Understanding the Diversity of Students and Faculty in Health Service Psychology Doctoral Programs

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KEY FINDINGS

Previous studies have shown that the demographic composition of the U.S. psychology workforce does not match the demographic composition of the general population. This study analyzes demographic data for students and faculty of American Psychological Association (APA)-accredited health service psychology doctoral programs. Two data sources are used for this study: APA annual survey of psychology doctoral programs and a supplemental survey summarizing ongoing recruitment and retention activities by these doctoral programs.

Key findings from these doctoral programs include:
- The student body is predominately white (64.5%) and female (77.3%).
- Approximately one-third of students are underrepresented minorities.
- Recruitment efforts intended to promote diversity most often focus on students of color (93.6%), LGBT (21.1%), and first-generation students (19.3%).
- The most common strategies for recruiting diverse students were creating educational pipelines (64.5%) and offering financial aid/incentives (59.1%).
- 90.9% of programs offered financial packages to students; 53.5% had aid directly tied to student diversity.

Policies considered to strengthen workforce diversity include educational pipeline partnerships between graduate and undergraduate programs; state-issued grants for student support services; and relaxing affirmative action bans.

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BACKGROUND

The behavioral health provider population does not mirror the population in need of services along many demographic factors, including racial/ethnic, gender and gender identity, sexual orientation, geography, and rural/urban background, among others.[1] One strategy for improving the diversity of the behavioral health workforce is by assuring that a diverse population of students are enrolling in, and graduating from, educational programs that prepare them for behavioral health professions. Recruitment and retention programs sponsored by the federal government, as well as by foundation and non-profit organizations, have long sought to increase the enrollment of students from historically underrepresented groups. In psychology, the American Psychological Association (APA) supports a Commission on Ethnic Minority Recruitment, Retention and Training in Psychology Task Force (CEMRRAT2) whose charge is to implement a five-year plan that encourages all psychologists to attain at least a minimal level of multicultural competence in their training, research, and practice activities, and suggests a path for increasing the number of psychology students, faculty and professionals who are persons of color.[2]

This study focuses on student body diversity in health service psychology doctoral programs, which include programs in clinical, counseling, and school psychology. Study aims include : 1) assess health service psychology programs and field placements to determine diversity of enrolled students across many demographic categories; 2) summarize ongoing recruitment and retention activities intended to increase representation of students from underrepresented groups in health service psychology graduate programs; and 3) develop policy recommendations to enhance student diversity and strengthen the workforce pipeline.

METHODS

Data for this study come from two sources: a research request of data collected by the APA's Commission on Accreditation (CoA) from accredited health service psychology programs, and a survey fielded by the APA, in partnership with the Behavioral Health Workforce Research Center (BHWRC), to collect supplemental information not available in the APA annual report.

APA Commission on Accreditation Data

Every year, the APA's Commission on Accreditation (CoA) and Office of Program Consultation and Accreditation require accredited psychology educational programs across the country to "submit program data on new students/trainees and faculty/supervisors as well as annual updates to existing records and program related data."[3] The Commission collects variables including:

- Race, gender, Americans with Disabilities Act (ADA) or Foreign National status of students, interns, residents, and core faculty.
- Degree type sought by students, as well as enrollment status, time-to-degree completion, attrition, and reason for leaving program.
- Initial employment activity and initial employment setting for students, interns, and residents.
- Resident specialty area in accredited postdoctoral programs.

The BHWRC analyzed data from a research request for years 2012-2015. Table 1 provides an annual breakdown of the number of doctoral, internship, and postdoctoral residency programs surveyed by the APA's annual report. The data were cross-tabulated with race and gender in order to discern differences in frequency among demographic groups across APA's accredited health service psychology programs.

Table 1. APA Annual Report Program Statistics: 2012-2015[4]

	Doctoral Programs	Internship Programs	Postdoctoral Residency Programs	Total Programs Surveyed	Total Students Represented
2012	373	465	69	907	25342
2013	374	470	80	924	25308
2014	376	478	94	948	24818
2015	375	494	103	972	24215

Supplemental Survey

Building from the APA CoA research request, the BHWRC developed a supplemental survey to collect additional information about student enrollees in APA-accredited health service psychology programs, such as age, sexual orientation, rural or urban background, and first generation status. A full list of survey questions can be found in the Appendix.

The supplemental survey also served a second purpose – to identify ongoing recruitment and retention activities by APA-accredited programs to increase and maintain a diverse student body. Programs surveyed were asked to report:
- Geographic regions targeted for student recruitment and resources used to recruit students from underrepresented groups
- Barriers and/or challenges to meeting diversity-related recruitment goals
- Recruitment and career placement strategies for underrepresented students
- Social support programs

- Presence of content related to diversity within the core curriculum
- The number of financial packages offered by the health service psychology doctoral program to support recruitment and retention of a diverse student body

The supplemental survey was disseminated to program directors of all APA-accredited health service psychology doctoral programs in the United States. APA staff retrieved contact information for program directors from information released on university websites. Program chairs, deans, program coordinators, or area heads were contacted where contact information for the program director could not be located. A total of 388 eligible APA-accredited health service psychology doctoral programs were identified, of which 15 were randomly selected for survey pilot testing. Fifteen of the remaining 373 doctoral programs were unreachable, leaving 358 doctoral programs in the final sample.

Respondents received a pre-notification email message from the APA in October 2017 to describe the forthcoming survey. One week later, a recruitment email message with a unique survey link was sent to respondents. Three reminder emails were sent, roughly one week apart, to those who had not completed the survey. The survey closed in December 2017. In some cases, feedback received through email correspondence and was incorporated into survey data per respondents' consent. All responses were included as final survey data. The study was approved by the University of Michigan Institutional Review Board.

In order to protect anonymity, both the CoA research request and the supplemental survey collected frequency data about the demography of each program, rather than data about each individual student or faculty member. The questions asked in the supplemental survey were specifically about the students who had enrolled into the health service psychology doctoral program during the 2016-2017 term.

RESULTS
CoA Research Request
Overall, the gender composition of students in these 375 doctoral programs remained stable from 2012-2015. Female students outnumbered male students each year, with a mean of 77% of the student body. A higher percentage of male students qualify under the Americans with Disabilities Act than female students (mean of 3.8% across all four years vs. 3.3%, respectively). The number of transgender students in health service psychology doctoral programs increased from 12 students (0.07%) in 2012 to 30 students (0.12%) in 2015. (Table 2).

Table 2. Yearly Health Service Psychology Doctoral Program Student Population, by Gender

	Male	Female	Transgender	Other	Total
2012	5538 (21.8%)	19774 (78%)	18 (0.07%)	12 (0.05%)	25342
2013	5554 (21.9%)	19713 (77.8%)	21 (0.08%)	20 (0.08%)	25308
2014	5519 (22.2%)	19258 (77.6%)	22 (0.09%)	19 (0.08%)	24818
2015	5433 (22.4%)	18728 (77.3%)	30 (0.1%)	24 (0.1%)	24215
July 2016 U.S. Census[5]	N/A	50.8%	N/A	N/A	323 million

Enrollment, degree completion, and attrition rates appear consistent across all genders. From 2012 to 2015, the attrition rate decreased from 4% to 3% for women, and from 3% to 2% for men. A higher percentage of males sought a PhD instead of PsyD than females (56% vs. 53%, respectively). Independent practice was the most common setting of employment for males and females from 2012-2014, with a mean of 19.6% of men and 20.0% of women choosing the field. The second most common setting within the same period was health maintenance organizations (HMOs), with a mean of 18.7% of men and 19.0% of women choosing the field. This trend changed in 2015, with HMOs being chosen more by both genders (20.0% of men and 20.2% of women) than independent practice (18.3% of men and 18.6% of women).

Psychotherapy was the most common primary employment activity among both men and women; a mean of 24.7% of men reported such across the period of 2012-2015, as did a mean of 24.7% of women during the same period. Assessment was the second most common primary employment activity among men and women during the same period, reported by a mean of 20.1% of men and 21.3% of women.

The size of the faculty population for health service doctoral psychology programs has been growing by roughly 100 faculty each year. The proportion of female faculty members grew from 50% in 2012 to nearly 53% in 2015. Faculty composition also varies from the student population demographics; female faculty comprise of 51.6% of the mean faculty population from 2012 to 2015, compared to female students comprising of 77.7% of the mean health service psychology doctoral student population during the same period. The proportion of faculty identifying as transgender or "other" gender were roughly equivalent to the student body (mean of 0.07% and 0.09% from 2012 to 2015, respectively), but represent a small segment of both populations (Table 3).

Table 3. Yearly Health Service Psychology Doctoral Program Faculty Population, by Gender

	Male	Female	Transgender	Other	Total
2012	1858 (49.5%)	1891 (50.4%)	1 (0.03%)	2 (0.05%)	3752
2013	1859 (48.6%)	1958 (51.2%)	2 (0.05%)	2 (0.05%)	3821
2014	1876 (47.9%)	2037 (52%)	3 (0.08%)	2 (0.05%)	3918
2015	1886 (47.0%)	2114 (52.7%)	4 (0.1%)	4 (0.1%)	4008
July 2016 U.S. Census[5]	N/A	50.8%	N/A	N/A	323 million

The CoA research request tracks the following racial/ethnic categories: White, Black/African American, Hispanic, Asian, Alaska Native or American Indian, Pacific Islander, Not Reported, and Multi-Racial. Due to the relatively low frequencies of Alaska Natives/American Indians, Pacific Islanders, Not Reported, and Multi-Racial survey respondents, these categories have been combined as "Other" in the following results.

As of 2015, the racial/ethnic composition of students in health service psychology doctoral programs was 67% White, 12% Hispanic, 8% Asian, 7% Black/African American, and 6% Other. Between 2012 and 2015, representation of students from historically represented groups in accredited doctoral programs increased from 32% to 33% (Table 4).

Table 4. Yearly Health Service Psychology Doctoral Program Student Population, by Race/Ethnicity

	White	Black/African American	Hispanic	Asian	Other	Total
2012	16658 (65.7%)	1771 (7.0%)	2872 (11.3%)	1854 (7.3%)	2187 (8.6%)	25342
2013	16569 (65.5%)	1749 (6.9%)	2896 (11.4%)	1896 (7.5%)	2198 (8.7%)	25308
2014	16117 (64.9%)	1738 (7.0%)	2899 (11.7%)	1855 (7.5%)	2209 (8.9%)	24818
2015	15614 (64.5%)	1696 (7.0%)	2872 (11.9%)	1839 (7.6%)	2194 (9.1%)	24215
July 2016 U.S. Census[5]	61.3%	13.3%	17.8%	5.7%	1.9%	323 Million

Note: "Other" includes Alaska Native or American Indian, Pacific Islander, multi-racial respondents, and respondents who did not report race/ethnicity.

In 2015, attrition rate of students of color was 3%, a decrease from 5% in 2012. In comparison, 2% of White students left their program in 2015, down from 2% in 2012.

Regarding internship activities, a greater percentage of racial/ethnic minority interns were engaged with assessment (24%) and research (7%) activities on average from 2012 to 2015 than White interns (22% and

4%, respectively). In addition, a greater percentage of racial/ethnic minority interns were practicing in academic teaching settings (13%), independent practice (14%), and community mental health centers (21%) on average from 2012 to 2015 than White interns (10%, 11%, and 19%, respectively).

Postdoctoral residency experiences also differed by race/ethnicity. A greater percentage of White and Asian residents engaged with supervision (15%) than other residents. Similarly, a greater percentage of African American/Black and White residents engage in teaching (10% and 9%, respectively) activities than other residents. Minorities in postdoctoral residency programs serve in academic teaching settings 10%), independent practices (17%), as well as university counseling centers (6%) in greater percentages than White residents. White residents, in turn, serve in HMOs at a greater percentage than minority residents (65% vs. 60%). As for faculty, as of 2015, minority representation was 22%, an increase of 2% from 2012 (Table 5).

Table 5. Yearly Health Service Psychology Doctoral Program Faculty Population, by Race/Ethnicity

	White	Black/African American	Hispanic	Asian	Other	Total
2012	2780 (74.1%)	211 (5.6%)	247 (6.6%)	171 (4.6%)	343 (9.1%)	3752
2013	2792 (73.1%)	226 (5.9%)	274 (7.2%)	176 (4.6%)	353 (9.2%)	3821
2014	2866 (73.2%)	232 (5.9%)	286 (7.3%)	182 (4.7%)	352 (9.0%)	3918
2015	2922 (72.9%)	239 (6.0%)	301 (7.5%)	196 (4.9%)	350 (8.7%)	4008
July 2016 U.S. Census[5]	61.3%	13.3%	17.8%	5.7%	1.9%	323 Million

Note: "Other" includes Alaska Native or American Indian, Pacific Islander, multi-racial respondents, and respondents who did not report race/ethnicity.

Supplemental Survey

Of the 358 health service psychology doctoral programs in the survey sample, 111 programs completed the survey and five programs gave partial responses, yielding a response rate of roughly 31%. The number of students entering each responding program as part of the 2016-2017 health service psychology doctoral cohort ranged between zero and 350 (average = 23; median = 8). The importance of a diverse student population was explicitly mentioned in the mission, vision, or goal statements of 93 of the responding programs (85.3%). Demographic data collected by the programs is summarized in Table 6.

Table 6. Demographic Data Collected by Health Service Psychology Doctoral Programs, 2016-2017

	Number of Programs That Tracked Variable	Average Response
How old is your average student?	52 (45.6%)	26.1
How many students have self-identified as gay, lesbian, or bisexual?	11 (9.6%)	1.82
How many students came from a rural area?	8 (7.0%)	2.86
How many students were first-generation doctoral degree seekers?	10 (8.8%)	2.70

Ten programs (9.1%) identified geographical regions across the county from which to recruit students belonging to underrepresented populations. The identified regions were typically rural or Appalachian (60.0%). The underrepresented populations that health service psychology doctoral programs spent the most effort or resources recruiting were people of color (93.6% of programs), LGBT (21.1% of programs), and first-generation students (19.3% of programs). A small proportion of programs (5.5%) did not specify/focus resources on recruiting underrepresented people into their program.

To recruit these underrepresented students, the institutions that house health service psychology doctoral programs were most likely to engage in outreach via an educational pipeline (64.5%), provide financial incentive/assistance (59.1%), offer campus visits/tours to targeted populations (50.9%), and host onsite graduate school fairs (48.2%). Lack of racial/ethnic diversity within the staff and faculty (47.3%), lack of scholarship availability (40.9%), and the program's geographical location (35.5%) were the three foremost barriers to meeting recruiting goals cited by programs.

Once enrolled, underrepresented students, such as racial/ethnic minorities, students who qualify under the Americans with Disabilities Act. LGBT, foreign students studying under student visas, and English as second language students, were offered social supports by the institutions that house the health service psychology doctoral programs in a variety of forms, the post popular of which were student diversity initiatives (84.5%), writing centers (84.5%) student disability services (83.6%), and stress management/student counseling services (81.8%). Some institutions also offered services to help underrepresented students find employment, namely cultural sensitivity training/education for all students (47.6%), cultural sensitivity training/education for all faculty (42.9%), skill-building workshops (38.1%), and pairing current minority students with incoming minority students as mentors within a program (30.5%).

Financial assistance in the form of grants, fellowships, scholarships, or stipends was offered by 90.9% of the APA-accredited health service psychology doctoral programs, with 53.5% of those programs offering

financial packages specifically intended to increase the diversity of the incoming student body. The mean number of financial packages offered per program was 8.8, with a median of 14.

CONCLUSIONS AND POLICY CONSIDERATIONS

Although racial diversity is increasing in the health service psychology doctoral student body, similar conclusions about other markers of diversity cannot be drawn. The three factors to consider for improving student body diversity are measuring/tracking student demographics, recruiting diverse students, and retaining those students until they complete the program.

Without accurate statistics on the present demographics of the health service psychology doctoral student body, any additional policies to promote diversity would be uninformed and possibly less effective.

The lack of demographic data collected by doctoral programs, as revealed by the supplemental survey, makes measuring diversity difficult. Several methods could address this difficulty. Since the APA is the major accrediting body for psychology programs in the country, and the CoA is the body within the APA that performs this accreditation, what the CoA chooses to require of member doctoral programs can set the standard for the entire profession. According to its website, the CoA considers a doctoral program's "Evaluation & Assessment of Outcomes", "Organization & Administration", "Student Support Services" and other factors when deciding to accredit the program.[6] There may be a mechanism for utilizing accreditation reporting as a way to collect more standardized data that track diversity metrics.

The above policy is not without drawbacks. Accreditation programs, like the APA, are limited by federal law as to what they can require from educational programs.[7] Control of the content of educational programs resides primarily with that program's overarching institution (read "college" or "university"), and the state government where that institution resides. This control is protected by the United States Department of Education. Should an accreditation program begin taking too heavy of a hand in a program's administration, it could invite a legal challenge.

An alternative policy to consider would be to appeal directly to students to provide information about themselves through an individual-level survey. However, questions about sexual or gender identity can be very sensitive to students and surveyors alike.[8] In fact, the low rate at which age and sexual identity were collected by the responding institutions (45.6% and 9.6%, respectively) could be due to the sensitive nature of these questions. Students might be more willing to disclose sensitive information to an external researcher than they would to their doctoral program, as there may be some concern about how the sensitive information would be used by their school. From a policy perspective, this would be considered voluntary

participation by the students and a willful release of the protected information.[9, 10] However, primary data collection surveys of this magnitude can prove troublesome without careful attention to methodology and resources. Depending on how the sampling is conducted, statistics drawn from the surveys could grossly overestimate or underestimate the proportion of certain minority groups within the student body. Furthermore, since the survey is voluntary, a potentially low response rate could make any data gathered by such a survey non-generalizable.

The research request and the supplemental survey both highlight the need for more efforts to recruit diverse students. The primary method used by respondent doctoral programs to attract students from diverse backgrounds was to establish an educational pipeline. Program staff connect with students of diverse backgrounds prior to entry into the doctoral program. These pipelines can be used strictly for recruitment, or can be a way for APA-accredited doctoral programs to provide resources to aspiring doctoral students, such as workshops, special lectures, or internship opportunities. By targeting undergraduate programs with higher-than-average minority populations for these pipeline partnerships, health service psychology doctoral programs can potentially increase the rate at which students from diverse backgrounds apply for their program.

One major barrier to the above method, as well as other recruitment attempts, has to do with the pre-existing diversity of a health service psychology doctoral program. 'Lack of ethnic and racial diversity within the staff' and 'Lack of ethnic and racial diversity within the student body' were cited by 47.3% and 23.6%, respectively, of programs as a reason why they cannot meet their diversity goals. Programs have to work against their own pre-existing racial, ethnic, and sexual compositions in order to recruit diverse students. One way to do so is through financial awards specifically reserved for diverse students. In fact, after educational pipelines, financial aid incentives were the second most popular method reported by supplementary survey respondents for recruiting diverse students (64.5% and 59.1%, respectively). Of the programs that responded to the supplemental survey, 90.9% offered financial awards to incoming students and 53.5% of those programs offered diversity-specific awards.

Policies in different states can interfere with these recruitment methods, however. For instance, Michigan's constitution prohibits higher education institutions from using race as a deciding factor for admissions.[11] At least seven other states have similar laws, and depending on how the laws were written, they could not only prohibit setting quotas, but also diversity-specific financial awards.[12] One respondent to the supplemental survey reported they "couldn't ask identity-based questions" during their recruitment process. While it is outside the scope of this project to determine the merit or effectiveness of affirmative action, the

supplemental survey revealed that financial aid packages are the second-most common tool used by the responding program's for increasing diversity within their programs. Limiting these programs' access to that tool could harm the effort to increase diversity within the psychology workforce.

Lastly, after recruiting students of diverse backgrounds, educational programs need support programs to help the students complete the program and graduate. Institutions primarily offer support services through writing centers (84.5%), aid for students with disabilities (83.6%), and/or stress management via student counseling centers (81.8%). However, 29 programs (26.3%) responded that the barriers they face when recruiting/retaining students largely come down to the cost of their program, the financial competition they face from other programs, and the lack of support services they can offer the students. Since these support services are largely coming from institutions as opposed to individual doctoral programs, states could increase the resources of universities by allocating more taxes towards higher education within the state. States could accomplish this in a number of ways, such as offering increases in state funding contingent upon institutions expanding their support services, or by offering grants tied to the creation/expansion of student support services. Either policy could be met with political resistance in states controlled by parties that oppose increased spending for education. However, by tailoring the increased funding to a specific outcome, the policy could receive more bipartisan support than a blanket increase in spending.

Perhaps the most direct way to increase diversity within the psychology workforce is through connecting health service psychology doctoral students who represent diverse backgrounds with employers in the field. Programs that responded to the supplemental survey managed this by providing training/skill workshops for students to prepare them for employment (38.1%), pairing current minority students with incoming minority students as a way of mentorship (30.5%), and connecting students to alumni for mentorship and potential job opportunities (21.0%). Each of these are dependent, respectively, on the resources available through the program or institution, the current diversity of the student body, or the size of the program's alumni network, meaning these practices might not translate well to all programs.

In summary, while diversity is increasing within health service psychology doctoral programs, and this could lead to an increase in diversity within the health service psychology workforce, the rate of this increase and how it can be sustained/improved require further research. Other underrepresented categories within the health service psychology doctoral student population, such as LGBT, rural, and first-generation students, also require further research in coming years in order to track these populations longitudinally.

REFERENCES

1. Duffy FF, West JC, Wilk J, et al. (2004). Mental health practitioners and trainees. In RW Manderscheid & MJ Henderson (Eds.), Mental health, United States, 2002 (pp. 327-368; DHHS Publication No. SMA 04- 3938). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

2. American Psychological Association. (2016). Commission on Ethnic Minority Recruitment, Retention, and Training in Psychology Task Force. http://www.apa.org/pi/oema/programs/recruitment/commission.aspx

3. American Psychological Association. (2012). The APA 2012 Annual Report Online (ARO) Commission on Accreditation (CoA) Portal Survey, Executive Summary. http://www.apa.org/ed/accreditation/portal-summary.pdf

4. American Psychological Association. (2015). 5-Year Summary Report 2011-2015 Commission on Accreditation. http://www.apa.org/ed/accreditation/about/research/2011-2015-report.pdf

5. United States Census Bureau. (2017). QuickFacts UNITED STATES. https://www.census.gov/quickfacts/fact/table/US/PST045216

6. American Psychological Association. (2015). Basic Elements of Accreditation. http://www.aspa-usa.org./wp-content/uploads/2015/02/ASPA_AccreditationElements_Jun12.pdf

7. American Psychological Association. (2015). Accreditation and Federal Law. http://www.aspa-usa.org./wp-content/uploads/2015/02/ASPA_FederalPrinciples_Jun12.pdf

8. Ellis R, Virgile M, Holzberg J, Nelson D, Edgar J, Phipps P, and Kaplan R. (2017). Assessing the feasibility of asking about sexual orientation and gender identity in the current population survey: results from cognitive interviews. https://www.bls.gov/osmr/pdf/cps_sogi_cognitive_interview_report.pdf

9. U.S. Department of Education. (2010). Higher Education Opportunity Act – 2008. https://www2.ed.gov/policy/highered/leg/hea08/index.html

10. U.S. Department of Education. (2015). Family Education Rights and Privacy Act (FERPA). https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html

11. Totenberg N. (2014). High Court Upholds Michigan's Affirmative Action Ban. Michigan Radio. https://www.npr.org/2014/04/22/305960143/high-court-upholds-michigans-affirmative-action-ban

12. Desilver D. (2014). Supreme Court says states can ban affirmative action; 8 already have. Pew Research Center. http://www.pewresearch.org/fact-tank/2014/04/22/supreme-court-says-states-can-ban-affirmative-action-8-already-have/

APPENDIX

SECTION 1: DIVERSITY OF STUDENT POPULATION

Q1 How many students were enrolled in the health service psychology doctoral program as part of the 2016-2017 cohort?

Q2 Did you collect information about year of birth or age of students enrolling in the health service psychology doctoral program during the 2016-2017 term?

❍ Yes
❍ No

Q3 [SKIP LOGIC: Q2 = Yes] What is the average age of students who enrolled in the health service psychology doctoral program during the 2016-2017 term?

Q4 Did students enrolling in the health service psychology doctoral program during the 2016-2017 term self-disclose their sexual orientation?

❍ Yes
❍ No

Q5 [SKIP LOGIC: Q4 = Yes] How many students who enrolled in 2016-2017 self-identify as being gay, lesbian, or bisexual?

Q6 Did you collect information about whether the students enrolling in the health service psychology doctoral program during the 2016-2017 term came from a rural area?

❍ Yes
❍ No

Q7 [SKIP LOGIC: Q6 = Yes] How many students who enrolled in 2016-2017 came from a rural area?

Q8 Did you collect information about whether the students enrolling in the health service psychology doctoral program during the 2016-2017 term were first-generation doctoral degree seekers? "First generation" means those whom are first in their generational family to seek a doctoral degree.

❍ Yes
❍ No

Q9 [SKIP LOGIC: Q8 = Yes] How many health service psychology students who enrolled in 2016-2017 are first-generation doctoral degree seekers?

Q10 How many core faculty are employed by the health service psychology doctoral program for the 2016-2017 academic year? Core faculty members are those who spend at least 50% of their professional time in program activities of the APA-accredited doctoral program; only administrative activities directly related to the accredited program may count as part of the 50% time commitment for core faculty.

Feedback for Diversity of Student Population:

[For pilot testing only.]

The next few questions will ask you to reflect on the survey content related to student demographics.

Q11 Did you have difficulty answering any of the survey questions in this section?

❍ Yes
❍ No

Q12 [SKIP LOGIC: Q11 = Yes] Please tell us which questions were difficult to answer and why (e.g., the question wasn't relevant to you; the question was confusing or unclear; none of the choices applied to you; the question was too long, etc.). Please include the question number(s) in your response.

Q13 If you have any additional comments about this section of the survey, please submit them here

_____

SECTION 2: RECRUITMENT AND RETENTION STRATEGIES

Q14 Has your program identified underrepresented geographical region(s) across the country and sought to recruit from these areas?

❍ Yes
❍ No

Q15 Has your program sought to recruit from underrepresented geographical region(s) across the country?

❍ Yes
❍ No

Q16 [SKIP LOGIC: Q15 = Yes] From which underrepresented geographical region(s) is your program recruiting?

_____

Q17 Which underrepresented populations do you spend the most effort or resources trying to recruit into your program? Please limit your answer to the foremost 3 populations.

❑ People of color
❑ Lesbian, Gay, Bisexual, or other Queer individuals
❑ Transgender individuals
❑ Disabled individuals
❑ Veterans
❑ First generation students
❑ Individuals from rural areas
❑ Individuals with financial need
❑ Other _____
❑ We do not specifically focus resources on recruiting underrepresented populations into our program

Q18 What barriers or challenges does your institution have for meeting recruitment goals for

underrepresented populations in the health service psychology doctoral program? (Please select all that apply.)

- ❑ GPA/standardized test score requirements
- ❑ Geographic location of doctoral program
- ❑ Lack of ethnic and racial diversity within the student body
- ❑ Lack of ethnic and racial diversity within the staff/faculty
- ❑ Lack of scholarship availability
- ❑ Program tuition cost is prohibitive
- ❑ Lack of on-campus internship or residency opportunities
- ❑ Laws against affirmative action, student recruitment quotas, or similar practices
- ❑ Other (please describe): _____
- ❑ We have not encountered significant barriers or challenges to meeting our recruitment goals of underrepresented populations into the health service psychology doctoral program

Q19 What strategies does your institution employ to recruit underrepresented students, regardless of degree level (Please select all that apply.)

- ❑ Market research of potential applicant pool
- ❑ Education pipeline recruitment outreach
- ❑ Targeted outreach –campus visits and tours
- ❑ Targeted outreach – attending class with a current student
- ❑ Providing financial incentives/assistance
- ❑ Set policies and goals for faculty engagement in recruitment efforts
- ❑ Virtual Information Fairs
- ❑ Mentorship programs between current students/faculty and local youths
- ❑ Onsite Graduate School Fairs
- ❑ Offsite Graduate School Fairs
- ❑ Offsite recruitment events in urban area
- ❑ Offsite recruitment events in rural area
- ❑ Other (please describe): _____
- ❑ Our institution does not employ any specific strategies to recruit underrepresented students

Q20 What strategies does your institution use to help underrepresented students find employment, regardless of degree level? (Please select all that apply.)

- ❑ Comprehensive cultural diversity plan
- ❑ Provide incentives and rewards for stronger engagement from faculty
- ❑ Improve student opportunities for accessing and sustaining strong mentorships with alumni
- ❑ Pairing current minority students with incoming minority students as mentors within program
- ❑ Training/workshops for working within diverse teams to provide care
- ❑ Cultural sensitivity training/education for all students
- ❑ Cultural sensitivity training/education for faculty
- ❑ Offering skill-building workshops for writing, research, and/or other academic pursuits
- ❑ Other (please describe): _____
- ❑ Our institution does not employ any specific strategies to employ underrepresented students

Q21 What social support programs does the institution offer to underrepresented students, regardless of degree level? (Please select all that apply.)

- ❑ Cultural Centers
- ❑ Stress management/student counseling services
- ❑ Free/reduced cost student medical services
- ❑ Student Life Initiatives / Activity Office
- ❑ Student Diversity Initiatives
- ❑ Housing Services
- ❑ Career Services
- ❑ Writing Centers
- ❑ Translators / Sign Language interpreters
- ❑ Student Disability Services
- ❑ Other (please specify): _____
- ❑ Our institution does not offer social support programs for underrepresented students

Q22 - Do the mission, vision, or goal statements of your health service psychology doctoral program explicitly emphasize the need for/the importance of a diverse student population?

- ○ Yes
- ○ No
- ○ Not sure

Feedback for Recruitment and Retention Strategies:

[For pilot testing only.]

The next few questions will ask you to reflect on the survey content related to recruitment and retention strategies.

Q23 Did you have difficulty answering any of the survey questions in this section?

○ Yes
○ No

Q24 [SKIP LOGIC: Q23 = Yes] Please tell us which questions were difficult to answer and why (e.g., the question wasn't relevant to you; the question was confusing or unclear; none of the choices applied to you; the question was too long, etc.). Please include the question number(s) in your response.

Q25 If you have any additional comments about this section of the survey, please submit them here

_____

SECTION 3: THE DOCTORAL PROGRAM

Q26 Among the required courses for a student entering in the 2016-2017 academic year to earn a doctoral degree in this APA-accredited program, how many courses are focused on diversity according to their course descriptions?

○ 0
○ 1
○ 2
○ 3 or more
○ Unsure

Q27 Did your APA-accredited health service psychology doctoral program offer financial assistance (in the form of grants, fellowships, scholarships, or stipends) to students enrolling in the 2016-2017 academic year?

○ Yes
○ No

Q28 [SKIP LOGIC: Q27 = Yes] How many total financial packages were offered by the health service psychology doctoral program to students enrolling in the 2016-2017 academic year?

Q29 [SKIP LOGIC: Q27 = Yes] Were any of these financial packages specifically intended to increase the diversity of the incoming student body?

○ Yes
○ No

Q30 [SKIP LOGIC: Q29 = Yes] Of the financial packages offered to increase the diversity of the incoming student body, how many of them were

Need Based_____

Merit Based_____

Other _____

Feedback for The Doctoral Program:

[For pilot testing only.]

The next few questions will ask you to reflect on the survey content related to your doctoral program.

Q31 Did you have difficulty answering any of the survey questions in this section?

○ Yes
○ No

Q32 [SKIP LOGIC: Q31 = Yes] Please tell us which questions were difficult to answer and why (e.g., the question wasn't relevant to you; the question was confusing or unclear; none of the choices applied to you; the question was too long, etc.). Please include the question number(s) in your response.

Q33 If you have any additional comments about this section of the survey, please submit them here

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