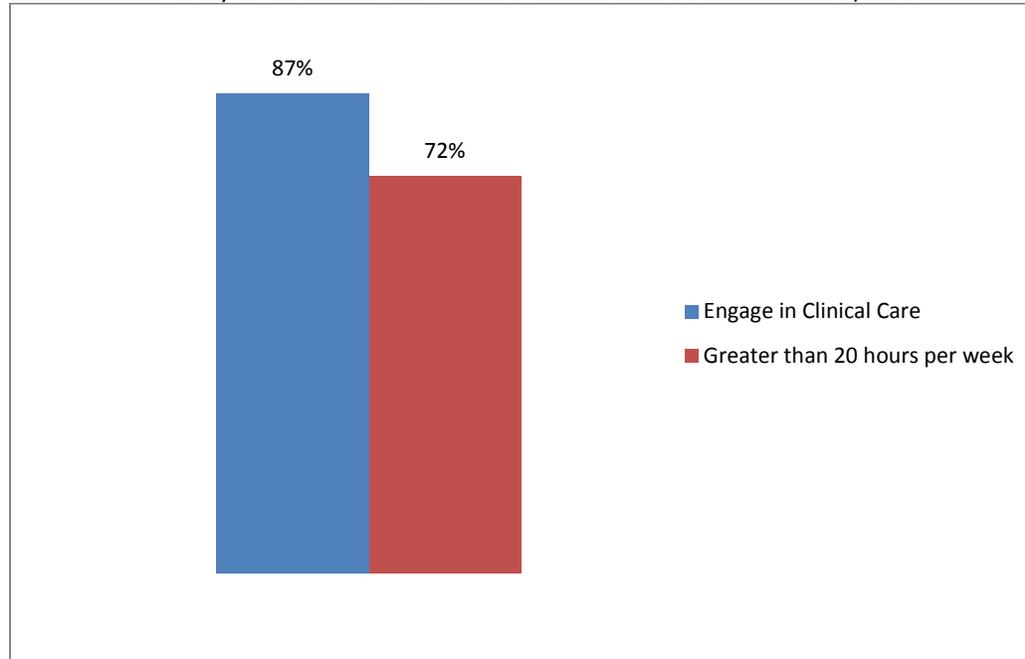
The majority of chiropractic survey respondents (87% or n=47) indicated that they engage in clinical/patient care hours. Nearly fifty-seven percent (n=31) indicated that they engage in over 30 hours of patient care per week (see Table 3).

TABLE 3 – CLINICAL/PATIENT CARE HOURS OF CHIROPRACTIC SURVEY RESPONDENTS, 2014

	Number of Respondents N=54	Distribution of Respondents
Engage in clinical/patient care hours	47	87%
1-10 hours	4	7%
11-20 hours	3	6%
21-30 hours	8	15%
31-40 hours	24	44%
Over 40 hours	7	13%

Seventy-two percent (n=39) of chiropractic survey respondents indicated that they engage in more than 20 hours of patient care per week (see Figure 9).

FIGURE 9 – CLINICAL/PATIENT CARE HOURS OF CHIROPRACTIC SURVEY RESPONDENTS, 2014



Actively Practicing Chiropractor Demographics

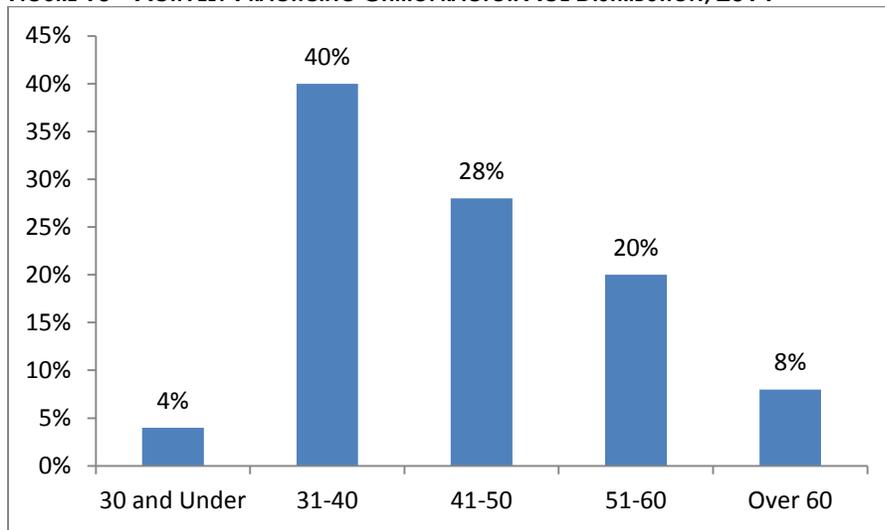
Fifty-seven percent of chiropractic survey respondents (n=31) indicated that they had a clinical practice setting in the District.

Among the 31 chiropractic survey respondents who indicated that they have a practice location in the District, eighty-one percent (n=25) indicated that they engage in greater than 20 hours of clinical care per week. These chiropractors will be defined as actively practicing chiropractors. Actively practicing chiropractors are those who reported that they were involved in clinical practice in the District for more than 20 hours per week.

Age

Most actively practicing chiropractors (40%) in our survey were between the ages of 31 and 40. Only 8 percent of actively practicing chiropractors were greater than 60 years of age (see Figure 10).

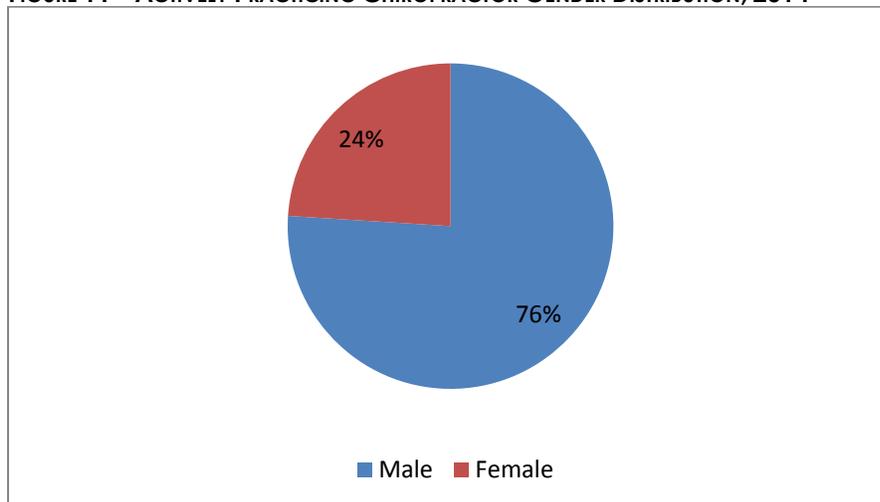
FIGURE 10 – ACTIVELY PRACTICING CHIROPRACTOR AGE DISTRIBUTION, 2014



Gender

The majority of actively practicing chiropractors were male. Among the 25 actively practicing chiropractors, 76 percent (n=19) were male and 24 percent (n=6) were female (see Figure 11).

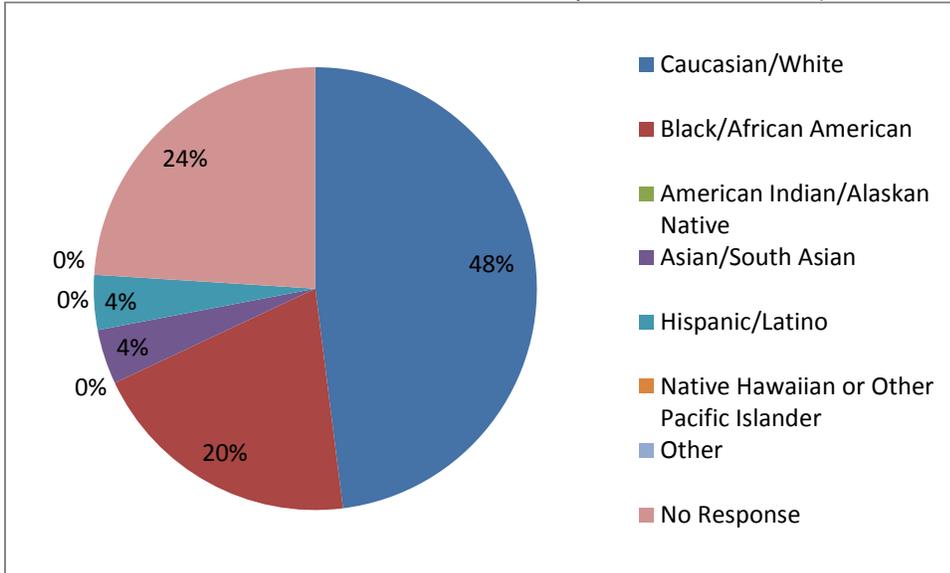
FIGURE 11 – ACTIVELY PRACTICING CHIROPRACTOR GENDER DISTRIBUTION, 2014



Race/Ethnicity

The majority of actively practicing chiropractors identified as Caucasian/White (54%). Among the 25 actively practicing chiropractors, 20 percent (n=5) identified as Black or African American and 4 percent (n=1) identified as Hispanic/Latino and Asian (see Figure 12). Twenty-four percent (n=6) chose not to select a race.

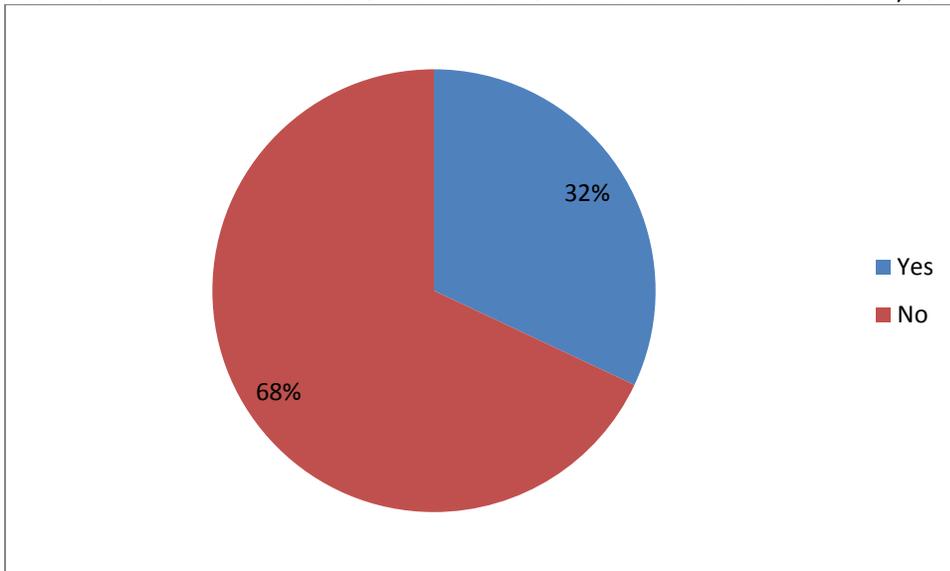
FIGURE 12 – ACTIVELY PRACTICING CHIROPRACTOR RACE/ETHNICITY DISTRIBUTION, 2014



Language

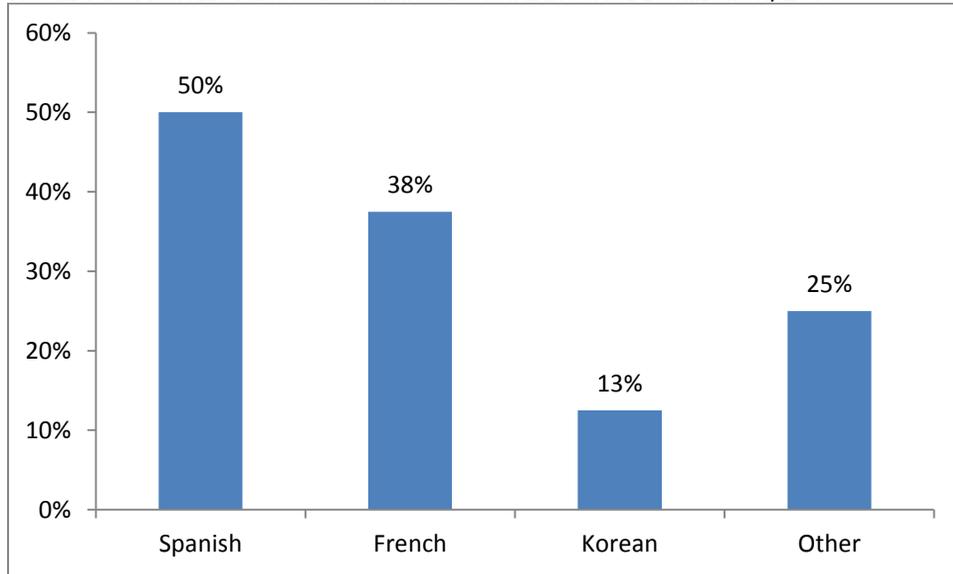
Thirty-two percent of actively practicing chiropractors (n=8) indicated that they spoke a language in addition to English (see Figure 13).

FIGURE 13 – ACTIVELY PRACTICING CHIROPRACTORS & FOREIGN LANGUAGE PROFICIENCY, 2014



Of the 8 actively practicing chiropractors who speak a language in addition to English, 50% (n=4) indicated that they spoke Spanish (see Figure 14). The second most commonly spoken language was French (38%).

FIGURE 14 – ACTIVELY PRACTICING CHIROPRACTOR LANGUAGE DISTRIBUTION, 2014

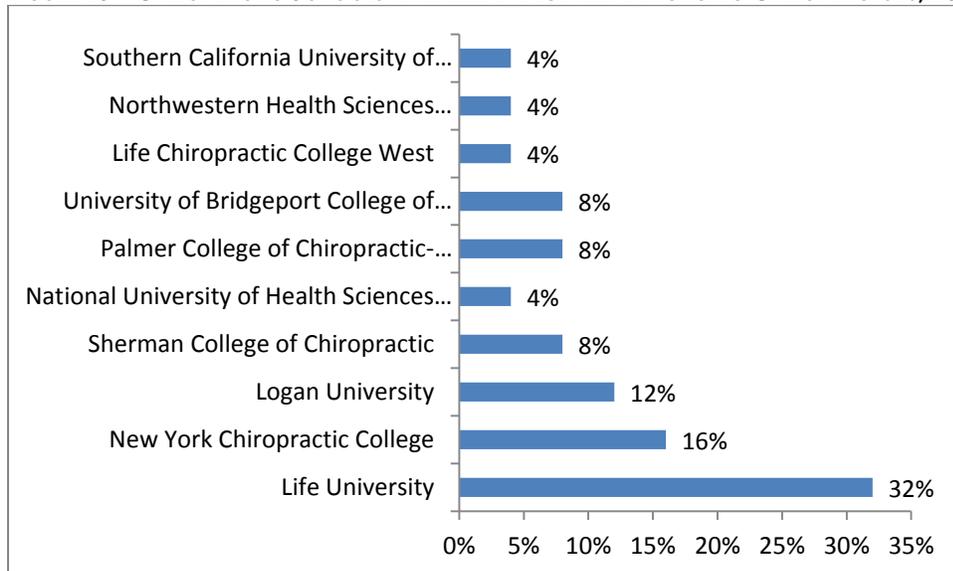


Twenty-five percent of multi-lingual chiropractic survey respondents selected “other.” Languages disclosed included Creole, Yoruba, Vietnamese, and Farsi.

Education

The greatest proportion of actively practicing chiropractors (32%) indicated that they attended Life University for chiropractic school (see Figure 15).

FIGURE 15 – CHIROPRACTIC SCHOOLS ATTENDED BY ACTIVELY PRACTICING CHIROPRACTORS, 2014



The majority of actively practicing chiropractors (64%) graduated from chiropractic school between 1994 and 2008 (see Table 4).

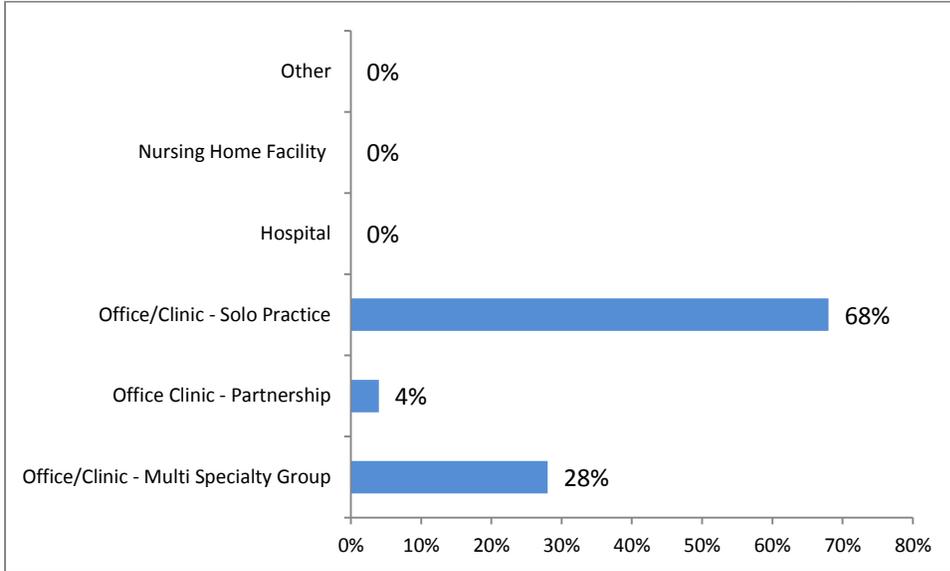
TABLE 4 – ACTIVELY PRACTICING CHIROPRACTOR GRADUATION YEAR, 2014

	Number of Respondents N=25	Distribution of Respondents
1979-1983	2	8%
1984-1988	3	12%
1989-1993	1	4%
1994-1998	5	20%
1999-2003	6	24%
2004-2008	5	20%
2009-2013	3	12%

Clinical Practice Setting Type

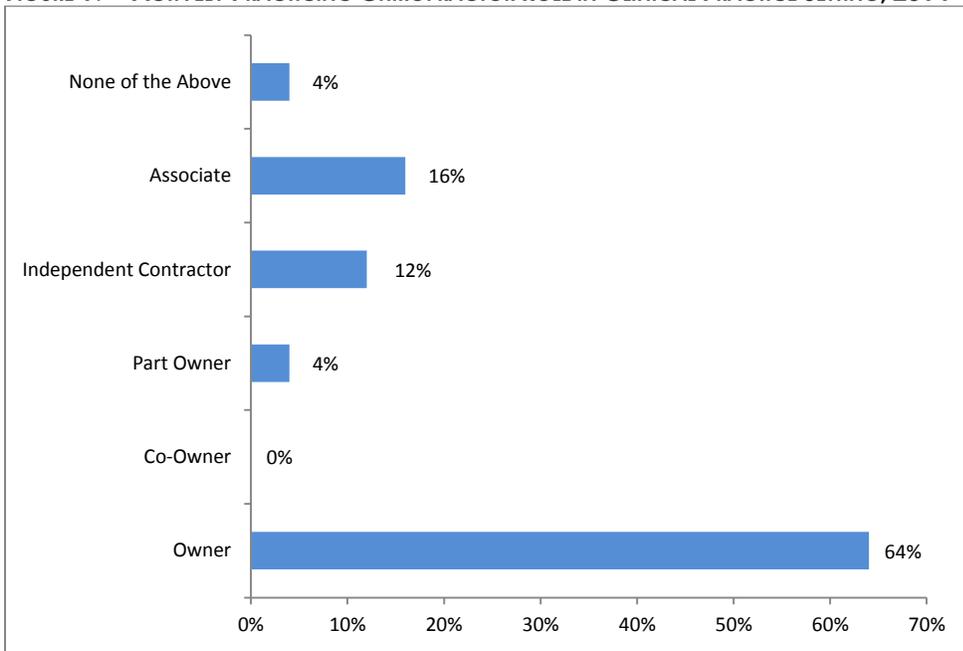
The majority of actively practicing chiropractors (68%) practice in a solo practice setting (see Figure 16). No chiropractors in our survey indicated that they practice in a hospital or nursing home.

FIGURE 16 – ACTIVELY PRACTICING CHIROPRACTOR CLINICAL PRACTICE SETTING TYPE, 2014



In addition, the majority of actively practicing chiropractors (64%) serve as the owners of their clinical practice (see Figure 17). A small percentage of both groups indicated that they serve as associates or independent contractors.

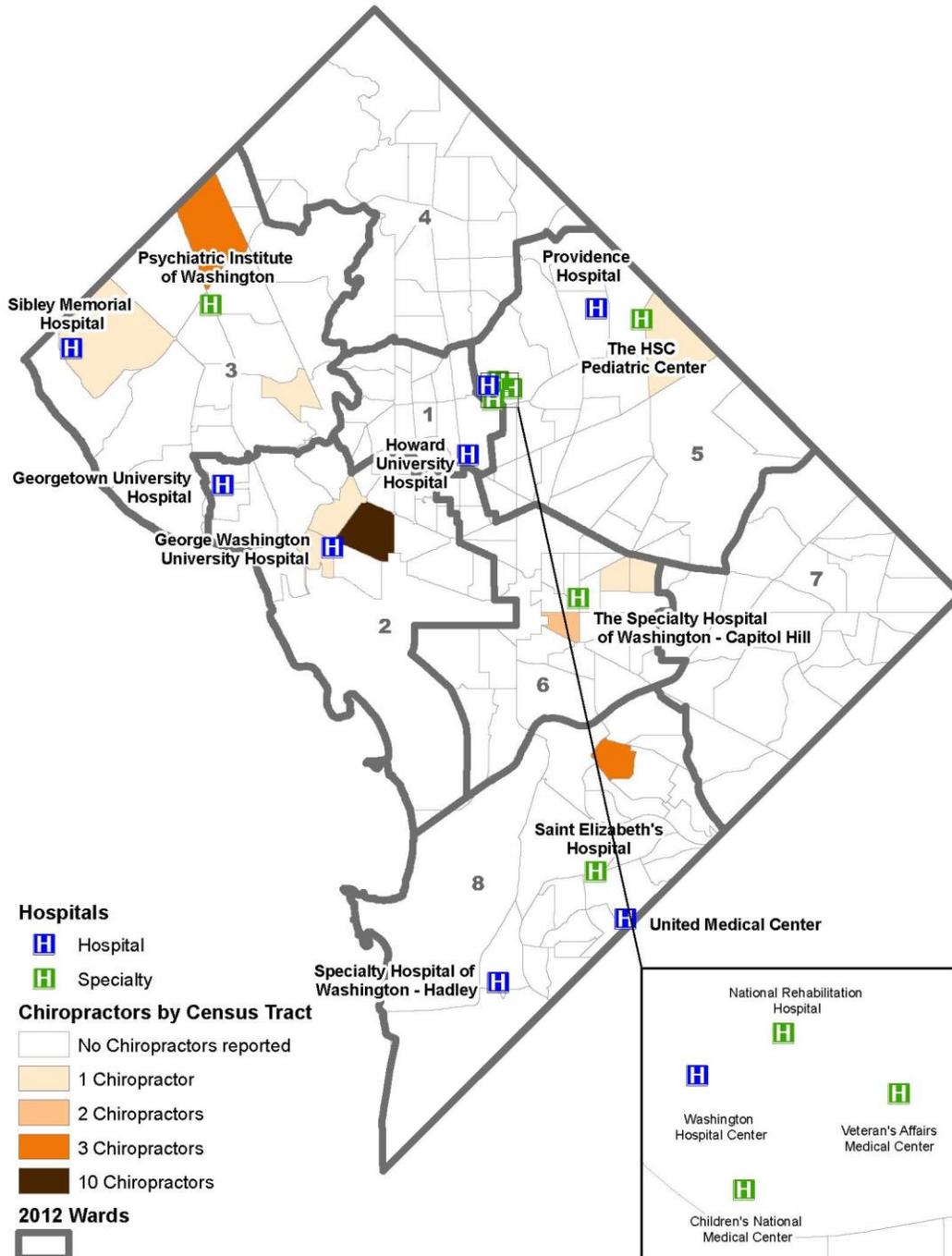
FIGURE 17 – ACTIVELY PRACTICING CHIROPRACTOR ROLE IN CLINICAL PRACTICE SETTING, 2014



Location

Chiropractic primary practice locations were mapped using full addresses provided in the survey. The following map depicts the location of actively practicing chiropractors. Among all actively practicing chiropractors, Wards 2 and 3 had the largest concentration of practicing chiropractors (see Map 1).

MAP 1– ACTIVELY PRACTICING CHIROPRACTOR PRACTICE LOCATION BY CENSUS TRACT, 2014



Area of Practice

Across all areas of chiropractic practice, general practice was the most the most common specialty among actively practicing chiropractors (84%). Chiropractic physiotherapy and chiropractic physiological therapeutics and rehabilitation were the second and third most common areas of practice among actively practicing chiropractors (see Table 5).

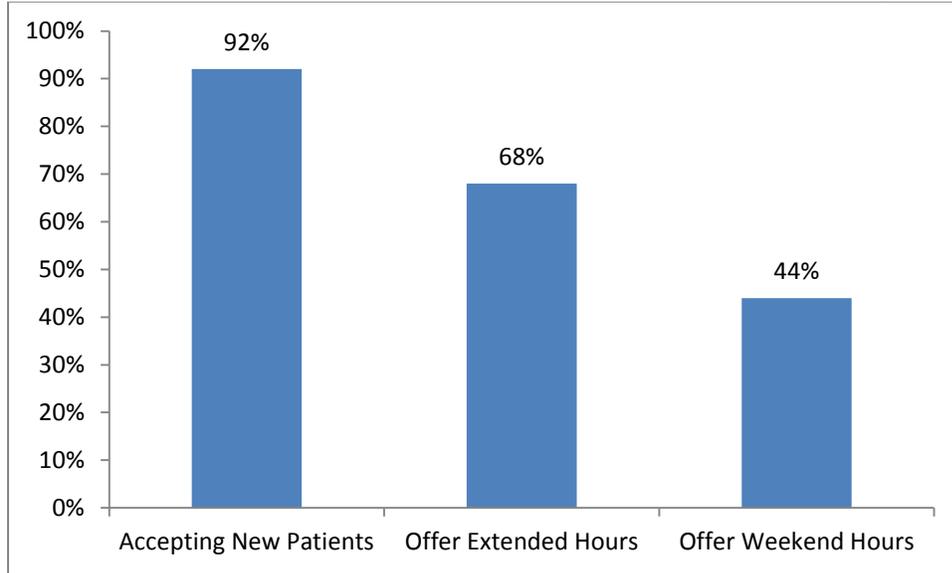
TABLE 5 – ACTIVELY PRACTICING CHIROPRACTORS BY SPECIALTY, 2014

	Number of Respondents N=25	Distribution of Respondents
General Practice	21	84%
Chiropractic Physiotherapy	20	80%
Chiropractic Physiological Therapeutics & Rehabilitation	13	52%
Sports Physician	9	36%
Chiropractic Pediatrics	5	20%

Accepting New Patients/ Scheduled Extended Care Hours & Weekend Hours

Of the twenty-five actively practicing chiropractors, 92% (n=23) are accepting new patients (see Figure 18).

FIGURE 18 – ACTIVELY PRACTICING CHIROPRACTOR PRACTICE SETTING CHARACTERISTICS, 2014

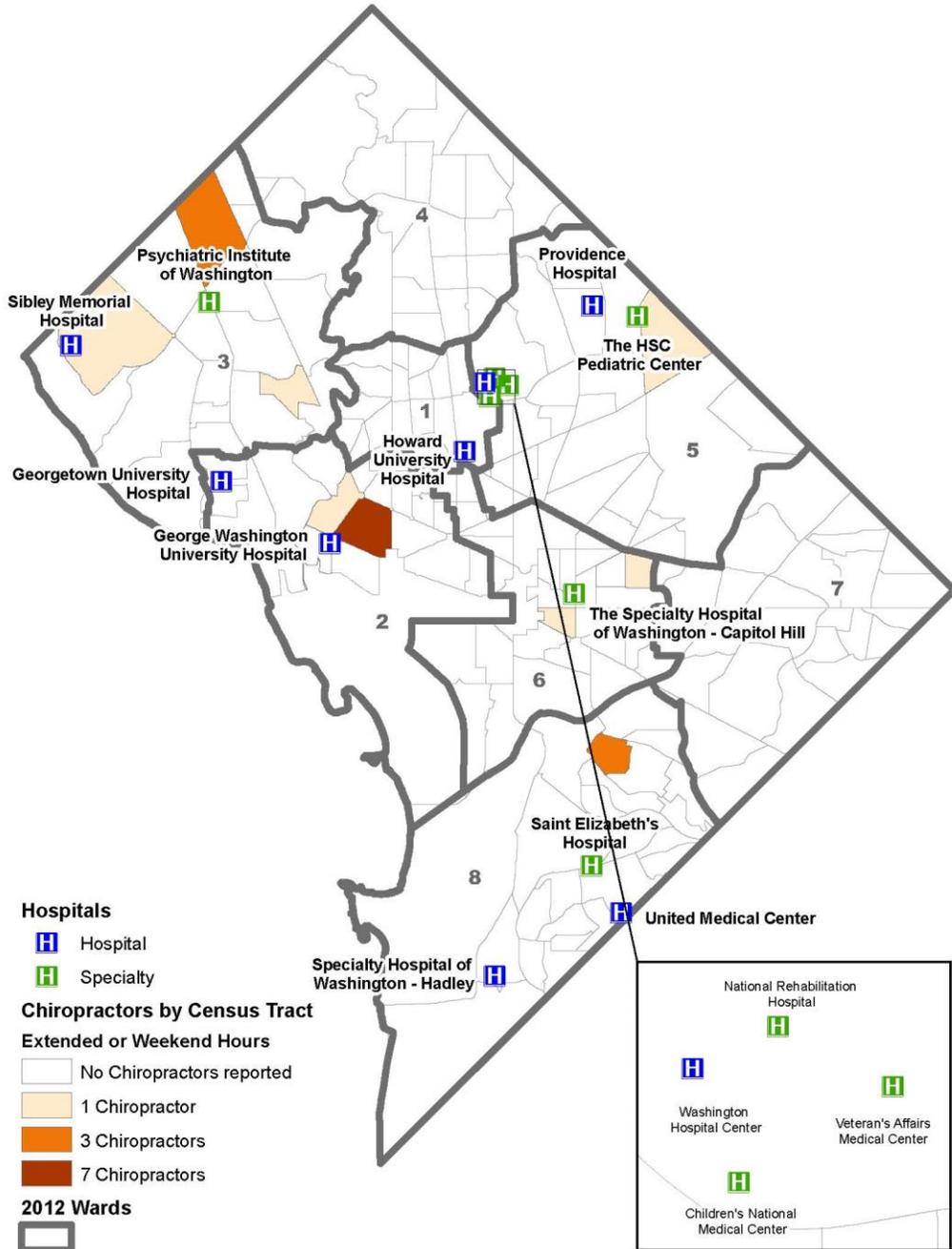


Actively practicing chiropractors were asked to indicate whether they offered scheduled extended hours, which are defined as Monday through Friday beyond the hours of 8:00 a.m. – 5:00 p.m., at their practice locations. Sixty-eight percent (n=17) of actively practicing chiropractors offer scheduled extended hours.

Actively practicing chiropractors were also asked to indicate whether they offered scheduled weekend hours at their practice locations. Forty-four percent (n=11) of actively practicing chiropractors offer scheduled weekend hours.

Among all actively practicing chiropractors, Wards 2, 3, and 8 had the highest concentration of practicing chiropractors offering extended or weekend hours (see Map 2).

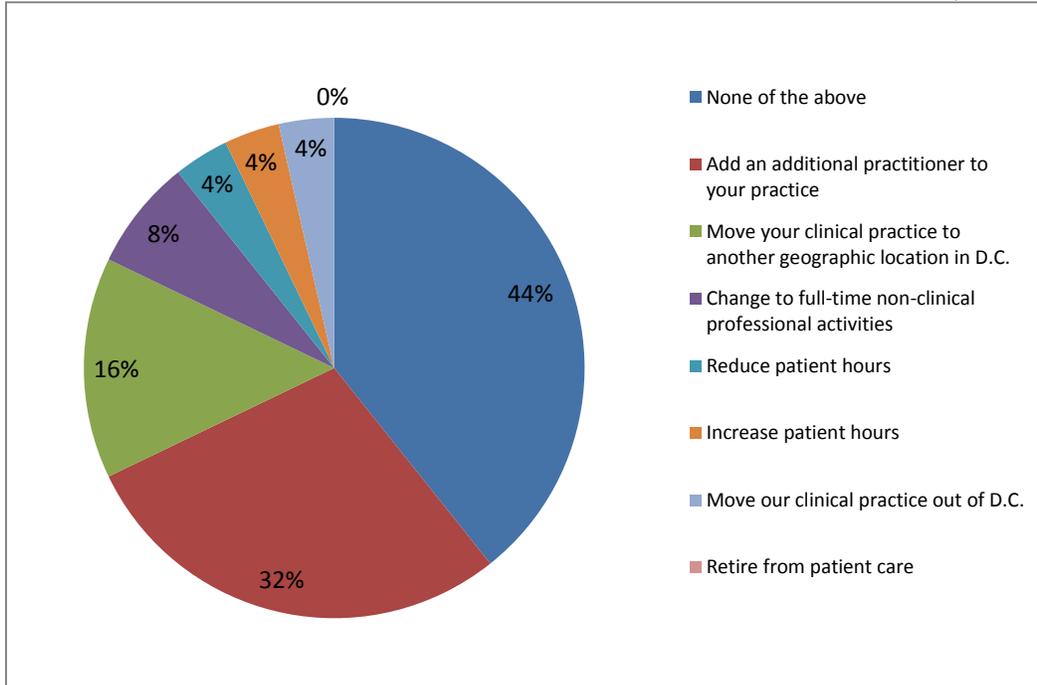
MAP 2 – PRACTICE LOCATIONS OF ACTIVELY PRACTICING CHIROPRACTORS OFFERING EXTENDED OR WEEKEND HOURS BY CENSUS TRACT, 2014



Workforce Reduction and Retirement

The majority of actively practicing chiropractors (44%) had no future plans to change their practice hours or move their practice out of the District within the next two years (see Figure 19). A small amount of actively practicing chiropractors indicated that they would add an additional practitioner to their practice (32%) and move their clinical practice to another geographic location in the District (16%).

FIGURE 19 – FUTURE PLANS OF ACTIVELY PRACTICING CHIROPRACTORS WITHIN THE NEXT 2 YEARS, 2014

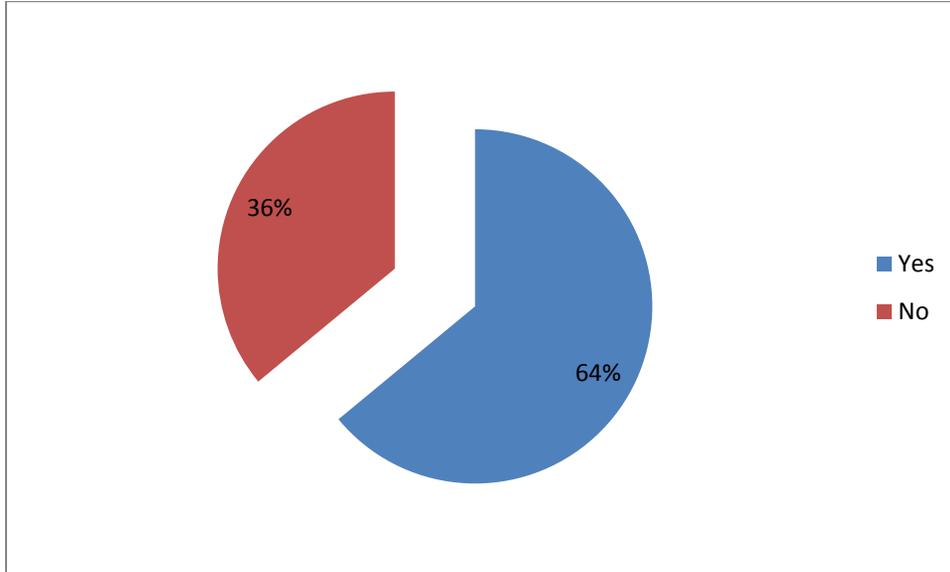


Electronic Health Records

The electronic health record (EHR) is an electronic collection of patient health information.⁶ There are multiple models of EHR systems currently in use and they vary by the quantity of information collected and the degree of accessibility of information.

Sixty-four percent (n=16) of actively practicing chiropractors indicated that they are currently using electronic health records in their practice of chiropractic (see Figure 20).

FIGURE 20 – ELECTRONIC HEALTH RECORD USE AMONG ACTIVELY PRACTICING CHIROPRACTORS, 2014



Among the chiropractors who use electronic health records, roughly thirty percent of actively practicing chiropractors indicated that their EHRs allow patient access (see Table 6).

TABLE 6 – USE OF EHR PATIENT ACCESS AMONG ACTIVELY PRACTICING CHIROPRACTORS, 2014

EHR Patient Access	Number of Respondents N=16	Distribution of Respondents
Yes	5	31%
No	11	69%

⁶ Gunter, T, et al. “The emergence of national electronic health record architectures in the United States and Australia: Models, costs, and questions.” *Journal of Medical Internet Research*. 7:1, 2005.

Insurance Coverage

Among the 25 actively practicing chiropractors in the District, eighty-eight percent (n=22) accept self-pay and full-fee for service (see Table 7). The most common private insurance accepted by actively practicing chiropractors were Carefirst Blue Cross Blue Shield (64%), Anthem Blue Cross Blue Shield (44%), United Healthcare (28%), and Aetna (24%).

TABLE 7 – ACCEPTED METHODS OF PAYMENT FOR ACTIVELY PRACTICING CHIROPRACTORS, 2014

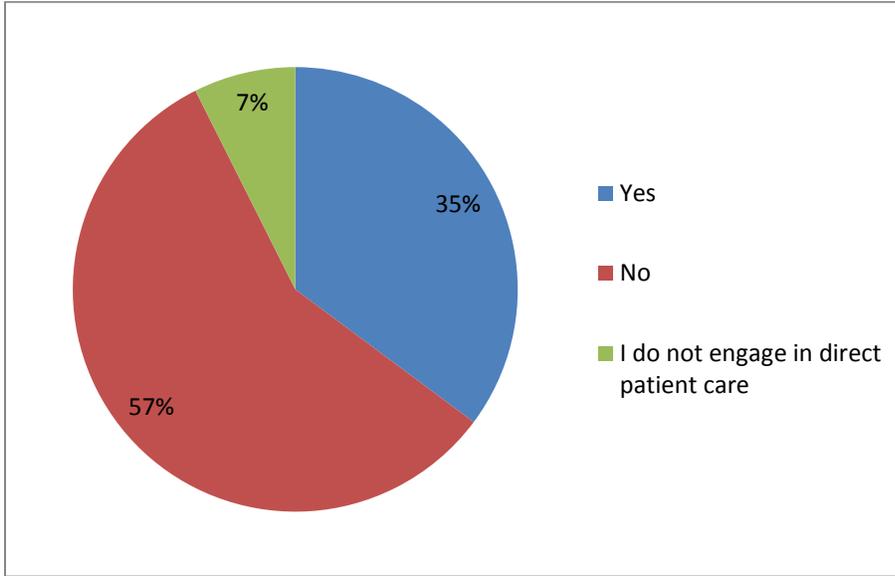
Payment Methods	Number of Respondents N=25	Distribution of Respondents
Self-Pay/Full Fee for service	22	88%
Carefirst Blue Cross Blue Shield	16	64%
Anthem Blue Cross Blue Shield	11	44%
United Healthcare	7	28%
Aetna	6	24%
Cigna	4	16%
Coventry	3	12%
Government Employees Health Association (GEHA)	3	12%
Great West Health Care	2	8%
Humana	2	8%
Medicare	2	8%
PHCS	2	8%
Other	2	8%
Kaiser Permanente	1	4%
MAMSI	1	4%
Medicaid	1	4%
NCAS	1	4%
Tricare	1	4%
ACS	0	0%
Amerigroup	0	0%
Amerihealth DC	0	0%
Assurant Health	0	0%
MedStar Family Choice	0	0%
Thrive Health Plan	0	0%
Unicare	0	0%

Chiropractic Special Topics

Social Media

Chiropractic survey respondents were asked to indicate whether they used social media in their clinical practice. Fifty-seven percent (n=31) indicated that they use social media in their clinical practice (see Figure 21).

FIGURE 21 – SOCIAL MEDIA USE IN CLINICAL PRACTICE BY CHIROPRACTIC SURVEY RESPONDENTS, 2014



There are a wide variety of social media ranging from YouTube to social networks, such as Facebook, Twitter, and LinkedIn, that facilitate dialogue and communicate information. Social media is an emerging area in healthcare regulation and more research and information is needed in order to determine its appropriate use in healthcare and the practice of chiropractic.

Among chiropractic survey respondents, Facebook (84%) was the most commonly used form of social media, which was followed by LinkedIn (74%) and Google+ (68%). The most commonly used forms of social media among chiropractic survey respondents are listed in Table 8.

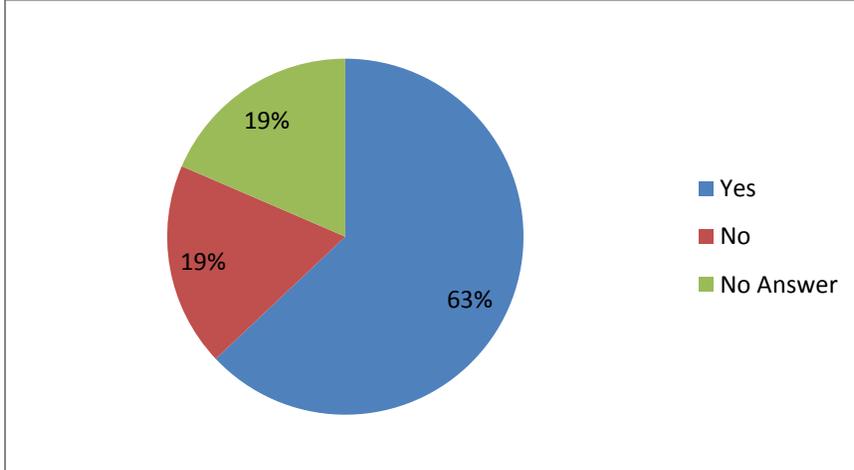
TABLE 8 – MOST COMMONLY USED FORMS OF SOCIAL MEDIA AMONG CHIROPRACTIC SURVEY RESPONDENTS, 2014

Social Media Type	Number of Respondents N=19	Distribution of Respondents
Facebook	16	84%
LinkedIn	14	74%
Google+	13	68%
Blogs	10	53%
Twitter	8	42%
Chiropractic Communities	8	42%
You Tube	5	26%
Patient Communities	4	21%
Other	0	0%

Chiropractic survey respondents were also asked to provide their opinion on whether they believe social media added communicative value to the chiropractor-patient relationship.

Sixty-three percent (n=34) of respondents indicated that they believed social media has communicative value in a clinical practice (see Figure 22).

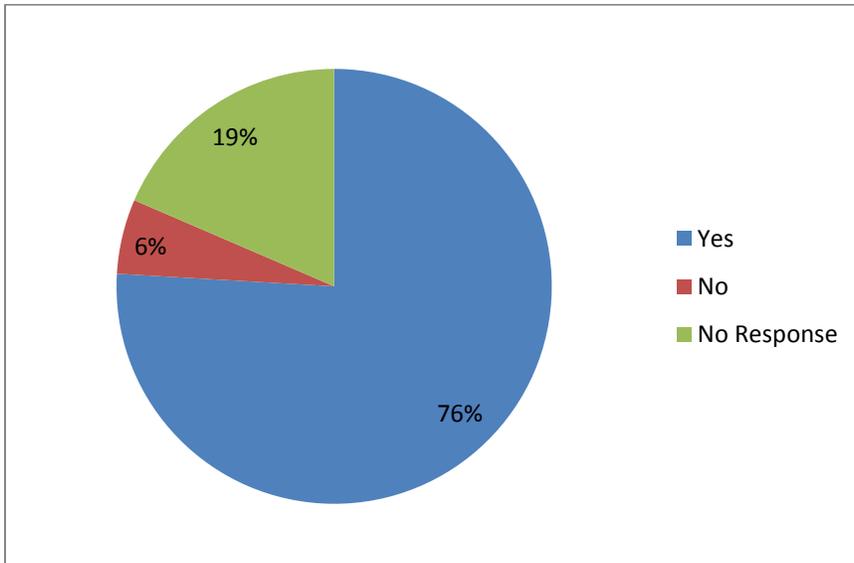
FIGURE 22 – COMMUNICATIVE VALUE OF SOCIAL MEDIA IN CLINICAL PRACTICE, 2014



Medicaid

According to the Kaiser Family Foundation, only 27 states provide Medicaid coverage for chiropractic services.⁷ The District of Columbia is among the U.S. states and territories that do not currently provide Medicaid coverage for chiropractic care. Among the 54 chiropractic survey respondents, 76% (n=41) indicated they believe that chiropractors should be eligible to be a Medicaid provider in the District (see Figure 23).

FIGURE 23 – CHIROPRACTIC OPINION ON EXPANDING MEDICAID COVERAGE TO INCLUDE CHIROPRACTIC SERVICES, 2014



⁷ Data regarding Medicaid coverage of chiropractic services can be found at the Henry J. Kaiser Family Foundation's website: <http://kff.org/medicaid/state-indicator/chiropractor-services/>.

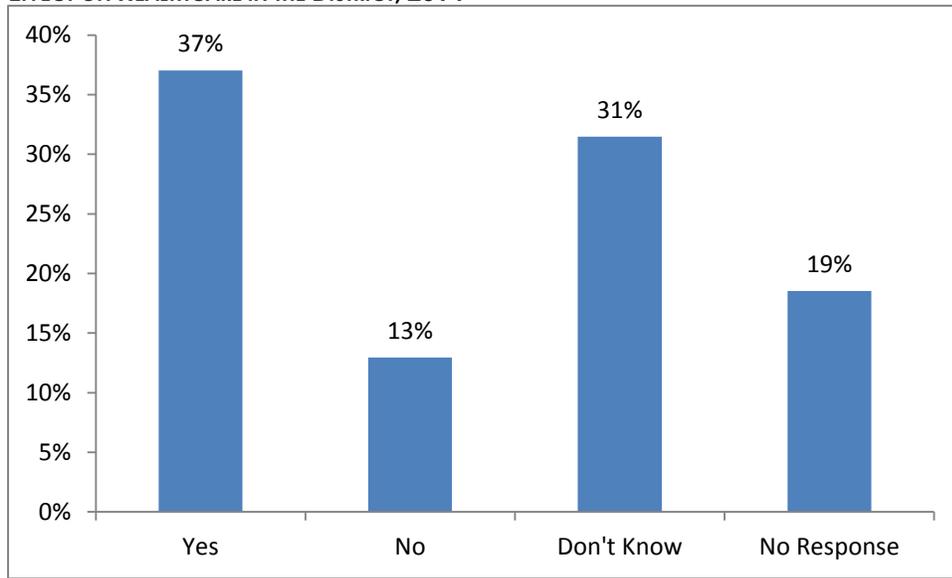
Patient Protection & Affordable Care Act

According to the Congressional Budget Office, the Patient Protection & Affordable Care Act will extend health insurance coverage to 32 million people by 2019.

Chiropractors were asked whether they believed that the Patient Protection & Affordable Care Act would have a positive effect on healthcare in the District.

Thirty-seven percent (n=20) of chiropractic survey respondents indicated that they believed the Act would have a positive effect on healthcare in the District (see Figure 24).

FIGURE 24 – CHIROPRACTOR VIEW ON WHETHER THE PATIENT PROTECTION & AFFORDABLE CARE ACT WILL HAVE A POSITIVE EFFECT ON HEALTHCARE IN THE DISTRICT, 2014



Chiropractors who indicated that the Act would have a positive effect in the District (n=20) were asked to indicate why. Chiropractors were allowed to select from five options (see Table 9). Chiropractors were able to select more than one option. Ninety-five percent (n=19) of these chiropractors believed that the Act would have positive effect, because it would increase patient access to care.

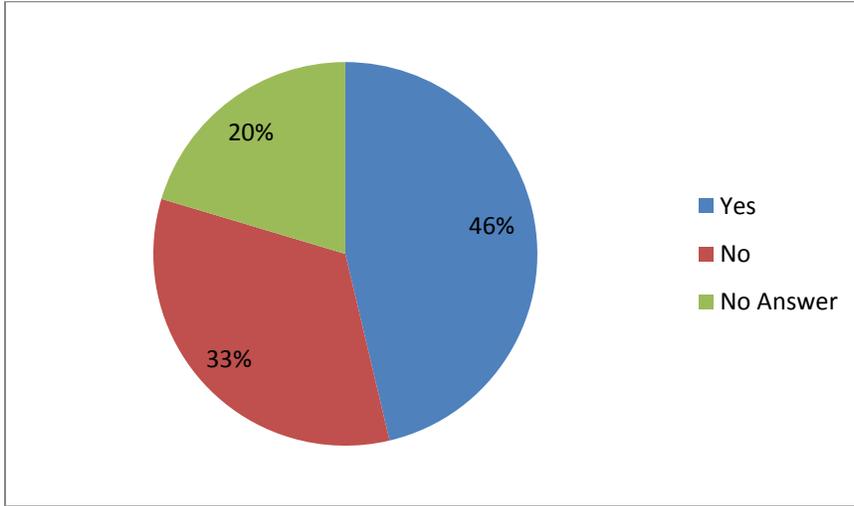
TABLE 9 – CHIROPRACTOR OPINION ON POTENTIAL IMPACT OF PATIENT PROTECTION & AFFORDABLE CARE ACT, 2014

	Number of Respondents N=20	Distribution of Respondents
It will increase patient access to care	19	95%
It will improve the overall quality of healthcare delivered	5	25%
It will provide more autonomy for chiropractors in their delivery of patient care	4	20%
It will enhance the financial viability of my practice	4	20%
Other	0	0%

Jurisprudence Examination

The D.C. Board of Chiropractic currently offers the jurisprudence examination three times a year (March, July, and November). Survey respondents were asked whether they believed the jurisprudence exam administration should be increased to four times a year. Forty-six percent (n=25) of chiropractic survey respondents believed that the Board should increase exam administration to four times a year (see Figure 25).

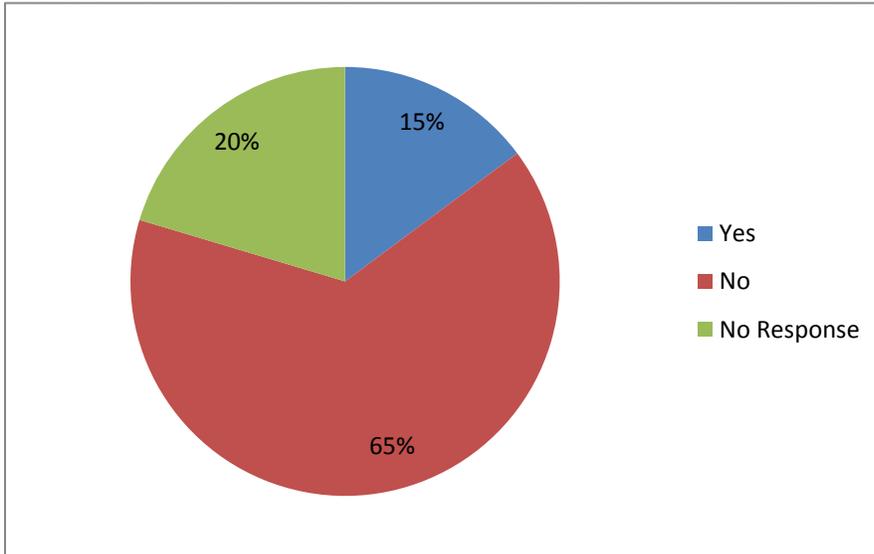
FIGURE 25 – CHIROPRACTIC SURVEY RESPONDENT OPINION ON INCREASING JURISPRUDENCE EXAM ADMINISTRATION, 2014



Continuing Education

Chiropractors licensed in the District are required to complete 24 Continuing Education (CE) credits per renewal cycle. The Board is currently reviewing its CE requirements and asked survey respondents whether the Board should implement regulations to limit the amount of CE credits that a chiropractor can obtain online. Sixty-five percent (n=35) of chiropractic survey respondents believe that the Board should not implement such limitations (see Figure 26).

FIGURE 26 – CHIROPRACTIC SURVEY OPINION ON WHETHER BOC SHOULD IMPLEMENT LIMITATIONS FOR ONLINE CEs, 2014



LIMITATIONS

This report reflects the views and demographics of the D.C. Board of Chiropractic's workforce survey respondents only. Although our respondent population was demographically similar to the entire licensee population, this report does not characterize all chiropractors within D.C. In addition, our report had the following limitations:

- The survey was voluntary and the survey respondents did not answer every question within our survey. Therefore, some questions had non-responders. Non-response rates were indicated if applicable within the report. In the future, the entire survey should be made mandatory in order to capture further information about the supply of chiropractors.
- Chiropractors who obtained a new license after February 2014 were not included in the survey.
- This report focused only on chiropractors in the District. However, the Board of Chiropractic recognizes that there are other healthcare professionals in the healthcare workforce that are essential to the D.C. workforce capacity. Data from other professions must also be collected in order to comprehensively analyze the District's workforce capacity and needs.

SUMMARY

In 2012, the National Health Interview Survey conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics, showed that 8.5 percent of American adults visited a chiropractor. According to the Rand Corporation, the use of alternative medicine has been growing in the United States and nearly half of alternative medicine visits are to chiropractors.

With the increased demand on the chiropractic workforce, effective workforce planning will require an accurate understanding of practice characteristics and work behaviors of chiropractors that practice in the District. This report summarized the responses to the 2014 D.C. Board of Chiropractic's Workforce Capacity Survey.

The D.C. Board of Chiropractic has 89 chiropractors who have a license to practice chiropractic. Sixty-one percent (61% or n=54) of these chiropractors responded to the 2014 Workforce Survey. Approximately half (57%) of our chiropractic survey respondents were practicing in the District. Among those that practiced in the District, the majority (81%) indicated that they engaged in clinical practice greater than 20 hours per week.

In general, chiropractors were equally distributed by age. The most common (40%) age range of actively practicing chiropractors was 31-40. The majority of actively practicing chiropractors were male (69%). The racial and ethnic composition of physicians within our survey varied slightly from national data. Both Black/African American as well as Hispanic/Latino chiropractors had higher representation than the national average. This is likely due to the large Black/African American population (51%) within the District.⁸

Sixty-eight percent of actively practicing chiropractors did not speak a foreign language. Spanish was the most common foreign language among those that did speak a foreign language followed by French and Korean.

Actively practicing chiropractors were concentrated in solo practice settings. Wards 2 and 3 had the largest concentration of practicing chiropractors. Most actively practicing chiropractors (44%) did not plan to change their clinical hours or their locations of practice over the next two years. Only four percent of actively practicing chiropractors indicated plans to retire in the next two years.

⁸ 2010 Census Results. Available at <http://www.census.gov/2010census/data/> (11 August 2014).

APPENDIX A:
SURVEY INSTRUMENT



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health



2014 Chiropractic Workforce Census Survey

Name (Optional): _____

Chiropractic License Number: _____

1. Are you licensed in another state?

- Yes
- No

1b. If yes, please indicate in which state(s) you are licensed: (all states)

2. Did you participate in a preceptorship program, under the supervision of a D.C. chiropractor, prior to obtaining licensure in the District?

- Yes
- No

3. Please select your age range:

- 30 and under
- 31-40
- 41-50
- 51-60
- Over 60

4. What is your sex?

- Male
- Female

5. What is your race? **(Optional/Select all that apply)**

- Caucasian/White
- Black or African American
- American Indian/Alaskan Native
- Asian/South Asian
- Hispanic/Latino
- Native Hawaiian or Other Pacific Islander
- Other: _____

6. Do you speak a language other than English?

- Yes
- No (skip to #7)

6b. If yes, please indicate other languages spoken fluently (select all that apply):

- Spanish
- French
- German
- Italian
- Chinese (Mandarin)
- Korean
- Japanese
- Arabic
- Other Language (identify) _____

7. Which U.S. chiropractic school did you attend? (Please select below)

- Cleveland Chiropractic College Kansas City
- D'Youville College
- Life University
- Life Chiropractic College West
- Logan University
- National University of Health Sciences
- National University of Health Sciences of St. Petersburg
- New York Chiropractic College
- Northwestern Health Sciences University
- Palmer College of Chiropractic- Davenport Campus
- Palmer College of Chiropractic- Florida Campus
- Palmer College of Chiropractic- West Campus
- Parker University
- Sherman College of Chiropractic
- Southern California University of Health Sciences
- Texas Chiropractic College
- University of Bridgeport College of Chiropractic
- University of Western States
- Other _____

8. What year did you graduate from chiropractic school? (drop down year) _____

9. Are you engaged in (check all that apply):

- Academia/Teaching
- Administration/Management
- Clinical/Patient Care Hours
- Public Health Policy
- Research
- None of the above

9b. Please indicate the average number of hours spent per week on these activities (check all that apply):

Academia/Teaching	Administration/Management	Clinical/Patient Care Hours	Public Health Policy	Research
<input type="radio"/> 0 hours <input type="radio"/> 1-10 hours <input type="radio"/> 11-20 hours <input type="radio"/> 21-30 hours <input type="radio"/> 31-40 hours <input type="radio"/> >40 hours	<input type="radio"/> 0 hours <input type="radio"/> 1-10 hours <input type="radio"/> 11-20 hours <input type="radio"/> 21-30 hours <input type="radio"/> 31-40 hours <input type="radio"/> >40 hours	<input type="radio"/> 0 hours <input type="radio"/> 1-10 hours <input type="radio"/> 11-20 hours <input type="radio"/> 21-30 hours <input type="radio"/> 31-40 hours <input type="radio"/> >40 hours	<input type="radio"/> 0 hours <input type="radio"/> 1-10 hours <input type="radio"/> 11-20 hours <input type="radio"/> 21-30 hours <input type="radio"/> 31-40 hours <input type="radio"/> >40 hours	<input type="radio"/> 0 hours <input type="radio"/> 1-10 hours <input type="radio"/> 11-20 hours <input type="radio"/> 21-30 hours <input type="radio"/> 31-40 hours <input type="radio"/> >40 hours
Are greater than 50% of these hours spent in D.C.? <input type="radio"/> Yes <input type="radio"/> No	Are greater than 50% of these hours spent in D.C.? <input type="radio"/> Yes <input type="radio"/> No	Are greater than 50% of these hours spent in D.C.? <input type="radio"/> Yes <input type="radio"/> No	Are greater than 50% of these hours spent in D.C.? <input type="radio"/> Yes <input type="radio"/> No	Are greater than 50% of these hours spent in D.C.? <input type="radio"/> Yes <input type="radio"/> No

10. Do you currently have a clinical practice setting in the District?

A "clinical practice setting" is a location identified by a chiropractor as his/ her physical work address, where patient care hours are provided.

- Yes
- No (if no, please skip to #16)

10b. What is the full address of your clinical practice setting in the District?

This is the location where you spend the majority of your time practicing in the District.

Number	Street
City/Town	State Zip Code:

10c. How many hours per week are you practicing at this clinical practice setting:

- < 10 hours
- 10-20 hours
- 21-30 hours
- 31-40 hours
- >40 hours

10d. Which of the following options best describe this clinical practice setting:

Office/Clinic—Solo Practice	<input type="radio"/>
Office/Clinic—Partnership	<input type="radio"/>
Office/Clinic—Multi Specialty Group	<input type="radio"/>
Hospital	<input type="radio"/>
Nursing Home Facility	<input type="radio"/>
Other (specify):	<input type="radio"/>

10e. Are you currently accepting new patients at this clinical practice setting?

- Yes
- No

10f. Do you offer scheduled extended hours (outside of 8am-5pm) Monday through Friday, at this clinical practice setting?

- Yes
- No

10g. Do you offer scheduled weekend hours at this clinical practice setting?

- Yes
- No

10h. Which of the following best describes your role at this clinical practice setting:

- Owner
- Co-Owner
- Part Owner
- Independent Contractor
- Associate
- None of the Above

11. Do you have an additional practice location in the District, where you provide clinical patient care hours?

- Yes
- No (skip to #12)

11b. If yes, what is the full address of this additional clinical practice setting in the District?

Number	Street	
City/Town	State	Zip Code:

11c. How many hours per week are you practicing at this additional clinical practice setting in the District:

- < 10 hours
- 10-20 hours
- 21-30 hours
- 31-40 hours
- >40 hours

11d. Which of the following options best describes this additional clinical practice setting in the District:

Office/Clinic—Solo Practice	<input type="radio"/>
Office/Clinic—Partnership	<input type="radio"/>
Office/Clinic—Multi Specialty Group	<input type="radio"/>
Hospital	<input type="radio"/>
Nursing Home Facility	<input type="radio"/>
Other (specify):	<input type="radio"/>

11e. Are you currently accepting new patients at this additional clinical practice setting in the District?

- Yes
- No

11f. Do you offer scheduled extended hours (outside of 8am-5pm) Monday through Friday, at this additional clinical practice setting in the District?

- Yes
- No

11g. Do you offer scheduled weekend hours at this additional clinical practice setting in the District?

- Yes
- No

11h. Which of the following best describes your role at this additional clinical practice setting in the District:

- Owner
- Co-Owner
- Part Owner
- Independent Contractor Associate
- None of the Above

12. Please indicate your areas of practice. Also, please indicate if you have diplomate status from the American Chiropractic Association (ACA).

Area of Practice	Area of Practice		Diplomate Status	
	O Yes	O No	O Yes	O No
General Practice	O Yes	O No	O Yes	O No
Chiropractic Physiotherapy	O Yes	O No	O Yes	O No
Chiropractic Acupuncture	O Yes	O No	O Yes	O No
Chiropractic Pediatrics	O Yes	O No	O Yes	O No
Chiropractic Physiological Therapeutics & Rehabilitation	O Yes	O No	O Yes	O No
Diagnosis and Internal Disorders	O Yes	O No	O Yes	O No
Diagnostic Imaging (Radiology)	O Yes	O No	O Yes	O No
Neurology	O Yes	O No	O Yes	O No
Nutrition	O Yes	O No	O Yes	O No
Occupational Health	O Yes	O No	O Yes	O No
Sports Physician	O Yes	O No	O Yes	O No
Orthopedics	O Yes	O No	O Yes	O No
Geriatrics	O Yes	O No	O Yes	O No
Other (specify): _____	O		O	

13. Do you use electronic health records (EHR)?

“Electronic health records” are defined as an electronic record of patient health information generated by one or more encounters in healthcare delivery settings. This information includes patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports.

- Yes
- No

13b. Does your EHR allow access (i.e. patient portal)?

- Yes
- No

14. Within the next 2 years, do you plan to (select all that apply):

- Retire from patient care
- Reduce patient hours
- Increase patient hours
- Move your clinical practice to another geographic location in D.C.
- Move your clinical practice out of D.C.
- Change to full-time non-clinical professional activities (academia/teaching, administration/management, public health policy, research)
- Add an additional practitioner to your practice
- None of the above

15. Which of the following payment methods do you accept in your District clinical practice (select all that apply):

- Self-pay/Full-fee for service
- ACS
- Aetna
- Amerigroup
- Amerihealth DC
- Anthem Blue Cross Blue Shield
- Assurant Health
- Carefirst Blue Cross Blue Shield
- Cigna
- Coventry
- Government Employees Health Association (GEHA)
- Great-West Health Care
- Humana
- Kaiser Permanente
- MAMSI
- Medicaid
- Medicare
- MedStar Family Choice
- NCAS
- PHCS
- Thrive Health Plan
- Tricare
- Unicare
- United Healthcare
- Other: _____

Special Topics

16. If you are engaged in direct patient care, do you use social media in your clinical practice?

- Yes
- No (skip to 16c)

16b. If Yes, which of the following forms of social media do you use in your clinical practice?

(Select all that apply):

- I do not use social media in my practice of chiropractic
- Blogs
- Facebook
- Twitter
- LinkedIn
- Google+
- YouTube
- Chiropractic Communities
- Patient Communities
- Other: _____

16c. Do you believe that social media use has communicative value in a clinical practice?

- Yes
- No

17. Do you believe that chiropractors should be eligible to be a Medicaid provider in the District?

- Yes
- No

18. Do you believe that the Patient Protection & Affordable Care Act will have a positive effect on healthcare in the District of Columbia?

- Yes
- No (skip to #19)
- Don't know (skip to #19)

18b. How do you believe the Patient Protection & Affordable Care Act will impact healthcare in the District of Columbia (select all that apply)?

- It will increase patient access to care
- It will improve the overall quality of healthcare delivered
- It will provide more autonomy for chiropractors in their deliver of patient care
- It will enhance the financial viability of my practice
- Other: _____

19. The jurisprudence exam is currently offered 3 times a year by the DC Board of Chiropractic for new District chiropractic license applicants. Should exam administration be increased to 4 times a year?

- Yes
- No

20. Should the DC Board of Chiropractic implement regulations to limit the amount of continuing education (CE) credits that a chiropractor can obtain **online**?

- Yes
- No

Thank you for your time and effort in completing the 2014 Chiropractic Workforce Survey!

APPENDIX B:
LIST OF FIGURES, TABLES, & MAPS

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