Alberta College of
Speech-Language Pathologists
and Audiologists

Results:

Membership Diversity Survey 2021

January 2022

Results: Membership Diversity Survey

Background

ACSLPA's membership diversity survey was developed by the College's Anti-Racism and Anti-Discrimination Advisory (ARADA) Committee. ARADA's recommendation to determine the racial and linguistic diversity of the College's membership is consistent with the literature from provincial and federal public health agencies, which shows that the collection of race-based data is an integral step to addressing systemic racism and discrimination.

The College's membership survey was available to members to complete voluntarily from September to November 2021. The results of this survey are presented and discussed below.

Response to Survey

242 ACSLPA members filled out the survey, out of a total of 1852, giving the survey a response rate of 13%. While this number is higher than previous College surveys, the small sample size limits the generalizability of the findings of the survey.

The number of survey respondents per professional category (SLP or Audiologist) is shown in the table below:
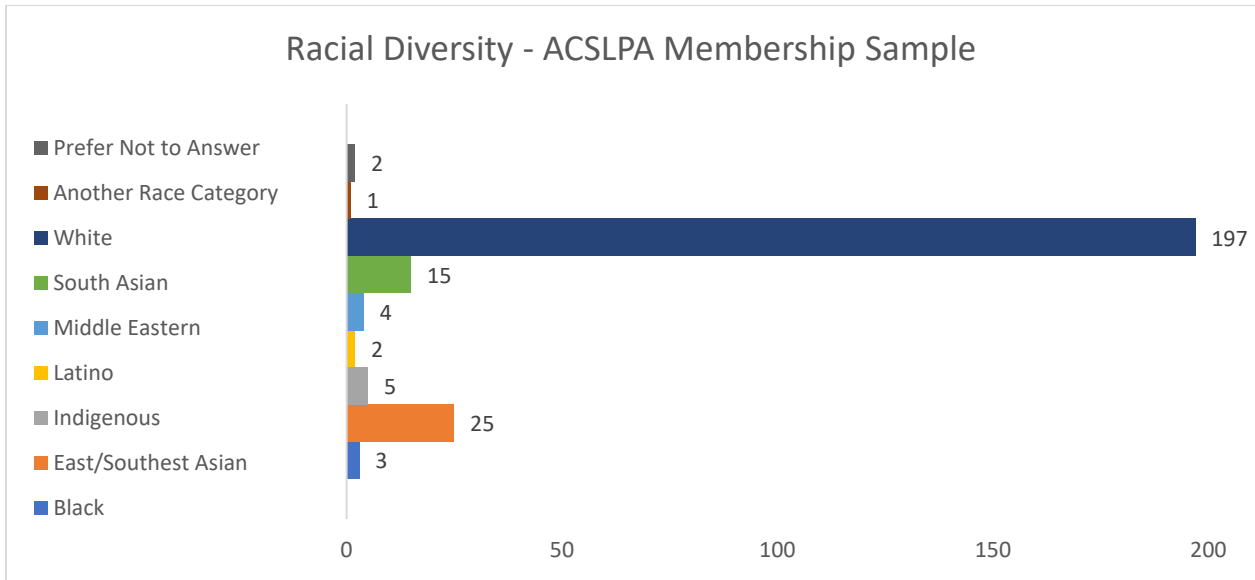
	# (%) of Survey Respondents
SLP	215 (88.8%)
Audiologist	27(11.2%)

This breakdown of respondents is representative of the total practicing and non-practicing ACSLPA membership (i.e., not inclusive of honorary members), of which 88.4% are SLPs and 11.6% are Audiologists. A full breakdown of the practice scope and settings of respondents can be found in Appendix A.
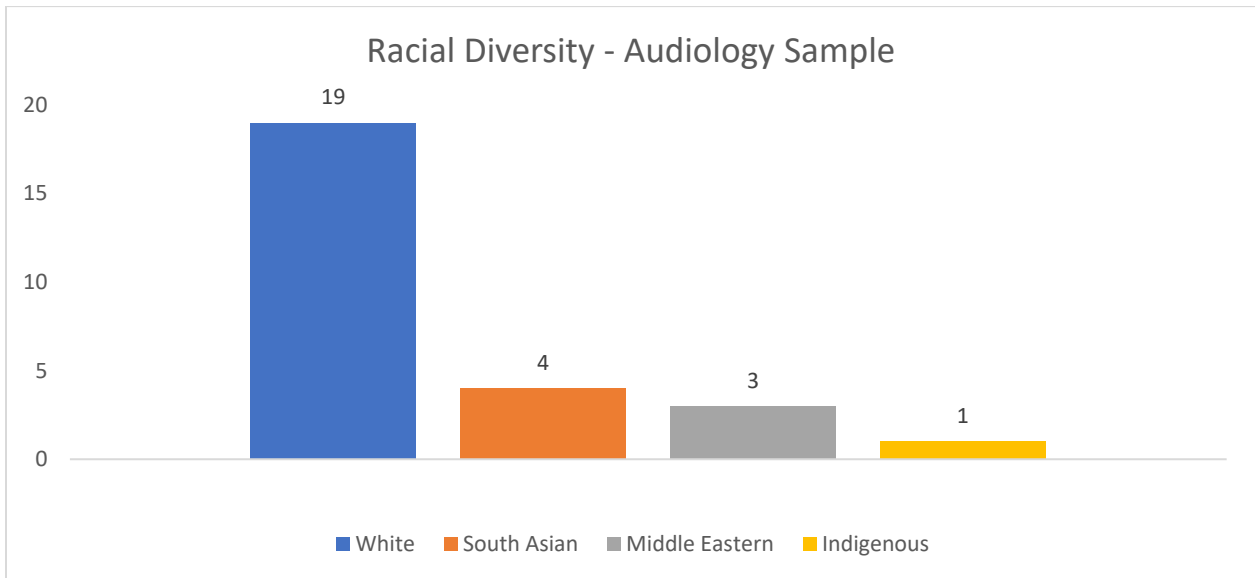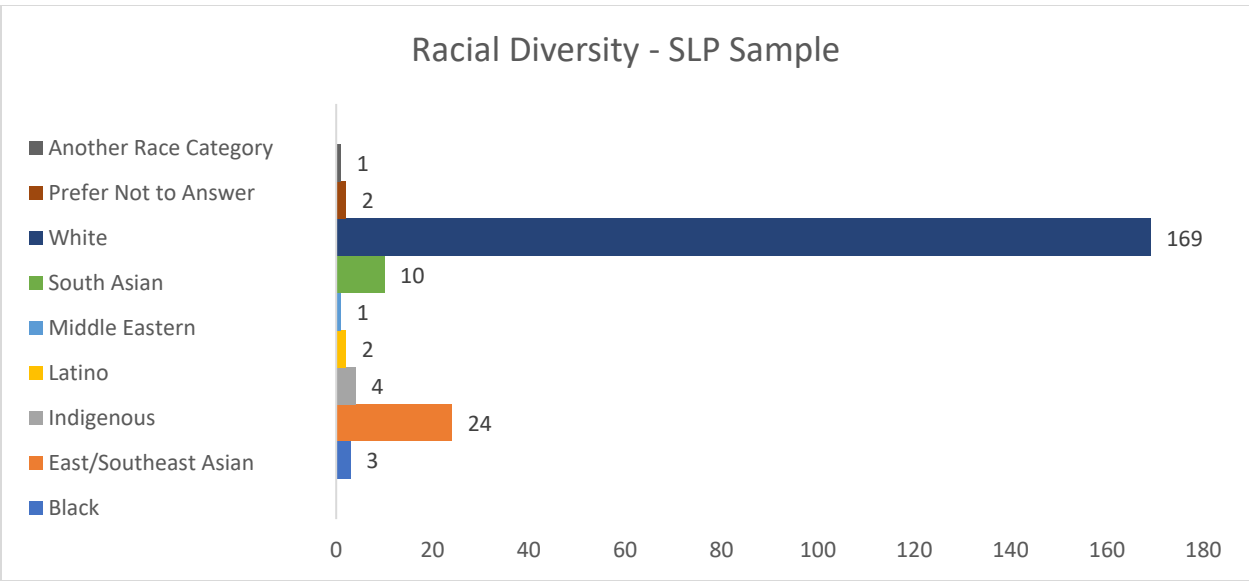
Racial Diversity

Members were asked to identify the race categories that best described them, using the race categories identified by the Canadian Institute for Health Information's Proposed Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada. A full list of the race categories used in the survey with examples can be found in Appendix B.

The racial diversity of the total sample is shown in the graph below:

Racial Diversity - ACSLPA Membership Sample

Category	Value
Prefer Not to Answer	2
Another Race Category	1
White	197
South Asian	15
Middle Eastern	4
Latino	2
Indigenous	5
East/Southest Asian	25
Black	3

In addition, the racial diversity of the Audiology and SLP samples are shown below:

Racial Diversity - Audiology Sample

Category	Value
White	19
South Asian	4
Middle Eastern	3
Indigenous	1

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Racial Diversity - SLP Sample

Category	Value
Another Race Category	1
Prefer Not to Answer	2
White	169
South Asian	10
Middle Eastern	1
Latino	2
Indigenous	4
East/Southeast Asian	24
Black	3

As can be seen from the graphs above, the majority of survey respondents, for the total membership sample, as well as for each profession were White. East/Southeast Asian and South Asian were the next most reported racial categories. The remaining racial categories – Black, Indigenous, Latino, and Middle Eastern each had less than 10 respondents in the total sample.
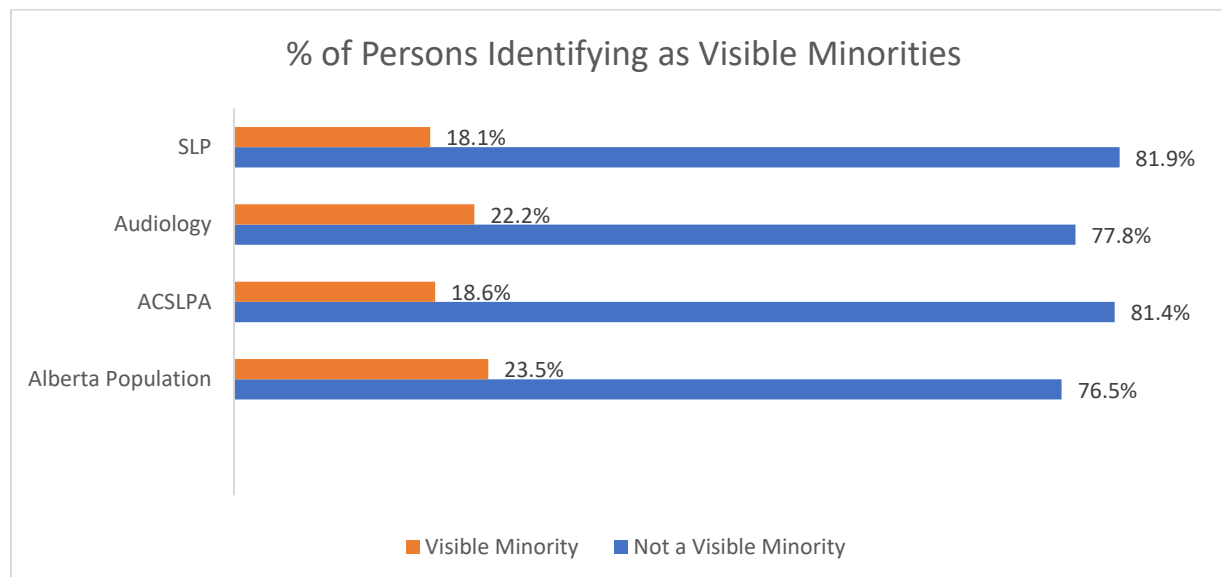
Visible Minority Status

As part of the survey, respondents were also asked if they self-identified as a visible minority. Statistics Canada defines a visible minority as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour. Categories in the visible minority variable include South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean, Japanese".

The number of respondents identifying as visible minorities for the total sample, as well as in the Audiologist and SLP samples are shown in the table below:

Visible Minority Status	# (%) of Total ACSLPA Sample	# (%) of Audiologists Sample	# (%) of SLP Sample
No	197 (81.4%)	21 (77.8%)	176 (81.9%)
Yes	45 (18.6%)	6 (22.2%)	39 (18.1%)
Total	242	27	215

In addition, a comparison of the percentage of visible minorities for each sample (total, Audiologist, and SLP) is shown in comparison to the population of Alberta in the graph below:

% of Persons Identifying as Visible Minorities

SLP: Visible Minority 18.1%, Not a Visible Minority 81.9%
Audiology: Visible Minority 22.2%, Not a Visible Minority 77.8%
ACSLPA: Visible Minority 18.6%, Not a Visible Minority 81.4%
Alberta Population: Visible Minority 23.5%, Not a Visible Minority 76.5%

■ Visible Minority   ■ Not a Visible Minority

These results indicate that the representation of visible minorities within ACSLPA is not consistent with general population statistics (as per Statistics Canada 2016), particularly in the SLP sample.

Indigenous Identity

Survey respondents were also asked to indicate whether they identified as First Nations, Metis, or Inuit. Results of this questions are displayed in the table and figure below.

	ACSLPA (%)	Audiologists (%)	SLP (%)
No	232 (95.9%)	25 (92.6%)	207 (96.3%)
First Nations	1 (0.4%)	0 (0%)	1 (0.5%)
Metis	5 (2.1%)	2 (7.4%)	3 (1.4%)
Inuk/Inuit	0 (0%)	0 (0%)	0 (0%)
Prefer not to answer	4 (1.7%)	0 (0%)	4 (1.9%)
Total	242	27	215

ACSLPA Members Identifying as First Nations, Metis, or Inuit
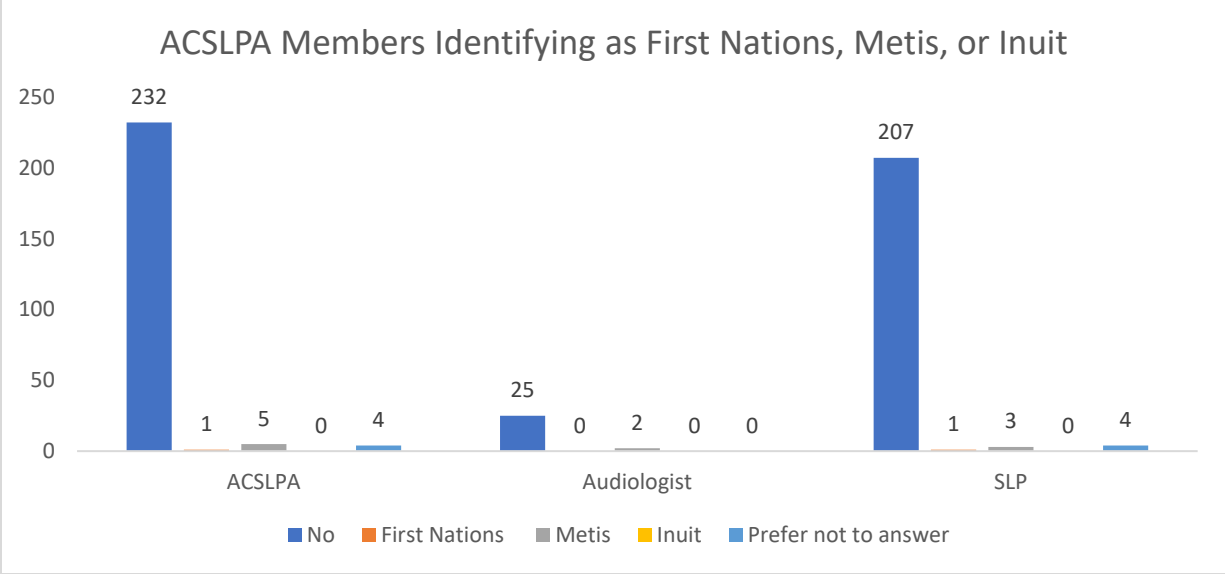
95.9% of respondents in this survey indicated that they were not of Indigenous identity. In this survey sample, 4.1% of respondents identified as First Nations, Metis, or Inuit, as compared to 6.5% of the Alberta population.

The breakdown for each Indigenous identity across professional categories, as compared to the Alberta population, is shown in the figure below.

Indigenous Populations - Comparison with Population Statistics
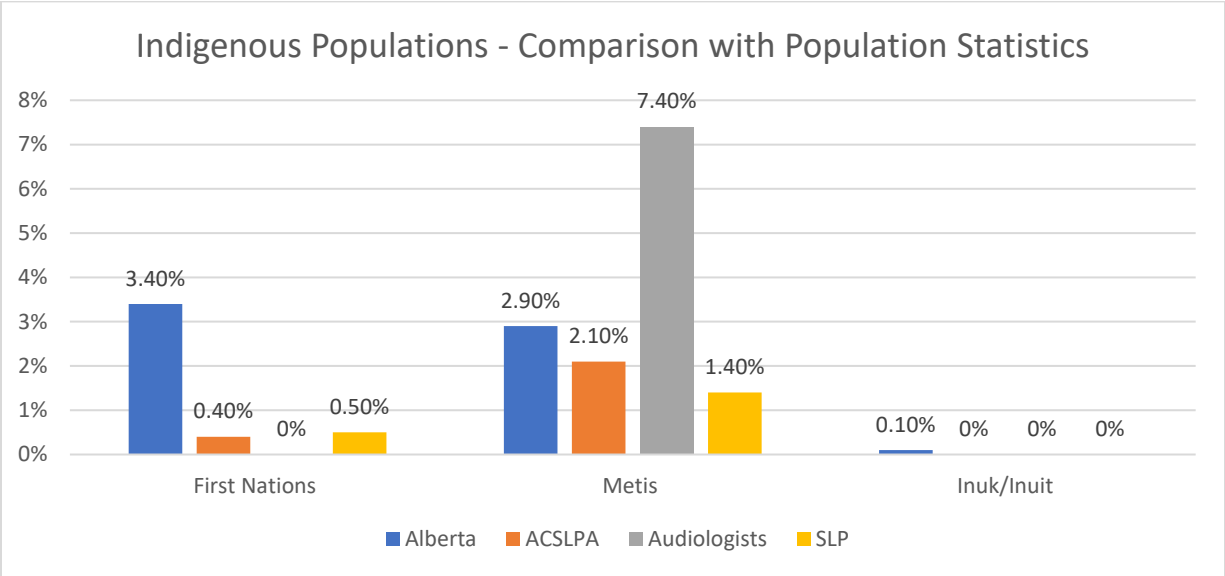
The figure above shows that First Nations are underrepresented in both professions (Audiology and SLP), and that Metis are underrepresented in the SLP profession.

Linguistic Diversity

Members were asked to identify any languages they speak, along with self-reporting the proficiency level(s) at which they speak each language identified. The proficiency key provided to respondents when filling out the survey can be found in Appendix C. The results of this question are shown in the table.

Language (# of Respondents	Proficiency Level Breakdown
Afrikaans (2)	Native – 2
Arabic (1)	Elementary – 1
American Sign Language (12)	Elementary – 7 Limited Working – 3 Professional Working – 2
Cantonese (11)	Limited Working – 3 Professional Working – 4 Native – 4
Cree (1)	Elementary – 1
English (191)	Full Professional – 5 Native – 186
French (110)	Elementary – 33 Limited Working – 50 Professional Working – 12 Full Professional – 6 Native – 9
Filipino/Tagalog (2)	Native – 2
German (9)	Elementary – 3 Limited Working – 4 Professional Working – 1 Native – 1
Gujarati (2)	Native – 2
Hebrew (3)	Elementary – 1 Limited Working – 1 Professional Working – 1
High German (1)	Limited Working – 1
Hindi (7)	Limited Working – 1 Professional Working – 1 Native – 5
Italian (3)	Elementary – 1 Limited Working – 1 Professional Working – 1
Japanese (4)	Elementary – 1 Limited Working – 3
Kannada (1)	Native – 1
Korean (1)	Professional Working – 1
Mandarin (14)	Elementary – 5 Limited Working – 5 Professional Working – 1 Full Professional – 1 Native – 2

Malayalam (4)	Limited Working – 1 Professional Working – 1 Native – 2
Māori (1)	Elementary – 1
Mi'kmaq (1)	Elementary – 1
Farsi (2)	Native – 2
Portuguese (2)	Limited Working – 1 Full Professional – 1
Russian (1)	Elementary – 1
Spanish (32)	Elementary – 16 Limited Working – 10 Professional Working – 2 Full Professional – 2 Native – 2
Swahili (1)	Elementary – 1
Taishanese dialect* (1) *of Cantonese	Elementary – 1
Tamil (3)	Professional Working – 1 Native – 2
Turkish (1)	Professional Working – 1
Ukrainian (1)	Elementary – 1
Urdu (2)	Native – 2
Vietnamese (1)	Professional Working – 1

32 different languages were reported to be spoken by respondents. English was the most reported language spoken, followed by French. 68 survey respondents (28% of the sample) reported being monolingual in English only. The table below, which shows the languages spoken by survey respondents organized by proficiency levels, shows that there are several languages spoken only at the elementary and limited working levels, which limits the ability of the professions to offer services in these languages.

Proficiency Level	Languages Spoken by Respondents (SLP & Audiology)
Elementary	Arabic, ASL, Cree, French, Hebrew, Italian, Japanese, Mandarin, Māori, Mi'kmaq, Russian, Spanish, Swahili, Taishanese, Ukrainian
Limited Working	Cantonese, French, German, Hebrew, High German, Hindi, Italian, Japanese, Mandarin, Malayalam, Portuguese, Spanish, Ukrainian
Professional Working	ASL, Cantonese, French, German, Hebrew, Hindi, Italian, Korean, Malayalam, Spanish, Tamil, Turkish, Vietnamese
Full Professional	English, French, Mandarin, Portuguese, Spanish
Native	Afrikaans, Cantonese, English, French, Filipino/Tagalog, Gujarati, Kannada, Mandarin, Malayalam, Persian, Spanish, Tamil, Urdu

Cultural and Linguistic Diversity of Clients

Members were asked to report on the languages spoken by the clients on their caseloads. A total of 92 languages were reported. The list of languages is shown in the table below, with the most common languages reported highlighted in blue.

Afrikaans	Dutch	Kinyarwanda	Other Indigenous Languages & Dialects	Telugu
Albanian	English	Korean	Pashto	Thai
Amharic	Dari	Kurdish	Polish	Tibetan
Arabic	Farsi	Low German	Portuguese	Tigrinya
Bambara	Fijian	Malayalam	Punjabi	Taishanese
Bengali	French	Mandarin	Romanian	Tsuut'ina
Bilen	German	Mandinka	Russian	Turkish
Bisaya	Greek	Mankon	Serbian	Twi
Blackfoot	Gujarati	Malinke	Sign Language (various)	Uhgyur
Bosnian	Hausa	Marathi	Sinhalese	Ukrainian
Cambodian	High German	Nepalese	Somali	Urdu
Cantonese	Hiligaynon	Nuer	Spanish	Vietnamese
Cebuano	Hindi	Ojibwe	Stoney/Nakoda	Wolof
Chaldean	Hungarian	Oromo	Sundanese	Yoruba
Cree	Igbo	Other African Languages & Dialects	Susu	
Croatian	Ilocano	Other English Dialects	Swahili	
Czech	Inuktitut	Other European Languages	Swedish	
Dari	Italian	Other Filipino Languages	Tagalog	
Dene	Japanese	Other Indian Languages	Tamil	

Some respondents left comments in the survey to the effect that the languages they listed was not exhaustive, and there were additional languages spoken by clients on their caseload to those reported ("the list is not exhaustive", "and many, many more", "the list is endless" "it varies from year to year").

When contrasted with the linguistics diversity of clinicians above, there is a limited overlap between the languages spoken by clients and by clinicians, which may limit the ability of the professions to offer services in client's home languages without the aid of interpreters.

The responses to the questions exploring caseload linguistic variety varied widely. Highlights of this data are:

- Clinicians in the survey reported a wide range of percentages of monolingual English-speaking clients on their caseload, ranging from 0% to 95%.
  36% of respondents reported that the majority of their caseload (75% of their caseload or higher) were monolingual English speakers.
- Generally, low numbers were reported for the percentage of clients on respondents' caseloads who were monolingual in a language other than English. The responses ranged from 0% to 50%, with 30% of respondents reporting that none of the clients were monolingual in a language other than English.

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- Generally, respondents noted that very low numbers of clients on their caseloads were speakers of non-standard dialects of English, with 48% of respondents reporting that 0% of their caseload were non-standard English dialect speakers.
Some respondents noted that they were unsure of what the category referred to or didn't understand the question.
- There was a very wide range of percentages of bilingual clients on respondents' caseloads, ranging from 0% to 100%. 29% of respondents reported that at least half of their caseload was bilingual.

Respondents were also asked to report on the percentage of their caseload that would be considered 'culturally or linguistically diverse', i.e., individuals who are not of the dominant language and cultural background of the society in which they reside, and/or those who have multiple cultural and linguistic influences. Responses varied widely from 0% to 100% of respondents' caseloads. The most common answer was 50%. 40% of respondents reported that at least 50% of their caseloads were culturally or linguistically diverse. 13% reported that at least 75% of their caseload was culturally or linguistically diverse.

Some respondents made note of their geographical location when responding to this question, as urban areas and larger cities tend to have higher numbers of culturally and linguistically diverse residents, as compared to rural areas. Numerous respondents also noted difficulties with responding to this question, as well as the questions about caseload linguistic diversity, as they reported that the numbers vary from year to year, but also that they (or their employer) do not typically track these types of data.

Summary & Next Steps

The results of this survey showed that there is a wide range of diversity in the clients served by ACSLPA regulated members, across both professions of Audiology and SLP. This diversity is indicative of diverse needs among clinicians' caseloads.

The survey results also show that the diversity in the sample of respondents is mismatched with that of their caseloads, particularly with regard to linguistic diversity. This lack of diversity in the Audiologist and SLP professions is consistent with data from other Canadian provinces and the United States. Lack of workforce diversity has been shown to affect the ability of healthcare professions to be aware of and respond to the needs of diverse clients.

While this initial survey is an important step in addressing health disparities, ACSLPA recognises that there needs to be ongoing effort to support its regulated members in meeting the needs of their diverse caseloads. Further action will include the ongoing annual race-based data collection, to better inform the needs of both ACSLPA regulated members and the public that they serve. The College is also underway on a variety of initiatives to support members in providing inclusive, equitable, safe, and effective care. These include:

- ACSLPA's Information on Anti-Racism and Anti-Discrimination webpage,
- A webinar on Anti-Racism and Anti-Discrimination for SLPs and Audiologists: https://www.youtube.com/watch?v=VhoComisV5E, and
- The development of Anti-Racist Service Provision guidelines, anticipated to be available by the Spring of 2022.

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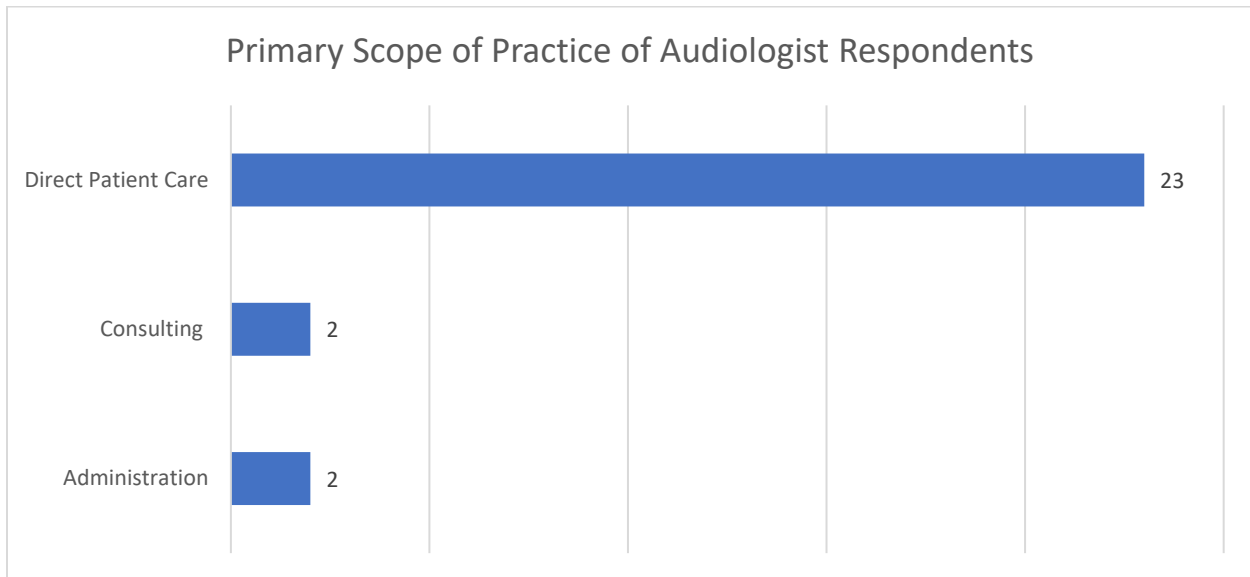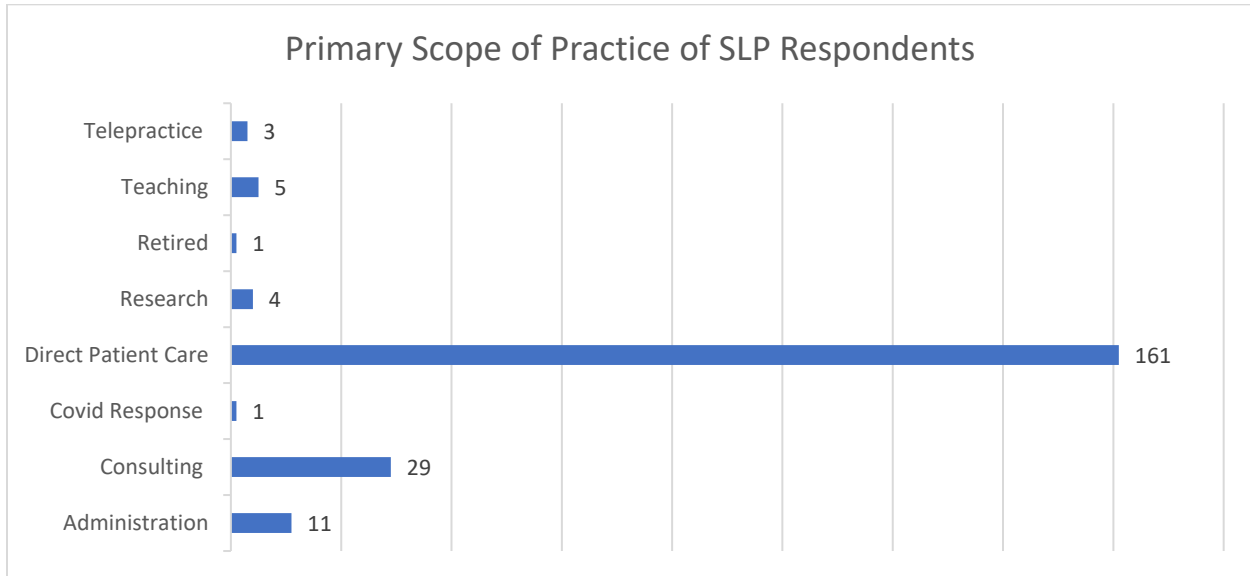
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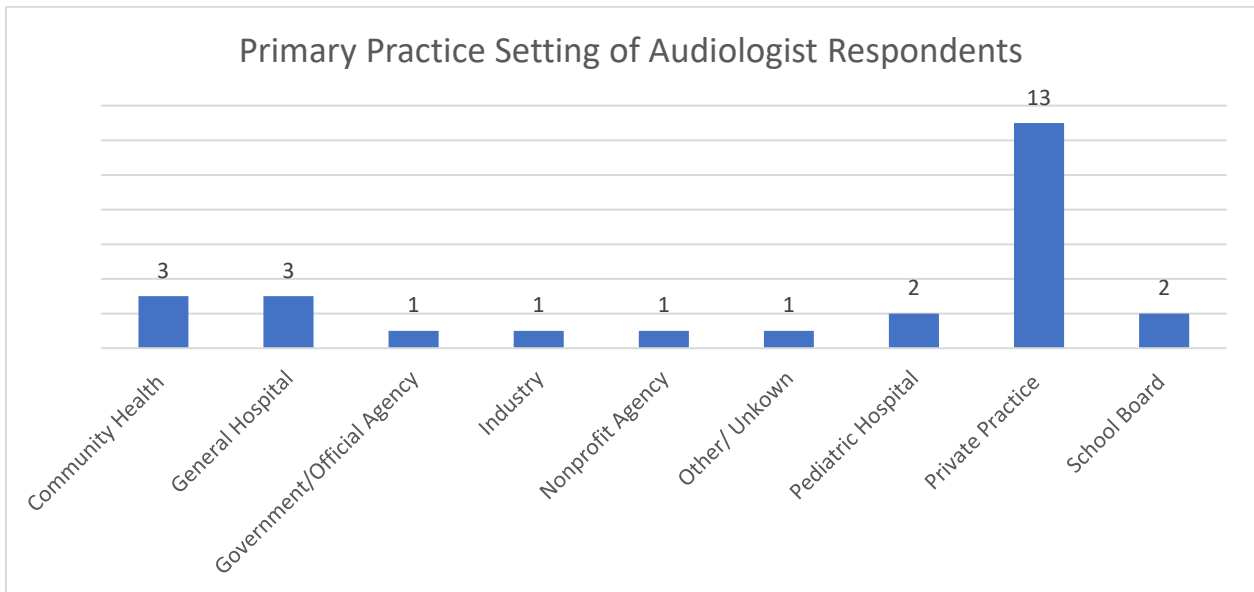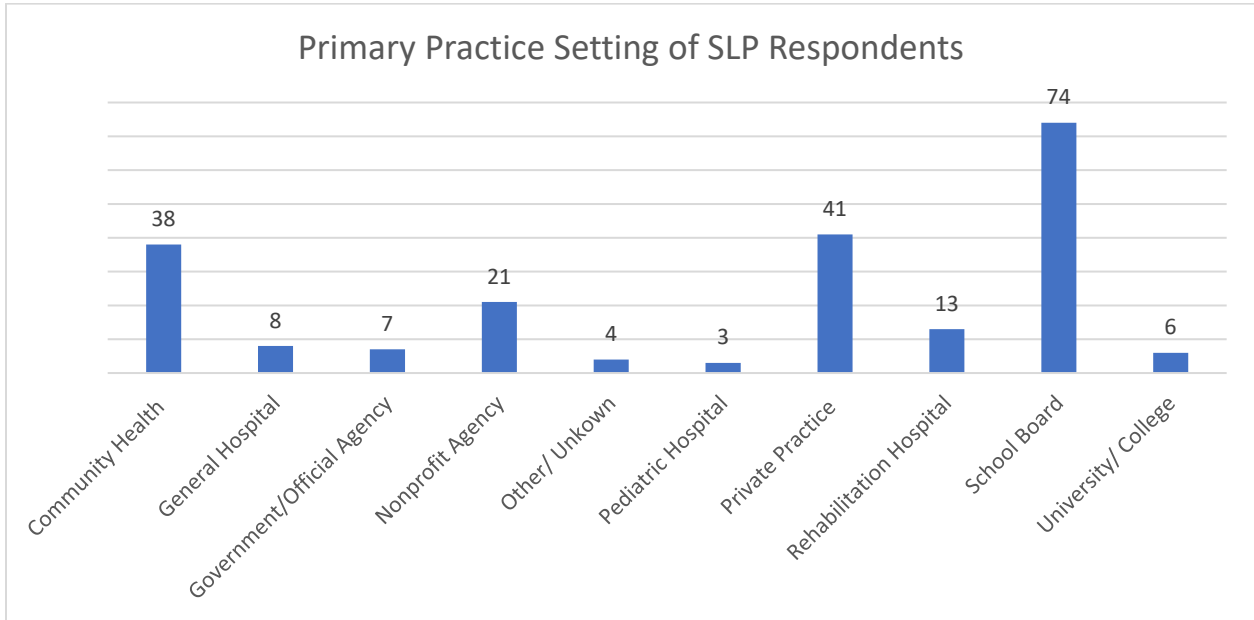
Appendix A:
Primary Scope and Setting of Practice of Survey Respondents

The primary scope of practice for SLP and Audiology respondents are shown in the figures below. The proportion of members in each scope is consistent with total ACSLPA membership statistics, as reported in the 2020 Annual Report.

Primary Scope of Practice of SLP Respondents

Scope	Count
Telepractice	3
Teaching	5
Retired	1
Research	4
Direct Patient Care	161
Covid Response	1
Consulting	29
Administration	11

Primary Scope of Practice of Audiologist Respondents

| Scope	Count
Direct Patient Care	23
Consulting	2
Administration	2

The primary practice setting for SLP and Audiologist survey respondents are shown in the figures below. Again, these proportions are consistent with the total ACSLPA statistics.
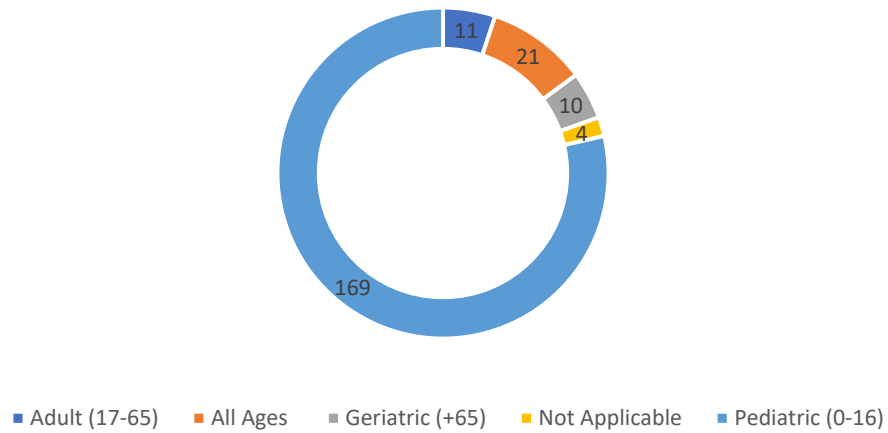
Primary Practice Setting of SLP Respondents

Setting	Count
Community Health	38
General Hospital	8
Government/Official Agency	7
Nonprofit Agency	21
Other/ Unkown	4
Pediatric Hospital	3
Private Practice	41
Rehabilitation Hospital	13
School Board	74
University/ College	6

Primary Practice Setting of Audiologist Respondents

Setting	Count
Community Health	3
General Hospital	3
Government/Official Agency	1
Industry	1
Nonprofit Agency	1
Other/ Unkown	1
Pediatric Hospital	2
Private Practice	13
School Board	2

The age ranges of clients of Audiologist and SLP survey respondents are shown below (consistent with ACSLPA reporting of its total membership).

Client Age Ranges of Audiologist Respondents

- All Ages
- Pediatric (0-16)
- Geriatric (+65)
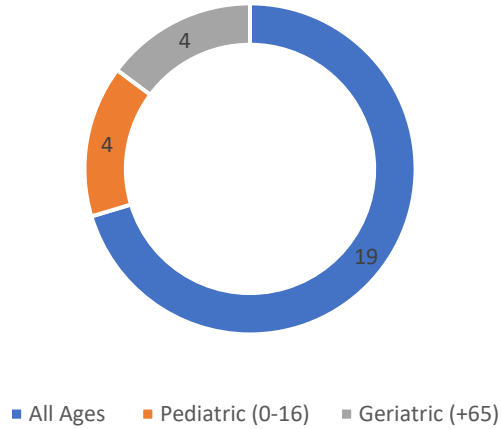
Client Age Ranges of SLP Respondents

- Adult (17-65)
- All Ages
- Geriatric (+65)
- Not Applicable
- Pediatric (0-16)

Appendix A: Survey Racial Categories

Race Category	Examples
Black	African, Afro-Caribbean, African Canadian descent
East/Southeast Asian	Chinese, Korean, Japanese, Taiwanese descent, Filipino, Vietnamese, Cambodian, Thai, Indonesian, or other Southeast Asian descent
Indigenous	First Nations, Metis, or Inuk/Inuit
Latino	Latin American, Hispanic descent
Middle Eastern	Arab, Persian, West Asian descent (e.g., Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)
South Asian	South Asian descent (e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
White	European descent
Another Race Category	Includes values not described above
Don't Know	Not applicable
Prefer not to answer	Not applicable

Appendix C: Language Proficiency Level Key

Elementary

Can use simple greetings, form basic sentences, and ask and answer simple questions.

Limited Working

Can understand and use basic commands and social phrases. Limited conversational skills and requires help with more extensive conversations in the language.

Professional Working

Can carry out conversations, speak at an average speech rate in the language and has a fairly extensive vocabulary. May require help understanding subtle and nuanced phrasing.

Full Professional

Can have advanced discussions on a wide range of topics, including technical topics. Can perform a full range of professional activities in language (e.g., assessment, intervention, client counselling). Vocabulary is extensive and can carry on conversations with ease. May occasionally make minor mistakes.

Native/Bilingual

Native tongue or complete fluency in language