

FALL 2020

The quarterly magazine of CSHA

Convey™

Masking up in the medical setting

**COVID-19 MAGNIFIES
LONGSTANDING CHALLENGES**

**UNEQUAL
ACCESS**

**CSHA
TRAJECTORY**

IN A NO
TOUCH
WORLD

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**HANDS
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TAPS-4

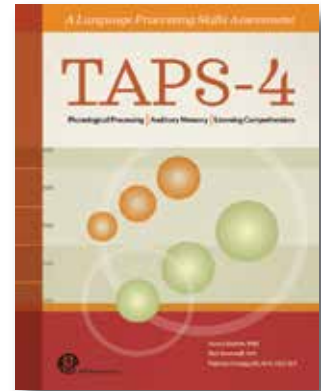
NEW
EDITION

Nancy Martin, PhD / Rick Brownell, MS / Patricia Hamaguchi, MA, CCC-SLP

A test of language processing skills

The TAPS-4 (2018) features new subtests along with revisions to subtests from the TAPS-3, fully updated norms, and an expanded age range (through 21 years). The TAPS-4 subtests were also reorganized into Index and Supplemental subtests, reducing testing burden and increasing flexibility in administration.

The TAPS-4 also features audio administration for the subtests in which proper pronunciation of speech sounds is critical, providing a greater degree of standardization and accuracy during the testing process.



Assess the areas that underlie effective listening and communication skills.

Phonological Processing

Word (Pair) Discrimination
Phonological Deletion
Phonological Blending
Syllabic Blending

Auditory Memory

Number Memory Forward
Word Memory
Sentence Memory
Number Memory Reversed

Listening Comprehension

Processing Oral Directions (without background noise)
Auditory Comprehension of Language
Auditory Figure-Ground (Processing Oral Directions with background noise)

MAPA-2

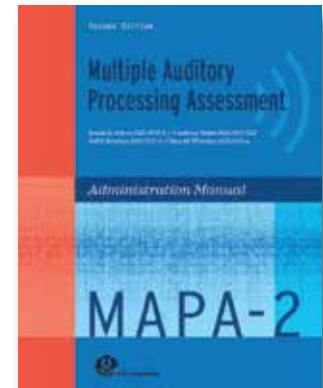
NEW
EDITION

Ronald L. Schow, PhD, CCC-A / J. Anthony Seikel, PhD, CCC-SLP
Jeff E. Brockett, EdD, CCC-A / Mary M. Whitaker, AuD, CCC-A

Identify children who have auditory processing disorders.

The Multiple Auditory Processing Assessment (MAPA-2) is an individually administered assessment for ages 7 through 14 that speech-language pathologists and audiologists can administer in just 35 to 45 minutes. It may be used as a screener to be followed by other behavioral or physiological tests or it may be used for a preliminary diagnosis in the auditory area. The test is administered via CD and can be used in a clinic setting or a sound booth.

The MAPA-2 also includes the Scale of Auditory Behaviors, a normed 12-item parent- or teacher-completed questionnaire of listening behaviors. Items on the SAB reflect behaviors reported in individuals with listening challenges and auditory processing difficulties.



Eight subtests in the three skill areas most recommended for APD assessment

Monaural

Monaural-Selective Auditory Attention Test
Speech in Noise for Children

Temporal

Tap Test
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Binaural

Dichotic Digits
Competing Sentences

Supplemental Subtests

Duration Pattern Test
Gap Detection Test



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Convey™

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The quarterly magazine of CSHA



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VISION

The vision of CSHA is a world where all people are empowered with the fundamental human right to engage and connect.

MISSION

As California's expert leaders in communication, cognition, hearing and swallowing, the mission of CSHA is to serve our profession, members, clients and community through evidence-based leadership in professional practice, strategic advocacy, thought leadership and inter-professional collaboration.

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Letters in response to content in this magazine are welcomed. All letters will be edited for length and AP Style. Please send your 200-word letter to csha@csha.org.



Much more than survival



RAQUEL NARAIN, CCC-SLP, BCBA
CSHA BOARD CHAIR

A FEW YEARS AGO, CSHA set out to imagine how to evolve and thrive as an organization struggling to keep pace in a world that was changing rapidly.

Building on decades of volunteerism, we knew we had to move toward a more diverse and inclusive structure to attract new and former members to CSHA. The future of our association and our ability to support the profession and the country depended on it.

Knowing that increasing diversity would drive creativity and innovation, while reducing confirmation bias mentalities much more effectively, the board embarked on a process that would enable us to do just that.

With just over a year into implementing changes, we have encountered numerous obstacles, requiring adjustments along the way. This is especially true in our current, surreal world.

But there is a silver lining! The work we've done has created opportunity!

As I stepped into the CSHA board chair role this year, I immediately went to work by reaching out to thought leaders in our field, sharing our efforts to elevate the voices of those who have historically felt marginalized by CSHA and eliciting their help to identify a diverse group of individuals who were not currently engaged with the association.

In doing so, I was connected with individuals who were interested in learning more about our work as well as sharing their experiences with CSHA. Call after call, I learned the reasons why they never joined or let their membership slide. As I discussed the work the association had done to increase diversity and inclusion, they were reengaged and eager to roll up their sleeves and help CSHA carry out its work.

And their engagement is what we have been striving to earn. The reality is that we need more members in order to amplify our stature and voice. We need the tent under which those members engage to be bigger, more respectful and more welcoming than ever.

That's what we're working toward. Not just survival, but growth and impact in our profession. ●



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A tale of two views

BRIAN LEWIS, MA, CAE
CSHA CEO

“

These excerpts likely represent just two of a wide variety of perspectives.

ON A RECENT MONDAY MORNING, I opened my CSHA email inbox and, among many other emails, I read two that aptly captured a divide in the views about where the organization is in this moment.

One, from a veteran member, read: *In the past, we had a role for students on our advisory committees, and our district held events two to three times a year to support engagement by students. Students had a voice and a reason to be involved (other than the scholarship). Student reps were working with our NSSLHA communities and university communities to help CSHA have a larger presence on campuses.*

The other, from a student, read: *I am so proud to be a part of such a strong, growing and excellent state association and I want to continue to be involved with CSHA to join in the journey of growing a strong association. In addition, I love the new CSHA Convos that launched and love all the promise CSHA provides for students and professionals alike.*

These excerpts likely represent just two of a wide variety of perspectives. That's to be expected. The opportunity and necessity for any association is to navigate disparate perspectives through a best-practices governance structure and empower the board to chart a direction.

For CSHA, those priorities were established by the board at its June 2020 virtual meeting after a strategic planning process truncated by COVID-19 and the cancellation of the annual convention in March. The board set the following as its two Priority Impacts: Fiscal Sustainability, and Diversity, Inclusion and Culture. Fiscally speaking, these are unnerving times.

CSHA has long operated in a very tight fiscal reality. This reality was exacerbated with the cancellation of the 2020 convention and the economic uncertainties in the COVID-19 era. CSHA's convention generates two-thirds of its annual revenues; resources that sustain the organization throughout the year. At its virtual June 2020 meeting, the CSHA board adopted a fiscal 2021 budget with a projected loss of some \$300,000. This projection is based on a broad array of unknown factors, given the pandemic. A second year of significant revenue loss (the 2021 convention question) will have devastating impacts. In an effort to remain operational, the board discussed at its June meeting the need to engage in a significant fundraising campaign. More on that will be coming to the community soon.

One of the things that has become clear, and which the board has discussed, is the gap in expectations among members and nonmembers alike between what CSHA “should” do and what it has the resources to do. It's also clear that CSHA is very frequently compared to ASHA in this regard, absent the awareness that CSHA's \$1.5 million annual budget pales in comparison to ASHA's \$62 million annual budget. This gap is a challenge on many fronts, not the least in the communications area as the organization attempts to manage expectations ... especially now.

We are living a tale of two – and more – views, with only one acceptable outcome: surviving and thriving. ●

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CSHA

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Community, promise and success

By Jordan Girola

WHAT IS CSHA? How would it impact me if I were involved in this professional organization as a student? What would this mean to me? These were the questions I deliberated three years ago when I first discovered CSHA during my undergraduate coursework at CSU, Sacramento.

The membership commitment, the dues and the application process appeared foreboding to me. I was already involved in the National Student Speech Language Hearing Association (NSSLHA). What was it about CSHA that would also appeal to me as a student? The answer to all these questions came quickly and easily as soon as I became a CSHA student member. What I know now – that I wish I knew three years ago – is the message I want to send to all students.

Involvement in speech, language and hearing organizations at a state level is the first and most rewarding aspect I got from CSHA. Having local networking opportunities as a student opened so many doors for me. This created a pathway to leadership in which I became involved as a student within CSHA at the district level.

I started attending district meetings as a student representative for District 2, and then attended board meetings where I had the pleasure of being welcomed into discussions at the executive level. Understanding that my voice matters as a student during CSHA meetings created a passion for advocacy within me. I felt comfortable being a

voice for students within these meetings and I felt welcomed and heard.

My leadership journey did not stop there. I continued my work with CSHA as a graduate student by accepting the position of CSHA Northern Student Representative.

I'm fortunate to have had experiences with CSHA at the district and state levels, and am proud to be actively contributing to a robust, growing association. I am now the president of NSSLHA and I understand from both the state and national levels the importance of involvement in state associations.

The amount of professional development opportunities, advocacy, leadership growth, networking and scholarships all helped lead to my success as a student. CSHA provided me with the tools and opportunities to become the compassionate, research-minded and leadership-driven student I am today.

Not only did CSHA witness my evolution and growth as a student and leader, I had the true pleasure of being a part of CSHA's own evolution. I witnessed CSHA's brand strategy, website, magazine and governance structure evolve and revolutionize. As CSHA continues to grow and change, its trajectory is headed in the right direction and I am happy to continue to be involved in CSHA every step of the way.

I look forward to carrying on, inspiring and encouraging other students to be leaders the way CSHA did for me. The questions I posed three years ago have come full circle

as I am now entering my last year of graduate school and I cannot help but feel an overwhelming sense of community, promise and success. ♥

Jordan Girola is former CSHA Northern Student Representative and a current member of the Board Connection Committee. She attends California State University, Chico, as a graduate student in communication sciences and disorders, and is an MS SLP candidate for the year 2021.

“
CSHA provided me with the tools and opportunities to become the compassionate, research-minded and leadership-driven student I am today.”



Linda Jacobs

Her belief in governance
inspires CSHA's board

By Chris Frisella

There are many ways to help people and build better communities, Linda Jacobs says.

You could be a teacher, like her brother, a doctor like her sister and younger son, a graphic designer like her older son, or an aunt like her older sister, and like so many members of CSHA, you could be a speech therapist.

"Everyone can do good," says Jacobs, who has served as chief executive officer of the Center for Volunteer & Nonprofit Leadership (CVNL) since 2002. The center supports nonprofit organizations of every size and mission with a range of services, including professional training, executive search, volunteer services, disaster response and customized consulting – including providing support to CSHA in the area of board governance and strategic planning.

It's an important mission, especially now – Jacobs says – as nonprofit organizations grapple with challenges from the COVID-19 pandemic and the recession.

For Jacobs, who has spent four decades working in the nonprofit sector, there's no place else she'd rather be, although these unprecedented times are quite difficult.

"My job at CVNL is very satisfying because I get to work with talented, inspiring people who are working in all different areas of the nonprofit sector," she says. "I like that I can be myself and use my years of experience to support others to be the best they can be."

Jacobs was born in Miami, Florida. In high school, she began learning about powerful women leaders who were advanc-



INQUIRE

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Change can be disruptive but is needed to stay relevant.

ing women's rights, about voting and civil rights, and about the U.S. war in Vietnam that was raging then. She marched in peaceful protests. At the University of South Florida in Tampa, she studied communications and women's studies and graduated with a bachelor's degree in art history.

"I was always interested in women's rights and issues, the arts and social justice," Jacobs says. "I wanted to be taken seriously and paid the same; I wanted to be given the same opportunities as men."

Those "hippie activist" years were formative, helping to set her on her life's path.

"I didn't know there was a nonprofit sector at the time, but somehow I found my place there based on the causes I was drawn to," she says. "I liked working on mission-driven causes and worked in the field of women's health and youth programs."

After college, she moved to California and became involved in her local chapter of the National Organization for Women, eventually becoming chapter president. Over the years, she ran a chamber of commerce. She owned an art gallery. And she worked at a variety of other nonprofits, too.

For Jacobs, the spirit of service that led her into the mission-oriented nonprofit sector is a personal value as well as a professional path. And it's a value she instilled in her two sons.

"When they were young, I used to bring them with me to volunteer, because even though I knew they would resist it at first, I wanted to ingrain in them that it is important to give back," Jacobs says.

After Hurricane Katrina in 2005, she learned that the synagogue she attended was organizing a volunteer mission to New Orleans for adults and their children. "I said, 'We should do this as a family,'" she says, and her boys embraced the idea. "They were like, 'Sure, let's do it!'"

Jacobs credits the experience with changing her sons' lives.

"It forced them to see that everything isn't like Marin County, California. "They talk about it to this day ... just coming back from the airport to our home – looking

at how beautiful it is and what we all have here compared to what the people there were living through."

That experience underscores a key message that Jacobs likes to share about volunteerism.

"I often tell people: You will get more out of volunteering than the organization gets from you," she says. "It is an act of strength, respect, compassion and empathy to help others in a time of need or to serve a cause bigger than yourself."

She's proud of the work CVNL does to help nonprofits, individuals and communities. And she sees the center's heightened focus on supporting nonprofits through the pandemic as an important part of that mission.

Jacobs has provided support on board governance to CSHA for about two years.

How did you find yourself leading a nonprofit that helps other nonprofits?

By chance and luck. I started in the development (fundraising) area, moving around every two to six years, building my experience and skills. I wanted to be an executive director/CEO, but no one would take a chance on me since I never held that title. Finally, I was given the opportunity. Years later, a former boss called and said she had my future worked out for me and shared the CVNL position opening. I said no at first, but then decided to interview for it as I loved the idea of having more than a single-focus mission. I can honestly say I have never had a boring day – actually, I would welcome one.

What about your work keeps you engaged?

The constant change. Being creative, innovative and staying relevant. Having a board that trusts me and a staff that is passionate about service and producing positive impact and results. Seeing the difference our staff, board and organization makes in service to the community. The connections made and the relationships built. I am truly and regularly moved to tears by the com-

mitment of nonprofit leaders and volunteers and the heart they bring to their work.

What can you tell us about the range of organizations you work with?

They range from start-ups to those that have been around over 100 years, from those with no paid staff to organizations with budgets over \$10 million, and from arts organizations to environmental to health care and everything in between. We serve agencies all over the Bay Area and beyond – some even out of state. CVNL has offices and staff in Solano, Napa, Sonoma and Marin counties.

How did you find your way to work with CSHA?

I was recommended by Michelle Mattingly, a former CSHA staff member who was the member of another statewide organization's board. I was working with them on a project and she evidently brought my name to CSHA. I was happy to help CSHA, as my sister is a speech therapist, as was my aunt. Michelle

went on to start her own business and I hear she's consulting with CSHA now on social media strategy, which is terrific.

What are some of the major challenges facing nonprofits today, and how are those challenges changing in a world struggling with a pandemic and confronting significant cultural change?

The challenges that nonprofits were facing prior to March 2020 have changed dramatically. COVID-19 is impacting nonprofits (and all businesses) in significant and challenging ways organizationally and personally.

In addition to affecting the organization and its staff and board, the current environment has had an impact on the communities being served, as well as on funders, donors and clients. Generally speaking, many nonprofits don't have ample or any reserves, so there is concern that some organizations may not be able to weather the storm.

Overall, we are hearing that need is up at a time that many organizations are facing significant capacity challenges.

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All boards need to be strategic and work on board development.”



Photo by Stuart Lirette

“
Many nonprofits don't have ample reserves, so some may not be able to weather the storm.”

Jacobs shared the following information with Convey in writing:

Some examples of those challenges include:

Fundraising/Financial sustainability

- Events are being canceled, resulting in significant revenue loss.
- It's hard to budget with so much uncertainty.
- There's a lack of unrestricted funding when nonprofits need operating support more than ever.
- Some donors are feeling pulled in many different directions and are unable to give as they normally would, and others have opened up restrictions to provide simple grant proposals/reports.
- Communication challenges: How do you break through the disaster “clutter” effectively, engage supporters, etc. If you are not an organization on the front lines, how do you convince the world your work is still critical and in need of support?

Service delivery disruptions/operations

- For direct service organizations, it is difficult to continue programming with limited contact to constituents.
- Shifting to online formats and upgrading technologies in order to operate in this “new normal” is a logistical and financial challenge for many.

Human resources and people

- Demands for services are increasing even as staffing has, in many cases, decreased.
- There are many HR issues to navigate, but some organizations don't have the expertise or capacity to address all the new laws and regulations.
- Managing increased stress and burnout, and anxiety creates strains.
- Working remotely poses challenges.

Planning and preparation for the future

- Organizations need to be nimble, fast, pivot.
- Some lack a continuity of operation plan, or an updated version that makes sense in a pandemic.
- Preparing for fire season creates further challenges, especially for organizations that work in sheltering and other disaster response roles. Figuring out how to respond to fire season while also protecting the community from COVID is huge.

What have you observed about CSHA as the board has worked with you over the last few years?

I see a board that has been through tremendous changes in structure, leadership, policies and culture, and is trying to adapt, learn best practices, rejuvenate and bring in new members who bring diversity and represent the association. They have taken on a lot of changes and want to learn how to be good stewards and represent their communities. Good board governance takes time and practice to learn the roles and responsibilities, and it takes teamwork, transparency, a commitment to the organization, and putting the mission and agenda of the association ahead of their personal interests. They are doing the right thing to take their role seriously (although fun is a key ingredient). Change can be disruptive and hard but is needed to stay relevant and current with the times. All boards need to be strategic and



work on board development – it is not a one and done – it is ongoing, and they are doing a great job.

How is CSHA unique from other associations you’ve worked with?

I would say that CSHA is lucky to have a high-energy, experienced, dedicated and passionate CEO. Brian’s priority is working with the board to make a strong future for the association. One thing that is different with CSHA is that all of the board members are service providers. This is a challenge as it is hard at times to separate personal and professional “hats.” Board members must be loyal and committed to the organization’s mission and strategy, and serve that without conflicts of interest and hidden personal agendas or bias. ●

Chris Frisella is a freelance writer and editor who has been gathering, polishing and telling stories for more than 30 years. His interests include education, language, child development, nature, cooking and sailing.

“
Board members must be loyal to the organization and serve without conflicts of interest and hidden personal agendas.



Linda Jacobs and members of the CVNL board of directors attend a fundraising event at the Luther Burbank Center of the Arts in Sonoma County.



MASKING UP IN THE MEDICAL SETTING

COVID-19
magnifies
longstanding
challenges

By Jennifer Snelling

Around the time that COVID-19 began spreading in California, speech-language pathologist Athena Alvarado, MA, CCC-SLP, saw a patient who was having trouble swallowing. Alvarado, who has worked at Dycora Transitional Health, a rehabilitation and long-term care facility in the Central Valley for the past eight years, ordered a fiberoptic endoscopic evaluation of swallowing (FEES) procedure to diagnose the problem. The study was approved, but before it could take place, the hospital stopped performing FEES due to COVID-19.

Six months later, the patient is still awaiting the diagnostic test. Alvarado is limited in her ability to treat because she can't diagnose the nature of the problem. Alvarado is not alone. FEES is an aerosol-generating procedure, and many hospitals have stopped performing the test as COVID continues to spread, leaving many SLPs without an essential diagnostic test.

This issue arises as many medical SLPs and audiologists are in high demand to work with COVID-19 patients, those who experienced oxygenation resulting in cognitive

impairment or those who need assistance weaning off a ventilator.

“A lot of COVID patients need our services. We are the profession that steps in to rehabilitate them and get them back home,” says Susana Rodriguez, MA, CCC-SLP with the Community Regional Medical Center in Fresno and CSHA District 5 Director. “COVID represents an opportunity for the general public to better understand SLPs in the medical setting.”

SLPs and audiologists at medical facilities all over California are being asked to hone their skills in real time around the latest research and assessment for speech, language, cognitive, swallowing and respiratory issues caused by COVID-19. The pandemic may also represent an opportunity for the profession to become better understood by colleagues and pull together in support of each other in their shared profession.

Medical SLPs and audiologists often chose the profession because of the benefits of working directly with patients. Whether in-home health care, hospitals, rehabilitation centers or skilled nursing facilities, the

SLP or audiologist can make a positive difference in the lives of their patients through treatment, training family members in care and collaborating with other medical professionals.

There are, however, some unique challenges for these SLPs and audiologists. Those challenges include a lack of professional development opportunities for the latest medical research, friction with co-workers who may not fully understand the role of an SLP or audiologist, ethical issues they may need to confront, and the burnout that can come from working in an overburdened medical system.

Continuing education

To be an SLP or audiologist in the medical setting requires a lifetime of learning. The research in the field is continually expanding, and it's essential to stay up to date on the latest in research-based practices. The California speech-language-audiology community has tended to focus on educational settings.

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“Many SLPs who are educated out of state say that California SLPs are not as prepared as those trained out of state,” says CSHA member Lisa Evangelista, CScD, CCC-SLP, BCS-S, director of speech pathology at UC Davis Center for Voice and Swallowing and member of CSHA’s Professional Practices Advisory Committee.

California SLPs are then left to stay current in their practice through continuing education units. Dysphagia is one subject where there is a lack of research-based continuing education. SLPs are often the only practitioner at a facility who understand dysphagia and how to treat it, making staying up to date on research vital.

Other topics that SLPs need to stay abreast of are FEES, modified barium swallow studies (MBSS), augmentative and alternative communication, voice therapy, brain injury, head and neck cancer, trach and vent care, clinical writing, NICU and pediatric care. Sometimes these courses are hard to come by in California, with much of the available continuing education credits (CEUs) geared toward SLPs in private practice or educational settings. Alvarado would like to see more CEUs offered near her home in the Central Valley or online.

Rodriguez agrees that courses on evidence-based practice and dysphagia management are vital. Other hot topics in the profession are neonatal feeding, cognition, post-stroke speech and language, diversity and inclusion, and mentorships for clinical fellows.

“I do want SLPs in California to know that the awareness is there,” says Rodriguez. “And CSHA is actively working on ways that medical SLPs can participate in the organization for advocacy, networking and continuing education.”

Collaboration

Medical SLPs and audiologists are part of a team of caregivers. Wendy Burton, MA, CCC-SLP, director of the Communications Disorders Department at Rancho Los Amigos

National Rehabilitation Center, says SLPs at Rancho have routine, frequent team meetings that can include physical therapists, nurses and psychologists.

This collaboration has many benefits for patients. When each team member understands the other members’ goals, they can work together to maximize the time they spend with the patient. For instance, while walking a patient back the room, the physical therapist can ask the patient to remember the route to take, working on cognition. Or the occupational therapist can incorporate communication activities into their physical activities with the patient.

Much like any workplace, politics can interfere with productive collaboration. “When there is excellent collaboration, you appreciate that,” says Burton. “It’s sad when there’s more competition and a lack of multiple respect for the value each discipline brings to the table. As you build your skills, listen to colleagues and ask a lot of questions, people will extend to you that same level of respect.”

SLPs and audiologists have a unique perspective on a patient’s health and vital knowledge to bring to a team of caregivers. By viewing that knowledge as part of a whole puzzle and offering it in a contributory rather than competitive way, the SLP can positively impact the patient’s quality of life. Time in the profession and the support of a professional network can help with this situation.

Avoiding burnout

Many SLPs work in home health care or a skilled nursing facility, which allows them to set their hours. This can be a big plus for anyone juggling multiple jobs or family responsibilities.

That flexibility can have a dark side. The facility may ask the SLP to see patients over the weekends or leave early if there isn’t a caseload to support full-time work, leading to irregular hours and irregular pay. Or 40 hours a week can be hard to come by. It

may mean working in multiple buildings for the same company or working two or three jobs a week.

Productivity or the amount of time per day that SLPs bill patients for treatment is another common issue SLPs face. Some facilities may ask SLPs to be up to 90% productive, meaning that the SLP can end up working overtime to meet that expectation. The productivity requirement implies that everything else the SLP has to do in a day, such as getting to and from the facility, finding the patient's room, writing up clinical notes, are on top of that productivity time.

"A high expectation of productivity time can run a therapist ragged," says Alvarado. "Just like any other job where you're told to work off the clock to produce at a higher rate, it causes burnout."

Medical ethics

Sometimes an overburdened and bureaucratic medical system asks SLPs to operate in ways that may seem counter to that objective. For instance, SLPs at skilled nursing facilities are sometimes asked to "build a caseload," which sometimes means seeing patients who don't have the potential to improve.

Or the SLP may be called in when a patient has difficulty swallowing, but they are not supported to find an underlying condition. For example, dysphagia could be from a variety of causes such as neurodegenerative disease, a respiratory disease, esophageal disease, an infection or cancer.

An SLP may also see a patient in a hospital or rehabilitation center who does not have a safe living situation. At Rancho Los Amigos, Burton sees patients who are homeless and have no place to go once they are technically independent to move out on their own. These patients may be ambulatory and sound fine to anyone who is not an SLP. Still, says Burton, these patients may have problem-solving and judgment issues that

will make it hard for the patient to care for themselves.

Arturo Villegas, AuD, CCC-A, is an audiologist at Rancho Los Amigos. He sees patients who are low income or are homeless and finds that they often don't return for recommended follow-up treatment. "Sometimes they don't have the ability to make those decisions for themselves due to their cognitive deficits," he says. "There's always an excuse. Even when we've done all the paperwork, it's all paid for, and all they have to do is show up."

There are times when a therapist needs to ask if they feel comfortable continuing to work with a patient who is not following their recommendation. Burton says a Bioethics Committee at Rancho can help SLPs and audiologists think through these issues. While the committee will not decide for the practitioner, they can provide a decision-making framework that helps navigate competing values.

"The Bioethics Committee can help the SLP be able to respect that different people



Susana Rodriguez, an SLP at Fresno's Community Regional Medical Center
Photo by Jeremy Fagundes

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A high
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ragged.”

“CSHA is actively working on ways that medical SLPs can participate in the organization for advocacy, networking and continuing education.”

have different values and are making a different choice than the therapist would want,” says Burton.

Anti-racism

The medical field has not been immune to our nation’s attempt to confront the realities of systemic racism. Alvarado points out that there is very little cultural training around racism or ethnicity in her graduate program, so she has been forced to learn on the job. Being culturally sensitive is just the beginning.

“Black patients receive our services with such a different starting point,” says Burton. “The social determinants of health mean that what we’re doing within the walls of the hospital is such a small part of what provides a healthy atmosphere. Housing and all the other issues that people of color have faced all their lives are all part of it.”

Minorities who come into the medical treatment environment are more aware than ever that they may not be getting the same level of treatment as white patients. As in other fields, speech pathology must become more intentional about recruiting a diverse workforce, adds Burton. A workforce that will reflect back and support the patient population through an understanding of the different life experiences they’ve had.

“That’s the way to build trust,” says Burton. “In times of crisis, there is an opportunity. Hopefully, we can seize on that.”

COVID-19

The pandemic is inescapable, no matter your profession, but SLPs and audiologists are also frontline workers. Their patients, even those who are not specifically COVID-19 patients, tend to cough, have a tracheotomy, or have speech issues that can produce aerosols, putting them at high risk. The PPE shortages that face frontline workers all over the country are also making the jobs of SLPs more difficult and dangerous.

“The PPE shortages affect our ability to do everything we need to do with our patients,” says Rodriguez. “If we don’t have the proper mask, we are at risk.”

In addition, there is a lack of reimbursement for practitioners doing dysphagia-based services via telehealth. For now, the facilities are having to eat the cost.

“When you have a swallowing issue with aspiration pneumonia, the fact that treatment is not reimbursable is concerning,” says Evangelista.

She adds that SLPs have had to rely on ENT professional organizations who have put out guidance on high-risk procedures, such as treating patients with open airways, and what type of PPE is recommended. Different medical facilities are following different protocols.

Like the pandemic, these issues are not likely to go away anytime soon. SLPs are helping with patients who are recovering from COVID-19. They see patients for swallowing, those who have had tracheotomies, and those needing assistance to wean off a ventilator. They work with patients in speech facilitation after such procedures, including initiating a one-way valve on a tracheotomy that allows them to swallow and speak.

Rodriguez says greater clarity about “the things we need to perform the procedures safely, such as N95, goggles or face shields, would be helpful.” Then adds, “Helping a patient to speak and swallow so they can express wants and needs with their actual voice is gratifying. It’s a good feeling to see them express themselves with their own voice.” ●

Jennifer Snelling is an independent journalist who writes about a variety of topics.

CSHA CONVOS



Join Us for Some Critical Conversations in the Community

CSHA Convos launched in August and run through December. This series of discussions are intended to be a safe place where some of the most-needed conversations can happen ... a place for insights, knowledge and awareness. CSHA hopes to elevate the unique and upcoming voices in the field, creating the opportunity for learning from the lived experiences of professionals who are navigating through these challenging times.

CSHA Convos are live events (they will not be recorded) and are available to the entire community at no charge.

These sessions were developed by a CSHA working group consisting of Raquel Narain, CSHA board chair; Anna Vagin, chair of the Content Advisory Committee; Amalia Hernandez, chair of the Board Diversity & Inclusion Committee; and CSHA member Katie Gore. The team has identified a robust series of participants.

Featuring panelists from across the CSHA community, each conversation will be lightly moderated and include audience Q&A for an interactive discussion. In addition, a CSHA representative will be present at each conversation to respond to audience questions and ensure feedback informs the association's ongoing continuous improvement agenda.

For more details, go to www.csha.org/practice-support/csha-convos.



UNEQUAL ACCESS

It's time to address disparities in access to speech-language pathology and audiology services

By Jennifer Fink

Black children are 45% to 60% less likely to receive speech-language services than otherwise similar white children at 2, 4 and 5 years of age, according to a 2016 study published in the *American Journal of Speech Language Pathology*.

Latino children who come from homes where a language other than English is spoken are also less likely to receive speech-language services.

Ninety-two percent of speech-language pathologists (SLPs) and 83% of audiologists are white. Most are middle- to upper-class females.

As professions firmly embedded in health care and education, speech-language pathology and audiology are not immune from systemic racism and economic discrimination. In the United States, Latinos are 2.5 times less likely to have health insurance than whites, and people with incomes below the poverty level (\$26,200 for a family of four) are four times more likely to lack health

coverage than those with incomes 400% or more above the poverty level, according to the Kaiser Family Foundation.

But disparities in access and outcomes persist even after controlling for socioeconomic status and health insurance status. Just as Black women are more likely to experience pre-term birth and maternal mortality than white women, Black and brown children of all socioeconomic levels are less likely than white children to receive appropriate access to speech-language or audiology services. After noting significant differences in access, the authors of the 2016 article in the *American Journal of Speech Language Pathology*, “Who Receives Speech-Language Services by 5 Years of Age in the United States?” conclude that “socio-economic factors do not themselves explain these racial/ethnic disparities.”

These differences are not new. “The sad thing is that we’ve been dancing around these issues of race and ethnicity, and health

“WE’VE BEEN DANCING AROUND THESE ISSUES OF RACE AND ETHNICITY, AND HEALTH DISPARITIES ACROSS RACES FOR YEARS.”

disparities across races for years. Before I was born,” says Shameka Stanford, Ph.D., CCC-SLP/L, associate professor in Communication Sciences and Disorders at Howard University.

Yet despite widespread awareness of the disproportionate demographics of speech-language pathology and audiology, little progress has been made over the past few decades. There’s widespread agreement that diversity, inclusion and cultural competency are valuable, but access to services and entry to the profession remain unequal.

Speech-language pathology and audiology: Built on a foundation of white research

Like so many other professions in the United States, the fields of speech-language pathology and audiology were not initially open to Black or brown people. In large part due to persistent, systemic racism and classism, research studies and clinical practices were developed by white professionals, using white, native-English speaking subjects and patients. The communication practices of white, middle- to upper-class Americans became the norm.

As a result, “most of our standardized tests are not normed on Black and brown children,” says Tailyr McAlpin, MS, CCC-SLP, CAS, a California native currently in private practice. Assessment tools like the CELF-5 and CASL-2 cannot accurately assess the speech and language abilities of many children; use of these tests can lead to over – or under – diagnosis, which may lead to provision of inappropriate services.

For instance, relatively recent research has found that children who are learning two languages are at risk of being misdiagnosed with developmental stuttering.

“All the formal measures we have to look at the presence and severity of stuttering in kids are based on monolingual English-speaking kids, so these tools are not necessarily applicable to culturally and linguistically diverse children like bilingual kids who

are then over-identified as children who stutter,” says Kia Johnson, Ph.D., CCC-SLP, chair of the board of directors of the National Black Association for Speech-Language and Hearing.

Similarly, children who speak more than one dialect of English may be over-identified as requiring speech-language services. “Many of the studies that were done previously did not account for dialect differences,” Johnson says. As a result, some children who need services may not get help, and others who are developing normally may receive service inappropriately. A child learning two languages, for instance, may display speech disfluencies due to language learning and need language-learning support rather than support for stuttering.

To date, though, “the children included in research studies don’t always represent the racial and cultural diversity that you actually see in different communities in the U.S.,” Johnson says. Research populations still predominantly consist of children of both extremes of socioeconomic status. For example, children of university faculty or staff and children who can’t access services elsewhere. There’s a great need for culturally representative and sensitive research across the spectrum, but significant barriers remain.

“There’s a long history of Black individuals being misused in research,” Johnson says, noting that the Tuskegee syphilis study conducted between 1932 and 1972 by the United States Public Health Service deliberately withheld adequate treatment from poor Black men. Similarly, many obstetric/gynecologic surgeries were first conducted on enslaved Black women, without anesthesia.

Enrolling representative populations will require careful, deliberate outreach to traditionally underserved and exploited communities. “We have to make a greater effort to establish rapport and help individuals understand the benefit of their participation in research studies for generalizability, so our research samples can be a better

representation of what SLPs actually see in practice,” Johnson says.

Meanwhile, clinical practice continues to evolve. Increasingly, practitioners are aware that a dialect is not a disorder, yet unconscious bias persists. “We have to think about the subtle ways Black kids who come to therapy are made to feel they’re ‘not doing it right,’” says CSHA member Katie Gore, CCC-SLP, founder of speech IRL. “We as a field have to wrestle with the really subtle, covert ways that we have made communication a white person’s activity.”

CSHA member Maret Wilson Walker, MA, CCC-SLP, clinical supervisor at The Speech Pathology Group in San Francisco, agrees. “There’s absolutely a kind of linguistic supremacy going on within education and more broadly,” she says. “Speech-language pathology has been evolving from helping people communicate in the right way to helping people communicate effectively, but that shift has not completely come to fruition because we, as a society, don’t have a clear picture of that.”

Disparate access to care

Although early childhood services and public education (including special education services) are available to every child in the United States, some families are more readily able to access care. According to the National Institute on Deafness and Other Communication Disorders, only a bit more than half (55.2%) of U.S. children with a voice, speech, language or swallowing disorder received intervention services within the past year. White children ages 3-17 are more likely to have received services than Hispanic or Black children, at 60.1%, 47.3% and 45.8% respectively.

Unequal geographic distribution of services may be a contributing factor. Gore practices in Chicago, which she calls “a hyper-segregated city,” and notes that most speech-language clinics in the city cluster in two high-income, predominantly white neighborhoods.

“Just as there are food deserts, there are swathes of the city that have healthcare and communication access deserts,” Gore says. Families who lack transportation may be unable to access care.

Lack of appropriate translation and interpretation services are barriers to care. “Although there are laws that say parents should receive information in their native language, there are shortfalls,” Walker says, noting that many school districts lack the funding to provide interpreters.

Additionally, some communities are more aware of speech-language pathology and audiology. Most residents of an upper-middle class white community know that speech therapy can help children with language delays, largely because many of those residents personally know someone who is an SLP or someone who has received services. Communities of color typically do not have as much personal experience with speech-language pathology or audiology. As a result, white parents may be more likely to directly request a referral to an SLP.

Toward more equitable access

All SLPs and audiologists have a role to play in ensuring equitable access to care. Here are three steps you can take now:

1. Use culturally sensitive assessment methods.

“For many students, we’re not able to generate any kind of meaningful norm-referenced test score” using standardized tests, Walker says. “There are better and evidence-based ways to assess students appropriately and fairly, and honor their cultural and linguistic background.”

Unfortunately, many SLPs face external pressure to use standardized tests, even though dynamic assessment and language sampling are both more effective measures to accurately assess the needs of many students. SLPs must be prepared to educate administrators, colleagues and attorneys about the problems with standardized test-

“WE HAVE TO THINK ABOUT THE SUBTLE WAYS BLACK KIDS WHO COME TO THERAPY ARE MADE TO FEEL THEY’RE ‘NOT DOING IT RIGHT.’”

“WE NEED TO TOTALLY UPEND THE STATUS QUO BECAUSE IT’S BEEN HARMING PEOPLE FOR A LONG TIME.”

ing and must advocate for the best interests of the child and family.

2. Connect with underserved communities.

“Some cultures are just not as familiar with our profession, and some, culturally, have other traditional or nontraditional ways, depending on how you look at it, of dealing with communication disorders,” Johnson says. Individual SLPs and audiologists, as well as professional organizations, must make a concerted effort to connect with underserved communities. Early intervention and school-based SLPs should take the time to educate families about available services and ensure that information is available in family’s native language.

Individuals and organizations should also consider volunteering in underserved communities. Local schools are almost always interested in bringing professionals in for career days. Professional organizations can and should put financial support behind these efforts, Gore says.

“Up until now, community outreach and career days have always been based on what’s convenient, but that’s often what perpetuates the lack of equity we have in this world,” she says. “If we are serious about equity, we need to financially support that, and that means using organizational dollars to fund outreach activities and create scholarships.”

3. Pursue cultural competence.

ASHA Standards require consideration of linguistic and cultural correlates, but education regarding cultural competency varies greatly. “At Howard University, we have a semester-long class on cultural diversity and social linguistics,” Stanford says. Many colleges do not.

If you didn’t learn much about inherent bias, racism within healthcare and education, or culturally appropriate assessments in college, learn now. “It is your duty to seek that knowledge,” Stanford says. “SLPs and audiologists have to take ownership

of the part they play in the lack of cultural competency.”

SLP Private Practice in Color offered a four-part webinar on cultural humility earlier this year; the series is still available on their website (slpprivatepic.com).

“For this field to really change, the people who are comfortable in this field need to be willing to get really, really uncomfortable,” Gore says. “We need to totally upend the status quo because it’s been harming people for a long time.” ●

Jennifer L.W. Fink is a freelance writer who frequently writes about health education and parenting. Jennifer is the creator of BuildingBoys.net and co-host of the podcast ON BOYS: Real Talk About Parenting, Teaching & Reaching Tomorrow's Men.



INCREASING DIVERSITY IN THE PROFESSION

Tailyr McAlpin didn't plan to become a speech-language pathologist.

She wanted to help others and work with children, so she started college as a pre-med major, intending to one day work as a physician; at that point in her life, she didn't even know that speech-language pathology was a career. After struggling with chemistry, though, she realized medicine might not be her best choice.

"I was looking into other avenues when someone spoke to one of my classes about speech pathology. I'd never heard of it, but if you had speech pathology major and a Spanish minor, you could get into this program where they'd pay for your last two years of school. I was already a Spanish minor, so I thought, let me see what speech pathology is," says McAlpin, MS, CCC-SLP, CAS. "I fell in love with it."

She received her bachelor's degree from Xavier University in 2012, and completed her master's degree in 2015. McAlpin is now the owner of Tailored Speech Therapy Services LLC and an administrator of SLP Private Practice in Color.

Deliberate outreach, elimination of barriers and personal and institutional support are necessary to increase the diversity of speech-language pathology and audiology.

"Even though this is a promising field with long-term job security, many students of color still come into colleges not knowing about the professions or major - and when they do discover it, it may be when it's too late to change their major without adding years to their academic studies, or their GPA may not be competitive enough to get into a graduate program," says Kia Johnson, Ph.D., CCC-SLP, chair of the board of directors of the National Black Association for Speech-Language and Hearing (NBASLH).

To increase awareness, NBASLH members visit local predominantly Black high schools in the city in which their annual NBASLH convention is being held. More outreach is necessary. "I would love for state associations, NSSLHA

chapter, university programs, SLPs and audiologists to identify culturally and linguistically diverse communities in their areas that would benefit from more knowledge about our profession and plan some targeted outreach and advertising campaigns," Johnson says.

Basing graduate school admissions on Graduate Record Examinations (GRE) scores and GPAs contributes to a continued lack of diversity in the profession. "There's a long history of research supporting the notion of cultural bias that comes with standardized testing like the GRE," Johnson says.

Adopting a more holistic approach to admissions "would address some of the racial and ethnic disparities we see in the profession," says Shameka Stanford, Ph.D., CCC-SLP/L, associate professor in Communication Sciences and Disorders at Howard University.

Mentorship is essential for students (and professionals) from underrepresented backgrounds. "Unless you go to a historically Black college or university, you are usually one of the very few, if not only, student of color in your classes and, in some cases, within the entire program," Johnson says. "You rarely see a professor who looks like you and there is a sense of feeling alone and ostracized." Students of color also continue to be subjected to microaggressions from faculty, staff and peers.

NBASLH's Power to Empower Mentorship program connects seasoned professionals with students and early career professionals. Additional mentorship and support are necessary at all levels and cannot come solely from the few professionals of color already in the field.

"The solution lies with the individuals who are not of color," Johnson says, "Once white professionals recognize and accept that the issue of systemic racism exists within our profession, that's when we'll see long-term change happening. With each passing day and conversation, I am hopeful that we are approaching that point."

2024

2022

2021

2020





CSHA trajectory

A GIANT STEP TOWARD NONPROFIT BEST PRACTICES

By **María Ortiz-Briones**

“To improve is to change,” said Winston Churchill, and “to be perfect is to change often.”

So it is with the California Speech Language Hearing Association. At a time of accelerating world change, the association has taken giant steps toward embracing evidence-based nonprofit best practices in order to empower a sustainable and impactful future.

From finance and governance, to advocacy and brand strategy, to diversity and inclusion, the association has worked in earnest to strengthen every part of its operation in service to the field.

“The first step was to take a hard look at governance,” says CSHA Board Chair Raquel Narain, CCC-SLP, BCBA. “Just like our profession is evidence-based, so is the nonprofit profession. And to be honest, CSHA hadn’t kept up with best practices,” she adds. “That has meant updating our governance documents and bringing in thought leaders from

the nonprofit sector to educate the board about governance.”

In a piece entitled, *The Formula for Effective Governance Boils Down to Six Essential Ingredients*,” BoardSource says that because “effective governance takes time, flexibility, intention and attention ... few organizations apply it consistently or thoroughly,” but adds, “...it makes all the difference in the world to the nonprofit organization and to the community it serves.” Founded in 1988, the mission of BoardSource is “to inspire and support excellence in nonprofit governance and board and staff leadership.”

The CSHA board understood that responsibility and in 2018 created a Governance Documents Task Force to guide the drafting of new bylaws and board governing policies. The board also engaged Linda Jacobs, CEO of the Center for Volunteer and Nonprofit Leadership (CVNL) in the Bay Area. Jacobs has worked with the board on

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To be at the
forefront of all
these changes
is a great honor.”

governance practices, in-person and virtually, a number of times.

In January 2019, the CSHA board adopted the new bylaws and board governing policies to take effect July 1, 2020, assuming the bylaws were approved by voting members. In spring 2019, CSHA's voting members approved the bylaws by a vote of 351-17.

There were many layers to the updates, all working toward creating an open organization that welcomed a diverse group of professionals to membership and leadership, says Narain, who prior to becoming board chair served as the chair of the Board Diversity and Inclusion Committee. Narain explains that the board knew in order to attract new members, to create opportunities for those who weren't already engaged with CSHA, that clearly established term limits for board and committee seats had to be a part of the solution.

“There wasn't a way for people to get involved in our association,” she says. “For far too long, there was this culture within CSHA where individuals have held on to seats at the table for years, creating a barrier for others to get involved. As a result, CSHA became homogeneous, perpetuating the idea of being cliquey and elitist.”

NONPROFIT BEST PRACTICES

Former CSHA Board Chair Beryl Fogel, MA, CCC-SLP, who served as chair during much of the governance change work, says, “The CSHA board has moved from being an operational board to a strategic board,” ensuring board members' time is focused on the macro issues of where the organization should go, not on operational details.

The board's job now, she says, is clear: “Engage and listen to a greater diversity of our professional colleagues, chart and stay on strategy, and focus only on the best interests of CSHA when we make decisions at that table.”

That means, Fogel says, not being influenced by the priorities of one's employer

or other organizations. “As a member of any corporation board, for profit or nonprofit, you have one legal loyalty,” she says, “and that's to the organization of the board you're making decisions for. In our case, CSHA.”

Like most leaders at the helm during times of change, Fogel says she's had her share of both supporters and detractors. And while she says she values all input, the need for change was undeniable. “CSHA had come a long way over the years,” she says, “but we had to make organizational and cultural changes to create a long-term future.”

“Today we have a professional staff,” she says. “Though, unfortunately because of COVID and everything that is going on, our staff is smaller. But the staff now does the majority of the operational work of the organization, as it should be,” she adds, saying that volunteers continue to drive priorities, policies and strategies as members of committees and the board of directors.

“We have changed the way that people who sit at the board table work. We've supported board members to change the way they think so it aligns with best practices for nonprofits,” Fogel says. “We understand and follow the rules for nonprofits.”

“Of course, in order to do that and in order to be relevant and responsive to the needs of the community,” Fogel says, “we have to make sure we are looking at the needs of the greater community of California professionals and that is a great, huge community. At the same time, we have to focus our limited resources on the most important needs that can actually be achieved or at least moved forward.”

BRAND STRATEGY TASK FORCE

Beyond committee service, several task forces have been engaged in the last two years. Every effort has been made by CSHA to include students and the voices of varied members and nonmembers. This effort at inclusion in these conversations and work was and is key when addressing critical

strategic work before the board using input from the field.

This includes the Brand Strategy Task Force Workshop held in October 2018. A broad swath of the CSHA community was involved in that process, from veteran members, to those new to leadership in the association, to students, nonmembers and consumers.

From that workshop, the association developed a new brand position, with a clear understanding of what sets the association apart from other organizations. That included a greater awareness of CSHA's legitimate strengths, niche and opportunities for growth. That resulted in the board adopting new vision and mission statements in early 2019. Later, the Brand Property Task Force guided the development of a new logo and related physical brand properties, including colors.

As in all organizations, nonprofit or for-profit, this clarity of brand position informs key strategic decisions about priorities, programs and messaging through a variety of print and digital communications platforms.

From that work, the association embarked on a total reconstruction of its website and integration of a new association management system (AMS).

DIVERSITY AND INCLUSION

At its September 2019 meeting, the CSHA board engaged in a two-part working session with diversity and inclusion experts who work with a variety of organizations around the world. This work has inspired an ongoing conversation about how the association can improve its efforts.

As the association discussed its policies and direction, Narain says the board knew that diversity and inclusion had to be a cornerstone of the organization in order for it to thrive and reach its full potential.

"Diversity and inclusion can't be just an add-on to our work. When we talk about be-

coming more diverse and inclusive, it doesn't mean just having a few token individuals from minority groups in leadership roles. It means making a conscious effort to create safe spaces to foster engagement in all facets within CSHA," she says, emphasizing that this will require a behavioral and cultural change within the association.

Narain says, "In order for CSHA to truly become inclusive, we have to take ownership of our own unconscious biases. We can't pretend that it doesn't exist." She adds: "We can no longer avoid having the tough discussions about why we make the decisions we do as an organization, who is benefiting from the organization's work and who is being hurt by the decisions that are being made."

It is important, says Amalia Hernández, Ed.D., CCC-SLP, chair of the Diversity and Inclusion Committee, "to look at our membership and be critical of who are and are not members, and who is feeling excluded," adding that some CSHA members felt they didn't have a voice in CSHA. "How do we bring them into the organization? How do we make their voices heard?"

Hernández, a bilingual speech-language pathologist who has been a member of CSHA since graduate school, is excited about CSHA's Convos series this fall. These conversations are a "welcome change" and an important step in including diverse voices in the field.

"Being mindful of creating inclusive spaces and who we're asking to come into the organization has been a big shift," says Hernández, who has wanted to be part of the Diversity and Inclusion Committee for a very long time.

"I actually applied to be on the diversity committee for a number of years before I was selected," Hernández says, adding that it is an honor to be part of the committee now, especially at this time.

In the fall of 2019, members of the Diversity and Inclusion Committee were able to engage with the board at their meeting when they were looking at diversity and in-

clusion, and launching the work on the new strategic plan.

"To be at the forefront of all these changes now is humbling and very special to me," says Hernández, who graduated from California State University, Northridge, in 2011.

STRATEGIC PLANNING

The board established a Strategic Planning Task Force and launched its 2019-20 strategic planning work at its September 2019 meeting. The board heard from a strategic planning consultant and plans were made to engage the task force in the creation of the qualitative and quantitative data collection.

A survey that included both members and nonmembers was completed and the task force made phone calls to gather additional information. That data was analyzed by the consultant and presented to the board at its January 2019 meeting. There was to have been additional opportunity for qualitative data collection at the canceled CSHA 2020 conference.

At its June 20, 2020, virtual meeting, recognizing the need to truncate the strategic planning process underway and establish critical priorities, the board adopted two Priority Impacts (also known as strategic outcomes) for the association in the foreseeable future: Fiscal Sustainability and Diversity, Inclusion and Culture. These two priorities reflect the board's focus on listening to feedback from the field, analyzing all available data and, in essence, engaging in what Facebook's Sheryl Sandberg calls "ruthless prioritization."

According to Sandberg, "Sometimes people think of prioritization as only doing things that will have a positive impact on your business. But ruthless prioritization means only focusing on the very best ideas. It means figuring out the 10 things on your list and, if you can't do all 10, doing the top two really well. Ruthlessly prioritizing can

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get hard because you’re always trying to do more, but it’s one of the best and most important ways to stay focused.”

STRENGTHENING ADVOCACY EFFORTS

The CSHA board in 2019 adopted its first-ever Advocacy Platform that identifies its policy and legislative priorities. An important and standard document of associations like CSHA, the document had been crafted by the Advocacy Platform Task Force and presented to the board. The platform is available on the advocacy page on the CSHA website.

With a new consultant, Laura Preston, CSHA’s efforts to inform statewide policy and fiscal issues have increased in their presence, connectivity and impact.

“CSHA is really good at advocating,” Hernández says, adding that CSHA is at the forefront in advocating for the profession and consumers.

Plans for increased functionality for phase two of the new website include a robust advocacy network for members to opt into and engage more actively and efficiently in advocacy. Inevitably delayed by the current fiscal crisis, this work remains on the long list of ways the organization seeks to continue to increase member value and impact.

FINANCE

Fogel says CSHA members and leaders have to keep in mind that finances are where the rubber hits the road in keeping the doors open. Even before the current financial crisis, Fogel says, “There were times when things had to be cut.”

One of the things realized in mid-2018 was that CSHA hadn’t increased its convention registration fees or membership dues in seven years. This was a compounded revenue loss to CSHA of hundreds of thousands of dollars over the course of those years, especially as costs to deliver association

conventions and member services steadily increased.

CSHA’s pre-existing fiscal tightrope has only been exacerbated by the cancellation of CSHA’s 2020 convention and the economic uncertainties in the COVID era. CSHA’s convention has historically generated two-thirds of the association’s annual revenue, dollars that keep the organization going throughout the year.

The result is an association facing a precarious fiscal reality.

At its virtual June 2020 meeting, the board adopted a fiscal 2021 budget with a year-end projected loss of some \$300,000. This projection was based on a broad array of unknown factors, given the pandemic. A second year of significant revenue loss (the 2021 convention issue) will have devastating impacts. In an effort to remain operational, the board discussed at its June meeting the need to engage in a significant fundraising campaign in order to sustain the organization over the next two years.

One of the things that has become clear, Narain says, and which the board has discussed, is the gap in expectations between what CSHA “should” do and what it has the resources to do. “CSHA is often compared to ASHA,” Narain says, “which is unrealistic, given our \$1.5 million annual budget and ASHA’s \$62 million annual budget.” This gap in understanding, she adds, is a challenge in terms of what the community expects CSHA to be able to accomplish.

CHANGES CAN BE HARD

While change is needed to move forward as an organization, change itself can be a challenge of its own.

“It’s been hard for some of our members to accept the changes that we’ve been making in the organization,” Fogel says. “It’s been hard for some to really grasp what best practices are for our organization,” Fogel says, adding that it has been five to six years since they started this journey of

change in an organization that is over 50 years old.

“Those of us who have been on the board through this period of time,” Fogel says, “those of us who have been involved in this evolution, we have done a lot of reading and studying. Some of us have actually been to courses, have had discussions, and have listened to presentations to the board, all of which helped train us on how nonprofit boards are supposed to work.”

Fogel explains that it is important “for the board and all association members to understand the appropriate governance role of the board, as well as the role of a professional nonprofit staff in operationalizing the board’s priorities. But throughout the process, it is imperative that we all work together.

“An organization like ours can’t move forward without an experienced staff,” Fogel adds. “That’s an important point, which is understood by a knowledgeable board.”

MOVING FORWARD FROM HERE

“In order for us to continue to be a viable and sustainable organization, and for us to continue to be able to work and support our vision, we have to increase our membership. There’s just no way around it,” Narain says. Currently, CSHA’s membership is around 3,000, Narain explains, adding this is a very small number when one considers the number of professionals and students in the field in California. “This is especially critical when we are advocating for our profession. A larger membership gives us a louder voice. The louder our voice, the bigger the impact we can have when advocating for our profession and consumers.”

Adds Hernández, “I think moving forward, what is critically important is to be transparent; being able to say we haven’t done a really good job of listening to the people who had felt excluded, and let’s give them a space to share their experiences.”

National statistics show that approximately 92% of clinicians in the field identify as white, monolingual and female, Hernández says, adding that there is work to be done to create a diverse pipeline of students into the field, into CSHA as an organization, and advocate for them as they go from student to professional.

Narain says the association knows that it needs to bring in people of all different backgrounds and demographics and is working diligently to do just that. “Representation matters,” she says. “It’s important that individuals see themselves in all aspects of society, but especially in their professional association. This is why we have made a conscious effort to connect with those who have historically been underrepresented in CSHA. It’s imperative that individuals don’t walk away from our association due to lack of representation or lack of opportunities for involvement,” Narain says.

Narain says the two new strategic planning priorities are the challenging truths about the future of the association. “Having to cancel the convention was a huge financial hit,” Narain says, adding that it is still uncertain what the future holds in terms of revenue generation and CSHA’s survivability.

“We are trying to plan as best as we can, but keeping in mind that things are going to change. We are doing our best to make data-driven decisions.

“None of us ever thought we would have to lead an association during a pandemic, yet here we are, navigating uncharted waters,” Narain says, adding that the learning curve has been steep, to say the least.

“There’s no question that the last few years have been challenging, only to have been compounded by world events in the last several months, but that hasn’t deterred CSHA from its mission,” says Narain. “It’s more important than ever that we create a solid foundation to support CSHA’s growth and work toward fiscal stability so we can continue to be thought leaders in our field and empower future generations through our association.” ●

“

We have to give them a voice so others can understand where they are coming from.

Maria Ortiz-Briones has been a journalist for more than a decade, working in the Central Valley. She has received numerous journalism fellowships, has won journalism awards from the National Association of Hispanic Publications (NAHP), has been recognized by local organizations in the Valley, and has been a speaker and presenter at journalism conferences on the topic of covering the Latino community.



Balford “Phil” McAlpin

Former member rejoins after seeing CSHA’s progress on diversity

By Vicky Boyd

Balford “Phil” McAlpin’s first exposure to speech pathology was when his older sister was in the hospital with multiple sclerosis and a speech pathologist conducted a swallowing evaluation with her.

“I didn’t know the field existed when I was in high school until my sister was going through it,” says McAlpin, MS, CCC-SLP, and CSHA member. “I told my cousin who was studying to become an SLP about it, and she told me about the field of study. So, I became interested after seeing that.”

Before his sister, Janet Hunter, passed away, she made McAlpin promise he would “make something of my life.”

As a speech-language pathologist pursuing a doctorate in SLP from Northwestern University with a focus on diversity and inclusion, McAlpin says he is following her wishes. “She was my sister and my best friend,” he says.

And it’s his studies of diversity and inclusion, which include a certificate on the subject from Cornell University, that brought him back to CSHA. Although he had belonged

to the association at one time, he had let his membership expire.

CSHA’s efforts to address diversity and inclusion within the organization and the profession, including the CSHA board’s September 2019 workshop, prompted McAlpin to rejoin.

“When Raquel (Narain, CSHA board chair) contacted me, we were talking about diversity and inclusion in our field, and we felt there were diversity problems,” he says. “I didn’t see a lot of action in terms of diversity. But when I learned about what CSHA is doing, it made me want to become a member again and do anything I can to bring about change.”

McAlpin was recently named to CSHA’s Diversity and Inclusion Committee.

The only Black student in his master’s SLP graduating class at California State University, East Bay, McAlpin has experienced firsthand the lack of diversity and inclusion in the profession.

In his doctoral program at Northwestern, he is the only Black man in his class, though

there also is a Black woman. A year behind him is a Black man and a Black woman.

At the urging of his mentor and fellow Black SLP doctoral student, McAlpin joined the National Black Association for Speech-Language and Hearing. He also is learning about SLPs of Color, a nonprofit online community that advocates for diversity within the field to better serve communities.

“I think representation is important,” he says. “I was the only Black person to graduate from my graduate school program. Being the only one brings about its own challenges. Up until I started my doctoral program, I had never met another Black male speech pathologist. I was starting to think I was the only one in the field.”

McAlpin had met other Black female SLPs before, his cousin being one of them.

As he delves deeper into the subject during his clinical studies, McAlpin says he hopes to avoid pigeonholing diversity and inclusion within any specific community.

Instead, “I’m focusing on diversity of everything,” he says. “I don’t want there to

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When I learned about what CSHA is doing, it made me want to become a member again and do anything I can to bring about change.”

be a limit on diversity, and I think that's a problem in our society. We need to focus on people and have a diverse society and the members of that diverse society and having diversity within different organizations.”

For the past 11½ years, McAlpin has been a speech-language pathologist at various elementary school sites, including in Vacaville and Elk Grove.

Having also worked at a high school, he says he prefers engaging students as young as possible to address speech and language disorders. By starting early, McAlpin says, he also hopes to remove obstacles to learning and social interaction with classmates and teachers before students progress too far through school.

“When you have a communications disorder, it shouldn't be a barrier, and unfortunately, it is a barrier and it can cause issues down the road,” McAlpin says. “Kids are smart. They are very aware of what they can and can't do. They experience the teasing. They experience adults getting frustrated because they can't understand what they are saying.”

“The older they are, the more difficult they are to remediate. By the time they get to high school, they have been in speech their whole lives, and it's really difficult to get them to work on their speech and language disorder.”

One of the challenges McAlpin encounters is that parents need to reinforce the speech and language teachings by practicing with their children at home. Often, that can be difficult – if not nearly impossible – as many parents are juggling two and even three jobs. The coronavirus pandemic has magnified the hurdles as McAlpin works with students remotely, delivering the best services he can with technology.

“I can never stress enough the parental involvement,” he says. “We're adopting a model that uses a lot of parental training. I feel it's now more important than ever for that carryover of skills and that a lot of the online distance learning gives the parents the tools they need.”

“You need that reinforcement or the students will go back to their old habits. That's where our compassion and empathy come into play. We're going to have to understand parents can't do it all. We are trained professionals, and we're going to do the best we can under the circumstances. Once we're back face to face, we will address the issues we weren't able to.”

With the challenges also come the rewards of working with younger students, McAlpin says.

“There's nothing like seeing the expression on a child's face when they are able to do something that they couldn't before – it's absolutely amazing,” he says. “One kid was getting teased because of his articulation skills. Seeing him one day in therapy and all of a sudden he could do K words when he couldn't do K words before – it's rewarding.” ●

Vicky Boyd has spent more than three decades writing for newspapers, magazines and more recently, online publications and websites. An award-winning journalist, she has covered diverse topics ranging from food safety and agriculture to the outdoor clothing and gear industry.





Diversity and inclusion: This is the moment

By Amalia Hernández,
Ed.D., CCC-SLP

I AM A WHITE, first-generation Mexican American, third-generation Polish American, English- and Spanish-speaking, cisgender, heterosexual, able-bodied, middle-class female. I recognize the privilege I have in that the majority of my identities match with the predominant identities of our speech-language pathologists and audiologists.

I struggle daily to check my own privilege while continuing to work toward helping to create more inclusivity in our field. Within our profession, we are at a significant crossroad, especially in the state of California. With the coronavirus pandemic and the call to examine systematic racism following the murder of George Floyd, we need to take a hard look at ourselves and the systems in which we operate.

We are called to be culturally competent clinicians, while perpetuating color-evasiveness in our practices. We have sprinkled cultural competency through our coursework in graduate school, at conventions and in CEU offerings, but as a profession, we have not delved into dismantling the institutionalized racism and oppression under which we continually function.

We have continued to over-identify Black and brown students for special education services due to our own implicit biases. We deny access to voice services for transgender clients who, once denied services, have a difficult time finding alternative services. Our graduate training programs continue

to lack the diversity, in both faculty and students, that is representative of the overall population. As of July 2020, only three out of 14 departments of communication disorders and sciences at California universities had an anti-racist statement posted on their website based on information gathered from SLPs of Color.

In the 2020 adoption of Diversity, Inclusion and Culture as one of two Priority Impacts in its strategic plan, the CSHA Board of Directors has centralized the need for representation in our profession and continued commitment to developing cultural humility and redressing power imbalances in our clinical relationships. CSHA has committed itself to remaining engaged in the hard conversations and including folks who have previously been excluded from spaces of leadership and advocacy.

CSHA's prioritization of creating diversity and inclusive practices will open the door to creating equitable changes within our field in California. We can help to create and sustain a pipeline to bring students into the field from diverse backgrounds, especially Black, Indigenous and people of color. We can advocate for better quality of care for our diverse consumers, including those within the LGBTQ+ community. We can provide anti-racist training to help combat our implicit biases in our practice.

I am so very grateful to be a part of this work and look forward to helping to create

access and inclusivity for our professionals and consumers in speech-language pathology and audiology.

This is the moment we have worked for. Now the real work begins. ●

Amalia Hernández, Ed.D., CCC-SLP, is chair of the CSHA Board Diversity & Inclusion Committee.

“
We can help to create and sustain a pipeline to bring students into the field from diverse backgrounds.”



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Let's overdo it!

Repetition has the power to kill storytelling (and it can really drag down communication, too - think of the last meeting you attended), but we use some words and phrases so often that no one notices their frequency.

How many of these words and phrases have you used just today?

It's not surprising that baby's first words are by far names for their parents. But 52% of the 11,000 people PopSugar surveyed said Dad got the first honors; 35% tagged Mom. The "d" sound is easier to form: duck and dog also made the top 15.

The most common adjective in English is "good," the most common verb is "be." "The" is the most used word of any form.

Did you know the idiom "tipping point" has its roots in racism? According to BestLife, this originally referred to white families moving to the suburbs in the late 1950s.

Based on internet voting, the most popular idiom in the United States is "love me, love my dog!"

From first to last: Perfect Choice Funerals found that 83% of us receive words of farewell wisdom just before our loved ones pass. Sixty-two percent say the advice involves relationships, 56% get career advice.

Text collections pinpoint the number of English words at around 2 billion, but if you know 2,500 to 3,000 words, you can understand 90% of everyday English conversations, says Education First global schooling.

The most popular French idiom, says Quartz, is "can't stop being the owl." It means you can't stop flirting.

By Julie Sturgeon

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