About Asian Indian Caucus

The Asian-Indian Caucus (AIC) is one of the six multicultural constituency groups of the American Speech Language and Hearing Association (ASHA). AIC was established in 1994 to address the professional, clinical and educational needs of persons of Asian Indian origin, residing in the United States in the area of communication sciences and disorders. Asian Indians, otherwise known as South Asians, refer to persons who trace their origin to the Indian subcontinent, including, but not limited to the following countries (in alphabetical order): Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka.

AIC OBJECTIVES

- To serve as a resource to meet the needs of clients of Asian Indian origin.
- To provide a forum for interaction and collaboration among clinicians, researchers, and students of Asian-Indian origin in the field of communication sciences and disorders.
- To promote initiatives to increase the body of knowledge pertaining to Asian-Indian individuals as it relates to the field of communication sciences and disorders, and to compile and disseminate this body of knowledge.
- To enhance cultural competence among ASHA-certified professionals and increase cultural sensitivity regarding Asian Indians.
- To serve as a networking and mentoring resource for the general ASHA membership serving individuals of Asian-Indian origin with communication disorders.
- To work closely with ASHA, its Office of Multicultural Affairs (OMA), and its Multicultural Issues Board (MIB) in initiatives pertaining to the above objectives.

WANT TO KNOW MORE ABOUT AIC?

Like us on our Facebook page - http://goo.gl/kgCqK
Vanakkam and Namaste AIC Members,

It gives me great pleasure to write to you all again at this exciting time of the year- 2017 ASHA Convention. I am deeply humbled to serve as the President of this esteemed caucus for the second term and honored to have spearheaded some exciting initiatives with the dynamic support of my executive team- Saradha Ananthakrishnan (Editor), Prabhu Eswaran (Vice President, Professional Development), Ranjini Mohan (Vice President, Professional Development), Priya Sudarsanam (Secretary) and our veteran members Arun Biran & Sharmila Biran.

Some significant developments are- (i) We have successfully launched an advisory board for the AIC Executive Committee (2017-2019) that is comprising of veteran members-Swathi Kiran, Shuba Kashinath, Deepa Aiyer, Yasmeen Faroqui Shah and Arun Biran. With their advisory support, we have formulated a plan to restructure bylaws, infra-structure, membership requirements, dues, funding and also set up a system for grant development, research and CEU opportunities for our AIC members. (ii) To address the ongoing need for location of assessment and treatment resources in Asian Indian languages, we have initiated some work to build a repository comprising of compilation of relevant articles in our newsletters and resource lists with web links and handouts in our AIC website. This year’s ASHA KIRAN is a special dedication to this initiative. (iii) We have collaborated at many different levels with ASHA multicultural issues board (MIB) and other multicultural constituency groups (Asian Pacific Islander, Hispanic, Native American, LGASP, GLBTQ, Caucus and National Black Association for Speech Language and Hearing). Some initiatives that have stemmed out of this collaboration are- targeting high school students of Asian Indian origin to take up careers in Speech Language Pathology and Audiology and raising awareness of Asian Indian Caucus through an article contribution for ASHA Leader blog. (iv) We have reached out to many potential sponsors to support our annual AIC-Student Clinician Scholarship fund benefitting students and clinicians interested in serving Asian Indians in the US, through their research and clinical contributions. We are extremely grateful to Zenith Rehabilitation Services, CA for generously funding our 2017 awardees. (v) We have also initiated an International Scholarship Fund to support international students and clinicians attending ASHA. We are grateful for Therapy Mantra, CA and Interface Rehab, CA for supporting two qualified candidates this year.

We have also continued our traditional role of addressing the needs of clinician and Asian Indian client needs through our ongoing outreach programs via emails, teleconferences and social media networks. We aspire to pursue many great clinical and research initiatives to support Asian Indian clients, students, clinicians, researchers and other professionals. However, none of this is possible without the continued support of our valuable AIC members. Thus, we sincerely request you all to support us generously through timely payment of membership dues, offering generous donations and participation in our fund drives. I am positive that with all of your enthusiastic support, we can continue to grow and achieve the mission and objectives of our caucus together.

I look forward to seeing you all at ASHA Convention at Los Angeles this year! Nandri and Dhanyavaad!

Akila Rajappa (President, 2017-18)
EXECUTIVE BOARD

**President– Akila Rajappa.**
Akila Rajappa is a Board Certified Specialist in Swallowing and Swallowing Disorders (BCS-S) with over 15 years of clinical experience in the treatment of swallowing, cognitive, and communication disorders in adult/geriatric population. She is currently pursuing her PhD in Speech Language Pathology at Columbia University, NY. Akila has a passion for dysphagia rehabilitation and her interests lies in understanding neural mechanisms of airway protective behaviors. She is a member of the Public Relations Committee of American Board of Swallowing and Swallowing Disorders (ABSSD). She is actively involved in serving the Asian Indian community through her outreach educational initiatives on healthy aging for seniors, voice consultation programs for Indian Classical singers and also conducting Indian cultural events in the NY/NJ metropolitan area. She is currently working as a Lead Speech Pathologist for Genesis Rehabilitation Services at Ingle moor Center, NJ. She can be contacted at atr2123@tc.columbia.edu

**Vice President (Public Relations) - Prabhu Eswaran.**
Prabhu Eswaran is currently working as a school-based speech-language pathologist in Los Angeles, California. His areas of interest include child language disorders, communication disorders in culturally and linguistically diverse populations and technology in special education. He can be contacted at prabhuslp@gmail.com

**Vice President (Professional Development)- Ranjini Mohan.**
Ranjini Mohan is an Assistant Professor at Texas State University in the Dept. of Communication Disorders. Her research interests include understanding the neural bases of cognition and language in typically aging adults and those with neurogenic diseases. She has clinical experience working with adults in acute, sub-acute, and outpatient settings, both in the U.S. and in India.

**Secretary– Priya Sudarsanam,**
Priya Sudarsanam, MS, CCC-SLP has been a speech and language pathologist for 12 years. She currently works in early intervention in Gallup, New Mexico and specializes in language development and feeding. Priya is also a cranial sacral practitioner and incorporates this into her therapy practice with her clients. Priya is executive director and co-owner of Avenues Early Childhood Services, Inc., a non profit early childhood program in Gallup, NM which currently provides preventative home visiting services at no cost to families.

**Editor– Saradha Ananthakrishnan**
Saradha Ananthakrishnan is an Assistant Professor in the Department of Audiology, Speech Language Pathology and Deaf Studies at Towson University, Maryland. She teaches a mix of graduate and undergraduate courses in speech language pathology and audiology, and her research focuses on auditory electrophysiology.
Greetings and welcome to the 2017 issue of ASHA-KIRAN! This year, we at AIC are excited to bring you a special edition of the ASHA Kiran focused on identification of clinical resources for clients and clinicians of Asian Indian origin. Significant work has been done by researchers interested in Asian Indian populations, resulting in the development of assessment and treatment materials in Asian Indian languages, or pertaining to the clinical care of individuals of Asian Indian origin. However, there remains a lack of awareness about such resources among clients and clinicians of Asian Indian origin. It is the AIC's hope that the 2017 issue of the ASHA Kiran will be the first step towards developing a repository of such information.

Our newsletter begins with a “Spotlight” section seeking international perspectives on the need, development, access, challenges and future directions regarding multilingual resources in Indian languages. The “Spotlight” features two renowned international experts in speech language pathology with diverse backgrounds: Dr. Pratibha Karanth and Dr. Brooke Hallowell. Dr. Karanth, Founder & Director of Communication DEALL, India, is a recognized leader in the area of language disorders in adults and children. Given that she has authored over 15 books and manuals (available in English, Hindi and Kannada) on a variety of topics including autism, developmental milestones, and their pre-requisite learning skills, Dr. Karanth’s input on multilingual resources in Indian languages is greatly valued. Dr. Brooke Hallowell, the Executive Director of Collaborative on Aging and Professor of Speech and Hearing Sciences, Ohio University, is an expert in the area of cognition and language. She also has a keen interest in supporting academic and clinical programs in underserved regions. In this regard, Dr. Hallowell has collaborated extensively with colleagues in India, and brings a unique perspective on the discussion on multilingual resources in Indian languages.
FROM THE EDITORS’ DESK

...Continued

Following the Spotlight section, Dr. Yasmeen Faroqui Shah (University of Maryland) discusses two collaborative initiatives, based in the US and in India, that tackle some of the difficulties encountered during language assessments of Asian Indian clients in neurorehabilitation settings. Next, switching gears to audiology, Ms. Rebecca Rogers (University of Texas, Dallas), along with Dr. Ross Rooser (University of Texas, Dallas) and Dr. Vinaya Manchiah (Lamar University, Texas), introduces Global Audiology, an online initiative geared towards developing a centralized repository of audiology protocols followed around the world. Lastly, the newsletter also contains information about ASHA 2017: specifically, readers will find details about the AIC meeting to be held during the conference.

Members of the Asian Indian Community have had many commendable achievements this year! We are delighted to offer our hearty congratulations to Dr. Ranjini Mohan on her new role as Assistant Professor at Texas State University, and to our President, Akila Rajappa for winning the 2017 Honorary Topper Family Annual Fund Scholar award from Teacher’s College, Columbia University. Kudos also to our 2016 and 2017 scholarship winners! Felicitations to all of you on your accomplishments!

Finally, we are sincerely grateful to all those who contributed to the newsletter, as well as the executive board of the AIC who assisted with the development of the 2017 edition of ASHA Kiran. We are also very thankful to all the sponsors and donors who have supported AIC this year, making it possible for us to provide awards to deserving student and clinician candidates. We would like to extend special thanks to Dr. Yasmeen Faroqui Shah (University of Maryland), Dr. Sanyukta Jaiswal (Gallaudet University) and Dr. Rajini Sebastian (Johns Hopkins University) who served as our group of expert consultants as we developed this special issue of the ASHA Kiran focused on the identification of clinical resources for clients and clinicians of Asian Indian origin.

We hope you enjoy reading the 2017 edition of the ASHA Kiran as much as we enjoyed preparing it!

Saradha Ananthakrishnan and the editorial team
FROM THE EDITOR’S DESK

Special thanks to our expert consultants!

Dr. Yasmeen Faroqi-Shah is an Associate Professor at the University of Maryland, College Park. She received her undergraduate (BS) and Masters (MS) degrees in Hearing and Speech Sciences at the All India Institute of Speech and Hearing, India. She completed her PhD in Communication Sciences and Disorders at Northwestern University with Dr. Cynthia Thompson. Dr. Yasmeen Faroqi-Shah joined Department of Hearing and Speech Sciences at the University of Maryland in 2005. The long term goal of her research program is to further understand the neural underpinnings of language, with a particular focus on language breakdown in aphasia with particular interest in brain plasticity. She received her Bachelor’s degree in Speech and Hearing Science and Master’s degree in Speech-Language Pathology from the University of Mysore, India, and a PhD in Communication Sciences and Disorders from the University of Texas at Austin. She completed her clinical fellowship in Speech-Language Pathology before joining Johns Hopkins University as a postdoctoral fellow. The primary focus of her postdoctoral fellowship is to investigate the effects of cerebellar transcranial direct current stimulation on language therapy in patients with chronic aphasia and to study neural plasticity related changes associated with aphasia therapy. She is also involved in investigating the longitudinal neural changes associated with language recovery after a stroke using multimodal imaging techniques. Her research is supported by a Pathway to Independence Award (K99/R00) from NIH/NIDCD.

Rajani Sebastian, PhD, CCC-SLP is a Speech-Language Pathologist who studies recovery from aphasia with particular interest in brain plasticity. She received her Bachelor’s degree in Speech and Hearing Science and Master’s degree in Speech-Language Pathology from the University of Mysore, India, and a PhD in Communication Sciences and Disorders from the University of Texas at Austin. She completed her clinical fellowship in Speech-Language Pathology before joining Johns Hopkins University as a postdoctoral fellow. The primary focus of her postdoctoral fellowship is to investigate the effects of cerebellar transcranial direct current stimulation on language therapy in patients with chronic aphasia and to study neural plasticity related changes associated with aphasia therapy. She is also involved in investigating the longitudinal neural changes associated with language recovery after a stroke using multimodal imaging techniques. Her research is supported by a Pathway to Independence Award (K99/R00) from NIH/NIDCD.

Dr. Sanyukta Jaiswal is an Associate Professor in the Speech-Language Pathology program of Department of Hearing Speech and Language Sciences at Gallaudet University. She completed her B.S and M.S in Speech and Hearing from All India Institute of Speech and Hearing, University of Mysore, India. She received her Ph.D. from University of Iowa in the area of physiology of voicing control during speech production. She directs the Voice and Speech Physiology Research Lab which, focuses on acoustic and physiological analysis of speech production, with an emphasis on the role of sensory feedback in its control and regulation. She is also interested in voice and resonance management in aural rehabilitation for deaf and hard of hearing population.
Dr. Brooke Hallowell and Dr. Pratibha Karanth share their thoughts on:

Multilingual resources in Indian languages: International perspectives on need, development, access, challenges and future directions

Dr. Brooke Hallowell, Ph.D., CCC-SLP, ASHA Fellow, is Executive Director of the Collaborative on Aging and Professor of Communication Sciences and Disorders at Ohio University. Prof. Hallowell is the author of the 2017 book, “Aphasia and other acquired neurogenic language disorders: A guide for clinical excellence. Deeply engaged in supporting academic and clinical programs in underserved regions, she is especially passionate about collaboration with colleagues in India. She is a pioneer in the use of eyetracking and pupillometry to study complex diagnostic issues related to cognition and language in adults; she holds US and international patents on associated technology. Honors and awards include: Outstanding Contribution Award, Asia Pacific Society for Speech, Language, and Hearing; Honors of the Council, Council of Academic Programs in Communication Sciences and Disorders; and Certificate of Recognition for Outstanding Contributions in International Achievement, American Speech-Language-Hearing Association. Beginning in January of 2018, Prof. Hallowell will serve as Dean of Health Sciences and Disability Studies at Springfield College in Springfield, Massachusetts.

Dr. (Mrs.) Pratibha Karanth is the Founder, Director & Managing Trustee, The Com DEALL Trust, Bangalore. She has previously worked at NIMHANS, Bangalore and AIISH, Mysore. Dr. Karanth has authored over 15 books and manuals, (available in English, Hindi and Kannada) and over 80 research papers. She has received grants for her various research endeavors from the Rockefeller Foundation, Fulbright, UNICEF, Common Wealth, ICMR, ICSSR and Sir Ratan Tata Trust. She has also served as a mentor for 7 Ph. D theses and 198 post-graduate theses. Dr. Karanth has served the speech and hearing community in a variety of roles, including as the President of the Indian Speech and Hearing Association between 2015-16 and 1987-88, and as a member of several task forces and scientific advisory committees set up by both public and private organizations in India. Dr. Karanth is the recipient of numerous awards and recognitions, such as the Lifetime Contribution Award from IRC, Bangalore in 2016 and the ‘MahilaThilakam Award’ by the Dept. of Social Welfare, Govt of Kerala at the Thantedam Gender Fest in 2012.
• Please share your thoughts regarding the current need for resources in Indian languages for assessment and treatment of clients in India/Southeast Asia, or clients of Asian Indian origin in countries like the United States (US).

Dr. Brooke Hallowell: There is a dire need for assessment and treatment resources for speakers of Indian languages. There is also a great need for a stronger evidence base to support them. In terms of assessment, many tests have been translated from English without much attention to cross-linguistic differences, cultural differences, and means of repeated assessment or testing across multiple languages. In addition, many of the existing tools have been developed with little attention to control of myriad factors that may confound assessment results, have no or few data regarding validity and reliability, and have very small pools of people with and without aphasia for whom data have been reported. I have spent a lot of time studying this topic with colleagues in India. It seems the key limitations in the quality of many assessment materials now available relate to too much reliance on: (1) short-term student projects within CSD programs in India as the basis of tool development, rather than concerted long-term projects by interprofessional and multilingual teams of qualified clinical researchers across institutions; and (2) too much reliance on borrowing materials from Western cultures without in-depth consideration of relevance to specific Asian Indian groups.

Dr. Pratibha Karanth: There is an enormous need for materials in Indian languages that are culture friendly, affordable and easily accessible. It is surprising that having been in existence for 50 years in the country we have so little material available.
Multilingual resources in Indian languages: International perspectives on need, development, access, challenges and future directions

...Continued...

- What are some recent developments in the availability of standardized tests and treatment materials in Indian languages/Asian Indian dialects?

Dr. Brooke Hallowell: More and more of the programs in speech-language pathology and audiology within India are providing online access to materials developed through theses and dissertations. While this is a wonderful development, it is also important that anyone using those resources to be a careful consumer, scrutinizing their theoretical and empirical bases, and their relevance to real-life communication needs of specific people being served.

The Indian Speech and Hearing Association (http://www.ishaindia.org.in/) offers many resources through its web site, and its annual conventions offer terrific opportunities for sharing about ideas and projects in progress. The Aphasia and Stroke Association of India (http://aphasiastrokeindia.com) has made wonderful contributions through its web site, which offers numerous helpful resources for people with aphasia, communication partners, and clinicians working in Indian contexts, available in 11 languages thus far. Com DEALL Trust (https://www.communicationdeall.com), headed by Dr. Prathiba Karanth, now has 24 clinical units throughout India to support children with developmental language disorders. This is promising, in that it provides not only a rich network of services and related clinical research across Indian languages for that population, but also an increasing repertoire of clinical materials and educational resources.

The fact that the AIC has taken initiative to enhance sharing of resources is a real plus. Still, we have a long way to go in terms of having sufficient well developed and well tested assessment and treatment materials to share.

Dr. Pratibha Karanth: Please find attached a list of the materials that are made available by us – Communicaids Innovations Private Ltd. <www.communicaids.com>. A lot of potential material, particularly tests, is available as dissertations/projects etc in the larger training institutions. However, they have not been converted/published as ready-made tools.
Multilingual resources in Indian languages: International perspectives on need, development, access, challenges and future directions

...Continued...

- What are some challenges in access/availability of these resources to professionals in India and professionals serving Asian Indian clients in the US?

Dr. Brooke Hallowell: It seems that, overall, availability in the first place is more critical right now than access. By that I mean that we have a great deal of work to do still in developing evidence-based strategies for assessment and treatment of communication challenges that are culturally and linguistically appropriate for Asian Indian people, and that also address life participation through communication and not just communication deficits at the impairment level.

Dr. Pratibha Karanth: For new entrants like us it was the lack of awareness/publicity. However, I must emphasize that when we first developed our materials they were meant primarily for the therapists and families of children in our program. Hence we did not advertise it. Now that we have set up a company we are paying more attention to publicity.

For the materials in national institutions and colleges, it has been a lack of sensitivity to the need to make them more easily available/accessible and the lack of initiative, as well as perhaps the bureaucratic hurdles.

- What would be your advice for students, clinicians and researchers who are interested in procuring multilingual resources to serve Asian Indian clients? Is there a system or a model that can be developed to streamline access?

Dr. Brooke Hallowell: Given the growing use of web-based means of dissemination, we are constantly improving access to resources (although this remains a serious challenge in the more remote and underserved areas of India). I keep reminding students, clinicians, and researchers that just because it is available does not mean it is appropriate. My advice is for us to all focus more on quality research and development and to stop using tools and methods that have no clear evidence base, theoretical rationale, or connection with the real-life communication needs of the people we serve.

Dr. Pratibha Karanth: A national inventory of materials with information on how to access them can be compiled by ISHA and shared with ASHA. ISHA could also be more pro active in accessing resources from the national institutions/colleges and engage itself in making them more easily accessible for the professionals and the general public.
Asian Indian clientele represent diversity in language, culture and geographical locations worldwide. In your opinion, what is the best way to address their various assessment and treatment needs in the future?

Dr. Brooke Hallowell: Nurturing the clinical research culture of CSD programs in India is essential. Most of the faculty members in our field in India teach and guide research in multiple clinical areas at the same time. One cannot possibly keep up with all of the literature in multiple content areas. Enabling them to specialize more, and to take greater control over the scope of the clinical and research work that their assigned students do, will help to ensure improved mentoring of students in specific areas of clinical practice. Effective mentoring of our future leaders is a vital way to ensure quality resource development.

So much effort still goes into student projects that must be done according to students’ thesis or dissertations timelines, and not allowing for appropriate design, implementation, analysis, and dissemination. It is important that we collaborate across disciplines and institutes, and that we enlist experts who are native speakers of diverse Indian languages to help design, develop, test, and disseminate clinical resources. It is critical to have students take part in such long-term projects with greater mentorship and guidance from their professors with special expertise.

Dr. Pratibha Karanth: ASHA could (perhaps in collaboration with ISHA and other such national bodies from other countries) set up a cell specially to address these issues, with representatives and repositories of materials from each of these countries.
Approximately 3.5 million Asian Indians reside in the United States (U. S. Census Bureau, 2010). Compared to Non-Hispanic Whites, Asian Indians have a higher incidence of coronary heart disease, cerebrovascular disease, and related risk factors (Healthy People 2020; Jose et al., 2014; Wasay et al., 2014). Consequently, relative to their population in the U.S, there is likely to be a high proportion of Asian Indian clients in adult neurorehabilitation settings. There have been a handful of publications focusing on service delivery and sociocultural aspects of communication disorders among Asian Indians (Faroqi-Shah, 2012; Hallowell et al., 2012; Mahendra, 2012). However, there is hardly any published work on assessment of Asian Indians in adult neurorehabilitation settings. Given that accurate assessment of language abilities provides the foundation for diagnosis and effective intervention planning, it is important to consider whether speech-language pathologists in adult neurorehabilitation settings have access to culturally and linguistically appropriate tools to assess Asian Indians.

Asian Indians speak over 30 different native languages which include at least 1600 regional dialects (Dryer & Haspelmath, 2011). Therefore, most Asian Indians in the U.S. are bilingual speakers, with English being either their primary or second language. Ideally, bilingual speakers should be evaluated using assessment tools that have been standardized in both languages and specifically for bilingual speakers (Mungas et al., 2011). There are several challenges in meeting this gold standard for assessing Asian Indian clients: SLPs may not speak a particular language, standardized tests may not exist for a particular language, or if such a test exists, it may not be readily available for immediate clinical use and may lack psychometric validity. SLPs report using standardized English language tests with bilingual clients (Centeno, 2009). This practice is justified only when these English tests are empirically proven to be unbiased, that is, individuals from different sociolinguistic groups with the same true ability perform comparably on the tests (Mungas et al., 2011).
This article aims to highlight initiatives that address two of these challenges of assessing Asian Indian clients in neurorehabilitation settings: the psychometric validity of English language tests when used with Asian Indians and access to language assessments for Asian Indians. Although it is possible that there are other similar ongoing efforts (which I am unaware of), this report is not meant to be a comprehensive review of work on Asian Indians. The first initiative is a collaborative endeavor between Lisa Milman (Utah State University) and myself, and the second initiative is the work by the Expert Group on Aphasia led by Apoorva Pauranik (Mahatma Gandhi Medical College, Indore, India).

In order to assess test bias of standardized language and cognitive tests commonly used in adult neurorehabilitation settings, we compared the performance of monolingual native English speakers with two bilingual groups, Asian Indians and Spanish-English speakers (Milman & Faroqi-Shah, 2015; Faroqi-Shah et al., 2016). This research project was funded by the American Speech-Language Hearing Association’s Grant for Multicultural Activities (PIs: Faroqi-Shah & Milman). We found that both Asian Indians and Spanish-English speakers score below age- and education-matched native English speakers not only on standard language measures such as the Western Aphasia Battery-Revised (Kertesz, 2006) and Boston Naming Test (Kaplan et al., 1983), but also on cognitive measures such as the Mini Mental State Examination (Folstein et al., 1975) (Faroqi-Shah & Milman, 2016; Milman & Faroqi-Shah, 2015). Using differential item functioning (DIF), we identified specific test items that were most prone to test bias. It is noteworthy that the lower scores of bilinguals are not ubiquitous: Asian Indians scored on par with monolingual English speakers on nonverbal cognitive measures (Ravens Colored Progressive Matrices, Raven et al., 2004), verb retrieval (action fluency, Northwestern Assessment of Verbs and Sentences, Cho-Reyes & Thompson, 2012) and on specific discourse measures such as idea density (Snowdon et al., 1996) (Faroqi-Shah et al., 2016). The long-term goal of this project is to generate statistically-based recommendations for culturally appropriate adjusted test scores for these two bilingual groups.

The second initiative I will describe is the outcome of an Expert Group Meeting on Aphasia organized by Apoorva Pauranik during August 2017 in India. This meeting was funded by the Indian Academy of Neurology and was attended by a multidisciplinary group of neurologists, neuropsychologists, speech-language pathologists, neuroimaging experts and information technology experts. The overarching goal of this meeting was to assess the current status of aphasiology in India and to identify an action plan to improve service delivery for persons with aphasia. The group recognized that, in addition to a paucity of assessments in Indian languages, there is little shared knowledge of assessments that have already been developed in Indian languages.
Assessing Asian Indian clients for communication disorders: a brief status update
...Continued

One of the action outcomes of this meeting was to compile a list of existing assessments that could be used in adult neurorehabilitation settings, for persons with aphasia and other neurocognitive disorders (e.g., dementia). A short survey has been developed to collate information on Indian language and cognitive assessments: https://goo.gl/forms/kvzF0xvik5GsT82Y2. I encourage AshaKiran readers to answer the survey and distribute it among your alumni lists and Asian Indian contacts, both in India and internationally. The success of this initiative largely depends on extensive distribution of the survey. The results of the survey will be compiled in February 2018 and made publicly available.

To conclude, there are numerous structural barriers facing speech-language pathologists who serve Asian Indian clients with communication disorders. In the U.S., it is unviable to entirely address some of these barriers, such as the lack of bilingual and bicultural clinicians. However, other structural barriers, such as the availability of psychometrically valid Indian language assessments and proficiency-adjusted bilingual norms for English assessments can be tackled by initiatives such as those described in this article. While this article highlights the limited resources for assessing Asian Indian clients, it is important to note that there are many other barriers facing Asian Indians with communication disorders, and even fewer resources are available in those realms. For instance, Asian Indians experience attitudinal barriers towards healthcare, as do other minorities (e.g., Mahendra, 2012; Scheppers et al., 2006). These attitudes include stigma, distrust of “the other” culture, and a decreased motivation. Some of these attitudes are fueled by the lack of culturally appropriate information about services, and limit the extent to which immigrant families access services. Professionals of Asian Indian origin, such as members of the Asian Indian Caucus, are best poised to address the structural and attitudinal barriers of Asian Indian clients. It is my hope that more Asian Indian professionals will contribute to decreasing disparities in service delivery to Asian Indian clients.
Assessing Asian Indian clients for communication disorders: a brief status update ...Continued

References

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Assessing Asian Indian clients for communication disorders: a brief status update
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According to the World Health Organization (WHO), there are approximately 360 million people worldwide who experience disabling hearing loss. Disabling hearing loss is defined as hearing loss greater than 40 dB HL in the better ear in adults and greater than 30 dB HL in the better ear in children (WHO, 2017). Such disabling hearing loss exists around the world (although with unequal prevalence rates in different regions); however, there exists no universal protocol for hearing healthcare services offered in different countries. In fact, there is a great deal of variation in the hearing health services offered across the world, including the educational requirements for practicing audiologists, diagnostic and (re)habilitative protocols, and the availability of standardized tests and equipment. Furthermore, there is no central repository describing the nature of these varied audiological services being offered around the world, rendering it challenging for hearing health professionals practicing in different parts of the world to learn from and help each other provide optimal patient care. Global Audiology: Global Resource for Audiology Information Networking (GRAIN), an initiative conceptualized in 2015, attempts to connect audiologists around the world by chronicling information about audiological protocols and services offered in different countries.

What is Global Audiology?

Global Audiology was founded by Dr. Vinaya Manchaiah and Dr. Ross Roeser both of whom are faculty members in the Audiology program at universities based in Texas. Global Audiology: GRAIN is currently an online initiative; specifically, it is a website which is to be consistently updated with audiology-related articles penned by audiologists and other stakeholders in hearing healthcare from around the world.

The Global Audiology: GRAIN website contains audiology-related information from five geographic regions in the world (see Figure 1). A Regional Resource Editor is assigned to each of the five geographic regions. The Regional Resource Editor is responsible for facilitating the growth of
Global Audiology: Promoting Hearing Healthcare Internationally ...Continued

Global Audiology as a spokesperson for the initiative, and providing assistance with identifying Sub-Regional Resource Editors. Sub-Regional Resource Editors are primarily responsible for identifying and overseeing authors for audiology-related articles for each country within their region.

Each article consists of information regarding general demographics, history of hearing healthcare, accessibility of services, available services, professionals who offer service, education requirements, and several other topics. Sub-Regional Contributors also serve as contact persons for professionals wishing to become involved with audiology in the specified country and for individuals seeking additional information.

Dr. Ross Roeser (Ph.D.) holds the Lois and Howard Wolf Professorship in Pediatric Hearing in the School of Behavioral and Brain Sciences, and is Director Emeritus of The University of Texas at Dallas/ Callier Center for Communication Disorders in Dallas, Texas. He is also a Clinical Professor in the Department of Otorhinolaryngology/Head and Neck Surgery at UT Southwestern Medical Center. He is the founding Editor-in-Chief of Ear and Hearing and is currently the Editor-in-Chief of the International Journal of Audiology and has contributed to multiple publications to the audiological literature.

Dr. Vinaya Manchaiah (AuD, MBA, PhD, FAA) currently holds the positions: Jo Mayo Endowed Professor, Associate Professor of Audiology at Department of Speech and Hearing Sciences, Lamar University, Beaumont, Texas, USA. He is the co-founder of Audiology India (NGO – www.audiologyindia.org).

Miss Rebecca Rogers (B.S.) is a fourth year student in the Doctor of Audiology Program at the University of Texas at Dallas. She holds a Bachelor of Science in Communication Sciences and Disorders from Syracuse University. She is currently completing her fourth year internship at Bridgewater Balance and Hearing in Knoxville, Tennessee.
Currently, information is available for the following countries:

- Belgium
- Canada
- Ghana
- Guatemala
- India
- United States

Content is currently being developed for the following countries:

- Austria
- Channel Islands
- Costa Rica
- Jersey
- Nepal
- Philippines
- Sweden
- Uganda

Who is the Global Audiology Team?

Currently the Global Audiology Team consists of over 30 volunteers. This includes 5 Regional Resource Editors, 11 Sub-Regional Resource Editors, approximately 15 Country Authors, and 3 Assistants.
Global Audiology: Promoting Hearing Healthcare Internationally...Continued

Table 1: List of Regional Resource Editors and Sub-Regional Resource Editors

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<th>Region</th>
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<th>Sub-region</th>
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<td>Madalina Georgescu</td>
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<td>Northern Europe</td>
<td>Siobhan Brennan</td>
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<td>Melissa Cravo</td>
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<td>Oceania</td>
<td>Louise Collingridge</td>
<td>Australia and New Zealand</td>
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Note: TBD = To Be Determined
Global Audiology: Promoting Hearing Healthcare Internationally

...Continued

How can you participate?
If you wish to learn more or to volunteer for the Global Audiology team, please contact Rebecca Rogers at rebecca.rogers@utdallas.edu.

Finally...
Global Audiology has grown significantly in the past year, however, there is still much to be done. The Global Audiology Team intends to continue developing content for several more countries by the end of 2017.

The hope is that Global Audiology will become a valuable resource for audiologists and other stakeholders around the world to share information in order to help define audiology practice, and education; and to improve audiology services. Ultimately, the goal of Global Audiology is to promote high quality hearing healthcare on a global scale. Please visit globalaudiology.org for more information.
ZENITH REHABILITATION—AIC STUDENT & CLINICIAN SCHOLARSHIPS

AIC STUDENT AWARDEES

1. Barnali Mazumbar, Phd Candidate, Lousiana State University (Topic: Socio-linguistic adaptation of western aphasia battery-revised for Bangla speakers)

2. Surani Nakkawita, Phd student, Lousiana State University (Topic: Core vocabulary of the Sinhalese language spoken by preschool age children)

AIC CLINICIAN AWARDEE

Jeeva John, MS, CCC-SLP, Speech Pathology group, CA (Topic: Increasing AAC competency through training, collaboration and mentorship)

INTERNATIONAL STUDENT AWARDEE

Nimeera Weerarathne, Phd student, University of Colombo, Srilanka (Topic: Assessing reading comprehension in persons with aphasia: Current Sri Lankan practices & tool development needs)

INTERNATIONAL CLINICIAN AWARDEE

Ms. Deepa Nair, MSc, SLP, ComDEALL, Bangalore, India (Topic: Intervention for pragmatic language deficits in siblings of children with autism spectrum disorder: Indian experience)
FELICITATIONS!

Kudos to Akila Rajappa for winning the 2017 Honorary Topper Family Annual Fund Scholar award from Teacher’s College, Columbia University!

Congratulations to Dr. Ranjini Mohan on her new role as Assistant Professor at Texas State University!

Congratulations, again, to our 2016 Alpha-Vista-AIC scholarship winners: Kelly Worcester (Syracuse University, NY), Suma Devanga (University of Illinois Urbana-Champaign, IL), and Monica Kaniamattam, (University of Louisiana, LA)!

AIC invites you to recognize your teachers, mentors, colleagues and friends for their achievements and accomplishments in our field. Your nominations could include awards, felicitations, grants, promotions, graduations, scholarships, tenure etc. Pic-
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AIC Invites you all for
ASHA 2017 Annual Caucus Meeting
November 9, Thursday
5:30-6:30pm
CC Room: Kentia 1A
Los Angeles Convention Center

Best wishes from
2017-18 Executive Committee