



# LEADING THE OCCUPATIONAL THERAPY PROFESSION TOWARDS DIVERSITY, EQUITY, AND INCLUSION

Capstone Project

In partial fulfillment of the requirements for the degree of  
Doctor of Education in Leadership and Learning in Organizations  
Peabody College of Education and Human Development, Vanderbilt University

Tyra M. Banks, MS, OTR/L  
December 5, 2020

## Table of Contents

<b>Acknowledgments</b>	2
<b>Executive Summary</b>	3
<b>Research Questions</b>	3
<b>Key Findings</b>	4
<b>Recommendations</b>	6
<b>Organization</b>	8
<b>Problem of Practice</b>	8
<b>Theoretical Framework</b>	9
<b>Literature Review</b>	10
<b>Research Questions</b>	11
<b>Methods</b>	12
<b>Findings</b>	17
<b>Recommendations</b>	27
<b>Program theory</b>	30
<b>Conclusion</b>	32
<b>References</b>	34
<b>APPENDIX A: Occupational Therapy Practitioner Survey Questions</b>	37
<b>APPENDIX B: Semi-structured Interview Protocol</b>	40
<b>APPENDIX C: Semi-structured Focus Group Protocol</b>	41
<b>APPENDIX D: Qualitative Themes and Related Quotes</b>	42

## Acknowledgments

***“If you want to go fast, go alone. If you want to go far, go together.” ~African Proverb***

### **I could not go far without my Village:**

*My gratitude to the LLO Faculty and Students of Cohort 2 for allowing me to learn from and alongside the best minds in the world. Dr. Marisa Cannata, for keeping me sane and supporting me throughout this entire Capstone process. Dr. Laura Booker, for reigniting my excitement about research and evaluation.*

*Thank you to my ancestors and those who paved the way, on whose shoulders I stand. You continue to guide and uplift me when I need it most. I promise always to lift as I climb and stand in the gap as you have done for me.*

*Thank you to my friends and colleagues (especially Gretta Belton-Bourjolly), who have been super supportive and encouraged me along the way.*

*Thank you to my Banks family for supporting me and continuously renewing my faith in myself over the past three years.*

*Thank you to my Dickerson-Baugh family for making me feel safe to be myself and “jump off a train with a box of Ring Dings.” I am forever grateful for you all.*

*Thank you to my mother-in-law. Your love and support helped carry me through. May you rest in peace, knowing that you were also a part of this accomplishment.*

*Thank you to my Mommie for your wisdom and strength. You are my biggest cheerleader, and you never stop believing in me. I am especially thankful for your sacrifices that cemented the foundation for me to be the woman I am today.*

*Thank you to my sister, Taryn. You inspire me to push through the storms and look for the Sunshine behind every cloud. To my niece Xoey and nephews Kejuan, TyJaun, Hasaun, and Jahaun, who motivate me to continue the fight for equity and inclusion.*

*Thank you to my brother, Tyrone, for being my guardian angel watching over me. RIP <3*

*None of this would be possible without my husband, Gary. I am incredibly grateful for your love and support, coupled with your sacrifice over the past three years. You have held me down and encouraged me all the way to the finish line.*

*To my children, Sean, Chelsea, and Sydney, you inspire me every day to be a better person and to lead by example. Your unyielding love and encouragement fuel my determination to defy obstacles, break barriers, and live my life with no regrets.*

## **Executive Summary**

Like many national professional organizations, the American Occupational Therapy Association's (AOTA) membership does not reflect the national demographics in terms of diversity. In 2017, the occupational therapy workforce was predominantly white (82.5 %). This lack of diversity is also reflected in the occupational therapy academic programs as the student population is also mostly white (85% Doctorate, 80% Master's, 74% Associate's- Occupational Therapy Assistants). There continues to be a growing demand for occupational therapists in the United States and is estimated to increase by 18% by the year 2028 (U. S. Department of Labor, 2019). Current projections suggest that the nation will become "minority white" in 2045 (U. S. Census statistics, 2017). There will be significant challenges in future recruitment as the country demographics change. To keep occupational therapy programs thriving and to meet the growing demands for occupational therapists, we have to look towards diversifying the occupational therapy profession. There also must be intentional support and viable pathways to leadership.

In 2018 AOTA adopted "Vision 2025" as a strategic plan to guide the profession. "Equity, Inclusion, and Diversity: We are intentionally inclusive and equitable and embrace diversity in all its forms" was introduced in this document as a guidepost for stakeholders such as Occupational Therapists (OT), Occupational Therapy Assistants (OTA), OT students, educators, consumers, policymakers, and the general public. Although several policies have highlighted equity, diversity, and inclusion as an area of focus, there has not been an action plan to achieve this goal. As a result, the number of practitioners of color in the field has only marginally increased.

## **Research Questions**

The following research questions will guide the work and assist AOTA in finding solutions for diversifying the occupational therapy profession:

1. What are the barriers to recruiting Black and Hispanic applicants in the occupational therapy profession for Occupational Therapy Programs?
2. What resources support the persistence of Black and Hispanic students in the occupational therapy Master's Degree programs?
3. What influences contribute to why Black and Hispanic students and practitioners choose the occupational therapy profession?
4. In what ways are the current Black and Hispanic occupational therapy practitioners feel they are being supported for leadership roles within AOTA?

This capstone project used a mixed-methods approach to attempt to understand and solve the problem of practice. A qualitative approach was taken to gain rich insight into the way in which social capital theory projects through the experiences of Black, Hispanic, and Native American students. This method also informs how Critical Race Theory shows up in the narratives of these students. Qualitative data was collected through semi-structured interviews of directors of five occupational therapy master's degree programs. Data was also obtained by conducting four focus groups that included nine students who identified as Black, two students who identified as Hispanic, and one student identified as Hispanic and Native American from

various OT programs across the country. Quantitative data was also collected to garner the perspective of the OT practitioner and to demonstrate triangulation of the data.

### Key Findings

**Finding 1: Barriers to recruitment of Black and Hispanic applicants in the occupational therapy profession include general lack of awareness about the occupational therapy profession, application screening methods, financial resources, and student support/resources.**

Program directors and students reported that society's general lack of awareness of the occupational therapy profession is a barrier to students pursuing an OT education. Students also reported difficulty meeting application screening standards such as GPA's, standardized testing scores, and observation hours, which is a direct reflection of lack of access to networks deemed valuable by the educational institutions. Application screening methods are often used as exclusionary practices that negatively impact Black and Hispanic students in the admissions process. Having rigid cut off requirements for screening applicants eliminates capable students of color from the applicant pool.

Program directors report a lack of ability to provide financial assistance for students as an incentive to matriculate into their program. Students reported limited financial resources for application fees and tuition cost as a barrier to admissions. Students were faced with difficult choices when budgeting for the application and matriculation process. Another barrier that emerged from the data was the expense of sitting for the GRE, exam preparation, and the pressure to succeed on the standardized test.

Without support or resources, students have difficulty negotiating the higher education application landscape. Program directors reported one of the critical barriers to recruitment is the lack of student support for applications. Students who progress in the application cycle become rejected if their personal statement does not reflect access to resources. Students with limited personal connections to an occupational therapist found it challenging to meet this requirement.

Many marginalized students are left out of the information loop regarding the requirements of admission to occupational therapy educational programs. They have limited access to social networks that provide information and support to receive requisite knowledge. Therefore, negatively affecting a student's readiness and pathway to OT education. As a result of these exclusionary practices, Black and Hispanic applicants have been discarded before they are able to showcase their gifts and talents as a competent student.

**Finding 2: Occupational therapy programs did not provide adequate support for Black and Hispanic students in their programs. Therefore, students sought resources outside of their programs to support their persistence.**

Students reported support for persistence were often from sources external to their academic programs. Although program directors believe that internal support systems are

available for students, students continuously sought outside networks and resources. The reasons students cited for seeking outside resources were lack of representation in the classroom, with faculty, as well as within the OT educational curriculum. The lack of representation and support from the academic institutions made students feel disconnected from their cohort and have feelings of marginalization. Students also shared their experiences of micro and macro aggressions in the classroom environment.

Oppressive interactions with faculty and peers lend insight into the ways in which othering creates isolative environments, thus, limiting opportunities for students to thrive within their classrooms. Students actively seek outside resources to create safe spaces to process macro and microaggressions experienced within their learning environments.

### **Finding 3: Exposure to occupational therapy through a healthcare practitioner or family or friends were the catalyst for choosing occupational therapy as a profession.**

Participants in the survey reported exposure to the OT profession influenced them to pursue it as a career. In fact, thirty-three percent of the respondents reported that “Family and or friends” influenced them to choose the OT profession. Thirty-seven percent selected “A healthcare practitioner” as their influence to become an OT.

This finding was also supported by the data collected from the program directors and students. Three out of five program directors suggested the lack of representation in their programs is attributed to society’s general lack of awareness of the occupational therapy profession, therefore, preventing students of color from applying. Students echoed that sentiment as most reported that they found out about the occupational therapy profession while matriculating in or graduating from an undergraduate program.

Again, social networks are necessary for exposure to the occupational therapy profession. The lack of interaction or experience with OT, especially when there is limited access to Black or Hispanic OT practitioners, makes it difficult for potential students to identify with and potentially view themselves as an OT practitioner.

### **Finding 4: Black and Hispanic OT practitioners do not feel supported for leadership roles within AOTA.**

Participants cited several barriers to leadership positions within the AOTA. These barriers include policies, lack of mentorship, and lack of targeted marketing and recruitment. Respondents felt the AOTA’s policies are not supportive of Black and Hispanic practitioner’s pathways into leadership positions. Policies that affect accreditation do not have explicit language that promotes equity and inclusion. Practitioners also attribute the scarcity of Black and

Hispanic practitioners in positions of power to a lack of intentional policies and practices at the national level. Just as mentorship is a vital support mechanism for Black and Hispanic students through their educational programs, mentorship is an important component to developing pathways to leadership for underrepresented groups.

AOTA has an established generalized leadership program (i.e., Emerging Leader Development Program); however, 74% of the respondents felt that information about leadership opportunities in AOTA is not available to them. 94% felt that there is no clear pathway to leadership within AOTA, which may explain why only 15% have applied for leadership positions. Respondents felt the need for AOTA to be intentional outreach or a leadership program specifically for practitioners of color.

### **Recommendations**

In order to facilitate organizational change, there must be buy-in from leadership and those in a position of power, an environment conducive to change, and financial resources. To address the above key findings, a recommended action plan targeting AOTA Leadership as well as Academic Program Directors was developed. Once buy-in is established, these key stakeholders will be in a position to make necessary changes from the top, causing downstream effects to benefit admissions processes, support for Black and Hispanic students, and increase diverse leadership opportunities. The following goals have been prioritized:

1. Remove barriers to recruiting Black and Hispanic students into Occupational Therapy Academic Programs.
2. Increase retention by supporting Black and Hispanic Occupational Therapy Students and Occupational Therapy Assistant Students.
3. Prepare and support Black and Hispanic Occupational Therapy Practitioners for leadership positions within AOTA.

To reach these goals, I recommend the AOTA develop a DEI Institute for AOTA Leadership and Academic Program Directors using Synchronous Learning Experiences as well as Asynchronous Learning Modules. These learning experiences will facilitate the development of DEI plans within their own context through self-study, self-assessments, and the opportunity to practice DEI principles within their settings. The DEI Institute should include content that addresses the key findings and facilitates the above goals within a community of practice. Sample Institute content include:

- Program directors will analyze existing institutionalized practices to identify strengths and opportunities to create equitable and inclusive policies and procedures for Admissions processes.
- Program directors will analyze existing institutionalized policies and practices to identify strengths and opportunities for growth and identify possible university-wide as well as

## | Leading the Occupational Therapy Profession Towards Diversity, Equity, and Inclusion

external community partnerships as a resource (i.e., Affinity groups, Black and Hispanic student organizations, Black and Hispanic community organizations).

- AOTA leadership will analyze their current marketing materials and create a new marketing plan to intentionally recruit Black and Hispanic Practitioners for the ELDP.



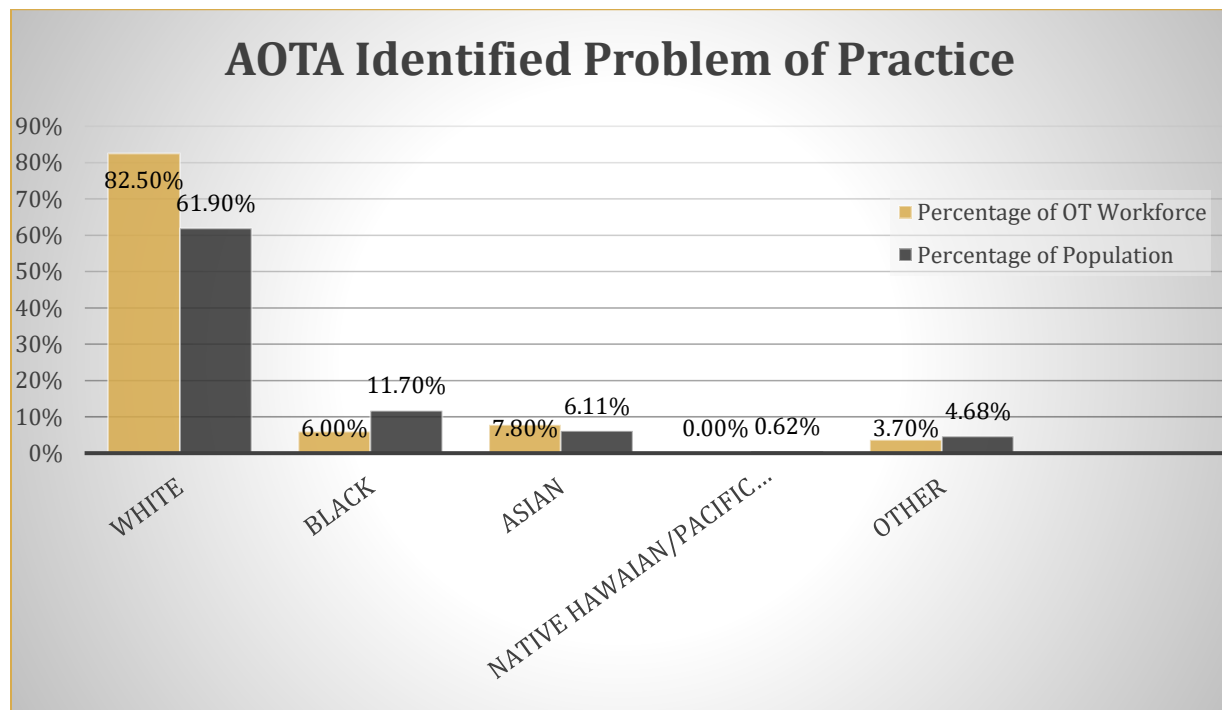
### Organization

The American Occupational Therapy Association (AOTA) is a national organization for the occupational therapy profession. Its membership is approximately 60,000 and consists of occupational therapists (OT), occupational therapy assistants (OTA), and occupational therapy students. AOTA’s programs are driven to promote quality occupational therapy services, improving consumer access to health care services, and promoting the professional development of its members (AOTA, n.d.). AOTA has a charge to set standards for the profession as well as supports its accreditation arm, ACOTE, by which all OT and OTA programs are granted accreditation.

### Problem of Practice

Like many national professional organizations, AOTA’s membership does not reflect the national demographics in terms of diversity. In 2017, the occupational therapy workforce was predominantly white (82.5 %). This lack of diversity is also reflected in the occupational therapy programs as the student population is also mostly white (85% Doctorate, 80% Master’s, 74% OTA). There continues to be a growing demand for occupational therapists in the United States and is projected to increase by 18% by the year 2028 (U. S. Department of Labor, 2019). There are projected workforce shortages through the year 2030 (Lin, Zhang, & Dixon, 2015). According to the U. S. Census statistics (2017), it is projected that the nation will become “minority white” in 2045. Reliance on a heavily white workforce will create challenges in future recruitment as the country demographics change. To keep occupational therapy programs thriving and to meet the growing demands for occupational therapists, we have to look towards diversifying the occupational therapy profession.

**Figure 1. AOTA Identified Problem of Practice**



In 2011, AOTA released a position statement (Policy D.4) that addressed the need for AOTA to “seek a diverse and inclusive membership.” However, if the number of people of color within the profession are marginal, the membership will reflect those numbers. In 2018 AOTA adopted “Vision 2025” as a strategic plan to guide the profession. “Equity, Inclusion, and Diversity: We are intentionally inclusive and equitable and embrace diversity in all its forms” was introduced as a guidepost for stakeholders such as OT’s, OTA’s, students, educators, consumers, policymakers, and the general public. Throughout the years, the occupational therapy profession has recognized the value of diversity in its practice as it relates to practitioner-client relationships (Black, 2002; Abreu & Peloquin 2004; Taff & Blash, 2017). However, the number of practitioners of color in the field has only marginally increased. Although policies highlight diversity, equity, and inclusion as an area of focus, there has not been an effective action plan to achieve this goal.

Honoring the culture, beliefs, customs, and values of others is an excellent start to framing the solution. The literature reveals that diversifying an organization has many benefits. However, recognizing individual differences is not enough to keep the occupational therapy profession growing (US Department of Education, 2016). In order to have the most significant impact on outcomes, equity and inclusion should also be considered when designing action plans. Equity is providing clients opportunities and access to resources, while inclusion demands a sense of belonging and facilitating participation. Providing a sense of belonging situates potential and current students and practitioners in a way that they are comfortable accessing resources and opportunities that the profession has to offer. At its core, Equity and Inclusion are at the heart of occupational therapy within the structure of practitioner-client relationships. However, there is little to no consideration of these principles when it comes to relationships in OT education or between OT Practitioners within the profession.

The absence of diversity or variety of practitioners limits the range of backgrounds and perspectives that can enhance practitioner-client relationships and lead to better outcomes. Increasing racial and ethnic diversity among practitioners supports the capacity of the profession to address disparities in education and healthcare. The lack of equity and inclusion encourages exclusion and creates an unsupportive environment. There are and will continue to be significant disparities and gaps in health care delivery systems and services if efforts are not made to maximize diversity, equity, and inclusion within the profession. As the U. S. population continues to diversify, the occupational therapy profession must be prepared to meet the demands of cultural congruency as consumers are increasingly sensitive to how they choose and access health professionals (National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice, n.d.).

### **Theoretical Framework**

This Capstone delves into the constructs of race and racism using Social Capital Theory and Critical Race Theory through the lens of Diversity, Equity, and Inclusion. According to Linnehan, Weer, and Stonely (2011), “social capital is developed through personal and institutional networks and is deemed necessary for learning about and preparing students for opportunities” (p. 538). Social Capital Theory emphasizes social networks in which knowledge,

behaviors, and skills are shared (Coleman, 1988). González, Stoner, and Jovel (2003) posed that high exposure to social capital increases opportunities for students. When students are positioned to access their social networks and are situated in comfort to use these networks to advance opportunity, social capital is in effect.

While Social Capital Theory leans on relationships within institutional networks, Critical Race Theory (CRT) further explores how these institutions support oppression and deny an equal opportunity for underrepresented groups (Delgado & Stefancic, 2017). CRT is grounded on the premise that race and racism are fundamental structures that underpin how US society functions and perpetuates racial inequities (Bell, 1992; Russell, 1992). CRT challenges the power structures that define “normative culture” and refutes the marginalization and othering of non-whiteness. CRT frames the ways in which marginalized groups experience race and racism within these constructs as they navigate the “normative culture” (Bell, 1992).

### Literature Review

To address the lack of Black and Hispanic OT practitioners, we have to first look at how students enter the profession. Career aspirations are influenced by a variety of factors, including self-efficacy, outcome expectations, and goals that may be shaped by access to quality learning environments (Lent, Brown, & Hackett, 1994). Choosing a career in healthcare can be challenging for students, especially those who reside and are educated in underserved communities. This student demographic is often faced with less exposure to health professions, low standardized test scores, and limited access to advanced coursework in high school (Zayas & McGuigan, 2006), impacting their access to these careers. Self-efficacy directly influences a student’s outcome expectations and goal formation based on their perception of their personal performance and skills (Lent, Brown, & Hackett, 1994). If a child believes that they can be successful in a career, they are more apt to have high expectations for themselves, which allows them to set goals toward a career choice based on the opportunities afforded to them. When students are not exposed to the occupational therapy profession, it is difficult for them to see themselves as future healthcare providers. The lack of opportunity reflects deficient social capital, which shapes the goals pursued by students (Lee, V. & Burkham, D., 2003).

There are several challenges African American and Hispanic students face to adequately prepare for graduate education. Stanton-Salazar (1997) noted that social capital available to students within their educational environment could either be a resource for opportunities or alternatively serve as a conduit to perpetuate social inequities. To obtain access, students must have the social capital to be aware of the graduate admissions process. Many African American and Hispanic students are left out of the information loop when it comes to the requirements for admission to graduate school. Underrepresented students have limited access to resources due to not wanting to rely on social networks that provide information and support to receive requisite knowledge (Roderick, Coca, & Nagaoka, 2011). Therefore, have an influence on a student’s trajectory and pathway to graduate education. Students who have a clear sense of options for their future are more likely to seek and succeed in graduate school programs.

The Institutions of Higher Education admissions policies and criteria are centered around standardized test scores, which are screening tools that can exclude good candidates of color.

African Americans, Hispanics, and Native Americans tend to score lower on these standardized tests than whites or Asian Americans (Marini, Westrick, Young, Ng, Shmueli, & Shaw, 2019). The most widely accepted standardized test for admission into occupational therapy Master's Degree Programs is the Graduate Record Examination (GRE). The GRE poses an unfair disadvantage for students of color as it is normed on white middle-class subjects, whose educational experiences may vastly differ from underrepresented students. Although the standardization of this particular test did not include a representative sample (Wendler, Bridgeman, & Ezzo, 2014), it continues to be a primary source for admissions screenings and decisions for all students. When considering these scores in the recruitment process, it is critical to recognize that systemic inequalities in the educational system can account for inadequate academic preparation of students of color for health care professions (Valentine, Wynn, & McLean, 2016).

When students of color are selected for admission and matriculated into graduate school, persistence can be taxing. Student support is at the crux of equity and inclusionary practices. According to Aryan & Guzman (2010), graduate students of color need to feel emotionally supported in order to persist. Emotional support includes feeling welcome, having mentorship and guidance from faculty of color, as well as being in a positive environment. It is essential to provide these resources that support inclusion for students of color.

Equally crucial in addressing the lack of diversity within the profession is the scarcity of Black and Hispanic OT practitioners in leadership positions within AOTA. Currently, the leadership is disproportionately white and female (AOTA, n.d.) and not representative of the AOTA membership demographics. Lack of diverse leadership impacts how people participate and feel included within organizations. When individuals from underrepresented groups see themselves in leadership, they feel part of the organization. They feel supported and understood. Representation matters and is essential when creating an inclusive community.

### **Research Questions**

The following research questions will guide the work and assist AOTA in finding solutions for diversifying the occupational therapy profession:

1. What are the barriers to recruiting Black and Hispanic applicants in the occupational therapy profession for Occupational Therapy Programs?
2. What resources support the persistence of Black and Hispanic students in the occupational therapy Master's Degree programs?
3. What influences contribute to why Black and Hispanic students and practitioners choose the occupational therapy profession?
4. In what ways are the current Black and Hispanic occupational therapy practitioners feel they are being supported for leadership roles within AOTA?

**Table 1. Research Question linked to Concept and Method of Data Collection**

Research Question	Concept	Method of Data Collection
What are the barriers to recruiting Black and Hispanic applicants in the occupational therapy profession for Occupational Therapy Programs?	Equity and Inclusion	Program director interview Student focus groups
What resources support the persistence of Black and Hispanic students in the occupational therapy Master’s Degree programs?	Equity and Inclusion Social Capital	Program director interview Student focus groups
What influences contribute to why Black and Hispanic students choose the occupational therapy profession?	Access, Equity Social Capital	Program director interview Student focus groups Practitioner survey
In what ways are the current Black and Hispanic occupational therapy practitioners feel they are being supported for leadership roles within AOTA?	Access, Inclusion Social Capital	Practitioner survey

### Methods

This capstone project used a mixed-methods approach to attempt to understand and solve the problem of practice. A qualitative approach was taken in order to gain rich insight into the way in which social capital theory projects through the experiences of Black, Hispanic, and Native American students. This method also informs how Critical Race Theory shows up in the narratives of these students. Qualitative data was collected through semi-structured interviews<sup>1</sup> of directors of five occupational therapy master’s degree programs. The five OT program directors represented one Historically Black College and University (HBCU), two Hispanic Serving Institutions (HSI), and two Predominantly White Institutions (PWI’s). Data was also obtained by conducting four focus groups<sup>2</sup> (n=12 female) that included nine students who identified as Black, two students who identified as Hispanic, and one student identified as Hispanic and Native

<sup>1</sup> Appendix B- Semi-structured Interview Questions

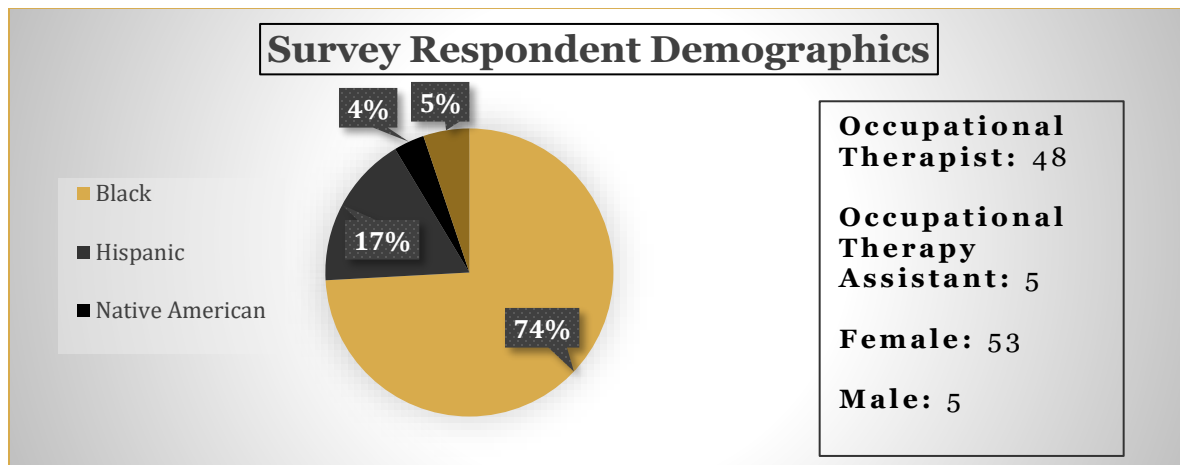
<sup>2</sup> Appendix C- Semi-structured Focus Group Questions

American from various OT programs across the country. To maintain anonymity, pseudonyms were used in lieu of student names throughout this work.

A Quantitative approach was selected to garner the perspective of the practitioner and to demonstrate triangulation of the data. Triangulation is used in qualitative research to gather a comprehensive view of a phenomenon (Triangulation, D. S., 2014). This Capstone utilizes two forms of data triangulation. The first type, method triangulation, is demonstrated through the multiple methods of data collection. The other type of triangulation signifies the use of more than one perspective. Both Social Capital Theory, as well as Critical Race Theory perspectives, were used to analyze and interpret the information, which further triangulates the data (Denzin, 1978).

To collect quantitative data, a survey<sup>3</sup> was developed for current occupational therapy practitioners who identify as Black, Hispanic, or Native American to assess how they feel supported to seek out leadership roles within the Association. There were a total of 58 respondents to the survey. There were 52 (89.66%) Occupational Therapists and 6 (10.34%) Occupational Therapy Assistant respondents, of which 53 (91.83%) were female, and 5 (8.62%) were male.

**Figure 2. Survey Respondent Demographics**



The sample selection process began as a sample of convenience. The contact person at AOTA sent an email to program directors across the country to attempt to garner a diverse geographic perspective. Five out of twenty program directors responded and, through follow up emails, scheduled interview times. These program directors represented the northeast, southeast, and southwestern states. From there, the program directors recruited students who identify as Black, Hispanic, and or Native American from their respective programs to participate in the focus groups. The recruitment invitation was also extended through the AOTA Black and Hispanic multicultural networking groups. An attempt was made to extend the invitation to the Native American multicultural networking group. However, there was no response. Students that

<sup>3</sup> Appendix A- Survey Questions

participated in the focus groups were from various locations across the United States, including Massachusetts, Florida, North Dakota, Maryland, North Carolina, Texas, and California.

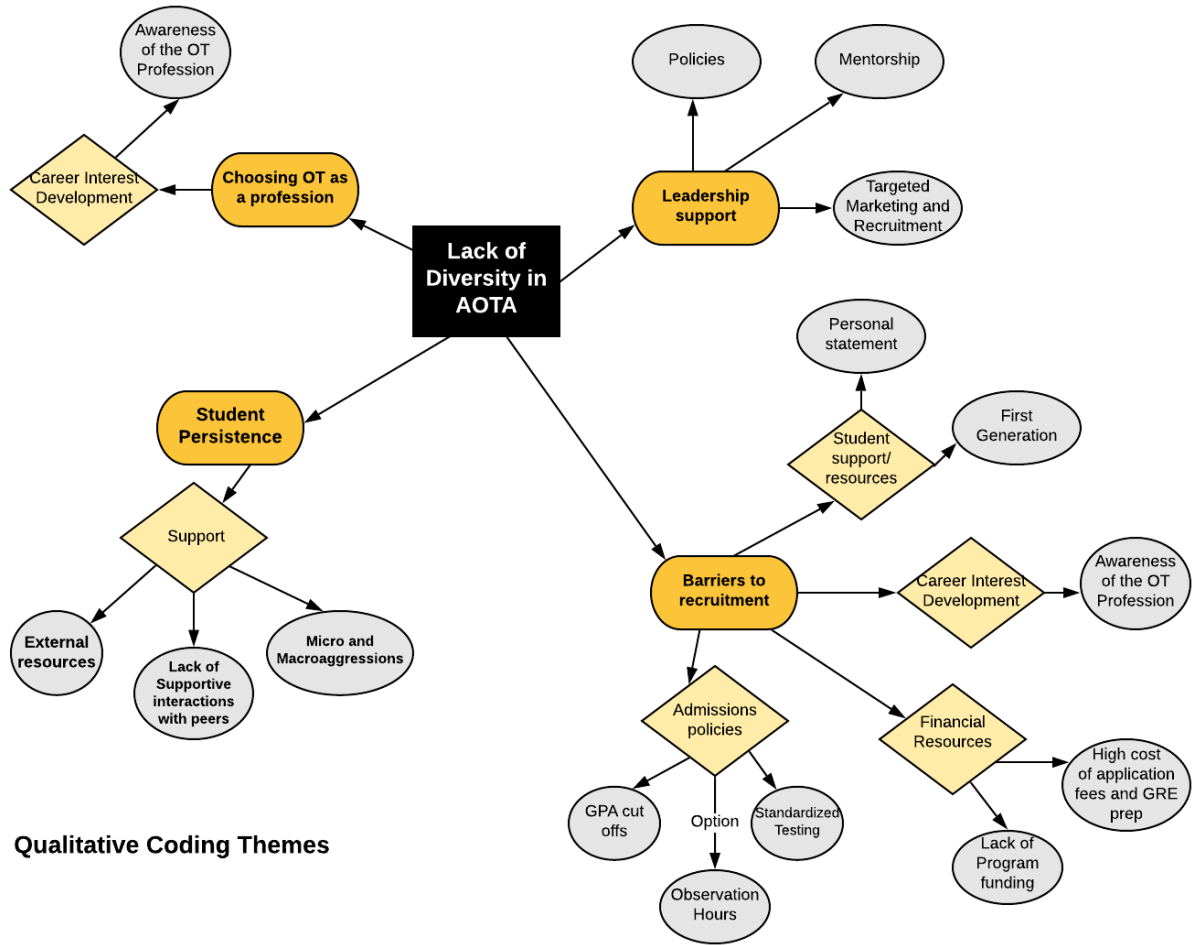
Invitations to participate in the survey were also distributed among the AOTA Black and Hispanic multicultural networking groups. An attempt was made via email to distribute recruitment information to the Native American multicultural network group; however, there was no response. Participation in the interview, focus group, or survey was voluntary, and the participants were not paid for their engagement in the study.

The interviews of the program directors were conducted face to face via video conferencing during a convenient time for the participants. The semi-structured interview questions centered around program directors' perceptions on the barriers to access by students who identify as Black or Hispanic into their programs and the level of support given to current students who identify as Black or Hispanic. Likewise, the focus groups were also conducted using video conferencing platforms at a time that was convenient for the participants. The semi-structured focus group questions were directed at finding the student's perspective of barriers to access and persistence in their respective educational programs. The survey questions were designed to provide information about current practitioner's perceptions regarding support given, as well as pathways to leadership positions within the AOTA. It should be noted that data collection was made during the COVID19 Pandemic, in the wake of recent highlights of racial inequities and the George Floyd and Breonna Taylor murders.

The lack of randomized selection created unequal representation across the United States and was a limitation to the data collected. Another limitation was the sampling method of student and practitioner selection. While it is not a requirement for OT students or OT practitioners to hold membership at the AOTA, the recruitment of students for focus groups and practitioners for surveys were limited to those who are affiliated with the AOTA. They were also prone to self-selection bias and may not be reflective of the general population.

For my data analysis, Nvivo was used to code and analyze qualitative data, and Qualtrics was used to collect and analyze the quantitative data. From the initial analysis of the interviews and focus groups, broad themes emerged. The themes included barriers to recruitment, student persistence, choosing OT as a profession, and leadership support. During further analysis, subthemes were extracted from the data into groups, which informed the use of direct quotes for thematic support.

Figure 3. Qualitative Coding Themes



Qualitative Coding Themes



**Table 2. Research Questions Connected to Framing Questions**

Research Questions	Research Questions Connected to Framing Questions		
	PD Interview Questions	Student Focus Group Questions	Practitioner Survey Questions
<b>RQ1:</b> What are the barriers to recruiting Black and Hispanic applicants in the occupational therapy profession for Occupational Therapy Programs?	Tell me how your program recruits applicants for possible admission into your program?	What do you think was the hardest thing to do when applying for admission into OT programs?	
	What type of students are you looking for in your applicant pool?	If any, what do you think were barriers to entering the program?	
	Please describe the process for reviewing applications.		
	In what ways, if at all, does your program support equity and inclusion in your admissions practices?		
	What do you think the challenges and barriers are for applicants of color?		
<b>RQ2:</b> What resources support the persistence of Black and Hispanic students in the occupational therapy Master’s Degree programs?	In what ways are you supporting the students in your program?	What do you think was the hardest thing to do when applying for admission into OT programs?	
	What resources do you provide for your students?	If any, what do you think were barriers to entering the program?	
	Are there any specific resources provided to Black and Hispanic students in your program?		
<b>RQ3:</b> What influences contribute to why Black and Hispanic students and practitioners choose the occupational therapy profession?		When did your interest in OT begin?	How important were each of the following factors when you decided to become an occupational therapist? Salary, Cost of education, Employment outlook, Entering a helping profession, Flexible work schedule.
		How did you decide that you wanted to be an occupational therapist?	What or who influenced you to choose occupational therapy as a profession?

<p><b>RQ4:</b> In what ways are the current Black and Hispanic occupational therapy practitioners feel they are being supported for leadership roles within AOTA?</p>		As a practitioner of color, in what ways do you feel like you are being supported by AOTA?
		Have you ever applied for a leadership position within AOTA? Y/N
		What do you think was the hardest thing to do when applying for the leadership position within AOTA?
		Are you planning to apply for a leadership position with AOTA within one year? Y/N
		In your opinion, is there a clear pathway to leadership in AOTA? Y/N
		Do you feel that information about leadership opportunities in AOTA is available to you?

### Findings

#### Research Question 1: What are the barriers to recruiting Black and Hispanic applicants in the occupational therapy profession for Occupational Therapy Programs?

For the purposes of this Capstone, recruitment encompasses attracting, accepting, and matriculating students into an occupational therapy education program. Four themes emerged from the data in regards to barriers to recruiting applicants; General lack of awareness about the occupational therapy profession, application screening methods, financial resources, and student support/resources.

#### ***Lack of awareness about occupational therapy:***

Three out of five program directors suggested the lack of representation in their programs is attributed to society’s general lack of awareness of the occupational therapy profession, therefore, preventing students of color from applying. *“I think one [barrier] is just even people may not be exposed to the profession.”*, said PD1. Referring to under-resourced communities, PD5 stated, *“they don’t know about us as a career option.”* Students echoed that sentiment as most reported that they found out about the occupational therapy profession while matriculating in or graduating from an undergraduate program. Student Olivia stated, *“I didn’t really know what it was until post-grad.”* The barrier of generalized lack of awareness of the occupational therapy profession supports the data obtained for Research Question 3.

***Application screening methods:***

Four out of five program directors reported their screening process as a barrier to admitting diverse students. The applicants are screened using GPA, standardized testing, and observation hours. Their admissions process dictates score cutoffs and minimum volunteer hours in order to progress into the admissions cycle. Two program directors reported that the university imposes the parameters for cut off scores; however, the parameters of the minimum requirement increases as the competition increases. PD2 explained, “*we say our minimum is a 3.2, but most people who get in are ranging between a 3.5 and higher [on their prerequisite GPAs].*” PD5 supported this notion when she stated, “*I do the initial review of all applicants just to see if they meet the qualification. If they don’t meet the qualification, we don’t even look at their application.*” To further highlight screening as a barrier, PD5 continued, “*[this] is a competitive [program], and they do have to compete, and sometimes I have applicants with a 3.0, [and I think] I’m sorry, there’s folks who are better than you.*”

Program directors from the Hispanic Serving Institutions recognized the implications of standardized scores and their possible impact on the application process for students when English is not their first or primary language. PD3 shared, “*a lot of our students are English was not their first language. So we know that some of that may affect their scoring on standardized tests.*” PD3 also stated that many of these students were undergraduates from the same institution.

PD1 stated that she understands the impact of using standardized scores as a screening method and shared her excitement as she explains, “*this is the first cycle we have dropped the GRE, which is excellent.*” As she is taking steps to increase diversity in her program by eliminating the barrier of standardized tests, she expressed her disappointment when she stated, “*we still seem to draw this traditional white young female, and it is just really troubling you know that we’re still there.*” PD1 also stated, “*we’ve worked a lot toward trying to break down some of those clear barriers to preventing more diverse applicants and actual students in our programs,*” as she agreed having rigid cut off requirements for screening applicants eliminates capable students of color from the applicant pool. PD2 agrees and has advocated for change stating, “*based on literature that we brought to the table, [we were able to show] the obstacles with requiring the GRE [presents].*”

Student participants of the focus group also identified standardized scores as a significant barrier to applying to occupational therapy programs. Historically, marginalized populations do not score as well as their white counterparts on standardized exams such as the GRE. Students reported that studying for the GRE was a daunting process. They felt pressure and did not feel comfortable taking a standardized test for entrance into higher education. Cecilia reported, “*I don’t feel comfortable with standardized testing, ...and I don’t think it’s really a good measure of our abilities and skills really.*” In fact, Nia reported intentionally applying to programs that did not require the GRE because of her low performance on the exam. Zara reported taking the exam

several times in an attempt to increase her scores. She explained, *“The GRE score was like the biggest barrier for me. I was like a point away from the cutoff...I did retake the GRE twice, and that’s a lot of money.”*

For many underrepresented students, taking a standardized test can be anxiety-inducing as they experience stereotype threat. Black and Hispanic students internalize low expectations based on stereotypes and feel undue pressure to perform counter that stereotype. Occupational Therapy programs continue to use the GRE as a primary source for admissions screenings. Thus, continuing a cycle that perpetuates inequitable access to the profession.

Students also reported minimum observation hours as a barrier to applying. Students with limited personal connections to an occupational therapist found it challenging to meet this requirement. One student (*Talia*) recalled the reason they did not meet the standard expected observation hours and stated, *“because you really had to like cold call places and drive up to places and say, “hey can I shadow you?” that’s how I got all my shadowing done, and I only got like 75 hours, ... I know a few friends who are going to OT school and they said you have to have at least 150 [hours].”* Another reason students stated that they had difficulty meeting the observation hour requirements was other school or work obligations. As stated by *Talia*, *“I was like that’s impossible because I was also working full time. And I was also taking prereqs on top of that, and so finding extra time during the day to shadow an OT was kind of difficult.”*

Observation of an OT demonstrates to the academic programs that students understand occupational therapy practice as it is unknown to many. Requiring a requisite number of observation hours is inherently biased. Black and Hispanic students are less likely to have access to a practitioner of color and, therefore, will not meet the minimum standards to advance through the admissions process. Social networks are essential for supporting students in this critical piece of the application process.

### ***Financial resources:***

Program directors report a lack of ability to provide financial assistance for students as an incentive to matriculate into their program. PD5 credits the lack of financial resources as a factor in the lack of diversity in the program as she stated, *“I complain all the time about the lack of scholarship and resources to change demographics.”* PD3 stated, *“We don’t have any funds available for our students... we don’t have any internal awards that we can offer to any of our students.”*, as she reflected on supporting the retention of students of color in her program.

All student participants reported application fees and tuition costs as a significant barrier to applying and matriculating into an occupational therapy program. Students were faced with difficult choices when budgeting for the application and matriculation process. Kim stated, *“I knew I couldn’t really afford going out of state, and I knew I couldn’t afford [applying to a lot of*

*schools]...[I applied to] only three programs and two of them are private, and the one I got into was the public university. So it was significantly cheaper being in state, and it's unfortunate, but I honestly didn't even consider masters versus doctorate. My priority was public, and it is in my price range." According to Nyomi, "The most difficult part was just accepting how expensive it is to apply, just doing the application and then submitting them to the different schools. It was extremely expensive."*

Another barrier that emerged from the data was the expense of GRE preparation and the pressure to succeed on the standardized test to limit the expense. Emma stated, *"Another difficulty was the pressure of the GRE. I was determined I was only taking it once because I wasn't going to pay for it twice."* Zara shared the same sentiment when she said, *"I did retake the GRE twice, and that's a lot of money and a lot of studying, and I do also work a part-time job. So it's a lot to bounce around. But yeah, definitely, the GRE was a barrier."*

***Student support/resources:***

Without support or resources, students have difficulty negotiating the higher education application landscape. Program directors reported one of the critical barriers to recruitment as lack of student support for applications. Students who progress in the application cycle become rejected if their personal statement does not reflect access to resources. PD5 explained the effects of income disparities negatively influences the application and leads to the assumption of low academic ability of the prospective student as she stated, *"[the student] may have been a beautiful [personal statement] but no critical review, indicating the person will maybe struggle. So I think just the lack of access to resources [for some applicants], [many others will] tell you they had their parents pay for like a year of like GRE training and their family member reviewed their letter"* PD3 also supports this notion in her statement, *"we've looked at some of the research and that the analytical writing, in particular, tends to correlate with success in graduate school, so I get a little concerned when that one's low that particular one is low."*

PD1 cited being a first-generation student as a limitation to the application process when she stated, *"First-generation, I think is a barrier, because they don't have role models, and they don't quite understand sometimes how to negotiate the way through the process because they haven't had somebody go before them, to help them show them, show them the way."* PD2 agrees that being a first-generation student can be challenging in the application process as she stated, *"[as] a first-generation student, you don't really know necessarily how to sell yourself as an applicant. And that's, you know, that is important...especially in a competitive program, you really have to kind of sell yourself, and if you don't have that background, that can be difficult."*

Students reported difficulty meeting application screening standards such as GPA's, standardized testing scores, and observation hours, which is a direct reflection of lack of access to networks deemed valuable by the educational institutions. Therefore, negatively affecting a

student's readiness and pathway to OT education. As a result of these exclusionary practices, Black and Hispanic applicants have been discarded before they are able to showcase their gifts and talents as a competent student.

**Research Question 2: What resources support the persistence of Black and Hispanic students in the occupational therapy Master's Degree programs?**

Four out of five program directors reported that they did not offer resources specific to Black and Hispanic students in their programs. However, all of them provide resources in the form of tutoring to help with any student who is identified as falling behind. One program has a unique approach and offers its students a connection with local families of color as a resource. PD5 described her program as having a support system that is designed to partner with *“community people who are already committed to the program come in when we have orientation, they are willing to meet and have assigned students.”* The families provide support for the matched student during their matriculation period and sometimes beyond. The academic program holds gatherings for students and their host families several times a year to reinforce a sense of community.

The lack of representation and support from the academic institutions made students feel disconnected from their cohort and have feelings of marginalization. Specifically, there is a lack of supportive interaction with faculty and peers. Students shared their experiences of micro and macro aggressions in the classroom environment. Nyomi shared, *“When I contributed to the conversation, the professor kind of brushed me off, but when a white student said the same thing, they were praised for their insight.”* Ava added, *“whenever we're having like case studies, they don't realize that they made comments about minorities. I'm like, um, biased comments about minorities that really like trigger us.”* Nia revealed her frustration as she forcefully exhaled and stated, *“A lot of times like people will call me the other black girl's name in my class.”*

Ava recalled a time where she was expected to be the representative of the Black race when discussions were centered around race. Ava stated, *“when it comes to race like everybody automatically turns to the two black students and wants our opinions, and that can sometimes be overwhelming.”* The overall feeling of isolation in the classroom was Nia's sentiments in her comment, *“I feel more isolated just because it's always like, it's always this talk of what black people don't have instead of like what we do [in lectures].”* Mya describes her educational experience as, *“I feel like an outsider every day.”*

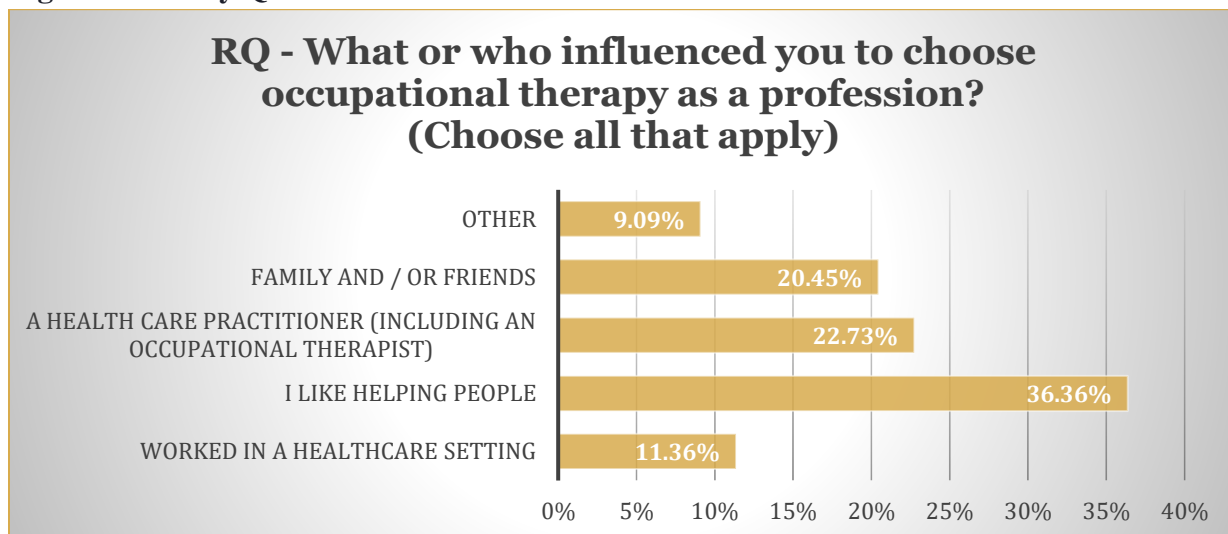
When asked, students reported support for persistence were often from sources external to their academic programs. Although program directors believe that internal systems are available for students (i.e., PD1's program, “we do have a diversity, equity inclusion part of our Student OT Association”), students sought outside networks and resources such as mentorship through the

Coalition of Occupational Therapy Advocates for Diversity (COTAD), which is an organization that supports students in their quest to become inclusive practitioners. The reasons students cited for seeking outside resources were lack of representation in the classroom, with faculty, as well as within the OT educational curriculum. Students reported a feeling of excitement when they were able to find support as they journey through the OT programs. Kim stated, “I was very lucky I got sponsored to go to the national conference during my first year, and I met the beautiful, wonderful world of COTAD.” Kim further explained, “there’s definitely a lot of work that needs to be done, but I definitely found a support system that was needed.”

Stanton-Salazar (1997) noted that social capital available to students within schools could either be a resource for opportunities or alternatively serve as a conduit to perpetuate race and social inequities. Oppressive interactions with faculty and peers lend insight into the ways in which othering creates isolative environments, thus, limiting opportunities for students to thrive within their classrooms. Tajfel (2004) argues that social capital is derived from social groups that individuals have ownership of or identify with. In this environment, students are unable to draw on the social capital of their white classmates as they do not identify as part of the social category or have a sense of belonging. Students seek outside resources to create safe spaces to process macro and microaggressions experienced in their learning environments. As the students situate themselves in an environment in which they feel heard and accepted, they become equipped to persist in an adverse environment.

**Research Question 3: What influences contribute to why Black and Hispanic students and practitioners choose the occupational therapy profession?**

**Figure 4. Survey Question**

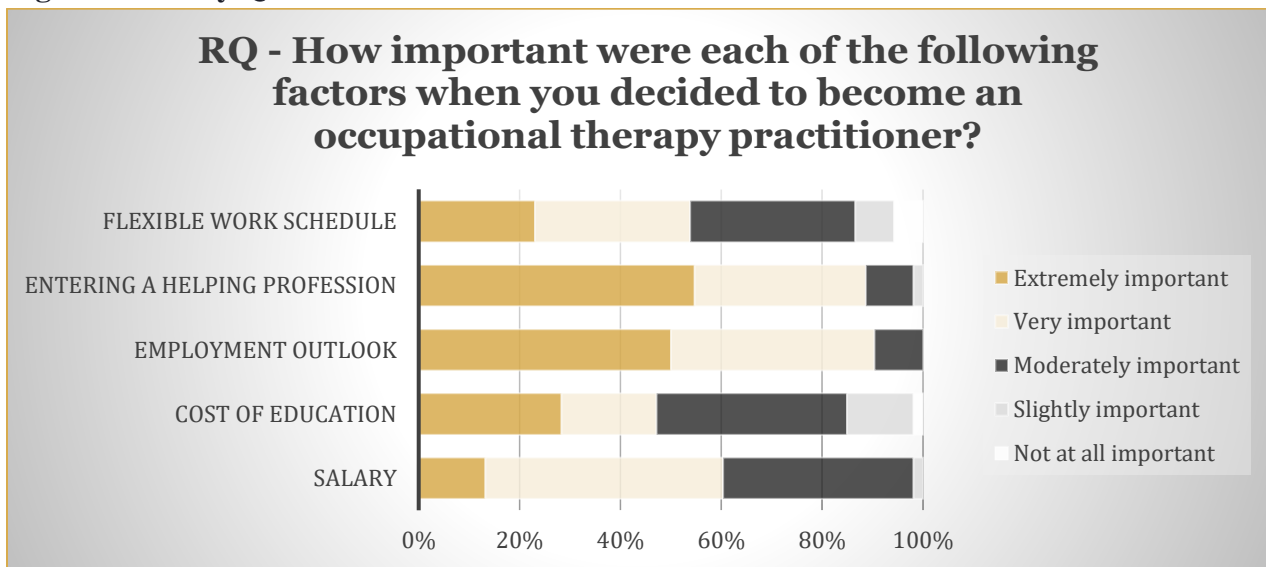


Occupational therapy is a profession that supports clients in their pursuit to participate in their daily occupations. Sixty-one percent of survey participants selected, “I like helping people” as a reason they chose the occupational therapy profession.

Eighty-nine percent of the respondents reported that entering a helping profession was a Very Important to Extremely Important factor when deciding to become an OT. This data validates the attraction of those who inherently want to provide support to others. Participants in the survey reported exposure to the OT profession influenced them to pursue it as a career. In fact, thirty-three percent of the respondents reported that “Family and/or friends” influenced them to choose the OT profession. Thirty-seven percent selected “A healthcare practitioner” as their influence to become an OT. This data also supports research question #1.

Again, social networks are necessary for exposure to the occupational therapy profession. The lack of interaction or experience with OT, especially when there is limited access to Black or Hispanic OT practitioners, makes it difficult for potential students to identify with and potentially view themselves as an OT practitioner.

**Figure 5. Survey Question**



Followed by “Entering a helping profession,” 90% of the respondents reported “Employment outlook” as being Very Important to Extremely Important. This information responds to the projected growth of the profession by 18% by the year 2028. Respondents find it enticing to capitalize on the growing demand for occupational therapists in the United States.

The AOTA reported the median salary for Occupational Therapists across the US in 2019 as \$72k per year (*AOTA 2019 Workforce and Salary Survey*, n.d.). “Salary” was selected as a Very Important to Extremely Important factor when deciding to become an OT by fifty-eight



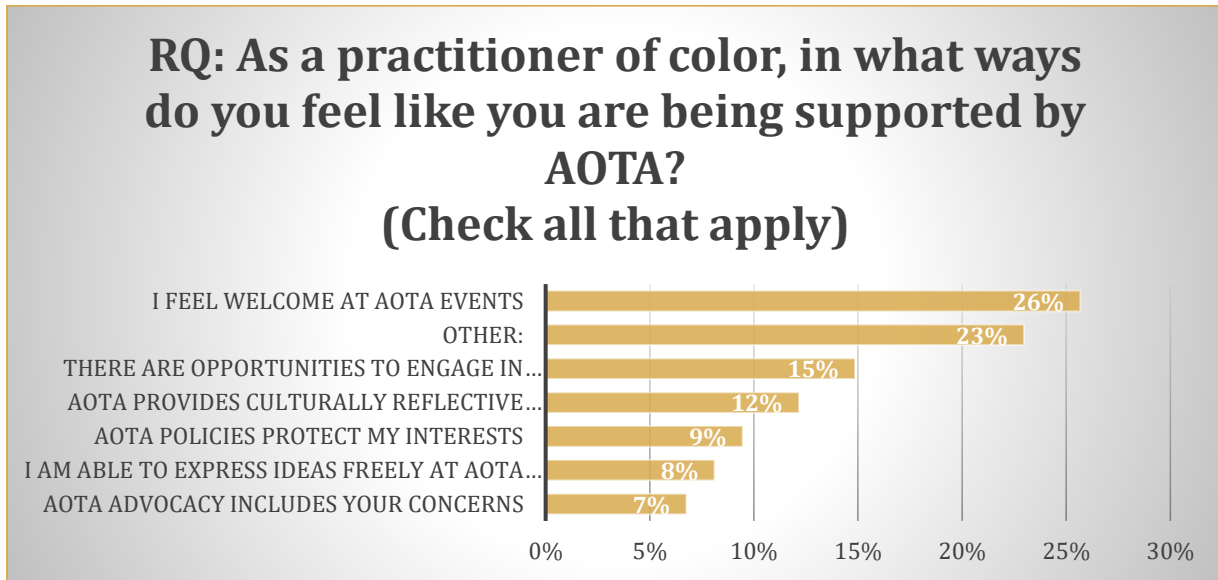
percent of the respondents. As a response to the expense of the application process, as well as matriculation fees, salary would be a natural benefit to potential OT practitioners. Fifty-four percent cited “Flexible work schedule” as being a Very Important to Extremely Important factor in this decision. Choosing a profession that would render a financial return on their investment coupled with the flexibility in work schedule can change the trajectory of a community. Having access to these desirable career attributes can position marginalized people in a way that allows them to counter structural and institutional barriers.

**Research Question 4: In what ways are the current Black and Hispanic occupational therapy practitioners feel they are being supported for leadership roles within AOTA?**

Although 34% of respondents reported feeling welcome at AOTA events, 31% of survey participants reported in the “other” category that they did not feel supported by the AOTA for leadership positions. Here are a few of their comments:

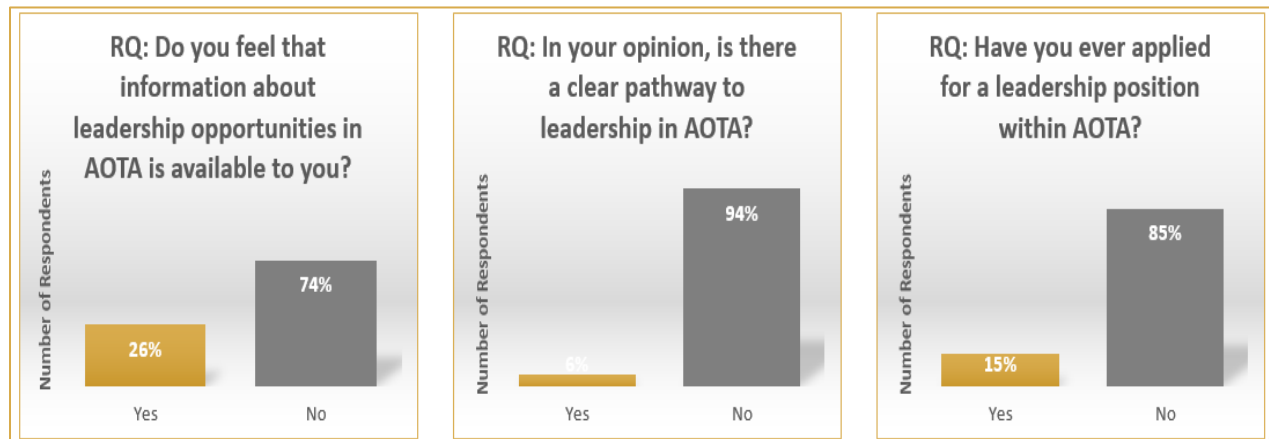


Figure 6. Survey Question



The AOTA offers an Emerging Leader Development Program (ELDP), which selects candidates to provide leadership training coupled with ongoing mentorship. Selected candidates are paired with a mentor who currently holds a leadership position within the AOTA. The program is designed to prepare practitioners for leadership positions. However, 94% of the respondents do not think there is a clear pathway to leadership. Only 15% of the Black and Hispanic practitioners who participated in the survey applied for a leadership position within the AOTA. Participants cited several barriers to leadership positions within the AOTA. These barriers include policies, lack of mentorship, and lack of targeted marketing and recruitment.

Figure 7. Research Questions



### **Policies**

Respondents felt the AOTA's policies are not supportive of Black and Hispanic practitioner's pathways into leadership positions. One respondent cites lack of direct statements promoting inclusion in policy as a barrier when recording the statement, "*AOTA must strengthen its position statement on its relationship with the National Black Occupational Therapy Caucus,*" referring to a Black organization associated with the AOTA. Policies that affect accreditation do not have explicit language that promotes equity and inclusion.

Practitioners attribute the scarcity of Black and Hispanic practitioners in positions of power as a negative impact to diversity in leadership when two respectively responded, "*AOTA must improve by bringing more Black practitioners into the boardrooms and decision-making positions throughout its organization,*" and "*Having diverse leaders on boards and groups of decision making.*"

Historically, Black and Hispanic populations have felt excluded from opportunities as reflected in societal norms due to institutionalized racism. Providing explicit language that expresses a discourse of diversity, equity, and inclusion would also signal to those who have been consistently marginalized that the opportunities are indeed available for them. One participant offered a solution to counter the exclusionary practices as she wrote, "*including anti-racism in the [accreditation] standards [for occupational therapy programs], and also making anti-racism CEU's a requirement [for practitioners to maintain licensing].*"

### **Mentorship**

Just as mentorship is a vital support mechanism for Black and Hispanic students through their educational programs, mentorship is an important component to developing pathways to leadership for underrepresented groups. Respondents of the survey supported this sentiment. One wrote, "*Having a mentorship program for students to help transition from school to leadership roles*" as a suggested resource for increasing diversity. Another proposed that the AOTA offer "*Increased opportunities for involvement in leadership positions via mentoring, panel discussions facilitated by multi-racially diverse backgrounds.*" One respondent felt that "*A bigger/ more apparent support group for practitioners of color*" would increase diversity at the leadership level.

### **Targeted Marketing and Recruitment**

Intentionally marketing to Black and Hispanic communities strengthen the capacity to increase diversity within the profession, therefore impacting diversity in leadership. Twenty-one percent of the respondents reported that recruitment of Black and Hispanic practitioners for leadership positions through targeted marketing would increase diversity. A respondent commented, "*Outreach specifically to practitioners of color, seeing other OTs of color in leadership positions*" would have a positive impact on diversity. In fact, three participants

suggest recruitment start by targeting a diverse pool of potential students for OT education programs. One participant reported, *“It begins with RECRUITING, ACCEPTING, RETAINING, and GRADUATING Black students through OT programs.”* Another respondent supported this idea and reported, *“AOTA should work with HBCU programs to ensure students are aware of student leadership and fieldwork roles available through AOTA.”*

AOTA provides a generalized leadership program (i.e., ELDP); however, the information about the process for inclusion is not readily accessible for the membership. Respondents reported that they had difficulty locating information about leadership opportunities. A participant would like *“More information that is easily accessible, resources specifically for BIPOC OTs on their website,”* as a solution to provide transparency to the process. Another practitioner felt that *“The information on the AOTA website is often ‘hidden,’ and a person has to know where to look.”* Other practitioners who participated in the survey suggested expanding information beyond the AOTA website by providing *“Easier ways to access information. Clear opportunities about leadership [opportunities] posted in a variety of mediums (social media, email, mail, etc.)”* and *“Posting information in relevant minority groups on social media platforms.”*

Although the AOTA offers the ELDP, there needs to be intentional outreach or a leadership program specifically for practitioners of color. Through the survey, a participant requested *“More outreach and education, awareness on how to take on a leadership role.”* Another practitioner proposes that *“More advocacy, more opportunities/events/network to meet other [people of color] in our field.”* and *“[providing education] on the levels of leadership and how and why it’s important we can get there”* will support them in the leadership process. Being intentional in this endeavor reduces the confusion of feeling “othered” by the organization.

### Recommendations

A review of the literature revealed themes that focused on the Higher Education landscape. As such, the Occupational Therapy and Occupational Therapy Assistant Academic Programs should be the focus of intervention in order to facilitate Diversity, Equity, and Inclusion (DEI) within the Occupational Therapy profession in a meaningful way. The major themes that were uncovered include recruitment practices that negatively affect the admissions process for students of color (Zayas & McGuigan, 2006; Marini et al., 2019), difficulty retaining students of color in graduate academic programs due to lack of support and resources (Aryan & Guzman, 2010), and lack of diverse leadership within the AOTA (AOTA, n.d.).

In order to facilitate organizational change, there must be buy-in from leadership and those in a position of power, an environment conducive to change, and financial resources. To address the key findings with priority, a recommended action plan targeting AOTA Leadership as well as Academic Program Directors was developed. Once buy-in is established, these key stakeholders will be in a position to make necessary changes from the top, causing downstream effects to benefit admissions processes, support for Black and Hispanic students, and increase diverse leadership opportunities. The following goals have been prioritized:

1. Remove barriers to recruiting Black and Hispanic students into Occupational Therapy Academic Programs.

2. Increase retention by supporting Black and Hispanic Occupational Therapy Students and Occupational Therapy Assistant Students.
3. Prepare and support Black and Hispanic Occupational Therapy Practitioners for leadership positions within AOTA.

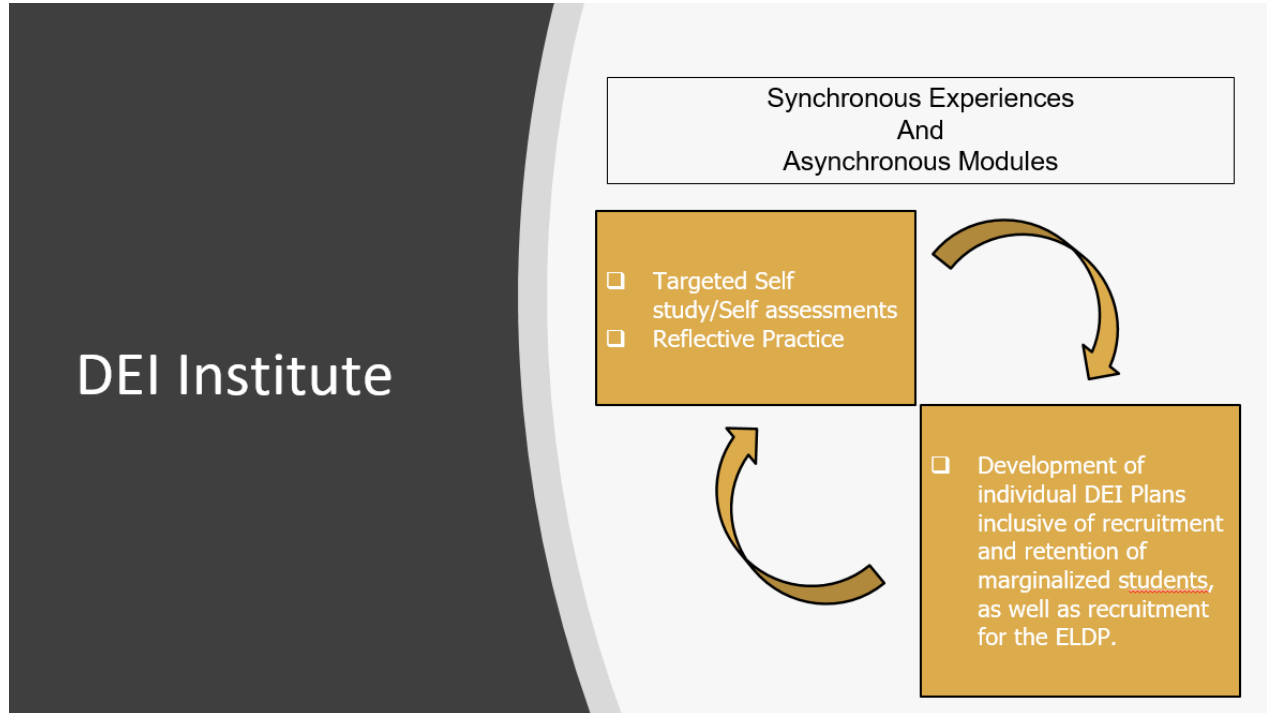
To reach these goals, I recommend the AOTA develop a DEI Institute for AOTA Leadership, OT and OTA Academic Program Directors using Synchronous Learning Experiences as well as Asynchronous Learning Modules. These learning experiences will facilitate the development of DEI plans within their own context through self-study, self-assessments, and the opportunity to practice DEI principles within their settings. The DEI Institute should include content that addresses the key findings and facilitates the above goals within a community of practice. Sample content includes:

- Program directors will analyze existing institutionalized practices to identify strengths and opportunities to create equitable and inclusive policies and procedures for Admissions processes.
- Program directors will analyze existing institutionalized policies and practices to identify strengths and opportunities for growth and identify possible university-wide as well as external community partnerships as a resource (i.e., Affinity groups, Black and Hispanic student organizations, Black and Hispanic community organizations).
- AOTA leadership will analyze their current marketing materials and create a new marketing plan to intentionally recruit Black and Hispanic Practitioners for the ELDP.

Table 3. Key Findings linked to Sample Content and Goals

Key Finding	Sample DEI Institute Content	Goal
<p>Barriers to recruitment of Black and Hispanic applicants in the occupational therapy profession include a general lack of awareness about the occupational therapy profession, application screening methods, financial resources, and student support/resources.</p>	<p>Program directors will analyze existing institutionalized practices to identify strengths and opportunities to create equitable and inclusive policies and procedures for Admissions processes.</p>	<p>Remove barriers to recruiting Black and Hispanic students into Occupational Therapy Academic Programs.</p>
<p>Occupational therapy programs did not provide adequate support for Black and Hispanic students in their programs.</p>	<p>Program directors will analyze existing institutionalized policies and practices to identify strengths and opportunities for growth and identify possible university-wide as well as external community partnerships as a resource (i.e., Affinity groups, Black and Hispanic student organizations, Black and Hispanic community organizations).</p>	<p>Increase retention by supporting Black and Hispanic Occupational Therapy Students and Occupational Therapy Assistant Students.</p>
<p>Black and Hispanic OT practitioners do not feel supported for leadership roles within AOTA.</p>	<p>AOTA leadership will analyze their current marketing materials and create a new marketing plan to intentionally recruit Black and Hispanic Practitioners for the ELDP.</p>	<p>Prepare and support Black and Hispanic Occupational Therapy Practitioners for leadership positions within AOTA.</p>

**Figure 8. Program Theory**



### **Program theory**

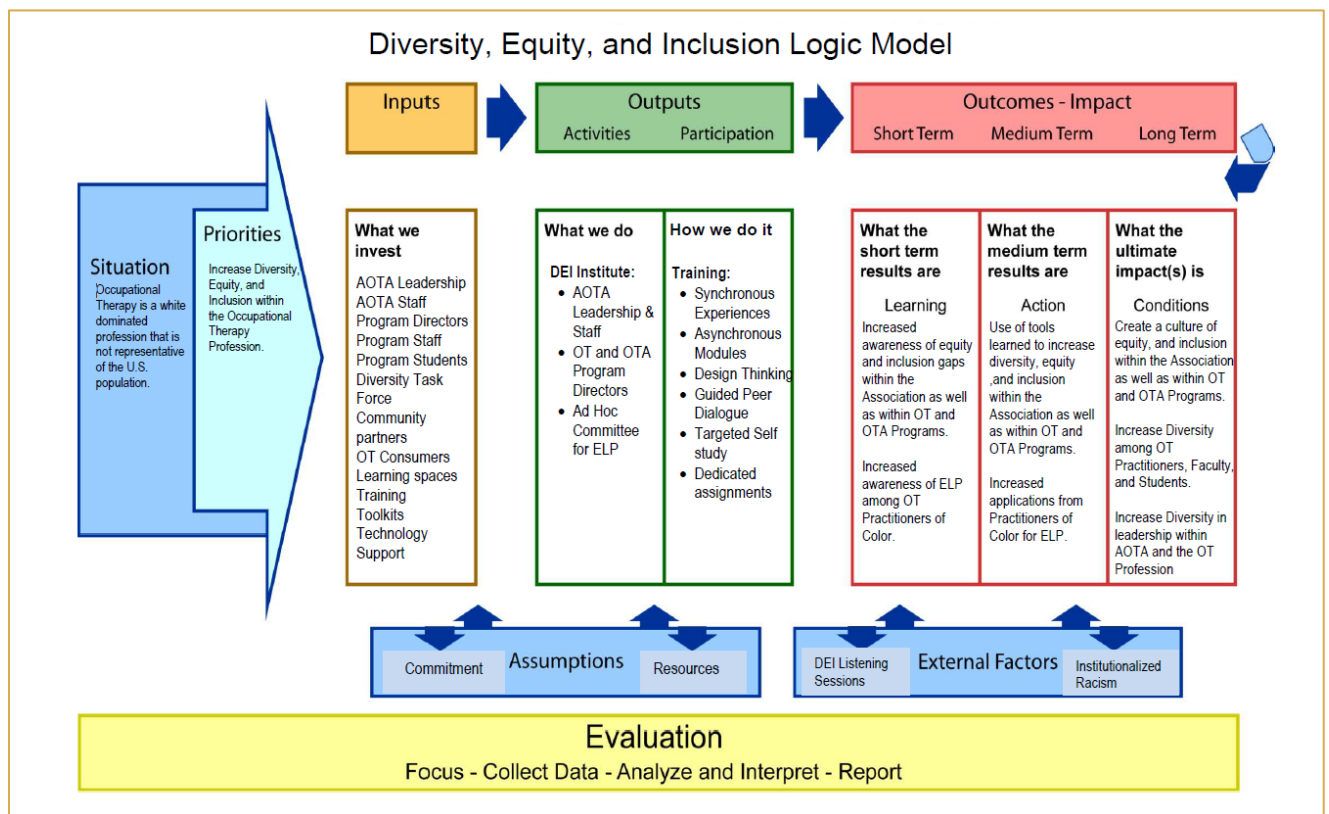
The strategies used in the program design are supported by the literature and will be a guide for AOTA to reach their goals. The design elements are targeted towards AOTA leadership and staff as well as OT program directors. Based on the program theory, there is an assumption that the program design elements, coupled with the focus on enhancing the Diversity, Equity, and Inclusion practices, will ultimately change the culture and produce a diverse profession that is equitable and inclusive to people of color. Similar to the program accreditation process, these learning experiences will facilitate the development of DEI plans within their own context through self-study, self-assessments, and the opportunity to practice DEI principles within their settings (i.e., Goals 1 and 2). These experiences will also intentionally target leadership opportunities for practitioners of color within the AOTA (i.e., Goal 3). Dedicated assignments will analyze existing institutionalized practices to identify strengths and opportunities to create equitable and inclusive policies, procedures, marketing tools, admission practices, curriculum review, etc.

By facilitating a DEI Institute, there will be an increase in awareness of how to incorporate these principles and practices into AOTA leadership and OT Programs; then, the respective parties will be able to strengthen their identified DEI opportunities for growth within the context of their existing infrastructure. Thus, creating a culture that will result in increasing diversity, equity, and inclusion within the OT profession. This learner-centered approach allows the participant to use reflective insight and raise their awareness of how the DEI principles and practices can be applied to recruitment and retention of students of color at their participating

institutions, as well as the development of leadership pipelines (Boyd & Fales, 1983). The program director will then be equipped to intentionally develop and implement DEI policies and practices that support the equity and inclusion of students of color into the programmatic discourse.

Synchronous learning opportunities provide participants with the tools needed to sharpen their DEI lens within the context of the common community. Asynchronous modules allow participants to practice using a DEI lens to analyze policies and practices for equity and inclusion and integrate these skills into the programmatic structure and culture of their institutions. If this is integrated into the OT community, then equitable practices will be reinforced and there will be a culture of belonging for students of color. These practice opportunities prompt the participant to think reflectively about the content learned in the other modalities and practice in real-time (Ritchhart, 2015).

**Figure 9. Logic Model**



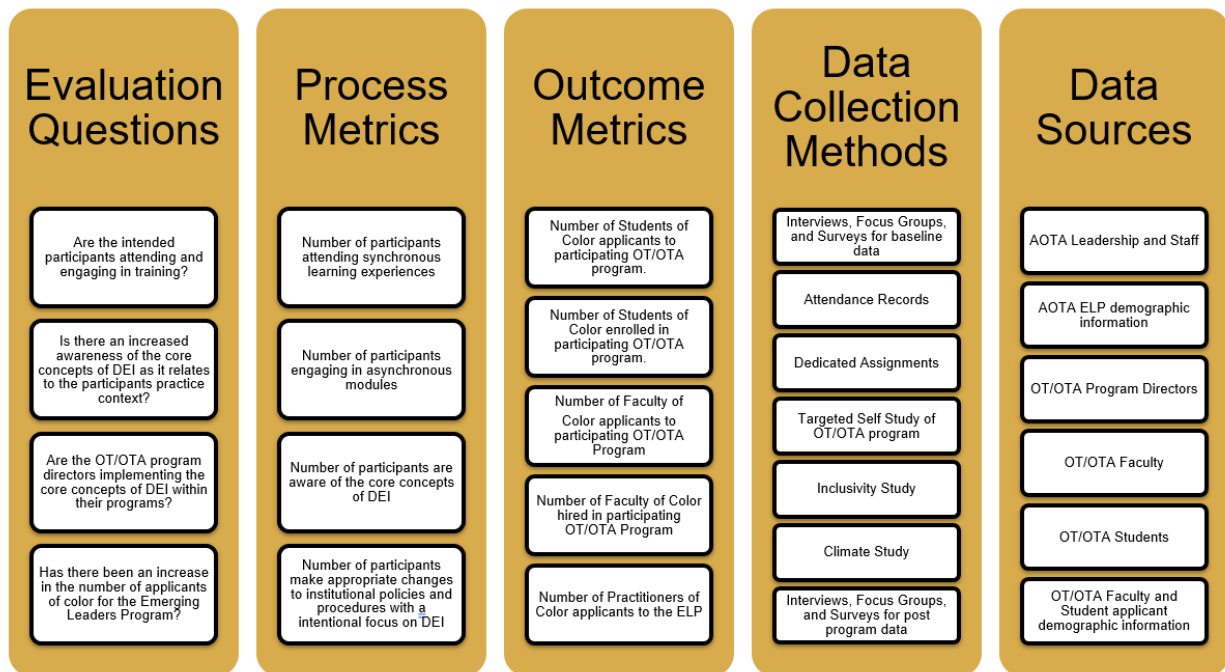
The purpose of this logic model is to effectively communicate the relationships between the inputs, outputs, and outcomes. Within this framework, information is gathered to inform the evaluation strategy. The inputs are required to facilitate meaningful activities to enhance participation and ultimately reach AOTA’s goals of increasing diversity, equity, and inclusion



within the occupational therapy profession. For example, training and appropriate resources provide the platform and content for the asynchronous and synchronous learning experiences.

In order for the program to be successful, there are certain assumptions. AOTA leadership and academic program directors must have adequate time to engage, learn, and practice new skills. The AOTA must provide resources and remain committed in order for the Institute to run smoothly.

**Figure 10. Key Evaluation Questions**



The DEI Institute should be monitored for effectiveness in delivery methods (i.e., process evaluation) as well as effectiveness for meeting its intended goals (i.e., outcome evaluation). Within the program design, evaluations will be embedded to measure the fidelity of implementation as well as the outcomes of the short and intermediate goals. The long-term goals should be evaluated one to two years after participation in the DEI Institute. The program evaluation will provide evidence to all stakeholders who have a vested interest in the DEI Institute. These key evaluation questions are centered on the implementation as well as the impact of the Institute.

### Conclusion

This Capstone identified key findings that contribute to the continued underrepresentation of Black and Hispanic people in the Occupational Therapy Profession. From recruitment, retention, and leadership pathways, Black and Hispanic people have been systematically

neglected and left out of opportunities. As an organization whose charge is to represent the interests of OT practitioners and students as well as sets standards for the profession, the AOTA must position itself to facilitate change.

The recommendation of developing a DEI Institute would address the lack of diversity, equity, and inclusion within the profession. The proposed learning modules will encourage the leadership within academia and the profession as a whole to practice using a DEI lens within their daily routines and integrate these skills into the programmatic structure of their institutions. The Institute will enable them to take a deep dive into their current policies and practices, develop solutions, and create an action plan. If this is integrated into the OT program community, then there will be a culture of belonging and learning for students and practitioners of color. The climate of the country, as it relates to the COVID19 Pandemic, along with the recent highlights of racial inequities, has built a momentum of acceptance for DEI practices. These important and influential external factors have the potential to impact the Institute's effectiveness in a powerful way.

## References

Abreu, B. C., & Peloquin, S. M. (2010). *THE ISSUE IS Embracing Diversity in Our Profession*.

AOTA. (n.d.). About AOTA. Retrieved from <https://www.aota.org/AboutAOTA.aspx>

*AOTA 2019 Workforce and Salary Survey*. (n.d.). Retrieved November 8, 2020, from

<https://library.aota.org/AOTA-Workforce-Salary-Survey-2019/>

Aryan, B., & Guzman, F. (2010). Women of Color and the PhD: Experiences in Formal Graduate Support Programs. *Journal of Business Studies Quarterly; Antioch*, 1(4), 69–77.

Black, R. M. (2002). Occupational therapy's dance with diversity. *The American Journal of Occupational Therapy : Official Publication of the American Occupational Therapy Association*, 56(2), 140–148. <https://doi.org/10.5014/ajot.56.2.140>

Bell, D. (1992). Racial realism. *Conn. L. Rev.*, 24, 363. Delgado, R., & Stefancic, J.

(2017). *Critical race theory: An introduction* (Vol. 20). NYU Press.

Lent, R. W., Brown, S. B., & Hackett, G. (1994). Toward a unifying social cognitive theory of career and academic interest, choice, and performance [Monograph]. *Journal of Vocational Behavior*, 45, 79–122.

Lin, V., Zhang, X., & Dixon, P. (2015). Occupational therapy workforce in the United States: forecasting nationwide shortages. *PM&R*, 7(9), 946-954.

Marini, J. P., Westrick, P. A., Young, L., Ng, H., Shmueli, D., & Shaw, E. J. (2019).

Differential Validity and Prediction of the SAT®: Examining First-Year Grades and Retention to the Second Year. College Board.

*National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice*. (n.d.). 192.

Occupational Therapy's Commitment to Nondiscrimination and Inclusion. (2014). *American Journal of Occupational Therapy*, 68(Supplement\_3), S23–S24.

<https://doi.org/10.5014/ajot.2014.686S05>

Stanton-Salazar, R. D. (1997). A social capital framework for understanding the socialization of racial minority children and youths. *Harvard Educational Review*, 67(1), 1–39.

Taff, S. D. & Blash, D. (2017). Diversity and Inclusion in Occupational Therapy: Where We Are, Where We Must Go, *Occupational Therapy In Health Care*, 31:1, 72-83

Tajfel, H., & Turner, J. C. (2004). The Social Identity Theory of Intergroup Behavior. In J. T. Jost & J. Sidanius (Eds.), *Key readings in social psychology. Political psychology: Key readings* (p. 276–293). Psychology Press

Triangulation, D. S. (2014, September). The use of triangulation in qualitative research.

In *Oncology nursing forum* (Vol. 41, No. 5, p. 545).

US Census Bureau (2017). *2017 National Population Projections Tables*. Retrieved from

<https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html>

US Department of Education. (2016). *Advancing diversity and inclusion in higher education*.

US Department of Labor, Bureau of Labor Statistics. (2018). *Occupational outlook handbook:*

*Occupational therapists*. Retrieved from

<https://www.bls.gov/ooh/healthcare/occupational-therapists.htm>

Valentine, P., Wynn, J., & McLean, D. (2016). Improving Diversity in the Health Professions.

*North Carolina Medical Journal*, 77(2), 137–140. <https://doi.org/10.18043/ncm.77.2.137>

Wendler, C., Bridgeman, B., & Ezzo, C. (2014). The Research Foundation for the GRE revised

General Test: A compendium of studies. *Educational Testing Service: Princeton, NJ,*

*USA*.

Yosso \*, T. J. (2005). Whose culture has capital? A critical race theory discussion of community cultural wealth. *Race Ethnicity and Education*, 8(1), 69–91.

Zayas, L. E., & McGuigan, D. (2006). Experiences promoting healthcare career interest among high-school students from underserved communities. *Journal of the National Medical Association*, 98(9), 1523–1531.

**APPENDIX A: Occupational Therapy Practitioner Survey Questions**

1. Please check one: \_\_\_\_ Occupational Therapist \_\_\_\_ Occupational Therapy Assistant
2. How many years have you been in practice as an occupational therapist? (Choose one)
  - a. Less than 1 year
  - b. 1-5 years
  - c. 6-15 years
  - d. 16-30 years
  - e. More than 30 years
3. In what area of practice are you currently working? (Choose all that apply)
  - a. Acute Care
  - b. Administration / Management
  - c. Community
  - d. Skilled Nursing Facility
  - e. Health and Wellness
  - f. Home health
  - g. Mental Health
  - h. Private Practice
  - i. School Systems
  - j. OT Education and/or Research
  - k. Work and Industry
  - l. Other
4. What or who influenced you to choose occupational therapy as a profession? (Choose all that apply)
  - a. Family and/or friends

- b. Worked in a healthcare setting
  - c. A health care practitioner (including an occupational therapist)
  - d. Helping people
  - e. Other: \_\_\_\_\_
5. How important were each of the following factors when you decided to become an occupational therapist? (0= Not Important, 1= Somewhat Important, 2= Important, 3= Very Important, 4= N/A)
- a. Salary
  - b. Cost of education
  - c. Employment outlook
  - d. Entering a helping profession
  - e. Flexible work schedule
  - f. Other: \_\_\_\_\_
6. As a practitioner of color, in what ways do you feel like you are being supported by AOTA?
7. Do you currently hold a leadership position within AOTA? Y/N
- a. List title of leadership position held: \_\_\_\_\_
8. Have you ever applied for a leadership position within AOTA? Y/N
- a. What do you think was the hardest thing to do when applying for the leadership position within AOTA?
9. Are you planning to apply for a leadership position with AOTA within one year? Y/N
10. In your opinion, is there a clear pathway to leadership in AOTA? Y/N

11. Do you feel that information about leadership opportunities in AOTA is available to you?

Y/N

a. Where do you receive information about leadership opportunities in AOTA?

i. AOTA Website

ii. AOTA Conference

iii. Place of employment

iv. Referral from someone in AOTA leadership

v. Other: \_\_\_\_\_

12. What would you change about the process that would be helpful for practitioners of color?

13. Do you currently hold a leadership position within your State Occupational Therapy

Association? Y/N

a. List title of leadership position held: \_\_\_\_\_



**APPENDIX B: Semi-structured Interview Protocol**

Director of the Occupational Therapy Program Questions

1. Tell me about yourself.
2. How long have you been the director of this program?
3. Tell me how your program recruits applicants for possible admission into your program?
4. What type of students are you looking for in your applicant pool?
5. Please describe the process for reviewing applications.
6. In what ways, if at all, does your program support equity and inclusion in your admissions practices?
7. In what ways are you supporting the students in your program?
8. What resources do you provide for your students?
  - a. Are there any specific resources provided to Black and Hispanic students in your program?
9. Do you have a Diversity, Equity, and Inclusion Plan?
  - a. If so, what is included?
10. What is included in your Strategic Plan for ACOTE?
11. How many faculty of color are here in this program?
  - a. In what capacity (i.e., adjunct vs. professor)?
12. How many people of color are on your admissions committee?
13. How many people of color are on your hiring committee?
14. What do you think the challenges and barriers are for applicants of color?
  - a. How are you addressing these challenges or barriers?

**APPENDIX C: Semi-structured Focus Group Protocol**

Black and Hispanic Occupational Therapy Student Questions:

1. When did your interest in OT begin?
2. How did you decide that you wanted to be an Occupational Therapist?
3. How many programs did you apply to?
4. What was the deciding factor for you enrolling in your program?
5. What do you think was the hardest thing to do when applying for admission into OT programs?
6. If any, what do you think were barriers to entering the program?
7. In what ways do you feel like your undergraduate coursework prepared you for this program?
8. In what ways do you feel supported as a student of color in this program?
9. How would you describe the climate of the program?
10. Do you participate in any formal or informal mentorship programs?
11. What would you say is the most helpful support you received from your program?
12. What are the main factors you would say keeps you on track and allows you to persist in the program?
13. What would you change or add to the program here that would be helpful for students of color?

**APPENDIX D: Qualitative Themes and Related Quotes**

	<b>Qualitative Themes</b>	<b>Quotes</b>
<b>RQ1</b>	<i><b>Lack of awareness about occupational therapy:</b></i>	<p><i>“I think one [barrier] is just even people may not be exposed to the profession.”</i></p> <p><i>“They don’t know about us as a career option”</i></p> <p><i>“I didn’t really know what OT was, until post-grad.”</i></p>
	<b>Application screening methods</b>	<p><b>GPA</b></p> <p><i>“We say our minimum is a 3.2, but most people who get in are ranging between a 3.5 and higher [on their prereq GPAs].”</i></p> <p><i>“I do the initial review of all applicants just to see if they meet the qualification. If they don’t meet the qualification, we don’t even look at their application.”</i></p> <p><i>“ [This] is a competitive [program], and they do have to compete, and sometimes I have applicants with a 3.0, [and I think] I’m sorry, there’s folks who are better than you.”</i></p>

		<p><b>GRE</b></p>	<p><i>“A lot of our students are English was not their first language. So we know that some of that may affect their scoring on standardized tests.”</i></p> <p><i>“This is the first cycle we have dropped the GRE, which is excellent.”</i></p> <p><i>“We still seem to draw this traditional white young female, and it is just really troubling you know that we’re still there</i></p> <p><i>“We’ve worked a lot toward trying to break down some of those clear barriers to preventing more diverse applicants and actual students in our programs”</i></p> <p><i>“I don’t feel comfortable with standardized testing, ...and I don’t think it’s really a good measure of our abilities and skills really.”</i></p> <p><i>“The GRE score was like the biggest barrier for me. I was like a point away from us a cutoff...I did retake the GRE twice, and that’s a lot of money.”</i></p> <p><i>“Another difficulty was the pressure of the GRE. I was determined I was only taking it once because I wasn’t going to pay for it twice.”</i></p> <p><i>“I did retake the GRE twice, and that’s a lot of money and a lot of studying, and I do also work a part-time job. So it’s a lot to bounce around. But yeah, definitely, the GRE was a barrier.”</i></p>
--	--	-------------------	---

		<p><b>Observation hours</b></p>	<p><i>“Because you really had to like cold call places and drive up to places and say, “hey can I shadow you?” that’s how I got all my shadowing done, and I only got like 75 hours... I know a few friends who are going to OT school, and they said you have to have at least 150 [hours].”</i></p> <p><i>“I was like that’s impossible because I was also working full time. And I was also taking prereqs on top of that, and so finding extra time during the day to shadow an OT was kind of difficult.”</i></p>
		<p><b>Finances</b></p>	<p><i>“I complain all the time about the lack of scholarship and resources to change demographics.”</i></p> <p><i>“We don’t have any funds available for our students, ... we don’t have any internal awards that we can offer to any of our students.”</i></p> <p><i>“I knew I couldn’t really afford going out of state, and I knew I couldn’t afford [applying to a lot of schools]...[I applied to] only three programs and two of them are private, and the one I got into was the public university. So it was significantly cheaper being in state, and it’s unfortunate, but I honestly didn’t even consider masters versus doctorate. My priority was public, and it is in my price range.”</i></p> <p><i>“The most difficult part was just accepting how expensive it is to apply, just doing the application and then submitting them to the different schools. It was extremely expensive.”</i></p>

		<p><b>Student support/resources:</b></p>	<p><i>“[The student] may have been a beautiful [personal statement] but no critical review, indicating the person will maybe struggle. So I think just the lack of access to resources [for some applicants], [many others will] tell you they had their parents pay for like a year of like GRE training and their family member reviewed their letter”</i></p> <p><i>“We’ve looked at some of the research and that the analytical writing, in particular, tends to correlate with success in graduate school, so I get a little concerned when that one’s low that particular one is low.”</i></p> <p><i>“First-generation, I think is a barrier, because they don’t have role models, and they don’t quite understand sometimes how to negotiate the way through the process because they haven’t had somebody go before them, to help them show them, show them the way.”</i></p> <p><i>“[As] a first-generation student, you don’t really know necessarily how to sell yourself as an applicant. And that’s, you know, that is important...especially in a competitive program, you really have to kind of sell yourself, and if you don’t have that background, that can be difficult.”</i></p>
<p><b>RQ2</b></p>	<p><b>Student Persistence</b></p>	<p><b>Lack of supportive interactions</b></p>	<p><i>“When I contributed to the conversation, the professor kind of brushed me off, but when a white student said the same thing, they were praised for their insight.”</i></p> <p><i>“Whenever we’re having like case studies, they don’t realize that they made comments about minorities. I’m like, um, biased comments about minorities that really like trigger us.”</i></p> <p><i>“A lot of times like people will call me the other black girl’s name in my class.”</i></p> <p><i>“When it comes to race like everybody</i></p>

		<p><i>automatically turns to the two black students and wants our opinions, and that can sometimes be overwhelming</i></p> <p><i>“I feel more isolated just because it’s always like, it’s always this talk of what black people don’t have instead of like what we do [in lectures].”</i></p> <p><i>“I feel like an outsider every day.”</i></p>
	<b>Outside resources</b>	<p><i>“I was very lucky. I got sponsored to go to the national conference during my first year, and I met the beautiful, wonderful world of COTAD.”</i></p> <p><i>“There’s definitely a lot of work that needs to be done, but I definitely found a support system that was needed.”</i></p>
<b>RQ3</b>	<b>Lack of Exposure to OT</b>	
<b>RQ4</b>	<b>Policies</b>	<p><i>“Revisit the years of experience and education level requirement where it is not justified.”</i></p> <p><i>“AOTA must strengthen its position statement on its relationship with the National Black Occupational Therapy Caucus.”</i></p> <p><i>“AOTA must improve by bringing more Black practitioners into the boardrooms and decision-making positions throughout its organization”</i></p> <p><i>“Including anti-racism in the ACOTE standards, taking anti-racism CEU as a</i></p>

	<p><i>requirement.”</i></p> <p><i>“Having diverse leaders on boards and groups of decision making.”</i></p>
<b><i>Lack of mentorship</i></b>	<p><i>“Having a mentorship program for students to help transition from school to leadership roles.”</i></p> <p><i>“Increased opportunities for involvement in leadership positions via mentoring, panel discussions facilitated by multi-racially diverse backgrounds.”</i></p> <p><i>“A bigger/ more apparent support group for practitioners of color”</i></p>
<b><i>Lack of targeted marketing</i></b>	<p><i>“More outreach and education, awareness on how to take on a leadership role.”</i></p> <p><i>“Outreach specifically to practitioners of color, seeing other OTs of color in leadership positions (very few that I’ve seen, especially in board or executive positions)”</i></p> <p><i>“More advocacy, more opportunities/events/network to meet other POC in our field. Maybe a newsletter of how AOTA is addressing diversity in their field.”</i></p> <p><i>“The information on the AOTA website is often “hidden,” and a person has to know where to look.”</i></p> <p><i>“More information that is easily accessible, resources specifically for BIPOC OTs on their website”</i></p> <p><i>“Easier ways to access information. Clear opportunities about leadership opportunity posted in a variety of mediums (social media, email, mail, etc.)”</i></p> <p><i>“More opportunities to highlight the practitioners of color through easy to locate</i></p>



		<p><i>links (Quick tabs, etc.) on AOTA’s site.”</i></p> <p><i>“Educating us on the levels of leadership and how and why it’s important we can get there”</i></p> <p><i>“Posting information in relevant minority groups on social media platforms”</i></p>
	<p><b><i>Lack of targeted recruitment</i></b></p>	<p><i>“It begins with RECRUITING, ACCEPTING, RETAINING, and GRADUATING Black students through OT programs.”</i></p> <p><i>“AOTA should work with HBCU programs to ensure students are aware of student leadership and fieldwork roles available through AOTA.”</i></p> <p><i>“Establish leadership pipelines specifically for POC”</i></p>