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whites; however, these differences were generally accounted for by cause of injury rather than the direct effects of race. No differences were found regarding medical complications, functional outcomes, or discharge disposition.

Johnston, M., Wood, K. (2004) **Perceived quality of care and outcomes following spinal cord injury: Minority status in the context of multiple predictors.** Journal of Spinal Cord Medicine, 27(3), 11. NARIC Accession Number: J48241. *Project Number: H133N000022; H133N50013.*

Abstract: Study identified predictors of and examined minorities' perceptions about rehabilitation quality of care and outcomes after SCI. Perceived quality of care was assessed during inpatient rehabilitation, one month after rehabilitation discharge, and one year after injury. Seven factors were investigated as potential predictors: (1) ethnicity, (2) American Spinal Injury Association motor index level, (3) age, (4) rating of past medical care, (5) education, (6) facility, and (7) overall life satisfaction. Analysis indicated that minorities did not report statistically significant differences in perceived quality of care or other indicators compared with other groups. Severity of injury affected length of stay and activity outcomes. Satisfaction with medical care before the injury significantly predicted perceived quality of acute hospital care, inpatient rehabilitation, and continuing care.

Warren, P., Giesen, J. (2004) **Effects of race, gender, and other characteristics of legally blind consumers on homemaker closure.** Journal of Rehabilitation, 70(4), 6. NARIC Accession Number: J48426. *Project Number: H133B000903.*

Abstract: Study examined the vocational rehabilitation outcomes of legally blind clients to determine if personal characteristics were predictors of homemaker closure. Predictor variables used in the analysis were race, secondary disability, source of support, gender, marital status, educations, and age at application. Using logistic regression with only race in the model, African Americans were significantly less likely than whites to be closed as a homemaker. When the other variables were included hierarchically, race made no significant difference in whether a client was closed as homemaker or competitive. The predictors of homemaker closure status, in order of importance, were age at application, self-support at application, gender, level of education, presence of secondary disability, and marital status.

Anderson, G. (2005) **Appreciating diversity through stories about the lives of deaf people of color.** American Annals of the Deaf, 149(5), 9. NARIC Accession Number: J48596. *Project Number: H133B010501.*

Abstract: Authors examined the life stories of individuals identified as deaf persons of color (e.g., Black/African American, Hispanic/Latino, Asian/Pacific Islander, or American Indian/Alaskan Native) published in national print and visual media since 1988. Four categories of experience emerged from the data: (1) experiences relating to overcoming obstacles to educational opportunities, (2) stories about people who played a key role in influencing the directions the featured individual took in their lives, (3) childhood and family experiences, and (4) experiences relation to stereotypes, cultural conflicts, or discrimination.

Hart, T., Whyte, J. (2005) **Community outcomes following traumatic brain injury: Impact of race and preinjury status.** Journal of Head Trauma Rehabilitation, 20(2), 15. NARIC Accession Number: J48889. *Project Number: H133A70033.*

Abstract: Study examined the influence pre-injury differences between whites and African Americans with TBI on their social and community outcomes one year after injury. Results showed that whites and African Americans did not differ significantly on self-reported pre-injury status or demographic factors except gender. At one year after injury, African Americans reported significantly lower social integration scores and having lost more income than whites. All other outcome measures were comparable and showed declines in community productivity, increases in symptoms of depression, and lower satisfaction with life for both groups compared to pre-injury.



Miller, K. (Ed.). (2004) **Circle of unity: Pathways to improving outreach to American Indians and Alaska Natives who are deaf, deaf-blind, and hard of hearing.** NARIC Accession Number: O15965. *Project Number: H133B010501.*

Abstract: Publication presents information to assist community counselors, vocational rehabilitation counselors, tribal rehabilitation counselors, and others who are interested in improving outreach to American Indians and Alaskan natives who are deaf, deaf-blind, and hard of hearing. Chapters include information on the diversity of the population, their social and environmental issues, and effective approaches to service provision, as well as a list of helpful resources.

Cho, S. (2004) **Journal writing intervention in alleviating psychological distress.** NARIC Accession Number: O15982. *Project Number: H133F030018.*

Abstract: Project examined the effectiveness of a journal writing intervention on Korean-American mothers of children with disabilities. Participants were randomly assigned to either the intervention group or the control group. The intervention group received journals and written instructions to help them write about stressful events related to raising a child with a disability, while the control group was given instructions for writing about trivial events. Analysis revealed no significant differences between the groups.

Lazar, K., Worthington, J. (2004) Findings brief 4: Pathways to care. **Family experience of the mental health system: Findings compendium.** NARIC Accession Number: O16012. *Project Number: H133B040024.*

Abstract: Brief discusses the experiences with pathways to mental health services described by the families who participated in the Family Experience of the Mental Health System Study. For families in the study, the pathway to appropriate mental health services was complex, often through other than the mental health system (i.e., schools, courts, and pediatricians), and often through informal networks (i.e., waiting rooms, playgrounds, etc.). For the Hispanic families who participated in the study, their experiences varied, often depending on language proficiency, and immigration status and permanency. African American families said they did not experience any problems due to their race; however, they shared feelings about being discriminated against based on their low income or perceived lack of education.

Research in the New Millennium

Minority Scholar/Champion Research Training Project, Texas Southern University (H133A031704) led by Irvine E. Epps, EdD. Shelley Reeves, Project Officer.

Abstract: The Minority Scholars/Champions Research Training Project develops, implements, and evaluates the effectiveness of a train-the-trainer "Scholar/Champion" model to facilitate increased and improved vocational rehabilitation (VR)/disability research among the targeted Historically Black Colleges and Universities (HBCUs). More specifically, the project develops an innovative research infrastructure of institutional "cores" that partner an HBCU, Texas Southern University (TSU), with a majority research institution, Baylor College of Medicine (BCM). Together, these partner institutions create a collaborative research infrastructure that increases research capacity and helps build an institutional research infrastructure at five additional HBCUs in Texas. These "cores" are: (1) the Administrative, Planning, and Evaluation Core directs the Center, selects Center participants, and supervises evaluation of all project activities, budgets, and reports; (2) the Training Core uses innovative methods of onsite and off-site training to recruit, support, and mentor minority investigators in the areas of research design, development, and implementation, including analysis of racial and cultural factors related to VR/disability research; (3) the Community Collaboration and Dissemination Core partners with communities and VR/disability agencies to engage individuals with disabilities in research and training, using a model of participatory action-oriented research, and disseminates culturally-sensitive information related to VR/disability research to community groups, agencies, and VR/disability researchers; and (4) the Research Core works with the HBCU Scholar/Champions to conduct innovative and rigorous pilot research projects as well as write fully developed research proposals that address racial disparities in VR/disability research. Find out more at: www.tsu.edu/academics/continue/research/index.asp

Rehabilitation Research Institute for Underrepresented Populations (RRIUP), Southern University A&M College (H133A031705) led by Alo Dutta, PhD. Shelley Reeves, Project Officer.

Abstract: The goals of this project are to improve the quality and utility of research related to individuals with disabilities from traditionally underserved racial/ethnic populations, to enhance knowledge and awareness of issues related to these populations, to help maximize the full inclusion and integration of individuals with disabilities into society, and to improve the effectiveness of services authorized under the Rehabilitation Act. The objectives of this project are: (1) to expand the existing and proven work alliance of three minority and two non-minority entities, e.g., Southern University, University of Hawaii at Manoa, Crownpoint Institute of Technology, University of Illinois at Urbana-Champaign, and Independent Living Research Utilization respectively, for strengthening the disability-related multicultural research framework and improving long-term rehabilitation outcomes of culturally diverse groups; (2) to investigate, evaluate, and modify five measures to

assess the capacity and competence of the disability and vocational rehabilitation workforce to provide quality services to individuals with disabilities from traditionally underserved racial and ethnic populations; (3) to investigate and develop culturally appropriate research capacity and infrastructure building techniques to ensure the optimal participation of minority entities and Indian tribes in disability and rehabilitation research; and (4) to develop and evaluate outreach, recruitment, training, reinforcement, retention, and dissemination strategies to enhance participation of students and investigators from traditionally underserved populations as rehabilitation researchers, administrators, and educators. Find out more at: www.subr.edu/science/rehabcounsel/RRIUP/ResearchandTraining.htm

Building Research Capacity through Collaboration among American Indian Tribes in Connecticut and Rhode Island, Mashantucket

Pequot Tribal Nation (H133A031706) led by Valerie Ellien, PhD CRC. Delores Watkins, Project Officer.

Abstract: This project builds capacity among four American Indian Tribes to improve the quality of health and disability service information available for Tribes in Connecticut and Rhode Island. Four objectives achieves this goal: (1) to investigate access to, and acceptance rates for VR services, types of

services provided, and VR costs for American Indians with disabilities; (2) to ensure the optimal collaboration of Connecticut and Rhode Island Indian Tribes and others in disability and rehabilitation research, (3) to maximize potential for recruitment of American Indian researchers; and (4) to investigate and evaluate the participation of American Indians in disability and rehabilitation research activities and direct service delivery, and determine to what extent participation leads to improved VR outcomes. All staff was trained in the Participatory Action Research Model, and Culturally Appropriate Research Methodology utilizing the expertise of the American Indian Rehabilitation Research and Training Center at Northern Arizona University. An experienced senior rehabilitation researcher is used as mentor to the Research Coordinator, through development of two surveys for data collection. Two graduate students analyze the data and serve as mentors for the Research Technicians (Tribal Members) who are hired to collect the data within their own communities. Data results are shared with each of the four participating tribes (Mashantucket Pequot, Eastern Pequot, Schaghticoke, and Narragansett) and with the Connecticut Bureau of Rehabilitation Services through the Advisory Council of the Mashantucket Pequot Vocational Rehabilitation Program. Find out more, email Dr. Felicia Wilkins-Turner, VR Project Research Coordinator, fwilkins-turner@mptn-nsn.gov

Center for Strategic Capacity Building on Minorities with Disabilities Research, University of Illinois/Chicago (H133A040007) led by Fabricio E. Balcazar, PhD. Shelley Reeves, Project Officer.

Abstract: The Center for Capacity Building on Minorities with Disabilities Research (CBMDR) increases the capacity of community-based organizations (CBOs like Centers for Independent Living and other agencies) serving minorities with disabilities and State Vocational Rehabilitation Agencies (VR) to involve consumers in identify-

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ing service needs and developing improvement strategies through program evaluation research. The CBMDR utilizes participatory research methodologies to promote organizational change and culturally appropriate services. The Center's mission is to accomplish this by developing long-term relationships with CBOs and VR agencies, conducting participatory research and demonstration projects, engaging in active dissemination efforts, and providing state-of-the-art training and technical assistance to professionals and researchers in the field. The center primarily targets agencies serving African Americans, Latinos, and Native Americans with disabilities, although participating organizations may serve additional minority groups.

Find out more at: www.uic.edu/orgs/empower

Rehabilitation Research and Training Center for Community Integration for Individuals with Disabilities, Strengthening Family and Youth Participation in Child and Adolescent Mental Health Services, Portland State University (H133B040038) led by Barbara Friesen, PhD. Bonnie Gracer, Project Officer.

Abstract: This project conducts research, training, and technical assistance activities to study and promote effective, community-based, culturally competent, family-centered, individualized, and strength-based services for children and youth with emotional or behavioral disorders and their families. Among the RRTC projects, "Practice-Based Evidence: Building Effectiveness from the Ground Up," conducts a case study in partnership with a Native American youth organization and the National Indian Child Welfare Association, and addresses the need to study practices that are believed to be helpful, but for which little evidence exists.

Find out more at: www.rtc.pdx.edu

Social Ecological Approach to Understanding Health Among Latinos with Intellectual or Developmental Disabilities, Their Caregivers, Agency Staff, and Community Leaders, Janine M. Jurkowski, MPH, PhD (H133F040031). A. Cate Miller, PhD, Project Officer.

Abstract: This study aims to identify culturally based health conceptualization and beliefs as well as the social and physical influences on the health of adult Latinos with Intellectual/Developmental Disabilities (I/DD) who use services at El Valor in Chicago from their own perspective. Further, this study also aims to identify the health conceptualization, beliefs and priorities among their caregivers, agency staff and community leaders who influence health beliefs and activities of Latinos with I/DD. The Social Ecology Model is the overarching framework guiding this study. The World Health Organization's definition of health, Theory of Planned Behavior, and Health Belief Model guides the research questions. Perceived social and physical health influences among adult Latinos with I/DD are examined using Photovoice, an emerging participatory research method used in the public health field with disparate populations.

Find out more at: www.adaptiveenvironments.org

The Texas Trilingual Initiative: Providing Effective Communication for Persons who are Deaf or Hard of Hearing and Hispanic, University of Arizona (H133G040115) led by Roseann Gonzalez, PhD and Paul Gatto, Cphil. Richard Johnson, EdD, Project Officer.

Abstract: The Texas Trilingual Initiative is an innovative and

efficient Trilingual Interpreter Certification Program that addresses an under-recognized "trilingual" language barrier (American Sign Language (ASL), English, and Spanish) that affects deaf and hard of hearing Hispanics. This barrier presents access problems for deaf and hard of hearing Hispanics, who may use only ASL but must communicate with both English and Spanish speakers, often at the same time. This trilingual language barrier often affects Hispanic deaf and hard of hearing children who learn ASL in school, but whose parents speak Spanish and whose service providers speak English. Providing access to critical educational, health, legal, and social services requires interpreters who can competently bridge these three differing cultures and languages. This certification program — to be conducted in partnership with the Texas Department of Assistive and Rehabilitative Services - Division for Deaf and Hard of Hearing Services — includes the development, piloting, and validation of beginning and advanced level trilingual interpreting certification tests to assess interpreting capability from Spanish/English to ASL and ASL to Spanish/English.

Find out more at: nci.arizona.edu

Advanced Rehabilitation Research Program: Ed Roberts Fellowship in Disability Studies, University of California (H133P020009) led by Susan Schweik. Ruth Brannon, Project Officer.

Abstract: This program trains scholars who have PhD, MD, or other advanced professional degrees, conferred in the last five years, to be leaders in disability studies and rehabilitation research, teaching and mentorship. Based at the University of California, Berkeley, a San Francisco Bay area-wide consortium of universities, research institutes, and disability agencies recruits people who want to broaden their theoretical outlook and their disability research methodological skills. In particular, the project recruits scholars with significant disabilities from minority groups who have not had the opportunity for collaborative cross-disciplinary research study of disability that includes social science and the humanities. The project supports three nine-month-long (September to May) Ed Robert Postdoctoral Fellowships a year for each of the five program years. Fellows devote their full-time effort to Fellowship activities on site.

Find out more at: www-iurd.ced.berkeley.edu/Press/2003-02-12disability-studies-fellowship.htm

NIDRR's new Long Range Plan is now available for comment through August 26th, 2005. Go to www.ed.gov/legislation/FedRegister/other/2005-3/072705d.pdf to download a copy. Comments may be submitted to Donna Nangle at donna.nangle@ed.gov.



New Research

Selections from REHABDATA

Rosenthal, D., Wong, D. (2004) **Effects of counselor race on racial stereotypes of rehabilitation counseling clients.** Disability and Rehabilitation, 26(20), 7. NARIC Accession Number: J46584.

Project Number: H133A031705.

Abstract: Study examined the effects of client race on the clinical judgment of European American, African American, and Asian American graduate students in rehabilitation counseling. The students were randomly assigned to review case materials and provide their clinical impressions and estimates for future potential for a hypothetical client who was African American, Asian American, or European American. Contrary to previous findings from similar research, analysis did not reveal biased judgments among the students. Further research is recommended.

Cardenas, D., Bryce, T. (2004) **Gender and minority differences in the pain experience of people with spinal cord injury.** Archives of Physical Medicine and Rehabilitation, 85(11), 8. NARIC Accession Number: J46769. *Project Number: H133N000003.*

Abstract: Study examined gender and minority differences in the prevalence and severity of pain in people with SCI as reported in follow-up surveys. Pain prevalence ranged from 81 percent at 1-year post injury to 82.7 percent at 25 years. Pain prevalence was significantly lower among non-whites, although they tended to report a higher average pain severity score when pain was present. People with SCI who were employed at the time of injury, who had more than a high school education, and who were not tetraplegic reported a higher prevalence of pain. Overall, women with SCI were no more likely to report pain or more severe pain than men.

Meade, M., Lewis, A. (2004) **Race, employment, and spinal cord injury.** Archives of Physical Medicine and Rehabilitation, 85(11), 11. NARIC Accession Number: J46771. *Project Number: H133N000015.*

Abstract: Study examined the issues of employment and race for African Americans with SCI by assessing job classification and occupational status before and after injury. Racial disparities were found in employment rates before and after injury. Differences were also found in the types of jobs held before SCI with patterns similar to those for the general population. No differences were found in the types of jobs held at one year after injury by African Americans and whites with SCI. After injury, African Americans had lower economic self-sufficiency scores, regardless of employment status, and lower social integration scores among those who were not employed. Implications of the findings and recommendations for future research are discussed.

DeVivo, M., Vogel, L. (2004) **Epidemiology of spinal cord injury in children and adolescents.** Journal of Spinal Cord Medicine, 27(Supplement 1), 7. NARIC Accession Number: J46888. *Project Number: H133A011201.*

Abstract: Study describes the unique aspects of the epidemiology of childhood-onset spinal cord injury among children and adolescents. The characteristics of subjects with SCI included in either the Shriners Hospitals for Children database or the National SCI Statistical Center database from 1973 through 2002 were evaluated based on age at the time of injury. Males comprised a consistently decreasing proportion of new cases of SCI with advancing age, ranging from 51 percent among those aged 0 to 5 years to 83 percent

among those between 16 and 21 years of age. The proportion of SCI due to motor vehicle crashes was higher among children and adolescents than in adults. Injuries due to sports, violence, and medical or surgical complications were more significant in teenagers than in adults. Violence was the leading cause of SCI among African American and Hispanic teenage males, whereas vehicular crashes are more common among African American and Hispanic men 22 years of age and older.

Moffat, J., Tung, J. (2004) **Evaluating the effectiveness of culture brokering training to enhance cultural competence of independent living center staff.** Journal of Vocational Rehabilitation, 20(1), 11. NARIC Accession Number: J47406. *Project Number: H133B000002.*

Abstract: Study examined the impact of culture brokering training workshops on independent living centers' outreach to minority populations of people with disabilities. Culture brokering workshops were developed to help independent living center staff members identify and eliminate cultural barriers between themselves and foreign-born consumers and provide more culturally competent services. Fifty participants were evaluated before and after attending the workshops to measure their knowledge gained and any change in their cultural competence. Analysis of pre- and post-workshop test scores revealed that the workshops had positive effects on participants' cultural knowledge and competence. Participants increased their cultural competence scores on 35 of the 36 items (97 percent) evaluated. Twenty-nine out of 41 participants (71 percent) increase their total scores after the workshop.

Krause, J., Broderick, L. (2004) **Outcomes after spinal cord injury: Comparisons as a function of gender and race and ethnicity.** Archives of Physical Medicine and Rehabilitation, 85(3), 8. NARIC Accession Number: J47482. *Project Number: H133G20200.*

Abstract: Study examined gender and racial and ethnic differences in subjective well-being, community participation, and self-reported general health ratings among four groups of participants with spinal cord injury: whites, African American, American Indians, and Hispanics. About 40 percent of the total sample was female. Participants completed measures of subjective well-being, participation, and health behaviors outcomes. Race and ethnicity were much more highly correlated with the study outcomes than was gender. Racial and ethnic differences in outcomes related to health were less substantial than those related to subjective well-being. Few gender differences were found, however, women showed greater negative affect and depression, but had higher interpersonal relation scores.

Meade, M., Cifu, D. (2004) **Medical procedures, complications, and outcomes for patients with spinal cord injury: A multicenter investigation comparing African Americans and whites.** Archives of Physical Medicine and Rehabilitation, 85(3), 8. NARIC Accession Number: J47484. *Project Number: H133N000015.*

Abstract: Study examined differences in rehabilitation outcomes for African American and whites with spinal cord injury. Outcomes compared included medical procedures and complications, the American Spinal Injury Association motor index, Functional Independence Measure scores at admission and discharge, and discharge dispositions. Analysis revealed differences in spinal surgeries, laparotomies, traction during acute care, and method of bladder management at discharge between African Americans and

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