



PUBLIC PERCEPTIONS OF DOCTORS OF CHIROPRACTIC: RESULTS OF A NATIONAL SURVEY AND EXAMINATION OF VARIATION ACCORDING TO RESPONDENTS' LIKELIHOOD TO USE CHIROPRACTIC, EXPERIENCE WITH CHIROPRACTIC, AND CHIROPRACTIC SUPPLY IN LOCAL HEALTH CARE MARKETS

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ABSTRACT

Objectives: The purpose of this study was to determine whether general perceptions of doctors of chiropractic (DCs) varied according to likeliness to use chiropractic care, whether particular demographic characteristics were associated with chiropractic care use, and whether perception of DCs varied according to the per-capita supply of DCs in local health care markets.

Methods: We performed a secondary analysis of results from a 26-item nationally representative survey of 5422 members of The Gallup Panel that was conducted in the spring of 2015 (response rate, 29%) that sought to elicit the perceptions and use of DCs by US adults. We compared survey responses across: (1) respondents who had different likelihoods to use DCs for treatment of neck or back pain and (2) respondents who had different experiences using DCs. We linked respondents' zip codes to hospital referral regions for which we had the per-capita supply of DCs. Using the χ^2 test, we examined relationships between likeliness to use a DC, experience using a DC, respondent demographic variables, perceptions of DCs, and the per-capita supply of DCs in the local health care market.

Results: Most (61.4%) respondents believed that chiropractic care was effective at treating neck and back pain, 52.6% thought DCs were trustworthy, and 24.2% thought chiropractic care was dangerous; however, as respondents' likelihood to use a DC increased, perceptions of effectiveness and trustworthiness increased, and perceptions of danger decreased. Of all 5422 survey respondents, 744 or 13.7% indicated that they had seen a DC within the last 12 months. As one moved from distant to more recent experience using a DC, respondents were more likely to be female, married, white, and employed; those who had a distant history of using a DC were older and more likely to be retired than the other groups. A higher per-capita supply of DCs was associated with higher utilization rates and showed a more favorable regard for DCs.

Conclusions: US adults often use chiropractic care, generally regard DCs favorably, and largely perceive that chiropractic care is safe. Where there is a higher per-capita supply of DCs in the local health care market, utilization and positive perceptions of chiropractic are higher. (*J Manipulative Physiol Ther* 2015;38:533-544)

Key Indexing Terms: *Chiropractic; Health Services Research*

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In the general US population, back and neck problems are among the symptoms most commonly encountered, and expenditures for patients with spine problems are substantially higher and are growing more rapidly, than those for patients without spine problems.¹ Compared to matched controls, patients with back pain have more comorbidities (including musculoskeletal and neuropathic pain conditions, common sequelae of pain, and depression) and greater pharmacotherapy use^{2,3} and higher overall health care costs.^{4,5} In addition, the problem of back pain has been accelerating, perhaps because of the combination of the graying of America, the fact that patients are more likely to experience back pain with age, and differences in how providers treat back pain.⁶

Most chronic low back pain complaints can be managed nonsurgically.⁷ Randomized controlled clinical trials have demonstrated that chiropractic spinal manipulation is an effective, conservative treatment option for certain types of low back and neck pain and for some headaches.⁸⁻¹⁰ A meta-analysis indicates that combined chiropractic interventions slightly improved pain and disability in the short term and pain in the medium term for acute and subacute low back pain.^{11,12} The American College of Physicians and the American Pain Society¹³ as well as the Task Force of Neck Pain and its Associated Disorders¹⁴ recommend spinal manipulation for the treatment of certain spinal pain conditions. In addition, there is some evidence that use of chiropractic spinal manipulation is associated with lower health care costs.¹⁵⁻¹⁷

In the context of rising health care costs and suggestions that chiropractic is a relatively effective and inexpensive treatment for an increasingly common disorder, the use and perceptions of chiropractic care are of national interest. Over the last 15 years, a number of studies have estimated the use of chiropractic care services by US adults. A literature review examining reports published between 1965 and 2005 found that the prevalence of chiropractic care use varied between 6% and 12%.¹⁸ More recent analyses of the National Health Interview Study (NHIS) found that the prevalence of chiropractic care use among US adults remained relatively stable, fluctuating between 7.5% and 8.6%.¹⁹⁻²³ Analyses of 2012 NHIS data found substantial geographic variation in prevalence of chiropractic use across US districts that ranged from 16.4% in the West North Central district of the United States to 6.2% in West South Central district.²² Analyses of the Medical Expenditure Panel Survey (MEPS) tend to generate slightly lower prevalence estimates, ranging from 5.1% among US adults in 1980^{24,25} to an estimated doubling of that rate in 1988²⁵; differences in the prevalence of chiropractic use according where the patient lived, sex, age, race, and sex were evident in those studies. More recent MEPS studies indicated that 3.7% of US adults used a doctor of chiropractic (DC) in 1997,²⁶ 5.6% did so in 2006,²⁶ and 5.2% did so in 2008.²⁷ Additional MEPS analyses have

found that rural-dwelling patients²⁸ and patients with concurrent mental health illnesses²⁹ are more likely to use chiropractic care. Virtually all studies have demonstrated that patients who use chiropractic care are more likely to be white and female.

Although the prevalence of chiropractic use has been estimated, few studies have examined how US adults perceive DCs. A 1998 study of 800 US adults found that an increased willingness to use DCs for routine care was associated with prior use of chiropractic care, but that both DC users and nonusers preferred physician assistants and nurse practitioners in the primary care role.³⁰ A 2002 study of medical claims in western Washington State found that insurance coverage and living in less populous counties were associated with being more likely to use chiropractic care.³¹ In addition, a small (n = 163) 2004 survey of chiropractic patients from a single teaching chiropractic clinic in the US found that only 19% of patients saw their DC as their primary care physician: although virtually all of these patients thought that DCs could treat musculoskeletal conditions, many also thought that they could treat other conditions as well.³²

We sought to improve and update information on the prevalence of use and general perceptions of DCs by analyzing data from a national Gallup survey of US adults conducted in the spring of 2015. The objectives of this study were to determine whether general perceptions of DCs varied according to likeliness to use chiropractic care, whether demographic characteristics (such as age, sex, employment status, and the local per-capita supply of DCs) were associated with chiropractic care use, and whether perception of DCs varied according to the per-capita supply of DCs in local health care markets.

METHODS

Design, Conduct, and Content of the Survey

Palmer College of Chiropractic (Palmer) contracted with The Gallup Organization (Gallup) to conduct a survey of US adults aged 18 years and older on their perceptions of and experiences with DCs. Informed by in-depth stakeholder interviews that Gallup conducted with 15 chiropractic professionals, participants from both organizations developed a 26-item survey to elicit those perceptions and experiences. Survey items were pretested to ensure items could be well understood by different types of respondents.

Gallup randomly selected a sample of members from The Gallup Panel, a probability-based longitudinal, representative panel of more than 60 000 US adults whom Gallup has selected using a combination of random-digit-dial telephone interviews that cover landline and cellphone users and address-based sampling methods. Members of The Gallup Panel do not receive incentives for participation; their participation in any particular survey is voluntary. When

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