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EXECUTIVE SUMMARY

Proviso language included in the FY 1999-2000 General Appropriations Act directed the Board of Regents, in conjunction with the Postsecondary Education Planning Commission, to conduct a study of the need for, and the feasibility of, a school of chiropractic medicine at Florida State University. In order to address all pertinent policy considerations, the study also assesses the feasibility of establishing a chiropractic college at other institutions within the State University System and of providing state support to a free-standing Florida chiropractic college or a chiropractic college established at an independent postsecondary institution in Florida. The findings of this study are to be reported to the Governor, the President of the Senate and the Speaker of the House of Representatives by February 1, 2000.

The establishment of a chiropractic college in Florida can best be justified if it is determined that the state: (a) needs more chiropractors than dependence on chiropractors educated outside of Florida can provide; and/or (b) Floridians need better access to chiropractic education than the 16 out-of-state chiropractic colleges can provide.

Does Florida Need More Chiropractors?

With 1 chiropractor for each 3,300 citizens, Florida has fewer chiropractors than the national ratio of 1 chiropractor for each 3,100 Americans. Florida should be able to maintain it's current ratio of chiropractors to citizens through at least 2015 if it continues to license new chiropractors educated outside of Florida at approximately the same rate as it has during the past decade. Maintenance of the current Florida ratio of chiropractors to citizens may not be adequate, however, because of the disproportionately large and rapidly growing number of Floridians who are elderly and who traditionally use more health care services of all kinds. Whether maintaining the current Florida ratio of chiropractors to population will be sufficient also depends on a variety of other factors that affect Floridians' demand for, and access to, chiropractic services, including: (a) whether the state continues to experience growth in the number of Floridians in managed health plans; (b) the extent to which managed health plans include chiropractic care and the limits placed on such care; and, (c) whether consumer demand for alternative therapies will continue to grow as it has over the past several decades. Because over half of a U.S. chiropractors live in small towns with populations of less than 50,000, increasing the supply of Florida chiropractors may reduce the number of Florida communities, particularly those in rural areas. that are medically-underserved.

Do Floridians Have Adequate Access to Chiropractic Education?

It is estimated that approximately 500-600 Floridians are currently enrolled in one of the nation's 16 chiropractic colleges, all of which are private and none of which are in Florida. Because total enrollment in chiropractic colleges has been relatively flat or declining in the past several years,

there is cuurently excess capacity within the nation's chiropractic colleges that appears to be sufficient to accommodate all Florida students who wish to enroll. Even though adequate capacity may exist in the nation's chiropractic colleges, tuition at these institutions, all of which are private, is higher than would be the case if Floridians had access to a public chiropractic college in Florida. Because of graduates' low pass rates on the Florida Board of Chiropractic Medicine licensing examination and default rates on federal student loans, concerns have also been raised about the quality of educational program at some of the chiropractic colleges from which the majority of individuals seeking Florida chiropractic licenses graduate.

What is the Most Feasible Way to Assure Floridians Access to Chiropractic Education?

Chiropractic education could be provided in Florida in one or more of the following ways:
(a) through the creation of chiropractic college within one of the universities within the State University System; (b) through creation of a chiropractic college within an independent postsecondary institution; and/or (c) through creation of a free-standing, independent chiropractic college.

If a new chiropractic college were to be established either within the SUS, or at an independent Florida postsecondary institution, it would be most feasible to locate the chiropractic college at: an institution that has: (a) a wide array of health professions education programs in fields such as medicine, physician assisting, physical therapy, pharmacy, dentistry and/or nursing, and; (b) a program in exercise/movement sciences. Institutions with a concentration of these programs are best suited as the location for a chiropractic college because they are most likely to have the following characteristics: (a) prerequisite, co-requisite and basic science course requirements in the above referenced programs that are similar or comparable to those in chiropractic education; (b) faculty teaching these courses with the expertise and credentials required by chiropractic accreditation standards; (c) scientific and teaching laboratories comparable to those needed to teach required chiropractic basic and clinical science courses; (d) clinical facilities owned or operated by the institution and/or experience in establishing affiliations with other facilities to provide for clinical clerkships and preceptorships; and (e) institutional missions that include health professions training.

Although it may be more feasible to establish a chiropractic college at a public or private institution that already has a concentration of health professions and movement science programs than to establish such a college at an institution that does not offer these programs, such institutions may not consider chiropractic education to be compatible with their institutional missions and strategic plans or with their existing health professions programs. Although acceptance of chiropractic within the medical profession has increased over the past several decades, placement of a chiropractic college at an institution that has a medical school may be particularly problematic because of the significant differences that exist between the philosophy and ideology of chiropractic as contrasted to allopathic and osteopathic medicine and the continuing reservations that some chiropractors and some allopathic and osteopathic physicians have about the legitimacy and effectiveness of the care provided by members of each others' professions.

No Florida public or private university is currently in a position to create a chiropractic college without significant modification and expansion of its curriculum and significant additional funding. Although basic science courses required in the chiropractic curriculum are comparable to the basic science requirements in health professions degree programs or tracks already offered at a given institution, virtually all of the chiropractic clinical science component is unique to chiropractic education and does not, therefore, currently exist at any Florida institution. The establishment of a new chiropractic college within an existing institution will require the employment of additional faculty and staff and either the construction of new facilities or the expansion of existing facilities to provide necessary general classrooms, laboratories, faculty and staff offices, clinical facilities and a library.

Nationally, and in Florida, the typical practicing chiropractic physician is a white male. According to the Florida Board of Chiropractic Medicine, of the 2,116 active license holders who provided data to the Board on their race/ethnicity, 94% are white, 2% each are African American or Hispanic and 1% each are Asian or Native American. If a Florida chiropractic college was placed at either FAMU, the state's historically black institution, or FIU, which has the highest Hispanic student enrollment in the SUS, it is possible that the percentage of students at such a college who are African American and Hispanic, respectively, would significantly exceed national statistics and that these two institutions could play a role in enhancing the number of African American and Hispanic chiropractors practicing in Florida. If a chiropractic college was located at one of the other state universities or at the University of Miami or Nova Southeastern University, or if an existing chiropractic college established a campus in Florida, minority enrollment might not be significantly different than it currently is unless recruitment and retention of minority students was a specific priority of the new chiropractic program.

The State of Florida and the U.S. Department of Education, through its Office for Civil Rights (OCR), have entered into a unique partnership, spanning 1998-2003, to ensure that the promise of equal opportunity in higher education becomes a reality for all Florida's students. Consistent with this partnership agreement, prior to the establishment of a chiropractic college at a state university, the Board of Regents would give specific consideration to: (a) the effect that such a program would have on the diversity of the institution's student body and faculty; and, (b) the implications that placement of the program at a given state university could have on diversity within the profession.

The Feasibility of Establishing a College of Chiropractic At Florida State University:

In 1996, Florida State University (FSU) entered into an agreement with the Lincoln College Education and Research Fund to endow the Lincoln Chiropractic Eminent Scholar Chair and the Chiropractic and Biomechanical Research Center at FSU. A search selection committee for the eminent scholar chair-holder has been named and has begun to meet. State matching funds have not yet been secured, however.

FSU is one of the SUS institutions with existing health professions degree programs that include basic science courses that are comparable to chiropractic basic science requirements and with a movement science program that includes courses that are somewhat similar to the clinical science

courses included in typical chiropractic college curricula. Although FSU does not have a medical school, it does host the Program in Medical Sciences (PIMS), in collaboration with the University of Florida College of Medicine. Through PIMS, 30 students per year are admitted to FSU to complete the first year of medical school, comprised principally of basic science courses, prior to transferring to UF medical school to complete the last three years of medical school in Gainesville. PIMS prides itself in enrolling more minority students than other medical schools. Because of this emphasis on recruiting and enrolling students who are members of underrepresented minorities, locating a chiropractic college at FSU, on the same campus as PIMS, might enhance the chiropractic college's ability to attract minority students and could have a significant impact on the number of minority chiropractors practicing in Florida.

During the past two years, FSU has expressed an interest in either: (a) expanding the PIMS to comprise the first two years of medical school; or (b) establishing a new four year allopathic medical school at FSU. The proposed FSU medical school would emphasize: (a) the production of primary care physicians and geriatricians; (b) the recruitment of students, particularly underrepresented minorities, who are more likely to practice in the medically-underserved rural and inner-city geographic areas of the state, and; (c) a community-based, distributed educational model that locates clinical training in smaller community hospitals, ambulatory clinics and private physicians' offices.

Because the FSU medical school, if created, would be a new institution dedicated to a non-traditional approach to educating physicians, it might be a more feasible location for a new chiropractic college than institutions such as UF, USF, UM and NSU, which have medical schools that are well established, along with all of the traditions, procedures, biases, politics and philosophies that characterize most well-entrenched institutions. The opportunity to co-locate a new allopathic and a new chiropractic medical school at the same institution would provide the opportunity to recruit faculty who were willing and able to teach in both programs and would provide a unique setting for joint education, training and research that has the potential to benefit both medicine and chiropractic and to enhance the acceptance and understanding of each profession for the other. If a new medical school at FSU was successful in achieving its stated mission of attracting under-represented minorities, a chiropractic college located on the same campus might also be able to attract more minority students. Finally, if new allopathic and chiropractic medical schools were built simultaneously at FSU, cost savings could be realized by constructing facilities that were appropriately designed and equipped to house both programs.

The Feasibility of Establishing a Chiropractic College at A Private Postsecondary Institution

Both the University of Miami and the Nova Southeastern University have the critical mass of health professions education programs, including medical schools, that makes location of a chiropractic college at either institution more feasible than location of such a college at an institution that does not have these programs. If a decision was made to locate a new chiropractic college at either the UM or NSU, the state could support this effort in the same manner in which it now supports the UM medical program and the osteopathic medicine, pharmacy and optometry

programs at NSU. Because both institutions have medical schools, however, locating a chiropractic college at either might be as problematic as locating a chiropractic college at either UF or USF.

The Feasibility of Subsidizing the Cost of Educating Floridians at Existing Chiropractic Colleges

Most of the nation's chiropractic colleges have experienced either flat or declining enrollments in the past few years. Six of the nine institutions responding to the study survey reported that they have the capacity to accept a total of approximately 1,500 more students than they currently enroll. The state should explore the possibility of establishing agreements to subsidize a portion of the tuition for Florida residents attending existing chiropractic colleges that are considered to have high quality programs. Florida residents receiving tuition subsidies could be required to practice in Florida for a specified number of years after graduation, potentially in geographic areas of the state designated as health manpower shortage areas.

The Potential for a Free-Standing Private Chiropractic College

Palmer College of Chiropractic, the nation's oldest, second largest and one of the most prestigious chiropractic colleges, is exploring the possibility of establishing a branch in Port Orange Florida. The state should enter into discussions with Palmer Chiropractic College to determine how quickly Palmer may proceed with plans for a Florida campus and to explore potential partnership arrangements before making a decision to establish a chiropractic college within the SUS. If a free-standing, private chiropractic college was established in Florida, it is likely that it would take longer for such an institution to achieve accreditation and to be able to enroll its first class than would be the case if a chiropractic program was established at an existing public or private university that already had some of the necessary programmatic and facilities infrastructure in place.

The chart on the following page summarizes the policy considerations associated with establishing a chiropractic college at selected public and private universities.

SUMMARY OF POLICY CONSIDERATIONS ASSOCIATED WITH LOCATION OF A FLORIDA CHIROPRACTIC COLLEGE

	Х			X						
	х			X						
				•	Х	Х	X	X	X	х
Х	X	X	Х	Х	X	Х	Х	Х	X	X
			Х		X					
		X	Χ		x					
		Х								
									X	Х
				x x	x x	x x x	x x x	x x x	x x x	x x x



INTRODUCTION

Proviso language included in the FY 1999-2000 General Appropriations Act directs the Board of Regents, in conjunction with the Postsecondary Education Planning Commission, to conduct a study of the need for, and the feasibility of, a school of chiropractic medicine at Florida State University. In order to adequately address all pertinent policy considerations, the study also assesses the feasibility of establishing a chiropractic college at other institutions within the State University System and of providing state support to a free-standing Florida chiropractic college or a chiropractic college established at an independent postsecondary institution in Florida. The findings of this study are to be reported to the Governor, the President of the Senate and the Speaker of the House of Representatives by February 1, 2000.

Chiropractic is a branch of the healing arts that is concerned with human health and the prevention of disease. Doctors of chiropractic view the human organism as an integrated unit and recognize the multi-faceted aspects of health, disease and related patient care. Chiropractors give special attention to the biomechanics, structure and function of the spine, its effects on the musculoskeletal and neurological systems and the role played by the proper function of these systems in the preservation and restoration of health. The chiropractic profession prides itself as a natural, conservative and non-invasive form of health care that emphasizes the inherent ability of the body to heal itself. Therefore, chiropractic treatment plans generally do not include the use of prescription drugs or surgery. Chiropractic treatment and patient management typically include, but are not limited to joint adjustment and manipulation, physiotherapeutic modalities and procedures, exercise rehabilitation and counseling, nutritional and psychological counseling, ergonomics advice and supportive appliances. The common denominator for various chiropractic treatment and patient management plans is the concept of removal of structural dysfunction of the joints. This dysfunctional condition of the joints, called "subluxation" can cause spasms in muscles and irritation of nerves. The term "subluxation" refers not only to the anatomical misalignment but also to the influence that such misalignments have on the normal biomechanics and neurophysiology of the body.

STUDY METHODOLOGY

Data and information for this study were derived from a variety of sources, including reports and information available from the Council on Chiropractic Education, the American Chiropractic Association, the Florida Chiropractic Association, the Federation of Chiropractic Licensing Boards, the Foundation for Chiropractic Education and Research, the National Board of Chiropractic Examiners, the Florida Board of Chiropractic Medicine, the federal Agency for Health Care Policy Research and the federal Health Resources and Services Administration.

An institutional survey was developed and sent to the nation's sixteen chiropractic colleges to collect data that were not available from other identified sources. Nine colleges (56%), representing approximately 50% of total U.S. chiropractic college enrollment, responded to the survey. The survey instrument is included as Appendix 2. The chiropractic colleges responding to the survey are identified in Appendix 1. Survey information was supplemented with information obtained from chiropractic college catalogs and websites and through telephone interviews with college personnel.

Staff met with Rep. Dennis Jones, sponsor of the study proviso, concerning the scope and objectives of the study. Interviews were conducted with Dr. Larry Abele, Provost of Florida State University, Dr. Penny Ralston, Dean, FSU College of Human Sciences and Dr. Robert Moffatt, Chair, Department of Nutrition, Food & Movement Sciences, FSU College of Human Sciences. Staff also had an opportunity to meet with the presidents or representatives of Texas Chiropractic College, Los Angeles Chiropractic College, Logan College of Chiropractic, New York Chiropractic College and National College of Chiropractic at the Florida Chiropractic Association annual meeting in Orlando.

SUPPLY, DISTRIBUTION AND UTILIZATION OF CHIROPRACTORS IN THE UNITED STATES

A. <u>Demographic Profile</u>

Nationally and in Florida, the typical practicing chiropractic physician is a white male, although the proportion of female chiropractors has increased over the last decade. According to the Florida Board of Chiropractic Medicine, there are currently approximately 4,345 individuals holding active Florida chiropractic licenses. Of the 2,116 active license holders who provided data to the Board on their race/ethnicity 94% are white, 2% each are African American or Hispanic and 1% each are Asian or Native American. Of the 2,469 licensees who provided data on their gender, 81% are male and 19% are female.

B. <u>Current & Projected Supply of Chiropractors</u>

The number of licensed chiropractors in the U.S. has grown steadily during the past several decades, increasing from 13,000 ¹ in 1970 to approximately 79,700 in 1998. ² Florida, with an estimated, 4,345 active licensees, or 1 chiropractor for every 3,300 Floridians in 1998-99, has slightly fewer chiropractors than the national ratio of 1 chiropractor for every 3,100 Americans. ³ National projections concerning the growth in the number of U.S. chiropractors over the next two decades vary. A recent study by the University of Albany School of Public Health predicts that the number of U.S. chiropractors will rise to approximately 110,000 by 2005 and to 150,000 by 2015. ⁴ A 1998 study by the Institute on Alternative Futures of the Foundation for Chiropractic Education and Research predicts that the total number of U.S. chiropractors will reach 103,000 by 2010. ⁵

C. <u>Utilization of Chiropractic Services:</u>

The proportion of the U.S. population that uses chiropractors has doubled in the past 15-20 years. The 1980 National Medical Care Utilization and Expenditure Survey found that 3% of the population had seen a chiropractor within the prior year. By 1993, 7% of Americans reported using a chiropractor in the prior year and chiropractors treated approximately 40% of patients with low back pain. Referrals between allopathic, osteopathic and chiropractic doctors are at an all time high. According to a recent outcome assessment conducted by the Chiro Alliance Corporation, of the 650 patients responding to survey, 50% had been referred by the primary care physician or specialist to a chiropractic physician and nearly all chiropractic physicians refer to and accept referrals from allopathic physicians on a daily basis. The number of hospitals that

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through examination. In order to be licensed in Florida, an applicant must: (a) be at least 18 years old; (b) must have graduated from a chiropractic college accredited by the Council on Chiropractic Education or its predecessor agency, and ;(c) must submit an application form, including documentation of educational credentials, required coursework, and the receipt of passing test scores on Parts I, II, and III of the NBCE, which must have been taken within the last ten years. If an applicant cannot provide NBCE test scores taken within the last ten years, the NBCE exam must be retaken.

Educational requirements that must be completed prior to sitting for the licensure examination vary depending upon the date when the applicant entered a chiropractic college. An applicant that entered a chiropractic college before July 1, 1990 must have completed 60 undergraduate hours of course work applicable to a bachelors degree from an institution accredited by an entity approved by the U.S. DOE prior to entering a chiropractic college and must have been granted a chiropractic degree. Applicants entering a chiropractic college after July 1, 1990 must have 60 undergraduate hours leading to a bachelors degree from an accredited institution prior to admission to a chiropractic college and must have been granted a bachelors and chiropractic degree. The bachelors and chiropractic degrees may have been earned concurrently and may include shared coursework. Beginning July 1, 2000, applicants must have an completed a minimum of 90 semester hours of undergraduate course work leading to a bachelors degree from an accredited institution prior to admission to a chiropractic college and must have been granted a bachelors and chiropractic degree that do not include shared course work.

The Florida chiropractic licensure examination is given twice a year in May and November.

CHIROPRACTIC EDUCATION

A. Existing U.S. Colleges of Chiropractic

There are currently 16 accredited colleges of chiropractic in the United States, none of which are in Florida. Fifteen of these institutions are private, free-standing institutions and one, the University of Bridgeport College of Chiropractic, is located on the campus of the University of Bridgeport, a private institution in Connecticut. (See Appendix 1 for complete list of U.S. chiropractic colleges). Founded in 1897, Palmer College of Chiropractic in Davenport, Iowa, is the nation's oldest chiropractic college. The University of Bridgeport College of Chiropractic, established in 1990 and accredited in 1994, is the nation's youngest chiropractic college. The nations's 16 chiropractic colleges are not evenly distributed throughout the country. Four are in California and 2 each are in Texas and Missouri. Of the remaining 8, 1 is located in each of the following states: Oregon, Illinois, Iowa, Minnesota, New York, Connecticut, South Carolina and Georgia.

B. Enrollment and Capacity in Existing Chiropractic Colleges

According to the Council on Chiropractic Education, the mean enrollment in U.S. chiropractic colleges is approximately 875. Enrollments range from a high of 3,300 at Life College in Georgia, to a low of 220 at the University of Bridgeport College of Chiropractic. Between 1990 and 1995,

total enrollment in U.S. chiropractic colleges increased by 44% to 14,040 headcount students in fall, 1995, then began to decline slightly to 13,505 headcount students in fall, 1997, the most recent year for which national aggregate data is available. The nine institutions in the study sample indicated that enrollment at their institutions has either been relatively stable over the past several years, or is declining slightly. Six of the nine institutions (Texas, New York, Logan, Los Angeles West, National and U. of Bridgeport chiropractic colleges) reported that they have the capacity to accept more students than they currently enroll. The total number of additional students that these six institutions could accommodate is approximately 1,500. Between 1990 and 1998, the total number of U.S, chiropractic college graduates increased by 49% from 2,529 to 3,791 per year. ¹¹

C. Relationship of Chiropractic Practice Location to Chiropractic College Attended

There appears to be a relatively strong link between the location where an individual attends chiropractic college and the location where the individual subsequently establishes practice. Of the nine chiropractic colleges providing information on the practice location of their graduates, all indicated that more than 50% of their graduates establish practice either in the same state where the college is located or in a nearby state. Four colleges indicated that more than 75% of their graduates remain in the same or a nearby state to practice. The link between location of chiropractic college attended and subsequent practice location is also demonstrated by data from the Florida Board of Chiropractic Medicine. These data indicate that, of the new active chiropractic licenses granted annually in Florida from 1994 through 1998, almost 50% of the individuals licensed graduated from Life Chiropractic College in Georgia. The colleges from which the balance of Florida chiropractors licensed during the same time period were most likely to graduate were: Palmer College of Chiropractic in Iowa (10%), New York Chiropractic College (8%), Logan College of Chiropractic in Missouri (6%); Parker College of Chiropractic in Texas (6%) or National College of Chiropractic in Illinois (6%).

D. Accreditation:

The Commission on Accreditation of the Council on Chiropractic Education (CCE) is recognized by the U.S. Department of Education as the accrediting entity for chiropractic colleges. The CCE 1999 Standards for Chiropractic Programs and Institutions provides the criteria that institutions must meet to be eligible for initial and continued accreditation. The CCE accreditation criteria are described more fully in Appendix 3.

The process for initial CCE accreditation has three phases. During the first phase, the institution establishes its eligibility to apply for accreditation by submitting the following documentation to the CCE:

- (1) evidence that the appropriate governmental entity has granted the institution the authority to award the doctor of chiropractic degree;
- (2) evidence that it has employed a qualified executive administrator for the chiropractic program;
- (3) evidence that the following have been in place for at least 2 years:
 - (a) formal action taken by the appropriate governing board that commits the

- institution to follow CCE criteria, policies and procedures;
- (b) the ability to offer a program, the content, scope and organization of which meets accreditation criteria; and
- (c) published statements available to the public regarding admission requirements that are in compliance with pertinent accreditation criteria

If the CCE finds this initial documentation to be sufficient, the institution is notified that it is eligible to proceed with the second phase, formal application for accreditation. During this phase, the institution prepares a comprehensive self-study report that provides evidence that it is prepared to meet all specific accreditation criteria relating to curricular requirements and faculty and student qualifications. If the self-study report is accepted by the CCE, a CCE site inspection team visits the institution and prepares a report of findings and recommendations, to which the institution has an opportunity to respond, prior to the site team's report being submitted to the CCE. The CCE may take one of three actions at this point: (a) award initial accreditation; (b) defer any decision pending the submission of additional information, further site visits, etc., or (c) deny initial accreditation. The initial accreditation process typically takes from 2-3 years to complete. Upon being granted initial accreditation, the institution will be required to submit annual reports and audited financial statements to CCE and may be required to host special site visits. Once accredited, institutions are subject to reaffirmation of accreditation by CCE approximately every 5-7 years.

E. The Chiropractic Curriculum 12

The typical chiropractic program consists of 10 trimesters of professional education averaging a total of 4,822 hours of instruction, and ranging from 4,400 hours to 5,220 hours of instruction. This includes an average of 1,975 hours in clinical sciences and 1,405 hours of clinical clerkship. Although the program of study can be completed in 3 1/3 - 3 ½ years of continuous study, many chiropractic students take from 4 - 4 ½ years to complete the program

The program of study at all chiropractic schools is divided into basic and clinical sciences. The average total number of basic science contact hours is 1,420, which accounts for 30 % of the entire chiropractic program. Approximately forty percent of the basic science hours are in anatomy, 21% are in physiology,14 % are in pathology, 11 % are in biochemistry, 8 % are in microbiology, and 5 % are in public health. On average, 70 % of the chiropractic program is composed of clinical education. Within the clinical courses offered in chiropractic colleges, subjects dealing with diagnosis and chiropractic principles are given the most time, followed by orthopedics, physiologic therapeutics, and nutrition. Three areas within the clinical sciences, adjustive techniques/spinal analysis, physical/clinical/laboratory diagnosis, and diagnostic imaging, account for an average of 50% of the clinical sciences component. Approximately half of the clinical education component is spent in chiropractic clinical sciences and the remaining half is spent in clinical clerkships. Appendix 4 provides more detailed information on the chiropractic curriculum.

F. Postgraduate & Continuing Education

Specialty training is available through all U.S. chiropractic colleges through part-time postgraduate education programs and full-time residency programs in areas including family practice, diagnostic

imaging, applied chiropractic sciences, clinical neurology, orthopedics, sports injuries, pediatrics, nutrition, rehabilitation and industrial consulting. Typical residency programs last 2-3 years and include ambulatory care and inpatient clinical rotations at chiropractic and medical facilities. Residency and postgraduate programs lead to eligibility to sit for competency examinations offered by specialty boards recognized by the American Board of Chiropractic Specialities. Some speciality boards confer the title "Diplomate" upon individuals successfully passing specialty board examinations.

Continuing education programs are offered by virtually all chiropractic colleges, as well as by professional associations and commercial entities. According to the Federation of Chiropractic Licensing Boards, forty-seven of fifty states, including Florida, have mandatory continuing education requirements to maintain or renew professional licensure. The Florida Board of Chiropractic Medicine requires individuals renewing active licenses to complete a minimum of 40 classroom hours of continuing education biennially. One of these hours must be in risk management, two hours must be in the laws and rules of the Board of Chiropractic Medicine and the regulatory agency under which the Board operates and three hours must be on HIV/AIDS. To be acceptable for license renewal, providers of continuing education hours must be approved by the Board.

CHIROPRACTIC RESEARCH

Chiropractic research has been organized at the national level since the early 1940s, when the Chiropractic Research Foundation (CRF) was created to acquire funding for, and to promote the development of, research within the chiropractic profession. By the 1970s, the CRF had been subsumed within the Foundation for Chiropractic Education and Research (FCER). In the mid-1970s, the U.S. Department of Health and Human Services began to insist that the Council on Chiropractic Education (CCE) stress research as part of the accreditation process. As a result, FCER organized the research directors of all chiropractic colleges into the Council of Chiropractic Research (CCR), expanded the research fellowship program for chiropractic faculty, and established a competitive scientific review process for research project proposals. An annual chiropractic research conference was also initiated that has grown into the International Conference on Spinal Manipulation. The FCER and the CCR are two of the primary sources of funding for chiropractic research, funding approximately \$4.5 million in research projects in 1998. National organizations such as the American Chiropractic Association and the International Chiropractic Association and state chiropractic associations, including the Florida Chiropractic Association, also support research. Most of the nation's chiropractic colleges have also established their own research foundations.

Research in chiropractic has been funded largely from within the profession, with a significant portion of funding coming from chiropractic college tuition. Eight of the nine chiropractic colleges responding to the study survey provided information on their research programs. These eight institutions reported a total of \$1.5 million in research contracts and grants in FY 1997-98. Research funding, which averaged \$186,000 annually among the sample institutions, ranged from zero at two colleges to a high of \$475,000.

Until recently, federal funding for chiropractic research has been almost non-existent. Federal funding that is available for chiropractic research comes principally from the U.S. Agency for Health Care Policy and Research (AHCPR) and the U.S. Health Resource and Services Agency (HRSA), which, together, funded approximately \$3.5 million in chiropractic research grants in FY 1997-98. ¹⁴ The National Institute of Health (NIH) Office of Alternative Medicine has recently announced the formation of the Center for Chiropractic Research. This Center is intended to create a cohesive national infrastructure for chiropractic research.

Those members of the chiropractic profession who advocate the location of a chiropractic college at a public or private college or university believe that the ability to attract increased federal funding for chiropractic research would be greatly enhanced if the chiropractic college was located on the campus of an institution that already has well-funded and well-organized research programs.

POLICY ISSUES

Proviso language requires that this study examine the need for, and the feasibility of, establishing a college of chiropractic medicine at Florida State University. The establishment of a chiropractic college in Florida can best be justified if it is determined that the state (a) needs more chiropractors than dependence on chiropractors educated elsewhere can provide; and/or (b) Floridians need better access to chiropractic education than out-of-state institutions can provide. Both issues are examined below:

Does Florida Need More Chiropractors?

Florida, with an estimated, 4,345 active licensed chiropractors in 1998, or 1 chiropractor for every 3,300 Floridians, has slightly fewer chiropractors than the national ratio of 1 chiropractor for every 3,100 Americans. The state has been able to achieve this ratio of chiropractors to population depending exclusively on the importation of chiropractic physicians educated outside of the state. In order for the state to continue to maintain its current ratio of chiropractors to population in 2000, 2005, 2010 and 2015, Florida will need approximately 299, 679, 1,057 and 1,428 more active licensed chiropractors, respectively, than it currently has. ¹⁵ The number of new chiropractic licenses issued annually by the Florida Board of Chiropractic Medicine from 1994 through 1998 varied from a low of 152 in 1995 to a high of 202 in 1997. Therefore, if the state continues to license new chiropractors at approximately the same annual rate as it has over the past decade, it should be able to maintain its current ratio of chiropractors to citizens.

Table 1
Additional Chiropractors Needed to Maintain 1998 Florida Ratio of 1 Chiropractor for Every 3,300 Citizens

Yr.	Fla. Population	# Chiropractors Needed to Maintain 1998 Ratio	Additional # Chiropractors Needed Over 1998	
1998	14,418,917	4,345		
2000	15,413,617	4,644	+ 299	
2005	16,673,733	5,024	+ 679	
2010	17,927,800	5,402	+1,057	
2015	19,161,586	5,773	+1,428	

An argument can be made, however, that maintaining Florida's present ratio of chiropractors to citizens may not be adequate because of the state's large and rapidly growing number of elder citizens over the age of 65. The Florida Department of Elder Affairs projects that the number of Floridians age 60 or older will increase 25% between 1998 and 2010 and that the number age 80 or older will increase 39% during the same period. ¹⁶ Because older individuals consume more health care services, it is logical to assume that demand for all kinds of health care, including chiropractic services, will increase over the next several decades. It is not possible, however, to calculate how many additional chiropractors might be needed to respond to the increased consumption of health services that is likely to occur as the state's elderly population grows.

Whether maintaining the current Florida ratio of chiropractors to population will be sufficient also depends on a variety of other factors that affect Floridians' demand for, and access to, chiropractic services. These factors include:

- (A) whether the state continues to experience growth in the number of Floridians in managed health plans;
- (B) the extent to which managed health plans include chiropractic care, and the limits placed on such care;
- (C) whether consumer demand for alternative and complementary therapies continue to grow in the future as it has over the past several decades;

Because over half of a U.S. chiropractors live in small towns with populations of less than 50,000, increasing the supply of Florida chiropractors may reduce the number of Florida communities, particularly those in rural areas, that are medically-underserved.

Do Floridians Have Adequate Access to Chiropractic Education?

Estimates of the number of Floridians leaving the state to attend chiropractic college range from a low of 100 to a high of 900 Floridians per year. Based on information derived from the nine

institutions responding to the study survey about where their students are from, data from other chiropractic college catalogs about the home states of their students and information from the Florida Board of Chiropractic Medicine on the college attended by individuals sitting for the Florida chiropractic licensing examination, it is more likely that approximately 500-600 Floridians are enrolled in chiropractic colleges in any given year.

Total enrollment in U.S. chiropractic colleges has remained relatively flat over the past 3-5 years and is even declining at some institutions. There also appears to be excess capacity in the nation's chiropractic colleges. Among the nine colleges responding to the study survey, six reported being able to accept additional students beyond their present enrollment, for a total of approximately 1,500 additional students. Therefore, there currently appears to be sufficient capacity within the nation's existing chiropractic colleges to accommodate students from Florida and around the nation who may wish to enroll.

Even though sufficient capacity may exist within existing chiropractic colleges to accommodate Floridians who may seek admission, attending an out-of-state private chiropractic college is more expensive for Florida citizens than would be the case if a chiropractic college was created within the State University System (SUS). This assumes that tuition at a public Florida chiropractic college would be approximately the same as SUS in-state medical school tuition (approximately \$10,000 per year for 1999-2000), as contrasted to the average annual tuition of approximately \$14,000 at the existing chiropractic colleges. However, tuition at a Florida chiropractic college might not be lower than tuition charged at the existing chiropractic colleges if the college was established at the University of Miami or Nova Southeastern University and those institutions charged a tuition that was comparable to their annual in-state medical tuition (approximately \$26,000 and \$20,000, respectively). It should be noted that chiropractic students are eligible for all of the major federal financial aid programs including the Stafford and Perkins Loan Programs, Pell Grants, the Federal Work Study Program and the Federal Supplemental Educational Opportunity Grant Program.

Concerns have been raised about the quality of some of the chiropractic colleges that Floridians are most likely to attend. Particular concerns have been expressed about Life College of Chiropractic in Marietta, Georgia. With 3,300 students in the chiropractic (D.C.) program, Life College is the nation's largest chiropractic college, with twice as many students as any other chiropractic institution, and is the college from which over 50% of the individuals seeking Florida chiropractic licenses graduate.

Tables 2 and 2A, below provide comparative data on two indicators of program quality: (a) the percent of chiropractic college graduates passing the Florida chiropractic licensing examination on the first attempt; and (b) graduates' default rates on federally insured student loans. Both tables provide data for the six institutions from which the majority (86%) of the individuals seeking Florida chiropractic licenses graduate. Table 2 indicates that five of the six chiropractic colleges from which the majority of individuals sitting for the Florida chiropractic exam graduate experienced significant drops in the number and percent of test takers passing on the first attempt during the November, 1998 and May, 1999 test administrations. Pass rates rose again for the November, 199 test administration however. Board of Medicine staff indicated that neither the content of the examination nor the testing setting changed in May, 1998 and they have no explanation for the dramatic changes in first time test takers pass rates over the last 4 test administrations. Life College's

pass rates are most statistically significant however, because of the large number of Life College graduates sitting for the examination.

Table 2
Pass Rates of First-Time Test Takers on the
Florida Chiropractic Licensing Examination

Exam Date	6/97	11/97	5/98	11/98	5/99	11/99
College:						
Life	61% (123	3) 78% (81)	76% (132)	21% (32)	33% (39)	57% (96)
Palmer	56% (16)	56% (9)	69%(16)	N.Ab.	N.A.	100% (3)
New York	69% (16)	75% (4)	75%(8)	100% (4)	80% (5)	88% (8)
Parker	63% (8)	60% (5)	82%(17)	33% (3)	33% (3)	64% (11)
National	54% (13)	100% (2)	80%(10)	50% (4)	50% (4)	33% (9)
Logan	62% (13)	67% (9)	70%(10)	50% (2)	50% (2)	73% (11)

a Numbers of individuals indicated in parentheses

Table 2A indicates that Life College has the second highest average student loan default rate among the six institutions from which the majority of applicants for Florida chiropractic licenses graduate. It should be noted that the most recent academic year for which aggregate federal student loan default rate data is available is 1997-98.

Table 2 A
Percent of Chiropractic College Graduates Defaulting
on Federal Student Loans

College	95-96	96-97	97-98	3 Year Average
Parker College	7.7%	4.4%	7.6%	6.6%
Life College	3.8%	4.5%	3.4%	3.9%
National College	2.9%	2.2%	1.9%	2.3%
Palmer College	2.3%	1.9%	2.1%	2.1%
New York College Logan College	2.8%	1.0%	1.1%	1.6%
	0.5%	0.5%	1.9%	1.0%

Source: U.S. Department of Education, Office of Student Financial Aid Programs

As has been noted in other sections of this report, the majority of practicing American chiropractors and chiropractic students are white males. Ninety-four percent of Florida chiropractors are white and only 2% each are either African American. If a new Florida chiropractic college was established at

b N.A. indicates no test takers from college during that test administration

Florida Agricultural & Mechanical University, the state's historically black public university, or Florida International University, the state university with the highest Hispanic enrollment, it is probable that the percentage of students at such a college who are African American and Hispanic, respectively, would exceed national statistics and that these two institutions could play a role in enhancing the number of African American and Hispanic chiropractors practicing in Florida. If a chiropractic college was located at one of the other state universities or at the University of Miami or Nova Southeastern University, or if an existing chiropractic college established a campus in Florida, minority enrollment might not be significantly different than it currently is unless recruitment and retention of minority students was a specific priority of the new chiropractic program.

The State of Florida and the U.S. Department of Education, through its Office for Civil Rights (OCR), have entered into a unique partnership, spanning 1998-2003, to ensure that the promise of equal opportunity in higher education becomes a reality for all Florida's students. Consistent with this partnership agreement, prior to the establishment of a chiropractic college at a state university, the Board of Regents would give specific consideration to: (a) the effect that such a program would have on the diversity of the institution's student body and faculty; and, (b) the implications that placement of the program at a given state university could have on diversity within the profession.

What is the Most Feasible Way to Assure Floridians Access to Chiropractic Education?

Chiropractic education could be provided in Florida in one or more of the following ways:

- (A) through the creation of a public chiropractic college within one of the universities within the State University System;
- (B) through creation of a chiropractic college within an independent postsecondary institution;
- (C) through creation of a free-standing, independent chiropractic college.

The feasibility of each alternative is examined more fully below. As required by the proviso language, the feasibility of establishing a college of chiropractic at Florida State University is specifically discussed.

If a new chiropractic college is established either within the SUS or at an independent Florida postsecondary institution, it would be most feasible to locate the chiropractic college at an institution that already has a strong array of health professions education programs in fields such as medicine, physician assisting, physical therapy, pharmacy, dentistry, and nursing. Institutions with a concentration of these programs are best suited as the location for a chiropractic college because they are most likely to have the following characteristics:

(a) prerequisite, co-requisite and basic science course requirements in the above referenced programs that are similar or comparable to those in chiropractic education; required basic science courses included in the typical chiropractic curriculum most closely resemble the basic science courses included in the allopathic and osteopathic medical

curriculum; there are also some, although fewer, similarities between chiropractic basic science courses and the basic science requirements of the physician assistant and master's level physical therapy programs. (See Appendix 5)

- (b) faculty teaching these courses with the expertise and credentials required by chiropractic accreditation standards;
- (c) scientific and teaching laboratories comparable to those needed to teach required chiropractic basic and clinical science courses;
- (d) clinical facilities owned or operated by the institution and/or experience in establishing affiliations with other facilities to provide for clinical clerkships and preceptorships; and
- (e) institutional missions that include health professions training.

There are also courses in topics such as kinesiology, exercise physiology, biomechanics, movement dysfunction, orthopedic evaluation and treatment, neurological evaluation and treatment, applied neurophysiology and applied neuroanatomy that comprise exercise/movement science masters-level degree programs that may have some components that are similar to, or that could be adapted to resemble, courses in chiropractic principles, practice & procedure. The following Florida institutions offer two or more of the degree programs discussed above:

Table 3
Florida Public & Private Postsecondary Institutions Offering Programs in
Two or More Health Professions

Program:	MD	DO	PA	DDM/ DDS	BSN	PT	Pharmacy	Movement Science
University:								
UF	X		X	X	X	X	X	X
FSU	X a				X			X
USF	X				X	X^b		
FAMU					X	X	X	
UCF					X	X		
FIU					X	X		
FAU					X	X		X
UNF					X	X		
FGCU					X	X		
UM	X				X	X		X
NSU		X	X	X		X	X	

Note: Program abbreviations are as follows; allopathic medicine (MD), osteopathic medicine (DO), physician assistant (PA), dentistry (DMD/DDS), nursing (BSN), physical therapy (PT).

a FSU has the Program in Medical Sciences (PIMS) through which students complete the first year of medical school prior to transferring to UF medical school

b USF has received BOR approval for a Physical Therapy program

It must be stressed that the existence of these health professions and movement science programs at any given institution makes it more feasible to establish a chiropractic college there than at an institution that does not have such programs. However, the existence of these programs at an institution does not ensure that the institution would consider a college of chiropractic to be consistent with its mission or compatible with its existing health professions programs or with programs that may be included in the institution's strategic or long-range plans. Although acceptance of chiropractic within the medical profession has increased over the past several decades, placement of a chiropractic college at an institution that has a medical school may be particularly problematic because of the significant differences that exist between the philosophy and ideology of chiropractic as contrasted to allopathic and osteopathic medicine and the continuing reservations that some chiropractors and some allopathic and osteopathic physicians have about the legitimacy and effectiveness of the care provided by members of each others' professions. None of the institutions which currently have a concentration of health professions education programs have indicated an interest in establishing a college of chiropractic at any time in the near future.

It also must be stressed that although institutions with these programs may be able to establish a college of chiropractic somewhat less expensively than institutions without these programs, because the former have some programmatic and facilities infrastructure already in place, no Florida public or private university is currently in a position to create a chiropractic college without significant modification to its curriculum and significant additional funding. This is because:

- (a) although there may be some similarity between some of the clinical science courses that comprise the chiropractic curriculum and clinical science courses within programs such as physical therapy and exercise/movement sciences, most of the chiropractic clinical science component is unique to chiropractic education and does not, therefore, currently exist at any Florida institution;
- (b) the establishment of a new chiropractic college within an existing institution will require the employment of additional faculty and staff to support the increased enrollment;
- (c) the establishment of a new chiropractic college within an existing institution will require the construction of new facilities or the expansion of existing facilities for general classrooms, laboratories, faculty and staff offices, clinical facilities and the library.

Potential costs and funding issues associated with the establishment or support of a chiropractic college in Florida are discussed more fully in Appendix 6.

The Feasibility of Establishing a Chiropractic College at Florida State University

Florida State University appears to be the only public or private postsecondary institution in Florida to have established any kind of formal relationship with the chiropractic profession and chiropractic education. In 1996, FSU entered into an agreement with the Lincoln College Education and Research Fund to endow the Lincoln Chiropractic Eminent Scholar Chair and the Chiropractic and Biomechanical Research Center at FSU. The Lincoln College Education and Research Fund was donated to FSU by Lincoln College of Chiropractic in Indianapolis upon that institution's closure in the early 1990's. The gift agreement states that the purpose of the endowed chair and the center

is to conduct "applied research in biomechanics and chiropractic with the purpose of promoting the understanding of the role of structure, form and function in human performance." The Florida Chiropractic Association also contributed funds which, in combination with the Lincoln College Education and Research Fund contribution, equaled the \$1,000,001 required to render the total gift eligible for state matching funds under the Trust Fund for Major Gifts (s. 240.2605, F.S.). A search selection committee for the eminent scholar chair-holder has been named and has begun to meet. State matching funds have not yet been secured, however.

As Table 3 above indicates, FSU is one of the SUS institutions that has an array of the pertinent health professions programs that include basic sciences courses that comparable to the basic science courses included in the typical chiropractic college curriculum.

Although FSU does not currently have a medical school, it does host the Program in Medical Sciences (PIMS), in collaboration with the University of Florida College of Medicine. Through PIMS, 30 students per year are admitted to FSU to complete the first year of medical school, comprised principally of basic science courses, prior to transferring to UF College of Medicine to complete the last three years of medical school in Gainesville. As has been noted, there is considerable similarity between the required, first year basic science courses that comprise the allopathic and chiropractic medical curricula. PIMS prides itself in encouraging the enrollment of minority students who are under-represented in medical education. Because of this emphasis on recruiting and enrolling minority students, locating a chiropractic college at FSU, on the same campus as PIMS, might enhance the chiropractic college's ability to attract minority students and could have a significant impact on the number of minority chiropractors practicing in Florida.

In addition to PIMS, the FSU College of Human Sciences offers bachelors, masters and doctoral degrees in movement science with majors in exercise physiology and motor behavior, with a track in motor learning/control. The bachelor's degree program includes a pre-physical therapy emphasis. These programs, collectively, include courses in subjects such as functional anatomy and physiology and motor control and neuromuscular integration, which include components that are similar to components included within the chiropractic curriculum.

During the past two years, FSU has expressed an interest in either: (a) expanding the PIMS to comprise the first two years of medical school; or (b) establishing a new four year allopathic medical school at FSU. The proposed FSU medical school would emphasize: (a) the production of primary care physicians and geriatricians; (b) the recruitment of students, particularly under-represented minorities, who are more likely to practice in the medically-underserved rural and inner-city geographic areas of the state, and; (c) a community-based, distributed educational model that locates clinical training in smaller community hospitals, ambulatory clinics and private physicians' offices.

There is the potential that the philosophy, orientation and traditions of chiropractic medicine might be found to be incompatible with either FSU's existing health professions programs or with the proposed allopathic medical school. However, because the FSU medical school, if created, would be a new institution dedicated to a non-traditional approach to educating physicians, it might be a more feasible location for a new chiropractic college than institutions such as UF, USF, UM and NSU, which have medical schools that are well established, along with all of the traditions, procedures, biases, politics and philosophies that characterize most well-entrenched institutions. The

opportunity to co-locate a new allopathic and a new chiropractic medical school at FSU could provide the opportunity to recruit faculty who were willing and able to teach in both programs and would provide a unique setting for joint education, training and research that has the potential to benefit both medicine and chiropractic and to enhance the acceptance and understanding of each profession for the other.

If a new medical school at FSU was successful in achieving its stated mission of attracting underrepresented minorities, a chiropractic college located on the same campus might also be able to attract more minority students. Finally, if new allopathic and chiropractic medical schools were built simultaneously at FSU, cost savings could be realized by constructing facilities that were appropriately designed and equipped to house both programs.

The Feasibility of Establishing a Chiropractic College at A Private Postsecondary Institution

As Table 3 indicates, both the University of Miami and the Nova Southeastern University have the critical mass of health professions education programs, including medical schools, that makes location of a chiropractic college at either institution more feasible than location of such a college at an institution that does not have these programs. Neither institution indicates that it has ever contemplated creating a chiropractic college, however, nor is the creation of such a college in either institution's strategic or long-range plans. Because both UM and NSU already have a medical school, the establishment of a new chiropractic college at either institution could have the same potential diisadvantages as have been noted above. There is the potential that the philosophy, orientation and traditions of chiropractic education would be found to be incompatible with those of allopathic and osteopathic medicine.

If a decision was made to locate a new chiropractic college at either the University of Miami or Nova Southeastern University, the state could support this effort in the same manner in which it now supports the UM medical program and the osteopathic medicine, pharmacy and optometry programs at NSU. In the case of each program, an annual general revenue appropriation is made to the institution to support a designated number of students at a per capita amount specified in proviso language. To be eligible to receive the appropriated funds, supported students must be Florida residents for tuition purposes as provided for in s. 240.1201, F.S. For example, during FY 1999-2000, UM medical school is receiving \$14.6 million (550 students at \$29,290 per capita) and NSU osteopathic medical school is receiving \$2.6 million (365 students at \$7,216 per capita) in state funding.

The Feasibility of Subsidizing the Cost of Educating Floridians at the Existing Chiropractic Colleges

Most of the nation's chiropractic colleges have experienced either flat or declining enrollments in the past few years. Six of the nine institutions responding to the study survey reported that they have the capacity to accept a total of approximately 1,500 more students than they currently enroll. The state should explore the possibility of establishing agreements to subsidize a portion of the tuition for Florida residents attending existing chiropractic colleges that are considered to have high quality programs. Florida residents receiving tuition subsidies could be required to practice in Florida for

a specified number of years after graduation, potentially in geographic areas of the state designated as health manpower shortage areas.

The Potential for a Free-Standing Private Chiropractic College in Florida

During the conduct of this study, staff was contacted by representatives of the City of Port Orange, Florida, who indicated that the city has been in discussions with Palmer College of Chiropractic about the potential of establishing a Florida branch of Palmer College in Port Orange. Palmer College of Chiropractic is the nation's oldest and second largest chiropractic institution and is generally considered to be one of the most prestigious chiropractic colleges in the U.S. In a letter included as Appendix 7, Palmer College officials confirm that they have had discussions with Port Orange officials and are interested in establishing a Florida branch of their institution. Palmer College also suggests pursuing "public/private partnerships," including the creation of articulation agreements with public and private postsecondary institutions and the establishment of a loan forgiveness program for Palmer College graduates who locate practices in areas of Florida that are medically under-served. The state should enter into more detailed discussions with Palmer Chiropractic College to determine how quickly Palmer may proceed with plans for a Florida campus and to discuss potential partnership arrangements before making a decision about the establishment of a chiropractic college within the SUS. If a free-standing, private chiropractic college was established in Florida, it is likely that it would take longer for such an institution to achieve accreditation and to be able to enroll its first class than would be the case if a chiropractic program was established at an existing public or private university that already had some of the necessary programmatic and facilities infrastructure in place.

APPENDIX 1 U.S. CHIROPRACTIC COLLEGES

Cleveland Chiropractic College of Kansas City 6401 Rockhill Rd. Kansas City, MO 64131

Cleveland Chiropractic College of Los Angeles 590 N. Vermont Ave. Los Angeles, CA 90004

Life University School of Chiropractic 1269 Barclay Circle Marietta, GA 30060

Life Chiropractic College West *
Post Office Box 367
San Lorenzo, CA 94580

Logan College of Chiropractic * Post Office Box 1065 Chesterfield, MO 63006-1065

Los Angeles College of Chiropractic * Post Office Box 1166 Whittier, CA 90609-1162

The National College of Chiropractic* 200 E. Roosevelt Rd. Lombard, IL 69148-4583

New York Chiropractic College * Post Office Box 800 Seneca Falls, NY 13148-0800 Northwestern College of Chiropractic * 2501 West 84th St. Bloomington, MN 55431

Palmer College of Chiropractic 1000 Brady St. Davenport, IA 52803

Palmer College of Chiropractic West * 90 East Tasman Drive San Jose, CA 95134

Parker College of Chiropractic 2500 Walnut Hill Lane Dallas, TX 75229-5668

Sherman College of Straight Chiropractic Post Office Box 1452 Spartanburg, SC 29304

Texas Chiropractic College* 5912 Spencer Highway Pasadena, TX 77505-1699

University of Bridgeport College of *
Chiropractic
75 Linden Avenue
Bridgeport, CT 06601

Western States Chiropractic College 2900 N.E. 132nd Avenue Portland, OR 97230

^{*} INDICATES COLLEGE RESPONDED TO STUDY SURVEY

APPENDIX 2 CHIROPRACTIC COLLEGE SURVEY

Na	me of College
	me & Telephone # Institutional Contact
	INFORMATION REQUESTED IN SECTION I. IS FOR THE DOCTOR OF CHIROPRACTIC (D.C.) PROGRAM:
4.	Maximum enrollment that the D.C. Program can accommodate
5.	Total number of students enrolled in D.C. Program in 1997-98
6.	Number of students applying for admission to the D.C. Program in 1997-98
7.	Number of students accepted for enrollment into the D.C. Program in 1997-98
8.	Of the students applying for admission to the D.C. Program in 1997-98, approximately how many were qualified students who were not admitted because of space/capacity constraints
9.	Please provide the following information on the students enrolled in your D.C. Program in 1997-98:
	(a) Average age at the time of acceptance into the D.C. program
	(b) Average entering grade point average Number Percent
	(c) Gender Male Female
	(d) Ethnicity White Black, Non-Hispanic Hispanic American Indian/Alaskan Asian Other

	(e) State of Residency In State Florida Resident Out of State Other Than Florida International
	(f) Education Prior to Entering D.C. Program 60 sem. hrs. (or equivalent) of undergrad. credit Bachelor's Degree Masters Degree Doctorate/Professional Degree
10.	Length of your D.C. Program(please indicate if you are on a semester, trimester, or quarter system)
11.	Approximately what percentage of the students matriculating in your D.C. Program ultimately graduate?%
12.	How long does it take the typical student in your D.C. Program to complete the program? % complete in 3 - 3 ½ years % complete in 3 ½ - 4 years % complete in 4 - 4 ½ years % complete in 4 ½ - 5 years % complete in 5 years or more
13.	Of those students completing your D.C. Program, approximately what percentage:
	Establish practice in the same state where your main campus is located% Establish practice in another state close to where your main campus is located% Establish practice in another area of the United States% Establish practice in a foreign country%
14.	Please provide the NBCE pass rate for your graduates for the most recent year for which this data is available
15.	Please provide the following information on your faculty for the 1997-98 academic year:
	Number full-time faculty Number part-time faculty Percent of total faculty (full-time & part-time) with:

	Bachelor's Degree%
	Masters Degree %
	D.C. Degree%
	Other Doctorate/Professional Degree %
	Faculty (full-time & part-time): Student Ratio
16.	What were the total annual tuition & fees for your D.C. Program for the 1997-98 academic year? (do not include housing and meal costs) \$
17.	What was your institution's total operating budget for 1997-98 \$
18.	Approximately what percent of your institution's total operating budget for 1997-98 was attributable to your D.C. Program?
19.	Please indicate approximately what percent of your institution's 1997-98 revenues were derived from the sources indicated below:
	% from student tuition & fees
	% from contracts & grants
	% from clinical operations/faculty practice
	% from private gifts, bequests, etc.
	% from other sources
20.	Approximately how much did your institution generate in research contracts & grants in 1997-98? \$
21.	Approximately what percent of the research contracts & grants funding that your institution generated in 1997-98 was attributable to faculty in your D.C. program?%
22.	Please indicate approximately what percent of your institution's research contracts and grants for 1997-98 were sponsored by the entities listed below:
	% by internal institutional funding
	% by the federal government (NIH, HRSA, AHCPR, etc.))
	% by private non-profit foundations
	% by private business, industry
	% by other entities
23.	Please provide the following information about your institution's library:
	number of bound volumes
	number journals/periodicals
	() Yes () No Access to electronic databases/digital resources? (check one)
	\$total library budget for FY 1997-98

24.	How does your D.C. Program provide clinical training for students enrolled in your D.C. Program? (check all that apply):
	in clinics owned/operated by our institution in local hospitals in the offices of chiropractic physicians in private practice in clinical facilities owned/operated by managed care organizations in other facilities (please describe briefly, below)
25.	Please provide the approximate square footage of the following facilities at your institution that are used by students in your D C. Program. If it not possible to differentiate between types of facilities, please provide total square footage for all of your institution's facilities
	sq. feet of instructional/classroom space sq. feet of laboratory space sq. feet of office/administrative space sq. feet of library space sq. feet of clinical space total square feet

11. POSTGRADUATE TRAINING/CONTINUING EDUCATION

Please attach information on the Clinical Residency, Certification, Diplomat and/or Continuing Education Programs that your institution offers:

Please return completed survey by October 1, 1999 by mail, fax or e-mail to:

Linda Rackleff, Florida Board of Regents Rm. 1520, Florida Education Center 325 West Gaines St. Tallahassee, FL 32399-1950

Phone: (850) 488-5443 Fax: (850) 922-7870

E-mail: racklel@borfl.org

APPENDIX 3 Council on Chiropractic Education (CCE) Standards for Accreditation

Curriculum Requirements:

- (1) a curriculum comprising a minimum of 4,200 50-minute hours;
- (2) course offerings in at least the following subjects: anatomy, biochemistry, physiology, microbiology, pathology, public health, physical, clinical & laboratory
 - diagnosis, nutrition/dietetics, psychology, gynecology, obstetrics, pediatrics, geriatrics, dermatology, otolaryngology, diagnostic imaging procedures, biomechanics, orthopedics, first aid & emergency procedures, spinal analysis, principles and practices of chiropractic, adjustive techniques, research methods & procedures and professional practice ethics;
- (3) a clinical component that requires students to perform a specified minimum number of clinical and radiographic examinations, laboratory tests and adjustments/manipulations, as follows:
 - (a) 25 clinical examinations with case history;
 - (b) 25 radiographic/diagnostic imaging examinations;
 - (c) 25 urinalysis, 20 hematology procedures & 10 clinical chemistry, microbiology or immunology procedures;
 - (d) 250 adjustments/manipulations, of which at least 200 must be of the spine, occurring during at least 250 separate patient visits.

Faculty Requirements:

- (1) faculty teaching basic science subjects must have either:
 - (a) a masters or doctoral degree in the discipline taught or a related discipline, or a health sciences first professional degree including 18 graduate credit hours in the discipline taught; or
 - (b) have taught courses in their field for a period of at least 8 years in an accredited graduate or professional-level institution; or
 - (c) have been employed as a full professor in a basic sciences discipline for no less than 4 years in an accredited institution.
- (2) at least 1 member of each basic sciences discipline must be employed full-time by the program/institution and must possess a Ph.D. in one of the basic science disciplines.
- (3) faculty teaching clinical psychology or nutrition must hold a graduate degree in the discipline or a first professional degree in the health sciences from an accredited institution.
- (4) all faculty in the clinical sciences must possess an earned doctor of chiropractic degree or related first professional degree from an accredited institution and must be licensed or be in the process of becoming licensed.
- (5) faculty who supervise clinical experiences must possess a professional license from the state in which the program/institution is located and must have one of the following:

- (a) a baccalaureate degree;
- (b) postgraduate certification status or eligibility;
- (c) postgraduate resident status at the program/institution in a formal residency program;
- (d) three year's full-time practice experience; or
- (e) two years teaching experience at a first professional degree-granting institution as a faculty member in one or more of their degree programs

Student Requirements:

- (1) all applicants must furnish proof of having acquired the following:
 - (a) 60 semester hours, or the equivalent, of college credit leading to a baccalaureate degree at an accredited institution, including 24 semester hours in social sciences and/or humanities distributed as follows:
 - 6 semester hours in communications and/or language skills;
 - 3 semester hours in psychology;
 - 15 semester hours in social sciences or humanities.
 - (b) a minimum of 6 semester hours, including related laboratories, in two or more courses in the following:
 - biological sciences;
 - general or inorganic chemistry;
 - organic chemistry;
 - physics.
 - (c) at least a 2.5 cumulative grade point average on a 4.0 scale, the calculation of which includes all postsecondary pre-professional education; in the biological sciences, chemistry and general physics courses that are required for admission, no grades below a 2.0 on a 4.0 scale may be accepted.
- (2) effective for admission no later than fall, 2001, all applicants must meet the following, more rigorous admission requirements, which institutions may implement at an earlier date:
 - (a) 90 semester hours, or the equivalent, of college credit leading to a baccalaureate degree, distributed as follows:
 - at least 24 credits in the humanities and social sciences, including at least 6 credits in language skills and 3 credits in psychology;
 - a least 6 credits in each of the areas of biological sciences, general or inorganic chemistry, organic chemistry, and physics with labs;
 - (b) a cumulative grade point average for all required courses of at least 2.5 on a 4.0 scale and no grade in a required science course below 2.0 on a 4.0 scale.

APPENDIX 4 The Chiropractic Curriculum 17

The sequencing of subjects in a typical chiropractic college using a year-round, trimester program is illustrated below. The program is spread over 3 1/3-3 ½ years with 10 trimesters. The first two years of the program are focused on the basic and clinical sciences. In the third year, all of the contact hours are spent on clinical education which includes clinical sciences and clinical clerkships. The fourth year is comprised entirely of a clinical internship that is one trimester long.

Subjects Taught in a Typical Trimester-Based Chiropractic Program *

Year 1 General anatomy (210)	Year 2 Pharmacotoxicology (30)	Year 3 Integrated chiropractic clinical application (90)	Year 4 Clinical internship (450)
Functional anatomy and Biomechanics (210)	Clinical microbiology (90)	Physiological therapeutics (30)	
Histology (90)	Pathology (135)	Chiropractic principles (75)	
Human biochemistry (105)	Chiropractic principles (60)	Practice management (75)	
Chiropractic. principles (90)	Chiropractic procedures (300)	Imaging interpretation (90)	
Clinical chiropractic (60)	Physics & clinical imaging (90)	Radiological position and technique (30)	
Palpation (120)	Clinical orthopedics and neurology (180)	Differential diagnosis (90)	
Neuroscience (120)	Nutritional assessment (60)	Clinical application of manual procedures (60)	
Normal radiological anatomy (90)	Community health (60)	. Clinical internship (390)	
Human physiology (135)	Physiological therapeutics (105)	Dermatology (15)	
Fundamentals of nutrition (60)	Clinical nutrition (60)	Clinical psychology (15)	
Introduction to physical examination skills (120)	Research methods (30)	Obstetrics/gynecology (15)	•
Chiropractic procedures (105)	Practice management (30)	Pediatrics (15)	
	Imaging interpretation (75)	Geriatrics (15)	
	Differential diagnosis (90)	Clinical laboratory clerkship (15)	
	Clinical chiropractic applied (90)		
Total Hrs.: 1,515	Total Hrs.: 1,485	Total Hrs.: 1,410	Total Hrs.: 450

^{*}Number of contact hours is noted in parentheses.

Comparison of Chiropractic and Allopathic Medical Education

In 1995, the Center for Studies in Health Policy ¹⁸ conducted a study comparing chiropractic education to undergraduate allopathic medical education. The study found the following similarities and differences between the two professions:

(1) Prerequisites - virtually all allopathic medical students have completed at least 4 years of college prior to admission to medical school. All accredited chiropractic colleges require students to have completed a minimum of 2 years (60 hours) of college prior to admission. This requirement will increase to 3 years (90 hours) by Fall, 2000. Many chiropractic colleges already require 90 hours of college credit and some require a baccalaureate degree. The sample institutions responding to the survey indicated that, on average, 54% of their students possess bachelors degrees upon admission, with institutional percentages ranging from a low of 34% to a high of 77% possessing bachelors degrees.

There is considerable similarity in the two professions in terms of courses typically required as prerequisites for admission. Both require biology, general inorganic chemistry, organic chemistry and general physics with laboratories.

- (2) Program Length the chiropractic program consists of 3 1/3- 3 ½ years of education totaling approximately 4,800 contact hours of instruction. The allopathic undergraduate medical education program consists of 4 years, with approximately the same number of contact hours (4,800).
- (3) Basic Science Curriculum -basic sciences comprise 25%-30% of the total contact hours in both the typical chiropractic and allopathic medical education programs. Both programs require courses in gross anatomy, biochemistry, physiology, microbiology/immunology and pathology. These courses, though similarly titled, may differ in terms of emphasis, depth and scope of content covered, however.
- (4) Clinical Education- the two programs include a similar number of hours of clinical education, with clinical science courses and clerkships comprising 70%-75% of both the total chiropractic and allopathic curricula. Most of the clinical sciences component of the chiropractic curriculum is comprised of extensive laboratory and hand-on training in manual procedures that has no equivalent in allopathic medicine or any other health professions education program. Chiropractic clinical clerkships typically occur in either an ambulatory clinic owned and operated by the college located on or near the college campus or in private chiropractors' offices. Allopathic clinical clerkships typically occur in teaching hospitals, although an increasing emphasis is being placed on moving clerkships out of hospitals and into community-based ambulatory settings.

APPENDIX 5

Comparison of Basic Sciences Course Requirements in Selected Health Professions Programs

Course	Allopathic Medicine	Osteopathic Medicine	Chiropractic Medicine	Physician Assistant	Physical Therapy
Gross/General Anatomy	X	X	X	X	X
Biochemistry	X	X	X		
Microanatomy/Cell Biology/Histology	X	x	X	x	
Microbiology/ Immunology	X	X	X		
Pathology	X	X	\mathbf{X}_{i}		•
Physiology/ Pathophisiology	X	X	X	X	
Neuroscience/ Neuroanatomy/ Neurophysiology	X	X	X		* •
Pharmacology/ Pharamacotaxology	X	X	X	x	X
Introduction to Phys Exam skills/Intro to Clinical Medicine/ Physical Diagnosis	ical X	X	X	X	
Public/Community Health/Epidemiolog	y X	X	X	X	

THE COST AND FUNDING OF CHIROPRACTIC EDUCATION

Information in this section is intended to provide a very general overview of sources of funding and the costs associated with the establishment and operation of a college of chiropractic medicine within the SUS. Additional information is also provided about the fiscal implications of a chiropractic program at an independent institution. If a decision is made to establish a new college of chiropractic within the SUS, it will be necessary for a much more comprehensive study be conducted to develop a proposed budget for the institution. Costs will vary significantly depending on a variety of factors, including: (a) whether the SUS institution already has a concentration of health professions programs in place; (b) the proposed chiropractic college's enrollment; (c) the number of new faculty and staff who must be employed; and (d) the extent to which new facilities must be constructed, etc.

The table below provides selected data for the nine chiropractic colleges responding to the study survey for FY 1997-98, including: (a) the total number of headcount students enrolled; (b) the total number of part-time and full-time headcount faculty; and (c) the total college operating budget.

Selected Data for Sample Chiropractic Colleges

Institution:	Enrollment	Faculty	Operating Budget
Bridgeport	219	36	N.A.
Texas	509	66	\$ 7.8 million
Palmer, West	750	60	\$11.2 million
Northwestern	796	· 67	\$14.0 million
Los Angeles	812	86	\$16.6 million
National	860	108	\$20.1 million
New York	868	94	\$17.9 million
Life, West	1,032	102	\$13.8 million
Logan	1,056	82	\$18.4 million

Annual operating budgets at the sample institutions ranged from \$7.8 million to \$18.4 million and program enrollment ranged from approximately 220 to 1,100 students. Operating costs per student ranged from \$13,800 to \$20,622 and averaged \$18,255. Using this information, a very rough estimated annual operating budget for a chiropractic college of 400, 600, 800 and 1,000 can calculated as follows:

Estimated Annual Chiropractic College Operating Budget By Size of Enrollment

Number of Students 400	Estimated Annual Operating Budget \$ 7.30 - \$ 8.25 million	*
600	\$10.95 - \$12.37 million	
800	\$14.60 - \$16.50 million	
1,000	\$18.26 - \$20.62 million	

^{*} ranges were calculated using the average and highest per student operating costs for the sample institutions

Faculty:student ratios at the sample chiropractic colleges range from 1:8 to 1:14, with a mean faculty:student ratio of 1:9. The percent of faculty at the nine sample institutions who were full-time versus part-time varies considerably among the institutions.

Six of the nine institutions responding to the survey provided information on faculty salaries. As is the case with faculty at any academic institution, chiropractic faculty salaries vary depending on the individual's experience and qualifications and the area of the country in which the college is located. Non-clinical adjunct instructors' annual salaries ranged from \$35,000 to \$49,000, assistant professors' annual salaries ranged from \$36,000 to \$52,000, associate professors' annual salaries ranged from \$45,000 to \$53,000 and full professors' annual salaries ranged from \$55,000 to \$100,000.

Most health professions education programs find it difficult to attract and keep good faculty because faculty salaries may be substantially lower than an individual can earn as a practicing professional. The same is true of chiropractic education. If a new chiropractic college was established in Florida, securing good faculty, particularly for clinical instruction, would be critical to the success of the program, regardless of its location.

Most chiropractic colleges own and operate their own ambulatory clinical facility that serves as the primary site for the clinical training component of the curriculum. The nine sample institutions responding to the survey all own one or more clinics which range in size from a total of 17,000 gross square feet to 39,749 gross square feet, for an average of 30,483 gross square feet. Because of the specialized nature of such clinics, it is assumed that an appropriate clinical facility would not exist at any university campus in Florida and that any institution establishing a chiropractic program would have to either construct and equip such a facility or renovate and equip an existing facility.

It would also be necessary for any Florida institution establishing a chiropractic college to provide for a chiropractic library. This would require either the construction of a new facility or the renovation/expansion of existing library space and acquisition of appropriate holdings, including print text and periodicals and electronic resources.

An attempt has been made below to provide a very rough estimate of the costs to construct and equip the facilities that would be required for a new chiropractic college, including general classrooms, instructional laboratories, a library and a clinic. An average number of square feet for each kind of facility was derived from data provided by the nine institutions in the study sample. These averages were multiplied by average SUS construction costs per square foot for each kind of facility. A factor is included in these calculations for allowable Department of Education costs such as furnishings and equipment. Because there is no SUS per square foot construction cost index for medical clinics, the index for the highest cost facility, research laboratories, was used. It is probable that this cost per square foot may be too low for a chiropractic clinic and that the equipment allowance may not adequately capture the costs of equipping a chiropractic clinic. It should be noted that these projections assume that new facilities would be constructed. If existing facilities were renovated, the cost per square foot would be the same, but total costs might be less than the cost of new construction. Finally, it should be noted that an estimated \$1.5 - \$2.0 million would be required to establish the chiropractic library's holdings. This cost could be significantly reduced if the chiropractic college were established at an institution that already had a medical school, as the chiropractic colleges in the study sample estimate that approximately 90% of their library holdings are also found in a typical medical school library.

Projected Costs to Construct New Chiropractic College Facilities

Type of Facility	Average # Sq. Ft.	Cost Per Sq. Ft.	Total Cost
Classrooms	30,000	\$140	\$4.2 million
Teaching Laboratories	19,900	\$143	\$2.8 million
Clinic	30,483	\$152	\$4.6 million
Library	11,600	\$136	\$1.6 million
TOTAL			\$13.2 million

Sources of Funding for Chiropractic Colleges

Nationally, chiropractic colleges are financed primarily by student tuition and fees. As the table below indicates, the nine sample institutions derived an average of 81% of their funding from student tuition and fees.

Sources of Funding for Sample Chiropractic Colleges

Source	Percent of Total Funding	
	<u>Average</u>	Range
Tuition and Fees	81%	68% - 100%
Auxiliaries, Investment Income, Other	8%	0% - 20%
Clinical Fees/Faculty Practice Revenue	6%	0% - 14%
Private Giving	3%	0% - 10%
Contracts & Grants	2%	0% - 11%

Unlike allopathic medical schools, chiropractic colleges derive relatively little of their funding from clinical fees that their clinical faculty generate for the patient care that they provide. These fees, billed for and collected by entities known as faculty practice plans, have become a major source of funding for allopathic medical schools. Of the seven chiropractic colleges providing survey information on faculty practice revenues, three have no faculty practice plans, one has a formal practice plan that resembles those at allopathic medical schools and one has a contractual relationship with its clinical faculty that provides for the faculty to keep 65% of clinical revenue and the college to keep 35%. The table below provides data on the sources of funding for the University of Florida (UF), University of South Florida (USF) and University of Miami (UM) medical schools and Nova Southeastern University (NSU) osteopathic medical school.

College of Medicine Funding by Source FY 1998-99

	UF	USF	UM	NSU
Tuition			27%	63%
State Appropriations	10% ^a	16% a	16%	14%
Faculty Practice	55%	41%	11%	13%
Contracts & Grants	23%	18%	2%	9%
Gifts/Endowments/	12%	24%	44%	1%
Affiliated Hospitals		_ :		

a Tuition and state appropriations are combined for UF & USF

It is assumed that if a college of chiropractic was established within the State University System, the proportion of college revenues derived from various sources would differ from current private chiropractic colleges as follows:

- (a) the percent of total funding derived from state appropriations would be higher;
- (b) the percent of total funding derived from student tuition and fees would be lower;
- (c) the percent of total funding derived from faculty practice might be higher.

It is assumed that if a college of chiropractic was established within an independent postsecondary institution in Florida, the proportion of revenues derived from state revenues would be higher (as compared to current private chiropractic colleges) if the state chose to appropriate funds to the postsecondary institution to support the chiropractic program, as it now does to support the University of Miami Medical School and the osteopathic medical, pharmacy and optometry colleges at Nova Southeastern University.



Office of the President

December 17, 1999

Linda Z. Rackleff
Specialist for Health Affairs
Florida Board of Regents
Rm. 1520 Florida Education Center
325 West Gaines St.
Tallahassee, FL 32399-1950

Dear Ms. Rackleff:

Thank you for your letter of December 7, 1999. The Palmer Chiropractic University System has worked cooperatively with the City of Port Orange, Florida in recent months to study the possibility of establishing a campus in that community. This project is of extreme interest to us and we look forward to continuing toward this goal.

Dr. D. D. Palmer was the founder of the Chiropractic profession, and for 103 years Palmer has worked diligently to provide leadership within this growing area of health care. Nearly 800 Florida chiropractors are Palmer Alumni.

The Palmer Chiropractic University System, with campuses in Davenport, Iowa and San Jose, California, has a proud record of providing quality chiropractic education. In addition we have been instrumental in starting the first chiropractic educational program in South America, working in a cooperative agreement with Feevale University in Brazil. We are committed to providing a proper balance of the art, science and philosophy of chiropractic through our strenuous course of study.

We believe that our graduates and their success best exemplify educational quality. A comparison of default rates by students on federal loans is one indicator in which we take pride. Our most recent Palmer College of Chiropractic default rate (1997) of 1.3% is among the lowest of any college in the nation. We believe the low default rate has some correlation to an excellent educational experience. We also recognize the importance of working closely with undergraduate programs that properly prepare students for a career in Chiropractic.

The Palmer academic program is accredited by the Council for Chiropractic Education and the North Central Association of Colleges and Schools. We recently received ten years accreditation status from the North Central Association and seven years from the CCE. These are the maximum terms allowed from these accrediting associations.

Palmer looks forward to expanding our educational program in Florida. As the Board of Regents study this important decision, we want to encourage you to consider a partnership in Port Orange with Palmer.

Page 2
December 17, 1999
Ms. Linda Rackleff

It seems there are a number of advantages to creating a public/private partnership in Port Orange. The area is strategically located within a reasonable driving time of the population hubs of Jacksonville, Miami and Orlando. Palmer would develop strong working relationships and articulation agreements with accredited public/private institutions of higher education. Daytona Beach Community College, Stetson University and other academic institutions in the region are important in providing preparatory courses for chiropractic students.

We believe it would be very important to establish positive working relationships and articulation agreements with public and private undergraduate colleges who have large minority representation. This is an important population group that traditionally has been under-represented in chiropractic. We would work diligently to strengthen service to those under-served areas. Another public/private partnership may include working with the State Legislature to enact a forgivable loan program for those graduates who practice in areas that are under-served by health care professionals.

Another advantage of Port Orange is the opportunity for students to live in an area with affordable housing and cost of living, yet within easy driving distance to major population hubs.

These and other public/private partnerships are reasons we believe the Board of Regents should consider the Palmer Chiropractic University System and the City of Port Orange to provide chiropractic education in Florida. We believe this option has economic wisdom and is beneficial to all that desire a proven and tested quality chiropractic academic program.

Please don't hesitate to contact us if we can provide additional information regarding this important issue. Palmer would welcome representatives from your Board of Regents to visit our campus in Davenport or San Jose, or we would be available to meet with you in Florida.

Thank you for your interest in chiropractic and Palmer.

Sincerely,

Guy. F. Riekeman, D.C., President Palmer College of Chiropractic

Richemasa



JEB BUSH, GOVERNOR November 5, 1999 RUBEN J. KING-SHAW, JR., EXECUTIVE DIRECTOR

Linda Z. Rackleff
Specialist for Health Affairs
Florida Board of Regents
325 West Gaines Street, Room 1520
Tallahassee, FL 32399

Dear Ms. Rackleff:

I'm pleased to write this letter supporting affordable education for aspiring chiropractors in Florida. While I do not have detailed knowledge and therefore defer to those with such knowledge, I support the concept of retaining within our state Florida's brightest minds in the fields of health care services.

As I understand it, currently there are about 55,000 chiropractic physicians practicing in the United States; nearly 6,000 hold licenses in Florida. It is predicted that there will need to be at least 102,000 practitioners by the year 2010.

There are only 17 chiropractic colleges in the U.S., none are located in Florida and all are private institutions. Today nearly 900 students must leave Florida each year to pursue a degree in chiropractic. Assuming a new Florida school could retain just 400 of these students, an economic boost estimated at \$7.5 million would be felt by a local community.

The average cost of a chiropractic education at a private college is in excess of \$100,000. Most graduates today face a debt ranging from \$65,000 to \$85,000 upon receiving their diploma. Hispanics, African Americans and other ethnic groups are significantly under-represented in the chiropractic profession. At least part of this problem is a direct result of the higher cost of a private education.

I understand that a chiropractic college could be incorporated into an existing state university with a minimum of additional construction. I further understand that all of the under graduate curriculum and much of the graduate curriculum currently is in place at several state universities.

Additive services such as chiropractic medicine is among the fastest growing segments in the health care delivery system. Currently over 40% of Americans use some form of additive approach to traditional medicine. Florida is one of the few large states with out a chiropractic college.



Linda Z. Rackleff Page Two November 5, 1999

I eagerly await the results of the comprehensive study undertaken by both the Florida Board of Regents and the Post Secondary Education Planning Commission.

Sincerely,

Ruben I. King-Shaw, Jr. Executive Director

RJKS/jb



FLORIDA DEPARTMENT OF EDUCATION TALLAHASSEE, FLORIDA 32399-0400

January 11, 2000

Linda Z. Rackleff Specialist for Health Affairs Florida Board of Regents 3235 West Gaines Street, Room 1520 Tallahassee, FL 32399

Dear Linda:

It is my understanding that you are in the final stages of completing a feasibility study to be presented to the Florida Legislature regarding the establishment of a public chiropractic college in this state, and I want to express my wholehearted support for this initiative.

As you are aware, Florida is the only major state in the United States not currently offering its students the opportunity to pursue higher education in chiropractic medicine. This is of particular concern given the ever-growing trend among our citizens to seek alternative and complimentary approaches to health care.

Since the existing 17 chiropractic colleges across the nation are all private institutions, the cost of such an education, easily averaging over \$100,000, is out of reach to many of our citizens. Hence, providing for the nation's first public chiropractic college would reduce the cost to students and broaden access considerably.

Florida's citizens and our state's economy would be better served if we had the ability to retain our brightest minds and provide them with a quality chiropractic education second to none. I look forward to reviewing the results of your study and to supporting this initiative.

Sincerely,

Tom Gallagher

Plaza Level, The Capitol ● Tallahassee, Florida 32399-0400 (850) 487-1785 ● Fax (850) 413-0378 http://www.firn.edu/doe
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Florida House of Representatives

Dennis L. Jones, D.C.
Speaker Pro Tempore
Representative, District 54

8940 Seminole Boulevard Seminole, Florida 33772-3850 (727) 547-7810

319 The Capitol Tallahassee, Florida 32399-1300 (850) 488-9960

January 20, 2000

Ms. Linda Z. Rackleff, Health Affairs Florida Board of Regents 1520 Florida Education Center 325 West Gaines Street Tallahassee, Florida 32399-1950

and

Dr. John H. Opper, Jr.
Postsecondary Education Planning Commission
Florida Department of Education
324 Collins Building
Tallahassee, Florida 32399

Dear Ms. Rackleff and Dr. Opper:

Thank you for the amount of time and effort that you put into the first draft of the Chiropractic College Feasibility Study Report. I would like to make several comments that, hopefully, could be considered in the final report. These comments are based on my 30 years of practice as well as my legislative experience with the health care delivery system.

The following is for your consideration:

*On page 2 in the last paragraph, the author makes a general knowledge assumptive statement in concluding that an institution may not consider a chiropractic college to fit with their institutional mission. If it includes health care, then it includes chiropractic. They also assume that there is an insurmountable difference that exists between allopathic and chiropractic theory and methodology. This is old fashioned thinking and certainly not in touch with current practice. Facts:

(next page, please)

Ms. Linda A. Rackleff and Dr. John H. Opper, Jr. January 20, 2000
Page Two -

- There are more than 215 hospitals nationwide that readily state they have chiropractic physicians who have staff privileges. This number is growing yearly, from 110 in 1997 to the current 215 in 1999.
- Chiropractic physicians sit on multiple boards and panels with allopathic physicians and are accepted and treated fraternally. These include hospital boards, managed care companies and insurer quality assurance boards, review panels, and HCFA.
- MD/DC practices are proliferating at a rapid rate. Integrative medicine is a new buzz word secondary to this growth.
- Referrals between the professions are at all time highs. A recent outcome assessment that was conducted by Chiro Alliance Corporation, indicated that of the 650 patients responding, 50% had been referred by their PCP or medical specialist to the chiropractic physician, and nearly all chiropractic physicians refer to and accept referrals from allopathic physicians on a daily basis.
- Interns and residents at National College of Chiropractic in Chicago make rounds with the medical residents at Ravenswood Hospital and at Englewood Hospital.
- Certainly the fact that FSU was very happy to participate in establishment of an endowed chair for chiropractic research would indicate that they do not find chiropractic education at odds with their mission and goals.

*The assumption is made on page 3 that the basic science courses offered at the SUS's institutions in Florida would have to be "modified to provide the scope and depth of instruction provided within the comparable chiropractic basic science course."

This is totally untrue and unfounded and could have been easily established with conversation with National or any of the other colleges. Basic sciences are basic sciences. The facts do not vary from profession to profession. Any institution that presents a medical curriculum will have the necessary basic sciences with no modifications necessary. Some of the institutions that have no medical sciences of any kind might have difficulty, however, FSU with the PIMS program would most likely need no additions or changes.

(next page, please)

Ms. Linda Z. Rackleff and Dr. John H. Opper, Jr. January 20, 2000
Page Three -

*On page 7 paragraph 2, the definition of chiropractic and its beliefs is very narrow and not in tune with most chiropractic physicians practicing in this state or any other. Chiropractic does not "reject" the use of drugs or invasive procedures, rather some practitioners chose not to incorporate them into their practice, nor do they feel they should be the first line of treatment in many cases. The last statement of that paragraph is pure imagination. In the State of Florida a small minority of chiropractic physicians would fit that description. A more accurate statement would be: "a small minority of chiropractic physicians use only spinal adjustment/manipulation, while most combine manual, mechanical and electrical therapy with nutrition, rehabilitation and ergonomics with nutrition, exercise counseling and a general wellness philosophy."

*On page 10 paragraph 2, needs to be deleted as the 1999 Florida Legislature repealed the Chiropractic Intern Program. (Chapter 99-397, Laws of Florida)

*On page 21 the first sentence in the last paragraph, I disagree with any conclusion that chiropractic education is incompatible with any other health care education. Both clearly have a place in today's health care delivery system.

*On page 35 paragraph 5, a review of the literature in the National Chiropractic College library shows that at least 90% is found in any medical school library. The same databases and educational literature are used. Only 10% or less of the library is chiropractic, or relating to alternative medicine in nature. As alternative medicine increases, the medical schools will be increasing this area out of necessity. The additional literature needed for chiropractic would most likely be minimal. Again, an assumption was perhaps incorrectly made that a chiropractic college library is significantly different than a medical school library. That is not the case.

Since affordable education is accessible to all of Florida's brightest students is the major goal, I look forward to the opportunity of seeing a chiropractic college within Florida's state University System.

I would also encourage you to include the correspondence of Tom Gallagher, Commissioner of Education, and Ruben J. King-Shaw, Jr., Executive Director of the Agency for Health Care Administration, relative to this subject in your report.

If you have any questions, please do not hesitate to call.

Sincerely,

Dennis L. Jones, D.C.

Speaker Pro Tempore

Florida Chiropractic Association, Incorporated

217 N. Kirkman Road, Suite One, Orlando, Florida 32811 Telephone (407) 290-5883 FAX (407) 295-7191



January 21, 2000

Ms. Linda Z. Rackleff, Specialist for Health Affairs Florida Board of Regents 1520 Florida Education Center 325 West Gaines Street Tallahassee, Florida 32399

and

Dr. John Opper, Jr.
Postsecondary Education Planning Commission
Florida Department of Education
324 Collins Building
Tallahassee, Florida 32399

Dear Ms. Rackleff and Dr. Opper:

Having just completed a review of your preliminary draft of A STUDY OF THE NEED FOR AND FEASIBILITY OF A CHIROPRACTIC COLLEGE AT FLORIDA STATE UNIVERSITY, we would like to commend you both for an excellent effort. In total we found it to be a very comprehensive and objective study.

Nevertheless, following are several factual concerns we noted, as well as some general opinions we would like to offer for your consideration in preparing your final report:

• In the first section of the Executive Summary under the subsection titled "Does Florida Need More Chiropractors?" one of the four factors listed affecting Floridians' demand for chiropractic services is in error. Under current Florida statute the chiropractic adjustment/manipulation can only be provided by a licensed Florida chiropractic physician who is a graduate of an accredited chiropractic college. Physical therapists and message therapists, and for that matter allopathic and osteopathic physicians, are not legally able to provide

these same services. (This later reappears in the "POLICY ISSUES" section in the body of the report on page 14.)

- On page three under the subheading "The Feasibility of Establishing a College of Chiropractic At Florida State University," it appears only part of the correct current status of the research center at FSU is presented. While it is true that state matching funds have not yet been secured, we understand the College of Human Sciences is well on its way to establishing the chair. A search and selection committee for the eminent scholar has already been named, having met on at least one occasion. Furthermore, we understand as a result of our meeting with College representatives in the fall of 1999, space has tentatively been set aside specifically for the research center facility.
- In the "Policy Issues" section on page 14, there appears to be a fallacy in the logic leading to the conclusion that the state should be able to maintain its current ratio of chiropractors to citizens if it continues to license new chiropractors at approximately the same annual rate as it has over the past decade. This is based on the actual number of new licenses issued from 1994-1998. However, no consideration has been given for the approximately half of the new Florida licentiates who do not come to Florida to practice. While they may obtain a Florida license, they do not reside nor practice in Florida, but choose to practice in some other state in which they are also licensed. Also, the report does not account for attrition through death, averaging 30-40 licensees per year. Nor does it account for the number of Florida resident DC's who keep their licensed active but are practicing only part-time or not at all.
- The preliminary draft gives a great deal of attention to the feasibility or possibility of an established private chiropractic college setting up a branch in the State of Florida. This, in our opinion, would be counterproductive because it would not solve the access problem for minority enrollment. The suggested arrangements mentioned on page 23 would not be adequate to confront or solve the minority access problem. If the private system were capable of addressing minority access, then we would have more than the 4% minority chiropractic physicians who are currently practicing in the State of Florida. Florida, in our opinion, should look to the future and provide quality access to chiropractic education within the SUS and insure that Florida residents can receive this type of professional training. While chiropractic is the only physician discipline which is not available within our state university system, it is the second largest group of physicians.

Letter to Ms. Rackleff and Dr. Opper Page Three – January 21, 2000

- Along the same lines, if a suggestion is included relative to establishing a private college branch campus, a discussion of the differing aspects relating to accreditation might also be included. A chiropractic college at FSU certainly would be able to achieve accreditation quicker than a freestanding, private institution, which would have to start from scratch.
- In our opinion, the establishment of a chiropractic college at Florida State University would make more sense than any other location, because of the new endowed chair being established for Chiropractic and Bio-mechanical Research. Over the years, FSU officials have indicated that it is their goal to make this the premier chiropractic research entity worldwide. What better location for a chiropractic college? Faculty members, including the Dean of the College of Human Sciences, as well as other FSU personnel, have verbally indicated an interest in a chiropractic college there, even if there is a medical school established at FSU, because it would reduce duplication in facilities, equipment and faculty. It just appears to us that this is the most cost-effective way to go.
- Furthermore, it is the profession's desire to establish the premier institution for chiropractic education in the nation. That's why we feel it would best be placed within the state university system and why Florida should take the lead. We also feel strongly that enrollment should be capped to attract only the best students.

Again, on behalf of the over 4,000 members of the chiropractic profession represented by this association, we thank you for your hours of effort in this important endeavor. We certainly appreciate the opportunity to provide these comments and anxiously await your final report.

If you have any questions or need any further information, please feel free to call at any time.

Sincerely.

Debbie Minor Brown Chief Executive Officer

Debbie Grow

Edward C. Williams, D.C.

CEO Emeritus

Jack Hebert Legislative Rep.

ENDNOTES

- Agency for Health Care Policy & Research, Chiropractic in the United States: Training, Practice and Research. publication # 98-N002, Dec., 1997
- 2 Federation of Chiropractic Licensing Boards, 1999-2000 Official Directory
- 3 Ibid.
- 4 Center for Workforce Studies, School of Public Health, University of Albany, April 1999
- 5 Cooper, R. and Stoflet, S. "Trends in the Education and Practice of Alternative Medicine Clinicians," *Health Affairs*, Vol. 15(3), 1996, pp. 226-238, as cited in The Future of Chiropractors: Optimizing Health Gains. Institute for Alternative Futures, July, 1998.
- Mugge, RH. Persons Receiving Care from Selected Health Care Practitioners, United States 1980. National Medical Care Utilization and Expenditure Survey. Series B, Descriptive Report No. 6. DHHS Pub. No. 84-20206. National Center for Health Statistics, Public Health Service. Washington, DC: US Government Printing Office, Sept. 1984.
- 6A results of unpublished outcomes assessment conducted by Chiro Alliance Corporation.
- 6B American Hospital Association Annual Survey, 1998.
- 7 Eisenberg, DM., Kessler RC, Foster C, et al. Unconventional Medicine in the U.S. New England Journal of Medicine 1993;328(4):246-52.
- 8 Federation of Chiropractic Licensing Boards, 1999-2000 Official Directory
- 9 Goertz, C. Summary of the 1995 ACA annual statistical survey on chiropractic practice. Journal of the American Chiropractic Association 1996;33(6):35 - 41.
- 10 American Chiropractic Association Chiropractic Online Profile
- 10A Agency for Health Care Policy & Research, op.cit.
- 11 Council on Chiropractic Education
- 12 Agency for Health Care Policy & Research, op.cit.
- 13 Ibid.
- 14 Ibid.
- 15 Based on population studies from the University of Florida Bureau of Economic Research
- 16 Florida Department of Elder Affairs 1990-2003 Agency Strategic Plan. February, 1990
- 17 Agency for Health Care Policy & Research, op.cit.
- 18 Center for Studies in Health Policy, Inc., Washington, D.C., 1995, unpublished data by Meredith Gonyea, Ph.D.

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