Assessing the Knowledge of the Osteopathic Profession in New York City’s Asian Communities

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Background

From its inception in the late 19th century, osteopathic medicine has attracted a wide population of patients that appreciate its holistic, integrative, whole body approach to medicine. International recognition of the osteopathic profession and osteopathic manipulative treatment (OMT) have been relatively limited, despite having varying degrees of practice privileges in over 50 countries. With allopathic physicians serving as the primary healthcare provider in their native countries, many immigrant communities may have never been exposed to an osteopathic physician (DO) prior to re-establishing healthcare in America. This study aims to initiate a discussion about osteopathic awareness by assessing the familiarity of DOs and osteopathic manipulative medicine (OMM) in the Chinese population in Manhattan-New York’s Chinatown.

Methods

High density areas in Manhattan’s Chinatown (e.g., major thoroughfares and parks) were selected to target the desired population of Chinese immigrants. Participants were randomly selected to complete an anonymous paper survey presented in traditional Chinese and English. The survey included questions regarding demographics, education level, healthcare habits, and knowledge of osteopathic medicine. To provide a clinical scenario, a question regarding low back pain (LBP), a common reason for doctor visits which has shown to be treated effectively with OMT, was provided. Minors and those unable to give informed consent were omitted from this study. Statistical significance was measured by comparing percentages of grouped study participants with one sample t-testing. A p-value of ≤0.05 was considered statistically significant. IRB approval was obtained for this study.

Results

117 people were surveyed, with 21 surveys excluded due to being incomplete or outside the age range, resulting in 96 surveys included in the final study. Overall, only 17% of surveyees (n=17) demonstrated any knowledge about OMM and even less at 15% (n=15) seemed to recognize the DO profession. There was no difference in knowledge about OMM (p=0.1498) nor DOs (p=0.0621) in those who attained a college or higher (n=61) level of education compared to a high school or lower (n=35) level of education. Data between participants born within the United States (n=55) and immigrants (n=41) born outside of the United States yielded no significant difference in knowledge of OMM (p=0.35) or DOs (p=0.81).

Conclusions

There is a general lack of awareness of the osteopathic physicians and osteopathic manipulative medicine in the Chinese community in New York’s Manhattan Chinatown. Regardless of age, gender, country of origin, English proficiency, or level of education, participants did not recognize the profession, which may be a reflection of the lack of outreach in ethnic minority communities. Despite proven efficacy of OMM on LBP, the Chinese community is unaware that OMM is a suitable alternative for holistic management. History, linguistics, and international practice rights were discussed as possible influences that could factor in the lack of osteopathic awareness in Asian communities. In turn, this study may provide a framework for assessing other ethnic minority communities and their knowledge of the osteopathic field.

Future Research

Compared with similar studies in the past, this study found the gap in minority osteopathic familiarity even greater than previously noted, with less than one in five participants indicating knowledge of osteopathic medicine. Future research includes conducting this study in other minority groups to assess knowledge of osteopathic medicine. We hope to use this study to educate minority groups, and make osteopathic medicine more accessible.

Objective

To assess osteopathic awareness in New York City’s Chinese community. Secondary objectives include characterization of potential barriers in hindering access to osteopathic medicine, and by extension, other minority groups.

References

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