

**CAPCSD Proposed Resolution**  
**Received November 14, 2020**  
**Approved by the Board of Directors March 5, 2021**

**Title**

Resolution concerning systemic racism, exclusion, and inequity in speech, language and hearing, admission and retention, curricula, pedagogy, and clinical practices.

**Background**

**Whereas** the United States is at a critical political, social, and cultural juncture where conscientious citizens, including those who are speech, language and hearing scientists and clinicians, are making efforts to abolish racism, and all forms of systemic exclusion and inequity occurring in the country and in our professions.

**Whereas** these systemic and institutional forms of racism, exclusion and inequity are meted out particularly toward BIPOC (Black, Indigenous, and People of Color) and other groups with intersecting identities who are marginalized in speech, language and hearing sciences.

**Whereas** race, systemic and institutional racism, and white privilege are increasingly recognized as significant barriers to culturally responsive and culturally sustaining education and training within professional associations and communities, such as the American Psychological Association (APA; Abrams, 2020; APA, 2020; APA Task Force on Race and Ethnicity Guidelines in Psychology, 2019) and the American Nursing Association (2020a, 2020b).

**Whereas** the lack of diversity in the speech, language and hearing sciences impacts and leads to racialized and ineffective health care and education disparities.

**Whereas** the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) does not have a goal for increasing Diversity, Equity or Inclusion within its association as demonstrated by the absence of such language on its website and printed materials (vision, mission, and core values statements and strategic plan 2018 – 2021; CAPCSD, n.d.).

**Whereas** the American Speech-Language-Hearing Association (ASHA) and other governing bodies of speech language and hearing scientists and clinicians including CAPCSD, the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the Council for Clinical Certification (CFCC) utilize language and pedagogical practices that are outdated such as the concepts of *diversity* and cultural *competence* rather than culturally responsive or culturally sustaining practices (Alim & Paris, 2017; Ladson-Billings, 1994, 1995; Paris, 2012), and social justice (Hammond, 2015).

**Whereas** there have been increases in the representation of “minoritized” groups without the increase in supportive, inclusive and equitable environments within the disciplines’ professional networks.

**Whereas** these systemic forms of racism, exclusion and inequity occur consistently in university programs of speech, language, and hearing sciences or communication sciences and disorders, through the omissions of *epistemological models* of research and practice that are responsive to the cultures, languages, perspectives and ethics of people of color (Hyter & Salas-Provance, 2019).

**Whereas** these systemic forms of racism, exclusion and inequity occur in the pedagogical practices of academic and clinical faculty who work in fields of which racist structures and practices are predominant and whose work within those contexts may perpetuate racial inequities and trauma (Comas-Diaz et al., 2019).

**Whereas** these systemic forms of racism, exclusion and inequity are embedded in the language of accreditation, standards and policies that define practices in the field.

**Whereas** best practices call for deliberate and specific pedagogy and curricula through the combination of a core course *and* the infusion model yet most speech, language, and hearing sciences (SLHS) programs report using only curricular infusion (56%). In contrast, just 31% of programs offer a core course plus curricular infusion (Stockman et al., 2008).

**Whereas** these systemic forms of racism, exclusion and inequity within university programs of speech, language, and hearing sciences include *microaggressions* causing psychological harm to students, faculty, instructors and clinicians who identify as people of color, as well as harm to the individuals and families with whom we partner in their care (Sue, 2010).

**Whereas** these systemic forms of racism, exclusion, and inequity have existed in various forms from the inception of the fields of speech, language and hearing sciences; and there are currently only 3.5% Black or African American members of ASHA (ASHA, 2020) and there is documented evidence of members' increased alienation in the field (Fuse & Bergan, 2018; Ginsberg, 2018).

**Be it Resolved that CAPCSD will:**

- Develop an academy to educate CSD programs on how to monitor academic programs to implement the below changes.
  - This academy will include integration and focus on theories such as critical race studies, and clinicians, students and community members from underrepresented groups with demonstrated expertise in culturally and linguistically responsive, equitable, social justice work to critically analyze, revise, and advise member programs in facilitating recruitment, retention and education of faculty and students to meet the public need in order to eliminate systemically racist and discriminatory practices from our field.
- Develop structures and processes in order to assist / facilitate work with departments to help align people's values with their actions, as is done in white accountability groups in some organizations (Graves & Bethel, 2020) (<https://ncrc.org/white-accountability-health-equity/>).

- Write a position statement *against* systemic racism in collaboration with the above-named partners, that promotes equity, inclusion and social justice in the professions, and includes action steps that academic programs and partner institutions should take to make their programs more equitable, just, and inclusive.
- Partner with scholars across disciplinary boundaries especially those with a focus on theories such as critical race studies, clinicians, students and community members from underrepresented groups with demonstrated expertise in culturally and linguistically responsive, equitable, social justice work to critically analyze, revise, documents guiding clinical practice in order to eliminate systemically racist and discriminatory practices from our field.
- Work with partner institutions (e.g. ASHA, CAA, and CFCC) to critically evaluate curricula, accreditation, admissions standards and educate, and provide resources for member programs, in partnership with the CAPCSD DEI Committee, using a social justice lens in order to promote the success and engagement of BIPOC (Black, Indigenous, and People of Color) students from all cultural, ethnic, linguistic, national, economic, and gender communities.

This resolution is sponsored by *the **Speech, Language, Hearing Scientists Equity Action Collective*** (note names of the Equity Action Collective members are listed by last name alpha order).

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