Diversity Committee E-Blast

October 2021
By McKenzie Lockett & Margaret Morison

This Month's Newsletter At a Glance

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The Missing and Murdered Indigenous Women Crisis

Efforts of Indigenous people in the United States (U.S.) and Canada have brought the issue of missing and murdered Indigenous women (MMIW) to the awareness of the general public. Barriers remain in place of understanding the scope of the problem. According to the Urban Indian Health Institute, there are substantial discrepancies between reports of missing Indigenous women and the number of cases logged into the U.S. Department of Justice missing persons database; of the 5,712 cases reported in 2016, only 116 were logged. Despite difficulties in assessing the extent of the issue, recent empirical work by Joseph (2021) substantiated that Indigenous women are indeed disproportionately more likely to go missing in the U.S. Furthermore, American Indian and Alaskan Native women are twice as likely to experience sexual assault and two and a half times more likely to be a victim of violent crime (Rosay, 2016). Over half of Indigenous women have experienced sexual, physical, or psychological intimate partner violence (predominantly by non-Indigenous perpetrators). Although Indigenous women are more likely to need medical and legal services, over a third were unable to receive them. Importantly, interpersonal violence exposure such as sexual assault or intimate partner violence confers a greater risk for developing posttraumatic stress disorder (PTSD) as compared to other traumatic events (Kessler et al., 2017). Emerging research on the effects of the MMIW crisis on Indigenous women finds substantial fears around the potential for victimization as well as feelings of abandonment and being unprotected (Parsloe & Campbell, 2021). Although work to enhance reporting of MMIW incidents is ongoing (e.g., Savanna's Act, 2020), it is evident that Indigenous women represent an underserved population at high risk for exposure to interpersonal violence and racial trauma.

Learn more about the MMIW crisis here:

https://www.nativewomenswilderness.org/mmiw

https://www.csvanw.org/mmiw

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Savanna's Act, S. 227, 116th Cong. 2nd Sess; 2020.

Upcoming Events

Thursday, October 21st: "Psychological Science-informed Practices for Valid and Equitable Teaching and Learning: FREE FOR STUDENTS" https://mlc.uccs.edu/event/7431899

Monday, October 25th: Learn about the evolution of terminology in the disabled community at "Evolving Language Series: Disability Edition" https://mlc.uccs.edu/event/7443370

Improving Accessibility in Education and Research Presentations with Inclusive Font Types
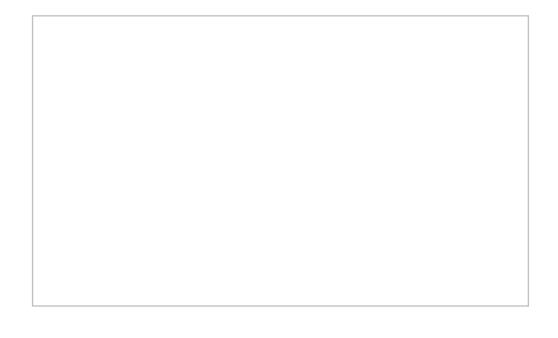
An estimated 5-10% of the American population has dyslexia (Di Folco et al.,

2020; Lagae, 2008), a learning disorder marked by impaired ability in word reading accuracy, fluency, and/or comprehension (APA, 2013). For individuals with dyslexia, some font types can exacerbate reading difficulties, which in turn can further impact comprehension and learning (Gregor & Newell, 2000; Rello et al., 2011). Educators and researchers should consider using inclusive font types in their presentations to improve accessibility for people with dyslexia. In particular, sans serif font types (versus serif font types, like Times New Roman) improve readability. One study (Rello & Baeza-Yates, 2016) found that sans serif font styles such as Helvetica, Arial, and Verdana significantly improved reading performance compared to serif font styles like Times New Roman and Garamond. Furthermore, specific fonts such as Dyslexie (https://www.dyslexiefont.com/) and OpenDyslexic (https://opendyslexic.org/; which is free) have been specially designed to fit the needs of individuals with dyslexia.

Learn about UCCS's Clyde's Cupboard and Food Insecurity Among College Students

Food insecurity is a major barrier for college students (Prie & Lincoln, 2018). Low socioeconomic status (SES) students as well as students from minority backgrounds (including the BIPOC and LGBTQ+ communities) community are more likely to experience food insecurity (Payne-Struges et al., 2017). Food insecurity can impact academic goal-setting in college students, and college students who experience food insecurity are less likely to complete their degrees (Kohlsa et al., 2020). Furthermore, another study found that only half of food-insecure students were aware of an on-campus pantry and even fewer (about 22%) actually utilized the pantry (El Zein et al., 2019). Thus, raising awareness of on-campus resources and working to destigmatize utilization of these resources is important. At UCCS, Clyde's Cupboard is an on-campus food pantry that provides free food and toiletries to students. Consider raising awareness about Clyde's Cupboard in your classes and presentations, as well as donating. Check out their website to donate or learn more: https://dos.uccs.edu/clydes-cupboard.

Research Spotlight: Project CREST

Project CREST (Changing Research Experiences, Structures, and (in)Tolerance through the Adaptation of Promising Equity Practices) is an NSF-funded project led by Dr. Jessi L. Smith, Associate Vice Chancellor of Research, to enhance the opportunities of women-and minority-identified STEM and Social and Behavioral Sciences (SBS) faculty at UCCS. Building on evidence-based ADVANCE initiatives at other universities, this project aims to positively impact the research experiences and productivity of marginalized and minoritized faculty at UCCS, in ways that foster inclusion and excellence for all people no matter their identity or field of study. For example, did you know at the time the grant was submitted, there was only one woman-identified STEM faculty who was a full professor at UCCS? Research support, evaluation, and processes are key areas that impact career progression and a central part of the grant project.

This project involves several initiatives, including facilitating inclusive conversations to improve how faculty are reviewed each year. For example, women and women of color disproportionately take on service positions, yet service tends to be valued less (compared to research endeavors) and can constitute a barrier to career advancement (Domingo et al., 2020; O'Meara et al., 2017). The project team also aims to support women faculty at promotion and tenure stages. Additionally, specific support will be provided for grant writing to improve grant success. Other initiatives include activities focused on reducing implicit bias. Importantly, this project aims to tailor support for the unique needs of women-identified faculty with various intersecting identities, including those with disabilities and caregiving needs as well

as women of color. Alongside Dr. Smith includes co-PIs, Dr. Heather Song, Dr. Sylvia Mendez, Dr. Elizabeth Daniels, and Dr. Emily Skop, as well as program coordinator Jennifer Poe, MA. Check out their website and social media to learn more and stay up to date:

Website: https://research.uccs.edu/advanceprojectcrest

Facebook: facebook.com/nsfCREST

Twitter: @AdvanceCrest

Editorial: Considering Cultural Humility: Is Competence Enough?

By: Margaret Morison

The concept of cultural competence arose out of an acknowledgement of differences in the access to care and the quality of care provided to members of marginalized communities (Fischer-Borne et al., 2015). Cultural competence specifically refers to practitioners' skill in cross-cultural interactions, awareness of diversity, and ability to provide effective care to those from other cultures (Sue, 2001). Since its inception, concepts recognizing the importance of cultural competency have become incorporated into training and professional mandates across numerous fields, including medicine, public health, social work, nursing, and psychology. The ethical standards of the American Psychological Association (APA; 2017) note that psychologists must develop and maintain a knowledge base of factors related to different cultural identities that might influence services provided, such as psychotherapy or clinical assessment.

Although built out of a genuine need to address systemic inequalities in health care and adjust practitioners' approaches when working with clients from other cultures, cultural competency has had its detractors. The focus on competency seems to imply that one can become fully competent in their understanding of another culture (Dean, 2001; Fischer-Borne et al., 2015). Additionally, this insinuates that broad knowledge of another culture might translate into understanding a client's individual experiences. Such a perspective puts practitioners at risk for stereotyping clients based on their culture of origin (Betancourt, 2004; Dunn, 2002). For example, even substantial knowledge of Hispanic cultures and the typical cultural values, beliefs, and attitudes of Hispanic individuals does not necessarily give practitioners greater insight into how an individual Hispanic client's experiences may be impacted by their culture of origin (Betancourt, 2004). Additionally, the term culture is often used as a proxy for race or ethnicity at the expense of considering the intersection of different aspects of identity, such as gender or disability (Fischer-Borne et al., 2015). Finally, frameworks around culturally competent care emphasize exposing providers to and gaining comfort from working with other cultural groups rather than addressing the underlying inequalities driving disparities in care.

Given the shortcomings of cultural competence frameworks, an alternative framework known as cultural humility evolved (Tervalon & Murray-Garcia, 1998). As opposed to a primary goal of knowledge acquisition, cultural humility emphasizes practitioner's self-awareness of how they view and respond to clients from other cultures (Fischer-Borne et al., 2015; Tervalon & Murray-Garcia, 1998). This level of self-awareness also extends to understanding the practitioner's identity and how that plays a role in client interactions. Cultural humility additionally emphasizes the lifelong process of working with culturally varied clients as opposed to learning a finite body of knowledge. A final key point of contrast between cultural competence and cultural humility frameworks is cultural humility's emphasis on understanding the societal barriers to receiving adequate care and how oppression may contribute to client's experiences. On an individual- and institutional-level, cultural humility calls for holding practitioners accountable in how they actively challenge power imbalances.

Emerging research has highlighted how client's perceptions of their counselor as having a greater degree of cultural humility was related to a positive working alliance (Hook et al., 2013) and fewer experiences of microaggressions experienced by clients in counseling (Hook et al., 2016). Indeed, it is perhaps more powerful to humbly acknowledge one's limited perspective and explore how other cultural worldviews may potentially impact client experiences than to attempt to gain expertise in understanding another culture. To this end, a number of approaches to developing a practitioner's sense of cultural humility have been developed (see Chang, Simon, & Dong, 2012 and Mosher et al., 2017).

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