



**2021 HAWAII UNIVERSITY INTERNATIONAL CONFERENCES**  
SCIENCE, TECHNOLOGY & ENGINEERING, ARTS, MATHEMATICS  
ARTS, HUMANITIES, SOCIAL SCIENCES, & EDUCATION JUNE 9 - 11, 2021  
HAWAII PRINCE HOTEL WAIKIKI, HONOLULU, HAWAII

# SPEECH-LANGUAGE PATHOLOGY AND PEOPLE OF COLOR: A SOCIAL JUSTICE PERSPECTIVE

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## **Speech-Language Pathology and People of Color: A Social Justice Perspective**

### **Synopsis:**

Bridging the gap between racial/ethnic and linguistic minorities and speech services is imperative to building a better foundation for students in need of these services. This paper will inform policy and practice by providing better insight on this issue through a social justice lens not only for the field of Speech-Language Pathology, but the minority communities and their deep-rooted beliefs and experiences that may contribute to this challenged relationship.

## **Speech-Language Pathology and People of Color: A Social Justice Perspective**

### **Introduction:**

American Speech-Language-Hearing Association (ASHA) defines a speech-language pathologist as, “ the professional who engages in professional practice in the areas of communication and swallowing across the lifespan. Communication and swallowing are broad terms encompassing many facets of communication. Communication includes speech production and fluency, language, cognition, voice, resonance, and hearing. Swallowing includes all aspects of swallowing including related feeding behaviors” (ASHA, 2016).

40 to 50% of children receive speech services through the Individuals with Disabilities Education Act’s (IDEA) Early Intervention or Early Childhood Special Education programs (Hebbeler et al., 2003). The prevalence of speech sound disorder in children is 8 to 9 % (NIDCD, 2016). Speech disorders are noticed in at least 5% of children by first grade; there are roughly more than 3 million Americans that stutter. Stuttering affects individuals of all ages but occurs most frequently in children between the ages of 2 and 6 who are developing language. Autism is one of the most common developmental disabilities, affecting individuals of all races and ethnic and socioeconomic backgrounds and, approximately 400,000 individuals in the United States have autism. Six to eight million people in the United States have some form of language impairment (NIDCD, n.d.). According to a 2012 report, 7.7% of children aged 3–17 years had a communication disorder (Black et al., 2015). Speech and language problems were the most reported communication disorders among this age group. 9.6% of black children (ages 3-17) had a voice, speech, language, or swallowing disorder as compared to 7.8% of white children and 6.9% of Hispanic children. Communication disorders were more prevalent among non-Hispanic

black children, boys, and younger children. Non-Hispanic black and Hispanic children were less likely than non-Hispanic white children to receive intervention services for their disorders. Girls were less likely than boys and older children were less likely than younger children to receive intervention services (Black et al., 2015).

### **A Social Justice Framework**

The lack of SLP intervention services provided to children of color is parallel to research that highlights the inequities within the healthcare system for non-Hispanic Black and Hispanic people. It is important that all SLP professionals understand the research of racial gaps within the field, as well as understanding the complexities of race in America, the history of systemic racism, and how one's implicit biases may play a role in the care and services of children of color.

Social justice and advocacy is the framework that guides this paper. Social justice is defined as full participation in society and the balancing of benefits and burdens by all citizens, resulting in equitable living and a just ordering of society (Buettner-Schmidt, 2011). According to Oxford Languages, advocacy is the public support for a particular cause or policy. Advocacy may also help practitioners and community members secure resources and reduce barriers for the populations they serve (Jason et al., 2015). To be an effective SLP is to be a change agent for the clients that are most in need.

### **Disparities in delivering speech services**

Health disparities exist due to the social determinants of health and those determinants are poverty, unequal access to health care, lack of education, stigma, and racism (Ellis & Jacobs,

2021). The disproportionate number of minority children receiving speech services could be due to race or poverty ( Hebbeler et. al., 2003). Minority parents are less likely to approach a SLP for their children's speech and language difficulties but rather prefer to consult their extended family (García et. al., 1996). Parents might have limited or no knowledge about typical speech development, developmental milestones, problems to address their children's issues, and insufficient knowledge of SLP's scope of practice (Mahendra et al., 2009). The reasons why children of color do not receive speech services are lack of knowledge about the services and access to these services (Sabourin, 2020).

Children of color can be placed in special education due to the professionals' assumptions about the students' race, ethnicity, or dialect. Students can suffer stigma when placed in special education (Robinson & Norton, 2019). The acceptance and understanding of disabilities vary with every culture. Acceptance of an individual's disability could rely on the family's background and culture. People from specific cultures may be reluctant to seek services due to stigma. Communities of color may not trust the public services. This may hinder their willingness to take advantage of free services provided by the local school districts.

The chances of African American students being overrepresented in the categories of Specific Learning Disability (SLD) and Emotional Disturbance (ED) is higher as compared to the White children who are overrepresented in the category of S/LI (De Valenzuela et al., 2006). Robinson and Norton (2019) noticed that African American students are underrepresented in the S/LI category. Underrepresentation means that students do not receive services due to their race or ethnicity while overrepresentation means that students are falsely placed in the special education system (Robinson & Norton, 2019). Morgan and colleagues (2016) conducted a research to assess if children of color are less likely to receive speech services as compared to

White children (Morgan et. al., 2016). The researchers found that the probability of Black children receiving speech services was 45%-60% lower as compared to the White children. The number of Hispanic children was lower too, but this disparity was justified by speaking another language than English at home (Morgan et al., 2016). The common belief is that minorities are overrepresented in special education, but many Hispanic and Black children do not receive required intervention. Speech and language impairments in children could lead to reading and behavioral disabilities however, early intervention can help to avoid the later risk for lower school functioning, learning or behavioral disabilities (Morgan et. al., 2016).

### **Diversity challenges in the field of SLP**

According to the U.S. Census Bureau, 21.1% (60.3 million) of the population in the United States speak a language other than English at home (U.S. Census Bureau, 2014). 95% of SLPs serve at least one client from a culturally and linguistically diverse background (Kritikos, 2003). But a majority of SLPs in the United States are monolingual English speakers. Only 8% of ASHA members identify themselves as bilingual service providers (ASHA, 2020). It can be argued that some of the disparities in providing speech services could be partly caused by the lack of diversity within the field of SLP.

As there are not many SLPs of color to serve the diverse population in schools this could affect minority students as compared to others. Due to the lack of cultural diversity among the professionals, minority students may have to bear the brunt of being misdiagnosed or not diagnosed for their S/LI (Robinson & Norton, 2019). Zuckerman and colleagues (2014) noticed that teachers and SLPs do not check with minority parents about their child's developmental delays as compared to white parents (Zuckerman et al., 2014). Due to lack of dialectal training in

the graduate program the chances of African American students being misdiagnosed are higher. This could result in placing children in lower educational tracks or in remedial programs (Latimer-Hearn, 2020).

Cultural and linguistic factors are still the predictors for students who receive speech services in schools (Morgan et al., 2016). SLPs may not be equipped to differentiate a language disorder from a language difference, which often leads to Black & Hispanic children less likely to be appropriately diagnosed and treated (Morgan et al., 2016).

Cultural norms impact how individuals perceive disabilities and the attached potential. Cultural and linguistic differences can lead to miscommunication, unwillingness to seek services, or less than effective implementation of therapy due to misunderstandings. Cultural competence is the key to serve communities of color. Cultural and religious attitudes play a role in planning, accepting, and delivering required care (O'Hara, 2003). To be successful in serving communities of color, SLP's must develop a strong skill set in positive relationship building. Relationships are held in high regard within the cultural norms for non-Hispanic Black and Hispanic communities. Developing relationships with clients may require a certain level of authenticity, mutual respect, trust, transparency, and community engagement from the SLP.

### **Why Representation Matters**

The term 'Representation Matters' is more than just a phrase; it has real implications as a matter of social justice for underrepresented communities. This holds true in the field of SLP in the United States particularly for persons from diverse racial, ethnic, cultural, and linguistic backgrounds. The consequences for marginalized groups such as students of color through a social justice lens are related to access, opportunity, and privilege for this population. People of

color in schools and especially with disabilities continue to face adversity to receive speech services within the special education system.

The first issue that should be addressed is the disparity between children of color having speech impairments and the likelihood of them receiving help for these impairments. Diversity of clientele for speech services can be described in terms of different ages, races, ethnicities, and religions – yet the background of these professionals in the field fail to reflect this level of diversity. About 8.5% of ASHA members and affiliates identify as racial minorities and about 6.1% of ASHA members identify as Hispanic or Latino (ASHA, 2021). But, 13.4% of the U.S. population identifies as Black or African American and 18.5% identify as Hispanic or Latino (U.S. Census Bureau, 2019). The statistics are alarming as there is a lack of promotion as a profession among the communities of color and, due to lower chances of the minorities being exposed to speech therapists who resemble them. Evidence has shown that there are benefits if a student is taught by someone resembling them (Lindsay, 2017; Wright, Gottfried, & Le, 2017). One of these benefits is a decrease in disciplinary problems.

### **Equal education for all**

The diversity in the field of SLP needs to be improved which can be achieved by attracting and graduating students from diverse backgrounds (Stewart & Gonzalez, 2002). Increase the awareness among high school students of color and their families that there is a growing demand for SLPs in schools, hospitals and nursing homes (ASHA, 2016). The American Speech-Language-Hearing Association (ASHA) has proposed that the lack of diversity among professionals within the field of Speech Language Pathology is likely due to a decrease in minority inclusion initiatives within Communication Sciences and Disorders programs and

universities at large across the United States (Webb, 2016). Representation in the teaching faculty is just as important as diversity of SLPs.

One approach to recruiting students to SLP majors may be an internal process. To be successful in internal recruitment, SLP faculty, staff, and students must actively educate and recruit students of color by sharing research on the increase of diversity in this helping profession. As noted by ASHA, students lack awareness about the career opportunities in SLP and therefore will not be aware of the opportunities that exist. Colleges and Universities play a vital role in educating students and communities on the needs, benefits, and opportunities within the SLP career and intervention services.

### **Bridging the gap**

There is a need to improve the rate of diversity and address social justice issues in the field of SLP. These steps would help to build an organization to rectify the root cause of established health disparities among vulnerable populations (Ellis & Jacobs, 2021). SLPs should be aware of the testing bias and also be educated to understand the dynamics of culture, language, and its impact on communication. Training should be provided to SLPs to develop relationships with the families to better understand the styles of communication used at home. This could ultimately help to improve educational opportunities and provide equal access to speech services for minority students (Robinson & Norton, 2019). SLPs need to make sure that cultural and linguistic factors are not the only predictors for receiving speech services. Parents should be informed and involved in the process of assessment and treatment and also address their concerns regarding any biases (Yeh et al., 2004). SLPs should be informed about their client's rights and be able to explain the rights and disorder or impairment in simple terms to

parents (Sabourin, 2020). There is a need for extensive culturally and linguistically appropriate assessments to accurately diagnose and serve children from diverse backgrounds (Morgan et al., 2016).

Graduate programs should include topics of cultural sensitivity in their curriculum. There is a need to introduce cultural sensitivity as an element of diversity. Students should be introduced to and taught topics of cultural sensitivity to render services to children of all backgrounds. The ideal condition would be to see more professionals of color in the field who are able to provide therapy (Mahendra et al., 2009).

Children of color need to be assessed, diagnosed, and treated with regard for their cultural and linguistic differences. Due to the huge disconnect between racial and ethnic minorities in the field of SLP, there may be a lack of knowledge about speech services, benefits of having these services, and the potential impact on their children's education if these issues are not addressed.

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