

DIVERSITY

Diversity, Equity, and Inclusion in Kinesiology Departments

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Abstract

While kinesiology as a field and as an academic major has evolved and diversified considerably over the last several decades, the cultural and racial demographics of kinesiology majors has remained fairly similar to the demographic characteristics of the early 2000s and before. There is incongruence between the actual diversity of the American population and the diversity of the population in American higher education. This disparate status further extends to kinesiology programs and subsequent subdisciplines. While the responsible systemic racial and cultural variables are worthy to be considered, examined, and corrected, this article does not drill into such constructs. Instead, this article identifies the barriers and facilitators of cultural and racial demographics as expressed by kinesiology majors and kinesiology-related professionals in higher education kinesiology programs and the allied health professions. This article discusses the importance of actively promoting kinesiology to diverse populations in the community. It amplifies the message of many scholars calling attention to a lack of diversity, as well as promotes selected effective strategies being initialized in kinesiology departments and among the allied health professions.

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“There’s nothing healthy about racism. It is a disease of the heart and mind. It has infected, not just people, but customs, systems, and laws. There’s no vaccine. We must be the cure.”

— Sharon Dunn,
American Physical Therapy Association President,
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The concepts of diversity, equity, and inclusion are generally associated with racial and ethnic issues. However, it is critical for both society and individuals to acknowledge and understand that these concepts are much more complex. Other meaningful components of diversity, equity, and inclusion (i.e., gender, gender identity, sexual orientation, socioeconomic status, language, culture or national origin, religious commitments, age, disability, and political perspective) also need to be addressed (Loria, 2021). Because diversity has many components, the concept of inclusion has multiple definitions. For example, the Ford Foundation (2020) defines inclusion as building “a culture of belonging by actively inviting the contribution and participation of all people” (p. 1). On the other hand, the University of Iowa (2020) defines inclusion as when “all members are and feel respected, have a sense of belonging, and are able to participate in and achieve to their potential” (Inclusion section, para. 1). One of my favorite definitions of diversity, equity, and inclusion comes from the Office of Diversity, Equity, and Inclusion (n.d.) at the University of Michigan: “Diversity is where everyone is invited to the party. Equity means everyone gets to contribute to the playlist. Inclusion means that everyone has the opportunity to dance” (para. 5).

In a recent special edition of *American Physical Therapy Association Magazine* focusing on diversity, equity, and inclusion, Rachel Herron, doctor of physical therapy, said that society is diverse. Professionals in kinesiology and the allied health professions need to recognize societal diversity because all of those they lead, educate, and treat have different experiences. They should consider these unique experiences and subsequent unique perspectives if they truly want to lead, educate, and treat people holistically (Loria, 2021).

A Historical Perspective of Racial and Ethnic Diversity in Kinesiology

American population demographics will likely continue to undergo a significant shift in race and ethnicity whereby the country becomes more ethnically diverse. In spite of its dramatic expansion, the field of kinesiology has been slow to recognize its responsibility and commitment to greater diversification of faculty and students (Hodge & Wiggins, 2010). The number of ethnic and minority faculty in kinesiology teaching at predominantly White institutions is “embarrassingly small”; this must change if the field of kinesiology is going to thrive (Hodge & Wiggins, 2010, p. 50).

In contrast to increased enrollments of students of color, a consistently low representation of Black faculty at predominantly White institutions of higher education continues. In 2007, only 7% of faculty in the United States were Black (Snyder et al., 2009) and mostly they taught at historically Black colleges and universities. One of the ironies in the history of physical education—the origin of the kinesiology discipline—is Aaron Molyneux Hewlett, the first person to hold an academic position in the profession, was a Black scholar (Hodge & Wiggins, 2010). Hewlett served as director of physical education and culture at Harvard University from 1859 until his death in 1871 (Smith, 2003). No African American, however, held an academic position in physical education at a predominantly White institution from the time of Hewlett’s death in 1871 until Roscoe Brown, who was hired by New York University in 1950 (Hodge & Wiggins, 2010).

Kinesiology-Related Professional Organizations

In regard to leadership roles in the professional organizations of the kinesiology field, the field, historically and as a whole, has failed to uphold diversity and inclusion benchmarks. At the time of the writing of this manuscript, out of the 89 honor lectures given at the annual conference of the National Association for Kinesiology and Physical Education in Higher Education (NAKPEHE), only one has been presented by an African American. Furthermore, out of the 26 presidents of NAKPEHE, none have been African American. Similarly, out of the 74 presidents of the National College Physical Education Association for men, none have been African American.

The lack of diversity regarding professional organization leadership has also been evident in women's organizations. For example, out of the 27 presidents of the National Association for Physical Education of College Women, none have been African American. Dating back to the early 1900s, the American Academy of Kinesiology and Physical Education, one of the oldest professional organizations in the field, has also lacked diversity. Despite having over 500 individuals elected to the American Academy of Kinesiology and Physical Education since 1926, only two have been African American. Finally, the Society of Health and Physical Educators (SHAPE America, formerly the American Alliance for Health, Physical Education, Recreation, and Dance) has not been immune to a lack of racial and ethnic diversity in positions of leadership; out of the 48 presidents of SHAPE America, only four have been African American (Hodge & Wiggins, 2010).

Faculty Demographics

The presence of full-time faculty of color at U.S. colleges and universities is increasing; however, most full-time faculty (over 75%) at American colleges and universities are White (Snyder et al., 2009). At degree-granting American colleges and universities, roughly two thirds (66%) of full-time faculty with tenure are men and one third are women; most full-time faculty with tenure are White (Bradburn & Sikora, 2002). There is also inequity in salary compensation. Asian American faculty base salaries are higher on average than White and Hispanic faculty base salaries, which are higher than African American faculty base salaries (Bradburn & Sikora, 2002).

Noticing this inequity, many institutions are seeking to diversify their faculties. According to Hodge and Wiggins (2010) in their robust historical overview of diversity in academia, "faculty diversification is a complex goal to achieve both culturally (changing the academic culture) and politically (exposing hidden agendas and biases) and therefore it can be difficult to accomplish" (p. 45). Thomas's (2003) explanation shows the difficulties of recruiting and hiring faculty who reflect diversity in their ethnicity and/or gender:

The fact that we have difficulty attracting faculty of color to our institutions is a direct result of our failure to attract students of color to our doctoral programs. I believe our over

emphasis on quantitative values to select doctoral students is a direct influence in this problem. We admit students to programs based on a quantitative notion of smart and fail to look carefully at the other characteristics - hard working, adaptable, and nice. Of course, it is much easier to rely on a GPA and GRE test score than to evaluate the other characteristics and the notion of social quotient. If we ever hope to achieve a diverse faculty in higher education that represents the world's cultures, we must begin by achieving a diverse group of doctoral students. (p. 8)

The Status of the Status Quo

There is incongruence between the actual diversity of the American population and the diversity (or lack there-of) of the population in American higher education. For example, in comparison to national demographic ratios, people of color in higher education are underrepresented (Barfield et al., 2012). This disparate status further extends to kinesiology programs and the subsequent allied health subdisciplines.

While systemic racial and cultural variables are worthy of consideration, examination, and correction, this article does not drill into such constructs. Instead, these sections focus on identifying the barriers and facilitators of racial and cultural demographics as expressed by kinesiology majors and kinesiology-related professionals in higher education kinesiology programs and the allied health professions. Research exploring such components of recruitment and socialization into kinesiology programs for people of color have revealed important information. Enrollment barriers for non-White prospective recruits include (a) the attitudes of the faculty toward race and culture (when attitudes are perceived to be harmful and/or noninclusive), (b) limited access to job shadowing opportunities, (c) academic preparation, (d) physical self-efficacy, and (e) a perceived inability to manage the required course workload (Barfield et al., 2012). Barfield et al. (2012) are not alone in exploring barriers to minority enrollment in the field of kinesiology. Other factors contributing to the lack of diversity in kinesiology departments and programs include the outrageous financial cost, a lack of positive role models of the same ethnic background, and perceived poor

communication skills (O’Neil & Richards, 2018). Furthermore, there is a disturbing trend of non-White students having a higher rate of attrition than White students; this is in addition to non-White students being less likely to be admitted into kinesiology higher education programs (O’Neil & Richards, 2018). This phenomenon and trend need further exploration and correction. The Student Recruitment and Pipeline Development section further explores the concept of retention.

The lack of minority students in kinesiology and the health-related fields extends to sport pedagogy and physical education teacher education (PETE) programs, physical therapy, athletic training, and other allied health programs. As with the majority of allied health programs, PETE programs tend to recruit White males (Clouten et al., 2006; Spector, 2004). Similarly, a lack of role models with the same ethnic background may be keeping some individuals out of the sport pedagogy profession (Geisler, 2003; O’Neil & Richards, 2018; Perrin, 2000). This phenomenon and trend need further exploration and correction. The Student Recruitment and Pipeline Development section further explores the concept of mentorship.

Representation in the Public

It is not novel to believe the population of those educating, treating, and serving the public should be representative of the population of those being educated, treated, and served (Brown et al., 2005). Having a profession in which providers resemble the population—not only in appearance but also in the cultural characteristics—benefits individuals entering the kinesiology profession (i.e., sport, physical education, and allied health professions; Loria, 2021). Cultural representation enables the kinesiology-related professions to continue to grow, learn, and work together to address individual biases and fight systematic racism. Such representation empowers patients to feel understood and safe when they receive care. For example, Rachel Herron, a physical therapist and person of color, provides this reflection of her experience and observations in the physical therapy setting: “I didn’t see my first brown physical therapist until I got to [physical therapy] school . . . It changes your sense of safety and comfort. If you see yourself reflected, you feel there’s more chance you won’t be harmed in the experience” (Loria, 2021, p. 26). Herron’s observations and beliefs that minorities

perceive their health care to be better when the professional has a similar racial or ethnic background align with the research (Brown et al., 2005).

The recruitment of racially and ethnically diverse individuals into allied health professions has not kept pace with demographic changes in the general population of the United States (Donini-Lenhoff & Brotherton, 2010). Although Caucasians are still the majority, this demographic group will eventually become the nation's largest minority group. By 2050, the proportion of African Americans in the United States is projected to increase from 13% to 15% (Clouten et al., 2006). A projected increase is also expected for other minority ethnic groups including Hispanics (from 13% to 24%) and Asians (from 4% to 8%; Clouten et al., 2006). As a whole, ethnic minority groups already receive less and lower quality health care than Caucasians (Spector, 2004; Sullivan Commission on Diversity in the Healthcare Workforce, 2021). With the expected demographic changes in the upcoming decades, the lack of health professionals representing minority populations will more than likely only compound the country's persistent racial and ethnic health disparities (Barfield et al., 2012).

Strategies to Promote Diversity, Equity, and Inclusion

Clearly, there is a need in institutions for effective recruitment and education of prospective kinesiology-related health professionals who represent minority races. When students, athletes, and patients see a professional who mirrors their personal cultural representation, it may motivate them to pursue that profession. Therefore, it is important for kinesiology departments to understand the influences and barriers that affect enrollment into allied health education among prospective minority students (O'Neil & Richards, 2018). The deficiency of minorities in higher education has been widely recognized by kinesiology-based professional associations (i.e., SHAPE America) and has been a widely-discussed topic of conversation in recent kinesiology-related academic journals (i.e., *Kinesiology Review*, *Quest*, *Journal of Athletic Training*, and *Journal of Physical Education, Recreation, & Dance*, among others).

As mentioned in scholarship discussing recruitment into kinesiology programs (Richards et al., 2019), the primary factors that are important influences on enrollment into kinesiology and the allied

health professions majors are virtually identical to those of sport pedagogy majors. Six key socializing agents motivating individuals to pursue careers stemming from kinesiology degrees include (1) personal influences (e.g., teachers and coaches), (2) social influences (e.g., diversity of the program), (3) academic preparation, (4) career opportunity, (5) a desire to help others, and (6) past success in sport or physical education experiences (Barfield et al., 2012; Richards et al., 2019). Based on the work of Loria (2021) and O’Neil and Richards (2018), these strategies and suggestions for kinesiology departments can enhance the effectiveness of recruiting students of diverse backgrounds into their programs:

- cultural competence resources and trainings, in person or online;
- fundraising and scholarships for minority groups;
- a Curriculum Oversight Committee that ensures curriculums are taught through diversity, equity, and inclusion lenses;
- resources such as slideshow presentations on the university/department webpage and/or course online shells (Canvas, Blackboard, Moodle, etc.);
- age-appropriate activities for kinesiology and allied health professional programs to promote student recruitment and outreach efforts;
- department and program websites with social media presence;
- department and program flyers (print or PDF), images, and marketing videos; and
- deeper commitments and emphasis on student recruitment and pipeline development.

Furthermore, to help facilitate success in meeting these missions and goals, many kinesiology-related organizations—not limited to academic institutions—have developed initiatives in line with diversity-related outcomes. Like various health and medical organizations, professional associations in athletic training, exercise science, occupational therapy, and physical therapy have developed Diversity Committees to help attract and retain interested minorities by offering scholarships, leadership opportunities, and/or mentoring programs (O’Neil & Richards, 2018). These committees have

reached some level of success by increasing and amplifying the message, if nothing else. It is highly encouraged that other institutions, organizations, and professional units employ the same tactics.

Student Recruitment and Pipeline Development

The last item in the list of strategies, student recruitment and pipeline development, has extensive potential impact. As such, this section fleshes out concepts of student recruitment and pipeline development.

African American students in kinesiology and the allied health majors indicate the most important influences to their enrollment decision include (a) personal influences such as parents or teachers and (b) mentorship within the allied health profession (Baldwin et al., 2006). This finding documents the need for kinesiology-based programs to target African American students through mentors (e.g., teachers and/or coaches; Barfield et al., 2012). It is not surprising that so much overlap exists among the influence and barrier factors leading to prospective recruits entering the kinesiology and/or allied health profession majors. The professional outcomes and experiences overlap in similarity enough that it is reasonable for similar acculturative experiences to be the cause for pursuit of said major. Few high school programs include courses within the allied health field; therefore, mentoring from allied health teachers or professionals may be present (potential influence) or not (potential barrier; Barfield et al., 2012). Regardless, the subdisciplines of kinesiology (beyond sport pedagogy) must recognize important personal, environmental, and behavioral factors that affect the enrollment decision making of prospective students. To target potential students effectively, institutions and programs must address these factors within direct marketing efforts. Marketing efforts must become more thoughtfully targeted, intentional, and active. Institutions recruit students through a variety of marketing strategies (open houses, high school visits, and campus tours, etc.). After an institution identifies interested students, kinesiology departments and/or programs typically have the option of sending program-specific recruitment materials or setting individual meetings between students and program faculty members. Unfortunately, allied health education faculty and staff usually lack adequate knowledge of key elements that affect the decision making of potential students (Barfield et al., 2012; Neilson & Lauder,

2008; Palumbo et al., 2008). Programs may have greater success in recruiting minority prospects if programs choose to set individual meetings between students and faculty members who represent the student's cultural characteristics. Furthermore, such meetings establish the potential for long-term mentorship.

Focus and investment in recruitment initiatives for students from kindergarten to college raise awareness about career options in kinesiology while increasing diversity within the profession by widening the applicant pools (Loria, 2021). Such initiatives require prospective students to hear from individuals to whom they relate. In this regard, ethnically and culturally diverse mentorship and internship programs in the community reach minority populations with health and movement education and/or activities (perhaps as part of service-learning initiatives) and expose them to kinesiology as a career trajectory from someone with whom they may better identify. Once prospective students join the higher education program, faculty and academic success committees can continue to work with undergraduates from disadvantaged backgrounds, primarily those from racial minority groups underrepresented in allied health professions, to ensure successful professional socialization.

Mentorship

The recruitment effort alone is not the answer to enrolling minority students; it is the mentoring, support, and building of positive relationships that enhance and develop the “pipeline” for recruitment of future leaders in kinesiology-related professions. Mentoring is a strong strategy for supporting college students' development according to the higher education literature (Pennington, 2021); it provides emotional support, direct assistance with professional development, and role modeling (Richards et al., 2017). The presence of a mentor can improve mentees' professional development and socialization (Richards et al., 2019). Mentors act as role models while fostering a safe environment for interaction, emotional support, and boosting mentees' confidence. Mentoring within higher education programs can improve mentees' abilities through concentrated feedback and ongoing support (Awaya et al., 2003; Gehrke, 1988). The mentoring relationship allows a novice to gain insight and training through the experience of an expert in any particular field, and this relationship easily transfers to the higher education context (Pennington,

2021). In regard to a mentoring relationship that illustrates cultural representation, components include emotional and psychological support, assistance with professional development, and role modeling (Long, 1997), as well as pairing of social class, race, orientation, gender, and ability (Fassinger & Hensler-McGinnis, 2005), in addition to ethnicity.

Retention

While active recruitment efforts and ethnically and culturally diverse mentoring and internships are important for successful recruitment of minority students into programs, retention of students during their program, and even upon graduation, is another important factor in the recruitment of minority students. In higher education, student retention is a “longitudinal process incorporating both the academic potential of the student and institutional social systems, thus creating a directional model based on continual variance in social commitments that influence academic performance” (Kerby, 2015, p. 139). A review of retention in teacher education programs suggests that “specific methods for enhancing student retention [focus] on creating a positive social and academic climate on campus (Kahu, 2013)” (Richards & Templin, 2019, p. 16). Literature concerning representation (Loria, 2021; O’Neil & Richards, 2018) and peer–peer mentorships (Pennington, 2021) suggests that thoughtful pairing of mentors and mentees facilitates a positive social climate and increases the likelihood of retention. Some programs in higher education apply both peer mentoring and faculty mentoring to help students successfully transition from high school into higher education (Bulger et al., 2016; Campbell, 2007; Chester et al., 2013), and said programs could and should be replicated with representation and diversity in mind.

Conclusion

Kinesiology and the allied health professions need faculty, professional, and student representation that reflects the American present-day and future population. The more representation within the workforce, the greater chance all patients will be seen and heard (Loria, 2021). The sentiment of the American Physical Therapy Association is that addressing issues surrounding the concepts of diversity, equity, and inclusion helps promote positive changes,

supports and improves accessibility opportunities for everyone, and ensures a vocal platform at the decision-making table (Loria, 2021). Discussions in this line must include leaders and administrations in positions of power who have the ability and authority to make necessary changes (Loria, 2021). Herron's eloquent summary highlights the argument for more efforts:

[You don't have] to be an expert to speak up for others.

"Yes, there is a time to listen to educate yourself. And yes, it is important for us to give the microphone to the person from that minority community and allow them to speak up if they choose to do that" . . . "It's important to talk less and listen more, but I think many of us limit ourselves because we are fearful we won't say things the right way. No one is an expert on this. It takes many experiences of speaking up." (Loria, 2021, Expanding Advocacy section, para. 3–4)

Dunn's (2009) words support the need for diversity in higher education institutions:

truly great universities must be diverse. They must be inclusive, and there must be programs committed to recruiting and supporting others who may feel excluded . . . we must have a greater presence of individuals who come from underrepresented communities in our professional ranks as faculty members, scholars, and researchers. (pp. 272–275)

This article highlights the importance and significance for leaders in the kinesiology fields to demonstrate professional and societal virtue afforded by their opportunistic status. There is a recognized lack of diversity in kinesiology programs (and subsequently the allied health professions), and steps to correct the diversity imbalance are being taken. While the strategies in this article do not guarantee success of those who are merely going through the motions, they aid leaders in kinesiology departments and programs to initiate progress in increasing and retaining diversity in their programs. The measurable success of those addressing the complex issue of increasing and retaining the concepts is promising. Their success encourages all who will follow in the paths of the leaders and champions of diversity. The

following is a list of recent successes in relation to increasing diversity in kinesiology programming (Loria, 2021):

- Special search committees focusing upon and emphasizing diversity, equity, and inclusion have been formed within the American Physical Therapy Association.
- The collective call for diversity and social justice has led to a student-founded and student-led diversity group within several physical therapy doctoral programs.
- DPT Weeks O’Neal has started the first national Native American/Alaskan native physical therapy program.
- DPT student Howe Wang in Virginia Commonwealth has developed a program called Practice Pride in which self-identified LGBTQ+ health science students have met with similar faculty to have conversations about navigating the health profession.
- The Allied Health Workforce Diversity Act (H. R. 3637/s.2747) has been drafted. This bipartisan legislation would create new grants for education programs to recruit and retain individuals who are underrepresented in allied health professions including racial minorities from disciplined backgrounds. As of early 2021, the bill passed the U.S. house and awaits action in the Senate.

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