

TOWSON UNIVERSITY
COLLEGE OF GRADUATE STUDIES AND RESEARCH

FACULTY AND STUDENT PERSPECTIVES ON MULTICULTURAL INFUSION
AND DIVERSITY IN DOCTORATE LEVEL AUDIOLOGY PROGRAMS:
A TWO-PART ANALYSIS

by

Devlin K. Lighty

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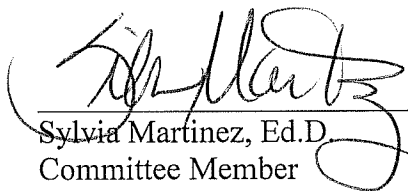
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Diana C. Emanuel, Ph.D.
Chair, Thesis Committee

05/04/11

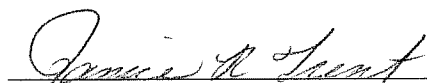
Date



Sylvia Martinez, Ed.D.
Committee Member

5/4/2011

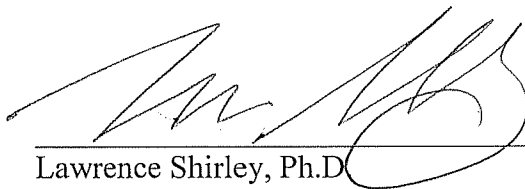
Date



Janice R. Trent, Au.D.
Committee Member

5/4/2011

Date



Lawrence Shirley, Ph.D.
Associate Dean, College of Graduate Studies and Research

6 May 2011

Date

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ABSTRACT

FACULTY AND STUDENT PERSPECTIVES ON MULTICULTURAL INFUSION

AND DIVERSITY IN DOCTORATE LEVEL AUDIOLOGY PROGRAMS:

A TWO-PART ANALYSIS

Devlin K. Lighty

Fifty-nine faculty members and 300 students in doctorate level audiology programs completed on-line surveys that addressed issues related to (1) diversity and (2) multicultural infusion. The two surveys, one designed for faculty participants and the other designed for student participants, consisted of questions that asked respondents to provide demographic information, to rate their opinion of statements regarding diversity and multicultural infusion issues using a 9-point scale (ranging from strongly agree to strongly disagree), and to provide comments on a number of survey items. Responses and comments were examined and the results indicated that faculty and students shared similar opinions regarding these two issues. Results indicated that the majority of the respondents were supportive of diversity and multicultural infusion in audiology graduate programs; however, respondents were not in favor of increasing diversity by adjusting admissions criteria and were not in favor of addressing multicultural issues in every course. There were few significant differences in response patterns between non-minority and minority respondents.

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Chapter 1

Introduction

Culture is often defined in terms of race, ethnicity, religion, gender, sexual orientation, age, class, health, disability, residence, membership, affiliation, and/or familial dynamic, etc. However, culture can be defined as the way people identify themselves within a group of people who share similar “learned ways of believing and behaving” (Stockman, Boulton, & Robinson, 2004, p. 6). Therefore, *multicultural* can be defined as multiple cultures, rather than just the mainstream culture, within a society. The United States (US) is a bouillabaisse of multiple cultures; therefore, the US should be considered a diverse nation. With each passing decade, the US is identified as a more multicultural society which is due to the continuous growth of minority populations. By the year 2050, minority populations are predicted to represent more than half (i.e., 54%) of the total population (U.S. Census Bureau, 2008). The U.S. Census Bureau did not report this statistic based on religion, gender, sexual orientation, age, class, health, disability, residence, membership, affiliation, and/or familial dynamic, etc. This statistic was based on race and ethnicity because in the US, race and ethnicity are the dominant classifications for culture.

In 2001, the U.S. Census Bureau defined *race* in accordance with documentation published by the Office of Management and Budget (OMB). The OMB’s definition of race reflects the social acknowledgment of people in the US and is not solely based on biological, anthropological, or genetic information (U.S. Census Bureau, 2001). Examples of race classifications include White/Caucasian, Black or African American, Asian, American Indian or Alaska Native, and Native Hawaiian or other Pacific Islander.

There is no racial category that includes Hispanics and Latinos because the U.S. Census Bureau uses the word ethnicity, rather than race, to classify these groups of people.

Ethnicity is not defined as a cultural component that is socially constructed. According to the OMB, *ethnicity* is “the heritage, nationality group, lineage or country of birth of a person or the person’s parents or ancestors before their arrival in the United States” (U.S. Census Bureau, 2001, n.p.). Examples of ethnicity classifications include Hispanic or Latino, and not Hispanic or not Latino. So for individuals who classify themselves as Hispanic or Latino, they can also select any race to identify themselves.

The technical definitions of culture, multicultural, race, and ethnicity are inconsequential in this proposed study. The fact that minority populations will collectively exceed the current majority population (i.e., Whites/Caucasians) in less than four decades is the inspiration behind this proposed study. Infusing, or incorporating, multicultural teaching and learning in academic environments is critical for the preparation of future professionals who will serve the needs of a diverse society. Further, the presence of diversity in academic environments can encourage future members of the workforce to become more proficient in working with minority populations.

A thorough review of the literature revealed that there is only one prior study (i.e., Stockman, Boulton, & Robinson, 2008) that examined perspectives on multicultural issues in audiology (as well as speech-language pathology) graduate programs; however, the authors did not explore both multicultural and diversity issues and only faculty perspectives were examined. There are a number of publications across the healthcare professions that describe the importance of (a) multicultural infusion in course curriculums and (b) diversity within the faculty and student populations. A common

theme throughout the literature is that multicultural infusion and diversity are important in academic programs; however, they are not easy to attain and/or maintain.

The focus of this proposed study will be to obtain faculty and student perspectives on multicultural infusion and diversity in doctorate level audiology programs.

Specifically, the proposed study will survey current audiology graduate school faculty and students in order to obtain and examine their (a) perspectives on the importance of multicultural infusion in the audiology curriculum, (b) satisfaction with the level of multicultural infusion in their audiology graduate program, (c) perspectives on the importance of diversity in audiology programs, and (d) satisfaction with the amount of diversity in their audiology graduate program. The findings of this study will be examined to determine if there are trends across doctorate level audiology programs in faculty and student perceptions and, if appropriate, to discuss any areas in which the perceptions of faculty and students indicate a need for change in audiology graduate programs. Differences in the perspectives between non-minority and minority respondents will also be explored.

Chapter 2

Literature Review

The United States (US) population has grown every year and there have been significant changes in the population's racial and ethnic composition when compared to previous decades (Horton-Ikard, Munoz, Thomas-Tate, & Keller-Bell, 2009). At present, minority populations represent approximately 33% of the total US population; the two largest minority groups are African Americans and Hispanic Americans (U.S. Census Bureau, 2008). The U.S. Census Bureau (2008) reported that US citizens can expect a US minority population growth of at least 44% by the year 2050. In the year 2050, current minorities will represent 54% of the total US population. With this change in the demographics and the continuous growth of the overall population, there will be an increase in the number of individuals who come from racially, ethnically, and linguistically diverse populations seeking healthcare, such as those provided by speech-language pathologists and audiologists (Horton-Ikard et al., 2009). To meet this demand, there will be an increase in the number of students pursuing graduate degrees in the health professions (Hinton et al., 2008).

Growth of the overall minority population challenges institutions of higher education to infuse multicultural and diversity awareness and training into their academic programs so that (a) students can prepare to meet the needs of diverse clinical populations, (b) academic environments can be created that will attract minority students, and (c) the success of minority students can be fostered. Currently, minority students are severely underrepresented in graduate education programs (Davidson & Foster-Johnson, 2001). With regard to communication sciences and disorders (CSD) programs, the

American Speech-Language-Hearing Association (ASHA) has put forth a number of position statements, guidelines, technical reports, and related papers to address the challenges of (a) multicultural infusion in course curricula and (b) minority student recruitment and retention (ASHA, 2007). Despite these efforts, issues regarding multicultural infusion and the recruitment and retention of minority students in CSD programs still persist (Stockman, Boulton, & Robinson, 2004).

Although the terms *diversity* and *multicultural* are not limited to classifications of race and ethnicity, this study examined perceptions on multicultural infusion and diversity as they pertain to only race and ethnicity. Further, this study used Stockman et al.'s (2004) definition of multicultural as "one or more particular minority racial/ethnic groups in the US" (p. 6).

Due to the scant literature concerning multicultural issues and diversity in doctorate level audiology programs, both parts of this literature review pertain to academic programs on a general scale; however, part one has a heavier focus on CSD programs due to the availability of more published studies in this area. Part one of this literature review focuses on multicultural infusion in academic programs and part two focuses on diversity in academic programs.

Part One: Multicultural Infusion

Sue, Arredondo, and McDavis (1992) suggested that there has been an improvement in multicultural infusion in the curriculums of graduate level programs since the early 1970s. It is likely that this achievement is due to the civil rights movement which spanned the 1950s and 1960s. In the area of CSD, ASHA first recommended the infusion of multicultural studies in CSD programs in 1985; however, it was not until 1994 that ASHA required CSD programs to include multicultural studies in their curriculum for accreditation (Stockman et al., 2004). In a tutorial, Horton-Ikard et al. (2009) reported that this requirement resulted in a substantial improvement in the infusion of multicultural training in CSD curricula. However, the multicultural training of students, as reported by programs, was limited by (a) poor funding for multicultural course re-design, (b) little evidence supporting the efficacy of multicultural infusion in the curriculum regarding future service provision, and (c) the fact that few academicians possess adequate multicultural training themselves which limits their ability to provide multicultural instruction (Horton-Ikard et al., 2009; Stockman et al., 2004).

Typically, the focus of multicultural training has been to effectively infuse multicultural information into curriculum (Ogbu, 1995; Stockman, Boulton, & Robinson, 2008). It has been suggested that the ratio of multicultural teaching in curriculums should be proportional to the ratio of multicultural persons in the general population (Ogbu, 1995); however, professionals have interpreted the term infusion in many different ways (Stockman et al., 2004). One way infusion has been interpreted is as the addition of a separate course into an existing program of study. Although including multicultural awareness in the curriculum this way has the potential to enhance the learning experience

of students, it isolates multicultural issues; this may lead to the perception that these issues are not central to the clinical process and are less important than core knowledge. Conversely, if infusion is referred to as the inclusion of multicultural issues within a number of core classes, the content may not be given appropriate time or emphasis (Stockman et al., 2004).

A continuing problem for many academic programs is complying with standards that require the infusion of multicultural studies (Stockman et al., 2004). Not all faculty members possess multicultural knowledge. Some faculty members were not exposed to multicultural issues when they were in school and/or did not have adequate exposure following the completion of their degree programs. These faculty members may be required to provide multicultural instruction to students in courses or clinic and they must determine how much material should be included (Stockman et al., 2004). Multicultural infusion in academic programs is not solely influenced by the preparedness of faculty; the content and method of instruction has proven to be problematic for faculty also. Faculty must determine what subject matters are relevant in their courses and what should be the goals of multicultural training (Stockman et al., 2008).

In 2008, Stockman et al. surveyed department chairpersons, faculty, and clinical supervisors of speech-language pathology (SLP) and audiology graduate programs. A questionnaire that addressed multicultural and multilingual issues was sent to programs that held ASHA Council on Academic Accreditation (CAA) accreditation in audiology and/or speech-language pathology in the US and Puerto Rico. The examination of 731 completed questionnaires indicated that the surveyed faculty (a) had a positive attitude toward multicultural instruction, (b) tried to infuse multicultural teaching in existing

courses rather than in separate courses, (c) devoted little time to multicultural instruction, (d) omitted multicultural teaching from basic science courses (e.g., anatomy and physiology) compared with more clinically based courses (e.g., aural rehabilitation), (e) believed that their students are sufficiently prepared to deal with multicultural issues, (f) believed that more efficient multicultural instruction styles were needed, and (g) indicated that best way for them to prepare for multicultural instruction was through continuing education workshops and web-based tutorials (Stockman et al., 2008). Two of these findings were in contrast: Although faculty devoted little time to multicultural instruction in courses, they believed that their students are sufficiently prepared to deal with multicultural issues.

Speech-language pathologists, audiologists, and other healthcare professionals should be familiar with cultural diversity in order to provide optimal care to their patients (Glazner, 2006). It is important for healthcare professionals to be knowledgeable about the cultures of the patients they serve in order to understand and appreciate the influence of culture on healthcare delivery. Patients from minority groups have been found to have different (a) levels of health literacy, (b) health habits, and (c) attitudes and perceptions of healthcare compared to patients who are White. Therefore, healthcare professionals should not assume that every patient they serve has the same knowledge base and can be treated the same way. Crandell, Mills, and Gauthier (2004) conducted a survey to examine knowledge, habits, and perceptions of hearing and noise-induced hearing loss (NIHL). Survey respondents included African American ($n = 100$) and White ($n = 100$) students; all students had no prior coursework in acoustics, hearing loss, noise, or audiology. Crandell et al. found that the African American students had significantly less

knowledge in the areas of NIHL prevention, symptoms, and treatment when compared to the White students.

The literature in the areas of cultural competency and health disparity suggest that professionals who ignore multicultural issues in healthcare create the potential for negative health consequences including (a) diagnostic errors resulting from miscommunication and (b) missed opportunities for health screenings because of a lack of familiarity with the pervasiveness of health conditions experienced more within certain minority populations (Brach & Fraserirector, 2000). An example of a health disparity between the majority culture and a minority culture is that Black women are diagnosed with breast cancer less often than White women; however, Black women are more likely to die from breast cancer than White women (Collins, Hall, & Neuhaus, 1999). A second example of a health disparity between the majority culture and a minority culture is infant death rates in the US. In 2005, there were 4,138,349 registered births in the US (Martin et al., 2007). White women gave birth to 78.0% ($n = 3,229,294$) of the registered babies and Black women gave birth to 15.3% ($n = 633,134$) of the babies (Martin et al., 2007). In the same year, 13.6 per 1,000 and 5.8 per 1,000 live births resulted in infant mortality for Black and White women, respectively. This suggests that although Black women give birth to a lower percentage of babies annually, infant mortality rates are higher for them when compared to the rates for White women. Puerto Rican, American Indian, and Alaska Native women also have higher infant mortality rates compared to White women (MacDorman & Mathews, 2008).

Healthcare professionals who are knowledgeable about cultural diversity are not only able to provide more efficacious healthcare, they have been found to (a) be more

successful, (b) enjoy work more, and (c) be in higher demand among the growing minority population (Glazner, 2006). Greater work satisfaction may be associated with (a) better patient care, (b) self confidence, and/or (c) a greater comfort level with minority patients and colleagues (Glazner, 2006). For example, healthcare providers who are familiar with health and healing practices across different cultures are (a) more likely to provide effective counseling, (b) more likely to make patients feel comfortable, and (c) less likely to offend patients and coworkers. Ideally, this familiarity with multicultural patient-care issues should begin during graduate program training.

Multicultural and language diversity issues in SLP graduate programs in the US were examined via a survey of 113 program directors (Hammond, Mitchell, & Johnson, 2009). The program directors were asked to define culture by selecting one or more of the following choices: (1) socioeconomic status (SES), (2) religion, (3) race, (4) geographic location or residence, (5) ethnicity, (6) country of origin, (7) sexuality, (8) ancestry, (9) language, (10) dialect, (11) hearing vs. culturally Deaf, or (12) other. Culture was most commonly defined by ethnicity followed by language then race. Program directors were also asked to indicate their method of multicultural instruction by selecting one or more of the following choices: (1) integration into existing courses, (2) required separate course, or (3) elective courses. The majority (59.4%, $n = 102$) of responses indicated that multicultural issues were integrated into existing courses, a smaller number (25.4%, $n = 45$) of responses indicated that there was a required course dedicated to cultural and linguistic diversity in their SLP graduate program, and a few (7.6%, $n = 12$) responses indicated that students can take an elective in cultural and linguistic diversity. All of the 113 program directors indicated that their students received at least some academic

training in cultural and linguistic diversity; however, 22% ($n = 25$) indicated, via commentary, that meeting CAA standards for cultural and linguistic diversity instruction was difficult due to a lack of culturally and linguistically diverse professionals to supervise clinical experiences (Hammond et al., 2009).

One consistent theme in the literature is that multicultural training is important (e.g., Bell, 2000) in graduate programs (e.g., Glazner, 2006; Sue et al., 1992) including audiology and SLP programs (e.g., ASHA, 2007; Brach & Fraserirector, 2008; Crandell et al., 2004; Hammond et al., 2009; Horton-Ikard et al., 2009; Stockman et al., 2004; Stockman et al., 2008). For example, Bell (2000) surveyed 21 agriculture and home economics student-teachers before and after a teaching experience to examine the impact of culturally diverse practicum experiences on perceived interpersonal competency levels. The 21 students completed a multicultural attitudinal questionnaire before and after teaching for six days at a Nebraska high school with an 86% minority population. Bell reported that the students perceived themselves as more knowledgeable in their teacher-minority student relationships after the experience compared to before the experience. Bell's findings suggest that the exposing students to multicultural populations during academic and clinical training results in a positive change. Further research is needed to determine if this change results in long-term benefits for multicultural populations.

Part Two: Diversity

In recent years, there has been an increase in the percentage of minority students who earn undergraduate degrees; however, the percentage of minority students entering post baccalaureate programs has not displayed much growth (Ulloa & Herrera, 2006). Hinton et al. (2008) reported that the number of minorities furthering their academic training beyond undergraduate programs in health sciences has increased over the last few decades; however, the growth has been episodic rather than continuous. The authors used the National Longitudinal Study of the High School Class of 1972 (NLS-72) database to examine the percentage of minority representation at four stages including (1) high school graduates, (2) college entrants, (3) college graduates, and (4) health professionals. The NLS-72 database consisted of information from multiple sources (e.g., high school records, postsecondary transcripts, etc.) for 13,104 U.S. residents who graduated from high school in 1972. These high school graduates represented 1,200 high schools across the nation. As shown in Table 1, 82.4% of these high school graduates were White and 17.6% were minorities. The percentage of minorities decreased at each level following high school graduation whereas the percentage of Whites increased.

Table 1

Data Reported By Hinton et al. (2008)

Education Level	Students	
	White	Minority
High School Graduates	82.4	17.6
College Entrants	85.0	15.0
College Graduates	88.4	11.6
Health Professionals	91.7	8.3

Note. All numbers express percentages.

The declining representation of minorities between high school and the healthcare professions is startling and should be a cause for concern within the education system.

In 2009, ASHA reported its most recent demographic data which included 140,039 speech-language pathologists, audiologists, and speech-language and hearing scientists. Of these 140,039 professionals represented, 75.0% ($n = 105,112$) were not Hispanic/Latino, 2.9% ($n = 4,005$) were ethnically self-identified as Hispanic/Latino, and 22.1% ($n = 30,922$) did not specify an ethnicity. Of these 140,039 professionals represented, 64.9% ($n = 90,893$) racially self-identified as White only, 2.2% ($n = 3,035$) were Black or African American only, 1.4% ($n = 1,982$) were Asian only, 0.9% ($n = 1,283$) were multiracial, 0.2% ($n = 313$) were American Indian/Alaskan Native only, and 0.1% ($n = 145$) were Native Hawaiian or Other Pacific Islander only; 30.3% ($n = 42,388$) did not specify a race. Based on these figures, $\geq 3\%$ of ASHA professionals were minorities based on ethnicity and $\geq 5\%$ were minorities based on race (ASHA, 2009a). Considering the fact that minorities currently represent 33% of the total US population (U.S. Census Bureau, 2008), the percentage of minority speech-language pathologists, audiologists, and speech-language and hearing scientists reported by ASHA is disproportionately low.

In 2007, ASHA published a literature review on minority student recruitment and retention. Two highlighted minority recruitment issues were financial difficulties and academic under-preparedness. ASHA suggested that recruitment strategies should focus on (a) understanding what attracts minority students to various degree programs and professions and (b) identifying opportunities for minority student recruitment. College and career opportunities should be made visible to minority students and recruitment

strategies should be catered to minority populations of interest. Colleges and universities should evaluate the racial climate on their campuses to determine if the campus is inviting and supportive of minority students (ASHA, 2007). One option for increasing the number of minorities attending colleges and/or universities is to recruit minority students via early intervention through family and community programs. Another option, to be considered by program directors, is to have more flexible admissions criteria for all students. Specifically, criteria would focus less on standardized test performance and focus more on other predictors of academic success. Standardized test performance does not always accurately predict college performance (Sedlacek, 1996); therefore, interviews, essays, and resumes may be better predictors of academic success. When minority students are successfully recruited, the focus then shifts to student retention. Strategies that enhance the retention of minority students include (a) appropriate academic advising, (b) financial assistance, (c) social support and integration, and (d) the establishment of academic preparation and support programs (ASHA, 2007).

Despite existing strategies to recruit and retain minority students, there are barriers to minority student enrollment in graduate programs (Ulloa & Herrera, 2006). Barriers include a lack of financial resources, low academic performance, insufficient scholastic preparation, and a lack of social and familial support ((Davidson & Foster-Johnson, 2001; Saenz, Wyatt, & Reinard, 1998). Nettles (1990) surveyed graduate students attending four predominantly white schools that were among the 25 leading producers of Black and Hispanic degree recipients. The survey included all of the Black and Hispanic graduate students as well as a random sample of White graduate students. Of these 953 graduate students, 70.0% ($n = 667$) were White, 20.4% ($n = 194$) were

Black, and 9.6% ($n = 92$) were Hispanic. Nettles found that the responses from the minority graduate students, specifically those from the Black graduate students, indicated they faced far greater disadvantages when compared to the responses from the White students. These disadvantages included (a) coming from poor socioeconomic backgrounds, (b) attending less than favorable undergraduate institutions, (c) having the poorest grades in both their undergraduate and graduate programs, (d) being less likely to have graduate assistantships, (e) relying heavily on student loans, and (f) feeling racially discriminated against in their programs (Nettles, 1990).

Although efforts to recruit, enroll, and retain minority students have been intensified on several college and university campuses, minority students are more likely to drop out of college compared to their non-minority counterparts (Eimers & Pike, 1997). Eimers and Pike (1997) surveyed 799 freshmen on a Midwestern university campus to examine similarities and differences in social and academic achievements; 702 and 97 of these freshmen were non-minorities and minorities, respectively. Minority freshman reported that they (a) performed more poorly in high school, (b) had less encouragement from family when entering college, (c) had lower levels of social and academic integration, and (d) had higher levels of perceived discrimination when compared to the non-minority students.

Minority students who attend predominantly white schools may face problems matriculating through their programs of study because of a perceived lack of personal support and academic inclusion (Lett & Wright, 2003). Davidson and Foster-Johnson (2001) reviewed the literature on the significance of mentorships for minority graduate students and reported that when minority students are able to overcome obstacles and

enroll in graduate school despite disadvantages, there are still determinants which will affect whether they succeed or fail. The authors reported that one determinant is the establishment of mentorships by faculty members for minority students. A second determinant may be the perceived isolation and alienation by minority students who attend predominantly white colleges and universities.

The growth in the minority population challenges educational institutions to promote and accommodate cultural diversity within varied professional programs (Davidson & Foster-Johnson, 2001). Although all students have the potential to face challenges while attending graduate school, many minority students face challenges in graduate school that are specific to them (Daniel, 2007). These challenges are created when minority students have personal attitudes and behaviors that are significantly different from the culture of their graduate program. Many graduate school students have attitudes and behaviors that need to be shaped to be successful in their professional fields; however, faculty and students may have difficulty separating the attitudes and behaviors that must change in order for the student to become successful from those attitudes and behaviors that should be accepted as cultural differences. It is the responsibility of students and faculty to work together to face these challenges in order to enhance the professional development of minority students and to avoid the alienation and/or marginalization of diverse students. These challenges can be won through careful mentorships (Davidson & Foster-Johnson, 2001). Mentoring relationships would not only enhance the learning experience of minority students, they would also enhance the cultural competency and awareness of faculty members (Davidson & Foster-Johnson, 2001).

In essence, increasing the representation of minority students in graduate programs would diversify many professions in which minorities are disproportionately underrepresented. In addition to this benefit, diversity in graduate programs could benefit all students preparing to work with diverse cultures because students would be able to interact, on a long-term basis, with peers from cultures other than their own. Whitla et al. (2003) surveyed 639 medical students from two medical schools to examine the perceived educational benefits of student diversity. Diversity was defined for the students in terms of race and ethnicity. Of the 639 students, 55.5% were White, 26% were Asian, 9% were African American, 9% were Hispanic, and 0.5% were Native American. Whitla et al. reported that 76% of these students indicated that having a diverse student population enhanced their learning experience and allowed them to work more efficaciously with individuals from multicultural backgrounds. The students were asked if student diversity impacted classroom dynamics; 84% of the respondents indicated that student diversity enhanced classroom discussions and 86% of the respondents indicated that student diversity fostered serious classroom discussions involving alternative points of view. Whitla et al. also reported that (a) 77% of the medical students indicated that student diversity resulted in a greater comprehension of medical conditions and treatments, (b) 62% indicated that students and faculty presented a wider range of examples of multicultural healthcare issues in classrooms that had student diversity, and (c) 94% indicated that having a diverse student population was a positive component in their medical program. Only 6% indicated that student diversity had no impact on their educational experience and 0.3% indicated that having a diverse student population was a negative component in their medical program. Whitla et al. reported that the responses

from the African American medical students indicated more favorable perceptions of student diversity compared to the White students; however, this was not statistically significant (Whitla et al., 2003).

In a similar study, Novak, Whitehead, Close, and Kaplan (2004) surveyed dental students using a 20-item questionnaire that examined student perspectives on diversity and multicultural instruction in dental programs. The responses of 376 students including 205 Whites, 108 Asian Americans/Pacific Islanders, 13 African Americans, 11 Hispanics, and 2 Native Americans were examined; 37 students selected *other* and 10 students did not indicate a race and/or ethnicity. Novak et al. found that the majority of the dental students, regardless of their race and/or ethnicity, believed that exposure to diversity in their academic environment enhanced their competency and/or ability to provide services to multicultural populations.

Davidson and Foster-Johnson (2001) reported that little attention has been focused on what motivates minority students to remain in school once they have started doctorate programs. The authors suggested that mentoring relationships are essential for minority students to be successful in graduate school; however, too few minority students have positive mentoring relationships with faculty. Davidson and Foster-Johnson also suggested that pairing minority faculty with minority students is important in shaping positive attitudes toward research and academic careers. Given the reality that the number of minority faculty members in doctorate programs is small, this may not happen. The authors highlighted five issues that make multicultural mentoring programs in graduate schools essential for the success of minority students. The first issue involves the fact that graduate school preparation focuses on minority student assimilation into the dominant

culture rather than cultural pluralism. The second issue involves the fact that graduate programs fail to address and highlight diversity in course work, thus limiting all students' awareness of multicultural issues. The third issue involves the fact that most mentors assume similarities, rather than differences, between their life experiences and the experiences of their mentee. This may make it difficult for White faculty mentors to bond with minority students. The fourth issue involves the cultural differences of minority students which may impact their academic performance and shape their expectations. Many mentoring programs do not consider these differences and, therefore, are unsuccessful. The fifth issue involves the disregard of cultural differences in mentoring relationships when the mentor is not of the same race/ethnicity as the mentee (Davidson & Foster-Johnson, 2001).

Daniel (2007) examined narratives of minority students enrolled in a social work graduate program at a predominantly white institution. Fifteen minority students shared their experiences during private phone interviews. They were asked to describe memorable events and experiences that influenced their decisions, choices, and professional plans. Daniel reported that one difficult aspect of the students' graduate education process was their experiences with cultural and racial isolation. Prior to beginning the program, the students believed that the program fostered racial and ethnic diversity. They were surprised and disappointed to learn that the program did not. Most of the students interviewed highlighted the absence of minority perspective in the curriculum and that the curriculum did not display much relevance to their own lives. Ten of the minority students interviewed reported difficulty establishing relationships with White faculty. Many of the students expressed a fear of disclosing academic difficulties

to White faculty because they did not want to be looked upon as inadequately prepared (Daniel, 2007). Most of the students expressed a desire to have a mentoring relationship with a minority faculty member. The students reported that they would not hesitate to disclose academic difficulties to minority faculty because they perceived shared similar experiences of marginality (Daniel, 2007). Daniel (2007) failed to report the perspectives of White students; therefore, it is not clear if the perceptions of the minority students significantly differed from those of White students.

Allen, Epps, Guillory, Suh, and Bonous-Hammarth (2000) surveyed 1,189 White, African American, and Asian American college and university faculty members from six academic institutions in the US. The authors reported that 47% of the Black faculty indicated that were confident in their ability to understand and communicate with Black students compared to 2% of the White faculty. On the contrary, none of the Black faculty respondents indicated that they were not confident in their ability to understand and communicate with Black students compared to 18% of the White faculty. Of the 1,189 faculty members, 86.1% ($n = 1,024$) were White, 11% ($n = 130$) were Asian American, and 2.9% ($n = 35$) were African American. Allen et al. suggested that the discrepancy between Whites and African Americans, particularly, can be explained by the limited number of qualified African American faculty. It is important to note the large discrepancy between the percentages of White faculty compared to minority faculty surveyed in this study. Further research in this area is needed to include a larger percentage of minority respondents.

The professionalization process is taxing for most students as it represents a transition from late adolescence to adulthood with new rules and responsibilities. It may

be even more taxing for minority students because they are forced to adjust not only between non-professional and professional behaviors but also between the behaviors of majority culture and their own culture. The distinction between cultural changes and the development of professionalism may be blurred for faculty and students and the overlap may give rise to an internal conflict on the part of the student who may feel their ties to their community are threatened in their pursuit of a professional identity. Daniel (2007) asked to recommend strategies that could be used to facilitate minority student success in their program. Collectively, the 15 students recommended increasing the faculty and student minority population and implementing culturally relevant course content into the curriculum. If executed appropriately, both of these recommendations may facilitate a more accepting environment for minority students.

Nettles (1990) suggested that one way to increase the minority student population in doctorate level graduate programs is to increase the number of minority faculty. This is a challenge. Typically, individuals must have a research doctorate degree (e.g., doctor of philosophy [Ph.D.]) in order to become faculty members on college and university campuses. Due to the low attainment of doctorate degrees in the minority population, the number of minority faculty members is nominal compared to the number of White faculty members. Thus, increasing the minority student population in doctorate level graduate programs is a multifaceted issue that involves (a) minority student recruitment and retention and (b) minority faculty recruitment and retention.

Elmore and Blackburn (1983) surveyed 81 Black and 92 White assistant and associate professors in the arts and sciences departments of 10 Midwestern universities. The survey addressed a number of topics including racial climate, job satisfaction, and

relationships with the department chair. Elmore and Blackburn did not report any statistically significant differences between the perspectives of Black and White faculty teaching at predominantly white research institutions. In contrast, Aguirre, Martinez, and Hernandez (1993) found that minority faculty were less satisfied with their employment positions due to less than favorable (a) salaries, (b) promotion opportunities, (c) performance evaluations, and (d) workplace relations compared to White faculty. Aguirre et al. surveyed 122 White and 73 minority faculty members including 36 Asian Americans, 25 Hispanics, 9 African Americans, and 3 Native Americans. The survey addressed topics including job satisfaction, opportunities to participate in non-minority activities, minority faculty status, and affirmative action activities. Responses indicated that minority faculty was less likely to be afforded opportunities to participate in departmental affairs and felt excluded from mainstream decisions that affected the entire department. Aguirre et al. also reported that minority faculty did not believe that White faculty understood the importance of affirmative action and that some White faculty members were not sensitive to the need for culturally diverse learning environments.

Predominantly white schools do not employ a large number of minority faculty as do historically black colleges and universities (HBCUs; Allen et al. 2000). Predominantly white schools also do not confer as many degrees or retain as many minority students as do HBCUs (Rodgers & Summers, 2008). It has been suggested that HBCUs enroll students who otherwise would not attend college due to a lack of financial support, social hurdles, and academic limitations (Allen, 1992); however, the reasons are multifaceted and not just limited to financial support, social support, and academics. Parents of African American students are more likely to be less educated, have lower incomes,

reside in urban neighborhoods, and raise their children in single parent households compared to the parents of White students. This can be a significant deterrent in the pursuit of higher education. In general, African American students achieve lower grade point averages in high school and achieve lower standardized test scores compared to their White counterparts. Despite these differences, African American and White college students share similar goals (Allen, 1992). However, White college students achieve their goals more often than their African American peers (Allen, 1992). African American students who attend HBCUs tend to have more social, financial, and academic advantages in college compared to African American students who attend predominantly white schools. For example, at HBCUs, African American students appear to be better socially adjusted and attain higher grade point averages compared to African American students who attend predominantly white schools (Allen, 1992).

In 2009, ASHA reported that in the 2007-2008 academic year, 75 programs offered a clinical doctorate degree in audiology (i.e., an Au.D. degree) and/or a research doctorate degree in audiology and 30 additional programs offered only a research doctorate in audiology. Of the 105 audiology graduate programs, none were located on an HBCU campus (ASHA, 2009b). In the same report, ASHA provided the racial composition of graduate students in CSD programs. Forty-eight doctorate level audiology programs provided data; 84.4% of the students were White and 10.3% of the students were minorities. Considering the fact that minorities currently represent 33% of the US population (U.S. Census Bureau, 2008), minority students are significantly underrepresented at the graduate level in audiology.

Indisputably, addressing multicultural infusion and diversity issues in academic environments is beneficial to students and may also be beneficial to faculty. Whether multicultural infusion and diversity issues are important, and are addressed, in audiology graduate programs is unknown. The aim of this was to examine the perspectives of faculty and students in audiology graduate programs as a preliminary measure to see if, and to what extent, multicultural infusion and diversity exist.

Chapter 3

Methodology

This project was approved by the Towson University Institutional Review Board (IRB) under the classification of “exempt”.

Materials

Two survey instruments were developed for this study. One survey was designed for audiology graduate faculty and one survey was designed for audiology graduate students. A two-stage process was used to develop both surveys. First, draft surveys were created following a review of literature in the area of diversity and multicultural survey research. Questions similar and dissimilar to those in the literature were included so as to (a) compare this project’s results with results from prior surveys and (b) add new information to the research in this area. The draft surveys were reviewed by the thesis committee and revisions were made based on feedback from the committee. Second, a pilot test of both surveys was conducted at Towson University. Two separate Uniform Resource Locator (URL) links and data collectors were created using SurveyMonkey, an online survey software and questionnaire tool. One link was created to provide faculty members with access to the faculty survey and the other link was created to provide students with access to the student survey. Through an e-mail request forwarded by the Au.D. program director on 1/10/2011, all graduate faculty and students in the Department of Audiology, Speech-Language Pathology, and Deaf Studies were asked to participate. Although the survey questions pertained to audiology, the speech-language pathology and deaf studies faculty and students were asked to answer the questions as they would apply to their own programs. Six faculty members and 26 graduate students participated.

The URL links and data collectors were disabled eight days later on 1/18/2011. The feedback from this pilot study was used to edit the surveys into their final forms.

The final faculty and student surveys contained 58 and 54 questions, respectively. Both surveys contained three sections: (1) demographic information, (2) diversity, and (3) multicultural infusion. Both surveys consisted of 12 questions in the demographic information section; questions one, two, three, and five included textboxes for respondents to type-in responses when appropriate. The faculty survey consisted of 20 and 26 questions in the diversity and multicultural infusion sections, respectively. The student survey consisted of 18 and 24 questions in the diversity and multicultural infusion sections, respectively. The majority of the items in these two sections of the faculty ($n = 40$) and student ($n = 34$) surveys required respondents to answer questions using a 9-point scale in which 1 = strongly agree, 5 = neutral, and 9 = strongly disagree. Several questions in the diversity and multicultural infusion sections included comment boxes to provide respondents with opportunities to share additional opinions through commentary. Questions 26-32, 34-36, 39, 40, and 42-58 ($n = 29$) of the faculty survey and questions 18, 24-30, 32-35, 38, 39, 42, 44, and 48-54 ($n = 23$) of the student survey included comment boxes.

Participants

Participants of this study were current audiology graduate program faculty members and doctoral students. They were recruited based on their employment or enrollment in an audiology doctoral program listed on the American Speech-Language-Hearing Association (ASHA) website. On ASHA's website (www.asha.org), one can perform a doctoral program search and obtain a list of the 79 colleges, universities, and

consortiums that have either an Au.D. program, an audiology Ph.D. program, or both an Au.D. and audiology Ph.D. program. One can navigate through the website to access a link to each program's website. Through this process, e-mail addresses for 77 Au.D. and/or audiology Ph.D. program directors and/or chairpersons were obtained. An e-mail address was not obtained for the program director and/or chairperson at Towson University because the students and faculty were surveyed for the pilot study. In addition, the program director and/or chairperson at the University of Puerto Rico was not contacted because it was decided that only faculty and students in doctorate audiology programs in the US would be surveyed.

Procedures

Participants were solicited via an e-mail request (see Appendix A) sent on 01/24/2011 to all audiology doctoral program directors and/or chairpersons as previously described ($n = 77$). The e-mail asked program directors and/or chairpersons to distribute the surveys to all audiology faculty and doctoral students in their program. The e-mail contained two links, one for faculty and one for students. The e-mail also contained a brief description of the study. Faculty participants were asked to click on the faculty survey link and student participants were asked to click on the student survey link. Thus, all participants self-selected their participation in this study. The links directed participants to the selected survey located on the SurveyMonkey site. Ten days after the initial e-mail was sent, a second e-mail request (see Appendix B) was sent to the same program directors as a reminder. Data collection ended 35 days after the first e-mail request was sent. Responses were analyzed via the SurveyMonkey sorting software and also downloaded into an Excel spreadsheet and analyzed in that format.

Chapter 4

Results

Although the survey was distributed to 77 program directors and/or chairpersons, the total number of faculty members and students who received the e-mail via forwarding is unknown; therefore, the calculation of a response rate was not possible. A total of 68 faculty members and 333 students participated in the surveys; however, not all of these surveys were used for data analyses. Surveys were eliminated from data analyses when participants (a) only provided responses to questions in the demographic information section, (b) indicated that they were not faculty members or students in an Au.D. or audiology Ph.D. program, and/or (c) completed fewer than 10 questions in the non-demographic information sections of the survey. Using these criteria, nine faculty participants and 33 student participants were eliminated. Therefore, 59 faculty surveys (86.8% of the total) and 300 student surveys (90.1% of the total) were used for data analyses. The main findings from these data are discussed in this chapter in three sections: Section one includes a summary of survey responses, section two includes a summary of factor analyses, and section three includes a summary of qualitative analyses.

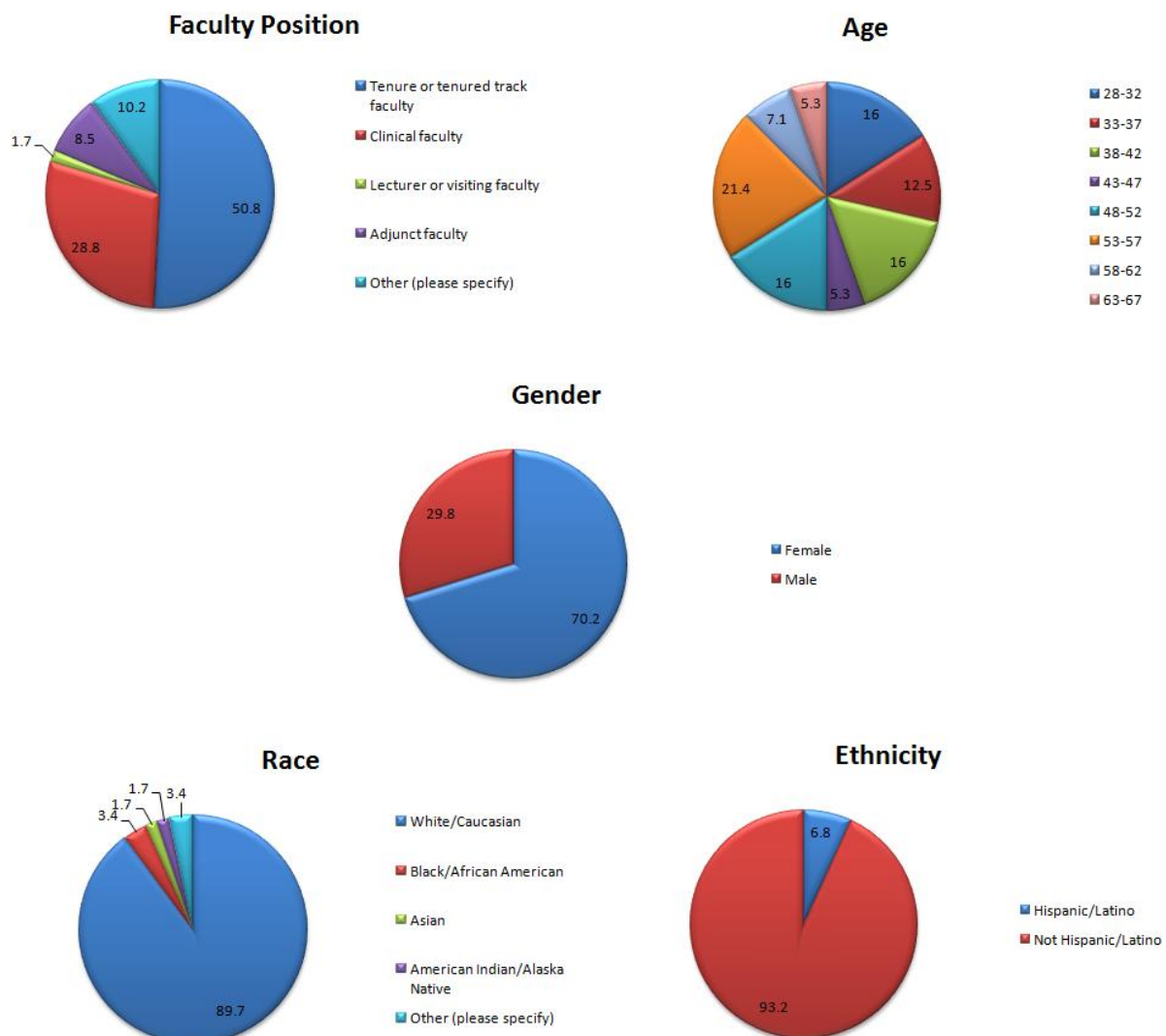
Section One: Summary of Responses

Section one of this chapter includes separate summaries of the faculty survey responses (see Appendix C) and the student survey responses (see Appendix D). Figures (i.e., charts and graphs) are included to illustrate highlighted findings. Means (i.e., rating averages; calculated based on the total number of responses per question rather than the total number of respondents) and standard deviations were calculated to explore the extent to which the respondents were highly or somewhat polarized in their responses. This section is broken up into three parts that correlate with the three sections of the surveys (i.e., demographic information, diversity, and multicultural infusion).

Demographic information. The demographic information section of the faculty and student surveys consisted of questions 1-12. Examination of responses to question one revealed that the majority of the faculty respondents were employed in an Au.D. program (69.5%, $n = 42$) and the vast majority of the student respondents were enrolled in an Au.D. program (98.3%, $n = 294$). Thus, this study represents perspectives primarily from an Au.D. program rather than those of a Ph.D. program. This is not unexpected given the larger number of Au.D. programs in the US compared with Ph.D. programs.

Faculty respondents. Questions 2-6 asked faculty respondents to identify their faculty position, age, gender, race, and ethnicity, respectively. Figure 1 illustrates the responses from these five questions. Roughly half of the faculty respondents indicated that they were tenured or in a tenure track faculty position (50.8%, $n = 30$); clinical faculty made up just over one-fourth of the respondents (28.8%, $n = 17$). Question three asked faculty respondents to indicate their age in a textbox. Faculty respondents ranged in age from 28 to 66 years ($M = 45.21$, $SD = 10.91$); the largest group of respondents

Figure 1. Percentages (%) representing faculty responses to questions 2-6 that asked respondents to identify their faculty position, age, gender, race, and ethnicity, respectively.



indicated that they were 53 to 57 years of age (21.4%, $n = 12$). More than two-thirds of the faculty respondents indicated that they were female (70.2%, $n = 40$).

Question five asked respondents to select their race from the list of racial categories provided or to select *other (please specify)* and indicate their race in a textbox. When asked to identify a race, 89.7% ($n = 52$) of the faculty respondents selected White/Caucasian. One (1.7%) faculty respondent indicated that Hispanic is his/her race and one (1.7%) faculty respondent indicated that he/she did not want to identify his/herself in a racial manner. When asked to identify ethnicity, four (6.8%) faculty respondents indicated that they were Hispanic/Latino. Of the four Hispanic/Latino faculty respondents, two indicated that they were White/Caucasian, one indicated that he/she is Black/African American, and the other chose not to identify his/herself in a racial manner. Faculty respondents who indicated that they were White/Caucasian and not Hispanic/Latino were included in the non-minority group (84.7%, $n = 50$). Faculty respondents who indicated that they were Black/African American, Asian, or American Indian/Alaska Native, and/or Hispanic/Latino were included in the minority group (13.6%, $n = 8$). One respondent could not be included in either group due to his/her lack of responses.

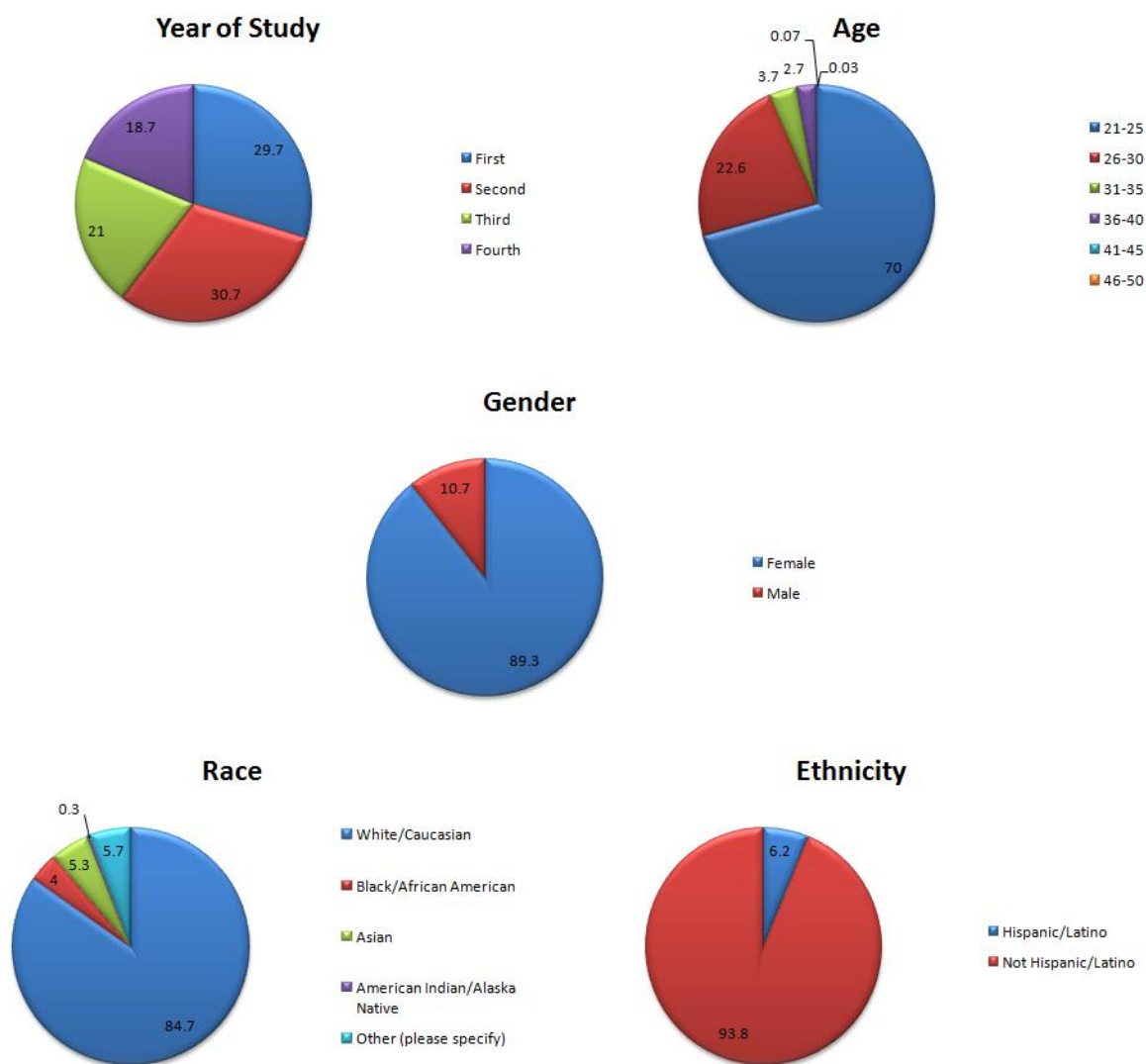
When faculty respondents were asked to indicate their father's highest level of education, 36.2% ($n = 21$) indicated a high school graduate, 24.1% ($n = 14$) indicated a bachelor's degree, and 25.9% ($n = 15$) indicated a post baccalaureate degree including a master's degree or doctorate degree. When asked to indicate their mother's highest level of education, 35.6% ($n = 21$) indicated a high school graduate, 37.2% ($n = 22$) indicated an associate's degree or bachelor's degree, and 20.3% ($n = 12$) indicated a post

baccalaureate degree. More than half of the faculty respondents (53.4%, $n = 31$) indicated that their perceived SES status for the majority of their childhood was middle class, and 24.1% ($n = 14$) and 20.7% ($n = 12$) indicated lower middle class and upper middle class, respectively. Almost half of the faculty respondents (47.5%, $n = 28$) indicated that they lived in a suburban neighborhood for the majority of their childhood; this was the majority response followed by urban (28.8%, $n = 17$) then rural (23.7%, $n = 14$) responses. When asked to select their current perceived SES, the majority (98.30%, $n = 58$) indicated that their SES is middle class or upper middle class. When asked to select the environment in which they currently live, the majority of faculty respondents (59.3%, $n = 35$) indicated that they live in a suburban environment and 30.5% ($n = 18$) indicated that they live in a city environment.

In summary, the faculty respondent group profile primarily consisted of tenure/tenured track or clinical faculty, between 28-66 years of age, female, White/Caucasian, and not Hispanic/Latino. However, there was sufficient diversity to explore differences of opinion based on demographic factors. These data are discussed in section two of this chapter.

Student respondents. Questions 2-6 asked student respondents to identify their year of study, age, gender, race, and ethnicity, respectively. Figure 2 illustrates the responses from these five questions. Student responses indicated that all four program years were represented with 30.7% ($n = 92$; the largest category) of the student respondents indicating that they were in their second year of study. Question three asked student respondents to indicate their age in a textbox. Student respondents ranged in age from 21 to 50 years ($M = 25.35$, $SD = 3.81$) and the majority (70.0%, $n = 208$) indicated

Figure 2. Percentages (%) representing student responses to questions 2-6 that asked respondents to identify their year of study, age, gender, race, and ethnicity, respectively.



that they were between 21 and 25 years of age. The vast majority of the respondents indicated that they were female (89.3%, $n = 268$).

Question five asked respondents to select their race from the list of racial categories provided or to select *other (please specify)* and indicate their race in a textbox. When asked to identify a race, 84.7% ($n = 254$) of the student respondents selected White/Caucasian. Seventeen of the student respondents provided their own racial classification. Seven (2.3%) indicated that they were of mixed race, five (1.8%) indicated that their race is Hispanic, two (0.7%) indicated that they were Middle Eastern, one (0.3%) indicated that Jewish is their race, one (0.3%) indicated that they were East Indian, and one (0.3%) indicated that they were West Indian/Caribbean. When asked to identify ethnicity, 18 (6.2%) of the student respondents indicated that they were Hispanic/Latino. Of the 18 Hispanic/Latino student respondents, 12 were White/Caucasian. Student respondents who indicated that they were White/Caucasian and not Hispanic/Latino were included in the non-minority group (80.7%, $n = 242$). Student respondents who indicated that they were Black/African American, Asian, American Indian/Alaska Native, of mixed race, Middle Eastern, Jewish, East Indian, West Indian/Caribbean, and/or Hispanic/Latino were included in the minority group (19.3%, $n = 58$).

When asked to indicate their father's highest level of education, 29.0% ($n = 87$) indicated a high school graduate, 26.3% ($n = 79$) indicated a bachelor's degree, and 25% ($n = 75$) indicated a post baccalaureate degree. When asked to indicate their mother's highest level of education, 33.3% ($n = 100$) indicated a high school graduate, 27.0% ($n = 81$) indicated a bachelor's degree, and 21.1% ($n = 63$) indicated a post baccalaureate

degree. More than half of the student respondents (55.2%, $n = 165$) indicated that their perceived SES status for the majority of their childhood was middle class, and 18.7% ($n = 56$) and 22.1% ($n = 66$) indicated lower middle class and upper middle class, respectively. More than half of the student respondents (58.6%, $n = 174$) indicated that they lived in a suburban neighborhood for the majority of their childhood and almost one-fourth (24.6%, $n = 73$) indicated that they lived in a rural neighborhood. When asked to select their current perceived SES, the majority (51.8%, $n = 155$) indicated that their SES is middle class, and 23.4% ($n = 70$) and 14.4% ($n = 43$) indicated lower middle class and upper middle class, respectively. When asked to select the environment in which they currently live, almost half of student respondents (49.0%, $n = 145$) indicated that they live in a suburban environment; this was the largest category followed by 40.3% ($n = 121$) of the respondents indicating that they live in a city environment.

In summary, the student respondent group profile primarily consisted of students in their first or second year of study, between 21-25 years of age, female, White/Caucasian, and not Hispanic/Latino. However, like the faculty survey demographic information data, there was sufficient diversity to explore differences of opinion based on demographic factors. These data are described in section two of this chapter.

In comparison with the faculty respondents, student respondents (a) were expectedly younger, (b) were of similar gender, race, and ethnicity, (c) had similar responses when asked to indicate their parents' level of education and perceived childhood SES, (d) were more likely to indicate that they lived in the suburbs during their childhood and that they currently live in an urban (city) environment, and (f) were less

likely to indicate that their current SES is upper middle class when compared to faculty respondents.

Diversity. The diversity section of the faculty and student surveys consisted of questions 13-32 and questions 13-30, respectively. Participants were asked to think of diversity in terms of racial and/or ethnic diversity (i.e., Black/African American, Hispanic/Latino, Asian, American Indian/Alaska Native, Native Hawaiian or Other Pacific Islander, etc.) before responding to the questions in this section of the surveys. Recall from the methodology chapter that several of the items in this section of the surveys required respondents to answer the questions using a 9-point scale. Scale points 1-4 were grouped into an *agree* category and scale points 6-9 were grouped into a *disagree* category.

Faculty respondents. Figure 3 illustrates the responses to questions 13, 16, and 18. When asked if their audiology graduate program *has* a racially/ethnically diverse faculty, the majority of faculty respondents selected 6-9 within the disagree range of the scale (57.6%, $n = 34$); however, the majority selected 1-4 within the agree range of the scale when asked if their program is *interested* in increasing faculty diversity (71.1%, $n = 42$). More than half of the respondents selected 6-9 (disagree) when asked if racial/ethnic minority faculty are easily recruited in audiology graduate programs (53.3%, $n = 31$).

Figure 4 illustrates the responses to similar questions posed to the faculty respondents, specifically, questions 14, 17, 19, and 20. When asked if their program *has* a racially/ethnically diverse student body, the majority selected 1-4 (agree; 61.0%, $n = 36$) and also selected 1-4 (agree) when asked if their program is *interested* in increasing student diversity (88.2%, $n = 52$). Over one-third of respondents selected 6-9 (disagree)

Figure 3. Percentages (%) representing faculty responses to questions 13, 16, and 18 that asked respondents if their program has a racially/ethnically diverse faculty, if their program is interested in increasing faculty diversity, and if racial/ethnic minority faculty are easily recruited in audiology graduate programs, respectively.

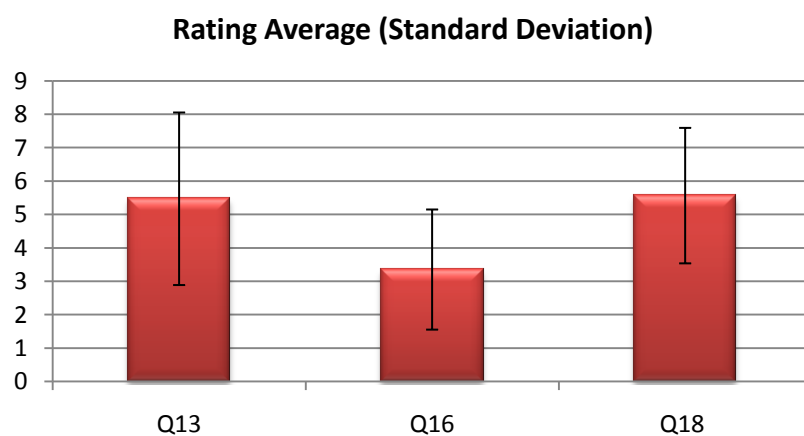
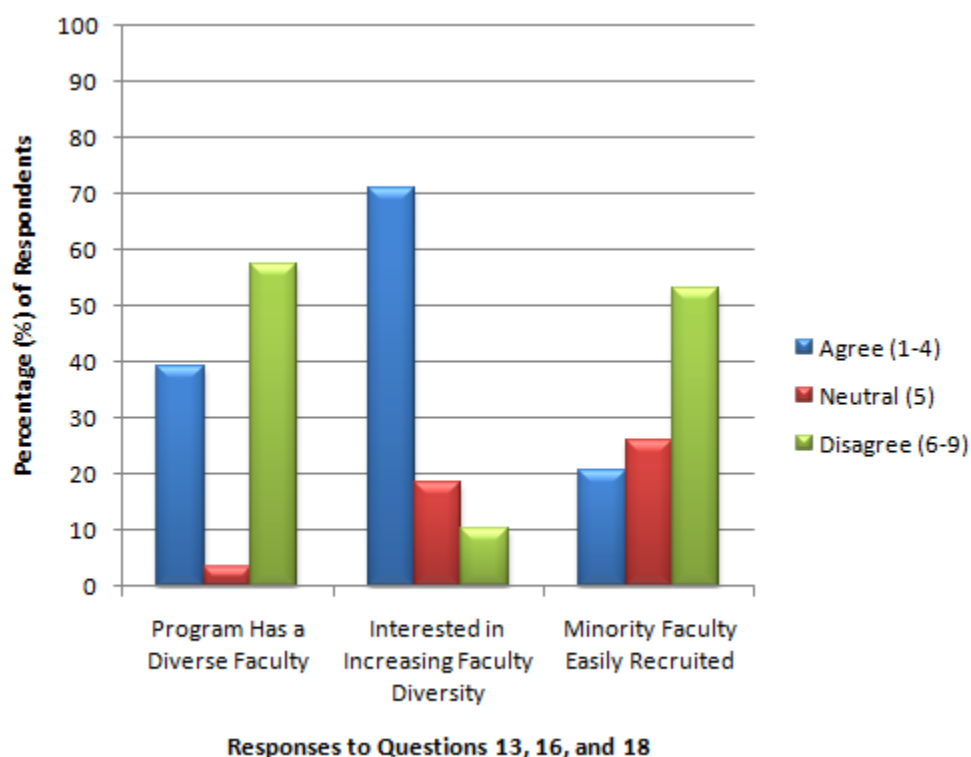
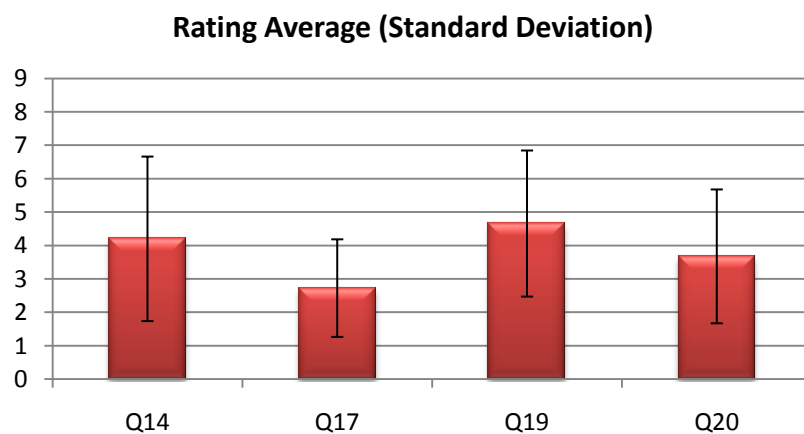
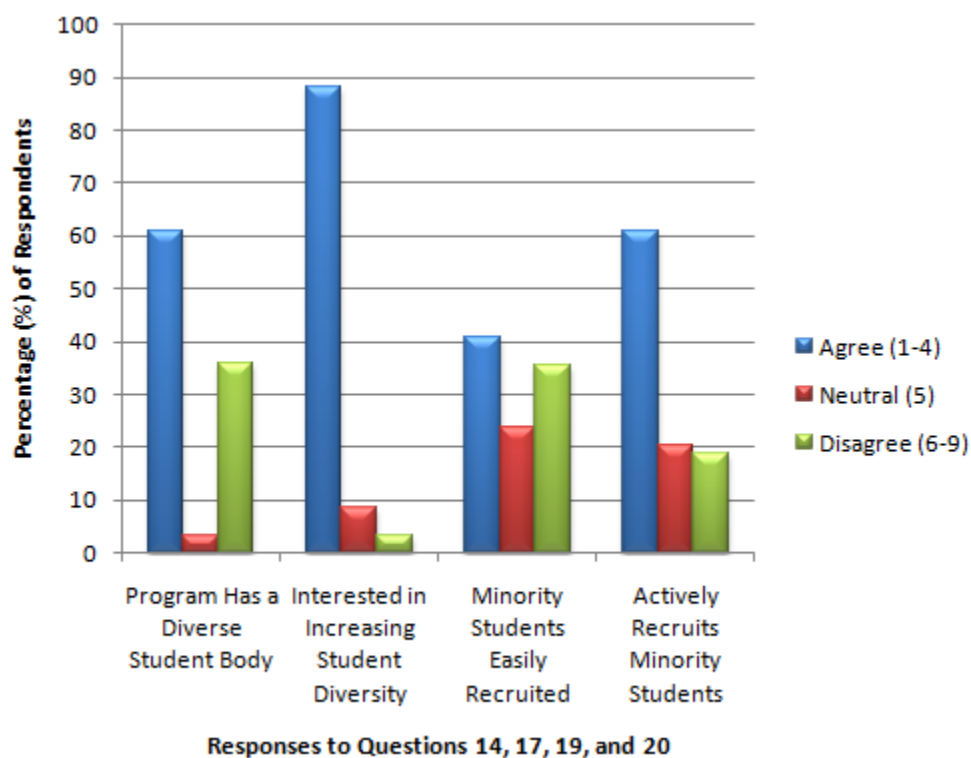


Figure 4. Percentages (%) representing faculty responses to questions 14, 17, 19, and 20 that asked respondents if their program has a racially/ethnically diverse student body, if their program is interested in increasing student diversity, if racial/ethnic minority students are easily recruited in audiology graduate programs, and if the program director/admissions committee actively recruits minority students, respectively.



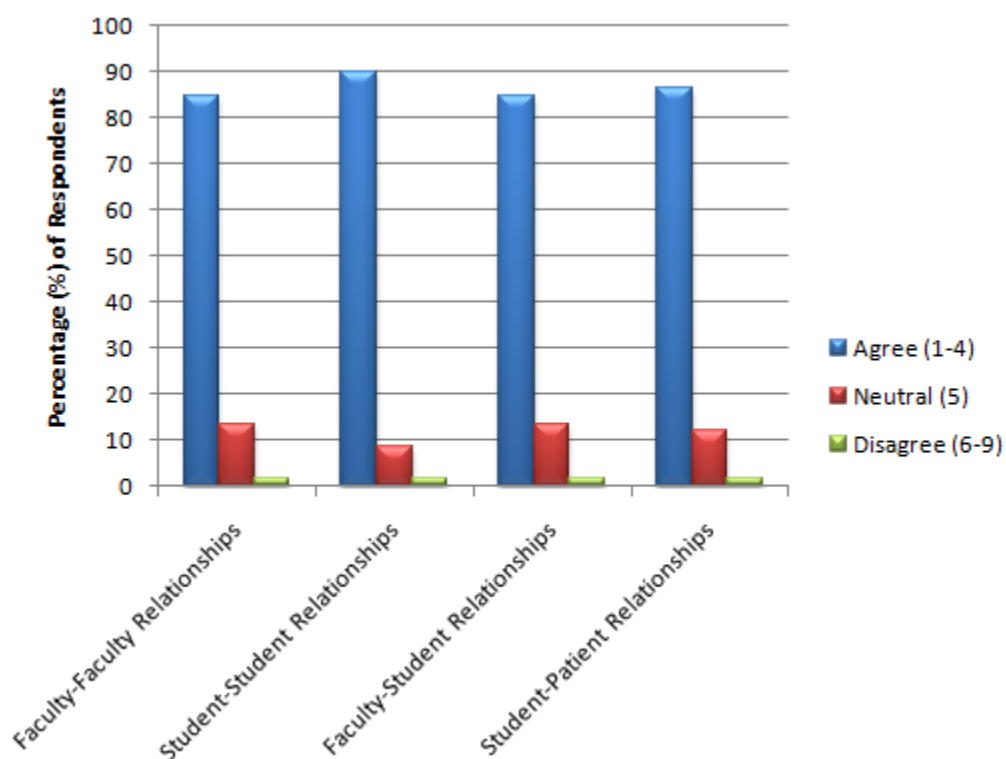
when asked if racial/ethnic minority students are easily recruited in audiology graduate programs (35.6%, $n = 21$), almost one-fourth selected 5 for a neutral response (23.7%, $n = 14$), and the largest group of respondents selected 1-4 (agree; 40.7%, $n = 24$). When asked if the program director/admissions committee actively recruits minority students, the majority of respondents selected 1-4 (agree; 61.0%, $n = 36$).

When faculty respondents were asked if their program has a racially/ethnically diverse on-campus clinic population, seven (12.1%) respondents selected *N/A* for not applicable which suggests that they are employed at a college/university that does not have an on-campus clinic. Of the 51 remaining respondents who answered the question, the majority selected 1-4 (agree; 70.6%, $n = 36$) indicating that they agreed.

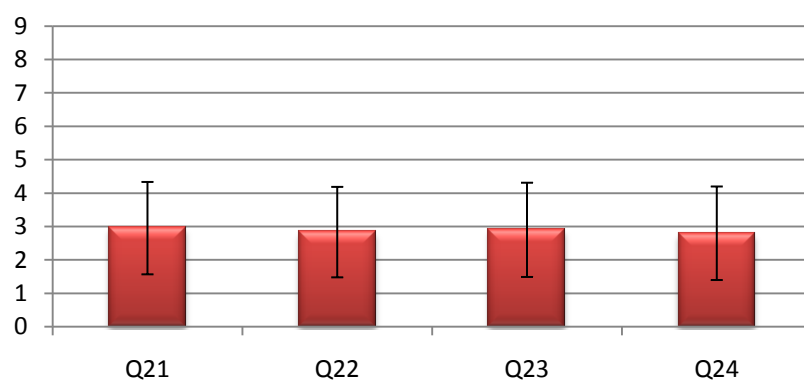
Figure 5 illustrates responses to questions 21-24 that asked faculty respondents to indicate if racial/ethnic diversity benefits faculty-faculty relationships, student-student relationships, faculty-student relationships, and student-patient relationships, respectively. A large majority (approximately 85-90%) of respondents selected 1-4 (agree) for all four of the questions. Respondents indicated that racial/ethnic diversity in academic learning environments benefits faculty-faculty relationships (84.7%, $n = 50$), student-student relationships (89.7%, $n = 53$), and faculty-student relationships (84.7%, $n = 50$). Respondents indicated that racial/ethnic diversity in clinical learning environments benefits student-patient relationships (86.4%, $n = 51$).

Question 25 asked faculty respondents if racial/ethnic diversity is more important than gender diversity; responses to this question were essentially split in thirds, approximately, in which 35.7% ($n = 21$) selected 1-4 (agree), 33.9% ($n = 20$) selected 5 (neutral), and 30.6% ($n = 18$) selected 6-9 (disagree). Questions 26 and 27 asked faculty

Figure 5. Percentages (%) representing faculty responses to questions 21-24 that asked respondents if racial/ethnic diversity benefits faculty-faculty relationships, student-student relationships, faculty-student relationships, and student-patient relationships, respectively.



Rating Average (Standard Deviation)



respondents if they are comfortable with the amount of racial/ethnic faculty diversity and racial/ethnic student diversity in their audiology graduate program, respectively. Figure 6 illustrates the responses to these two questions. Regarding comfort with the amount of faculty diversity, 43.0% ($n = 25$) selected 1-4 (agree), 32.7% ($n = 19$) selected 5 (neutral), and 24.1% ($n = 14$) selected 6-9 (disagree). Regarding comfort with the amount of student diversity, 56.9% ($n = 33$) selected 1-4 (agree), 34.5% ($n = 2$) selected 6-9 (disagree), and 8.6% ($n = 5$) selected 5 (neutral).

Faculty respondents were asked if racial/ethnic diversity of students in audiology graduate programs *could* be and *should* be increased by adjusting admissions criteria to focus less on academic achievement and more on other criteria (e.g., interviews, essays, resumes). As illustrated in Figure 7, almost half of the respondents selected 6-9 (disagree; 45.8%, $n = 27$) when asked if student diversity could be increased by adjusting admissions criteria; 28.8% ($n = 17$) selected 5 (neutral) and 25.5% ($n = 15$) selected 1-4 (agree). Almost two-thirds of the respondents selected 6-9 (disagree; 62.6%, $n = 37$) when asked if student diversity should be increased by adjusting admissions criteria; the same amount selected 1-4 (agree; 18.7%, $n = 11$) and 5 (neutral; 18.6%, $n = 11$). In summary, about one-fourth of the faculty respondents felt that audiology graduate programs could actually adjust admissions criteria but fewer (approximately one-fifth) felt that it should be done.

Questions 30 and 31 asked faculty respondents to indicate if they felt as though their racial/ethnic identity is respected in their audiology graduate program by faculty and students, respectively. Response options included *all faculty*, *most faculty*, and *some faculty* for question 30. Response options included *all students*, *most students*, and *some*

Figure 6. Percentages (%) representing faculty responses to questions 26 and 27 that asked respondents if they are comfortable with the amount of racial/ethnic faculty diversity and student diversity in their audiology graduate program, respectively.

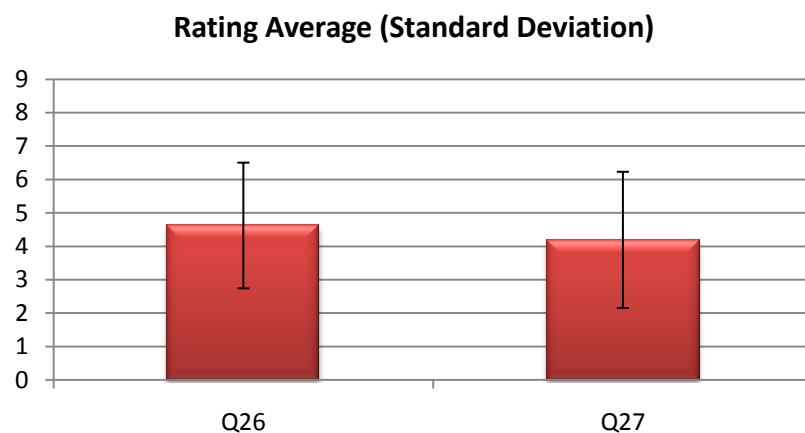
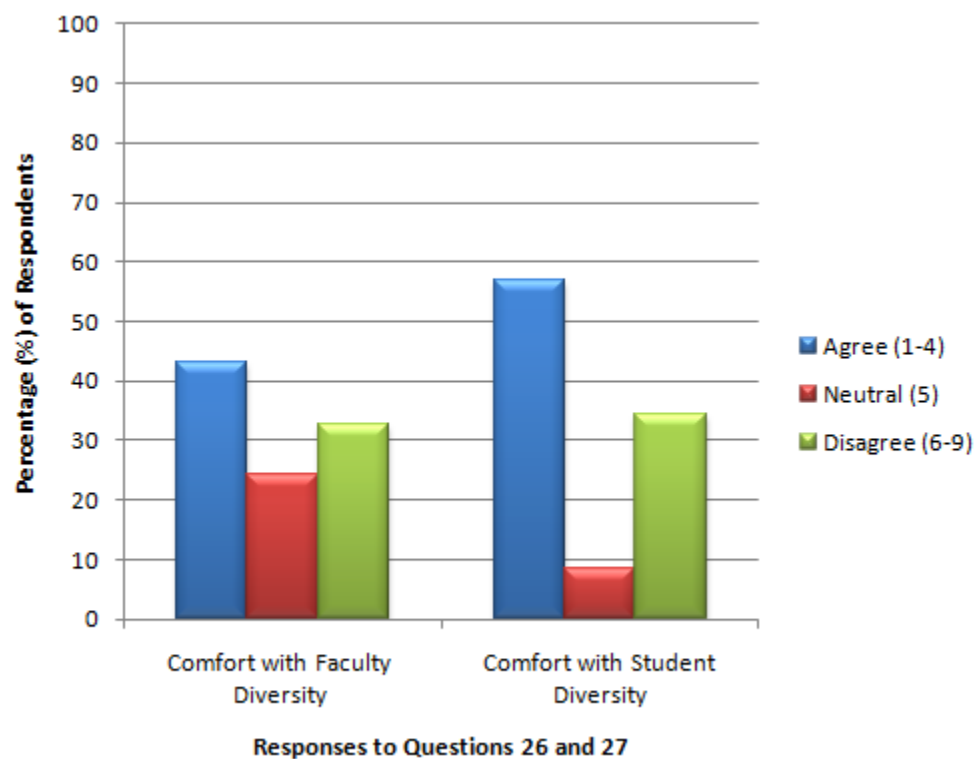
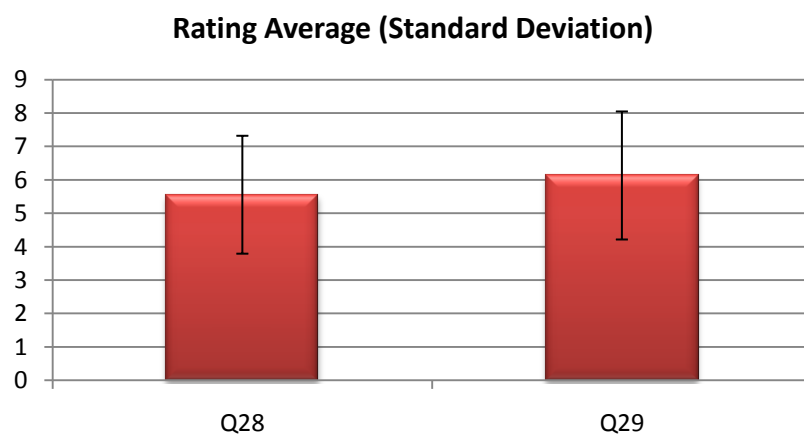
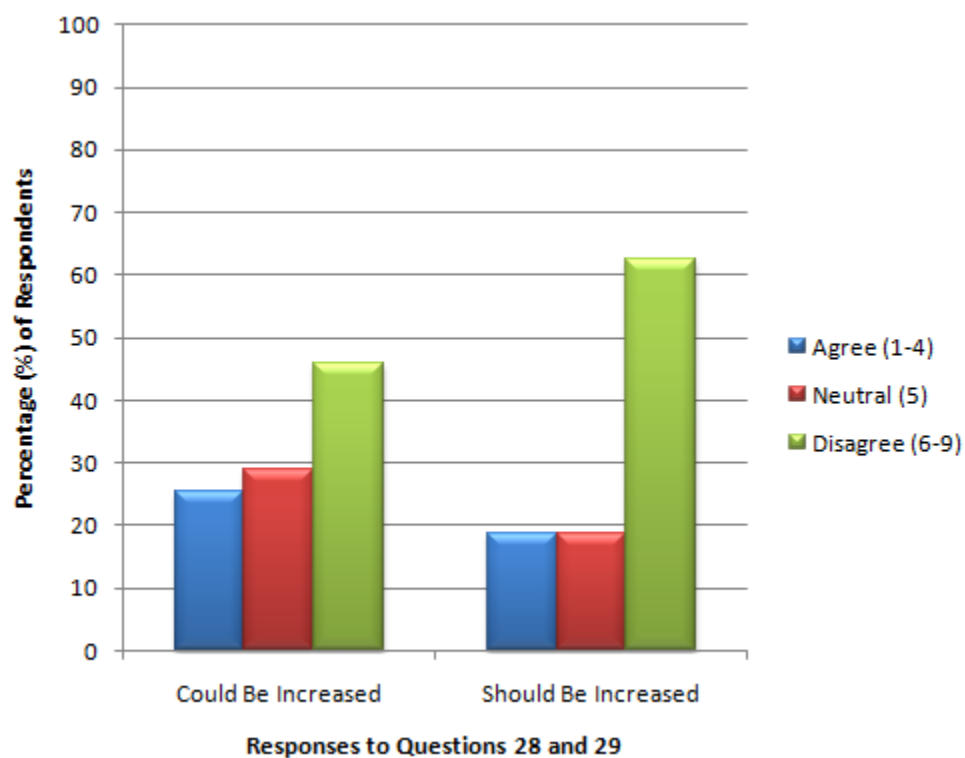


Figure 7. Percentages (%) representing faculty responses to questions 28 and 29 that asked respondents if racial/ethnic diversity of students in audiology graduate programs *could* be and *should* be increased by adjusting admissions criteria to focus less on academic achievement and more on other criteria (e.g., interviews, essays, resumes), respectively.



students for question 30. Thus, the response options were not on a 9-point scale. Figure 8 illustrates the responses to these questions. A large majority of respondents indicated that their racial/ethnic identity is respected by all faculty and all students (82.1%, $n = 46$) and 16.1% ($n = 9$) indicated that their racial/ethnic identity is respected by most faculty and students. Only one (1.8%) respondent indicated that his/her racial/ethnic identity is respected by some faculty and students.

The last question in this section (i.e., question 32) included a comment box and faculty respondents were asked to provide any additional opinions that they had regarding diversity in the audiology graduate program in which they are employed. All comments were qualitatively analyzed and results can be found in section three of this chapter.

Student respondents. Question 18 asked student respondents if they were interested in an audiology graduate program that was racially/ethnically diverse in both faculty and student populations. Essentially half of the respondents selected 5 (neutral; 50.7%, $n = 152$). About one-quarter selected either 1-4 (agree; 23%, $n = 69$) or 6-9 (disagree; 26.3%, $n = 79$).

Figure 9 illustrates the student responses to questions 13 and 16. When asked if their audiology graduate program *has* a racially/ethnically diverse faculty, the majority of student respondents selected 6-9 (disagree; 54.6%, $n = 164$) indicating that they disagreed. More than one-third selected *I don't know* indicating that they did not know if their program is *interested* in increasing faculty diversity (35.5%, $n = 105$); this was the majority response followed by 22% ($n = 65$) of the respondents selecting 5 for a neutral response.

Figure 8. Percentages (%) representing faculty responses to questions 30 and 31 that asked faculty respondents to indicate if they felt as though their racial/ethnic identity is respected in their audiology graduate program by some, most, or all of the other faculty members and students.

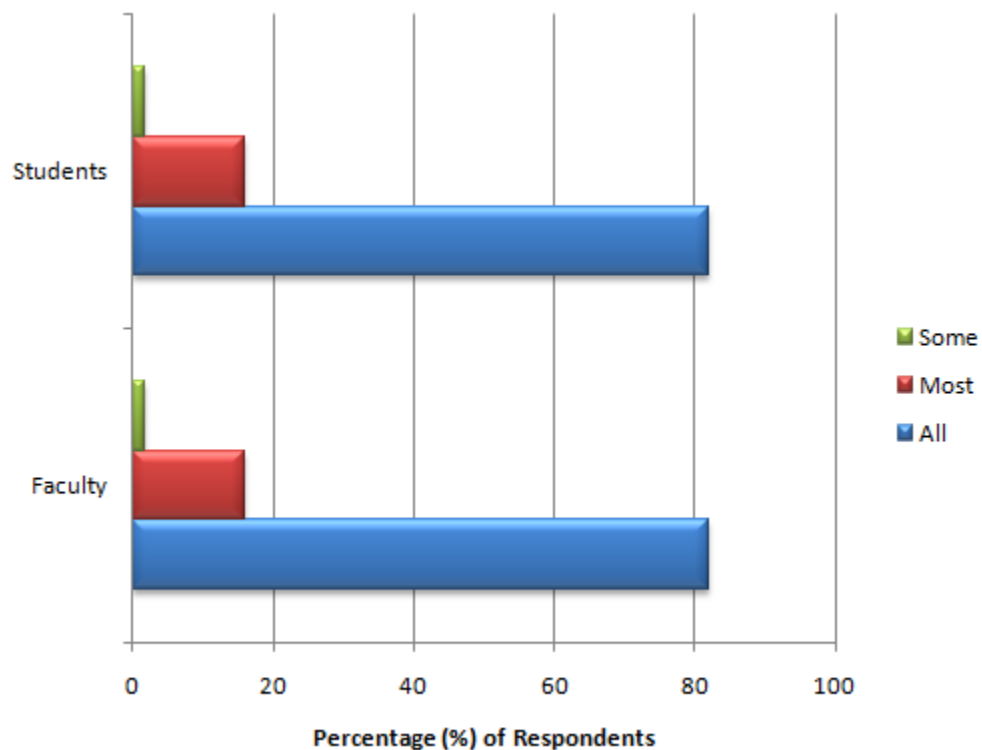


Figure 9. Percentages (%) representing student responses to questions 13 and 16 that asked respondents if their program has a racially/ethnically diverse faculty and if their program is interested in increasing faculty diversity, respectively.

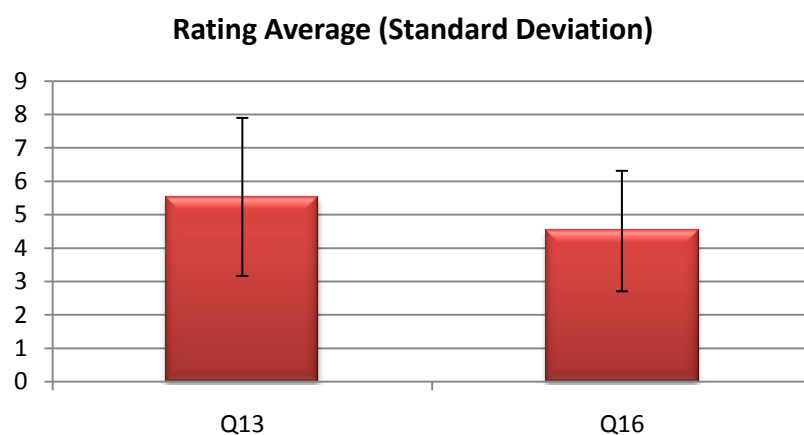
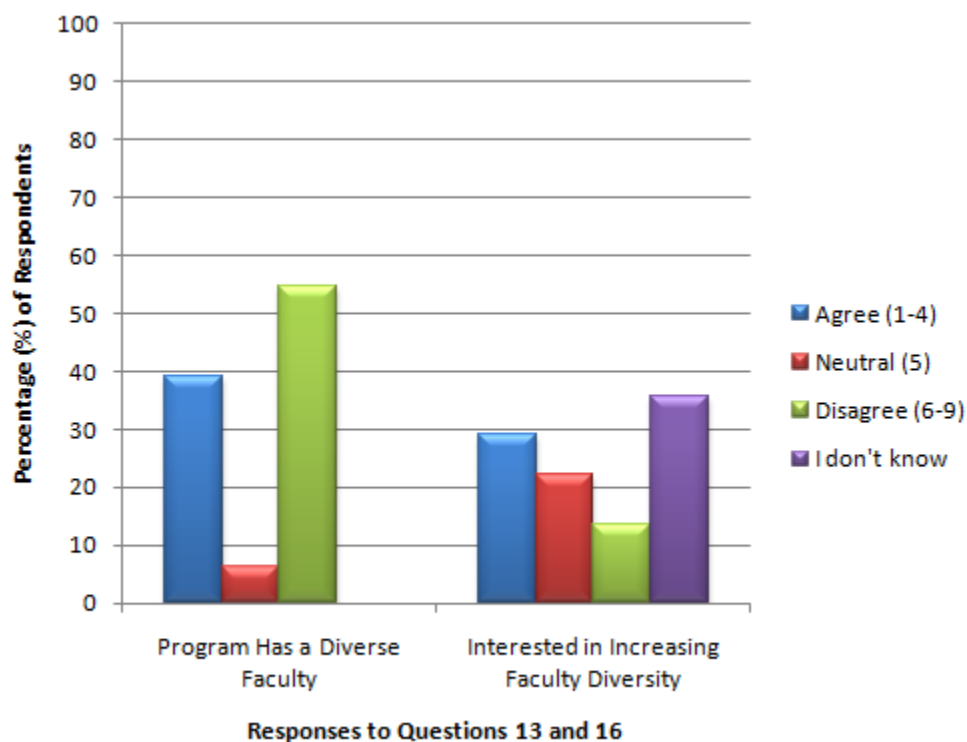


Figure 10 illustrates the student responses to questions 14 and 17. When asked if their program *has* a racially/ethnically diverse student body, the majority selected 1-4 (agree; 58.0%, $n = 174$) indicating that they agreed. When asked if their program is *interested* in increasing student diversity, 42.9% ($n = 128$) selected 1-4 (agree) indicating that they agreed; however, the largest response selected was *I don't know* (30.2%, $n = 90$).

When asked if their program has a racially/ethnically diverse on-campus clinic population, 15 (5%) student respondents selected *N/A*. Of the 284 remaining respondents who answered the question, the majority selected 1-4 (agree; 60.6%, $n = 172$) indicating that they agreed. More than half selected 5 for a neutral response (50.7%, $n = 152$), and 23.8% ($n = 69$) selected 1-4 (agree) and 26.3% ($n = 79$) selected 6-9 (disagree) when asked if they were interested in a program that was racially/ethnically diverse in both faculty and student populations as a prospective student.

Figure 11 illustrates responses to questions 19-22 that asked student respondents to indicate if racial/ethnic diversity benefits faculty-faculty relationships, student-student relationships, faculty-student relationships, and student-patient relationships, respectively. The majority of respondents selected 1-4 (agree) to all four of the questions. Respondents indicated that racial/ethnic diversity in academic learning environments benefits faculty-faculty relationships (62.1%, $n = 185$), student-student relationships (72.1%, $n = 214$), and faculty-student relationships (68.1%, $n = 202$). Respondents indicated that racial/ethnic diversity in clinical learning environments benefits student-patient relationships (79.8%, $n = 239$).

Figure 10. Percentages (%) representing student responses to questions 14 and 17 that asked respondents if their program has a racially/ethnically diverse student body and if their program is interested in increasing student diversity, respectively.

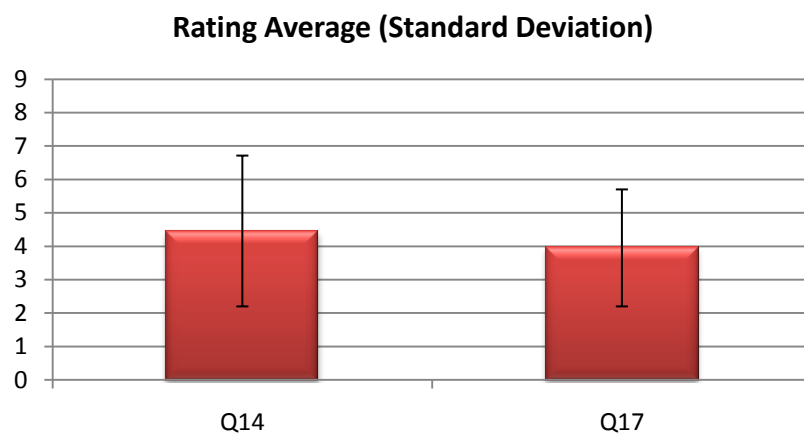
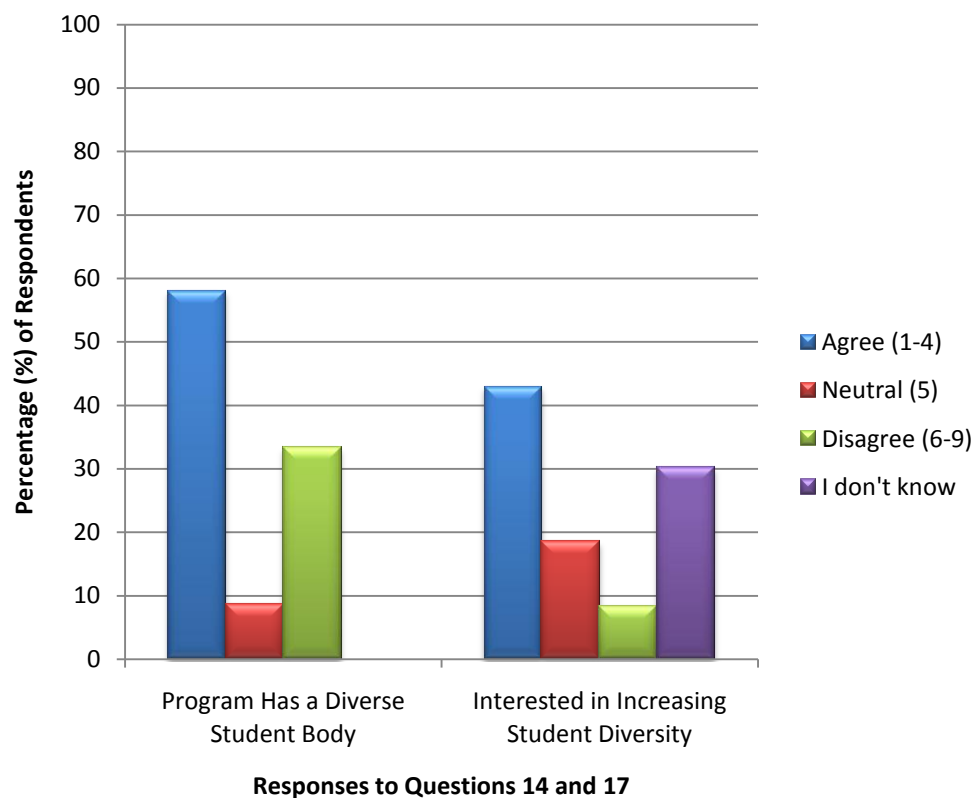
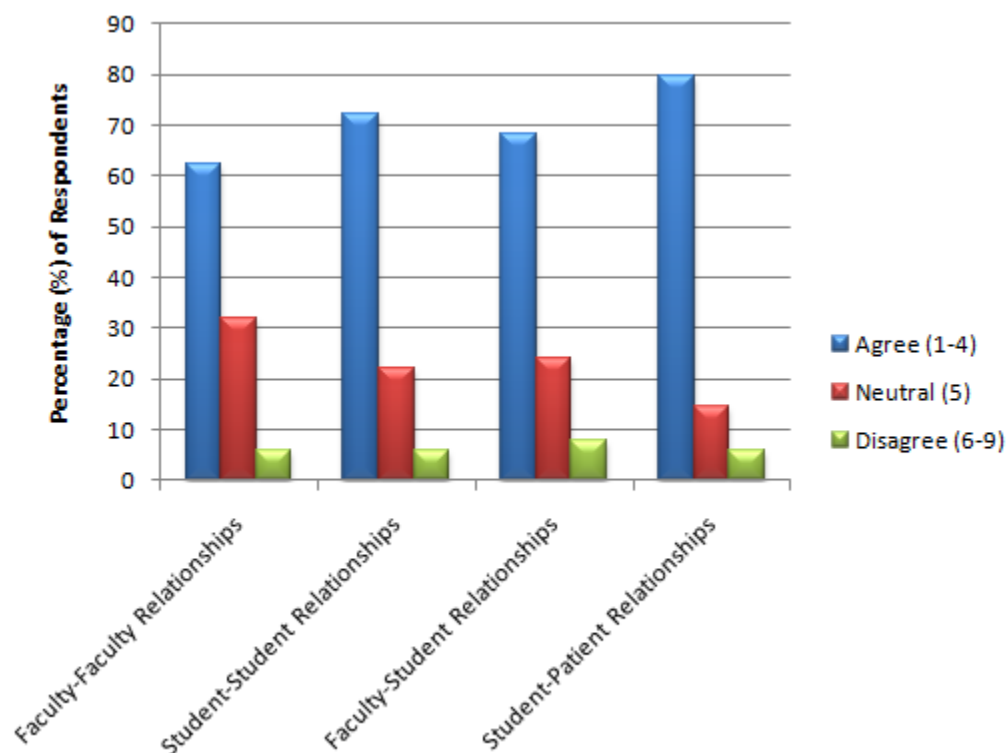
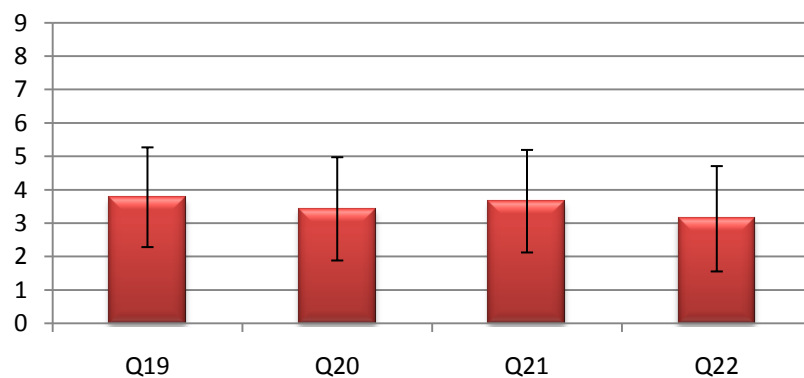


Figure 11. Percentages (%) representing student responses to questions 19-22 that asked respondents if racial/ethnic diversity benefits faculty-faculty relationships, student-student relationships, faculty-student relationships, and student-patient relationships, respectively.



Rating Average (Standard Deviation)



Question 23 asked student respondents if racial/ethnic diversity is more important than gender diversity; 38.2% ($n = 113$) selected 5 (neutral), 31.7% ($n = 94$) selected 6-9 (disagree), and 30.1% ($n = 89$) selected 1-4 (agree). Questions 24 and 25 asked student respondents if they are comfortable with the amount of racial/ethnic faculty diversity and racial/ethnic student diversity in their audiology graduate program, respectively. Figure 12 illustrates the responses to these two questions. Regarding comfort with the amount of faculty diversity, 64.6% ($n = 194$) selected 1-4 (agree), 21.3% ($n = 64$) selected 5 (neutral), and 13.9% ($n = 42$) selected 6-9 (disagree). Regarding comfort with the amount of student diversity, 71.3% ($n = 214$) selected 1-4 (agree), 16.0% ($n = 48$) selected 5 (neutral), and 12.7% ($n = 38$) selected 6-9 (disagree).

Student respondents were asked if racial/ethnic diversity of students in audiology graduate programs *could* be and *should* be increased by adjusting admissions criteria to focus less on academic achievement and more on other criteria (e.g., interviews, essays, resumes). As illustrated in Figure 13, 38.1% ($n = 114$) selected 6-9 (disagree), 37.4% ($n = 112$) selected 1-4 (agree), and about one-fourth selected 5 (neutral; 24.4%, $n = 73$) when asked if student diversity could be increased by adjusting admissions criteria. When asked if student diversity should be increased by adjusting admissions criteria, the majority of respondents selected 6-9 (disagree; 57.2%, $n = 171$), and less than one-fourth selected 1-4 (agree; 23.5%, $n = 70$). In summary, about one-third of the student respondents felt that audiology graduate programs could actually adjust admissions criteria but fewer (approximately one-fourth) felt that it should be done.

Questions 28 and 29 asked student respondents to indicate if they felt as though their racial/ethnic identity is respected in their audiology graduate program by faculty and

Figure 12. Percentages (%) representing student responses to questions 24 and 25 that asked respondents if they are comfortable with the amount of racial/ethnic faculty diversity and student diversity in their audiology graduate program, respectively.

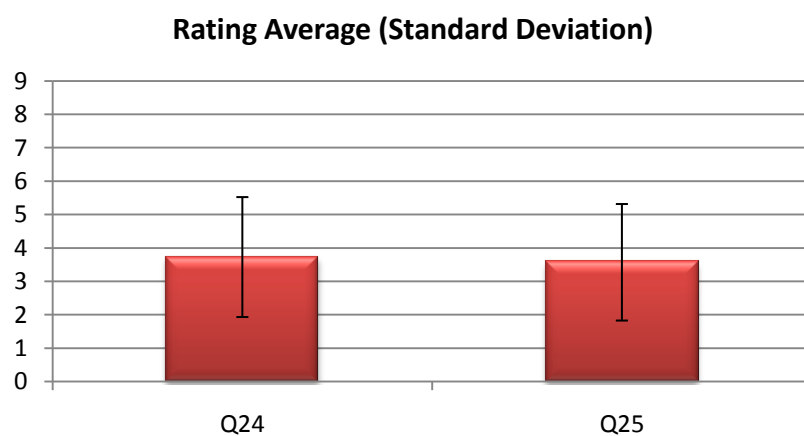
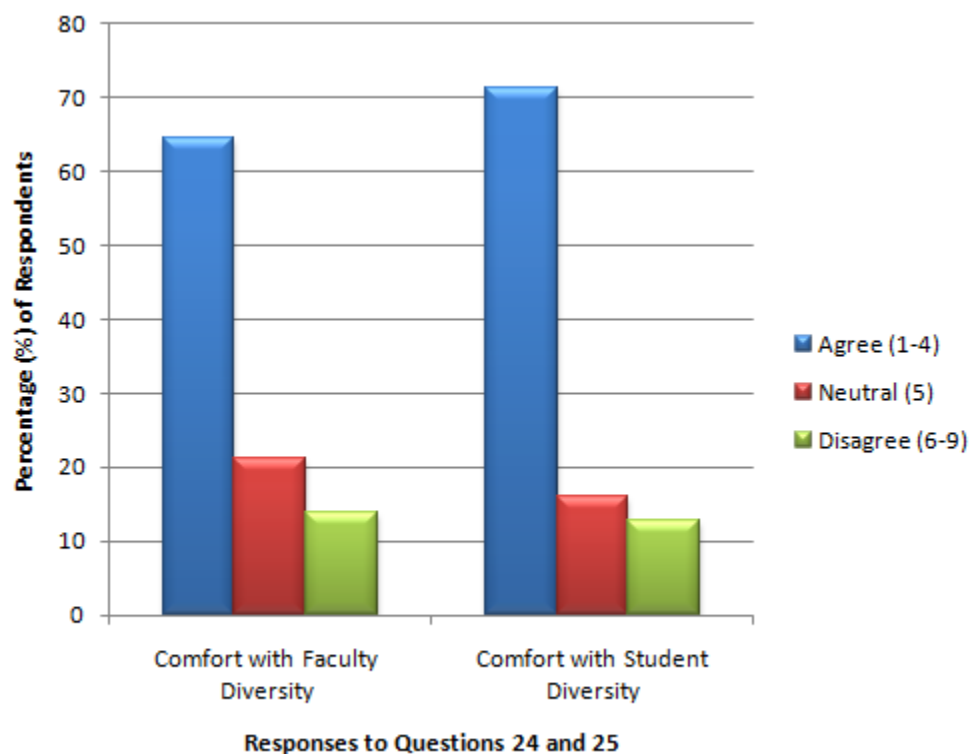
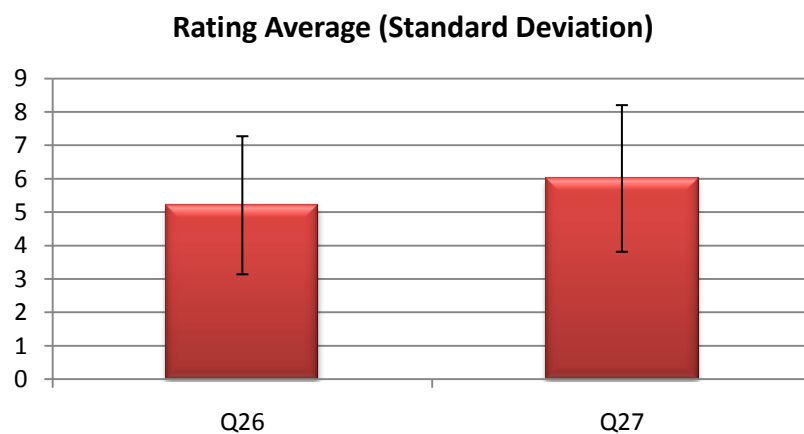
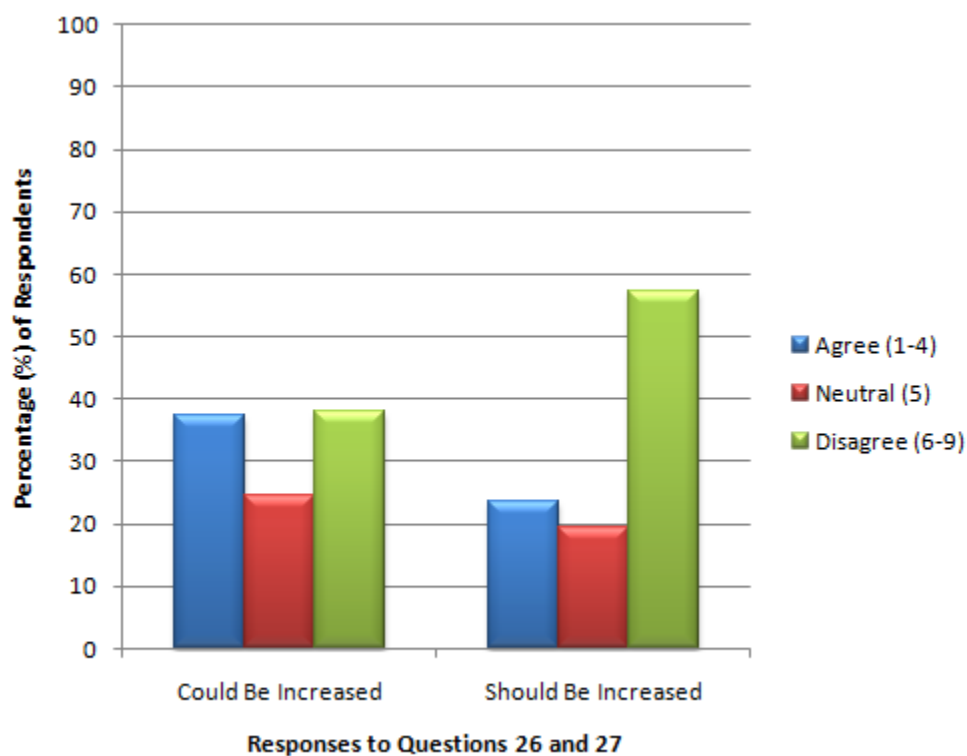


Figure 13. Percentages (%) representing student responses to questions 26 and 27 that asked respondents if racial/ethnic diversity of students in audiology graduate programs *could* be and *should* be increased by adjusting admissions criteria to focus less on academic achievement and more on other criteria (e.g., interviews, essays, resumes), respectively.

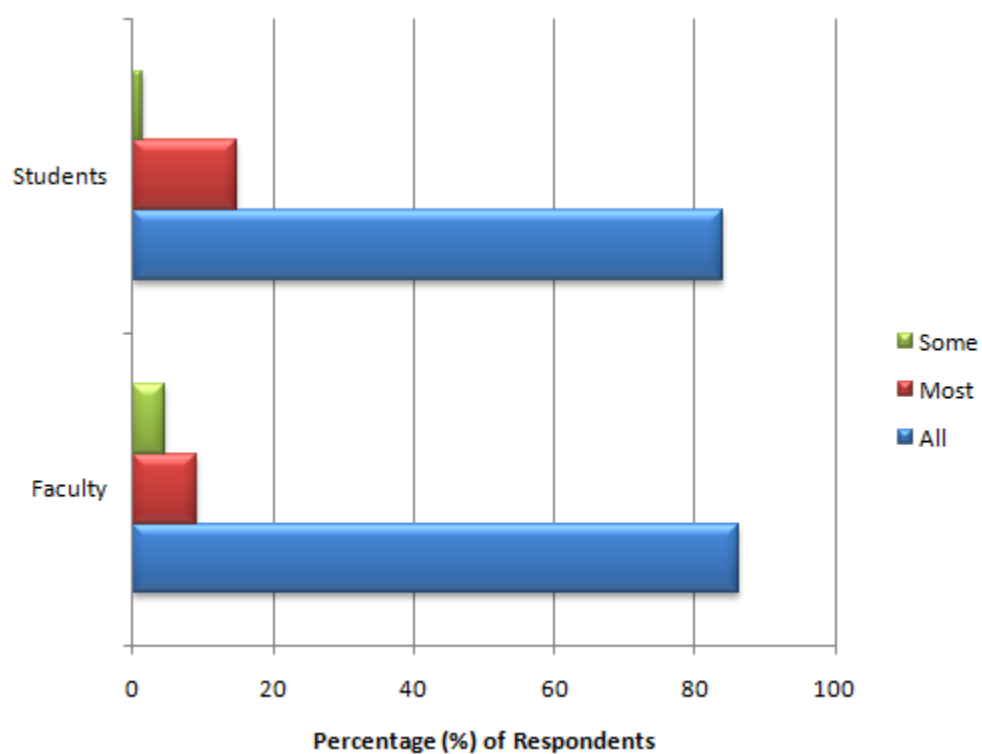


students, respectively. Response options included *all faculty*, *most faculty*, and *some faculty* for question 28. Response options included *all students*, *most students*, and *some students* for question 29. Thus, the response options were not on a 9-point scale. Figure 14 illustrates the responses to these questions. The majority of respondents indicated that their racial/ethnic identity is respected by all faculty (86.3%, $n = 259$) and all students (84.0%, $n = 252$), 9.0% ($n = 27$) selected most faculty, 14.7% ($n = 44$) selected most students, and a small percentage selected some faculty (4.7%, $n = 14$) and some students (1.3%, $n = 4$).

The last question in this section (i.e., question 30) included a comment box and student respondents were asked to provide any additional opinions that they had regarding diversity in the audiology graduate program in which they are a student. All comments were qualitatively analyzed and results can be found in section three of this chapter.

Multicultural infusion. The multicultural infusion section of the faculty and student surveys consisted of questions 33-58 and questions 31-54, respectively. Twenty-two of the faculty questions and 15 of the student questions, including the last question of the surveys, included comment boxes; respondents were given the chance to share additional opinions. Participants were given the definition of multicultural as “One or more particular minority racial/ethnic groups in the US” before responding to the questions in this section of the surveys. Recall from the methodology chapter that most of the items in this section of the surveys required respondents to answer the questions using a 9-point scale. Scale points 1-4 were grouped into an *agree* category and scale points 6-9 were grouped into a *disagree* category.

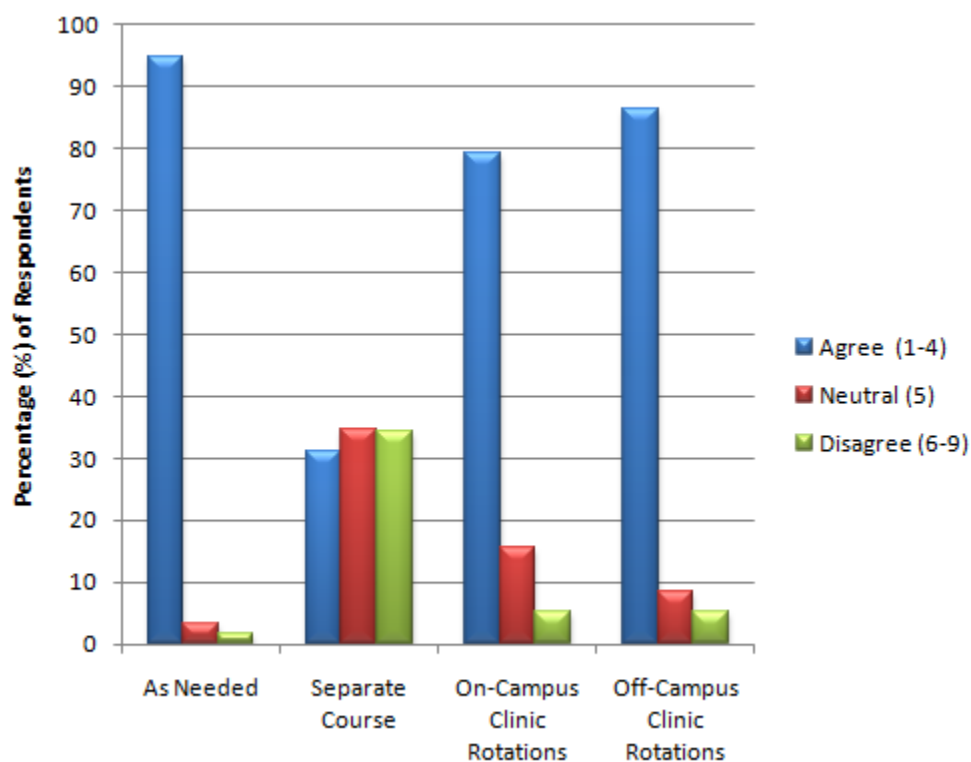
Figure 14. Percentages (%) representing student responses to questions 28 and 29 that asked student respondents to indicate if they felt as though their racial/ethnic identity is respected in their audiology graduate program by some, most, or all other students and faculty members.



Faculty respondents. The vast majority of faculty respondents (93.0%, $n = 53$) selected 1-4 (agree) when asked if it is important for audiology graduate programs to address multicultural issues in the curriculum. A slight majority of faculty respondents (54.2%, $n = 32$) selected 6-9 (disagree) when asked if too much emphasis is placed on multicultural issues in the profession of audiology; almost one-third (30.5%, $n = 18$) selected 5 (neutral). When asked if multicultural instruction enhances the clinical preparedness of students, the vast majority (89.8%, $n = 53$) of the faculty respondents selected 1-4 (agree). When asked if multicultural issues should be addressed in all courses in the audiology graduate curriculum, most of the required courses in the audiology graduate curriculum, some of the required courses in the audiology graduate curriculum, and none of the required courses in the audiology graduate curriculum, the largest selection was most of the required courses (44.1%, $n = 26$) followed by some of the required courses (35.6%, $n = 21$); 18.6% ($n = 11$) selected all of the required courses.

Figure 15 illustrates the responses to question 35, a 4-part question that asked faculty respondents to indicate if it is important to include multicultural issues in the audiology graduate curriculum (a) as needed based on the content of the course, (b) in a separate multicultural course, (c) in on-campus clinic rotations, and (d) in off-campus clinic rotations. The vast majority of respondents selected 1-4 within the agree range of the scale indicating that they believed that multicultural issues should be addressed on an as needed bases (94.9%, $n = 56$), in on-campus clinic rotations (79.3%, $n = 46$), and in off-campus clinic rotations (86.4%, $n = 51$). Essentially one-third of the respondents selected either 1-4 (agree; 31.1%, $n = 18$), 5 (neutral; 34.5%, $n = 20$); or 6-9 (disagree; 34.4%, $n = 20$) when asked if multicultural issues should be addressed in separate course.

Figure 15. Percentages (%) representing faculty responses to question 35, a 4-part question that asked respondents to indicate if it is important to include multicultural issues in the audiology graduate curriculum (a) as needed based on the content of the course, (b) in a separate multicultural course, (c) in on-campus clinic rotations, and (d) in off-campus clinic rotations.



Rating Average (Standard Deviation)

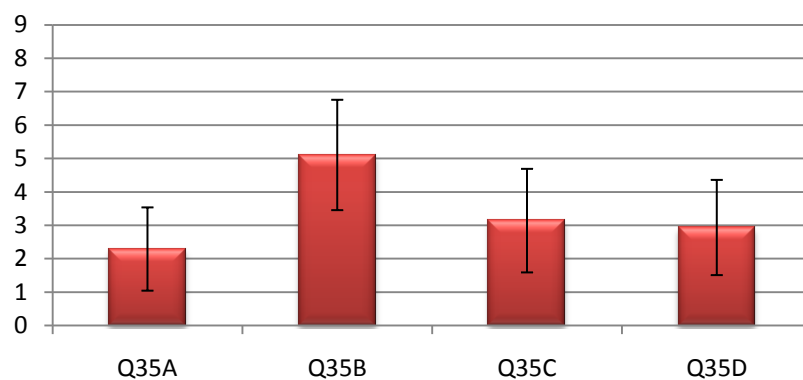
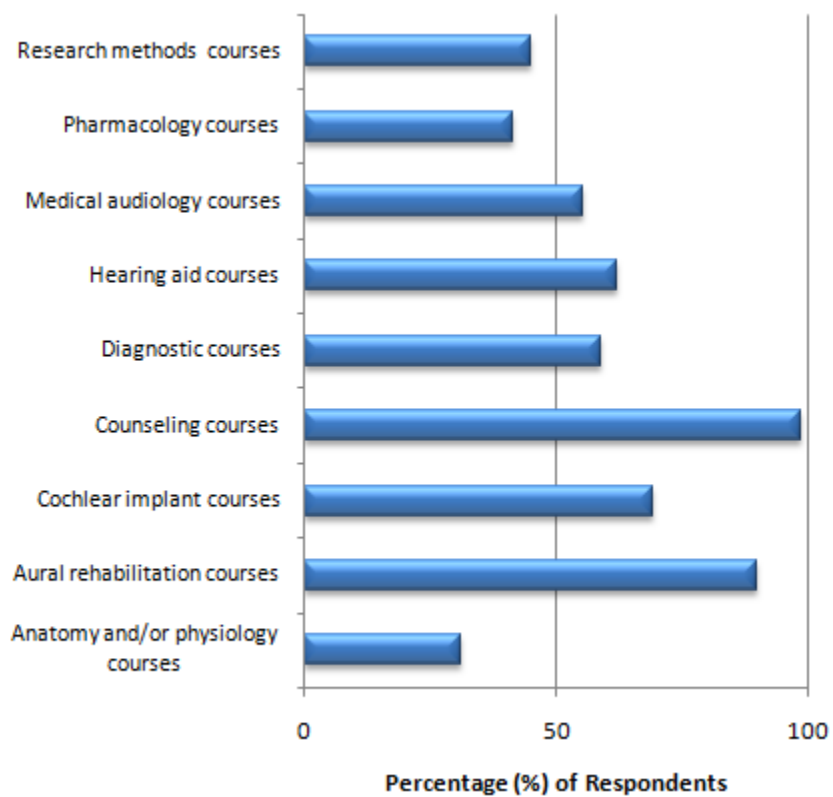


Figure 16 illustrates the responses to question 36 that asked faculty respondents who believed that multicultural issues should be addressed in audiology graduate courses to select one or more courses in which multicultural issues should be addressed. As displayed Figure 16, nine options were available for selection. Of the 58 respondents who made selections, 98.3% ($n = 57$) selected counseling courses which was the largest selection followed by aural rehabilitation courses (89.7%, $n = 52$) and cochlear implant courses (69.0%, $n = 40$).

When asked if they actively seek to obtain education in multicultural issues that pertain to audiology, more than half of the faculty respondents selected 1-4 (agree; 57.6%, $n = 34$); 27.1% ($n = 16$) selected 5 for neutral. When asked if they find it difficult to find educational opportunities in multicultural issues that pertain to audiology, more than half of the faculty respondents selected 1-4 (agree; 50.9%, $n = 30$); more than one-third selected 5 (neutral; 40.7%, $n = 24$).

Question 41 asked faculty respondents if faculty should foster classroom discussions involving multicultural issues. A large majority of the respondents selected 1-4 (agree; 79.8%, $n = 47$). More than half of the respondents (55.9%, $n = 33$) selected 1-4 (agree) when asked if there should be at least one faculty member in the audiology department with a background in multicultural issues to assist in multicultural infusion; more than one-fourth selected 5 (neutral; 28.8%, $n = 17$). When asked if they are prepared to teach a class that incorporates multicultural instruction, more than half (57.7%, $n = 34$) selected 1-4 (agree) and more than one-third (32.2%, $n = 19$) selected 6-9 (disagree). The large majority (83.1%, $n = 49$) of respondents selected 1-4 (agree) when asked if they are comfortable discussing multicultural issues in the courses that they

Figure 16. Percentages (%) representing faculty responses to question 36 that asked respondents to select courses in which multicultural issues should be addressed in audiology graduate programs.



teach. Question 45 asked faculty respondents if they are comfortable discussing multicultural issues with students whose race/ethnicity differs from their own. The vast majority (91.6%, $n = 54$) of respondents selected 1-4 (agree). Question 46 asked faculty respondents if they enjoy working with individuals from racial/ethnic minority groups. The large majority (89.9%, $n = 53$) of respondents selected 1-4 (agree).

Figure 17 illustrates the faculty responses to questions 47-49. More than half of the respondents (59.4, $n = 25$) selected 6-9 (disagree) and 33.9% ($n = 20$) selected 1-4 (agree) when asked if multicultural issues were addressed in required courses during their graduate education. Almost two-thirds of the respondents (62.7%, $n = 37$) selected 1-4 (agree) and 28.9% ($n = 17$) selected 6-9 (disagree) when asked if they have been trained to work with individuals from racial/ethnic minority groups. Almost three-fourths of the respondents (72.3%, $n = 42$) selected 1-4 (agree) when asked if more training in culturally diverse issues will enhance their efficacy to teach students.

Figure 18 illustrates the faculty responses to questions 50-53 that asked respondents if racial/ethnic minority faculty members are better prepared to discuss multicultural issues compare to White faculty, if White faculty members are better prepared to discuss multicultural issues compared to racial/ethnic minority faculty, if minority faculty members should be the ones given the task to discuss multicultural issues with students, and if all faculty members should be responsible for discussing multicultural issues with students, respectively. As displayed in Figure 18, less than half (40.8%, $n = 24$) selected 6-9 (disagree) and 35.6% ($n = 21$) selected 5 (neutral) for question 50 indicating that 76.4% ($n = 45$) of the respondents did not agree that racial/ethnic minority faculty members are better prepared. Almost two-thirds (62.7%, n

Figure 17. Percentages (%) representing faculty responses to questions 47-49 that asked faculty respondents if multicultural issues were addressed in required courses during their graduate education, if they have been trained to work with individuals from racial/ethnic minority groups, and if more training in culturally diverse issues will enhance their efficacy to teach students, respectively.

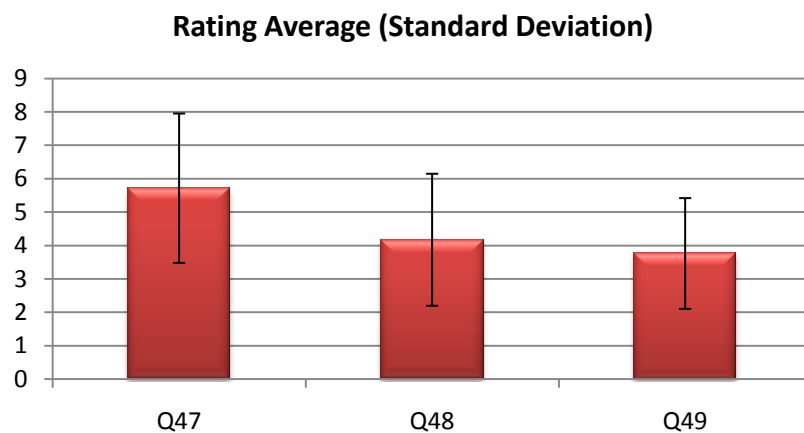
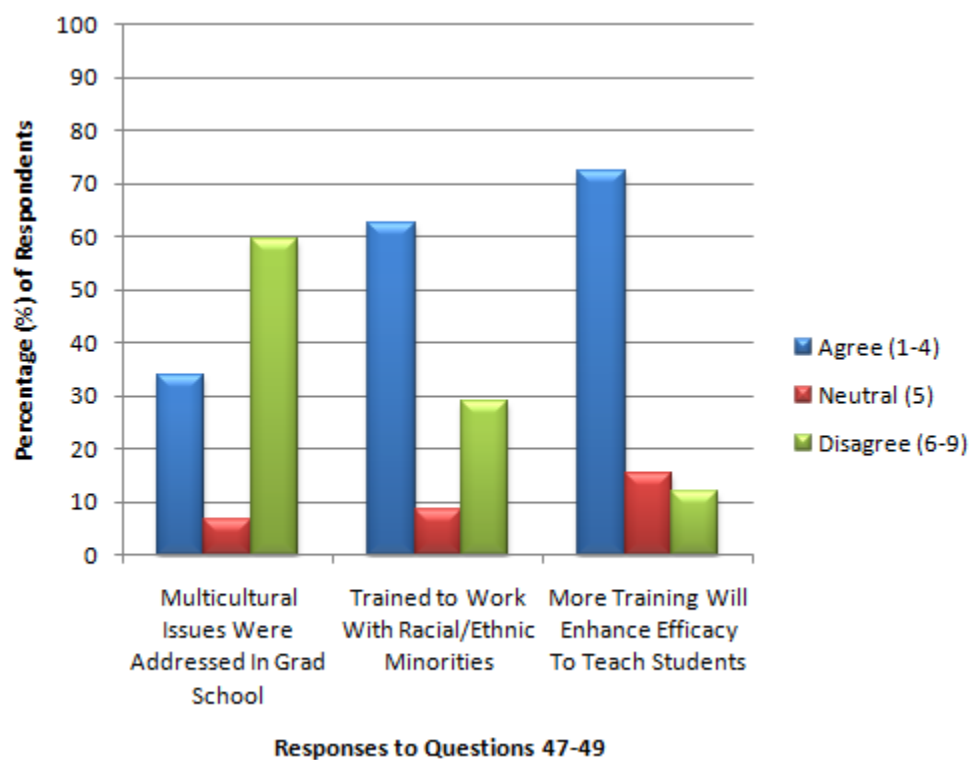
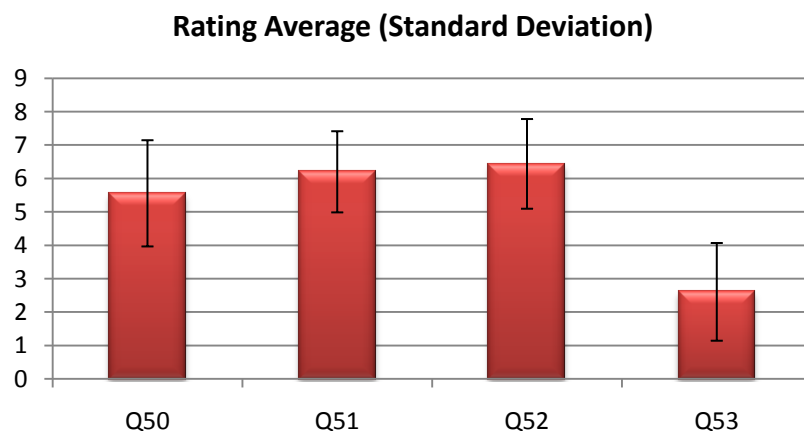
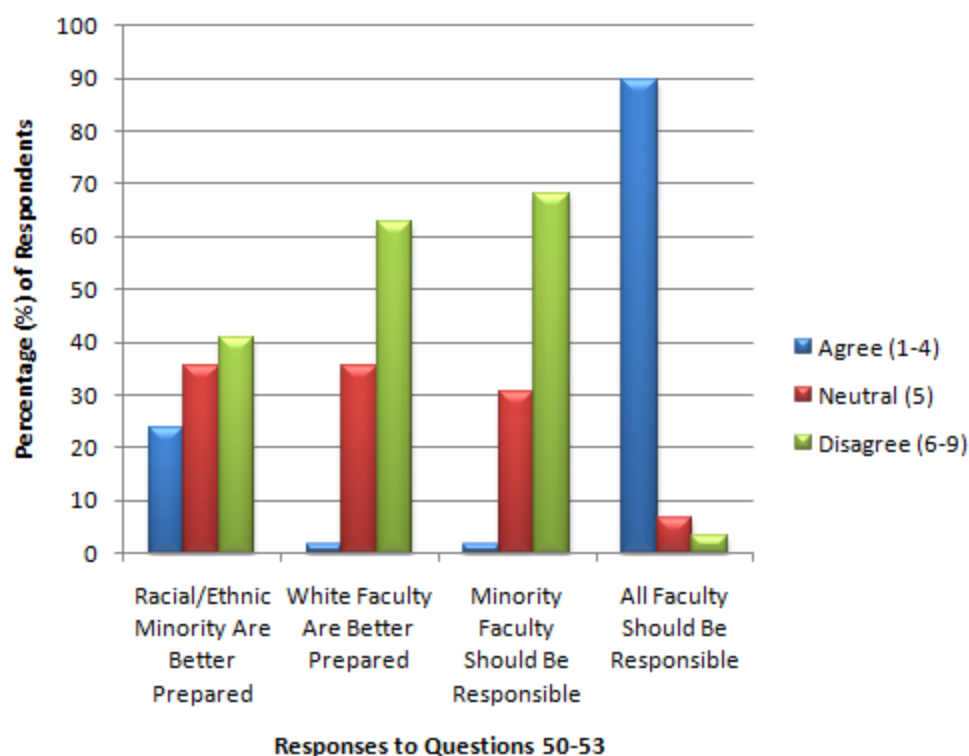


Figure 18. Percentages (%) representing faculty responses to questions 50-53 that asked respondents if racial/ethnic minority faculty members are better prepared to discuss multicultural issues compare to White faculty, if White faculty members are better prepared to discuss multicultural issues compared to racial/ethnic minority faculty, if minority faculty members should be the ones given the task to discuss multicultural issues with students, and if all faculty members should be responsible for discussing multicultural issues with students, respectively.

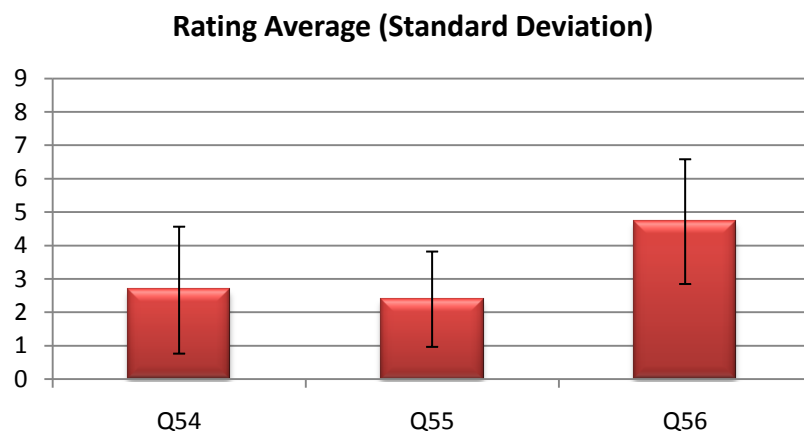
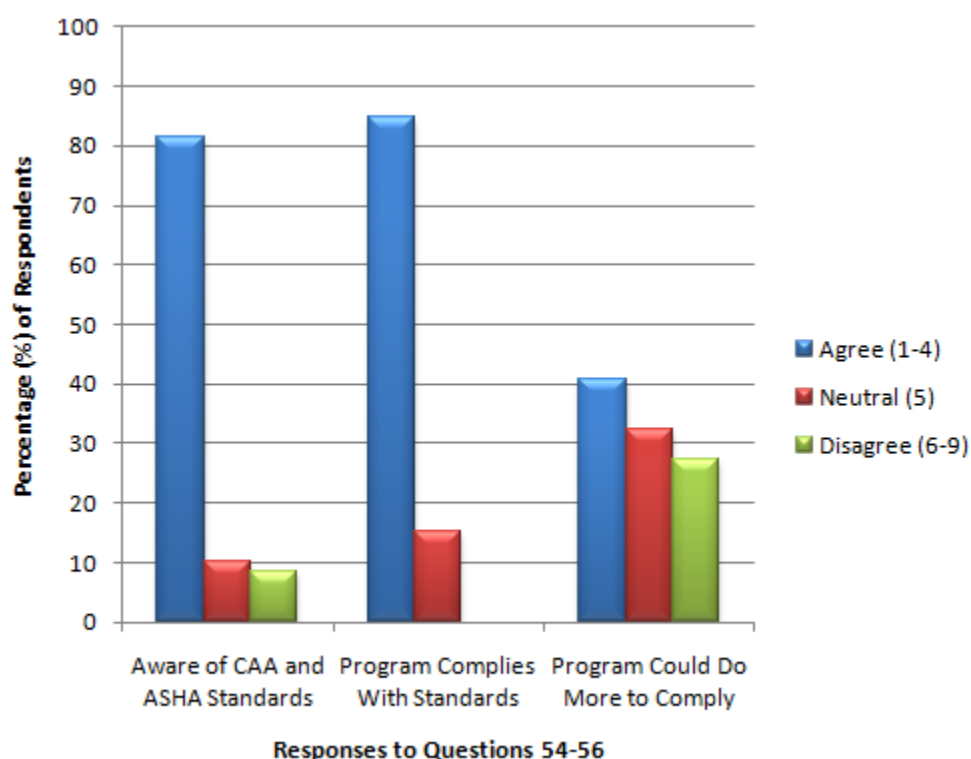


= 37) of the faculty respondents selected 6-9 (disagree) and 35.6% ($n = 21$) selected 5 (neutral) for question 51 indicating that 98.3% ($n = 58$) did not agree that White faculty are better prepared. The majority of respondents (67.9%, $n = 40$) selected 6-9 (disagree) indicating that minority faculty members should not be the ones given the task to discuss multicultural issues and the majority of respondents (89.8%, $n = 53$) selected 1-4 (agree) indicating that all faculty members should be responsible for discussing multicultural issues.

Figure 19 illustrates the faculty responses to questions 54-56 that asked respondents questions that pertained to the Council on Academic Accreditation (CAA) and the American Speech-Language-Hearing Association (ASHA) standards for multicultural infusion. A large majority of faculty respondents (81.4%, $n = 48$) selected 1-4 (agree) when asked if they are aware that the Council on Academic Accreditation (CAA) and the American Speech-Language-Hearing Association (ASHA) require multicultural instruction in audiology graduate programs. When asked if the audiology graduate program in which they are employed complies with CAA and ASHA standards to incorporate multicultural instruction, a large majority (84.7%, $n = 50$) selected 1-4 (agree). However, when asked if the audiology graduate program in which they are employed could do more to comply with CAA and ASHA standards for multicultural instruction, 40.7% ($n = 24$) selected 1-4 (agree) and 32.2% ($n = 19$) selected 5 (neutral).

Question 57 asked faculty respondents to indicate if they were happy with their employment position in their audiology graduate program as far as equal opportunities and respect go. With the exception of two (3.4%) of respondents, essentially all of the respondents (96.7%, $n = 57$) selected 1-4 within the agree range of the scale indicating

Figure 19. Percentages (%) representing faculty responses to questions 54-56 that asked participants if they are aware that the Council on Academic Accreditation (CAA) and the American Speech-Language-Hearing Association (ASHA) require multicultural instruction in audiology graduate programs, if the audiology graduate program in which they are employed complies with CAA and ASHA standards to incorporate multicultural instruction, and if the audiology graduate program in which they are employed could do more to comply with CAA and ASHA standards for multicultural instruction, respectively.

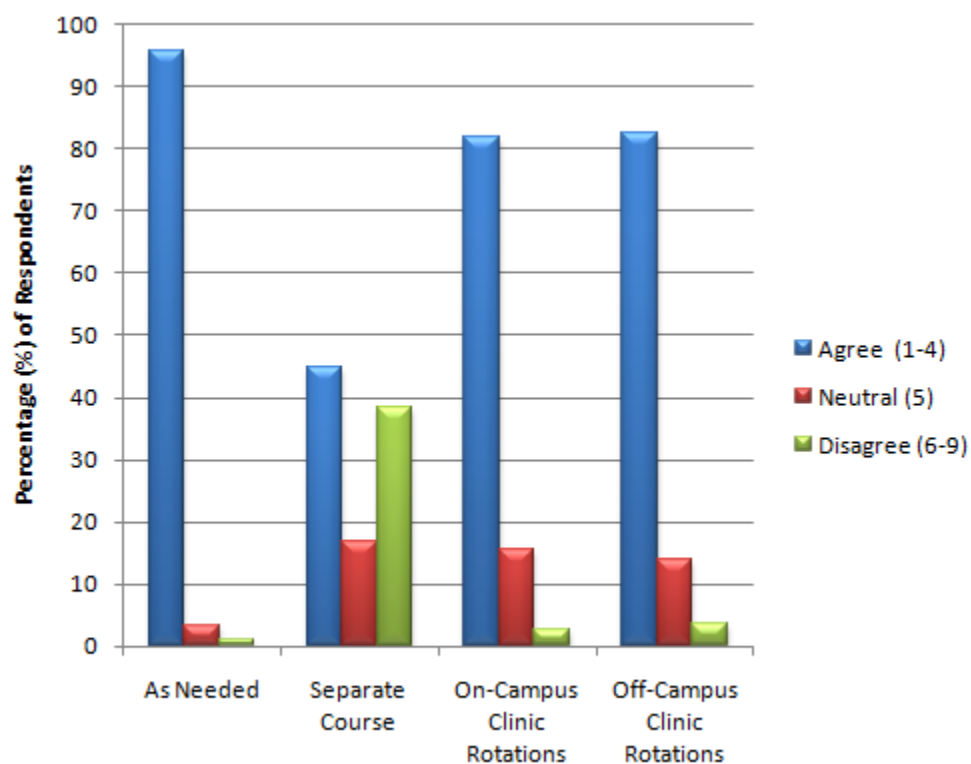


that they were happy. The last question in this section (i.e., question 58) included a comment box and faculty respondents were asked to provide any additional opinions that they had regarding multicultural infusion in the audiology graduate program in which they are employed. All comments were qualitatively analyzed and results can be found in section three of this chapter.

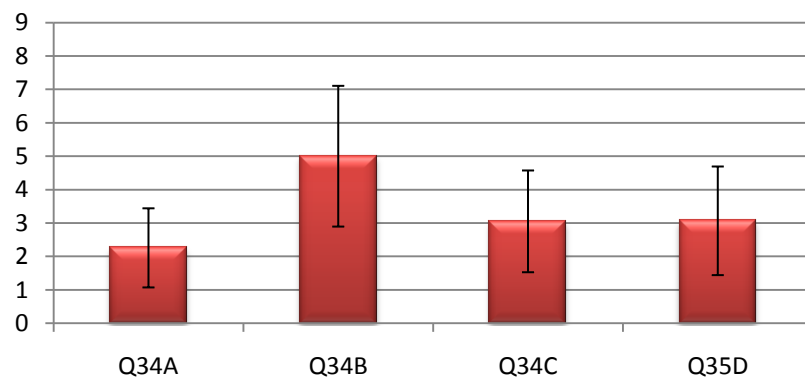
Student respondents. A large majority of student respondents (93.3%, $n = 266$) selected 1-4 (agree) when asked if it is important for audiology graduate programs to address multicultural issues in the curriculum. The majority of student respondents (67.6%, $n = 202$) selected 6-9 (disagree) when asked if too much emphasis is placed on multicultural issues in the profession of audiology; almost one-fourth (23.7%, $n = 71$) selected 5 (neutral). When asked if multicultural instruction enhances the clinical preparedness of students, 91.3% ($n = 263$) of the student respondents selected 1-4 (agree). When asked if multicultural issues *should* be addressed in all courses in the audiology graduate curriculum, most of the required courses in the audiology graduate curriculum, some of the required courses in the audiology graduate curriculum, and none of the required courses in the audiology graduate curriculum, the largest selection was some of the required courses (46.5%, $n = 138$) followed by most of the required courses (31.6%, $n = 94$); 19.2% ($n = 57$) selected all of the required courses. When asked if multicultural issues *have* been addressed in their audiology graduate program, the majority of respondents selected *some of my required courses* (60.5%, $n = 181$) followed by *most of my required courses* (25.1%, $n = 75$).

Figure 20 illustrates the student responses to question 34 that asked respondents to indicate if it is important to include multicultural issues in the audiology graduate

Figure 20. Percentages (%) representing student responses to question 34, a 4-part question that asked respondents to indicate if it is important to include multicultural issues in the audiology graduate curriculum (a) as needed based on the content of the course, (b) in a separate multicultural course, (c) in on-campus clinic rotations, and (d) in off-campus clinic rotations.



Rating Average (Standard Deviation)



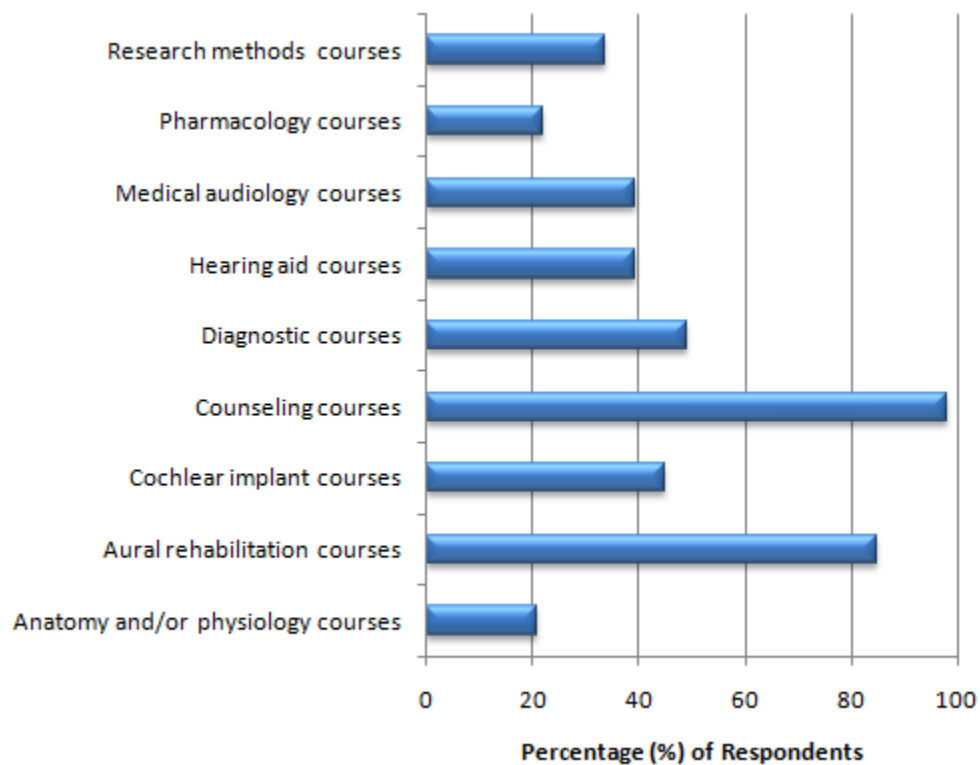
curriculum (a) as needed based on the content of the course, (b) in a separate multicultural course, (c) in on-campus clinic rotations, and (d) in off-campus clinic rotations. A large majority of respondents selected 1-4 within the agree range of the scale indicating that they believed that multicultural issues should be addressed on an as needed bases (95.6%, $n = 287$), in on-campus clinic rotations (81.8%, $n = 243$), and in off-campus clinic rotations (82.4%, $n = 246$). Essentially half of the respondents selected 1-4 (agree; 44.9%, $n = 134$) and more than one-third selected 6-9 (disagree; 38.5%, $n = 115$) when asked if multicultural issues should be addressed in a separate courses.

Figure 21 illustrates the response to question 35 that asked student respondents who believed that multicultural issues should be addressed in audiology graduate courses to select one or more courses in which multicultural issues should be addressed. As seen in Figure 21, nine options were available for selection. Of the 289 respondents who made selections, 97.9% ($n = 283$) selected counseling courses which was the largest selection followed by aural rehabilitation courses (84.8%, $n = 246$) and diagnostic courses (49.1%, $n = 142$).

When asked if they actively seek to obtain education in multicultural issues that pertain to audiology, almost half of the student respondents selected 1-4 (agree; 48.6%, $n = 145$); 28.5% ($n = 85$) selected 6-9 (disagree) and 22.8% ($n = 68$) selected 5 (neutral). When asked if they find it difficult to find educational opportunities in multicultural issues that pertain to audiology, 42.3% ($n = 126$) of the student respondents selected 5 (neutral) and 35.3% ($n = 105$) selected 1-4 (agree).

Question 40 asked student respondents if faculty should foster classroom discussions involving multicultural issues. A large majority of the respondents selected 1-

Figure 21. Percentages (%) representing student responses to question 35 that asked respondents to select courses in which multicultural issues should be addressed in audiology graduate programs.

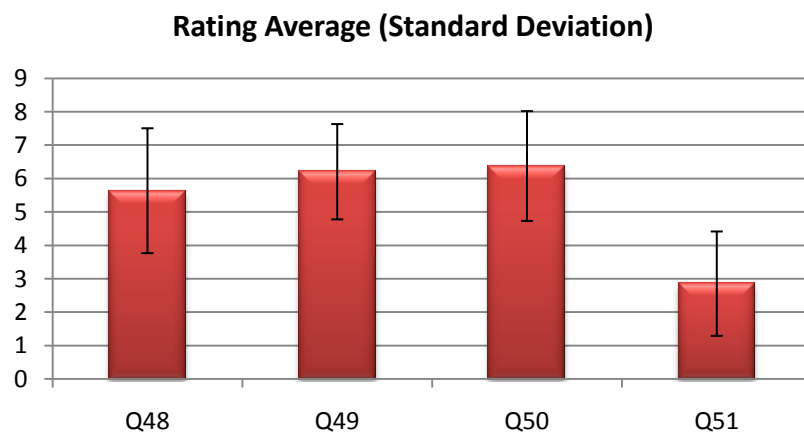
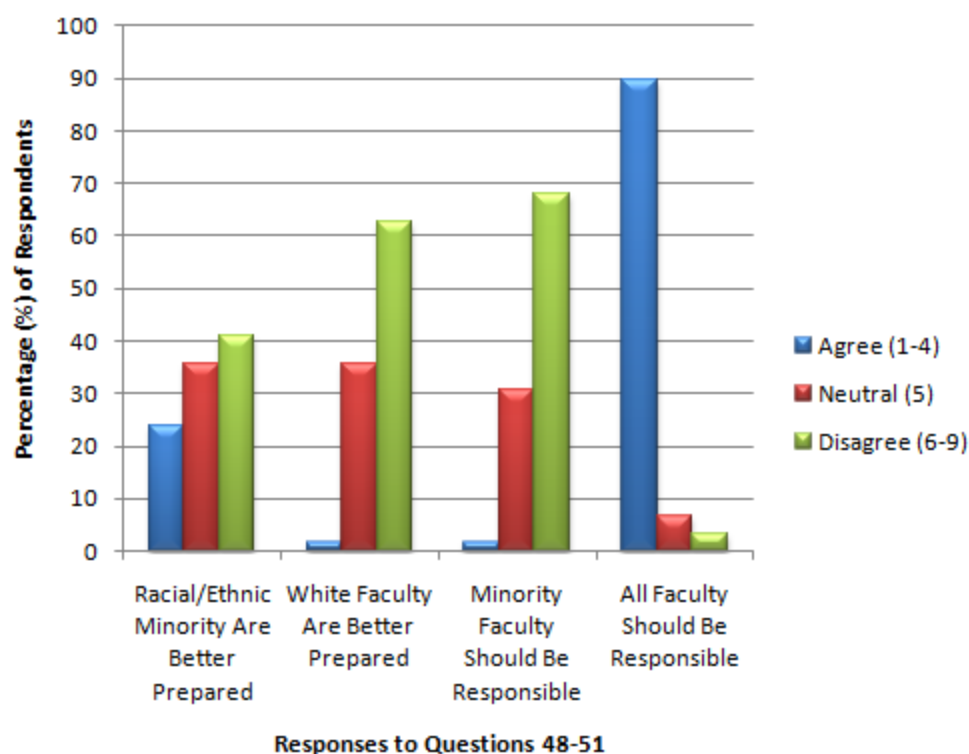


4 (agree; 79.6%, $n = 237$). Question 41 asked student respondents if faculty have fostered classrooms discussions involving multicultural issues in their audiology graduate program. Almost three-fourths (73.5%, $n = 219$) selected 1-4 (agree). More than half of the respondents (58.7%, $n = 176$) selected 1-4 (agree) when asked if there should be at least one faculty member in the audiology department with a background in multicultural issues to assist in multicultural infusion; almost one-fourth selected 5 (neutral; 23.7%, $n = 71$). When asked if they are comfortable participating in classroom discussions about multicultural issues as they pertain to audiology, the large majority of respondents (92.3%, $n = 276$) selected 1-4 (agree). Question 44 asked student respondents if they are comfortable discussing multicultural issues with professors whose race/ethnicity differs from their own. The large majority (91.1%, $n = 270$) of respondents selected 1-4 (agree).

Question 45 asked student respondents if they enjoy working with individuals from racial/ethnic minority groups. The large majority (88.3%, $n = 263$) of respondents selected 1-4 (agree). Student respondents were asked if they have experience working with individuals from racial/ethnic minority groups. A large majority of respondents (88.9%, $n = 265$) selected 1-4 (agree). When asked if more training in culturally diverse issues will enhance their efficacy to work with patients, 86.2% ($n = 256$) selected 1-4 (agree). Question 52 asked student respondents if during their graduate education they have been trained to work with racial/ethnic minority groups. Almost two-thirds (65.8%, $n = 194$) selected 1-4 (agree) and 19.4% ($n = 57$) selected 6-9 (disagree).

Figure 22 illustrates the student responses to questions 48-51 that asked respondents if racial/ethnic minority faculty members are better prepared to discuss multicultural issues compare to White faculty, if White faculty members are better

Figure 22. Percentages (%) representing student responses to questions 48-51 that asked respondents if racial/ethnic minority faculty members are better prepared to discuss multicultural issues compare to White faculty, if White faculty members are better prepared to discuss multicultural issues compared to racial/ethnic minority faculty, if minority faculty members should be the ones given the task to discuss multicultural issues with students, and if all faculty members should be responsible for discussing multicultural issues with students, respectively.



prepared to discuss multicultural issues compared to racial/ethnic minority faculty, if minority faculty members should be the ones given the task to discuss multicultural issues with students, and if all faculty members should be responsible for discussing multicultural issues with students, respectively. As displayed in Figure 22, less than half (48.8%, $n = 145$) selected 6-9 (disagree) and 26.8% ($n = 80$) selected 5 (neutral) for question 48 indicating that 75.6% ($n = 225$) of the respondents did not agree that racial/ethnic minority faculty members are better prepared. Almost two-thirds (61.9%, $n = 183$) of the faculty respondents selected 6-9 (disagree) and 33.4% ($n = 99$) selected 5 (neutral) for question 49 indicating that 95.3% ($n = 282$) did not agree that White faculty are better prepared. The majority of respondents (63.5%, $n = 189$) selected 6-9 (disagree) indicating that minority faculty members should not be the ones given the task to discuss multicultural issues and the majority of respondents (88.9%, $n = 265$) selected 1-4 (agree) indicating that all faculty members should be responsible for discussing multicultural issues.

Question 53 asked student respondents to indicate if they were happy as students in their audiology graduate program as far as equal opportunities and respect go. A large majority of the respondents (91.7%, $n = 273$) selected 1-4 within the agree range of the scale indicating that they were happy. The last question in this section (i.e., question 54) included a comment box and student respondents were asked to provide any additional opinions that they had regarding multicultural infusion in the audiology graduate program in which they are a student. All comments were qualitatively analyzed and results can be found in section three of this chapter.

Section Two: Factor Analyses

Student survey data. There were two major sections in the student survey: (1) diversity and (2) multicultural infusion. Recall from the methodology section that the majority of the items in these two sections required student respondents to answer questions using a 9-point scale. Some of these questions were somewhat similar in nature (e.g., questions 26 and 27 asked student respondents if racial/ethnic diversity in audiology graduate programs *could* and *should*, respectively, be increased by adjusting admissions criteria to focus less on academic achievement and more on other criteria [e.g., interviews, essays, and resumes]). Because there was a possibility that a number of the questions were highly correlated, two correlation matrices were generated—one for the questions in the diversity section (see Appendix E) and one for the questions in the multicultural infusion section (see Appendix F). An examination of these matrices confirmed that several of the questions were highly correlated. As such, it is highly likely that a number of the questions were examining aspects of the same underlying dimension and that individual questions could be grouped into factors (i.e., latent variables). Two factor analyses were conducted in SPSS, a computer program used for statistical analyses, using varimax rotation with Kaiser normalization.

Diversity section factor analyses. Four factors with eigenvalues greater than 1.0 were found in the factor analysis of the diversity section data from the student survey. Together, these factors explained 68.1% of the variance. Based on Stevens' (2002) table of critical values for a sample size greater than 200, factor loading $\geq .364$ was considered to be important for the assignment of questions to factors. The rotated component matrix is provided in Table 2; loading factors above .364 are highlighted. Recall from the

Table 2

Factor Loadings for Data from the Diversity Section of the Student Survey With Varimax Rotation and Kaiser Normalization

Question	Factor			
	1	2	3	4
13	.020	.626	.192	.326
14	.020	.680	.017	.326
15	-.023	.552	-.005	.362
16	-.017	.271	.087	.827
17	.063	.287	-.171	.729
18 ^a	.427	-.104	.358	.482
19	.884	-.050	.073	.121
20	.924	-.033	.081	.030
21	.903	-.093	.127	.015
22	.851	-.021	.054	-.050
23	.369	-.106	.353	.066
24	-.166	.874	-.092	.022
25	-.127	.902	-.037	-.045
26	.045	.088	.878	-.049
27	.162	.004	.868	.022

Note. Factor loadings $\geq .364$ are highlighted.

^aThis question loaded on more than one factor.

methodology section that the diversity section of the student survey consisted of 18 questions (i.e., questions 13-30). Only questions 13-27 consisted of the 9-point scale; therefore, these were the questions included in the factor analysis of the diversity section data. As shown in Table 2, only one question could not be grouped into one of the four factors (i.e., question 18) because it loaded on more than one factor; it was analyzed separately and was shown to be insignificant based on an alpha level of .05. Four basic categories were created to describe the four factors. Table 3 illustrates which questions shared an underlying dimension that caused them to load on the same factor.

Analysis of variance (ANOVA) applied to diversity section factors. ANOVA was used to uncover the main and interaction effects of the categorical independent variables (i.e., factors) on interval dependent variables. The ratings for each of the 9-point scale questions in the diversity section of the student survey were summed, per respondent, across all items included in each of the four factors. For example, Factor 1 included questions 19-23; therefore, if one respondent's ratings for questions 19-23 were 7, 6, 5, 4, and 3, respectively, the sum for that respondents rating would be 25 for Factor 1. Summing ratings allowed for ANOVAs to be conducted without a significant adjustment to the alpha level. Given that there were four factors in the diversity section, the alpha level was adjusted by dividing $p = .05$ by four. Therefore, $p = .013$.

A 2 x 2 (Gender x Minority Status) factorial ANOVA tested the effects of gender and minority status on response ratings for the student respondents. Results revealed only one significant main effect for the minority status of student respondents on Factor 1, $F(1, 296) = 11.99, p = .001$. This indicated that non-minority students were more likely to select a higher rating (i.e., within the disagree range of the rating scale; $M = 19.48$)

Table 3

Four Categories That Describe How Questions in the Diversity Section of the Student Survey Shared Underlying Dimensions

Question	Category Name			
	Diversity Benefits Professional Working Relationships and/or Racial/Ethnic Diversity More Important Than Gender Diversity	Program Has a Diverse Population and/or Students Are Comfortable With the Amount of Diversity	Increase Diversity By Changing Admissions Criteria	Program is Interested in Increasing Diversity
13		X		
14		X		
15		X		
16				X
17				X
18 ^a				
19	X			
20	X			
21	X			
22	X			
23	X			
24		X		
25		X		
26			X	
27			X	

^aThis question loaded on more than one factor; therefore, it is not included in a category.

compared to minority students ($M = 16.12$) when asked questions that shared the underlying dimension that diversity benefits professional working relationships and/or racial/ethnic diversity is more important than gender diversity.

Two additional factorial ANOVAs were performed: First, a 6 x 6 (Childhood SES x Current SES) and second, a 3 x 3 (Childhood Residency x Current Residency). Results revealed only one significant main effect for the current SES of student respondents on Factor 2, $F(5, 278) = 3.21, p = .008$. This indicated that the current SES of students influenced their ratings for the underlying dimension that their program has a diverse population and/or students are comfortable with the amount of diversity.

Multicultural infusion section factor analyses. Seven factors with eigenvalues greater than 1.0 were found in the factor analysis of the multicultural infusion section data from the student survey. Together, these factors explained 65.7% of the variance. As before, factor loading $\geq .364$ was considered to be important for the assignment of questions to factors (Stevens, 2002). The rotated component matrix is provided in Table 4; loading factors above 0.364 are highlighted. The multicultural infusion section of the student survey consisted of 24 questions (i.e., questions 31-54). Only questions 31, 34 (parts a-d), and 36-53 consisted of the 9-point scale; therefore these were the questions included in the factor analysis of the multicultural infusion section data. As shown in Table 4, six questions (i.e., 31, 36, 37, 38, 40, and 47) and part (a) of question 34 could be grouped into one of the seven factors because they loaded on more than one factor ($n = 6$) or no factor at all ($n = 1$); they were analyzed separately. Seven categories were created to describe the seven factors; Factor 7 only included one question (i.e., question 53) after two questions were removed for loading on multiple factors. Table 5 illustrates

Table 4

*Factor Loadings for Data from the Multicultural Infusion Section of the Student Survey
With Varimax Rotation and Kaiser Normalization*

Question	Factor						
	1	2	3	4	5	6	7
31 ^a	.489	.103	.435	.020	.075	.355	.053
34a	.227	.209	.426	-.177	.054	.021	.372
34b	.155	.048	.065	.076	-.126	.779	.044
34c	.177	.052	.894	.055	.040	.110	-.041
34d	.182	.123	.895	.035	-.006	.080	-.044
36 ^a	.609	.157	.388	.208	.094	.213	.109
37 ^b	.182	.346	.233	.045	.308	.225	-.275
38 ^a	.205	-.045	.081	.031	-.382	.181	-.474
39	-.758	-.071	-.088	-.020	.152	-.038	.033
40 ^a	.553	.061	.309	.000	.386	.328	-.238
41	.232	.064	.038	-.047	.787	.105	.161
42	.146	-.010	.255	.142	.281	.621	-.289
43	.210	.612	.047	-.190	.110	.325	.311
44	.028	.796	.125	-.118	.129	.150	.162
45	.341	.731	.099	.001	-.042	-.074	-.136
46	.016	.760	.033	-.090	.200	-.201	-.116
47 ^a	.550	.375	.211	.086	.012	.217	.071
48	.150	-.051	.014	.841	-.119	.135	-.124
49	-.019	-.074	-.002	.841	.096	-.110	.142
50	-.138	-.187	.091	.645	-.109	.404	-.177
51	.581	.124	.094	-.179	.340	-.044	-.040
52	-.107	.253	.019	-.022	.780	-.094	.226
53	.041	-.035	.019	.008	.175	-.004	.809

Note. Factor loadings $\geq .364$ are highlighted.

^aThese questions loaded on more than one factor. ^bThis question did not load on any factor.

Table 5

Seven Categories That Describe How Questions in the Multicultural Infusion Section of the Student Survey Shared Underlying Dimensions

Question	Category Name						
	Too Much Emphasis Placed on MI and/or All Faculty Should Teach MI	Comfortable With MI and/or Enjoy Working or Have Experience With MC Populations	Incorporate MI in Clinical Rotations	Which Faculty Is Better Prepared to, or Should, Teach MI	Faculty Have Taught MI and/or Trained to Work With MC Populations	Separate Course for MI and/or At Least One Faculty With Background In MI	Happy as a Student
31 ^a							
34a							
34b						X	
34c			X				
34d			X				
36 ^a							
37 ^b							
38 ^a							
39	X						
40 ^a							
41					X		
42						X	
43		X					
44		X					
45		X					
46		X					
47 ^a							
48				X			
49				X			
50				X			
51	X						
52					X		
53							X

Note. MI = multicultural issues; MC = multicultural.

^aThese questions loaded on more than one factor; therefore, they are not included in the categories. ^bThis question did not load on any factor.

which questions shared an underlying dimension that caused them to load on the same factor.

Analysis of variance (ANOVA) applied to multicultural infusion section factors.

As in the diversity section ANOVAs, the ratings for each of the 9-point scale questions in the multicultural infusion section of the student survey were summed, per respondent, across all items included in each of the seven factors, except Factor 7, which included the analysis of only question (i.e., question 53). Given that there were seven factors in the multicultural infusion section, the alpha level was adjusted by dividing $p = .05$ by seven. Therefore, $p = .0071$.

A 2 x 2 (Gender x Minority Status) factorial ANOVA tested the effects of gender and minority status on response ratings for the student respondents. Results revealed only one significant main effect for the minority status of student respondents on Factor 2, $F(1, 296) = 7.29, p = .007$. This indicated that non-minority students were more likely to select a higher rating (i.e., within the disagree range of the rating scale; $M = 11.09$) compared to minority students ($M = 8.98$) when asked questions that shared the underlying dimension that they are comfortable with multicultural issues and/or enjoy working or have experience working with multicultural populations.

Two additional factorial ANOVAs were performed: First, a 6 x 6 (Childhood SES x Current SES) and second, a 3 x 3 (Childhood Residency x Current Residency). Results revealed only a significant interaction for the childhood SES and the current SES of student respondents on Factor 3, $F(11, 278) = 2.42, p = .007$. This indicated that both the childhood SES and current SES of students influenced their ratings for the underlying dimension that their program incorporates multicultural issues in clinical rotations.

Separate ANOVAs were performed on the seven items that loaded on more than one factor or that did not load at all. Given that there were seven items, the alpha level was adjusted by dividing $p = .05$ by seven. Therefore, $p = .0071$. Results revealed only a significant main effect on the minority status of student respondents for question 36. This indicated that non-minority students were more likely to select a higher rating (i.e., within the disagree range of the rating scale; $M = 2.74$) compared to minority students ($M = 2.02$) when asked if multicultural instruction enhances the clinical preparedness of students.

Faculty survey data. Factor analyses could not be performed on the faculty survey data because there were too many questions ($n = 40$) in relationship to the total number of faculty participants ($n = 59$). In general, factor analyses cannot be performed unless the number of participants is approximately four times as large as the number of items to be grouped. Therefore, *assumed factors* were used to group the faculty survey data based on the factor loadings found in the analysis of the student survey data described above. Correlating questions between the diversity and multicultural infusion sections of the faculty and student surveys can be found in Table 6. Note that questions 18, 41, and 46 of the student survey did not correlate to any of the faculty survey questions. Note also that questions 18, 19, 20, 43, 47, and 54-56 of the faculty survey were not categorized because they did not have correlating questions to any of the student survey questions.

Diversity section factor analyses. Recall from the methodology section that the diversity section of the faculty survey consisted of 20 questions (i.e., questions 13-32). Only questions 13-29 consisted of the 9-point scale; therefore, these were the questions

Table 6

Correlating Questions Between the Diversity and Multicultural Infusion Sections of the Student and Faculty Surveys

Section	Student Survey	Faculty Survey
Diversity	13	13
	14	14
	15	15
	16	16
	17	17
	18	
	19	21
	20	22
	21	23
	22	24
	23	25
	24	26
	25	27
	26	28
	27	29
Multicultural Infusion	31	33
	34a	35a
	34b	35b
	34c	35c
	34d	35d
	36	37
	37	38
	38	39
	39	40
	40	41
	41	
	42	42
	43	44
	44	45
	45	46
	46	
	47	49
	48	50
	49	51
	50	52
	51	53
	52	48
	53	57

Note. Blank spaces indicate that there was no correlating question.

included in the *assumed* factor analysis of the diversity section data. Table 7 illustrates which questions may have potentially shared an underlying dimension.

Analysis of variance (ANOVA) applied to diversity section factors. The ratings for each of the 9-point scale questions in the diversity section of the faculty survey—that correlated with questions in the diversity section of the student survey—were summed, per respondent, across all items included in each of the four factors. Because the four factor loadings used to examine the student diversity section data were also used to examine the faculty diversity section data, $p = .013$ was used. Results revealed no significant main or interaction effects.

Multicultural infusion section factor analyses. Recall from the methodology section that the multicultural infusion section of the faculty survey consisted of 26 questions (i.e., questions 33-58). Only questions 33, 35, and 37-57 consisted of the 9-point scale; therefore, these were the questions included in the *assumed* factor analysis of the multicultural infusion data. Table 8 illustrates which questions may have potentially shared an underlying dimension.

Analysis of variance (ANOVA) applied to multicultural infusion section factors. The ratings for each of the 9-point scale questions in the multicultural infusion section of the faculty survey—that correlated with questions in the multicultural infusion section of the student survey—were summed, per respondent, across all items included in each of the seven factors. Because the seven factor loadings used to examine the student multicultural infusion section data were also used to examine the faculty multicultural infusion section data, $p = .0071$ was used. Results revealed no significant main or interaction effects.

Table 7

Four Categories That Describe How Questions in the Diversity Section of the Faculty Survey May Have Shared Underlying Dimensions

Question	Category Name			
	Diversity Benefits Professional Working Relationships and/or Racial/Ethnic Diversity More Important Than Gender Diversity	Program Has a Diverse Population and/or Students Are Comfortable With the Amount of Diversity	Increase Diversity By Changing Admissions Criteria	Program is Interested in Increasing Diversity
13		X		
14		X		
15		X		
16				X
17				X
21	X			
22	X			
23	X			
24	X			
25	X			
26		X		
27		X		
28			X	
29			X	

Table 8

Seven Categories That Describe How Questions in the Multicultural Infusion Section of the Faculty Survey May Have Shared Underlying Dimensions

Question	Category Name						
	Too Much Emphasis Placed on MI and/or All Faculty Should Teach MI	Comfortable With MI and/or Enjoy Working or Have Experience With MC Populations	Incorporate MI in Clinical Rotations	Which Faculty Is Better Prepared to, or Should, Teach MI	Faculty Have Taught MI and/or Trained to Work With MC Populations	Separate Course for MI and/or At Least One Faculty With Background In MI	Happy as a Faculty Member
33 ^a							
35a							
35b						X	
35c			X				
35d			X				
37 ^a							
38 ^b							
39 ^a							
40	X						
41 ^a							
42						X	
44		X					
45		X					
46		X					
49 ^a							
50				X			
51				X			
52				X			
53	X						
48					X		
57							X

Note. MI = multicultural issues; MC = multicultural.

^aThe correlating questions in the multicultural infusion section of the student survey loaded on more than one factor; therefore, they are not included in the categories.

Because the only question (i.e., question 36) from the multicultural infusion section of the student survey that did not load on a factor was significant for the minority status of student respondents, an ANOVA was performed at an alpha level of .05 on the correlating question (i.e., question 37) of the faculty survey. Results revealed no significant main or interaction effects.

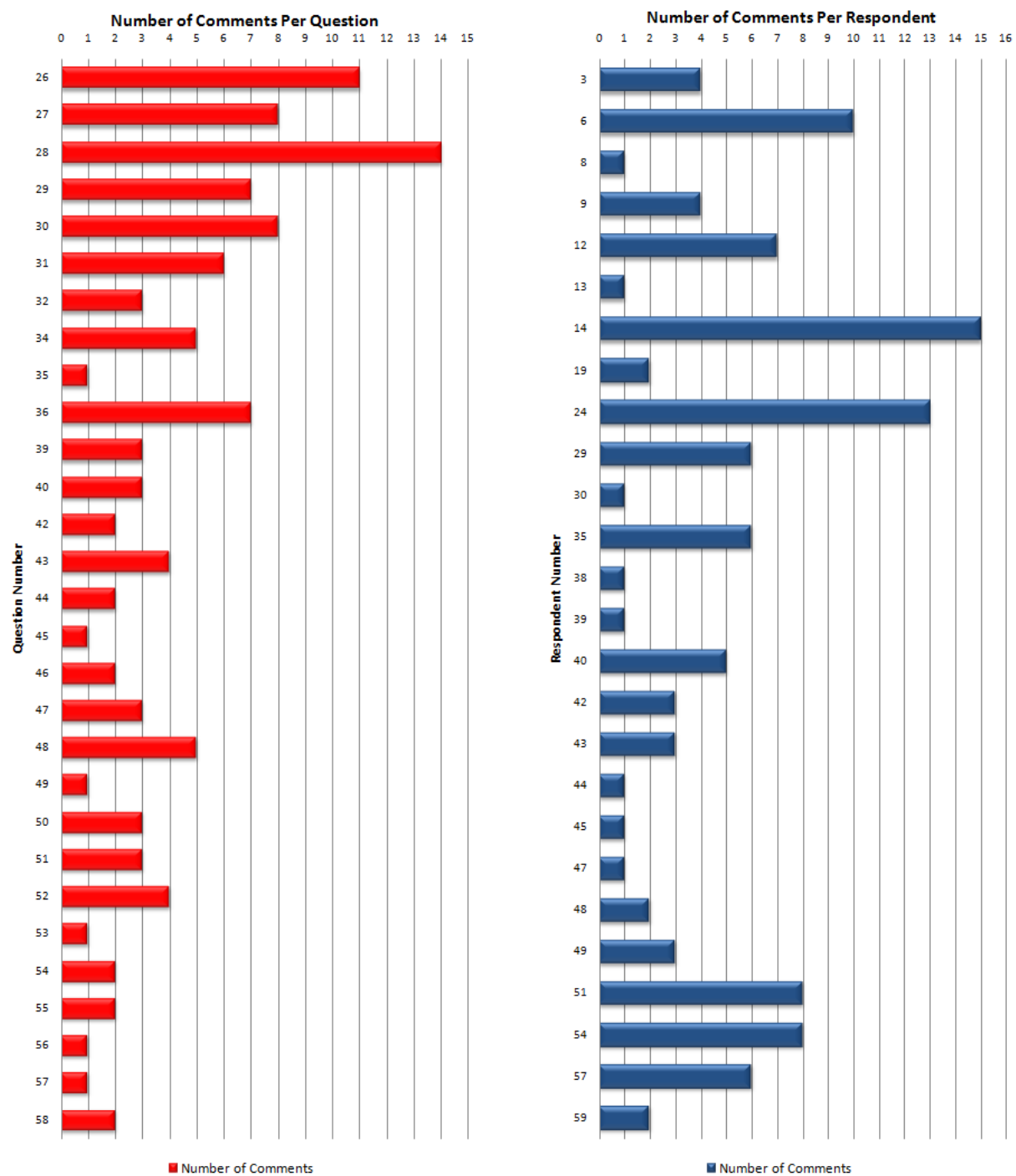
Section Three: Qualitative Analyses

Comment boxes were included throughout the diversity and multicultural infusion sections of the surveys to provide respondents with opportunities to share additional opinions through commentary (see Appendix G for an example of how comment boxes were placed). Appendix H contains the faculty comments and Appendix I contains the student comments. In both appendices, comments appear as they were entered by the respondents; however, some comments were edited to maintain confidentiality.

Comments that included identifying information (e.g., specific course name, school name, state name, etc.) were edited. For example, if a respondent identified his/her school name, *[school name]* is inserted instead. Faculty and student comments were separately examined, per question, for common themes and for differences of opinions from the main themes or from the overall findings in the numeric responses described in section one of this chapter. Comments were also considered relative to the race/ethnicity and gender of respondents. Selected quotations from the appendices are highlighted in this section to be representative of either common themes or diverse, or distinctive, opinions—especially when comments appeared to be influenced by factors identified in the demographic information section of the surveys (i.e., race, ethnicity, and gender).

Faculty respondents. Figure 23 illustrates (a) the number comments for each question in the faculty survey that consisted of a comment box and (b) the number of comments for each faculty respondent who provided at least one comment. As described in the methodology chapter, the faculty survey consisted of 29 comment boxes across the diversity and multicultural infusion sections. Questions 26-28 and 30 yielded the largest number of comments (i.e., eight or more comments). While it is tempting to assume that

Figure 23. Illustrations of (a) the number of comments for each question of the faculty survey that consisted of a textbox and (b) the number comments for each faculty respondent who provided at least one comment.



these four questions generated the most comments because they were controversial questions (e.g., questions 26 and 27 asked respondents if they are comfortable with the amount of faculty and student diversity, respectively, in their audiology graduate program), it is more likely that the reason is that these questions were asked in the beginning of the diversity section of the survey (i.e., when comment boxes first appeared). As seen in Figure 23, the overall trend was a gradual decrease in the number of comments provided by faculty respondents from the beginning to the end of the survey. Almost half of the faculty respondents (44.0%, $n = 26$) provided additional opinions for a total of 115 submitted comments. Respondents 6, 12, 14, 24, 51, and 54 provided the largest number of comments (i.e., seven or more comments). Collectively, these six respondents provided more than half of the comments (53.0%, $n = 61$). All of these respondents were White/Caucasian and not Hispanic/Latino, thus they were non-minorities; 50% ($n = 3$) of these respondents were male and 50% ($n = 3$) were female.

Diversity. Questions 26 and 27 asked faculty respondents if they are comfortable with the amount of racial/ethnic faculty and student diversity, respectively, in their audiology graduate program. In general, comments indicated that there is not enough diversity in audiology graduate programs; however, there is diversity is encouragement for diversity. Respondents indicated that the ability of audiology graduate programs to increase diversity is limited by (a) the location of the program, (b) minimal funding to support active student recruitment, and (c) the negligible number of minority faculty members available for recruitment. One comment representative of this was:

In an era when there are so few faculty prospects out there, and budgetary constraints that limit our ability to search, it is just that much harder to simultaneously achieve the goal of increasing the racial and ethnic diversity of our audiology faculty. (Non-minority male)

Questions 28 and 29 asked faculty respondents if racial/ethnic diversity in audiology graduate programs *could* and *should*, respectively, be increased by adjusting admissions criteria to focus less on academic achievement and more on other criteria (e.g., interviews, essays, and resumes). Recall from Figure 23 that question 28 yielded the largest number of comments ($n = 14$). A few ($n = 5$) of these comments indicated that some audiology graduate programs already use a multifactor approach to the admissions process; three comments to question 29 also indicated this. About half ($n = 10$ of 21) of the comments to questions 28 and 29 indicated that faculty do not support adjusting admissions criteria to increase student diversity. Some of these comments indicated that admitting students who are not academically prepared (i.e., students who do not exhibit superb academic achievement) will not benefit the student or the audiology graduate program in the long term. One comment representative of this was:

We do all of the above to recruit students, but in the long run academics are really important for making sure students pass classes and we graduate strong audiologists. (Non-minority female)

Questions 30 and 31 asked faculty respondents if their racial/ethnic identity is respected in their audiology graduate program by all, most, or some faculty and students, respectively. Seven non-minority respondents and one Black/African American/not Hispanic Latino (i.e., minority) respondent provided comments to at least one of these

two questions. Most of the non-minority faculty respondents indicated that these two questions did not apply to them ($n = 5$) or that the content of these two questions did not matter to them ($n = 2$). One comment representative of this was:

Well, as a middle aged "WASP" [White Anglo-Saxon Protestant], perhaps this question is not applicable to me. I am the "default" ethnicity on faculty. (Non-minority female)

The minority faculty respondent's comment was the only comment that demonstrated a difference of opinion. She stated:

There have been at least 2 incidents where I felt disrespected
(Minority female)

Question 32 allowed faculty respondents to provide any additional opinions that they may have had regarding diversity in the audiology graduate program in which they are employed. Comments ($n = 3$) to this question varied. One comment that demonstrated a positive regard for diversity was:

Our patient population is quite diverse and it would be to our advantage to have faculty and students that reflect that diversity for better cultural understanding and for role models as well.
(Non-minority male)

Multicultural infusion. Questions 34-36 asked faculty respondents to indicate how multicultural issues should be addressed, in which ways should multicultural issues be addressed, and which courses should address multicultural issues, respectively, in the audiology graduate program. In general, comments indicated that multicultural infusion should be addressed in some courses when clinically relevant and applicable. Two

comments indicated that multicultural infusion can occur naturally. One respondent stated:

Sometimes it isn't needed if the student body is culturally diverse as they automatically infuse this into each class. (Non-minority female)

Question 39 asked faculty respondents if they find it difficult to find educational opportunities in multicultural issues that pertain to audiology. Three comments were provided; two were similar. Two respondents indicated that good and/or in-depth educational opportunities in multicultural issues are minimal. One comment representative of this was:

I often find the educational opportunities are very much an overview and I would like to see some more in depth training. (Non-minority female)

Questions 43-45 asked faculty respondents if they are prepared to teach a class that incorporates multicultural instruction, if they are comfortable discussing multicultural issues in the courses they teach, and if they are comfortable discussing multicultural issues with students whose race/ethnicity differs from their own, respectively. The majority ($n = 6$ of 7) of the comments provided for these three questions indicated that faculty may not be prepared to teach about multicultural issues because they (a) are unfamiliar with multicultural issues, (b) could use more ideas, and/or (c) are uncomfortable with the subject matter. One comment representative of this theme was:

I doubt that I will ever feel 100% adequately prepared. I think we are all somewhere along the path of understanding with the goal still a ways off. (Non-minority male)

Question 46 asked faculty respondents if they enjoy working with individuals from racial/ethnic minority groups. Two comments were provided; essentially, they indicated that the race/ethnicity of a person is non-factor. A part of one comment was:

I enjoy working with students. I care about the education of all of my students and truly don't care if they are hispanic, african american, or chinese-american. (Non-minority male)

Questions 47-49 asked faculty respondents if multicultural issues were addressed in required courses during their graduate education, if they have been trained to work with individuals from racial/ethnic minority groups, and if more training in culturally diverse issues will enhance their efficacy to teach students, respectively. Some of the comments suggested that faculty have been formally trained to work with multicultural populations and some of the comments suggested the opposite. Only one respondent stated, “One could always use more training” (Minority female).

Questions 50-53 asked faculty respondents if racial/ethnic minority faculty members are better prepared to discuss multicultural issues compared to White faculty, if White faculty members are better prepared to discuss multicultural issues compared to racial/ethnic minority faculty, if minority faculty members should be the ones given the task to discuss multicultural issues with students, and if all faculty members should be responsible for discussing multicultural issues with students, respectively. The majority ($n = 7$ of 10) of comments indicated that the race/ethnicity of a faculty member does not influence their ability to teach or discuss multicultural issues; it is the experience and knowledge of a faculty member that does. One comment representative of this was:

If all faculty members are educated and knowledgeable about multicultural issues, then they too should be given the tasks
(Minority female)

Questions 54-56 asked faculty respondents if they are aware that the CAA of ASHA requires multicultural instruction in audiology graduate programs, if the audiology graduate program in which they are employed complies with CAA (ASHA) standards to incorporate multicultural instruction, and if the audiology graduate program in which they are employed could do more to comply with CAA (ASHA) standards for multicultural instruction, respectively. Although these three questions yielded only five comments, three comments indicated that some faculty may not be aware of CAA standards; therefore, they may not be aware of their program's compliance with CAA standards. Two respondents indicated that the Accreditation Commission for Audiology Education (ACAE) also has requirements for multicultural instruction.

Question 57 asked faculty respondents if they are happy with their employment position in their audiology graduate program as far as equal opportunities and respect go. Only one faculty respondent provided a comment that was similar to some comments provided by faculty respondents for questions 30 and 31. The faculty respondent stated:

Again, not surprising since I am not in a minority group (Non-minority male)

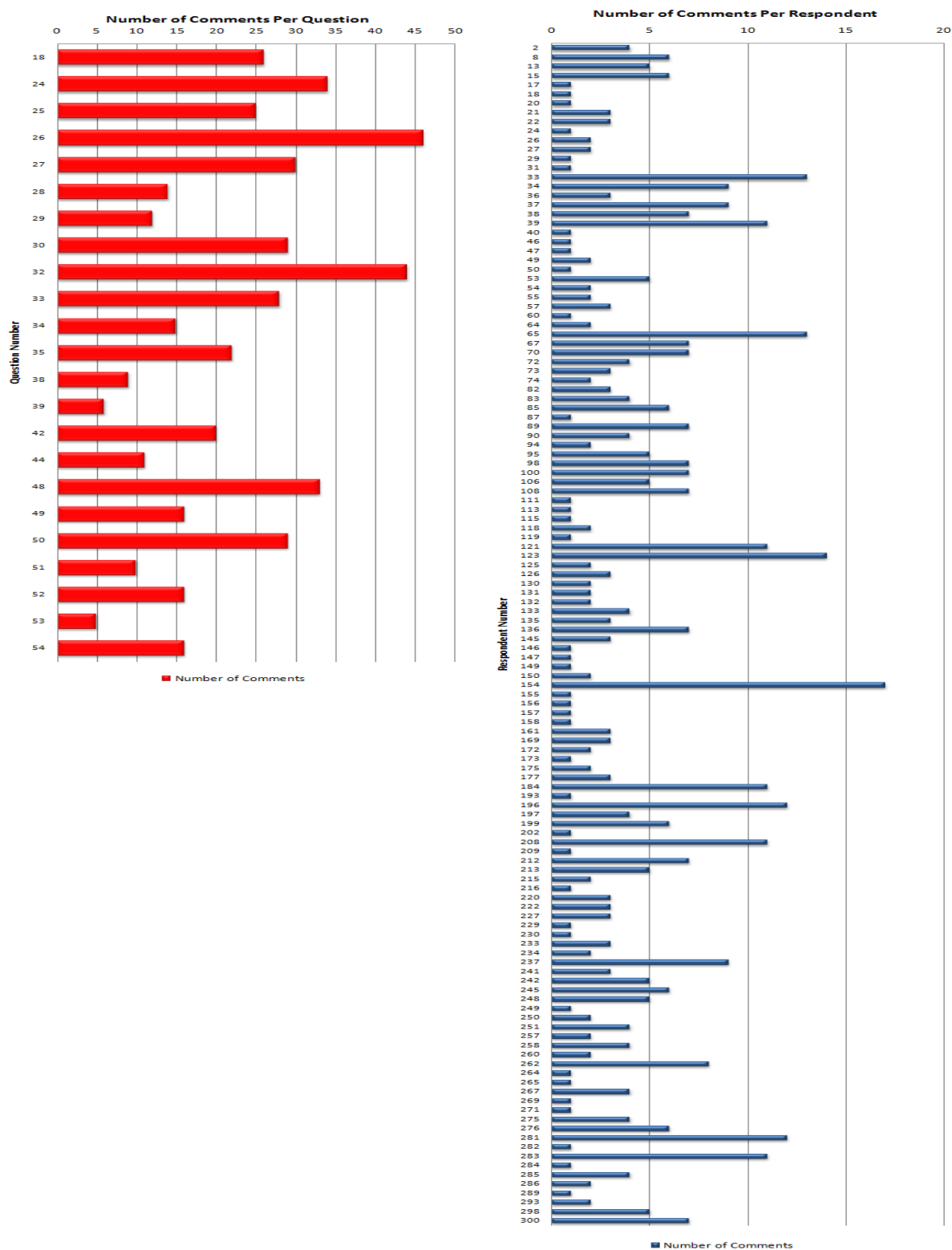
Question 58 allowed faculty respondents to provide any additional opinions that they may have had regarding multicultural infusion in the audiology graduate program in which they are employed. Two respondents provided comments. A part of one comment that showed a distinctive regard for multicultural infusion was:

Shoving more multicultural down everyone's throats makes people sometimes resent it. It should come naturally in courses and in clinic and not be so contrived. (Non-minority female)

Student respondents. Figure 24 illustrates (a) the number of comments for each question in the student survey that consisted of a comment box and (b) the number of comments for each student respondent who provided at least one comment. As described in the methodology chapter, the student survey consisted of 23 comment boxes across the diversity and multicultural infusion sections. Questions 24, 26, 27, 32, and 48 yielded the largest number of comments (i.e., 30 or more comments). Less than half (42.7%, $n = 128$) of the student respondents provided additional opinions for a total of 496 submitted comments. Respondents 33, 39, 65, 121, 123, 154, 184, 196, 208, 281, and 283 provided the largest number of comments (i.e., 10 or more comments). Collectively, these 11 respondents provided more than one-fourth of the comments (27.4%, $n = 136$). Six of these respondents were White/Caucasian only, two were Black/ African American only, one was White/Caucasian and Hispanic/ Latino, one was of mixed race and not Hispanic/Latino, and one indicated that Jewish is his race and that he is not Hispanic/Latino; 90.9% ($n = 10$) of these respondents were female.

Diversity. Question 18 asked student respondents if as a prospective student they were interested in an audiology graduate program that was racially/ethnically diverse in both faculty and student populations. The majority ($n = 18$) of comments indicated that some students did not consider a program's diversity as a prospective student. One comment representative of this was:

Figure 24. Illustrations of (a) the number of comments for each question of the student survey that consisted of a textbox and (b) the number comments for each student respondent who provided at least one comment.



I did not look at racial/ethnic diversity as a criteria for choosing my program. I looked for research presence, happy students, and approachable faculty. (Minority female)

Questions 24 and 25 asked student respondents if they are comfortable with the amount of racial/ethnic faculty and student diversity, respectively, in their audiology graduate program. Comments indicated a diversity of opinions. Many ($n = 17$) of the comments indicated that there is a lack of diversity in programs and/or students would like to see more diversity. One comment representative of this was:

Our teaching faculty is predominantly white. I am neither comfortable nor uncomfortable with this situation. I do believe that racial/ethnic diversity would add to the learning experience by providing different cultural and socioeconomic perspectives. (Non-minority female)

Seven comments indicated that some students are comfortable with the amount of diversity in their program, seven comments indicated that some students are not concerned with the amount of diversity in their program, and eight comments indicated that, to some students, having a diverse program does not matter. One comment representative of the latter theme was:

It does not matter what race the faculty may be. As long as they are the best at their job to teach me. That is all that matters (Non-minority female)

Questions 26 and 27 asked student respondents if racial/ethnic diversity in audiology graduate programs *could* and *should*, respectively, be increased by adjusting admissions criteria to focus less on academic achievement and more on other criteria (e.g., interviews, essays, and resumes). The majority ($n = 45$) of comments indicated

admissions criteria should focus primarily on academic achievement and/or should not be changed to increase diversity. One comment representative of this was:

I think that awarding students placement in a graduate program based on anything else but academic achievement is completely unfair and would be counter productive to achieving academic goals to begin with. (Minority female)

Questions 28 and 29 asked student respondents if their racial/ethnic identity is respected in their audiology graduate program by all, most, or some faculty and students, respectively. Comments indicated a diversity of opinions. Eight of the comments indicated that some students have experienced or observed some degree of disrespect through stereotyping, a lack of acknowledgement, cultural insensitivity, assumed racist beliefs, tenseness when discussing race/ethnicity, and through ignorant comments made by others. Seven of these comments were provided by minority student respondents. One comment representative of this was:

Most students are ignorant to the fact that they are actually being culturally insensitive and not funny. (Minority female)

Four comments indicated that some students have not considered their race/ethnicity as something to be respected and/or they believe that their race/ethnicity is a non-issue. One comment representative of this was:

I am half white, and I believe I am primarily viewed as white even if I do not most strongly identify with being "white" culturally, ethnically or racially. I feel I am respected as a person and my ethnicity does not play much part in how I am viewed. (Minority female)

Question 30 allowed student respondents to provide any additional opinions that they may have had regarding diversity in the audiology graduate program in which they

are a student. Comments indicated a diversity of opinions; most of the comments were similar to those made for previous questions. Five comments indicated that some students do not believe that admissions criteria should be adjusted to accommodate an increase in diversity. Five comments indicated that some students believe that they have a diverse program thus no issues with diversity. Five comments indicated that some students are not looking for diversity and/or that having a diverse program is of no concern. However, three comments indicated that being in a program with minimal diversity may be concerning to some students. One part of a comment representative of this was:

As a Latina women [sic] and with the statistics of minorities not making it very far in school, having that minority faculty member would be nice to look up to and find guidance....When I look around it makes me sad to not feel like I have a support system coming from a middle class Latino background to mostly a high class caucasian surrounding. (Minority female)

Two comments indicated that the location of a program affect the amount of diversity.

Two comments indicated that a program's negligible diversity is a non-issue.

Multicultural infusion. Questions 32 and 33 asked student respondents to indicate how multicultural issues *should* be addressed and if multicultural issues *have* been addressed, respectively, in their audiology graduate program. In general, comments indicated that multicultural issues should be addressed in courses when applicable, appropriate, and relevant to the course content. Students indicated that courses that focus on counseling, aural habilitation/rehabilitation, pediatrics, (clinical) auditory disorders/pathologies, patient care, and speech/language should incorporate multicultural issues. Some students indicated that courses that focus on sound acoustics,

electrophysiology, anatomy, and physiology do not need to incorporate multicultural issues. One comment representative of both themes was:

Courses that focus on patient interaction (i.e.; counseling, educational audiology, aural rehab etc.) should, but technical or strictly content based courses should not be tailored to fit these issues. (Non-minority female)

Some ($n = 7$) of the comments to question 33 indicated that multicultural issues have been addressed in courses when applicable and relevant to the course. Some ($n = 6$) of the comments indicated that multicultural issues have been brought up or addressed in courses but not in depth and not necessarily by faculty. One comment representative of this was:

It was addressed in our Aural Rehab class, in a student presentation. That is the only time we have discussed it, and it should be more widely discussed. (Non-minority female)

Questions 34 and 35 asked student respondents to indicate in which ways multicultural issues should be addressed and which courses should address multicultural issues, respectively, in the audiology graduate program. In general, comments provided for question 34 indicated that multicultural issues should be addressed when they are clinically relevant—whether it be addressed during clinic placements or in courses that focus on counseling patients. However, some ($n = 5$) comments indicated that addressing multicultural issues in on- and off-campus clinic rotations may be difficult and/or limited by a lack of diverse client and preceptor populations. One comment representative of this was:

Should be included [sic] in clinic rotations if possible. Some locations don't allow for a very diverse population. (Non-minority female)

Most of the comments for question 35 indicated that multicultural issues should be addressed when relevant and applicable to the course content, especially in courses that focus on patient care (e.g., a counseling course). One comment representative of this was:

I think addressing these issues is necessary in courses and settings that deal with the differences in cultures of our clients. (Minority female)

Question 38 asked student respondents if they find it difficult to find educational opportunities in multicultural issues that pertain to audiology. Overall, the comments to this question did not reflect a common theme or a difference of opinions. Among the nine students who provided comments, two minority female students indicated that they have not looked to find educational opportunities and one non-minority female student indicated that articles and journals can be found; however, she did not indicate if she has been successful at finding the these articles and journals.

Question 39 asked student respondents if they think too much emphasis is placed on multicultural issues in the profession of audiology. Most ($n = 4$) of the comments to this question indicated that some students have not seen any emphasis placed on multicultural issues. One comment representative of this was:

Other than the Deaf culture, we really don't discuss this topic. (Minority female)

Question 42 asked student respondents if there should be at least one faculty member in the audiology department with a background in multicultural issues to assist

in multicultural infusion. Comments indicated a diversity of opinions. Seven comments indicated that having at least one faculty member with a background in multicultural issues would be beneficial. One comment representative of this was:

The more faculty members with more diverse experiences with multicultural communities, the more insight and preparation they can provide students to help them meet the needs of patients wherever [sic] they go in their profession. (Minority female)

Five comments indicated that there does not need to be at least one faculty member with a background in multicultural issues for different reasons that include the potential for segregation, the idea that experience rather than background should be considered, and the idea that common sense is enough. One comment representative of the latter theme was:

You don't have to have a background in multicultural issues to know how to interact with individuals of different backgrounds. (Minority female)

Question 44 asked student respondents if they are comfortable discussing multicultural issues with professors whose race/ethnicity differs from their own. Comments indicated a diversity of opinions. Three of the comments indicated that some students are comfortable discussing multicultural issues with professors whose race/ethnicity differs from their own. One student respondent stated:

These would be the professors I would seek out to speak with concerning multicultural issues as they are most likely to have had different experiences culturally than I have and insights I do not. (Minority female)

Two students indicated that this question was not applicable to them; one of these two students, a non-minority male, indicated that his program does not have faculty whose race/ethnicity differs from his own. One comment that showed a distinctive opinion was:

I get very conscious when someone talks about something related to my race/ethnicity, whether its students or professors of a different race/ethnicity. Sometimes opinions on some cultures are very biased and only limited to the person's knowledge and on what they have heard from others. (Minority female)

Questions 48-51 asked student respondents if racial/ethnic minority faculty members are better prepared to discuss multicultural issues compared to White faculty, if White faculty members are better prepared to discuss multicultural issues compared to racial/ethnic minority faculty, if minority faculty members should be the ones given the task to discuss multicultural issues with students, and if all faculty members should be responsible for discussing multicultural issues with students, respectively. In general, comments were similar to those provided by faculty respondents. The vast majority of the comments to these four questions indicated that the race/ethnicity of a faculty member does not influence their ability to teach or discuss multicultural issues; it is the experience and knowledge of a faculty member that does. One comment representative of this was:

Multicultural issues are best addressed by someone who has been exposed to a variety of cultures--regardless of race or ethnicity. (Non-minority female)

Question 52 asked student respondents if they have been trained to work with racial/ethnic minority groups during their graduate education thus far. In general, comments indicated that some students may not have been formally trained to work with minority groups; however, some comments indicated that students have been taught to

respect the race/ethnicity of patients and to communicate appropriately with patients. Some students indicated that they have been trained to work with minority groups through (a) counseling courses, (b) extracurricular elective courses, (c) clinic experiences, and (d) working with racial/ethnic minority persons. One comment provided by a student in her third year of study that is representative of this general theme was:

I haven't really received specific training for racial/ethnic minority groups, but have worked with them. (Non-minority female)

Question 53 asked student respondents if they are happy as a student in their audiology graduate program as far as equal opportunities and respect go. As illustrated in Figure 24, this question yielded the smallest number of comments. The five comments indicated a diversity of opinions. One non-minority male student indicated that he is not treated as an equal by the faculty in his program; he did not correlate this to his race/ethnicity but rather to his position as a student. Two non-minority female students provided a comment; one indicated that she does not believe everyone is treated equally and the other stated “scholarships and grants should not be based on skin color”. Two minority female students provided a comment. One indicated that she has had a positive experience in her audiology graduate program; she stated:

Overall, I have had a very positive experience as a multicultural student in an audiology graduate program. I just hope that more minority students become aware of audiology and earn Au.D.s, especially in order to serve the ethnic and linguistic patient populations that are underserved! (Minority female)

The other indicated that discrimination exists; however, she did not indicate if she has been discriminated against. She stated:

Off site clinics discriminate against minority students and not to the white students. They "talk down" to the minorities. (Minority female)

Question 54 allowed student respondents to provide any additional opinions that they may have had regarding multicultural infusion in the audiology graduate program in which they are a student. Comments were diverse and there were no central themes. Two comments that showed distinctive opinions were:

My program directly reflects the population of the community in which it is found. I do believe that the presence of faculty and/or students of diverse multicultural backgrounds would be greatly welcomed and appreciated. However, I do not feel my program is any less because it is less diverse. (Non-minority female)

I've never felt malice from my counterparts or faculty. If there has been any doubt as to whether or not I belong in this program it has been self inflicted. During my first semester, I began to doubt my capabilities and wondered if I was accepted into the program simply to fulfill a quo that the graduate school might have set. Although that may be true, I made a grave mistake. I doubted myself. When you doubt yourself, people around you have no choice but to doubt you. I've learned that graduate school is simply a test of character. Without a strong sense of self and pride you will fail. If I were to dwell on the fact that I was one of two African –Americans in my program (first year to third year), I would not be able to focus on being a great audiologist. (Minority female)

Chapter 5

Discussion

In total, 359 surveys were completed including 300 student and 59 faculty surveys. The 5:1 ratio between the number of student and faculty respondents was expected because graduate programs typically have more students than faculty. It is also possible that students were more motivated than faculty to complete the survey because they too might be responsible for completing a thesis as part of their degree requirements and they may have been empathetic or curious of other thesis ideas. The vast majority of participants in this study were White/Caucasian female faculty or students in an Au.D. program. Of the 358 participants who indicated their race and/or ethnicity, 18.4% ($n = 66$) were minorities. The preponderance of White/Caucasian females was anticipated because ASHA (2009a; 2009b) reported that the majority of professionals working in the audiology field and the majority of students enrolled in audiology graduate programs were White/Caucasian female. Therefore, the current sample reflects this demographic.

Participants were informed that the survey was anonymous which optimally allowed them to respond to questions with accuracy and honesty. Although respondents were asked to answer questions in the diversity and multicultural infusion sections of the surveys based solely on racial and/or ethnic diversity and on minority racial/ethnic groups in the US, respectively, not all of the respondents followed the guidelines specified in the surveys. For example, one respondent indicated Jewish as their race which is not a racial classification according to the U.S. Census Bureau (2008). Furthermore, some of the comments suggested that some respondents may have answered questions based on other forms of diversity as well (e.g., gender and religion). Therefore, it is possible that some

respondents' views of diversity and multicultural issues were influenced by forms of diversity not intended as part of this study. However, because the terms diversity and multicultural were defined at the beginning of both survey sections, it is expected that most of the respondents answered the questions as intended.

Diversity

An examination of the responses to questions in the diversity section of the surveys revealed similar response patterns across the faculty and student responses. Specifically, responses indicated that:

- programs do not have racially/ethnically diverse faculty,
- programs are interested in increasing racial/ethnic diversity amongst the faculty,
- minority faculty members are not easily recruited,
- programs have racially/ethnically diverse student bodies,
- programs are interested in increasing racial/ethnic diversity amongst the students,
- minority students are easily recruited,
- programs are actively recruiting minority students, and
- programs have racially/ethnically diverse clinical patient populations.

It is not unexpected that the majority of respondents agreed that their program does not have diversity amongst the faculty; however, it is unexpected that the majority of respondents agreed that their program has a diverse student body. The latter finding is inconsistent with ASHA's (2009b) report that only 10% of audiology graduate students are racial/ethnic minorities. It is possible that respondents may have agreed that their program is diverse but not based solely on race and ethnicity. Banks (2009) surveyed 151 self-identified White/Caucasian college students and found that not all of them defined

diversity in terms of just race and ethnicity. The author reported that 41% of the college students defined diversity “in terms of culture, belief systems, or traditions” (p. 151). Some comments provided by respondents in this study support the idea that perhaps not all respondents answered questions based solely on race and ethnicity. For example, one non-minority student stated,

Our class has individuals who are asian, black, white, hispanic, gay, lesbian, and all religions you can think of. Even though we are a class of 20, we are all very diverse.

An examination of the responses revealed that the majority of both faculty and student respondents agreed that racial/ethnic diversity in audiology graduate programs benefits all professional working relationships which is consistent with the findings of previous studies. Novak et al. (2004) found that the majority of surveyed dental students agreed that diversity in the academic environment enhanced their competency and/or ability to provide services to diverse populations. Whitla et al. (2003) found that the majority of surveyed medical students agreed that diversity enhanced their learning experience and allowed them to work better with individuals from diverse populations. Some of the comments provided by student respondents in this study indicated that diversity is irrelevant in the grand scheme of pursuing a graduate degree. For example, one non-minority student respondent who somewhat agreed that diversity benefits professional working relationships provided the following comment to question 24:

I don't even consider racial/ethnic diversity. That is not something that is important to me. If we have faculty that are of different

races, etc. fine. It's the amount of knowledge they have to share and how they share it that is really important.

Because the majority of student respondents agreed that diversity benefits professional working relationships (e.g., 68.1% [$n = 202$] agreed that diversity benefits faculty-student relationships) yet some student comments indicated that diversity is inconsequential in the audiology graduate program (e.g., 69.2% [$n = 18$] of the comments to question 18), it is possible that perhaps not all respondents were completely honest in answering certain 9-point scale questions. It has been suggested that when individuals complete measures of social attitude they tend to provide not only their expressed opinions but they also attempt to project a positive disposition (Goffman, 1963). Although the surveys were anonymous, this may have been the case. Minority students were significantly more likely to strongly agree when asked if diversity benefits professional working relationships compared to non-minority students; however, the mean rating for both minority and non-minority student responses was in the agree range of the 9-point scale.

When asked if they enjoy working with individuals from racial/ethnic minority groups, the majority of faculty and student respondents agreed. Minority students were significantly more likely to strongly agree when asked if they enjoy working with minorities compared to non-minority students; however, the mean rating for both minority and non-minority student responses was in the agree range of the 9-point scale. Two comments provided by faculty respondents implied that their enjoyment in working with individuals is not influenced by race and ethnicity. For example, one non-minority faculty respondent stated,

Not any more or less than other groups

Although the percentage of faculty respondents who agreed that their program was racially/ethnically diverse was *slightly* higher than the percentage of student respondents, faculty respondents were *more* likely to disagree when asked if they were comfortable with the amount of faculty and student diversity in their audiology graduate programs compared to the student respondents. Because the term *comfortable* was not defined for respondents, it is not clear as to whether or not the respondents answered the question based on their satisfaction or dissatisfaction with the amount of diversity in their programs.

Although it has been suggested that racial/ethnic diversity in academic programs may be increased through the adjustment of admissions criteria (e.g., ASHA, 2007; Sedlacek, 1996), respondents of this study did not generally agree with this idea. Respondents were more likely to disagree with the possibility of adjusting admissions criteria to increase diversity and were even more likely to strongly disagree that admissions criteria *should* be adjusted to increase diversity. Most of the comments provided by both faculty and student respondents indicated that (a) admissions criteria should not be adjusted to promote diversity and/or (b) previous academic achievements (e.g., standardized test scores and grade point average [GPA]) are best predictors of success in audiology graduate programs. For example, one non-minority faculty respondent and one minority student respondent stated, respectively,

I feel that there still needs to [sic] an ability to obtain academic success and without either of those items we may be expecting

students to perform at levels they are not capable or prepared for.

It will hurt them more than help them.

I feel as though all of these should be taken into account but I

believe that degrees obtained after undergraduate should be

qualified based on mostly on academics.

Five of the comments provided by faculty respondents indicated that some audiology graduate programs already use a multifactor approach to the admissions process. For example, one non-minority faculty respondent stated,

Interviews are already a powerful component of our process. It is

hard to argue the value of essays and resumes in particular, as the

type of writing and timing of the writing is not the same as that

needed to succeed clinically.

The vast majority of respondents indicated that as far as equal opportunities and respect go, they are happy (i.e., with their faculty position or as a student) in their audiology graduate programs. Over 80% of the respondents agreed that their racial/ethnic identity was respected by all faculty and students in their program. Comments provided by seven non-minority faculty respondents indicated that, perhaps, issues of racial/ethnic respect do not apply to Whites/Caucasians because they are part of the majority race in the US. For example, one non-minority faculty respondent stated,

I'm not racially or ethnically diverse. I'm a white male. This question is consequently something of a moot point for me.

In contrast, comments provided by one minority faculty respondent and eight minority student respondents indicated that, perhaps, issues with racial/ethnic respect exist for them in academic and clinical environments. For example, one minority student respondent stated,

I don't believe it i [sic] respected at all. There have been many instances of blatant cultural insensitivity. I , and fellow students have personally witnessed the faculty iterate bigoted statements and when we brought this to the attention of the chair, nothing was done. One faculty member in particular has exhibited this behavior repeatedly but has still been sheltered by the chair.

One part of this two-part analysis sought to examine the perspectives of faculty and students on diversity issues in audiology graduate programs to determine if (a) diversity is important in programs and (b) faculty and students are satisfied with the amount of diversity in programs. Overall, there were three main findings including:

- programs have racial/ethnic diversity with the exception of faculty diversity,
- diversity is important but it may not be crucial to some, and
- neither faculty nor students believe that diversity in audiology graduate programs should be increased via adjustments to admissions criteria.

Multicultural Infusion

The vast majority of faculty and student respondents in this study indicated that multicultural infusion in audiology graduate programs is important because it enhances the clinical preparedness of students. Stockman et al. (2008) reported similar findings when they surveyed department chairperson, faculty, and clinical supervisors who taught classes to graduate SLP and audiology students. The authors reported that respondents generally had a positive attitude toward multicultural infusion. Minority students were significantly more likely to agree with this compared to non-minority students; however, the mean rating for both minority and non-minority student responses was in the agree range of the 9-point scale. All of the respondents were more likely to agree that multicultural issues should be addressed in *most* or *some* of the required courses; less than 20% of the respondents agreed that multicultural issues should be addressed in *all* of the required courses. Student respondents were more likely to indicate that *some* of their courses have addressed multicultural issues. Regarding the idea of addressing multicultural issues in a separate course, faculty respondents were more likely to be neutral and student respondents were more likely to agree than disagree.

The majority of faculty and student respondents indicated that multicultural infusion should happen on an as needed bases, in on-campus clinic rotations, and in off-campus clinic rotations. The vast majority of respondents indicated that multicultural issues should be addressed in counseling and aural rehabilitation courses. Less than half of the faculty respondents indicated that it was important for research methods, pharmacology, and anatomy and/or physiology courses to address multicultural issues. This is consistent with the findings of Stockman et al. (2008) who found that faculty were

more likely to omit multicultural issues from basic science courses. In this present study, less than half of the student respondents indicated that it was important for multicultural issues to be addressed in the same three courses mentioned above as well as in medical audiology, diagnostic, hearing aid, and cochlear implant courses. In general, comments provided by faculty and student respondents indicated that multicultural issues should only be addressed when applicable, appropriate, and relevant to the course content. For example, one non-minority student stated,

*In my opinion, the only multicultural issues that should be address
[sic] in audiology education is multicultural sensitivity in test
procedures and counseling. Otherwise, our anatomy is the same
and diagnostic procedures are the same.*

It is speculated that faculty and students may not consider it important to address multicultural issues in courses like anatomy and/or physiology because of assumed homogeneity amongst individuals of different racial and/or ethnic backgrounds. However, several studies have reported racial/ethnic differences in audiologic outcomes. Tenney and Edwards (1970) screened the hearing of 855 African American and White/Caucasian children in Milwaukee, Wisconsin. The authors reported that the White/Caucasian children had a significantly higher rate of hearing screening failure compared to the African American children. Differences in hearing sensitivity amongst adults have also been reported. Agrawal, Platz, and Niparko (2008) conducted a national cross-sectional survey of audiometric test results for adults in the US. The authors reported that the odds of having a hearing loss were 70% lower in the African American

subjects compared to the White/Caucasian subjects. Dreisbach, Kramer, Cobos, and Cowart (2007) found that young African American adults had better high frequency hearing sensitivity compared to Asian and White/Caucasian adults. Helzner et al. (2005) also conducted a cross-sectional analysis of hearing loss in older adults and reported that hearing loss was most common amongst White/Caucasian men and women compared to African American men and women.

Racial/ethnic differences in NIHL susceptibility have also been reported. Jerger, Jerger, Pepe, and Miller (1986) compared the pure tone threshold averages (PTAs) of age-matched male White/Caucasians and African Americans who were all exposed to high levels of occupational noise. The authors reported that the White/Caucasians males were more susceptible to NIHL than their African American counterparts. Henselman et al. (1995) reported similar findings. The authors analyzed the hearing threshold data of U.S. army soldiers and found that White/Caucasian soldiers had poorer hearing compared to African American soldiers. Ishii and Talbott (1998) found that the PTAs of non-White/Caucasian factory workers were significantly lower (i.e., better) than the PTAs of White/Caucasian factory workers.

Racial/ethnic differences in audiologic outcomes have also been reported in children. Woods, Peña, and Martin (2004) examined the differences between scores obtained on the SCAN-C, an auditory processing disorder (APD) test, by White/Caucasian and Hispanic/Latino children. The authors reported that the Hispanic/Latino children were more likely to score in the borderline to disordered range than their White/Caucasian counterparts; therefore, dialectal rescore had to be considered in order for scores to match between both groups of children. Racial/ethnic

differences in tympanometric outcomes have also been reported. Meyer, Webb, Davey, and Daly (2006) assessed the middle ear function of 270 school-aged children in St. Paul, Minnesota using tympanometry and found that Asian children were more than six times as likely to fail the test compared to children of other races/ethnicities. Robinson, Allen, and Root (1988) found that White/Caucasian infants were more likely to fail tympanometric screenings than their African American counterparts.

Because research has shown that there are differences in audiologic outcomes amongst people of different racial and/or ethnic backgrounds, it can be speculated that multicultural infusion has a place in most, if not all, audiology graduate courses. As students prepare to enter the field, they should be knowledgeable about these differences. However, if the material is not considered important enough to be covered in curricula, students will not know that differences exist. Unfortunately, little research has focused primarily on multicultural disparities between different racial/ethnic groups. Therefore, more in depth multicultural analyses should be part of future research.

A little more than half of the faculty respondents and a little less than half of the student respondents agreed when asked if they actively seek to obtain education in multicultural issues. Similarly, about half of the faculty respondents and less than half of the student respondents indicated that they find it difficult to find education opportunities in multicultural issues that pertain to audiology. Two comments provided by faculty respondents indicated that good education opportunities in multicultural issues may be difficult to find.

The majority of faculty and student respondents indicated that faculty should foster classroom discussions about multicultural issues. The majority of student

respondents indicated that faculty have done so in their programs of study. Slightly more than half of the respondents indicated that there should be at least one faculty member in the audiology department with a background in multicultural issues to assist in multicultural infusion. A large majority of the faculty respondents indicated they are comfortable discussing multicultural issues in the courses they teach. However, almost half of the faculty respondents disagreed that they were prepared to teach a class that incorporates multicultural instruction. Some of the comments provided by faculty respondents indicated that faculty may not be prepared to teach about multicultural issues because (a) topics are unfamiliar, (b) they need more ideas for multicultural infusion, and (c) they are not comfortable with the subject matter.

The vast majority of students indicated that they are comfortable participating in classroom discussions about multicultural issues that pertain to audiology. Minority students were significantly more likely to agree with this idea compared to non-minority students; however, the mean rating for both minority and non-minority student responses was in the agree range of the 9-point scale. The vast majority of faculty and student respondents indicated that they are comfortable discussing multicultural issues with students and professors, respectively, whose race/ethnicity differs from their own. Minority students were significantly more likely to agree with this idea compared to non-minority students; however, the mean rating for both minority and non-minority student responses was in the agree range of the 9-point scale.

Faculty respondents were more likely to disagree that multicultural issues were addressed during their graduate education and were more likely to agree that (a) they were trained to work with individuals from racial/ethnic minority groups and (b) more

training in culturally diverse issues will enhance their efficacy to teach students. The majority of student respondents indicated that they (a) have been trained to work with racial/ethnic minority groups during their graduate education, (b) have experience working with individuals from racial/ethnic minority groups, and (c) believe more training in culturally diverse issues would enhance their efficacy to work with patients. Minority students were significantly more likely to agree with the second finding compared to non-minority students; however, the mean rating for both minority and non-minority student responses was in the agree range of the 9-point scale.

Faculty respondents indicated that they are comfortable addressing multicultural issues and that they believe all faculty should be responsible for multicultural infusion; however, not all faculty respondents indicated that (a) multicultural issues were addressed during their graduate education and/or (b) they currently seek to obtain multicultural education. Therefore, it is not clear where the connection is being made as to how faculty can address multicultural issues if they themselves have no knowledge of these issues. This doubtfulness in academicians' ability to provide multicultural instruction was also reported by Horton-Ikard et al. (2009) and Stockman et al. (2004).

Although the vast majority of faculty and student respondents indicated that all faculty should be responsible for multicultural infusion, respondents were *less* likely to disagree with the idea that racial/ethnic minority faculty are better prepared (compared to White/Caucasian faculty) to discuss multicultural issues in audiology graduate programs compared to the idea that White/Caucasian faculty are better prepared (compared to racial/ethnic minority faculty). Many of the comments provided by faculty and student respondents indicated that experience and knowledge, rather than race/ethnicity,

influences a faculty member's ability to educate students about multicultural issues. For example, a part of one comment provided by a non-minority faculty respondent was:

The race/ethnicity of a faculty member should not be the primary factor in deciding whether they can teach/discuss multicultural issues with students.

A large majority of faculty responses indicated that (a) faculty are aware of CAA and ASHA standards for multicultural infusion and (b) their audiology graduate program complies with these standards. Because respondents were not asked to indicate the degree to which their program complies with CAA (ASHA) standards, it cannot be concluded to what extent audiology graduate programs adequately incorporate multicultural education. More than one-third of the faculty respondents indicated that their program could do more to comply with these standards.

The overall focus of this second (multicultural infusion) part of this two-part analysis sought to examine the perspectives of faculty and students on multicultural infusion issues in audiology graduate programs to determine if (a) multicultural infusion is important in programs and (b) faculty and students are satisfied with the amount of multicultural infusion in programs. Overall, there were five main findings:

- multicultural infusion is important; however, it is may not be necessary in all courses (e.g., anatomy and/or physiology),
- faculty and students do not actively seek to obtain education in multicultural issues,
- faculty and students believe that all faculty should be responsible for multicultural infusion,

- faculty may need more preparation and/or more resources for multicultural infusion, and
- faculty may need formal training in CAA (ASHA) standards for multicultural infusion to ensure proper compliance.

Limitations

There were several limitations of this survey which is true for all surveys of this nature. These limitations include:

- fewer faculty respondents than student respondents due to the smaller number of audiology faculty members in the US,
- the inability to identify respondents by geographic region because of the need to keep the surveys at a manageable length, and
- the inability to completely control for participant responses to be influenced by racial/ethnic diversity and multicultural infusion issues which were the sole focus in this particular study.

Furthermore, this survey procedure could not control whether or not participants clearly understood the survey content and were honest and accurate when answering questions.

Future Research and Implications

Future research is needed in order to determine (a) effective ways of increasing faculty and student diversity in programs and (b) the extent of which programs comply with standards for multicultural infusion.

Strategies for increasing diversity in graduate programs have been suggested by ASHA and several researchers. However, whether or not these strategies are effective has yet to be determined. Graduate programs could consider recruiting minority students

from academic areas outside of communication sciences and disorders. Targeting minority students at HBCUs or at universities or colleges with large minority populations may also be effective. Faculty diversity can be increased by encouraging minority undergraduate students to further their education and earn research doctorate degrees (e.g., Ph.D.). Funding opportunities are available for students entering Ph.D. programs; however, minority students may not be aware of such opportunities. Therefore, funding opportunities for Ph.D. programs should be made more obvious for students interested in pursuing postgraduate academic degrees.

Compliance of ASHA (CAA) multicultural infusion standards needs to become uniform amongst communication sciences and disorders programs. The results of this study indicate that faculty may be unsure of how to infuse multicultural issues into programs and that they may need more resources and/or examples of how to comply with standards for multicultural infusion. It is suggested that programs utilize consultants who have multicultural knowledge and research backgrounds. Consultants may be able to assist program directors and faculty with effective and appropriate multicultural infusion. It is recommended that faculty incorporate multicultural infusion into all courses when it pertains to the course content; neither separate courses nor isolated lectures are recommended for effective compliance of multicultural infusion. Research is available; however, faculty must be willing to search within the literature for studies that highlight significant differences in audiologic outcomes amongst different racial/ethnic populations. Students can also take a role in multicultural infusion by (a) asking faculty questions about multicultural differences, (b) suggesting course assignments that address

multicultural issues, and (c) completing theses that include an examination of audiologic outcomes amongst different racial/ethnic groups.

Conclusion

Although not all of the comments provided by faculty and student respondents in this study were consistent with the overall response ratings, the results of this two-part analysis indicated very few significant differences between the perspectives of non-minority and minority faculty and students on diversity and multicultural infusion issues in doctorate level audiology programs. However, statistical analyses indicated that minority students were significantly more likely to strongly agree that:

- diversity benefits professional working relationships,
- they enjoy working and have experience working with minority populations,
- multicultural infusion is important in audiology graduate programs,
- they are comfortable participating in classroom discussions about multicultural issues, and
- they are comfortable discussing multicultural issues with professors whose race/ethnicity differs from their own.

APPENDICES

APPENDIX A

Dear chairperson/audiology program director,

My name is Devlin K. Lighty and I am an audiology graduate student at Towson University. I would greatly appreciate it if you would forward the following e-mail to all of the faculty and students in the Au.D. and/or Ph.D. in audiology graduate program(s) in your department.

Thank you.

Dear participant,

My name is Devlin K. Lighty and I am an audiology graduate student in the Department of Audiology, Speech-Language Pathology, and Deaf Studies at Towson University. As part of the research for my doctoral thesis, I will be conducting a confidential survey to obtain student and faculty perspectives on multicultural infusion and diversity in doctorate level audiology programs. I hope that you can take time out of your busy schedule to complete the survey. It should take you approximately 10 minutes to complete the survey. You can find the link to the survey below.

If you are a **student**, please select this link: https://www.surveymonkey.com/s/For_Student

If you are a **faculty member**, please select this link:
https://www.surveymonkey.com/s/For_Faculty

I would gladly appreciate your response by February 7, 2011.

Participation in this study is voluntary. If you choose to participate in my project, you will complete an electronic survey. It is not necessary to answer every question and you may discontinue your participation in the project at any time. Your decision whether or not to participate in the project or to withdraw from the project at any time will in no way affect your employment or class-enrollment status. Your program director has disseminated the link to the survey via this e-mail; however, he/she will not know whether or not you have participated, or, if you did, how you responded. If you do choose to participate in the study, your participation will be confidential. Please do not type your name or any other identifying marks on the survey. If you have any questions about the project, you may contact me at (646) 354-3736, my faculty advisor, Dr. Diana Emanuel at (410) 704-2417, or the Chairperson of Towson University's Institutional Review Board for the Protection of Human Participants, Dr. Debi Gartland, at (410) 704-2236. If you would like a copy of the results of the survey, reported in aggregate form, please contact me after you have completed the survey.

Thank you for your time.

Sincerely,
Devlin K. Lighty
Au.D. Student

APPENDIX B

Dear chairperson/audiology program director,

Two weeks ago I sent out a request asking Au.D. and Ph.D. faculty and students to participate in a survey. If you have completed the survey and forwarded it to the students and faculty in your department, thank you very much. If you have not had a chance to do so, this is just a gentle reminder. I would very much appreciate your assistance in my thesis project.

Thank You.

Dear participant,

My name is Devlin K. Lighty and I am an audiology graduate student in the Department of Audiology, Speech-Language Pathology, and Deaf Studies at Towson University. As part of the research for my doctoral thesis, I will be conducting a confidential survey to obtain student and faculty perspectives on multicultural infusion and diversity in doctorate level audiology programs. I hope that you can take time out of your busy schedule to complete the survey. It should take you approximately 10 minutes to complete the survey. You can find the link to the survey below.

*** If you have already completed the survey, please do not complete the survey again at this time. I thank you for your participation. ***

If you are a **student**, please select this link: https://www.surveymonkey.com/s/For_Student

If you are a **faculty member**, please select this link:
https://www.surveymonkey.com/s/For_Faculty

I would gladly appreciate your response by February 10, 2011.

Participation in this study is voluntary. If you choose to participate in my project, you will complete an electronic survey. It is not necessary to answer every question and you may discontinue your participation in the project at any time. Your decision whether or not to participate in the project or to withdraw from the project at any time will in no way affect your employment or class-enrollment status. Your program director has disseminated the link to the survey via this e-mail; however, he/she will not know whether or not you have participated, or, if you did, how you responded. If you do choose to participate in the study, your participation will be confidential. Please do not type your name or any other identifying marks on the survey. If you have any questions about the project, you may contact me at (646) 354-3736, my faculty advisor, Dr. Diana Emanuel at (410) 704-2417, or the Chairperson of Towson University's Institutional Review Board for the Protection of Human Participants, Dr. Debi Gartland, at (410) 704-2236. If you would like a copy of the results of the survey, reported in aggregate form, please contact me after you have completed the survey.

Thank you for your time.

Sincerely,
Devlin K. Lighty
Au.D. Student

APPENDIX C

Demographic Information

Please select one answer that best applies.

1. In which type of program are you a faculty member?

	%	<i>n</i>
Au.D.	69.5	42
Ph.D. in audiology		
Both Au.D. and Ph.D. in audiology	28.8	17

Total number of respondents = 59

2. What is your faculty position?

	%	<i>n</i>
Tenure or tenured track faculty	50.8	30
Clinical faculty	28.8	17
Lecturer or visiting faculty	1.7	1
Adjunct faculty	8.5	5
Staff		
Other (please specify)	10.2	6

Total number of respondents = 59

3. What is your age?

	%	<i>n</i>
28-32	16.0	9
33-37	12.5	7
38-42	16.0	9
43-47	5.3	3
48-52	16.0	9
53-57	21.4	12
58-62	7.1	4
63-66	5.3	3

Total number of respondents = 56

M = 45.21

SD = 10.91

Range = 28-66

4. What is your gender?

	%	<i>n</i>
Female	70.2	40
Male	29.8	17

Total number of respondents = 57

5. With what race do you identify yourself?

	%	<i>n</i>
White/Caucasian	89.7	52
Black/African American	3.4	2
Asian	1.7	1
American Indian/Alaska Native	1.7	1
Native Hawaiian or other Pacific Islander		
Other (please specify)	3.4	2
<i>Total number of respondents = 58</i>		

6. With what ethnicity do you identify yourself?

	%	<i>n</i>
Hispanic/Latino	6.8	4
Not Hispanic/Latino	93.2	55
<i>Total number of respondents = 59</i>		

7. What is your father's highest level of education?

	%	<i>n</i>
Did not finish high school	8.6	5
High school graduate	36.2	21
Associate's degree	5.2	3
Bachelor's degree	24.1	14
Master's degree	12.1	7
Doctorate degree	12.1	7
Other post baccalaureate degree	1.7	1
<i>Not applicable (did not grow up with a father in the home)</i>		
<i>Total number of respondents = 58</i>		

8. What is your mother's highest level of education?

	%	<i>n</i>
Did not finish high school	6.7	4
High school graduate	35.6	21
Associate's degree	18.6	11
Bachelor's degree	18.6	11
Master's degree	16.9	10
Doctorate degree	1.7	1
Other post baccalaureate degree	1.7	1
<i>Not applicable (did not grow up with a mother in the home)</i>		
<i>Total number of respondents = 59</i>		

9. For the majority of your childhood, what was your perceived socioeconomic status?

	%	<i>n</i>
Poor	1.7	1
Lower Middle Class	24.1	14
Middle Class	53.4	31
Upper Middle class	20.7	12
Upper Class		

Total number of respondents = 58

10. For the majority of your childhood, in which environment did you live?

	%	<i>n</i>
Rural (country)	23.7	14
Urban (city)	28.8	17
Suburban (suburbs)	47.5	28

Total number of respondents = 59

11. What is your current perceived socioeconomic status?

	%	<i>n</i>
Poor		
Lower Middle class	1.7	1
Middle Class	52.5	31
Upper Middle Class	45.8	27
Upper Class		

Total number of respondents = 59

12. In which environment do you currently live?

	%	<i>n</i>
Rural (country)	10.2	6
Urban (city)	30.5	18
Suburban (suburbs)	59.3	35

Total number of respondents = 59

Diversity

Thinking of diversity in terms of racial diversity and/or ethnic diversity (i.e., African American/Black, Hispanic/Latino, Asian, American Indian/Alaska Native, Native Hawaiian or Other Pacific Islander, etc.), please select the answer that best represents your opinion.

13. The audiology graduate program in which I am employed has a racially/ethnically diverse faculty

	%	<i>n</i>
Strongly agree	6.8	4
Somewhat strongly agree	6.8	4
Agree	11.9	7
Somewhat agree	13.6	8
Neutral	3.4	2
Somewhat disagree	15.3	9
Disagree	18.6	11
Somewhat strongly disagree	6.8	4
Strongly disagree	16.9	10

Rating average = 5.47

SD = 2.58

Total number of respondents = 59

14. The audiology graduate program I am employed has a racially/ethnically diverse student body

	%	<i>n</i>
Strongly agree	18.6	11
Somewhat strongly agree	15.3	9
Agree	5.1	3
Somewhat agree	22.0	13
Neutral	3.4	2
Somewhat disagree	11.9	7
Disagree	13.6	8
Somewhat strongly disagree	6.8	4
Strongly disagree	3.4	2

Rating average = 4.20

SD = 2.46

Total number of respondents = 59

15. The audiology graduate program in which I am employed has a racially/ethnically diverse patient population for on-campus clinic

	%	<i>n</i>
Strongly agree	15.5	9
Somewhat strongly agree	17.2	10
Agree	15.5	9
Somewhat agree	13.8	8
Neutral	1.7	1
Somewhat disagree	8.6	5
Disagree	10.3	6
Somewhat strongly disagree		
Strongly disagree	5.2	3
N/A	12.1	7

Rating average = 3.76

SD = 2.35

Total number of respondents = 58

Note: N/A responses are not included in the rating average

16. The audiology graduate program in which I am employed is interested in increasing racial/ethnic diversity in the faculty population

	%	<i>n</i>
Strongly agree	16.9	10
Somewhat strongly agree	16.9	10
Agree	28.8	17
Somewhat agree	8.5	5
Neutral	18.6	11
Somewhat disagree		
Disagree	10.2	6
Somewhat strongly disagree		
Strongly disagree		

Rating average = 3.36

SD = 1.80

Total number of respondents = 59

17. The audiology graduate program in which I am employed is interested in increasing racial/ethnic diversity in the student population

	%	<i>n</i>
Strongly agree	28.8	17
Somewhat strongly agree	11.9	7
Agree	33.9	20
Somewhat agree	13.6	8
Neutral	8.5	5
Somewhat disagree	1.7	1
Disagree	1.7	1
Somewhat strongly disagree		
Strongly disagree		

Rating average = 2.73

SD = 1.46

Total number of respondents = 59

18. Racial/ethnic minority faculty are easily recruited as employees in audiology graduate programs

	%	<i>n</i>
Strongly agree	3.4	2
Somewhat strongly agree	6.9	4
Agree	8.6	5
Somewhat agree	1.7	1
Neutral	25.9	15
Somewhat disagree	17.2	10
Disagree	24.1	14
Somewhat strongly disagree	3.4	2
Strongly disagree	8.6	5

Rating average = 5.57

SD = 2.03

Total number of respondents = 58

19. Racial/ethnic minority students are easily recruited in audiology graduate programs

	%	<i>n</i>
Strongly agree	10.2	6
Somewhat strongly agree	8.5	5
Agree	16.9	10
Somewhat agree	5.1	3
Neutral	23.7	14
Somewhat disagree	10.2	6
Disagree	18.6	11
Somewhat strongly disagree	3.4	2
Strongly disagree	3.4	2

Rating average = 4.66

SD = 2.19

Total number of respondents = 59

20. The audiology program director/admissions committee actively recruits minority students into the program in which I am employed

	%	<i>n</i>
Strongly agree	20.3	12
Somewhat strongly agree	11.9	7
Agree	16.9	10
Somewhat agree	11.9	7
Neutral	20.3	12
Somewhat disagree	8.5	5
Disagree	8.5	5
Somewhat strongly disagree	1.7	1
Strongly disagree		

Rating average = 3.68

SD = 2.00

Total number of respondents = 59

21. In academic learning environments, racial/ethnic diversity benefits faculty-faculty relationships

	%	<i>n</i>
Strongly agree	18.6	11
Somewhat strongly agree	16.9	10
Agree	33.9	20
Somewhat agree	15.3	9
Neutral	13.6	8
Somewhat disagree		
Disagree	1.7	1
Somewhat strongly disagree		
Strongly disagree		
<i>Rating average = 2.95</i>		
<i>SD = 1.38</i>		
<i>Total number of respondents = 59</i>		

22. In academic learning environments, racial/ethnic diversity benefits student-student relationships

	%	<i>n</i>
Strongly agree	20.3	12
Somewhat strongly agree	20.3	12
Agree	28.8	17
Somewhat agree	20.3	12
Neutral	8.5	5
Somewhat disagree		
Disagree	1.7	1
Somewhat strongly disagree		
Strongly disagree		
<i>Rating average = 2.83</i>		
<i>SD = 1.35</i>		
<i>Total number of respondents = 59</i>		

23. In academic learning environments, racial/ethnic diversity benefits faculty-student relationships

	%	<i>n</i>
Strongly agree	20.3	12
Somewhat strongly agree	18.6	11
Agree	30.5	18
Somewhat agree	15.3	9
Neutral	13.6	8
Somewhat disagree		
Disagree	1.7	1
Somewhat strongly disagree		
Strongly disagree		
<i>Rating average = 2.90</i>		
<i>SD = 1.41</i>		
<i>Total number of respondents = 59</i>		

24. In clinical learning environments, racial/ethnic diversity benefits student-patient relationships

	%	<i>n</i>
Strongly agree	22.0	13
Somewhat strongly agree	20.3	12
Agree	30.5	18
Somewhat agree	13.6	8
Neutral	11.9	7
Somewhat disagree		
Disagree	1.7	1
Somewhat strongly disagree		
Strongly disagree		

Rating average = 2.80

SD = 1.40

Total number of respondents = 59

25. Racial/ethnic diversity is more important than gender diversity in audiology graduate programs

	%	<i>n</i>
Strongly agree	3.4	2
Somewhat strongly agree	6.8	4
Agree	11.9	7
Somewhat agree	13.6	8
Neutral	33.9	20
Somewhat disagree	15.3	9
Disagree	10.2	6
Somewhat strongly disagree	1.7	1
Strongly disagree	3.4	2

Rating average = 4.83

SD = 1.74

Total number of respondents = 59

26. I am comfortable with the amount of racial/ethnic faculty diversity in my audiology program

	%	<i>n</i>
Strongly agree	8.6	5
Somewhat strongly agree	1.7	1
Agree	22.4	13
Somewhat agree	10.3	6
Neutral	24.1	14
Somewhat disagree	10.3	6
Disagree	20.7	12
Somewhat strongly disagree	1.7	1
Strongly disagree		

Rating average = 4.62

SD = 1.88

Total number of respondents = 58

27. I am comfortable with the amount of racial/ethnic student diversity in my audiology graduate program

	%	<i>n</i>
Strongly agree	12.1	7
Somewhat strongly agree	6.9	4
Agree	27.6	16
Somewhat agree	10.3	6
Neutral	8.6	5
Somewhat disagree	19.0	11
Disagree	12.1	7
Somewhat strongly disagree	3.4	2
Strongly disagree		

Rating average = 4.19

SD = 2.04

Total number of respondents = 58

28. Racial/ethnic diversity of students in audiology graduate programs could be increased by adjusting admissions criteria to focus less on academic achievement and more on other criteria (e.g., interviews, essays, resumes)

	%	<i>n</i>
Strongly agree		
Somewhat strongly agree	3.4	2
Agree	8.5	5
Somewhat agree	13.6	8
Neutral	28.8	17
Somewhat disagree	15.3	9
Disagree	20.3	12
Somewhat strongly disagree		
Strongly disagree	10.2	6

Rating average = 5.56

SD = 1.76

Total number of respondents = 59

29. Racial/ethnic diversity of students in audiology graduate programs should be increased by adjusting admissions criteria to focus less on academic achievement and more on other criteria (e.g., interviews, essays, resumes)

	%	<i>n</i>
Strongly agree		
Somewhat strongly agree	3.4	2
Agree	6.8	4
Somewhat agree	8.5	5
Neutral	18.6	11
Somewhat disagree	18.6	11
Disagree	22.0	13
Somewhat strongly disagree	5.1	3
Strongly disagree	16.9	10

Rating average = 6.14

SD = 1.92

Total number of respondents = 59

30. I feel as though my racial/ethnic identity is respected in my audiology graduate program by:

	%	<i>n</i>
All faculty	82.1	46
Most faculty	16.1	9
Some faculty	1.8	1

Total number of respondents = 56

31. I feel as though my racial/ethnic identity is respected in my audiology graduate program by:

	%	<i>n</i>
All students	82.1	46
Most students	16.1	9
Some students	1.8	1

Total number of respondents = 56

32. Please use this space to provide any additional opinions that you may have regarding diversity in the audiology graduate program in which you are employed.

Multicultural Infusion

Given the definition of multicultural as “one or more particular minority racial/ethnic groups in the US”, please select the answer that best represents your opinion.

33. It is important for audiology graduate programs to address multicultural issues in the curriculum

	%	<i>n</i>
Strongly agree	42.1	24
Somewhat strongly agree	19.3	11
Agree	26.3	15
Somewhat agree	5.3	3
Neutral	5.3	3
Somewhat disagree		
Disagree	1.8	1
Somewhat strongly disagree		
Strongly disagree		

Rating average = 2.19

SD = 1.34

Total number of respondents = 57

34. Multicultural issues should be addressed in:

	%	<i>n</i>
All courses in the audiology graduate curriculum	18.6	11
Most of the required courses in the audiology graduate curriculum	44.1	26
Some of the required courses in the audiology graduate curriculum	35.6	21
None of the required courses in the audiology graduate curriculum	1.7	1

Total number of respondents = 59

35. It is important to include multicultural issues in the audiology graduate curriculum in the following ways:

(a) As-needed based on the content of the course

	%	<i>n</i>
Strongly agree	35.6	21
Somewhat strongly agree	22.0	13
Agree	27.1	16
Somewhat agree	10.2	6
Neutral	3.4	2
Somewhat disagree	1.7	1
Disagree		
Somewhat strongly disagree		
Strongly disagree		
<i>Rating average = 2.29</i>		
<i>SD = 1.25</i>		
<i>Total number of respondents = 59</i>		

(b) In a separate multicultural course in the audiology graduate curriculum

	%	<i>N</i>
Strongly agree		
Somewhat strongly agree	5.2	3
Agree	13.8	8
Somewhat agree	12.1	7
Neutral	34.5	20
Somewhat disagree	13.8	8
Disagree	13.8	8
Somewhat strongly disagree	3.4	2
Strongly disagree	3.4	2
<i>Rating average = 5.10</i>		
<i>SD = 1.65</i>		
<i>Total number of respondents = 58</i>		

(c) In on-campus clinic rotations

	%	<i>n</i>
Strongly agree	19.0	11
Somewhat strongly agree	13.8	8
Agree	31.0	18
Somewhat agree	15.5	9
Neutral	15.5	9
Somewhat disagree	1.7	1
Disagree	3.4	2
Somewhat strongly disagree		
Strongly disagree		
<i>Rating average = 3.14</i>		
<i>SD = 1.55</i>		
<i>Total number of respondents = 58</i>		

(d) In off-campus clinic rotations

	%	<i>n</i>
Strongly agree	18.6	11
Somewhat strongly agree	18.6	11
Agree	33.9	20
Somewhat agree	15.3	9
Neutral	8.5	5
Somewhat disagree	3.4	2
Disagree	1.7	1

Somewhat strongly disagree

Strongly disagree

*Rating average = 2.93**SD = 1.42**Total number of respondents = 59*

36. If you believe that multicultural issues should be addressed in audiology graduate courses, please indicate which courses should address these issues (please select all that apply):

	%	<i>n</i>
Anatomy and/or physiology courses	31.0	18
Aural rehabilitation courses	89.7	52
Cochlear implant courses	69.0	40
Counseling courses	98.3	57
Diagnostic courses	58.6	34
Hearing aid courses	62.1	36
Medical audiology courses	55.2	32
Pharmacology courses	41.4	24
Research methods courses	44.8	26

Total number of respondents = 58

37. Multicultural instruction enhances the clinical preparedness of students

	%	<i>n</i>
Strongly agree	30.5	18
Somewhat strongly agree	16.9	10
Agree	37.3	22
Somewhat agree	5.1	3
Neutral	8.5	5
Somewhat disagree		
Disagree		
Somewhat strongly disagree		
Strongly disagree	1.7	1

*Rating average = 2.54**SD = 1.49**Total number of respondents = 59*

38. I actively seek to obtain education in multicultural issues that pertain to audiology

	%	<i>n</i>
Strongly agree	3.4	2
Somewhat strongly agree	10.2	6
Agree	25.4	15
Somewhat agree	18.6	11
Neutral	27.1	16
Somewhat disagree	5.1	3
Disagree	6.8	4
Somewhat strongly disagree	3.4	2
Strongly disagree		

Rating average = 4.15

SD = 1.62

Total number of respondents = 59

39. I find it difficult to find educational opportunities in multicultural issues that pertain to audiology

	%	<i>n</i>
Strongly agree	3.4	2
Somewhat strongly agree	8.5	5
Agree	15.3	9
Somewhat agree	23.7	14
Neutral	40.7	24
Somewhat disagree	5.1	3
Disagree	3.4	2
Somewhat strongly disagree		
Strongly disagree		

Rating average = 4.19

SD = 1.31

Total number of respondents = 59

40. I think too much emphasis is placed on multicultural issues in the profession of audiology

	%	<i>n</i>
Strongly agree		
Somewhat strongly agree		
Agree	5.1	3
Somewhat agree	10.2	6
Neutral	30.5	18
Somewhat disagree	20.3	12
Disagree	23.7	14
Somewhat strongly disagree	8.5	5
Strongly disagree	1.7	1

Rating average = 5.80

SD = 1.37

Total number of respondents = 59

41. Faculty should foster classroom discussions involving multicultural issues

	%	<i>n</i>
Strongly agree	11.9	7
Somewhat strongly agree	11.9	7
Agree	40.7	24
Somewhat agree	15.3	9
Neutral	13.6	8
Somewhat disagree	1.7	1
Disagree	5.1	3
Somewhat strongly disagree		
Strongly disagree		
<i>Rating average = 3.32</i>		
<i>SD = 1.48</i>		
<i>Total number of respondents = 59</i>		

42. There should be at least one faculty member in the audiology department with a background in multicultural issues to assist in multicultural infusion

	%	<i>n</i>
Strongly agree	8.5	5
Somewhat strongly agree	8.5	5
Agree	22.0	13
Somewhat agree	16.9	10
Neutral	28.8	17
Somewhat disagree	8.5	5
Disagree	6.8	4
Somewhat strongly disagree		
Strongly disagree		
<i>Rating average = 4.02</i>		
<i>SD = 1.61</i>		
<i>Total number of respondents = 59</i>		

43. I am prepared to teach a class that incorporates multicultural instruction

	%	<i>n</i>
Strongly agree	6.8	4
Somewhat strongly agree	11.9	7
Agree	25.4	15
Somewhat agree	13.6	8
Neutral	10.2	6
Somewhat disagree	6.8	4
Disagree	23.7	14
Somewhat strongly disagree		
Strongly disagree	1.7	1
<i>Rating average = 4.34</i>		
<i>SD = 2.06</i>		
<i>Total number of respondents = 59</i>		

44. I am comfortable discussing multicultural issues in the courses that I teach

	%	<i>n</i>
Strongly agree	11.9	7
Somewhat strongly agree	22.0	13
Agree	39.0	23
Somewhat agree	10.2	6
Neutral	8.5	5
Somewhat disagree	5.1	3
Disagree	3.4	2

Somewhat strongly disagree

Strongly disagree

Rating average = 3.10

SD = 1.47

Total number of respondents = 59

45. I am comfortable discussing multicultural issues with students whose race/ethnicity differs from my own

	%	<i>n</i>
Strongly agree	15.3	9
Somewhat strongly agree	16.9	10
Agree	44.1	26
Somewhat agree	15.3	9
Neutral	6.8	4
Somewhat disagree	1.7	1

Disagree

Somewhat strongly disagree

Strongly disagree

Rating average = 2.86

SD = 1.17

Total number of respondents = 59

46. I enjoy working with individuals from racial/ethnic minority groups

	%	<i>n</i>
Strongly agree	28.8	17
Somewhat strongly agree	15.3	9
Agree	42.4	25
Somewhat agree	3.4	2
Neutral	10.2	6

Somewhat disagree

Disagree

Somewhat strongly disagree

Strongly disagree

Rating average = 2.51

SD = 1.24

Total number of respondents = 59

47. Multicultural issues were addressed in required courses during my graduate education

	%	<i>n</i>
Strongly agree	3.4	2
Somewhat strongly agree	1.7	1
Agree	18.6	11
Somewhat agree	10.2	6
Neutral	6.8	4
Somewhat disagree	13.6	8
Disagree	28.8	17
Somewhat strongly disagree	1.7	1
Strongly disagree	15.3	9

Rating average = 5.71

SD = 2.24

Total number of respondents = 59

48. I have been trained to work with individuals from racial/ethnic minority groups

	%	<i>n</i>
Strongly agree	8.5	5
Somewhat strongly agree	8.5	5
Agree	28.8	17
Somewhat agree	16.9	10
Neutral	8.5	5
Somewhat disagree	11.9	7
Disagree	13.6	8
Somewhat strongly disagree	1.7	1
Strongly disagree	1.7	1

Rating average = 4.17

SD = 1.98

Total number of respondents = 59

49. More training in culturally diverse issues will enhance my efficacy to teach students

	%	<i>n</i>
Strongly agree	8.6	5
Somewhat strongly agree	10.3	6
Agree	29.3	17
Somewhat agree	24.1	14
Neutral	15.5	9
Somewhat disagree	1.7	1
Disagree	8.6	5
Somewhat strongly disagree	1.7	1
Strongly disagree		

Rating average = 3.76

SD = 1.66

Total number of respondents = 58

50. Racial/ethnic minority faculty members are better prepared to discuss multicultural issues compare to White faculty

	%	<i>n</i>
Strongly agree		
Somewhat strongly agree		
Agree	8.5	5
Somewhat agree	15.3	9
Neutral	35.6	21
Somewhat disagree	11.9	7
Disagree	15.3	9
Somewhat strongly disagree	8.5	5
Strongly disagree	5.1	3
<i>Rating average = 5.56</i>		
<i>SD = 1.59</i>		
<i>Total number of respondents = 59</i>		

51. White faculty members are better prepared to discuss multicultural issues compared to racial/ethnic minority faculty

	%	<i>n</i>
Strongly agree		
Somewhat strongly agree		
Agree		
Somewhat agree	1.7	1
Neutral	35.6	21
Somewhat disagree	22.0	13
Disagree	27.1	16
Somewhat strongly disagree	8.5	5
Strongly disagree	5.1	3
<i>Rating average = 6.20</i>		
<i>SD = 1.21</i>		
<i>Total number of respondents = 59</i>		

52. Minority faculty members should be the ones given the task to discuss multicultural issues with students

	%	<i>n</i>
Strongly agree		
Somewhat strongly agree		
Agree	1.7	1
Somewhat agree		
Neutral	30.5	18
Somewhat disagree	15.3	9
Disagree	33.9	20
Somewhat strongly disagree	10.2	6
Strongly disagree	8.5	5
<i>Rating average = 6.44</i>		
<i>SD = 1.34</i>		
<i>Total number of respondents = 59</i>		

53. All faculty members should be responsible for discussing multicultural issues with students

	%	<i>n</i>
Strongly agree	27.1	16
Somewhat strongly agree	16.9	10
Agree	42.4	25
Somewhat agree	3.4	2
Neutral	6.8	4
Somewhat disagree		
Disagree	1.7	1
Somewhat strongly disagree	1.7	1
Strongly disagree		

Rating average = 2.61

SD = 1.47

Total number of respondents = 59

54. I am aware that the Council of [*sic*] Academic Accreditation (CAA) and the American Speech-Language-Hearing Association (ASHA) require multicultural instruction in audiology graduate programs

	%	<i>n</i>
Strongly agree	44.1	26
Somewhat strongly agree	6.8	4
Agree	23.7	14
Somewhat agree	6.8	4
Neutral	10.2	6
Somewhat disagree		
Disagree	8.5	5
Somewhat strongly disagree		
Strongly disagree		

Rating average = 2.66

SD = 1.90

Total number of respondents = 59

55. The audiology graduate program in which I am employed complies with CAA (ASHA) standards to incorporate multicultural instruction

	%	<i>n</i>
Strongly agree	39.0	23
Somewhat strongly agree	16.9	10
Agree	25.4	15
Somewhat agree	3.4	2
Neutral	15.3	9
Somewhat disagree		
Disagree		
Somewhat strongly disagree		
Strongly disagree		

Rating average = 2.39

SD = 1.43

Total number of respondents = 59

56. The audiology graduate program in which I am employed could do more to comply with CAA (ASHA) standards for multicultural instruction

	%	<i>n</i>
Strongly agree	1.7	1
Somewhat strongly agree	10.2	6
Agree	18.6	11
Somewhat agree	10.2	6
Neutral	32.2	19
Somewhat disagree	10.2	6
Disagree	10.2	6
Somewhat strongly disagree	1.7	1
Strongly disagree	5.1	3

Rating average = 4.71

SD = 1.87

Total number of respondents = 59

57. As far as equal opportunities and respect go, I am happy with my employment position in this audiology graduate program

	%	<i>n</i>
Strongly agree	39.0	23
Somewhat strongly agree	15.3	9
Agree	39.0	23
Somewhat agree	3.4	2
Neutral	1.7	1
Somewhat disagree	1.7	1
Disagree		
Somewhat strongly disagree		
Strongly disagree		

Rating average = 2.19

SD = 1.15

Total number of respondents = 59

58. Please use this space to provide any additional opinions that you may have regarding multicultural infusion in the audiology graduate program in which you are employed.

APPENDIX D

Demographic Information

Please select one answer that best applies.

1. In which type of program are you a student?

	%	<i>n</i>
Au.D.	98.3	294
Ph.D. in audiology	1.0	3
Both Au.D. and Ph.D. in audiology	0.7	2

Total number of respondents = 299

2. What year are you in your audiology graduate program?

	%	<i>n</i>
First	29.7	89
Second	30.7	92
Third	21.0	63
Fourth	18.7	56

Total number of respondents = 300

3. What is your age?

	%	<i>n</i>
21-25	70.0	208
26-30	22.6	67
31-35	3.7	11
36-40	2.7	8
41-45	.07	2
46-50	.03	1

Total number of respondents = 297

M = 25.35

SD = 3.81

Range = 21-50

4. What is your gender?

	%	<i>n</i>
Female	89.3	268
Male	10.7	32

Total number of respondents = 300

5. With what race do you identify yourself?

	%	<i>n</i>
White/Caucasian	84.7	254
Black/African American	4.0	12
Asian	5.3	16
American Indian/Alaska Native	0.3	1
Native Hawaiian or other Pacific Islander		
Other (please specify)	5.7	17
<i>Total number of respondents = 300</i>		

6. With what ethnicity do you identify yourself?

	%	<i>n</i>
Hispanic/Latino	6.2	18
Not Hispanic/Latino	93.8	274
<i>Total number of respondents = 292</i>		

7. What is your father's highest level of education?

	%	<i>n</i>
Did not finish high school	4.7	14
High school graduate	29.0	87
Associate's degree	13.0	39
Bachelor's degree	26.3	79
Master's degree	18.7	56
Doctorate degree	5.0	15
Other post baccalaureate degree	1.3	4
Not applicable (<i>did not grow up with a father in the home</i>)	2.0	6
<i>Total number of respondents = 300</i>		

8. What is your mother's highest level of education?

	%	<i>n</i>
Did not finish high school	3.3	10
High school graduate	33.3	100
Associate's degree	15.3	46
Bachelor's degree	27.0	81
Master's degree	15.7	47
Doctorate degree	3.7	11
Other post baccalaureate degree	1.7	5
Not applicable (<i>did not grow up with a mother in the home</i>)		
<i>Total number of respondents = 300</i>		

9. For the majority of your childhood, what was your perceived socioeconomic status?

	%	<i>n</i>
Poor	2.3	7
Lower Middle Class	18.7	56
Middle Class	55.2	165
Upper Middle class	22.1	66
Upper Class	1.7	5

Total number of respondents = 299

10. For the majority of your childhood, in which environment did you live?

	%	<i>n</i>
Rural (country)	24.6	73
Urban (city)	16.8	50
Suburban (suburbs)	58.6	174

Total number of respondents = 297

11. What is your current perceived socioeconomic status?

	%	<i>n</i>
Poor	8.7	26
Lower Middle Class	23.4	70
Middle Class	51.8	155
Upper Middle Class	14.4	43
Upper Class	1.7	5

Total number of respondents = 299

12. In which environment do you currently live?

	%	<i>n</i>
Rural (country)	10.7	32
Urban (city)	40.3	121
Suburban (suburbs)	49.0	147

Total number of respondents = 300

Diversity

Thinking of diversity in terms of racial diversity and/or ethnic diversity (i.e., African American/Black, Hispanic/Latino, Asian, American Indian/Alaska Native, Native Hawaiian or Other Pacific Islander, etc.), please select the answer that best represents your opinion.

13. The audiology graduate program in which I am a student has a racially/ethnically diverse faculty

	%	<i>n</i>
Strongly agree	6.0	18
Somewhat strongly agree	5.7	17
Agree	10.0	30
Somewhat agree	17.3	52
Neutral	6.3	19
Somewhat disagree	12.0	36
Disagree	23.0	69
Somewhat strongly disagree	5.3	16
Strongly disagree	14.3	43

Rating average = 5.53

SD = 2.37

Total number of respondents = 300

14. The audiology graduate program I am employed has a racially/ethnically diverse student body

	%	<i>n</i>
Strongly agree	10.0	30
Somewhat strongly agree	8.7	26
Agree	21.0	63
Somewhat agree	18.3	55
Neutral	8.7	26
Somewhat disagree	12.0	36
Disagree	11.7	35
Somewhat strongly disagree	2.3	7
Strongly disagree	7.3	22

Rating average = 4.45

SD = 2.26

Total number of respondents = 300

15. The audiology graduate program in which I am a student has a racially/ethnically diverse patient population for on-campus clinic

	%	<i>n</i>
Strongly agree	14.7	44
Somewhat strongly agree	7.4	22
Agree	20.7	62
Somewhat agree	14.7	44
Neutral	10.7	32
Somewhat disagree	10.7	32
Disagree	10.7	32
Somewhat strongly disagree	1.0	3
Strongly disagree	4.3	13
N/A	5.0	15

Rating average = 4.11

SD = 2.20

Total number of respondents = 299

Note: N/A responses are not included in the rating average

16. The audiology graduate program in which I am a student is interested in increasing racial/ethnic diversity in the faculty

	%	<i>n</i>
Strongly agree	3.4	10
Somewhat strongly agree	3.0	9
Agree	15.2	45
Somewhat agree	7.4	22
Neutral	22.0	65
Somewhat disagree	3.7	11
Disagree	6.8	20
Somewhat strongly disagree	0.7	2
Strongly disagree	2.4	7
I don't know	35.5	105

Rating average = 4.51

SD = 1.80

Total number of respondents = 296

Note: *I don't know* responses are not included in the rating average

17. The audiology graduate program in which I am a student is interested in increasing racial/ethnic diversity in the student population

	%	<i>n</i>
Strongly agree	5.7	17
Somewhat strongly agree	5.0	15
Agree	22.5	67
Somewhat agree	9.7	29
Neutral	18.5	55
Somewhat disagree	2.3	7
Disagree	3.4	10
Somewhat strongly disagree	0.7	2
Strongly disagree	2.0	6
I don't know	30.2	90

Rating average = 3.95

SD = 1.75

Total number of respondents = 298

Note: *I don't know* responses are not included in the rating average

18. As a prospective student, I was interested in an audiology graduate program that was racially/ethnically diverse in both faculty and student populations

	%	<i>n</i>
Strongly agree	3.7	11
Somewhat strongly agree	3.3	10
Agree	9.7	29
Somewhat agree	6.3	19
Neutral	50.7	152
Somewhat disagree	3.3	10
Disagree	14.3	43
Somewhat strongly disagree	2.7	8
Strongly disagree	6.0	18

Rating average = 5.14

SD = 1.77

Total number of respondents = 300

19. In academic learning environments, racial/ethnic diversity benefits faculty-faculty relationships

	%	<i>n</i>
Strongly agree	8.7	26
Somewhat strongly agree	6.4	19
Agree	32.9	98
Somewhat agree	14.1	42
Neutral	31.9	95
Somewhat disagree	2.3	7
Disagree	2.3	7
Somewhat strongly disagree	0.7	2
Strongly disagree	0.7	2

Rating average = 3.78

SD = 1.49

Total number of respondents = 298

20. In academic learning environments, racial/ethnic diversity benefits student-student relationships

	%	<i>n</i>
Strongly agree	12.1	36
Somewhat strongly agree	12.1	36
Agree	35.4	105
Somewhat agree	12.5	37
Neutral	22.2	66
Somewhat disagree	2.4	7
Disagree	2.0	6
Somewhat strongly disagree	0.7	2
Strongly disagree	0.7	2

Rating average = 3.43

SD = 1.55

Total number of respondents = 297

21. In academic learning environments, racial/ethnic diversity benefits faculty-student relationships

	%	<i>n</i>
Strongly agree	9.8	29
Somewhat strongly agree	8.4	25
Agree	33.7	100
Somewhat agree	16.2	48
Neutral	24.2	72
Somewhat disagree	3.7	11
Disagree	2.7	8
Somewhat strongly disagree	0.7	2
Strongly disagree	0.7	2

Rating average = 3.66

SD = 1.53

Total number of respondents = 297

22. In clinical learning environments, racial/ethnic diversity benefits student-patient relationships

	%	<i>n</i>
Strongly agree	18.7	56
Somewhat strongly agree	13.7	41
Agree	33.4	100
Somewhat agree	14.0	42
Neutral	14.4	43
Somewhat disagree	3.0	9
Disagree	1.4	4
Somewhat strongly disagree	0.7	2
Strongly disagree	0.7	2

Rating average = 3.13

SD = 1.58

Total number of respondents = 299

23. Racial/ethnic diversity is more important than gender diversity in audiology graduate programs

	%	<i>n</i>
Strongly agree	2.0	6
Somewhat strongly agree	4.4	13
Agree	12.2	36
Somewhat agree	11.5	34
Neutral	38.2	113
Somewhat disagree	14.2	42
Disagree	12.8	38
Somewhat strongly disagree	1.7	5
Strongly disagree	3.0	9

Rating average = 5.00

SD = 1.62

Total number of respondents = 296

24. I am comfortable with the amount of racial/ethnic faculty diversity in my audiology graduate program

	%	<i>n</i>
Strongly agree	13.3	40
Somewhat strongly agree	5.0	15
Agree	38.0	114
Somewhat agree	8.3	25
Neutral	21.3	64
Somewhat disagree	7.3	22
Disagree	4.0	12
Somewhat strongly disagree	0.3	1
Strongly disagree	2.3	7

Rating average = 3.73

SD = 1.79

Total number of respondents = 300

25. I am comfortable with the amount of racial/ethnic student diversity in my audiology graduate program

	%	<i>n</i>
Strongly agree	14.0	42
Somewhat strongly agree	6.0	18
Agree	40.3	121
Somewhat agree	11.0	33
Neutral	16.0	48
Somewhat disagree	6.7	20
Disagree	3.7	11
Somewhat strongly disagree	0.3	1
Strongly disagree	2.0	6

Rating average = 3.57

SD = 1.74

Total number of respondents = 300

26. Racial/ethnic diversity of students in audiology graduate programs could be increased by adjusting admissions criteria to focus less on academic achievement and more on other criteria (e.g., interviews, essays, resumes)

	%	<i>n</i>
Strongly agree	2.7	8
Somewhat strongly agree	4.3	13
Agree	15.7	47
Somewhat agree	14.7	44
Neutral	24.4	73
Somewhat disagree	11.4	34
Disagree	12.7	38
Somewhat strongly disagree	2.3	7
Strongly disagree	11.7	35

Rating average = 5.21

SD = 2.07

Total number of respondents = 299

27. Racial/ethnic diversity of students in audiology graduate programs should be increased by adjusting admissions criteria to focus less on academic achievement and more on the criteria (e.g., interviews, essays, resumes)

	%	<i>n</i>
Strongly agree	3.0	9
Somewhat strongly agree	2.7	8
Agree	9.4	28
Somewhat agree	8.4	25
Neutral	19.4	58
Somewhat disagree	13.0	39
Disagree	17.4	52
Somewhat strongly disagree	6.7	20
Strongly disagree	20.1	60

Rating average = 6.01

SD = 2.19

Total number of respondents = 299

28. I feel as though my racial/ethnic identity is respected in my audiology graduate program by:

	%	<i>n</i>
All faculty	86.3	259
Most faculty	9.0	27
Some faculty	4.7	14

Total number of respondents = 300

29. I feel as though my racial/ethnic identity is respected in my audiology graduate program by

	%	<i>n</i>
All students	84.0	252
Most students	14.7	44
Some students	1.3	4

Total number of respondents = 300

30. Please use this space to provide any additional opinions that you may have regarding diversity in the audiology graduate program in which you are a student.

Multicultural Infusion

Given the definition of multicultural as “one or more particular minority racial/ethnic groups in the US”, please select the answer that best represents your opinion.

31. It is important for audiology graduate programs to address multicultural issues in the curriculum

	%	<i>n</i>
Strongly agree	30.2	86
Somewhat strongly agree	14.4	41
Agree	39.6	113
Somewhat agree	9.1	26
Neutral	3.9	11
Somewhat disagree	0.7	2
Disagree	0.4	1
Somewhat strongly disagree	0.4	1
Strongly disagree	1.4	4

Rating average = 2.56

SD = 1.46

Total number of respondents = 285

32. Multicultural issues should be addressed in:

	%	<i>n</i>
All courses in the audiology graduate curriculum	19.2	57
Most of the required courses in the audiology graduate curriculum	31.6	94
Some of the required courses in the audiology graduate curriculum	46.5	138
None of the required courses in the audiology graduate curriculum	2.7	8

Total number of respondents = 297

33. In my audiology graduate program, multicultural issues have been addressed in:

	%	<i>n</i>
All of my courses	4.7	14
Most of my required courses	25.1	75
Some of my required courses	60.5	181
None of my required courses	9.7	29

Total number of respondents = 299

34. It is important to include multicultural issues in the audiology graduate curriculum in the following ways:

(a) As-needed based on the content of the course

	%	<i>n</i>
Strongly agree	38.0	114
Somewhat strongly agree	13.3	40
Agree	39.3	118
Somewhat agree	5.0	15
Neutral	3.3	10
Somewhat disagree	0.7	2
Disagree	0.3	1

Somewhat strongly disagree

Strongly disagree

Rating average = 2.26

SD = 1.18

Total number of respondents = 300

(b) In a separate multicultural course in the audiology graduate curriculum

	%	<i>n</i>
Strongly agree	5.7	17
Somewhat strongly agree	3.7	11
Agree	16.4	49
Somewhat agree	19.1	57
Neutral	16.7	50
Somewhat disagree	9.7	29
Disagree	18.7	56
Somewhat strongly disagree	1.7	5
Strongly disagree	8.4	25

Rating average = 5.00

SD = 2.11

Total number of respondents = 299

(c) In on-campus clinic rotations

	%	<i>n</i>
Strongly agree	19.5	58
Somewhat strongly agree	12.8	38
Agree	36.4	108
Somewhat agree	13.1	39
Neutral	15.5	46
Somewhat disagree	0.7	2
Disagree	0.7	2
Somewhat strongly disagree		
Strongly disagree	1.3	4

Rating average = 3.05

SD = 1.52

Total number of respondents = 297

(d) In off-campus clinic rotations

	%	<i>n</i>
Strongly agree	21.1	63
Somewhat strongly agree	10.7	32
Agree	37.2	111
Somewhat agree	13.4	40
Neutral	13.8	41
Somewhat disagree	0.3	1
Disagree	1.0	3
Somewhat strongly disagree	0.3	1
Strongly disagree	2.0	6

Rating average = 3.07

SD = 1.63

Total number of respondents = 298

35. If you believe that multicultural issues should be addressed in audiology graduate courses, please indicate which courses should address these issues (please select all that apply):

	%	<i>n</i>
Anatomy and/or physiology courses	20.8	60
Aural rehabilitation courses	84.8	245
Cochlear implant courses	45.0	130
Counseling courses	97.9	283
Diagnostic courses	49.1	142
Hearing aid courses	39.1	113
Medical audiology courses	39.1	113
Pharmacology courses	21.8	63
Research methods courses	33.6	97

Total number of respondents = 289

36. Multicultural instruction enhances the clinical preparedness of students

	%	<i>n</i>
Strongly agree	26.4	76
Somewhat strongly agree	20.8	60
Agree	31.9	92
Somewhat agree	12.2	35
Neutral	6.6	19
Somewhat disagree	1.0	3
Disagree	0.7	2
Somewhat strongly disagree	0.3	1
Strongly disagree		

Rating average = 2.59

SD = 1.33

Total number of respondents = 288

37. I actively seek to obtain education in multicultural issues that pertain to audiology

	%	<i>n</i>
Strongly agree	4.0	12
Somewhat strongly agree	4.4	13
Agree	16.4	49
Somewhat agree	23.8	71
Neutral	22.8	68
Somewhat disagree	11.4	34
Disagree	14.4	43
Somewhat strongly disagree	1.0	3
Strongly disagree	1.7	5

Rating average = 4.64

SD = 1.69

Total number of respondents = 298

38. I find it difficult to find educational opportunities in multicultural issues that pertain to audiology

	%	<i>n</i>
Strongly agree	1.7	5
Somewhat strongly agree	2.7	8
Agree	12.1	36
Somewhat agree	18.8	56
Neutral	42.3	126
Somewhat disagree	12.1	36
Disagree	7.4	22
Somewhat strongly disagree	1.3	4
Strongly disagree	1.7	5

Rating average = 4.80

SD = 1.40

Total number of respondents = 298

39. I think too much emphasis is placed on multicultural issues in the profession of audiology

	%	<i>n</i>
Strongly agree	1.0	3
Somewhat strongly agree	1.0	3
Agree	0.7	2
Somewhat agree	6.0	18
Neutral	23.7	71
Somewhat disagree	20.1	60
Disagree	36.5	109
Somewhat strongly disagree	4.0	12
Strongly disagree	7.0	21

Rating average = 6.19

SD = 1.44

Total number of respondents = 299

40. Faculty should foster classroom discussions involving multicultural issues

	%	<i>n</i>
Strongly agree	9.1	27
Somewhat strongly agree	6.7	20
Agree	39.6	118
Somewhat agree	24.2	72
Neutral	15.1	45
Somewhat disagree	2.0	6
Disagree	3.0	9
Somewhat strongly disagree		
Strongly disagree	0.3	1

Rating average = 3.50

SD = 1.35

Total number of respondents = 298

41. In my audiology graduate program, faculty have fostered classroom discussions involving multicultural issues

	%	<i>n</i>
Strongly agree	7.7	23
Somewhat strongly agree	6.4	19
Agree	34.9	104
Somewhat agree	24.5	73
Neutral	13.4	40
Somewhat disagree	6.4	19
Disagree	5.4	16
Somewhat strongly disagree	0.7	2
Strongly disagree	0.7	2

Rating average = 3.78

SD = 1.55

Total number of respondents = 298

42. There should be at least one faculty member in the audiology department with a background in multicultural issues to assist in multicultural infusion

	%	<i>n</i>
Strongly agree	7.7	23
Somewhat strongly agree	5.7	17
Agree	25.3	76
Somewhat agree	20.0	60
Neutral	23.7	71
Somewhat disagree	6.3	19
Disagree	7.3	22
Somewhat strongly disagree	1.3	4
Strongly disagree	2.7	8

Rating average = 4.17

SD = 1.78

Total number of respondents = 300

43. I am comfortable participating in classroom discussions about multicultural issues as they pertain to audiology

	%	<i>n</i>
Strongly agree	27.1	81
Somewhat strongly agree	10.7	32
Agree	46.5	139
Somewhat agree	8.0	24
Neutral	6.4	19
Somewhat disagree	1.0	3
Disagree	0.3	1
Somewhat strongly disagree		
Strongly disagree		
<i>Rating average = 2.60</i>		
<i>SD = 1.23</i>		
<i>Total number of respondents = 299</i>		

44. I am comfortable discussing multicultural issues with professors whose racial/ethnicity differs from my own

	%	<i>n</i>
Strongly agree	24.3	72
Somewhat strongly agree	12.5	37
Agree	43.2	128
Somewhat agree	11.1	33
Neutral	5.4	16
Somewhat disagree	2.0	6
Disagree	1.0	3
Somewhat strongly disagree	0.3	1
Strongly disagree		
<i>Rating average = 2.73</i>		
<i>SD = 1.34</i>		
<i>Total number of respondents = 296</i>		

45. I enjoy working with individuals from racial/ethnic minority groups

	%	<i>n</i>
Strongly agree	25.8	77
Somewhat strongly agree	13.8	41
Agree	40.3	120
Somewhat agree	8.4	25
Neutral	10.1	30
Somewhat disagree	1.0	3
Disagree	0.7	2
Somewhat strongly disagree		
Strongly disagree		
<i>Rating average = 2.69</i>		
<i>SD = 1.33</i>		
<i>Total number of respondents = 298</i>		

46. I have experience working with individuals from racial/ethnic minority groups

	%	<i>n</i>
Strongly agree	28.5	85
Somewhat strongly agree	13.8	41
Agree	31.5	94
Somewhat agree	15.1	45
Neutral	5.4	16
Somewhat disagree	3.7	11
Disagree	1.7	5
Somewhat strongly disagree	0.3	1
Strongly disagree		

Rating average = 2.74

SD = 1.51

Total number of respondents = 298

47. More training in culturally diverse issues will enhance my efficacy to work with patients

	%	<i>n</i>
Strongly agree	20.2	60
Somewhat strongly agree	12.5	37
Agree	38.7	115
Somewhat agree	14.8	44
Neutral	9.8	29
Somewhat disagree	3.0	9
Disagree	1.0	3
Somewhat strongly disagree		
Strongly disagree		

Rating average = 2.95

SD = 1.38

Total number of respondents = 297

48. Racial/ethnic minority faculty members are better prepared to discuss multicultural issues compared to White faculty

	%	<i>n</i>
Strongly agree	1.3	4
Somewhat strongly agree	4.0	12
Agree	7.0	21
Somewhat agree	12.1	36
Neutral	26.8	80
Somewhat disagree	12.8	38
Disagree	23.2	69
Somewhat strongly disagree	2.7	8
Strongly disagree	10.1	30

Rating average = 5.64

SD = 1.87

Total number of respondents = 298

49. White faculty members are better prepared to discuss multicultural issues to racial/ethnic minority faculty

	%	<i>n</i>
Strongly agree	0.3	1
Somewhat strongly agree	0.3	1
Agree	1.7	5
Somewhat agree	2.4	7
Neutral	33.4	99
Somewhat disagree	18.6	55
Disagree	30.1	89
Somewhat strongly disagree	2.7	8
Strongly disagree	10.5	31

Rating average = 6.21

SD = 1.43

Total number of respondents = 296

50. Minority faculty members should be the ones given the task to discuss multicultural issues with students

	%	<i>n</i>
Strongly agree		
Somewhat strongly agree	0.7	2
Agree	3.4	10
Somewhat agree	4.4	13
Neutral	28.2	84
Somewhat disagree	14.1	42
Disagree	28.2	84
Somewhat strongly disagree	4.4	13
Strongly disagree	16.8	50

Rating average = 6.38

SD = 1.64

Total number of respondents = 298

51. All faculty members should be responsible for discussing multicultural issues with students

	%	<i>n</i>
Strongly agree	28.2	84
Somewhat strongly agree	7.4	22
Agree	36.9	110
Somewhat agree	14.4	43
Neutral	8.7	26
Somewhat disagree	2.0	6
Disagree	1.3	4
Somewhat strongly disagree		
Strongly disagree	1.0	3

Rating average = 2.86

SD = 1.56

Total number of respondents = 298

52. During my graduate education thus far, I have been trained to work with racial/ethnic minority groups

	%	<i>n</i>
Strongly agree	8.5	25
Somewhat strongly agree	6.8	20
Agree	24.4	72
Somewhat agree	26.1	77
Neutral	14.9	44
Somewhat disagree	10.2	30
Disagree	6.8	20
Somewhat strongly disagree	1.4	4
Strongly disagree	1.0	3

Rating average = 4.03

SD = 1.71

Total number of respondents = 295

53. As far as equal opportunities and respect go, I am happy as a student in this audiology graduate program

	%	<i>n</i>
Strongly agree	44.0	131
Somewhat strongly agree	14.4	43
Agree	28.9	86
Somewhat agree	4.4	13
Neutral	3.7	11
Somewhat disagree	2.7	8
Disagree	1.3	4
Somewhat strongly disagree		
Strongly disagree	0.7	2

Rating average = 2.27

SD = 1.50

Total number of respondents = 298

54. Please use this space to provide any additional opinions that you may have regarding multicultural infusion in the audiology graduate program in which you are a student.

APPENDIX E

	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26	Q27
Q13 Correlation (r)	1														
Sig. (2-tailed)															
N	300														
Q14 Correlation (r)	.476**	1													
Sig. (2-tailed)	.000														
N	300	300													
Q15 Correlation (r)	.355**	.410**	1												
Sig. (2-tailed)	.000	.000													
N	284	284	284												
Q16 Correlation (r)	.443**	.371**	.432**	1											
Sig. (2-tailed)	.000	.000	.000												
N	191	191	186	191											
Q17 Correlation (r)	.275**	.483**	.299**	.596**	1										
Sig. (2-tailed)	.000	.000	.000	.000											
N	208	208	203	184	208										
Q18 Correlation (r)	.150**	.159**	.181**	.278**	.167*	1									
Sig. (2-tailed)	.009	.006	.002	.000	.016										
N	300	300	284	191	208	300									
Q19 Correlation (r)	.029	-.032	.014	.094	.146*	.428**	1								
Sig. (2-tailed)	.613	.587	.818	.194	.036	.000									
N	298	298	282	191	208	298	298								
Q20 Correlation (r)	-.051	-.009	-.013	-.018	.153*	.368**	.823**	1							
Sig. (2-tailed)	.386	.875	.822	.810	.028	.000	.000								
N	297	297	281	190	207	297	297	297							
Q21 Correlation (r)	-.050	-.043	-.052	-.022	.109	.347**	.758**	.844**	1						
Sig. (2-tailed)	.393	.457	.385	.759	.119	.000	.000	.000							

N	297	297	281	190	207	297	297	296	297						
Q22 Correlation (r)	-.074	-.075	.048	-.015	.102	.328**	.688**	.735**	.719**	1					
Sig. (2-tailed)	.200	.197	.418	.836	.143	.000	.000	.000	.000						
N	299	299	283	191	208	299	298	297	297	299					
Q23 Correlation (r)	-.066	-.038	.033	.062	-.078	.351**	.350**	.346**	.299**	.372**	1				
Sig. (2-tailed)	.256	.516	.581	.400	.265	.000	.000	.000	.000	.000					
N	296	296	280	189	206	296	296	295	295	296	296				
Q24 Correlation (r)	.444**	.369**	.324**	.373**	.327**	-.045	-.184**	-.257**	-.301**	-.209**	-.121*	1			
Sig. (2-tailed)	.000	.000	.000	.000	.000	.436	.001	.000	.000	.000	.038				
N	300	300	284	191	208	300	298	297	297	299	296	300			
Q25 Correlation (r)	.344**	.535**	.297**	.313**	.283**	-.023	-.200**	-.206**	-.263**	-.212**	-.068	.774**	1		
Sig. (2-tailed)	.000	.000	.000	.000	.000	.688	.001	.000	.000	.000	.244	.000			
N	300	300	284	191	208	300	298	297	297	299	296	300	300		
Q26 Correlation (r)	.026	-.012	.024	.049	-.049	.163**	.173**	.180**	.176**	.175**	.178**	-.047	-.057	1	
Sig. (2-tailed)	.655	.841	.692	.499	.478	.005	.003	.002	.002	.002	.002	.415	.323		
N	299	299	283	191	208	299	298	297	297	298	296	299	299	299	
Q27 Correlation (r)	.044	.048	-.015	.046	-.013	.260**	.235**	.291**	.315**	.254**	.203**	-.183**	-.091	.654**	1
Sig. (2-tailed)	.447	.410	.806	.531	.855	.000	.000	.000	.000	.000	.000	.001	.117	.000	
N	299	299	283	190	207	299	297	296	296	298	295	299	299	298	299

**, Correlation is significant at the 0.01 level (2-tailed).

*, Correlation is significant at the 0.05 level (2-tailed).

APPENDIX F

[illegible]

N	284	299	298	296	297	287	298	298	299															
Q40	Correlation (r)	.498**	.214**	.265**	.436**	.408**	.487**	.391**	.106	1														
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.069	.000															
	N	283	298	297	295	296	286	297	297	298	298													
Q41	Correlation (r)	.227**	.196**	.060	.107	.137*	.224**	.234**	-.186**	-.001	.385**	1												
	Sig. (2-tailed)	.000	.001	.304	.068	.019	.000	.000	.001	.987	.000													
	N	283	298	297	295	296	286	297	297	298	297	298												
Q42	Correlation (r)	.378**	.080	.316**	.323**	.303**	.303**	.273**	.162**	-.131*	.472**	.163**	1											
	Sig. (2-tailed)	.000	.166	.000	.000	.000	.000	.000	.005	.023	.000	.005												
	N	285	300	299	297	298	288	298	298	299	298	298	300											
Q43	Correlation (r)	.295**	.348**	.155**	.154**	.196**	.284**	.191**	-.107	-.205**	.332**	.232**	.195**	1										
	Sig. (2-tailed)	.000	.000	.007	.008	.001	.000	.001	.065	.000	.000	.000	.001											
	N	284	299	298	296	297	287	297	297	298	297	297	299	299										
Q44	Correlation (r)	.231**	.269**	.043	.165**	.198**	.177**	.244**	-.088	-.138*	.258**	.179**	.125*	.703**	1									
	Sig. (2-tailed)	.000	.000	.459	.005	.001	.003	.000	.133	.018	.000	.002	.031	.000										
	N	281	296	295	293	294	284	294	294	295	294	294	296	296	296									
Q45	Correlation (r)	.317**	.198**	.090	.164**	.239**	.297**	.338**	.056	-.240**	.271**	.120*	.128*	.434**	.503**	1								
	Sig. (2-tailed)	.000	.001	.123	.005	.000	.000	.000	.336	.000	.000	.039	.028	.000	.000									
	N	283	298	297	295	296	286	296	296	297	296	296	298	298	295	298								
Q46	Correlation (r)	.098	.156**	-.030	.064	.129*	.142*	.243**	-.101	-.041	.095	.166**	-.002	.344**	.459**	.523**	1							
	Sig. (2-tailed)	.101	.007	.609	.277	.026	.016	.000	.083	.479	.102	.004	.979	.000	.000	.000								
	N	283	298	297	295	296	286	296	296	297	296	296	298	298	295	297	298							
Q47	Correlation (r)	.493**	.235**	.306**	.344**	.353**	.436**	.331**	.097	-.335**	.461**	.179**	.304**	.354**	.353**	.446**	.297**	1						
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.096	.000	.000	.002	.000	.000	.000	.000	.000							
	N	282	297	296	294	295	285	295	295	296	295	295	297	297	294	296	296	297						
Q48	Correlation (r)	.088	-.075	.160**	.092	.078	.211**	.047	.226**	-.121*	.117*	-.131*	.263**	-.051	-.053	.021	-.141*	.134*	1					
	Sig. (2-tailed)	.140	.196	.006	.115	.180	.000	.420	.000	.037	.044	.024	.000	.382	.366	.722	.015	.021						
	N	283	298	297	295	296	286	296	296	297	296	296	298	298	295	297	297	296	298					
Q49	Correlation (r)	-.053	-.173**	.020	-.031	.003	.093	-.084	-.048	.114	-.030	-.021	.050	-.163**	-.157**	-.119*	-.133*	.004	.503**	1				
	Sig. (2-tailed)	.380	.003	.730	.599	.959	.120	.153	.416	.051	.614	.718	.387	.005	.007	.042	.022	.943	.000					
	N	281	296	295	293	294	284	294	294	295	294	294	296	296	293	295	295	294	296	296				

Q50	Correlation (r)	.082	-.185**	.216**	.085	.061	.058	.053	.135*	-.049	.062	-.148*	.310**	-.139*	-.167**	-.121*	-.266**	-.053	.573**	.356**	1			
	Sig. (2-tailed)	.171	.001	.000	.146	.292	.330	.359	.020	.404	.285	.011	.000	.016	.004	.038	.000	.360	.000	.000				
	N	283	298	297	295	296	286	296	296	297	296	296	298	298	295	297	297	296	298	296	298			
Q51	Correlation (r)	.308**	.237**	.084	.219**	.217**	.292**	.204**	-.021	-.269**	.435**	.250**	.227**	.402**	.334**	.294**	.177**	.333**	-.015	-.090	-.190**	1		
	Sig. (2-tailed)	.000	.000	.150	.000	.000	.000	.000	.713	.000	.000	.000	.000	.000	.000	.000	.002	.000	.803	.122	.001			
	N	283	298	297	295	296	286	296	296	297	296	296	298	298	295	297	297	296	298	296	298	298		
Q52	Correlation (r)	.080	.183**	-.109	.034	.022	.057	.191**	-.346**	.132*	.152**	.535**	.069	.239**	.241**	.134*	.328**	.078	-.193**	.002	-.195**	.218**	1	
	Sig. (2-tailed)	.180	.002	.062	.561	.705	.340	.001	.000	.024	.009	.000	.236	.000	.000	.021	.000	.185	.001	.973	.001	.000		
	N	280	295	294	292	293	283	293	293	294	293	293	295	295	292	294	294	293	295	293	295	295	295	
Q53	Correlation (r)	.041	.181**	-.016	.021	.013	.073	-.046	-.264**	.018	-.069	.224**	-.111	.150**	.118*	-.002	.030	.102	-.131*	.076	-.140*	.055	.283**	1
	Sig. (2-tailed)	.495	.002	.783	.726	.824	.220	.435	.000	.758	.239	.000	.055	.009	.042	.973	.602	.079	.024	.192	.015	.342	.000	
	N	283	298	297	295	296	286	296	296	297	296	296	298	298	295	297	297	296	298	296	298	298	295	298

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

APPENDIX G

4. Diversity

*Thinking of diversity in terms of racial diversity and/or ethnic diversity (i.e., African American/Black, Hispanic/Latino, Asian, American Indian/Alaska Native, Native Hawaiian or Other Pacific Islander, etc.), please the answer that best represents **your opinion**.*

26. I am comfortable with the amount of racial/ethnic faculty diversity in my audiology graduate program

Strongly agree Somewhat strongly agree Agree Somewhat agree Neutral Somewhat disagree Disagree Somewhat strongly disagree Strongly disagree

Please select your opinion.

Please use this space to share any additional opinions that you may have regarding this question:

27. I am comfortable with the amount of racial/ethnic student diversity in my audiology graduate program

Strongly agree Somewhat strongly agree Agree Somewhat agree Neutral Somewhat disagree Disagree Somewhat strongly disagree Strongly disagree

Please select your opinion.

Please use this space to share any additional opinions that you may have regarding this question:

28. Racial/ethnic diversity of students in audiology graduate programs could be increased by adjusting admissions criteria to focus less on academic achievement and more on other criteria (e.g., interviews, essays, resumes)

Strongly agree Somewhat strongly agree Agree Somewhat agree Neutral Somewhat disagree Disagree Somewhat strongly disagree Strongly disagree

Please select your opinion.

Please use this space to share any additional opinions that you may have regarding this question:

APPENDIX H

Faculty Survey Comments: Diversity Section

26. I am comfortable with the amount of racial/ethnic faculty diversity in my audiology graduate program

- *I don't think that racial/ethnic diversity necessarily adds/detracts from a program. The quality of the research/teaching skills and personalities make a program successful or not.*
- *I am ambivalent regarding the issue because I don't believe it is a factor of consideration at the university level.*
- *In an era when there are so few faculty prospects out there, and budgetary constraints that limit our ability to search, it is just that much harder to simultaneously achieve the goal of increasing the racial and ethnic diversity of our audiology faculty.*
- *It is difficult to recruit to our rural location, this is something we have little control over.*
- *Related to question # 25, I am concerned with the low number of male applicants we get into the program.*
- *We live in a very culturally diverse area, which in turn guarantees culturally diverse patients and students. There isn't a big need to market because it will automatically happen based upon our location.*
- *There are not a lot of audiologists out there from different backgrounds that are in academic positions and willing to move to another university.*
- *There is not enough diversity in my program.*
- *I'd like to see more, but our location makes it difficult to recruit faculty period, let alone ethnically/racially diverse faculty.*
- *I am the only minority faculty member*
- *Would like more diversity*

27. I am comfortable with the amount of racial/ethnic student diversity in my audiology graduate program

- *see answer to #26 - same thoughts as far as students*
- *Working with the graduate school's office of minority affairs helps, but it would be nice if there were funds to support active recruitment (e.g., representation at career fairs at historically black institutions) by audiology faculty.*
- *See comment above.*

- *I would consider our program to have many different racial/ethnic backgrounds, more so than I've seen in the field in general or in other programs. But, I also think it is where our school is located that helps drive the diversity.*
- *There is not enough diversity in my program*
- *See above...*
- *Currently, there are no minority students in the program*
- *would like more diversity*

28. Racial/ethnic diversity of students in audiology graduate programs could be increased by adjusting admissions criteria to focus less on academic achievement and more on other criteria (e.g., interviews, essays, resumes)

- *Of course it could, but I would not recommend this.*
- *Our program already uses other criteria (interviews etc) to help evaluate all applicants. Our pool of applications is not as racially/ethnically diverse as we would like it to be.*
- *The process at our institution already seeks to assess more professionally relevant information, rather than just focusing on academic achievement.*
- *I believe that minority students should have equal access to graduate programs of study, but you do no one any favors by lowering requirements. I think doing this sends the wrong message to prospective minority graduate students. At our university, there are many programs available for minority undergraduate students to help them prepare for the graduate school application process. Once accepted, if there are any deficiencies, we provide help to overcome these.*
- *I am already concerned with the low academic qualifications of many applicants. I am not sure I would lower these.*
- *Should not reduce academic standards at the doctoral level.*
- *Very difficult to retain African American and Haitian American women in program. WE believe that it is due to weak early academic education (middle school) in math and science.*
- *Admitting persons who are not academically prepared for success -- regardless of race -- does the students no favor.*
- *We do all of the above to recruit students, but in the long run academics are really important for making sure students pass classes and we graduate strong audiologists.*
- *We already do that quite a bit. We do not rely solely on the GPA and GRE scores.*
- *I do not think this would be effective.*

- *I feel that there still needs to an ability to obtain academic success and without either of those items we may be expecting students to perform at levels they are not capable or prepared for. It will hurt them more than help them.*
- *I suppose that this COULD be true. However, I am not inclined to agree that standards must be lowered in order to accommodate minorities. We have an extremely diverse student body and every single one of our doctoral students has more than earned the right to admission. I believe that you can both maintain current admissions criteria AND recruit a diverse student body.*
- *Our graduate program takes a holistic approach to admissions. We do not exclude any candidates based on academic achievement alone.*

29. Racial/ethnic diversity of students in audiology graduate programs should be increased by adjusting admissions criteria to focus less on academic achievement and more on other criteria (e.g., interviews, essays, resumes)

- *I agree that other criteria should be included, but I don't believe it should be included just to adjust diversity (nor am I sure that it would). But it does give a better sense of an individual than test scores alone.*
- *The Au.D. program is a demanding one. Admitting students who are not likely to succeed does not benefit the student or the program. A personal statement of a student's reasons for seeking the degree is already part of our admissions process.*
- *I believe other criteria, such as interviews, should be used for all applicants in order to be able to better interpret the range of academic achievement found in a typical pool of applicants. Minimum academic achievement performance, however, is also essential to help determine students' ability to be successful at the graduate level.*
- *Interviews are already a powerful component of our process. It is hard to argue the value of essays and resumes in particular, as the type of writing and timing of the writing is not the same as that needed to succeed clinically.*
- *See above.*
- *Sadly, undergraduate academic success is a strong indicator for graduate success*
- *I would like to hear that all programs place less emphasis on standardized test scores and non-major GPA in the admissions process.*

30. I feel as though my racial/ethnic identity is respected in my audiology graduate program by: ([a] All faculty, [b] Most faculty, [c] Some faculty)

- *I've never thought about people respecting me based on my race/ethnic identity*
- *I don't feel this question is applicable to me. I could speak to gender, but not this issue.*
- *I feel as though my racial/ethnic identity is largely ignored as it is glossed over in the common categories as white/non-hispanic. There is also a very limited extent to which my*

own identity is actually relevant to the tasks at hand (research, teaching and patient care). In each of these situations, there is a cultural norm that I must adhere to no matter what my identity. In the clinic in particular, it is my ability to adapt to the patient's ethnic and cultural norms that is important, and others' respect for my identity is not as relevant to this goal as my own understanding of it.

- *Well, as a middle aged "WASP", perhaps this question is not applicable to me. I am the "default" ethnicity on faculty.*
- *Being in a majority racial/ethnic identity, respect is usually a "given" per classic essay "Unpacking the Invisible Knapsack." Hope you've read it!*
- *N/a*
- *I'm not racially or ethnically diverse. I'm a white male. This question is consequently something of a moot point for me.*
- *There have been at least 2 incidents where I felt disrespected*

31. I feel as though my racial/ethnic identity is respected in my audiology graduate program by: ([a] All students, [b] Most students, [c] Some students)

- *see answer to #30*
- *I don't feel this question is applicable to me. I could speak to gender, but not this issue.*
- *This question is once again, in my opinion, largely irrelevant to the task at hand. I do not need students to respect my racial/ethnic identity so much as respect and work effectively within the cultural norms of the graduate program, which are only historically/circumstantially related to race and ethnicity. The task of developing clinical competency may be impeded by my own identity, in particular when I do not understand the limitations it produces, but the student's respect for my identity or lack thereof is much less relevant.*
- *As above, it's not an issue*
- *n/a*
- *See above*

32. Please use this space to provide any additional opinions that you may have regarding diversity in the audiology graduate program in which you are employed.

- *It is clear that we need to do a better job of enhancing the diversity of our faculty and students if we are going to serve our patients optimally. But races are not monolithic entities. We need to do a better job of accepting, mentoring and graduating students from families that have not had members attend college or graduate school in the past. Simply reaching out to racial and ethnic minorities who come from more well-educated, middle class backgrounds will, in the end, leave us well short of our goal.*

- *Our patient population is quite diverse and it would be to our advantage to have faculty and students that reflect that diversity for better cultural understanding and for role models as well.*
- *Cultural / religious diversity is also important, and reflected in faculty.*

Faculty Survey Comments: Multicultural Infusion Section

34. Multicultural issues should be addressed in:

- *It is difficult to see any content of clinical relevance that is not impacted by multicultural issues.*
- *Where applicable*
- *I don't think it needs to be strongly addressed in courses like anatomy and physiology, neuroscience, etc., but definitely in clinical and and counseling courses.*
- *Sometimes it isn't needed if the student body is culturally diverse as they automatically infuse this into each class.*
- *As long as the topic of multicultural issues applies to the course it should be included. It should not be forced onto a curriculum if it is not a naturally occurring topic.*

35. It is important to include multicultural issues in the audiology graduate curriculum in the following ways:

- *I would assume the last three wold be somewhat dependent on geographic location of the program.*

36. If you believe that multicultural issues should be addressed in audiology graduate courses, please indicate which courses should address these issues (please select all that apply):

- *Often it will be a very small component of the course.*
- *cochlear implants should address deaf culture; counseling courses should address cultural sensitivity for all racial/ethnic/communication groups*
- *Curricular content on multicultural issues can be threaded through a variety of courses*
- *Multi-cultural issues can be incorporated into any of these courses.*
- *Anatomy/phys is not directly related to culture, but everything else is. For instance, diagnostics: the biggest change in US demographics is the increase of persons of Hispanic heritage-- yet few present to audiology clinics for hearing health care. Why is that?? There is no answer yet -- should it be discussed in a diagnostics course? Or is it a policy issue that students don't participate in?*
- *I don't feel comfortable answering for all courses in the curriculum.*

- *Those that are not checked above are courses in which ethnic and racial diversity do not, in my opinion, play a role. The anatomy and physiology of humans is the same no matter the race, creed, etc.*

39. I find it difficult to find educational opportunities in multicultural issues that pertain to audiology

- *I often find the educational opportunities are very much an overview and I would like to see some more in depth training.*
- *It is not always easy to find good continuing education in multicultural issues.*
- *have not looked*

40. I think too much emphasis is placed on multicultural issues in the profession of audiology

- *It is important but not critical.*
- *I don't see emphasis placed on it that much, but I also don't really think emphasis should be placed on it. Other than being sensitive in providing services.*
- *I do believe in teaching about multicultural issues so that we can all be respectful of one another's beliefs, mores, and values. However, I do get tired of so much focus on "cultural diversity". Again, I feel that understanding one another is important, but I also hold two other beliefs: 1) we should start to put some emphases on cultural unity as there are more things which unite us than separate us as human beings, and 2) if you approach every individual with unconditional positive regard, generally you will not offend... and if you are sensitive to the needs and feelings of others at all, you will do fine.*

42. There should be at least one faculty member in the audiology department with a background in multicultural issues to assist in multicultural infusion

- *Classroom discussion of multicultural issues needs to be undertaken with careful preparation, though. The faculty member needs to be ready to gently help students recognize their own filters, to clarify, and to direct the discussion in ways that will enlighten all participants.*
- *While that would be ideal, beggars cannot be choosers, as they say.*

43. I am prepared to teach a class that incorporates multicultural instruction

- *I already address multicultural issues in existing classes. I could use more ideas for including multi-cultural content*
- *I doubt that I will ever feel 100% adequately prepared. I think we are all somewhere along the path of understanding with the goal still a ways off.*
- *not familiar with multicultural issues*
- *I do teach several courses which address multicultural issues.*

44. I am comfortable discussing multicultural issues in the courses that I teach

- *Although I do not feel prepared, I would feel comfortable discussing any issues once I was prepared.*
- *see above*

45. I am comfortable discussing multicultural issues with students whose race/ethnicity differs from my own

- *If you mean comfortable in discussing and learning from other students of different ethnicity, yes. If teaching about issues, no.*

46. I enjoy working with individuals from racial/ethnic minority groups

- *Not any more or less than other groups*
- *I enjoy working with students. I care about the education of all of my students and truly don't care if they are hispanic, african american, or chinese-american. I will admit that I enjoy working more with some students than others, but there has never been any racial or ethnic basis for this. Some students get along better with one professor than another and the same is true of professors attitudes toward students.*

47. Multicultural issues were addressed in required courses during my graduate education

- *Some, but not all. But the content that was included was excellent, and the instructors very transparent.*
- *My PhD program had a cultural competence component.*
- *It was a long time ago and we didn't focus on this topic then.*

48. I have been trained to work with individuals from racial/ethnic minority groups

- *deaf culture, yes, others not really*
- *Not formally trained. I have a lot of multi-cultural experience in personal, social and collegial relationships.*
- *Unsure of definition of trained. Through self study?*
- *I worked clinically for years before becoming an academic faculty member, therefore my training was primarily "hands-on"/experience based.*
- *Not formal training*

49. More training in culturally diverse issues will enhance my efficacy to teach students

- *One could always use more training*

50. Racial/ethnic minority faculty members are better prepared to discuss multicultural issues compared to White faculty

- *It depends on their training, knowledge and interest in the topic.*
- *I do not believe this to be universally true.*
- *depends on person's experiences*

51. White faculty members are better prepared to discuss multicultural issues compared to racial/ethnic minority faculty

- *It depends on their training, knowledge and interest in the topic.*
- *These generalizations create stereotypes. I am hoping you know that and are trying to find out if faculty think in stereotypes.*
- *I find both questions 50 and 51 mildly offensive.*

52. Minority faculty members should be the ones given the task to discuss multicultural issues with students

- *The best suited faculty member should do it.*
- *This follows from the preceding two questions. The race/ethnicity of a faculty member should not be the primary factor in deciding whether they can teach/discuss multicultural issues with students.*
- *Disagreeing can be ambiguous: either minority faculty should not or as should not only be the ones etc.*
- *If all faculty members are educated and knowledgeable about multicultural issues, then they too should be given the tasks*

53. All faculty members should be responsible for discussing multicultural issues with students

- *If knowledgeable*

54. I am aware that the Council of [sic] American Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA) requires multicultural instruction in audiology graduate programs

- *Although it is the Council ON ACADEMIC Accreditation, and it is (ostensibly) a distinct and separate body from the ASHA. I am also aware that the ACAE also requires this -- are you?*
- *Why focus only on CAA and not ACAE?*

55. The audiology graduate program in which I am employed complies with CAA (ASHA) standards to incorporate multicultural instruction

- *Unknown*
- *don't know*

56. The audiology graduate program in which I am employed could do more to comply with CAA (ASHA) standards for multicultural instruction

- *as above*

57. As far as equal opportunities and respect go, I am happy with my employment position in this audiology graduate program

- *Again, not surprising since I am not in a minority group*

58. Please use this space to provide any additional opinions that you may have regarding multicultural infusion in the audiology graduate program in which you are employed.

- *When you publish your results, please avoid the mistake another AuD student made, who created pie charts based on stereotypical skin color! Slices to represent Asian = yellow, dark brown for African-Americans, light brown for Hispanic, pink for Caucasians. You may have seen it in an article in Audiology Today a couple years ago. Good luck on your project, this is an IMPORTANT topic!*
- *In the area where this program is, it is a multicultural event just going to the grocery store. Shoving more multicultural down everyone's throats makes people sometimes resent it. It should come naturally in courses and in clinic and not be so contrived.*

APPENDIX I

Student Survey Comments: Diversity Section

18. As a prospective student, I was interested in an audiology graduate program that was racially/ethnically diverse in both faculty and student populations

- *It was not a deciding factor for me*
- *Between [school name], [school name], and [school name], I chose [school name] because of their commitment to social justice and racial diversity as well as harmony.*
- *Race/ethnicity represented in my program, caucasian, black, hispanic, indian, jewish,but no asians on the students side or faculty also no african american/black/hispanic/asian faculty.*
- *This wasn't something I considered*
- *It does not make a difference to me what the races and ethnicities of my classmates and teachers are.*
- *I did not look at racial/ethnic diversity as a criteria for choosing my program. I looked for research presence, happy students, and approachable faculty.*
- *18. I did not care at all how diverse the student body or the faculty was. It wasn't even something i thought about when applying*
- *I'm the only international student in the program*
- *I was more interested in the racial/ethnic diversity of the University as a whole, rather than just the program.*
- *I was not interested if things were "racially/ethically" diverse--I want, and still want, to be surrounded by peers and professors that are intelligent, respectful, and good people that have a passion for this field. So whatever race or ethnicity that is, so be it.*
- *As an Afro-caribbean American, I knew that there would not be many people in my program that were of the same background, however that did not play a major role in choosing to attend my current institution.*
- *I don't have a strong enough opinion. I chose my AuD program based on strengths in education and clinical experience. I did not choose based on diversity. My dept. Is very diverse though.*
- *I am answering these questions about my actual program, not about my current 4th year placement, the answers would be very different.*

- *I am a multi-ethnic person who's father is Hispanic and Spanish-speaking and mother is Caucasian [personal characteristic]. I also have Arab family, and have [personal experience]. However, my physical attributes and complexion do not agree with the stereotypical midwestern idea of what a Hispanic person might look like. Unless I actively and intentionally disclose my ethnicity, other audiologists and professionals are not aware. This situation can become awkward when a clinician give me tips on how to approach a Hispanic patient or gives a personal opinion about interactions with a foreign-language patient. I have not had any negative experiences with audiologists in regards to working with patients of other races or cultures, and certainly do not want to give that impression! Audiologists definitely take the time and consideration to treat their patients with respect, regardless of familiarity with the patient's culture. However, I do want to point out that those current Au.D. students of the "millennial" generation are highly likely to be multi-ethnic or multi-racial, whether physical appearance reveals their background or not. Also, audiology students are highly likely to be married to someone from another race or ethnicity. Audiologists and clinical preceptors should be made aware of this when educating their Au.D. students about cultural issues in audiology. Chances are, these students are either from a multi-ethnic background, are in a relationship with someone of another race or ethnicity (and perhaps with multi-ethnic/racial children), and/or have spent considerable time overseas. Issues of culture and race many not necessarily be an uncomfortable or unfamiliar for these millenials.*
- *the school where I am obtaining my AuD is the only AuD program in the area.*
- *I didnt really look into it*
- *I wasn't concerned with racial/ethnic diversity when selecting a program. I was looking for a prestigious research institution that had faculty that are experts in their field and have experiences to share.*
- *I chose my program because of its affiliation with the [city name] clinic and the wonderful faculty that I now have at my fingertips to learn from.*
- *Living in an ethnically diverse area such as [state region] I have disappointed with the diversity of both the Student body and Faculty at [school name]. In addition, the staff as shown an egregious lack of cultural sensitivity*
- *I was mainly interested in going to a graduate school that had a great audiology program and was ranked high [specific ranking]. Even though the faculty at this school may not be as racially diverse, they are great and caring professors.*
- *I did not look at the racially/ethnically aspects in the student or faculty population*
- *i honestly never concerned myself w/ racial or ethnic diversity*
- *race was not a factor in my interests when looking for a program*
- *I don't think the ethnic diversity of the faculty or the student population has any effect on the quality of my education.*
- *I didn't really take this into consideration as I do not pay much attention to race/ethnicity.*

- *I never really considered the racial/ethnic diversity of my program. I simply went to the in-state college with an AuD program, but I don't think that racial/ethnic diversity would have had any bearing on my choice had I financially had more options.*

24. I am comfortable with the amount of racial/ethnic faculty diversity in my audiology graduate program

- *I never noticed the ethnic diversity of the faculty before. It has no relation to their ability to teach or my ability to learn.*
- *I would be comfortable with both more or less diversity.*
- *Although I appreciate racial and ethnic diversity within the faculty, it is at times difficult to learn new information from some faculty that did not have English as their native language.*
- *I do not believe that race is an issue in our class or in the university.*
- *Racial diversity is not a very good phrase in this case. The faculty in my department hail from all over the United States, and a few, from international locations. While most of them happen to be caucasian, there is a lot of religious diversity, catholics, mormons, muslims, jews, etc...*
- *It does not matter what race the faculty may be. As long as they are the best at their job to teach me. That is all that matters*
- *One of our faculty that is no longer at the university was of another ethnicity and although a brilliant person was very hard to understand in class and had a hard time relating the information to the student's knowledge level. Although not the most diverse population of faculty I feel I have received an excellent education at my university and that the faculty are very knowledgeable in their areas.*
- *I would like if the faculty was more diverse, but as far as the students go, I am a firm believer in accepting students according to merit, not to increase ethnic diversity. But honestly, I think there are good students out there of every race, I don't feel like our program is even KNOWN about in other groups. I doubt many of the asian/hispanic/african american student unions are aware of the audiology program, or we don't work hard enough to recruit them like we should.*
- *I don't notice race or ethnicity. People are people to me.*
- *disagree because: i don't feel there is enough diversity.*
- *Majority of students at my university are christian and very out of touch with other religions. As a jewish female, I am very disapointed in the religious diversity my program and university has.*
- *There isn't much diversity. I would like to see more.*

- *I don't think the race or ethnicity should factor in to the level of competence a professor has in teaching his or her students.*
- *I couldn't care less what race, gender or creed my classmates or faculty are. I like everyone equally (except the French. Just kidding, of course, I do like everyone). As long as they are qualified, I don't feel that race should be an issue.*
- *I haven't thought about it until now so I assume I'm okay with it.*
- *Canadians & other individuals outside the U.S*
- *Faculty presently teaching is not diverse. I somewhat disagree that I am comfortable having a faculty that is not diverse.*
- *I sometimes feel that students are picked to fill this need for variety. Why should it matter, why shouldn't all the most qualified students be chosen regardless of race and ethnicity?*
- *this doesn't mean that i would be opposed to more diversity though*
- *I am the only minority in my cohort, there is only one other asian student in the current first year class and 4th year class and no minorities that I am aware of based on physical traits in the current 3rd year class.*
- *I have not thought much about this subject.*
- *I don't even consider racial/ethnic diversity. That is not something that is important to me. If we have faculty that are of different races, etc., fine. Its the amount of knowledge they have to share and how they share it that is really important.*
- *I would hope the students selected were those that academically qualified. I don't believe I should have been denied admittance because a the college needed to meet a minority or ethnicity quota. I feel it should be based on those that have proven themselves academically able to have the opportunity.*
- *Since the faculty is not divers less knowladge about other culturs and racisem is present*
- *Knowledge, experience, ability to teach of professors is more importatn to me than their race or ethnicity*
- *There is not one Hispanic, African America, or Asian Faculty member in [school name]'s faculty.*
- *i wish there were more diversity in my program, racially ethnically and gender.*
- *We are a small dept. of [distinct number] people. I would rather have best qualified than most diversified*
- *I would feel equally as comfortable with more or less racial/ethnic faculty*

- *As long as my professors are able to effectively teach me, I am not concerned with race/ethnicity.*
- *Our faculty is very knowledgeable, well-research, and clinically competent in the field of Audiology. Therefore, I am very satisfied with the faculty. I do think more diversity could be good.*
- *This is not something I think about. MOre would be nice now that I am thinking about it.*
- *Our teaching faculty is predominantly white. I am neither comfortable nor uncomfortable with this situation. I do believe that racial/ethnic diversity would add to the learning experience by providing different cultural and socioeconomic perspectives.*
- *It is beneficial to get different perspectives from different races/ethnicities.*

25. I am comfortable with the amount of racial/ethnic student diversity in my audiology graduate program

- *I would be comfortable with both more or less diversity*
- *There is no diversity in the AuD (1 non-white American) portion of our program, but there is significant diversity in the PhD portion.*
- *There isn't much diversity. I would like to see more.*
- *I don't think it is necessary to look at those aspects of the student population (unless there was discrimination occurring). It is important to look at the credentials of the student.*
- *See comment on question 24.*
- *I think student-patient diversity is the most vital.*
- *Really can't expect much with the field of Audiology*
- *The race and ethical (as well as gender) differences do not bother me at all, but it does if s/he is chosen for the wrong reasons.*
- *I am not uncomfortable with the amount of racial/ethnic student diversity in my audiology program, however, when a person (in my case,African - Americans) enter certain professions at different degrees of education ,I notice that my peers are not of the same race/ethnicity and unfortunately it is to be expected.*
- *[number] white, [number] black, [number] hispanic, [number] russian, [number] asian... I think we're almost as diverse as possible! No canadians though...*
- *I think that more racial/ethical diversity could be useful.*
- *this doesn't mean that i would be opposed to more diversity though*
- *I have not thought much about this subject.*

- *We are all there for the same reason, no matter our race or ethnicity.*
- *We have a few students from different backgrounds, but it does not determine my quality of life and education within the program*
- *While we do have some ethnic diversity, it is not nearly enough, and the lack of Hispanic students in an area with such a high population of Hispanics, is extremely troubling.*
- *There are lots of places to learn diversity issues. Extern sites for example. My program is there primarily to teach me what I need for my degree*
- *I would love a more diverse population, but I certainly didn't expect it in this area of the country.*
- *I would feel equally as comfortable with more or less racial/ethnic students.*
- *We have a fairly diverse population.*
- *There are only [distinct number] people in my year of the program, myself included. In such a small field, it is difficult to have a diverse group of students, especially if those students do not apply to the program.*
- *My class was the only class last year to have non-white students [number]. It would be nice to not be a true minority. However, to be fair, I'd rather have a strong class of students that were of all one race than an extremely racially mixed class with only mediocre students.*
- *All of the students in the AuD program are white. The same as before...cultural perspectives would be beneficial.*
- *There needs to be an increase in Hispanics in the field of audiology in both faculty and students.*
- *It's diverse but I still feel some isolation with not having more Black students in the program.*

26. Racial/ethnic diversity of students in audiology graduate programs could be increased by adjusting admissions criteria to focus less on academic achievement and more on other criteria (e.g., interviews, essays, resumes)

- *I still think that academic achievements are more important than racial/ethnic diversity. If a student meets the programs criteria than they should be accepted. I think everyone would be treated fairly, no matter what race or ethnicity. The program should be looking at everything anyways and not just academic achievement.*
- *Differences in ethnic background has no influence on academic achievement therefore, academic achievement should not be lowered to increase the amount of ethnically diverse students.*

- *Not at all (Med schools, OD schools, DDM schools etc don't adjust admission criteria....)I think a better way to bring in diversity is by public awareness programs about Audiology. I believe there is a limited amount of people in universities that understand Audiology...*
- *Focus should definitely be primarily on academics.*
- *I agree with the statement, but I do believe that just because someone can interview or write well, but does not have strong academic achievement does not mean they would be successful in a graduate or doctoral program*
- *Our program is based on academics, interviews, and essays*
- *Programs that only focus on grades and GRE scores are excluding excellent candidates that would be great clinicians.*
- *It could be, but does not mean that it should be. Just because someone is of a minority race or ethnicity they should not be given any advantages just to "even out" the amount of diversity in a program.*
- *My roommate in college was African American, and he spend a lot of time wondering if he was accepted to his various college, simply because of the color of his skin. To use anything, but an impartial admissions process would cause more harm than good. Increasing interest in Audiology, but maintaining high standards is most appropriate.*
- *Grades are the Gold Standard. Audiology is a young Doctoral profession and we need to maintain HIGH academic standards as the options increase in scope of practice.*
- *I believe academic achievement is indirectly related to performance in interview, essays, etc., so I do not see how these other criteria will increase diversity.*
- *It might could but that does not mean that the program would be better, in fact students that are not academically deserving could be chosen over those that are deserving. You have to remember the idea is at graduation that the students are audiologists you would be proud to have serving clinically and that you are confident can do the job correctly. These skills do not know racial/ethnic or gender boundaries but they do know academic boundaries.*
- *However I do not believe that the majority of programs now base their entire decision on "numbers."*
- *The only factor that is important are grades and expierence. Color or race or religion should NEVER play a role in my opinion.*
- *The program I am in took into consideration not just academic criteria but also interviews and resumes.*
- *Not every successful graduate student has to be a 4.0GPA. Everything should be considered.*
- *I applied to several universities and only one of them was willing to talk with me and know me better. Most of the universities base their decisions in the GRE. For an international student, this test is not reliable.*

- *I feel like my program has necessary but strict inclusion criteria... it does not matter the racial or ethnic origin of the applicant.*
- *Interviews, essays, and resumes should not have any identifiable information on them in the initial processes to admit the best applicants in a "semi-final" selection. Race alone should NOT determine candidacy.*
- *Hard to expand on diversity if the applicants aren't there. Must expand the field of Audiology first.*
- *Racially and ethnically diverse students also much have good academic achievement as well. If they can't perform at the same level as everyone else, then they shouldn't get special treatment.*
- *Is this implying that those of diverse cultures do not have as good of grades? OR that these individuals make a case for themselves because of the diversity in their essays?*
- *There are certain standards that MUST be upheld. I feel that the admissions process is fair. What you put into your undergraduate experience is how you prepare for your graduate/professional experience.*
- *Yes, it could be. But I don't think that it should. We should get into grad school based on our merits.*
- *While I think interviews, essays and resumes are extremely important to the admissions process, I think that the competitive nature of the process requires a lot of weight on academic achievement.*
- *There are plenty of highly qualified and dedicated students of all ethnicities and races that could be qualified to enter Au.D. programs with admissions standards equally or more rigorous than current standards. However, I believe that perhaps students of these ethnic and racial backgrounds may not be aware of audiology and the tremendous career opportunities. If more of these students were aware of audiology, encouraged to apply, and applied to these programs, then we would see many highly qualified African American, Arab American, Asian American, and Hispanic American Au.D. students!*
- *You should not change requirements for any reason. They are requirements for a reason. Requirements should not be any less for minorities.*
- *I feel that adjusting admissions criteria may help increase diversity within the program. however, I don't feel it's appropriate to adjust admissions criteria since academic material will be the same or become increasingly more difficult as research dictates.*
- *Admissions criteria exist for a reason. The amount of work required in undergrad is negligent compared to graduate work and if a student cannot academically keep up in undergrad they most likely cannot achieve success as a graduate clinician*
- *This should not be done. I disagree. I worked hard in undergrad... came from nothing and I'm making it work... I don't believe race/ethnicity should be a question on college applications. I*

was actually refused from one university because I didn't complete that question. The woman asked what race I was and when I said white she informed me that I would have been selected had I just completed the form. I am proud that I was accepted to [school name] without answering that question and without an interview. My grades stood for themselves.

- *Adjusting criteria may allow certain students more access to AUD education*
- *A student should not be accepted into a program with a poor GPA and poor test scores solely because they are a different race or background. It is an academic program and students should be accepted on that criteria.*
- *had to apply three times before I got into this program, even though I was an A student in another doctoral program and I felt race had something to do with it. The staff has admitted that they focus mostly on GPA and barely read the essays.*
- *I don't really think that academic performance has any sort of correlation with one's race/ethnicity. And I know for a fact that my program gives equal weight to academics, essays and letters of recommendation when admitting students.*
- *Just because a student may be "racially diverse" does not mean that they should be given priority especially if they are not academically competent. But if a student is academically competent and racially diverse, then perhaps they should be given priority.*
- *Academic achievement is critical to success in a doctoral level program.*
- *I don't think that gender, race, age or ethnicity should be any part of admissions process. Admission should be based on the students grades, academic achievements and personal essays, not whether or not I checked male or female in the box on my application.*
- *I don't think racial/ethnic issue should play into the admission criteria, they should be accepted or not accepted based on academic achievement and their application*
- *I don't believe it is right for the patient to award candidacy slots by lowering the academic criteria.*
- *I believe that all of these criterion are important and that academics is a top priority for our field and is necessary for audiology to be taken as a serious doctoral program.*
- *I would hope that achieving racial/ethnic diversity would not intrude on the goal of accepting the most appropriate students for the program based on a variety of factors, including academic achievement.*
- *Although personal interviews and essays always provide more information than that presented in a transcript, this question is implying that students of other races do not perform as well academically when compared to caucasian students.*
- *This is difficult to answer because I am unfamiliar with our applicant pool, but I do feel that a professional, graduate program should put emphasis on previous academic achievement. It is likely the best indicator of future success in the program.*

- *Academic achievement is a critical role in a graduate program! That is the backbone of my education, not an interview or an essay. When I leave my school, I hope my professors remember me for my academic achievement and not an essay I wrote*
- *I have no idea.*
- *Also, other minority do not have fathers and mothers who are audiologists so it's harder for these groups to even get their foot in the door. Hispanics are competing with whites who have relatives that the faculty know so they take their children thus filling all 8-10. There seems to be a shortage of Blacks and Hispanics within this field.*

27. Racial/ethnic diversity of students in audiology graduate programs should be increased by adjusting admissions criteria to focus less on academic achievement and more on other criteria (e.g., interviews, essays, resumes)

- *I think other criteria should always be taken into account any way....not just b/c of the goal of racial/ethnic diversity.*
- *Please see the previous opinion.*
- *How fair is it to hold those of different racial/ethnic backgrounds to a lesser standard not focused as focused on grades? This in no way makes sense.*
- *Placing too much emphasis on something like an essay can actually hurt the diversity and disqualify some otherwise deserving students.*
- *See above. We should be focusing on RECRUITMENT not lowering standards. That is an insult to both parties. There are plenty of talented racially diverse students who could probably kick my butt grade wise, they just may not be aware of audiology as an option. I sure wasn't, I stumbled upon it by mistake.*
- *While academia is a priority, I think basing a decision on the integrity of the person is more important--I do not think race / ethnicity should play a major role in the decision of admittance or not---the integrity and quality of the person should be judged, not where they're from or what they look like.*
- *People should be admitted based on merit REGARDLESS of race/ethnicity*
- *I was interviewed the hardest at my program.*
- *No program should be told what they should do in terms of admission.*
- *Here, our faculty focuses too much on essays, etc. and not enough on academic achievement prior to admissions. This decreases the potential of our student body.*
- *It already takes many different criteria into consideration.*
- *See last question*
- *I think this is already done to an extent, depending on the program.*

- *Again, the best of the best all around should be chosen.*
- *There are certain standards that MUST be upheld. I feel that the admissions process is fair. What you put into your undergraduate experience is how you prepare for your graduate/professional experience.*
- *I'm of the opinion that people should be admitted on their academic ability and their preceived ability to succeed in the program. People should be judged based on their ability and their potential, not based on what race they are.*
- *See above.*
- *Ethnicities and races that are under-represented in the field of audiology are NOT under-represented due to lower academic achievement, but due to lack of exposure to and awareness of audiology as a professional opportunity. To lower academic standards is to lower expectations of persons of these under-represented ethnicities and races. A better way of inviting quality students of diverse backgrounds to the field is by recruiting undergraduates by advertising through ethnic organizations and clubs on college campuses, by encouraging minority groups to start scholarahip funds for minority Au.D. students, etc. It is not the duty of the audiology graduate program to lower standards for any individual whatsoever.*
- *Academic achievement is one aspect that makes Audiology a competitive field, and it should stay as such.*
- *Some people can give a great interview and yet can't handle the academic stress of graduate school, and vice versa.*
- *See comment above... I feel strongly against this.*
- *Merit based admissions processes are important for all students, but merit criteria could be altered in certain cases*
- *Race or ethnicity should not be a deciding factor in which a person is admitted or not, it should be solely based on academics and their application materials*
- *Personal matters such as race and ethnicity should not be a persuading factor in the application process.*
- *I do not think that race should play a role in getting into graduate school. I think that you should have to meet the academic requirement to enter a program.*
- *I feel as though all of these should be taken into account but I believe that degrees obtained after undergraduate should be qualified based mostly on academics.*
- *How would you be adjusting the criteria? Would this be in a way to make it easier to be accepted? If so, how do you think this would effect racial/ethnic diversity? I believe the criteria should stand as is so that only the best students are admitted, regardless of race/ethnicity.*

- *I think candidates should be chosen based on their qualifications not on their race/ethnicity.*
- *I think that awarding students placement in a graduate program based on anything else but academic achievement is completely unfair and would be counter productive to achieving academic goals to begin with.*
- *I know of several student who were accepted to the program because of their parents.*

28. I feel as though my racial/ethnic identity is respected in my audiology graduate program by:

- *I do not feel my racial/ethnic identity influences the respect I receive from my faculty, rather my academic/clinical skills.*
- *almost all faculty are white with the exception of 1 female Indian professor. I wanted to be clear seeing as ethnically I am the same as most the faculty.*
- *Yes, however my political and religious beliefs have been insulted, and I do not feel that it is appropriate for this to occur in a doctoral level program.*
- *Unaware of my high holidays.*
- *Lot of stereotypes come to play*
- *I never even considered it.*
- *This is because I am in the vast majority of my graduate program.*
- *Faculty are only aware of my ethnic background if I actively disclose. and disclosure is not as simple as stating, "I am (ethnicity/race)." It involves continued dialogue and explanation for the faculty member or preceptor to identify the student with the ethnicity/race. Furthermore, clinical preceptors are unlikely to realize even after this disclosure that this student may have insights as to how to ease tranlation and interaction when they come in contact with patients of the same ethnicity/race as the student.*
- *I don't see anyone in the program treated differently because of their race. We all worked hard to get into the program, and continue to work hard now, and that is what is respected.*
- *While there is much discussion in the program to address diversity issues and prepare to face them, I haven't really been acknowledged as a Hispanic of high achievement and have that explain to me how that can be an asset in the field.*
- *Because I am from a different dialect region, I have had negative comments made from a faculty member (which I found odd because it is a speech & hearing department?) Some professors are just bad regardless of the field.*
- *I don't believe it i respected at all. There have been many instances of blatant cultural insensitivity. I , and fellow students have personally witnessed the faculty iterate bigoted statements and when we brought this to the attention of the chair, nothing was done. One*

faculty member in particular has exhibited this behavior repeatedly but has still been sheltered by the chair.

- *The faculty in my program does a great job of making us all feel included and more importantly equal, regardless of our race or ethnicity*
- *This side of my state is racist therefore the people who live here and teach here have assumed those belief not all but most.*

29. I feel as though my racial/ethnic identity is respected in my audiology graduate program by:

- *I am half white, and I believe I am primarily viewed as white even if I do not most strongly identify with being "white" culturally, ethnically or racially. I feel I am respected as a person and my ethnicity does not play much part in how I am viewed.*
- *I feel male students think they are more superior.*
- *again 12 students, 1 hispanic, 1 hatian of african decent, 10 caucasian (jewish or other)*
- *Most students are ignorant to the fact that they are actually being culturally insensitive and not funny.*
- *So far, I have not seen any judgments among peers.*
- *When you have reached the professional level, people in the program embrace the fact that your different and are intrigued by the differences in handling certain situations and lifestyles.*
- *Again, see above.*
- *Because the students in my program are are of the "millennial" generation, most have grown up with some experience with peers from other ethnicities, races, or religions. Once personal background is disclosed to a classmate, while the classmate may not have experience with one's culture/race/religion, these students tend to be eager to learn and share information with each other. Often times, the classmate is married to someone of another race/religion/ethnicity or one or more of their siblings is. They may have multi-ethnic/racial children, or their sibling or close friend may. So, the interaction with other races or ethnicities is more common (when compared to faculty or clinical preceptors, who may be of an older generation).*
- *It seems that the students who can be described as minorities can relate to me better. There are some students who can be described as non-minority who really feel strongly about not selecting students with the goal of diversity in mind, as they see it as taking away opportunity from some students of high achievement, as though that's the only acceptable criteria to use. While we get along, there have been moments of tension when talking about the subject of race and ethnicity.*
- *my identity is not an issue.*

- *I feel as though there are some students in my program that say somewhat ignorant things at time, not necessarily out of malice, but because they don't know any better.*
- *I don't think that all the students realize their prejudices and their stereotypical thinking (relayed in comments).*

30. Please use this space to provide any additional opinions that you may have regarding diversity in the audiology graduate program in which you are a student.

- *I do not believe that admissions criteria for any graduate and/or undergraduate programs should be biased toward any racial/ethnic populations. The admissions selection process should be based solely upon academic qualifications and achievements!*
- *We have a very diverse group in our program, and I do not feel that is an issue. If anything effects a group of students I think it would be all the different personalities, not their race.*
- *A good academic program should be naturally diverse, with students and faculty sharing thoughts and opinions in an accepting and open environment. Having a program, such as a hearing aid bank to provide discounted refurbished hearing aids to those who cannot afford them otherwise, will allow for more exposure to diverse thoughts, ideas and people.*
- *I think diversity is an important thing, but I also think Academic performance ranks above that. If you rely solely on creating a diverse program, you will overlook those students who perform extremely well academically.*
- *I do not feel that diversity should be put before other admissions criteria. Yes, it would be great if all programs could be greatly diverse but you also want the students in those programs to be deserving and competent - not just poster students for diversity.*
- *Although there is little diversity in our program, I feel as though our faculty know and have worked with multiple diversities and are able to share this information with our students.*
- *Diversity is nice, but not something I look for in a program. I care about what will be most beneficial to my learning: the curriculum, the faculty to student ratio, the clinical experience/set-up, etc. It doesn't matter to me what the race is of my professors and fellow students, it matters how knowledgeable they are and how well they are at teaching.*
- *We have people of all races and ethnicities in my program but that really doesn't matter to me as I don't view people like that.*
- *As a Latina woman and with the statistics of minorities not making it very far in school, having that minority faculty member would be nice to look up to and find guidance. Aside from myself there is only one other latina female in my class, of 20, and three in the entire graduating class of 2013 (including optometry students-optometry having 120 students). When I look around it makes me sad to not feel like I have a support system coming from a middle class Latino background to mostly a high class caucasian surrounding.*
- *Our program is over 90% Caucasian female. We have two minority students out of thirty-plus students. I believe this is just a little biased.*

- *Our class has individuals who are asian, black, white, hispanic, gay, lesbian, and all religions you can think of. Even though we are a class of 20, we are all very diverse.*
- *The majority of the students at my university are from central Illinois, therefore, it is not a university or program problem but it is just where it is located.*
- *Racial diversity comes last compared to the quality, cost, and reputation of the doctoral program.*
- *Although my graduate program has no teachers of African American descent, I am still comfortable approaching and interacting with them as I would a teacher of my ethnic origin. At first, I was uncomfortable in my classes because I did not want to ask a lot of questions and be seen as the class idiot. I erroneously thought that everything that I did would be looked at under a magnifying glass and that my peers and teachers would generalize my performance to all African American students. Thankfully, I got over this misconception and am now living a content life as a graduate student in my Au.D. program. I have come to understand that, regardless of our races, the teachers in the program are here to teach all of us what we don't know. If we knew everything, why would we go to school?*
- *Refer to previous as well, along with the following. I feel students are chosen for the wrong reasons. Example: A fellow peer (along with several others that applied) who is a remarkable student and person applied for a graduate assistantship. She did not receive one. Another peer, who is a decent student, never actually applied for the assistantship, but was given one anyways. You must apply for these, but this student did not even know what an assistantship was at first. This student who was given this is "diverse." Is this right?*
- *None*
- *I feel that the racial/ethnic diversity in my graduate program is largely representative of the population of our geographic area. The program has low racial/ethnic diversity, but we do not live in a very diverse geographic area. I think that increasing racial/ethnic diversity for the program is a good idea in theory, but would be very difficult to actually accomplish. The program would have to actively recruit faculty, students, and clients of varying racial/ethnic backgrounds. I think that this could be done for students, as a large number of students apply to the program every year. However, faculty positions are often open for quite a long time as it is, and clients are unlikely to be willing to travel very long distances to increase our racial/ethnic diversity.*
- *Often times when I disclose my ethnic background to an adult who is 15-20 or more years older than me (I am in my early twenties, so I am speaking of adults in their late forties and older), their instant reaction is to exclaim, "I'm sorry!" I have received this almost reflexive response from perhaps one or two audiologists since entering graduate school; however, I received this response often from professionals and students I encountered in my undergraduate years (persons in communications disorders, not necessarily associated with audiology). Sometimes persons say "I'm sorry" meaning "I'm sorry if I said anything offensive or ignorant about your ethnicity in the past." (which is sometimes likely). Other times, the "I'm sorry" means "I'm sorry to hear you are from that race/ethnicity. You shouldn't tell people that. You can get away with passing as caucasian." I would like to stress that this experience occurred often in my undergraduate years, was the expression of persons in speech-pathology and other medical backgrounds (typically not audiologists), and that I*

attended a different university for my undergraduate study than I attend now for graduate school. However, my undergraduate university is located in a highly diverse urban area, is one of the top 100 universities in the world, and is populated by a high percentage of foreign students. My purpose in sharing this information is say that from a standpoint of cultural sensitivity, it is best to assume when working with other audiology clinicians, students, and patients, that the persons you are working with are likely to have a family member or friend of the ethnicity being discussed. My experience with audiologists, faculty, and students in my Au.D. program has demonstrated to me that those in our field are tolerant and respectful of ethnic/racial diversity. I just hope that in time, clinicians in all healthcare disciplines have less anxiety upon learning that their student clinician or patient is from an ethnicity/race they have less personal experience with.

- *I think our program has diversity that is proportionate to the amount of people in our field that are diverse.*
- *I know there are other programs that have major issues with the lack racial and ethnic diversity, nor understanding or appreciation of such. So this program has been, overall, a much more positive experience. But I also know of programs that are very much diverse racially and ethnically, much more so than this program. One thing I must give this program the highest credit for is appreciation and willing accomodation for students with hearing impairment. Some programs are very much opposed to accepting such students.*
- *I feel that my program is very diverse and I can't really think of a way to make it more so. We have students from all walks of life and from different ethnic backgrounds and we all respect each other and get along very well. I appreciate their backgrounds and any knowledge they can offer.*
- *Being an African American female, I am definately in the minority and it doesn't seem to bother the other students or faculty that there really is no diversity in our program.*
- *i honestly think there are more important factors than racial & ethnic diversity. a program may be good or not good regardless of the diversity... diversity is a good thing, but not the only thing.*
- *I've never looked at my class mates and considered their racial/ ethnic identity. it does not matter to me, nor is does it make a difference in how I perceive them as a class mate. I do think if you lowered the standers of admission into graduate programs for more diversity you end up with poorer quality students what ever ethnicity they are.*
- *Adjusting admissions criteria is an interesting point. One thing I've noticed, at a big ten university, is that students of diverse racial/ethnic backgrounds are accepted to the program, although their academic achievement prior to beginning graduate school is somewhat inferior to others. I'm not saying that students who consider themselves to be a racial or ethnic minority perform worse academically - what I am saying is that the acceotance requirements tend to be less strict for persons of racial or ethnic minority, because the graduate school, at large, seems to be interested in having racial/ethnic diversity more than it is at recruiting the best and brightest students.*
- *While I think interviews, essays and resumes are important in the admissions process I do not think the academic achievement requirements should be changed nor do I think changing the*

requirements to include other components would increase race/ethnic diversity within a program.

- *Race doesn't matter, people matter. I respect all people. Stop trying to divide us by focusing on race and instead focus on the character and accomplishments of the individual. I will take a good black, asian, indian, hispanic, or any other ethnicity over a bad white guy any day. I would also take a good white man or woman over a bad person of any other ethnicity any day.*
- *I think students who do well and achieve the necessary requirements for graduate school should be admitted, end of story. I'm tired of affirmative action and scholarships going to foreign students just because they are foreign not because they have achieved as much as other deserving students.*
- *The population of [school name] is very diverse with the students educational and work/career backgrounds*

Student Survey Comments: Multicultural Infusion Section

32. Multicultural issues should be addressed in:

- *In all courses that it is applicable. The workings of the inner ear do not differ bases on different backgrounds so there is no need to make it a point in that situation.*
- *How would you address this issue in technical courses such as "Sound and Vibration"?*
- *Don't force it but if it applies, like in a counseling class, it is very important and should be addressed.*
- *Only the ones where it really matters, like ones focusing on pathologies that are more likely to occur in one race than another.*
- *If applicable, yes.*
- *You could create a class that focusses on multicultural issues, among other things that would be relevant to this topic. Or, these issues could be covered in a seminar type setting during the orientation phase of the program.*
- *Any course with a clinical component should reiterate the importance of multicultural issues and understanding.*
- *Multicultural issues do not apply to all subjects for example - electrophysiology. How an ABR or ASSR works has nothing to do with the persons race/ethnicity.*
- *In classes that discuss patient care and procedures for different populations I think multicultural issues would be a good topic.*
- *We are all intelligent individuals who as health care professionals, should be unbiased and fair. Overkill is not necessary, but to address it in a first semester class before interacting with patients could be beneficial.*

- *Or they should have a class specifically for that purpose.*
- *This question is not worded quite right. Multicultural issues should be addressed in all classes where it is appropriate.*
- *Issues should be addressed when relevant to the course material (i.e., counseling, aural rehab, clinical disorders, pedi, speech/lang)*
- *I didn't go into an Audiology program to learn about multicultural issues. I am an adult and respect all my peers regardless of their culture.*
- *Every aspect should include multicultural issues because they will arise at one time or another.*
- *Although one course may have a particular focus on this (for instance, in a counseling class), these issues should be considered during all classes and, if appropriate, should be addressed.*
- *In some classes, cases of multicultural issues is not applicable. However, I think it should be discussed where possible*
- *Counseling courses in particular*
- *only when applicable to audiology*
- *Multicultural issues should be addressed in the necessary courses. i.e. counseling & auditory disorders*
- *Some courses are more about mechanics and may not have the need to address these issues. I feel like most courses should address them.*
- *Multicultural issues will directly influence how we work with patients and our approach to helping them.*
- *I think they should be addressed when it is necessary and applicable.*
- *They should be covered in classes when it is relevant.*
- *in courses in which the issues are relevant*
- *I am hesitant to say that multicultural issues should be covered in clinical coursework. This is because the cultural issues are typically described by persons that are not members of that culture, and consequently are not culturally or linguistically accurate (no matter how well-intentioned). Also, when dealing with cultural issues, many people mistakenly view certain racial/ethnic backgrounds with characteristics of socioeconomic status. Two persons from the same ethnic background can have drastically different cultural backgrounds due to their socioeconomic status (including factors such as education, income, neighborhood. etc.) Also, the age and time period of immigration to the States affects the ethnic culture. For example, the cultural background of a Puerto Rican woman who moved to a suburban mainland environment in the 1950s will be very different from a Puerto Rican New York City native*

who grew up in an inner-city neighborhood in New York in the 1990s. Instead of focusing course-time on memorizing descriptions of cultures/races, we should let our patients be our teachers! Encourage the patient to be the leader and explain his/her needs and expectations based on his/her beliefs and customs.

- *Multicultural issues do not apply to all academic classes*
- *Courses that focus on patient interaction (i.e.; counseling, educational audiology, aural rehab etc.) should, but technical or strictly content based courses should not be tailored to fit these issues.*
- *An ear is an ear, no matter the color, but for some populations there are considerations that must be made (i.e. religion). We need to incorporate that, but don't need it in every class.*
- *They should be addressed whenever relevant, such as in clinical courses. Basic science courses do not need to cover this and will waste class time*
- *I don't think multicultural sensitivity is a big problem with students, but more so with the faculty.*
- *It should be addressed when it is appropriate. It should not just be injected into all the courses for the sake of addressing the issue.*
- *Unless they have some bearing on hearing loss or rehabilitation, racial diversity issues should be discussed elsewhere.*
- *I think it's a good idea to be aware of multicultural issues, especially if one is ever to come in contact with patients that may be of a different culture.*
- *During courses in which it is an appropriate topic.*
- *This depends on whether or not it is pertinent to the course material covered. We shouldn't talk about multicultural issues in a calibration class.*
- *Only applied in courses when/as needed*
- *When multicultural issues are relevant, they should be addressed, regardless of curriculum*
- *This is especially important during counseling.*
- *i do not think this issue is applicable in every course.*
- *In courses where the topic is relevant and can be conveyed as something applicable so that students can understand the importance.*
- *Discussing multicultural issues doesn't apply to some courses and therefore isn't needed.*
- *I think cultural issues are best addressed in courses on counseling and habilitation/rehabilitation. I don't think these issues would apply to all courses taken.*

- *Not all courses such as Anatomy & Phys raise major cultural issues*

33. In my audiology graduate program, multicultural issues have been addressed in:

- *When it was applicable and relative to the information being taught.*
- *We have had some short lectures about multiculturalism which i appreciate, although I believe that having more would be beneficial to the students...and faculty.*
- *in the ones where it applies its addressed.*
- *Specific populations, wether based on race, religion, creed or color, may require specific pragmatics. A good clinician should know how to work with everybody.*
- *Those that required or where questions arose.*
- *We have discussed things like language barriers, and encountering clients who don't believe in "modern medicine" (don't want to wear hearing aids, etc. because of their beliefs), but we haven't covered anything else in-depth*
- *[city name] has a large hispanic population, and our AuD. program's multicultural discussions focus on that population as it is immediately relevant.*
- *only one course and was a student presentation*
- *Deaf and deaf culture not ethnic*
- *Where appropriate.*
- *Once again, issues were discussed in relevant courses .*
- *And when i say some, I mean only one course have multicultural issues been addressed and that was through student presentations, not from a faculty member.*
- *We work closely with Native American Reservations and that population*
- *Not so far.*
- *regarded in psychosocial aspects of audiology (counseling)*
- *My Au.D. program has made a good effort to instill values of cultural competency, tolerance, and respect. I believe that this message has been successfully transmitted to the students.*
- *clinic seems like the most appropriate setting to address any multicultural issues*
- *We spend a lot of time talking about these issues in our patient oriented classes like audiologic rehabilitation and pediatric audiology.*
- *I'm not too far in my program yet.*

- *This program has been much more active in addressing multicultural issues in the curriculum than my undergraduate program. Ironically, there is one program in [state name] that claims in its admissions packet that the program is committed to diversity, and yet appears to have a prejudice against students with hearing impairment, based on numerous anecdotal reports from students or applicants of that program.*
- *One token course addresses multicultural sensitivity and that is taught by a teacher that repeatedly has been culturally insensitive.*
- *So far we are on basic information classes and haven't got to anything that would need to address these issues yet.*
- *It was addressed in our Aural Rehab class, in a student presentation. That is the only time we have discussed it, and it should be more widely discussed.*
- *They have been addressed when they were needed in class*
- *cultural issues don't effect physics or technology...*
- *We also have an entire course dedicated to multicultural issues.*
- *We had "multicultural" day in our issues in AuD class. It was more silly than informative or helpful.*
- *I don't think multicultural issues have been directly addressed in my classes. Maybe, in passing if brought up by a student.*

34. It is important to include multicultural issues in the audiology graduate curriculum in the following ways:

- *It would be tough to implement this in off-campus clinic rotations...but if its possible then I would strongly agree to this as well.*
- *The off campus clinic rotations is a different type of situation.*
- *It is not always possible to have a multicultural clinical population, but providing low cost services to underserved populations can allow for a more culturally diverse patient population, e.g. the Pima County Hearing Aid Bank program refurbishes hearing aids for qualified individuals for a nominal (\$100) cost. I do not believe a separate multicultural course is necessary if other course have appropriate cultural components.*
- *no class please. Like I said before, overkill. However, in a counseling class it would be perfect. Address the opinions and differences while counseling across cultures. I wish we factors this into our current counseling course.*
- *Monitoring off-campus clinic is difficult---you can't select you patient base.*
- *I feel that the off-campus clinic rotation should not have to abide by the curriculum guidelines of courses. It is meant to give you a different experience than on campus.*

- *I feel that multicultural issues were a strong focus in the counseling class that is part of the curriculum, and that was appropriately placed there.*
- *Do not have an on-campus rotation*
- *some in-class talk works well as a primer, but experience in the clinic is the only real teacher.*
- *I believe these issues should be discussed as it pertains to the student, clinician, and/or patient of the unfamiliar culture. Conversations about communication with the minority individual should always include the minority individual if possible. Clinical preceptors and faculty/professors sharing their own concept of the other culture is not appropriate. I believe its best to have the person of the minority be the teacher/leader/facilitator in the interaction, rather than learn about it abstractly in the classroom.*
- *Ideally we should be aware before we hit the clinic sites, but we never stop learning, right?*
- *It is difficult to control what demographic comes to a clinical site. While it is important to have experience with other cultures, it should not be REQUIRED by the program to find patients of other ethnicities for diagnostics and treatment.*
- *Should be included in clinic rotations if possible. Some locations don't allow for a very diverse population.*
- *only as needed*
- *Some of these factors cannot be controlled. And I can envision an entire semester's worth of multicultural curriculum being much like our multicultural day (described in Q33). It is a difficult topic to discuss in a truly beneficial way and I'm not sure that the faculty here is competent enough in the topic to deliver the information in a receptive manner.*

35. If you believe that multicultural issues should be addressed in audiology graduate courses, please indicate which courses should address these issues (please select all that apply):

- *In courses where multicultural issues can make a difference in how you work with a patient.*
- *Obviously there are multicultural issues in all of these courses, but I do not think it is necessary to discuss how anatomy differs in all of our patients or how to orient someone from a different culture to a hearing aid, because that is part of treating patients as individuals, which we always do.*
- *under diagnostic I am assuming this means the multicultural issues faced when performing certain types of test and/or explaining results and making recommendations. For example, if a culture has beliefs that surgery is not ok that would be discussed in diagnostic or counseling as it relates to cochlear implants but not in the CI class as that is more how they work. I would expect multicultural issues to be discussed in all clinic related fields (when discussing how to perform clinical duties not the technology behind them).*
- *see above*
- *courses related to treatment or rehabilitation*

- *and anywhere else the content would be appropriate.*
- *Pediatric audiology would also apply (in my opinion)*
- *Some of these courses may extensively address multicultural issues, while others may only touch on 1 or 2 issues.*
- *A person's ethnic origin may speak greatly of their beliefs of the medical profession in general... being knowledgeable about other cultures is important to being an empathetic and responsible professional*
- *Should be included in the anatomy/medical/Dx classes if applicable to specific topics. (certain races being more prone to certain results etc)*
- *I am not sure what "Medical Audiology" consists of.*
- *I think that in the courses I selected, multicultural issues are applicable, and thus should be discussed.*
- *any class where addressing is needed*
- *Counseling course insofar as developing cultural competency and tolerance in patient interactions.*
- *As a first year student it's difficult for me to answer this question because I haven't had many of these classes yet, and thus don't know the full extent of what they cover.*
- *They should only be addressed when needed*
- *If it's pertinent, it should be addressed in any class.*
- *Multicultural issues can and should be taught in every course as part of the curriculum. It is best to learn about these issues in the specific situations audiologists will face in day to day clinic life, as opposed to a full crash course in every culture that exists.*
- *Many cultures have different ways of living. In some culture the women are not allowed to be in a room alone with a man other than their husbands; in the same hand you are to talk only to the man not the female, this may even be a son rather than a husband.*
- *I think addressing these issues is necessary in courses and settings that deal with the differences in cultures of our clients.*
- *In my opinion, the only multicultural issue that should be address in audiology education is multicultural sensitivity in test procedures and counseling. Otherwise, our anatomy is the same and diagnostic procedures are the same.*
- *I haven't had most of these courses yet*

38. I find it difficult to find educational opportunities in multicultural issues that pertain to audiology

- *"Everybody has ears".*
- *Questions that have come up in class have been sufficiently answered.*
- *#38 - I have not looked into it.*
- *This very much depends on the students off site clinical rotations and the population these sites see (Medicaid, special needs etc.)*
- *These opportunities do not appear to be readily available in my region of the United States. The kind of educational opportunities that may be helpful for student may be taking classes in medical terminology in foreign languages. An audiology student may be fluent in Arabic, for example, but not have access to a course in medical Arabic or audiologic terms in Arabic that may help him/her converse with Arabic speaking patients. I cannot tell you the number of times I have worked with Spanish-speaking patients and was unable to perform translation or explain diagnostics or hearing aid orientation to a patient because I do not have a knowledge of audiologic terms in Spanish.*
- *Onsite and Offsite practicum is difficult for finding opportunities for addressing multicultural issues pertaining to racial/ethnic diversity because of the mostly rural area that the university is in. There is plenty of diversity regarding hard of hearing and Deaf communities.*
- *Some articles and journals address these issues and they can be found if you really focus your search.*
- *I have had one class in my program specifically on multicultural issues, but I feel that the instructor did not cover the issues very well.*
- *Outside of doing research about the Deaf community, I've never tried looking for this information. I'm sure it's out there, though.*

39. I think too much emphasis is placed on multicultural issues in the profession of audiology

- *At this point in my education, we have not discussed many multicultural issues.*
- *This is the first emphasis I've seen.*
- *Not that I have heard of.*
- *Too much emphasis can be placed on developing stereotypical expectations or schemas of what members of a culture believe and do. Time does not need to be spent teaching other cultures, but instructing Au.D. students in how to have their patients the clinician about their culture and related expectations for treatment.*
- *We should focus more on equalizing the male to female ratio in the profession*

- *Other than the Deaf culture, we really don't discuss this topic.*

42. There should be at least one faculty member in the audiology department with a background in multicultural issues to assist in multicultural infusion

- *By having a "token" faculty member, segregation is more likely to occur than assimilation.*
- *No doubt it helps to have a faculty member with a background in multicultural issues, but not at the price of sacrificing their audiological knowledge.*
- *I'm not sure I understand. I think all faculty members should be audiologists, if one has an especial interest in multicultural issues - great.*
- *Once again---judge by integrity and in this case EXPERIENCE!!!*
- *My Dr./Pt. relationship class was a joke!*
- *We only have [distinct number] audiology faculty*
- *We have such faculty.*
- *I think this is an area that many programs are lacking in especially depending on the location of the program.*
- *You don't have to have a background in multicultural issues to know how to interact with individuals of different backgrounds.*
- *I think all faculty should have some exposure to multicultural issues. Ideally, one faculty member would have a strong background to assist in "multicultural infusion;" however, if none has this background, someone from a different department could be available as a resource person to assist in this.*
- *If possible, sure. Otherwise just having culturally sensitive faculty is just as effective.*
- *#40 - That would make me somewhat feel uncomfortable . #42- I am not sure that is necessary. What would his/her role be?*
- *More than one would be ideal*
- *This would be nice, but I'm not sure how practical the idea is.*
- *When faculty attempt to foster conversations about multicultural issues, well-meaning students and faculty begin to share their ill-informed concepts of what these other cultures are, thus further disseminating ignorance. It's best to encourage students to gain knowledge directly from their patients. It is acceptable for students to share experiences with patients from other cultures, so long as it is about the experience and learning from the interaction and not a subjective description of their view of the culture.*

- *The more faculty members with more diverse experiences with multicultural communities, the more insight and preparation they can provide students to help them meet the needs of patients wherever they go in their profession.*
- *Also faculty who speak another language or Sign Language would be beneficial*
- *Or at least someone accessible to facilitate a course or seminar*
- *I don't think that its necessary to have a faculty member to do this. I think that at this level in our education, we should be able to, as students and faculty alike, to foster an understanding of multicultural issues and learn not only from other materials, but from each other as well.*
- *The question is what consistutes "background"?*

44. I am comfortable discussing multicultural issues with professors whose race/ethnicity differs from my own

- *These would be the professors I would seek out to speak with concerning multicultural issues as they are most likely to have had different experiences culturally than I have and insights I do not.*
- *That's pretty much everyone, so I'd have to be.*
- *not all professors are open to this discussion.*
- *I get very conscious when someone talks about something related to my race/ethnicity, whether its students or professors of a different race/ethnicity. Sometimes opinions on some cultures are very biased and only limited to the person's knowledge and on what they have heard from others.*
- *Actually, N/A*
- *There's only one faculty member whose race/ethnicity differs from my own and she is fairly unapproachable in general, so the reason that I would be slightly uncomfortable is because of her as a person and not because of her race/ethnicity.*
- *I am confident and happy to share my background with other students and faculty. However, it is sometimes difficult to judge when it is most appropriate to do so. Because my Hispanic ethnicity is not visible to others, I have to vigorously persuade others that I am of a multi-ethnic background. This can make me look like an attention-seeker, someone looking to be patted on the back for being different. Therefore, I tend to only disclose or discuss my multicultural identity when I feel it might be appropriate and helpful in the clinical interaction. I mentioned in a response to another item that I have family from an Arab culture, although I am not personally descended from an Arabic-speaking culture. I frequently hear in clinical rotations and in class comments about Arabic speaking and Islamic cultures (I include Islam because many Americans do not realize that not all Arabic speakers are Muslim) in the Middle East, Africa, and Asia that are completely incorrect. I try to educate other clinicians and students to learn more about these cultures when they make these statements. However, I feel that because I am not fluent in Arabic, not Muslim, and not from an Arabic-speaking or Middle Eastern culture, it is hypocritical and incorrect for me to*

be teaching others about these cultures. So this often puts me in an ethical dilemma in academic and clinical situations.

- *my wife is of a different ethnicity than i am, & our children are multicultural. as such, i consider myself multicultural despite being white.*
- *As long as I get a sense of neutrality and professionalism from him or her*
- *This question should include a "not applicable" option. For instance, there is not a faculty member at my university whose race/ethnicity differs from my own.*
- *I am comfortable discussing mulitcultural issues with almost anyone. I considered majoring in anthropology before finding audiology, so it is an area of interest for me.*

48. Racial/ethnic minority faculty members are better prepared to discuss multicultural issues compared to White faculty

- *Depends on their knowledge on the subject not their race.*
- *Only b/c they have a better understanding of its importance by default...by simply being a minority and experiencing its challenges/understanding other minorities challenges so its easier for them to understand. Of course there area always some minorities that might not fit into this category. And of course there are many white people that are better prepared compared to some minorities...but I think in general, I would agree with the statement made.*
- *they are equal. everyone has their own perspective!*
- *That makes logical sense.*
- *We all have perceptions that are unique.*
- *This statement is a double-edged sword---once again, judge by experience, not on the persons race / ethnicity. IE: if someone is Deaf, they have an insiders perspective to Deaf culture; however, if a hearing child grew up in a Deaf culture with Deaf parents, they too have that perspective--from both worlds.*
- *i don't think that your race qualifies you one way or the other, or will make you a better communicator when it come to racial issues.*
- *Experience working with multicultural clinic populations, regardless of the professor's race, would be an advantage as opposed to being classified as a minority.*
- *Individual experiences may better prepare faculty than their race/ethnicity*
- *N/A*
- *I think that is a gross generalization*
- *I would "Agree" if there was an "often" in that sentence... in its current state, it is an overgeneralization.*

- *No one has facts...it's all opinion and experiences*
- *It seems as though someone has to "pick a side..." I don't agree with that.*
- *It depends, White faculty will have different experiences with a spectrum of people and how they are received by these people may/may not be different.*
- *again... experience is the teacher.*
- *This REALLY depends on the individual. I have met some that are defensive to honest questions, and others that are completely open to honest questions.*
- *They are both prepared, but in different ways. They will be able to see the issues from different perspectives.*
- *Racial/ethnic minorities are qualified to discuss their own experience with their own culture. They are not qualified to be the sole authority and representative of their culture, nor are they more competent to speak about cultures that are not their own. I believe each person can only speak to his/her own personal experience in their own cultural context. As example, an African-American person is not more qualified to discuss Asian-American culture than a Caucasian American. Both the African American and Caucasian American are equally disqualified; only an Asian American is prepared to discuss, and only to his/her specific cultural experience.*
- *As far as experiential understanding and empathy is concerned, that may be so; but I think even White faculty who have experiences with multiculturally communities can do just as well in preparing to discuss such issues.*
- *Being a minority does not equate to being prepared to discuss issues dealing with minorities.*
- *Even non-ethnic faculty can have good experiences in multicultural issues*
- *I don't think it matters what color your skin is. As long as you have experience with multicultural issues then you are qualified and prepared to discuss them.*
- *completely depends on the individual...not their race*
- *Multicultural issues are best addressed by someone who has been exposed to a variety of cultures--regardless of race or ethnicity.*
- *Maybe*
- *This depends on so many factors-the faculty member's personality, background, knowledge, experiences, etc.*
- *I believe this is too broad of a generalization.*

- *I would not assume that a "White" faculty member is better prepared, nor would I assume that a minority faculty member is better prepared. I don't think it's fair to make judgements of a person's competence based on his/her race or ethnicity.*
- *Just b/c you're not white doesn't mean you have the adequate skills to lead conversations about this topic.*
- *Both racial and socioeconomic minorities would likely be able to draw from real-life experiences with multicultural issues that white faculty would not likely experience.*
- *We have white professors that are well educated in multicultural issues, and I do not believe it should matter about the race or ethnicity of the professor. All professors should be well prepared to discuss these topics.*
- *I'm answering this with my experience of undergrad professors and not my audiology professors since they are all White*

49. White faculty members are better prepared to discuss multicultural issues compared to racial/ethnic minority faculty

- *Depends on their knowledge on the subject not their race.*
- *they are equal. everyone has their own perspective!*
- *Focusing less on our differences and more on our commonalities is most appropriate whether that is being taught by a white, black, brown, or red faculty member.*
- *i don't think that your race qualifies you one way or the other, or will make you a better communicator when it come to racial issues.*
- *Same as above.*
- *N/A*
- *see above*
- *Experiences will vary from others.*
- *I think it has more to do with your experience working with many different cultures.*
- *Why does there have to be a difference?*
- *Again, it depends on the individual experiences.*
- *same as previous question*
- *An educated faculty member of any race should be best qualified to teach any subject matter; including multicultural issues.*

- *I think that some times if a person of a different race/ethnicity is in the room while a white person is discussing racial issues they get angry because how would the white person know they're not in my shoes?*
- *Unless a white faculty member has extensive experience with multicultural issues, I don't think they would be best for a multicultural discussion.*
- *I'm not saying the White faculty members cannot discuss issues because I have had a few professors (undergrad and grad professors) that are prepared to discuss the issues*

50. Minority faculty members should be the ones given the task to discuss multicultural issues with students

- *Depends on their knowledge on the subject not their race.*
- *If there are no minority faculty members then students should not miss out on this opportunity*
- *Please see note above.*
- *I feel this is somehow racist.*
- *it is not fair to force someone to teach multicultural issues just because they are the member of a minority group.*
- *All faculty should be.*
- *If they want to take on that responsibility, then sure.*
- *We are all a minority at one time of our life.*
- *We live in a diverse country. Anyone should be able to discuss multicultural issues with any type of audience.*
- *Never had a minority faculty member*
- *Must also have knowledge of the health field and audiology*
- *That is just another form of prejudice if only minorities can talk about multicultural issues*
- *Which faculty member discusses multicultural issues with students should be chosen by ability, not by race/ethnicity. Ideally, these issues should be discussed by multiple faculty members so a variety of opinions can be expressed.*
- *They should not be the only ones. Everyone should address it when pertinent.*
- *Only when it pertains to discussing his/her personal experience. I once took a [specific course name]. The professor, who was African-American, felt she was a qualified authority to judge and define any world culture simply because she was from a minority background. She was not qualified to speak of any experience but her own. Furthermore, she assigned presentations in which students had to describe a culture other than their own for the class. I*

watched students present stereotypical comments about cultures to students of the culture they were describing (meaning, in this ethnically diverse class, a Chinese American student, for example, went before the class and presented stereotypical descriptions of Indian culture while multiple students from India who were much more qualified to present had to sit in silence). These types of activities do nothing to foster better clinician-patient interactions.

- *This type of discussion might be more effective if it is lead by a team of ethnically diverse individuals*
- *Whoever is comfortable and has the appropriate expereince should be given this task.*
- *Whomever has the most knowledge should be instructing the class.*
- *Those who have more experience in such issues should be the ones to discuss them.*
- *If they feel comfortable doing so and are passionate about it. It should never be forced onto them. That's reverse profiling*
- *Whomever knows more about multicultural issues should be the one to teach a class and again it should not be based on their gender, race, age or ethnicity. We assume that just because someone is of a different race that they should know more about diversity and multicultural differences than someone who is not of a different race.*
- *Whoever is qualified to do so, should.*
- *Being a minority does not make one an expert on multicultural issues*
- *They should not be appointed just because they are of the minority.*
- *I think the person should be well-versed in the area, regardless of race/ethnicity.*
- *Who ever is most qualified!*
- *Only if it would be something they were comfortable with discussing.*
- *It should not matter.*
- *It should be all members regardless of race*

51. All faculty members should be responsible for discussing multicultural issues with students

- *Only in an informal nature, so not as to lead students to believe that members ethnic groups only act in one set way.*
- *Agreed.*
- *as long as they are competent in doing so.*
- *Not if they're uncomfortable...it'd be pointless*

- *YES.*
- *Everyone has their own experiences and it would be beneficial to hear many different sides.*
- *Ideally, I would like that.*
- *All faculty members should embrace a respect for other cultures.*
- *Only when it is needed*
- *Everyone should receive the proper training and should be able to discuss their own personal experiences regarding this topic. We learn from each other's failures and successes.*

52. During my graduate education thus far, I have been trained to work with racial/ethnic minority groups

- *I was taught to respect patient and their family members regardless of race or ethnicity.*
- *Our populations that we serve are diverse across all aspects of their lives. Treating each individual with respect and the highest regard for professional integrity is reinforced constantly.*
- *not trained, but people are people to me. Be sensitive and caring and get your job done correctly. I treat all my patients with the respect.*
- *I have been trained to be an Audiologist to my patients no matter what their race. I don't understand this survey. Race has nothing to do with the field I am in.*
- *I have been somewhat prepared from student presentations, not necessarily from a faculty presentation.*
- *Only in our counseling class (other than some small anatomical issues, such as types of cerumen)*
- *Still in 1st year.*
- *I have taken an elective outside the audiology curriculum in which I have learned about other cultures in the United States*
- *I wouldn't say I've been "trained", but I've had clinical experiences with racial/ethnic minorities that have helped me learn how to better communicate with and help those who are different from myself.*
- *We have not come to that point in our education yet.*
- *I don't understand what different training would be required...ears and hearing are the same across all ethnic groups, and people are people.*

- *I was trained to work with cultural groups that were specific to my area. I moved to a different part of the country for my externship and have been exposed to an entirely different population.*
- *I haven't really received specific training for racial/ethnic minority groups, but have worked with them.*
- *I haven't yet reached the place in my program where it would be appropriate to discuss these things specifically.*
- *I have clinical experience with racial minorities, but I wouldn't necessarily say I was "trained."*
- *Took a "multicultural issues in counseling" course*

53. As far as equal opportunities and respect go, I am happy as a student in this audiology graduate program

- *I thought that I would be treated more as an equal with the faculty, as in, I would be able to learn from and contribute to the program. Rather, I am still treated as a student who does not know very much, and has to only absorb the information presented to me.*
- *scholarships and grants should not be based on skin color*
- *I do not really think it is "equal" for everyone.*
- *Overall, I have had a very positive experience as a multicultural student in an audiology graduate program. I just hope that more minority students become aware of audiology and earn Au.D.s, especially in order to serve the ethnic and linguistic patient populations that are underserved!*
- *Off site clinics discriminate against minority students and not to the white students. They "talk down" to the minorities.*

54. Please use this space to provide any additional opinions that you may have regarding multicultural infusion in the audiology graduate program in which you are a student.

- *not about multicultural issues - but it would be nice to have more information about theis survey instead of just jumping in with very personal questions.*
- *WE NEED TO RECRUIT!! not accommodate. I think as audiology b/c a more well known field, a more culturally diverse student group will apply.*
- *I feel that students should receive information/training regarding clinical, counseling, and rehabilitation for ethically/racially diverse patient populations with an emphasis on minorities that are prevelant in the surrounding region and/or state. In addition, I think it would be HIGHLY beneficial (for both faculty and students) if education/training for Spanish translation of common clinical vocabulary and patient instructions was provided in audiology graduate programs.*

- *I am Canadian.*
- *My program directly reflects the population of the community in which it is found. I do believe that the presence of faculty and/or students of diverse multicultural backgrounds would be greatly welcomed and appreciated. However, I do not feel my program is any less because it is less diverse. My faculty does an outstanding job of educating there students in regards to cultural sensitivity and what implications working with multiple cultures may have on us as professionals.*
- *I feel that my program has not addressed issues particular to the gay/lesbian/transgender subculture; although this is not part of racial/ethnic multiculturalism, it should be included at some point in the curriculum (and is often considered part of "multiculturalism" or "diversity" in a broader context).*
- *I've never felt malice from my counterparts or faculty. If there has been any doubt as to whether or not I belong in this program it has been self inflicted. During my first semester, I began to doubt my capabilities and wondered if I was accepted into the program simply to fulfill a quo that the graduate school might have set. Although that may be true, I made a grave mistake. I doubted myself. When you doubt yourself, people around you have no choice but to doubt you. I've learned that graduate school is simply a test of character. Without a strong sense of self and pride you will fail. If I were to dwell on the fact that I was one of two African –Americans in my program (first year to third year), I would not be able to focus on being a great audiologist.*
- *None*
- *I think multicultural issues are important but should not be emphasized. If emphasis is constantly placed on how to incorporate minority faculty and students in audiology programs as well as the patient populations, non minority students may become the minority because the emphasis will flip flop.*
- *Be sure to consider multicultural infusion concerning other sensory-able, disabled, and special needs communities.*
- *It has always surprised me that although 95% of my classmates are female and yet 80% of my professors were male? I wonder if there is an equal opportunity for woman in the work force, more that I see a racial concern. I have felt my professors and fellow students have reflected the races within the universities surrounding area as a whole. However, I do feel an applicant for a college should NOT have to place their race on their application because it could be given a bias. However, many programs require in-person interviews and therefore racial discrimination may still be in place. Multicultural education is important, but I feel a qualified educated teacher can explain differences as they pertain to Audiology without having to personally relating themselves to a minority group.*
- *I feel that multicultural issues are sometimes made a bigger deal than needed to be. I also feel that everyone needs to be aware of these issues in order to practice to the best of their ability.*
- *multiculturalism is important, and is a factor. we as future doctors need to have an awareness of cultural factors that effect what we do, as well as have access to pertinent*

cultural information as we need it as well. it should be addressed as part of the education process. but who the faculty members are and which students are chosen should not have race or ethnicity as a factor. our society needs the best individuals in the field, and future professionals should have the best instructors, all regardless of race or ethnicity. all races and cultures should be treated equally.

- *I believe there are important cultural groups that lay outside racial and ethnic boundaries. For instance, rural populations can be very culturally different from suburban and urban areas.*
- *While I think it is beneficial for students to have multicultural clinical experiences as part of the doctoral program, I think it is difficult to ensure those experiences. You cannot control or predict the patient population in a given clinical placement site that the student clinician would be working with.*
- *I agree that there is some value in knowing what helps and hinders Dr/Patient relations in an audiological setting. However, at the end of the day people are people. People like being treated with respect. You respect people and they will think well of you. It is not so much an issue of race, it is more an issue of manners and respect.*

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CURRICULUM VITA

Devlin K. Lighty
1809 Belle Haven Drive #104
Landover, MD 20785

Education

Doctor of Audiology (Au.D.); May 2012
Department of Audiology, Speech-Language Pathology, and Deaf Studies
Towson University

Bachelor of Science (B.S.) Communication Sciences and Disorders; May 2008
Department of Communication Sciences and Disorders
Howard University

Professional Positions

Graduate Off-Campus Clinician (Levels II, III, and IV); 05/2010 to present
Community Audiology Services
11120 New Hampshire Avenue Suite 504
Silver Spring, MD 20901

Graduate Off-Campus Clinician (Level I); 01/2010 to 05/2010
Baltimore City Public School System
500 East North Avenue
Baltimore, MD 21218

Graduate On-Campus Clinician (Levels I, II, & III); 01/2009 to 12/2009
Towson University Speech, Language & Hearing Center
8000 York Road
Towson, MD 21252