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Racism, Equity and Inclusion in Communication Sciences and Disorders: Reflections and the Road Ahead

Nidhi Mahendra

San Jose State University, nidhi.mahendra@sjsu.edu

Colleen F. Visconti

Baldwin Wallace University, cviscont@bw.edu

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It has been over 18 months since COVID-19 turned our world upside down and exposed us to the reality that we were completely unprepared for a global pandemic. It also has been over a year since the violent death of George Floyd sparked national outrage and unrest over the pervasive racial injustice and inequity in the United States. Bright (2020) referred to these two disruptive forces as “the two pandemics.” Amid these two pandemics, Metivier (2020) called for higher education and social institutions to commit to antiracism and to reject the legacy of systemic racism in policies and practices that have served to perpetuate inequality in society. Distinguished scholar and historian of race and discrimination in America, Kendi (2019), presents antiracism as a “transformative concept” that emphasizes that racial groups are equal, and that new ideas and policies are needed to drive long-term, structural changes that reduce racial inequity in our systems and society. Reducing inequities for diverse students, professionals, and clients engaging with our professions is paramount to advance equity and justice in the pipeline to our programs (Mahendra et al., 2021), and in pathways to accessing our services.

The professions of speech-language pathology and audiology were impacted significantly by these two pandemics, in that COVID-19 necessitated immediate transition to online teaching and learning and telepractice in our clinical settings. Similarly, the explicit and widespread reckoning of racial justice sparked critical dialogue, incisive reflection, debate and even some dissent about urgent implications for the underrepresentation of racially and ethnically diverse persons and perspectives in our professions. This reflection and commitment to change was long overdue and validated persistent, long-term challenges in diversifying our professions and competently serving all clients and communities. Indeed, such challenges have been consistently discussed and tackled in the work and advocacy of special interest groups (e.g. SIG 14 on Cultural and Linguistic Diversity), boards of international (e.g., International Association of Logopedics and Phoniatrics [IALP]) and national organizations (e.g., the Multicultural Issues Board of the American Speech-Language-Hearing Association [ASHA]), and related professional organizations and multicultural constituency groups (e.g., the National Black Association for Speech-Language and Hearing [NBASLH]). In addition, our professions have benefited from the past work of many scholars and leaders with deep expertise in diversity, equity and inclusion who have been addressing these issues in work on social justice and cultural humility (Horton, 2021; Kohnert, 2013), culturally responsive teaching (Hyter & Salas-Provence, 2019; Mahendra, et al., 2005; Stockman, et al., 2008) and mentoring (Battle, 2000; Ginsberg, 2018), as well as service delivery to diverse clients (Cheng & Levey, 2019; Lee & Washington, 2018; Payne, 2014). This special issue is aimed at continuing this distinguished legacy of equity and inclusion work.

This special issue of *Teaching and Learning in Communication Sciences and Disorders* (TLCSD), *Beyond Cultural Competence: Addressing racism, equity and inclusion*, was the outgrowth of a pioneering webinar hosted by TLCSD in August 2020 to initiate a landmark conversation on addressing structural racism in our disciplines. This webinar was attended by over 1,000 students and professionals and initiated widespread conversations about implicit bias, discrimination, structural racism, and the lack of diversity in speech-language pathology and audiology. In humility, the purpose of this TLCSD issue was to take a bold step to cement much of this recent critical dialogue and heightened engagement around equity issues in our professions into a permanent record of scholarship of current work on this topic. Through this issue, we wanted to honor the voices and identities engaged in this important and much-needed work, while issuing an inspiring call to action to students and scholars for future work in this topic space. Editing this

issue was a singular privilege and monumental labor of love for us, with clear recognition that an impactful discussion on racism, equity and inclusion in our professions was urgent, timely, and would prove to be catalytic for future action.

In reflecting on most prior research on the scholarship of teaching and learning (SoTL) in communication sciences and disorders (CSD), we acknowledge that such work has mostly included white, female participants. This is similar to much of the research in speech-language pathology and audiology at-large, often done with white, English-speaking, and monolingual populations. This is due to the largely homogeneous ethnoracial and linguistic composition of current students, clinicians, educators, and scholars in the discipline. Indeed, recent data from the U.S. Bureau of Labor Statistics (2020) revealed that in 2019, 93.7% of all employed speech-language pathologists identified as White. Further, demographic data from ASHA (2021) indicate that only 8.5% of current members, international affiliates and nonmember certificate holders identify with a racial minority group. These data stand in contrast to current estimates that approximately 40% of the U.S. population is ethnoracially diverse (United States Census Bureau, 2019) and that by 2045, the U.S. will be at a ‘demographic turning point’ (United States Census Bureau, 2020) when persons who identify as non-Hispanic and White will account for slightly less than 50% of the U.S. population. This forthcoming change in racial demographics is already evident when examining the current 2020 census data for children, showing that slightly less than half (49.8%) of all American children are non-Hispanic White, with the greatest increase being in the proportion of children who are biracial or multiracial. A related key consideration is that 8% of current ASHA members and affiliates identify as bilingual service providers (ASHA, 2021) whereas 22% of Americans fluently speak a language besides English at home (United States Census Bureau, 2017).

These disparate demographics of our current and prospective service providers, versus those of clients with communication disorders, raise critical questions about how we will teach students about the imperative for cultural humility, providing culturally sustaining clinical services, and for conducting research that addresses historic inequities in access to care and centers the needs of diverse communities. Whereas speech-language pathology and audiology have specific standards for cultural competency instruction in academic and clinical education (Council for Clinical Certification in Audiology and Speech-Language Pathology, 2018), we know that merely having these standards in place has not led to lasting, stable, or transformative change in our institutions, organizations, and their policies and procedures. Further, being exposed inconsistently to limited content about diversity and multiculturalism, or to diverse clients in clinical practica assignments, is insufficient for fostering a critical consciousness about privilege and positionality for teaching deep knowledge, skills, and dispositions for challenging inequity and bias embedded in our academic programs, institutions, and service delivery systems. We believe that it is time to move beyond talking about cultural competence and multiculturalism to adopting a decisive, anti-racist stance, and to intentionally plan for equity and inclusion of students, professionals and clients who are Black, Indigenous and Persons of Color (BIPOC). We need to scrutinize and critically reflect on strategies we use in our classrooms, clinics, academic programs, and work settings; teach competently to all students about diversity, equity and inclusion; and engage in student-centered recruiting, admission, retention, and mentoring practices for BIPOC students and professionals.

Returning to a discussion of SoTL, the history of SoTL goes back over 30 years with Ernest Boyer’s (1990) seminal work *Scholarship Reconsidered: Priorities of the Professoriate*. This work

was developed further by Shulman (1998; 2004), McKinney (2004) and other scholars. Subsequently, Bernstein and Ginsberg (2009) applied this information to present an integrated model of SoTL and faculty development which moves from good teaching to scholarly teaching, and then to the scholarship of teaching. In this model, instructors at the stage of good teaching are increasing their awareness of best practices in teaching and learning, reflecting on their teaching and participating in activities that support and improve their teaching and student learning outcomes (i.e., engaging in training or faculty development activities within their campus teaching and learning centers). As a faculty member moves on to the scholarly teaching level, they are often becoming more actively engaged in conversations with others and deeper reflection about teaching and learning, accessing SoTL research (e.g., in a faculty learning community) and using this research to make intentional and thoughtful changes in their teaching practices. In the third and final stage, faculty members are designing, engaging in, and disseminating SoTL research as peer-reviewed, scholarly work.

Within SoTL research, there are hierarchical levels of evidence in evidence-based education (Ginsberg et al., 2012), not much different from the levels of evidence that guide evidence-based practice for speech-language pathologists and audiologists. In evidence-based education, the lowest level of evidence is in the area of wisdom-of-practice which includes “personal accounts of change, recommended practice reports, recommended-content reports and personal narratives” (Ginsberg et al., 2012, p. 35). The next level of evidence is completing qualitative and/or descriptive studies of teaching and learning which are typically a strong starting point for more controlled SoTL studies. Finally, the highest level of evidence is reserved for quantitative studies that are well-designed and have controls for bias where possible, yet they are often not randomized controlled studies. In thinking about these levels of evidence, much of the research presented in this special issue would be categorized under one of the earlier levels of evidence. These studies provide us with strong foundational research from which to build. They are representative of where we are at this point in time, given both the relatively recent foray into SoTL research in CSD, as well as the historic lack of attention to issues of racism, equity, and inclusion in the discourse and scholarship of our professions. In order to advance diversity, equity and inclusion research in CSD, however, we need to build on this foundation and design higher level evidence-based educational research studies that incorporate quantitative data with methodologic rigor to examine strategies for teaching, mentoring, and program evaluation to name a few aspects. Further, in a true spirit of interprofessional education, we need to step outside our professional silos and learn from as well as replicate proven best practices in other fields of study (e.g., medicine, allied health fields, ethnic studies, education).

This issue of TLCSD directly addresses the immediate need to have a better understanding of best practices in teaching about diversity, equity, and social justice, while committing to designing programs, policies, and academic and clinical instruction experiences that directly address the inclusion of BIPOC students and remove barriers to their recruitment, retention, and success. This issue features 13 articles that include pilot studies, scholarly teaching, reflections on SoTL, and SoTL research. Collectively, these articles inspire transformative approaches and invite TLCSD readers into a world of diverse perspectives on issues of racism, diversity, equity, inclusion, representation, and social justice. The authors of these articles focus on reflections and research on varied topics including: (a) frameworks for guiding professional preparation of speech-language pathology and audiology students (e.g., antiracism, anti-oppressive practice, pragmatic humanism, and inclusive practices in recruitment and retention), (b) topics that merit inclusion

within the core CSD curriculum (e.g., authentic education about and exposure to culturally and linguistically diverse groups and communities, bilingualism-emphasis curricular programs), (c) evidence-based educational strategies for training culturally responsive and competent clinicians (e.g., applying cultural humility, using experiential and community-engaged learning, incorporating cultural adaptation to teach evidence-based practice), (d) managing difficult negative situations (e.g., addressing racially-based conflict, implementing mindfulness training at a Hispanic-serving institution), and (e) the critical role and agency of faculty mentors and educators in leading the urgently needed changes in our professions.

In conclusion, we invite our community of TLCSD readers and scholars to join us on a call to bold action aimed at furthering SoTL research and critical reflection about the path forward in CSD. As far as we can see, the road ahead in CSD should lead us through:

- firm validation of SoTL and other research centered on racism, equity and inclusion as legitimate scholarship;
- elevation of SoTL research focused on diversity, equity and inclusion in both quantity and quality;
- recognition that we need to build our levels of evidence with rigorous, well-designed study designs and better documentation and dissemination of the efficacy of our practices, by going beyond anecdotal reports, expert opinion, and autoethnographic, narrative accounts of what worked;
- completion of scoping and systematic reviews to reveal the true breadth and depth of equity-minded SoTL research in speech-language pathology and audiology;
- adoption and translation of equity-minded best practices documented in other professions such as teacher education, special education, other health professions, and from efforts directed at diversifying the workforce in STEM fields;
- fostering a disciplinary culture where we invest in the “inner work of racial justice” (Magee, 2019); develop a deep awareness and personal insight into inequalities; recognize our biases, “cognitive blinders” (Kezar & Posselt, 2020, p. 13), and missteps; and take action to intentionally disrupt biases, barriers, and exclusion;
- “turning toward” (Kabat-Zinn, 2019, p. xiii) and confronting the challenges of racism and inequity in our professions with a firmer and more mindful commitment to diversity, equity, and inclusion.

It is our sincere hope that this special issue of TLCSD will provide abundant opportunity for readers to revel in best practices for fostering equity, to adopt new frameworks and conceptual models for teaching and mentoring, to invest time and effort to building new foundations, seeding change, sustaining growth and diverse representation in our ranks, and transforming our professions for future generations of students and professionals. We celebrate this body of work by our distinguished authors and believe that their work as well as their words will pave the way forward.

Disclosures

Dr. Nidhi Mahendra: Financial Disclosures: Full-time, salaried employee of San José State University. Nonfinancial Disclosures: Guest Editor for Teaching and Learning in Communication Sciences and Disorders (TLCSD) Special Issue: *Beyond Cultural Competence: Addressing racism, equity and inclusion*; serves on committees of the American Speech Language Hearing

Association (CRISP, Adhoc Committee on Bilingual Language Competence) and on the DEI committee of CAPCSD.

Dr. Colleen F. Visconti: Financial Disclosures: Full-time, salaried employee of Baldwin Wallace University. Nonfinancial Disclosures: Editor and Co-Founder of TLCSD; Special Issue Editor for TLCSD's *Beyond Cultural Competence: Addressing racism, equity and inclusion*.

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