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ABSTRACT

This study reviewed the literature on and conducted three national surveys concerning delivery of services to people with disabilities from minority backgrounds. The Americans with Disabilities Act and the Rehabilitation Act of 1973 are reviewed, with a focus on initiatives to serve persons with disabilities from diverse backgrounds. A review of relevant statistics regarding different racial groups is included. Information is provided on the status of: African Americans with disabilities; Hispanic Americans with disabilities; American Indians with disabilities; and Asian Americans/Pacific Islanders with disabilities. The service delivery effectiveness between white American communities and minority American communities is contrasted. The unique challenges faced by individuals with disabilities who are members of racial and ethnic minority groups are discussed. The results of three national-level surveys of community service projects/programs (n=65), educational institutions (n=53), and consumers with disabilities (n=139) are revealed. The surveys addressed the status of services to persons with disabilities representing diverse cultural/racial backgrounds and the perception of consumers with regard to the type and quality of services they receive. Consumers were also asked about their major concerns regarding employment, accessibility, transportation, communication, and public accommodation. Recommendations are given on how to better serve diverse cultural groups. Survey instruments are included in the appendix. (Contains 40 references.) (CR)

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AN EXAMINATION OF THE IMPACT OF FEDERALLY SUPPORTED COMMUNITY SERVICES AND EDUCATIONAL SYSTEMS ON UNDERSERVED PEOPLE WITH DISABILITIES FROM DIVERSE CULTURAL POPULATIONS

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An Examination of the Impact of Federally Supported Community Services and Educational Systems on Underserved People with Disabilities from Diverse Cultural Populations

Background

The rationale for establishing authorizing statutes for Section 21 of the 1992 Amendments to the Rehabilitation Act is based on the following variables:

- Changing demographics in the United States (including rapid increases in the proportion of American citizens from minority groups).
- The high rate of disability among persons from diverse ethnic/racial groups.
- Variations in the quantity and quality of rehabilitation services for persons with disabilities.
- The need to expand and enhance the capabilities of minority entities including Historically Black Colleges and Universities, Hispanic American serving institutions of higher education, and other minority agencies whose minority enrollment/participation is at least 50 percent.

Data reveal that, during the last two decades, there has been a decline in Americans identifying themselves as White (80.3%). Since 1975, there has been a substantial increase in immigration in the United States. These changes in demography indicate that various business, service systems, and other entities must be able to accommodate diversity. Demographic changes present the challenge of shifting from a population with similar values and views to a more diverse and different population of perspectives and world views. Thus, there is a need for national strategies which respond to the unique and diverse needs of persons from diverse populations including African Americans, Hispanic Americans, Native Americans, and Pacific Islanders.

Dr. Paul Leung (1993) addresses the changing demography of the United States and the manner in which that change will effect state/federal vocational rehabilitation. During the past twenty years, the population of the United States has changed significantly with regard to its ethnic, racial, and cultural background. Because of this shift, vocational rehabilitation, as well as other service delivery programs, must respond to these demographic changes in order to be effective.

According to the 1990 Census (U.S. Bureau of the Census, 1992), the United States population percentages are: White Americans 76.3%; African Americans 12.1%; Hispanic Americans 8.6%; Asian Americans 2.8%; and American Indians 0.75%. Reports on the percentages of disability suggest that minority persons with disabilities represent a substantial proportion of the total disabled population of the United States.

Purpose of the Study

The Americans with Disabilities Act and the 1992 Amendments to the Rehabilitation Act contain a number of mandates which are relevant to the needs of persons with disabilities in multicultural communities. A number of federal mandates are directed toward increasing diversity in federally assisted/supported programs. Many initiatives focus upon efforts to: (a) create greater sensitivity to the needs of persons with disabilities from diverse backgrounds, (b) increase the availability of specific programs for children and adults with disabilities from diverse backgrounds, and (c) evaluate the degree of success in civil and other rights (for individuals with disabilities representing diverse backgrounds) under the Americans with Disabilities Act.

The National Council on Disability, the Office of Special Education and Rehabilitative Services (OSERS), and other governmental agencies have substantiated the need for research, training, demonstration models, and other activities which respond to the needs of underserved populations, including minority persons with disabilities.

The primary purpose of this research project is to prepare a status report on federally assisted/supported efforts to increase the participation of persons with disabilities representing diverse backgrounds in community service and educational systems. This report is a follow-up to the earlier report, Meeting the Unique Needs of Minorities with Disabilities: A Report to the President and Congress of the United States (Wright & Leung, 1993).

Statement of the Problem

This empirical study was implemented to assess: (a) the current status of services to persons with disabilities representing diverse cultural communities, and (b) the impact of various public policies and programs designed to meet the needs of persons with disabilities from diverse cultural and ethnic backgrounds. The findings of this study have also served as a base for the researchers to make specific recommendations for improving access to services by underserved populations.

This national study facilitated the acquisition of both quantitative and qualitative data from volunteer sample groups of: (a) community and rehabilitation service agencies, (b) educational institutions, and (c) persons with disabilities from diverse racial/ethnic backgrounds. Research questions answered by the study were conceptualized in the following:

I. What is the present status of services to persons with disabilities representing diverse cultural/racial backgrounds provided by community and rehabilitation services agencies?

II. What is the present status of services to persons with disabilities representing diverse cultural/racial backgrounds provided by educational institutions which receive federal funding?

III. What is the perception of consumers with disabilities representing diverse cultural/racial backgrounds with regard to: (a) the type(s) and quality of services they receive, and (b) their major concerns about employment, accessibility, transportation, communication, and public accommodation?

Literature Review

Status of African Americans with Disabilities

According to the U.S. Bureau of the Census (1992), African Americans account for approximately 12.1% of the U.S. population, or about 30 million of the approximately 250 million Americans. Over half (52.7%), or about 16 million African Americans are concentrated in the Southern region of the U.S. The remainder are in the Northeastern (18.7%), Midwestern (19.1%) and Western (9.4%) regions of the United States.

In general, working-age African Americans (between 16-64 years of age) tend to experience numerous economic disadvantages. They also tend to have a higher unemployment rate than comparable U.S. citizens.

The overall disability rate for African Americans is 14%. Of the estimated 13.4 million working-age adults with a disability, approximately 2.5 million, or 18% are African Americans. This represents roughly 14% of African Americans in the 16-64 age group (Bowe, 1991a). Approximately 24.2% or 1.8 million, of the working-age population with a severe disability are African Americans. African Americans with a severe disability account for a high 71.8% of all African Americans with a disability. By contrast, 63% of persons with severe disabilities are White Americans, and only 52% of White Americans with a disability are severely disabled (Bowe, 1991a).

African Americans account for 22% of persons with a disability who are unemployed or not working. The 1.97 million African Americans with a disability who are not working represent 78.2% of all African Americans with a disability; 46% are male and 53.6% are female. By contrast, African Americans are underrepresented among persons with disabilities who participate in the labor force; they account for only 12.9% of individuals with disabilities who are working.

The population of African Americans with disabilities comprises 54.5% female, and 45.5% male. Within this population, African American males and females with a disability account for 17% and 20.4%, respectively; neither of which is closely aligned with: (a) their participation in the labor force, 9.8% and 16.8%, respectively, and (b) the unemployment rate of 25% for African American males and 24.7% for African Americans females. In fact, the unemployment rate for African Americans with a disability is almost double the 14.2% rate among individuals with a disability overall (Bowe, 1991a).

In light of the fact that: (a) 61% and 71% of African American males and females, respectively, who participate in the labor force are not married, and (b) 27.4% of the males and 43.3% of the females (between ages 25-64) have less than 12 years of formal education, it is not surprising that almost half (41%) of African Americans with a disability live on or below-poverty income. The total number of persons rehabilitated by different local, state, and federal agencies in 1990-1992 was as follows: 1990, 216,112; 1991, 202,831; and 1992, 91,854. There were 36,057 (17.8%) African Americans rehabilitated in 1990 and 38,197 (17.7%) in 1991.

Status of Hispanic Americans with Disabilities:

According to the U.S. Bureau of the Census data (1992), there were about 22 million Hispanic Americans in the United States. Among these 22 million Hispanic Americans, 62% were Mexicans, 13% were Puerto Ricans, 5% were Cubans, 12% were Central and South Americans, and 8% were classified as "other". Based on the 1980 and 1990 U.S. Bureau of Census data (1983 & 1992), the rate of population increase for Hispanic Americans was 53%. The Census Bureau estimates that about 1.2 million (approximately 5.8% of the total Hispanic population) were not counted in the 1990 Census.

The largest number of Hispanic Americans is located in California (34%), the second largest in Texas (21%), and the third in New York (11%). In 1991, 16,956 (8.4%) Hispanic Americans received rehabilitation services. By the year 2020, based on the Hispanic American population rate of increase, there will be more than 43 million Hispanic Americans in the United State.

The Hispanic American population is a widely diverse segment of the American population. Their racial composition includes both Blacks and Whites. Currently, 22 million people, or approximately 9%, of the U.S. population are of Hispanic descent. Approximately 45.2%, or roughly 10 million Hispanic Americans reside in the Western region of the U.S. The remainder are in the Northeastern (16.8%), Midwestern (7.7%) and Southern (30.3%) regions of the U.S. Like African Americans, when compared to the general working-age U.S. population, Hispanic Americans tend to experience many disadvantages (Bowe, 1991b; Leal-Idrogo, 1993).

Hispanic Americans between 25-64 years of age tend to have less education than all adults within this age group (Bowe, 1991b). For example, in 1988, only 13.5% were college graduates compared to 22.6% of all Americans in this age group. Approximately 44% of Hispanic Americans have less than 12 years of formal education (over 50% of which have less than eight years of education), compared to 15.7% of all Americans in this age group.

Of the estimated 13.4 million working-age Americans with disabilities, approximately one (1) million or 7.5% are of Hispanic origin. This represents about 8.2% of all Hispanic Americans in this age group. Approximately 686,000, or 9.2% of the working age population with a disability are of Hispanic origin. Hispanic Americans with a severe disability account for an overwhelming 67.8% of all Hispanic Americans with disabilities.

Unlike African Americans, most Hispanic Americans with disabilities are male (51.8%) rather than female (48.2%). Of all the working-age males and females with a disability, Hispanic American males and females account for 7.8% and 7.3% respectively. Although these figures are slightly lower than the percentages of Hispanic Americans with a disability who are not working (9% for males and 8% for females), they are somewhat higher than the 6.1% of males and 4.7% of females who are working.

Almost half (47.5%) of Hispanic Americans with disabilities have less than 12 years of education. Among those who have less than 12 years of formal education, approximately half are female. The fact that 27% of Hispanic Americans with a disability live on or below poverty income could be attributed to the lack of education (Bowe, 1991b; Leal-Idrogo, 1993).

Status of American Indians with Disabilities

According to the 1990 U.S. Population census, there were 1.96 million American Indians (49.3% male and 50.7% female). Nearly 50% of all American Indians live in rural areas. Although American

Indians comprise less than 1% of the total population, they have the highest overall disability rate (21.9%) compared to all racial/ethnic groups in the country (McNeil, 1993). Among those who have severe disabilities, American Indians rank the second highest with a 9.8% prevalence rate, as compared to African Americans who have a 12.2 prevalence of severe disabilities (McNeil, 1993). Americans Indians continue to be overrepresented among persons with disabilities. In addition, American Indians with disabilities lack easy access to services due to distance, cultural, and sometimes language problems (O'Connell, 1987; Joe, 1988).

There are approximately 500 federally recognized American Indian tribes and Alaskan native villages. These tribes and native villages vary in size, population, language, religious practices, economic activities, and geographic location. Nevertheless, American Indians as a sub-population share common characteristics in the areas of education, health, employment, and income. American Indians, in general, have lower economic status and educational attainment compared to other racial/ethnic groups. Among persons who are 25 years or older, only 55.8% of American Indians are high school graduates compared to the national high school graduate rate of 66.5%. In addition, American Indian students have a higher dropout rate. In 1988, for example, 35.5% of Indian students dropped out compared to 28.8% for the U.S. population (National Center for Education Statistics, 1988). American Indians living on or off the reservation are in poorer health conditions compared to the general population. Disproportionately higher rates of mortality, suicide, alcohol abuse, mental health problems, diabetes, heart disease, cancer, cirrhosis, and visual impairments have been reported for American Indians (O'Connell, 1987; Hodgekinson, 1992; Indian Health Service, 1990; Saravanabhavan, Martin, & Saravanabhavan, 1994).

The unemployment rate, especially for those who live on reservations and Alaskan native villages, is much higher than the general population (U.S. Bureau of the Census, 1983;1992) For the most part, American Indians living on reservations or in urban areas have lower incomes compared to the general population. Poor economic conditions are more pronounced for American Indians with disabilities. In recent studies conducted by the American Indian Rehabilitation Research and Training Center, 40 to 50 percent of American Indian persons with disabilities living in Denver, Minneapolis, and Dallas reported annual incomes of less than $5,000, (Marshall, Johnson, Martin, Saravanabhavan, & Bradford, 1992; Marshall, Day-Davilla, & Mackin, 1992; Schacht, Hickman, & Klibaner, 1993).

Despite the fact that they have a higher prevalence of disabling conditions, American Indians are less likely to seek vocational rehabilitation services and are less likely to be successfully rehabilitated compared to the general population (O'Connell, 1987; Marshall et al., 1992). Although the Rehabilitation Act has authorized reservation-based tribal vocational rehabilitation projects and specialized services such as the use of native healers, there is an inadequate number of such projects. There are only about 15 tribal vocational rehabilitation projects in the country. These projects face stiff challenges. They are severely underfunded and they often face acute shortages of qualified personnel and training (Lonetree, 1990).

Status of Asian Americans/Pacific Islanders with Disabilities

Asian Americans and Pacific Islanders represent approximately 3% of the total U.S. population. This sub-population consists of at least 28 ethnic groups with diverse cultures and languages. Among the 49 million persons with a disability in the country, 1.59% are Asian Americans/Pacific Islanders. This population has been reported to have the lowest prevalence of disabilities compared to all other groups (McNeil, 1993). However, data on their health risks and morbidity patterns are scant (Wright, & Leung, 1993). Very little research has been conducted with regard to the needs of Asian Americans with disabilities and Pacific Islanders. The information which is available on their health status is less than encouraging. For example, according to Gall, and Gall (1993), 5-15 percent of Asian Americans are chronically infected with Hepatitis B in comparison to only one percent in the general population. Infected individuals are 300 times more likely than noninfected persons to develop liver cancer and are at higher risk to develop cirrhosis and hepatoma. Asian Americans and Pacific Islanders have 11.81 cases of malaria per 1000 people in contrast to .15 White, .68 African American, and .33 Hispanic cases per

1000 persons. In addition, tuberculosis is growing among Asians and pacific Islanders at a rate of five times that of the population in general.

Based on information available at the Howard University research and Training Center, educational attainment by Asian Americans and Pacific Islanders has been traditionally high. A further examination of education and income indicates, despite the relatively high educational levels of Asian Americans and Pacific Islanders, a high percentage of persons in these groups (11%) live in poverty than do persons among White Americans (8%). However, it should be noted that subgroup differences show that some Asian Americans and Pacific Islander groups have a significantly lower population of higher education (i.e. Vietnamese, Pacific Islander, Cambodians).

The Contrast in Service Delivery Effectiveness between White Americans and Minority American Communities

The fact that minority persons with disabilities receive substantially fewer services than their White counterparts was a strong argument for the inclusion of Section 21 in the 1992 Amendments to the Rehabilitation Act. Patterns of inequitable treatment of minority persons have been documented in all major junctures of the vocational rehabilitation process. As compared to White Americans, a larger percentage of African American applicants to the vocational rehabilitation system are denied acceptance. Of applicants accepted for services, a larger percentage of African American cases are "closed without being rehabilitated." Minority persons are provided less training than their White American counterparts Consistently, less money is spent on minority persons than their White American counterparts.

The vocational rehabilitation system is challenged by problems created by a lack of cross-cultural understanding and ineffective communication between vocational rehabilitation professionals and clients from culturally diverse backgrounds. As a result, minority persons with disabilities are underserved. Vocational rehabilitation professionals have a critical role to play in assisting minority individuals with disabilities (many of whom may not be familiar with the social service delivery system or American culture) to locate and retain employment at a level supportive of their preferred lifestyle. The effectiveness of vocational rehabilitation professionals in assuming this role and any related responsibilities will be enhanced by: (1) the extent to which they are trained to embrace and respond to cultural diversity in the delivery of services, and (2) the extent to which they are capable of assisting these individuals to become empowered.

Studies indicate that while the need for rehabilitation services among minority persons has been established, substantial difference may be noted in the status or levels of participation in the rehabilitation process between persons from minority and White American communities (Atkins 1988, Atkins & Wright 1980; Rehabilitation Services Administration, 1983; Walker, Akpati, Roberts, & Newsome, 1986). Research conducted by Atkins (1988), and Atkins and Wright (1980) compared African American clients and White American clients using closure data from all of the states and territories participating in the public rehabilitation program. Findings revealed unequal treatment of African Americans in all major dimensions of the public vocational rehabilitation process. These inequalities were found to exist throughout all regions of the country. For example, a larger percentage of African American applicants were not accepted for services. Of the applicants accepted for services, African American clients were less likely to be rehabilitated, they were screened out without receiving much needed services; and they received less vocational rehabilitation educational services, training, and financial aid for colleges, universities, business schools, and vocational schools. According to Ross and Biggi (1986), whose research focused on clients entering and exiting the New York State Rehabilitation System, placement rates for White Americans increased 2% while they decreased 18% for minority clients. Rehabilitation rates for White Americans increased by 4% and decreased by 4.5% for minority persons. At closure, White Americans were most often cited, "refused services," while minority persons were cited, "failure to cooperate." In addition, White Americans closed, "rehabilitated at/above minimum wage," while minority persons were most often assigned the status "non-rehabilitated." Research conducted by Danek and Lawrence (1982) also confirmed the fact that minority clients were:

(a) less likely to attain successful case closure than White Americans, (b) under-employed relative to their educational level; (c) took longer to be evaluated and accepted for services; and (d) were perceived as not cooperating more frequently. Several research studies at Howard University support the above findings. Data obtained from eight urban settings revealed the fact that the percentages of persons of color receiving services is one third to one half that of White Americans. In addition, the proportion of minority clients enrolled in the wide array of available services is lower than would be expected by chance based on statistical analysis (Walker, Akpati, Roberts, Palmer & Newsome, 1986).

Similar trends were noted in research regarding rehabilitation services available to other minority persons from a variety of groups. Cooney (1988) states that current counseling needs of Hispanic American clients are not being adequately met. The importance of developing culturally relevant delivery systems for Hispanic Americans have not been adequately addressed by rehabilitation policy makers (Leal, 1990). Specific problems that Hispanic Americans have with the rehabilitation system include the following: (a) they tend to be identified as ineligible for services more frequently, (b) they remain in the referral and application status, and/or in guidance and counseling status longer, and (c) their time in training is substantially less than non-Hispanic Americans (Leal, 1990). Given the impendent increase in the Hispanic American population, it is anticipated that there will be a greater gap between the need for services and the availability of services.

Chan, Lam, Wong, Leung, and Fang (1988) estimate that as many as 73,834 Chinese Americans have disabilities and could potentially benefit from rehabilitation services; however, services are underutilized. Asian Americans often have difficulty communicating with rehabilitation counselors due to cultural differences and lack of acceptance of Western counseling approaches (Woo, 1991). Research indicates that as many as 50% of the cases for Asian Americans are terminated prematurely (Leung & Sakata, 1988; Marshall, Wilson, & Leung, 1983; Chan et al., 1988). Asian Americans, just as Hispanic Americans and African Americans, are often closed with the status, "failure to cooperate," "unable to locate," or "handicapped too severe" (Leung & Sakata, 1988; Marshall, Wilson & Leung, 1983). It is suggested that the reason minority persons are not rehabilitated at closure are closely linked to linguistic and cultural barriers.

Similar problems have been identified relative to American Indians with disabilities. Morgan, Guy, Lee, and Cellini (1986) report that vocational rehabilitation programs are largely unsuccessful with American Indians, particularly those with severe disabilities on rural reservations. Although American Indians are eligible for services, vocational rehabilitation programs rarely meet their needs. Unemployment among American Indians with disabilities may be as high as 50-80% in communities where they must compete with non-disabled persons for jobs (Joe, 1991, Morgan et al., 1986). A recent study conducted at Howard University which focused on the cost of purchased rehabilitation services, further documents the variations in service delivery for White Americans and persons with disabilities from minority groups in the United States (Walker, Asbury, Rodriguez, & Saravanabhavan, 1995).

Persons with disabilities from Minority Groups: "Double Jeopardy"

While it is true that individuals with disabilities who are members of racial and ethnic minority groups encounter the same challenges as other individuals with disabilities, these persons face special and unique problems because of socioeconomic, health, cultural, and other factors. In addition, prejudice, discrimination, and economic barriers continue to exclude a great number of minority persons from full participation in all aspects of society. However, relatively few funded projects have focused on the unique needs of persons with disabilities from minority communities.

Research conducted by Bowe (1991a), Thornhill, HoSang, Hart, and Rivera (1991) and the Howard University Research and Training Center, (1996) has documented the fact that disability is significantly higher among African Americans and other minority groups. The poverty rate for African Americans (32.7%) and Hispanic Americans (28.7%) is at least three times as high as it is among White Americans (9.4%) (U.S. Bureau of the Census, 1992). Data concerning poverty rates are consistent across all age groups. The correlation between low socioeconomic status and disability is well documented. Thus, families which have low socioeconomic status are at greater risk for disabilities throughout the life-cycle (including the pre, peri, and post-natal periods). During the 1980s, the number of poor minority children and other dependent populations increased substantially.

The U.S. Bureau of the Census (1992) documents the high rate of unemployment for both persons without disabilities and persons with disabilities from various racial/ethnic groups. The unemployment rate of non-disabled African Americans and Hispanic Americans is 14.8% and 11.3% respectively as compared to their White American counterparts of 7.1%. The Department of Commerce also indicated 62% of White Americans, 77.4% of African Americans, and 75% of Hispanic Americans are not in the labor force. The problems of non-White Americans with disabilities are indeed complex, not only do they face excessive economic burdens, but adequate education is frequently not available. In many instances, access to health care facilities, community agencies, stores, schools, and transportation can only be acquired through the use of extreme measures. In addition, language, cultural, and attitudinal barriers impede access to needed resources. As a result of these circumstances, the minority person with a disability frequently finds him/herself set aside from the mainstream of everyday life. The unique status of non-White persons with disabilities tend to compound their disability problems.

Research conducted by Bowe (1991 a & b), O'Connell (1987), Asbury, Walker, MaHolmes, Rackley, and White, (1991) reveals that a substantial number of minority persons with disabilities are clustered in specific geographic locations. For example: at least 50% of all African Americans live in the South, 40% of Hispanic Americans reside in the West and South-West regions of the United States,whereas, approximately 46% of the American Indian population live on reservations (Asbury et al., 1991). Geographic distribution and available resources have significant implications relative to the provision of health care, special education, rehabilitation, and related services.

Summary

The Americans with Disabilities Act and the 1992 Amendments to the Rehabilitation Act are designed to provide greater independence and access to community life to persons with disabilities throughout the United States. The subsequent sections of this report provide information which will shed light on the manner in which federally assisted programs are having an impact in minority communities.

In summary, persons with disabilities who are also members of minority racial/ethnic groups "face a double discrimination and a double disadvantage in our society" (Wright, & Leung, 1993, p.1). Existing literature amply illustrates that minority persons with disabilities are more likely to be poor and undereducated. There is additional evidence (Asbury et al., 1991) that minority persons with disabilities are represented disproportionately at the lower end of the economic spectrum than their White American counterparts. Future trends demand improvement of educational preparation of all persons with disabilities, and implementation of strategies which improve their health and employment status (Asbury et al., 1991). Critical first steps that must be taken at this point are: (a) on-going research and documentation of the prevalence of various disabilities, and (b) identification of causes and possible solutions for such high rates of disabilities among minority persons.

Methodology

In order to assess the impact of federally supported community services and educational systems on underserved people with disabilities from diverse cultural populations, the Howard University Research and Training Center (HURTC) conducted three national-level surveys among: (a) community service projects/programs, (b) educational institutions, and (c) consumers with disabilities. Consumers also took part in focus group discussions and provided additional information for this study. The focus group discussions were held in New York City, NY; Washington, DC; Detroit, MI; Rome, Bainbridge, and Decatur, GA; and Los Angeles, CA. These areas represent the Northeast, Midwest, Southeast, and Southwest regions of the country.

Research Questions

Research questions answered by the study were conceptualized in the following:

I. What is the present status of services to persons with disabilities representing diverse cultural/racial backgrounds provided by community and rehabilitation services agencies?

II. What is the present status of services to persons with disabilities representing diverse cultural/racial backgrounds provided by educational institutions which receive federal funding?

III. What is the perception of consumers with disabilities representing diverse cultural/racial backgrounds with regard to: (a) the type(s) and quality of services they receive, and (b) their major concerns about employment, accessibility, transportation, communication, and public accommodation?

Procedure

Figure 1 illustrates the three data sources, methods of data collection, instruments used, and types of data obtained in the study:

Figure 1
Data Sources, Methods of Data collection, Instruments, and Types of Data

A. Sample Groups	Rehabilitation and Community Services	Educational Institutions	Consumers with Disabilities
B. Data Collection Methods	Survey	Survey	1. Survey 2. Focus Group Discussions
C. Instruments	HU-NCD Survey I	HU-NCD Survey II	HU-NCD Survey III & Focus Group Questions
D. Type of Data Obtained	Qualitative & Quantitative Data	Qualitative & Quantitative Data	Qualitative & Quantitative Data
Findings	Synthesis of following content	information descriptive and analyses	

The triangulation of data sources and data collection methods strengthened the findings of this study. A systemic approach to data collection was adopted to add significance to the findings. Information provided by the rehabilitation and other community service agencies, educational institutions, and consumers made it possible to obtain as complete a picture as possible. The total number of surveys included for analysis was: 65 from community service agencies, 53 from educational institutions, and 139 from consumers. Of approximately 340 community service agencies contacted, 19% responded, while 35% of approximately 150 educational institutions contacted responded to the surveys.

Research Participants

In order to assess the impact of federal programs on underserved people with disabilities from diverse cultural populations, a wide array of federally supported projects which were providing services to individuals with disabilities were selected. The following sources were used to contact survey participants: (a) HURTC sourcebook (Walker, Orange, Sheng, Reed, & Mitchell, 1995) which lists a vast number of programs relative to disability and multicultural aspects; (b) various HURTC task force groups and state rehabilitation agencies; and (c) mailing list of Alliance 2000 (a special project funded by Office of Special Education Programs in order to increase personnel preparation by minority institutions of higher education). Participating programs were divided into: (a) agencies that provided direct or other support services to individuals with disabilities, and (b) agencies that were primarily involved in educational services. Participants in the first group were composed of state rehabilitation agencies, services for the blind, departments of special education, governors' committees, university affiliated programs, research and training centers, hospitals, and some national agencies such as; the Planning Council for Developmental Disabilities, National Institute for Integrated Family Services, and the National Association for the Deaf. Participants in the second group came from universities across the country representing various disciplines such as education, health, physical education and recreation, assistive technology, speech and language, and a variety of student services. Funding agencies for participants in both groups included the Office of Special Education Programs (OSEP), Rehabilitation Services Administration (RSA), National Institute on Disability and Rehabilitation Research (NIDRR), National Science Foundation, and various other federal agencies.

The third group of participants in this study were consumers with disabilities from diverse racial and ethnic backgrounds. These consumers represented five geographic areas, namely New York, Washington DC, Michigan, Georgia, and California. Participants in this group completed a survey and took part in focus group meetings which were held in their respective geographic locations. The rationale for choosing the five geographic areas for the implementation of consumer focus group activities was based on the fact that these areas represent cities in which large proportions of persons with disabilities from diverse racial/ethnic groups reside. These areas also represent variations in economic, social, and political climates. The HURTC utilized local independent living centers, rehabilitation agencies, private community, and advocacy groups to inform potential participants about the study. In addition to a staff member from the HURTC, personnel from cooperating agencies served as coordinators and facilitators of specific focus group discussions. Participants received $10 as compensation for their time at the focus group discussion. In all the focus group meetings, steps were taken to provide information in accessible format such as large print and to provide accommodation through sign language interpreters.

Instrumentation

The instruments used in the study are described in this section. For easy reference, instruments were titled as: (a) HU-NCD Survey I, (b) HU-NCD Survey II, and (c) HU-NCD Survey III for the questionnaires used among rehabilitation and service agencies, educational institutions, and consumers, respectively (see Appendix for copies of the surveys I, II, & III). HU-NCD Surveys I and II contained two sections of questions. In Section I of each survey, respondents were asked to provide background information on their organization/agency. In Section II, respondents were asked to provide characteristics of their program. For example, questions in Section II required respondents to present the strategies they adopted to make their agency culturally sensitive, the number of persons with disabilities served in the 1994 program year, etc. The items contained in these questionnaires elicited both quantitative and qualitative responses. HU-NCD Survey III, which was used among consumers, was also divided into two sections. Respondents provided demographic information in Section I. Whereas in Section II, they answered questions pertaining to their awareness of the Americans with Disabilities Act, services they received, types of programs they participated in, and organizations in which they were active. Furthermore, consumers participated in focus group discussions which yielded additional information.

Analyses of Data

Quantitative data from the three surveys were entered and analyzed using the Stat View software on a Macintosh computer. Descriptive analyses were done to determine: (a) characteristics of the agencies that took part in Survey I and Survey II, (b) age groups Survey I respondents served, (c) the average number of years Survey I respondents were in service, (d) the average number of funded projects Survey I respondents operated, (e) demographic characteristics of Survey III respondents, (f) the awareness of the Americans with Disabilities Act among Survey III respondents, (g) services/support received by Survey III respondents, etc. Chi Square and Cramer's V analyses were carried out to ascertain: (a) if there were significant group differences in the demographic characteristics of male and female respondents of Survey III, (b) if there were significant differences in education and employment between the White and non-White respondents of Survey III, and (c) if there was an association between educational status and employment status of Survey III respondents.

Qualitative data obtained from the responses to open-ended questions in the three surveys were compiled separately for each question and analyzed for specific contents. Similarly, transcripts of focus group discussions were organized by the specific aspects of the ADA, (employment, transportation, communication, accommodation, other) and content analyses were conducted. Concerns of consumers by each aspects of the Act were synthesized and presented in the form of a summary.

Results

HU-NCD Survey I: Findings

Sixty-five community rehabilitation and other service agencies that received federal assistance or support took part in the survey. These agencies were primarily state programs such as state vocational rehabilitation, services for the blind, departments of special education, and governor's committees. Other programs included national organizations such as the Planning Council for Developmental Disabilities, National Institute for Integrated Family Services, National Association for the Deaf, Research and Training Centers, hospitals, University Affiliated Programs, etc.

Findings in this section were based on the research question: What is the present status of services to persons with disabilities representing diverse cultural/racial backgrounds provided by rehabilitation and other community service agencies? The following sub-questions addressed this issue and elicited information from the survey participants:

- On average, how many funded projects do the rehabilitation and other community service agencies operate?
- What are the types of services provided by the rehabilitation and other community service agencies?
- What age group(s) do the rehabilitation and other community service agencies serve?
- What type(s) of disabilities do the rehabilitation and other community service agencies serve?
- What proportions of consumers from different racial/ethnic groups do the rehabilitation and other community service agencies serve?
- What types of referral sources do the rehabilitation and other community service agencies use?
- What specific outreach method(s) do the rehabilitation and other community service agencies adopt to identify and serve persons from diverse racial/ethnic backgrounds?
- Do the rehabilitation and other community service agencies tailor their services to suit individuals from diverse racial/ethnic backgrounds?
- What strategies do the rehabilitation and other community service agencies use to tailor services/support to individuals from diverse racial/ethnic backgrounds?

Fifty-four (83%) of the respondents indicated that, at the time of the survey, they implemented other funded projects in addition to their basic budget. On average, the respondents had 3.3 funded projects. One respondent had the maximum number of 38 funded projects while at least three (3) respondents stated that they had none at the time of the survey. A significant number of respondents (32%) had one funded project; 18% had two (2) funded projects, and 20% had three (3) funded projects.

As may be seen in Table 1, a plurality of the respondents reported that they were providing technical assistance (43%), advocacy services (42%), and direct services (37%). Eighty- five percent of the respondents indicated that they serve individuals who communicate in sign language. Table 2 describes the number and percentages of these agencies serving individuals with disabilities in different age groups.

Table 1
Characteristics of the Agencies that Responded to HU-NCD Survey I

Type of Organization	Number	Percentage*
Direct Service Provider	24	37%
Research	23	36%
Advocacy	27	42%
Technical Assistance	28	43%
Pre-service Training	20	31%
In-service Training	20	31%
Other	20	31%

** A multiple response item; total equals > 100%.*

Table 2
Age Groups Served by Agencies Responding to HU-NCD Survey I

Age Group	Number*	Percentage
All ages	19	29.23
Early childhood	01	1.54
Birth to youth	01	1.54
School age	03	4.62
Youth	02	3.08
Working age	23	35.38

**Sixteen agencies (25%) did not respond to this item or they stated that it was not applicable.*

HU-NCD Survey I participants provided the following responses to the three open-ended questions: (a) they indicated major referral sources to their organizations, (b) described specific outreach methods which they used to identify and serve persons with disabilities from culturally or ethnically diverse backgrounds, and (c) explained the strategies they used to tailor services/support to different cultural/ethnic populations.

Respondents identified the following types of referral sources:

- Educational institutions,
- Former students,
- Federal/ state/ local community service agencies,
- Advocacy groups,
- Physicians, and hospitals,
- Family, and self.

Specific outreach methods adopted by respondents to identify and serve persons with disabilities from culturally/ethnically diverse populations included the following:

- Brochures and similar types of announcements.
- Inter-agency coordination of referrals.

- Radio public service announcements and newspaper advertisements.
- Linkages with organizations that serve diverse cultural/ethnic populations.
- Use of community liaison persons and individuals from diverse cultural groups to aid the outreach process.
- Use of medical facilities as a vehicle in the service of ethnically diverse persons with disabilities.
- Identifying and recruiting underserved groups to assess the extent to which the agency is providing equitable services.
- Grant writing workshops, mentoring, and presentations in diverse languages.
- Educational organizations (i.e., public schools, English as a second language programs, special education, etc.) as venues of outreach.

Strategies which were used by respondent agencies to tailor services to different cultural/ethnic groups are listed below:

- Hold individual conferences with consumers in order to design services to meet consumer's needs.
- Print materials in different languages.
- Have members from different cultural/ethnic groups serve on advisory boards.
- Provide in-service training which focuses on the needs of persons with disabilities from diverse cultural/ethnic groups.
- Utilize community leaders to advertise services.
- Implement the Participatory Action Research (PAR) model in the development, implementation, and evaluation of research and training activities.
- Utilize inter-agency coordination to recruit, train, and prepare qualified persons from minority groups to become certified and/or licensed counselors.

HU-NCD Survey II: Findings

A total of 53 surveys completed by educational institutions across the country were included for analyses. The major thrust of HU-NCD Survey II was to determine the present status of services to persons with disabilities provided by educational agencies which received federal funding. Responses to the following questions illustrated the status of such services:

- What major function(s) do the educational agencies perform relative to disability?
- Have the personnel in the educational agencies taken part in a program or project relative to disability and cultural diversity?
- What have the personnel in educational agencies gained from taking part in a program or project relative to disability and cultural diversity?
- Have the educational agencies been part of any research involving individuals with disabilities from culturally diverse backgrounds?
- What recommendations do the educational agencies have for the National Council on Disability for improving services to individuals with disabilities from culturally diverse backgrounds?

As Table 3 describes, these organizations provided primarily pre-service or in-service programs. In addition, they also were involved in research (43%) and direct services (34%). Twenty-six percent of the respondents indicated that they were providing other services. The "Other" category included services such as information to local consumers, summer transition, tutoring LD students, student support services, and family support. Most respondents reported that they served individuals with a full spectrum of disabilities (i.e., all physical, psychological, sensory, and learning disorders).

Table 3
Program Characteristics of Institutions that Responded to HU-NCD Survey II

Program Characteristics	Number	Percentage*
Direct Service Provider	18	33.96
Research	23	43.40
Advocacy	11	20.76
Technical Assistance	08	15.09
Pre-service	37	69.81
In-service	29	54.72
Other	14	26.42

* *A multiple response item; total equals >100%.*

A majority (68%) of the respondents reported that they had participated in a program or project related to disabilities and cultural diversity. While 13% of these institutions participated in such a program or project having been recruited by a state or local agency, a majority (65%) took part in such a program through information they obtained from the Federal Register, word-of-mouth, or television and newspaper announcements. These programs involved primarily technical assistance and training while others included research, grant writing workshops, and direct services. Fifty-six percent of the respondents stated that the training services, and/or support which they received was very helpful. Another 11% of the respondents indicated that the training services and/or support which they received was somewhat helpful. Fifty-eight percent reported that the services, support, or training enabled their organization to acquire additional information, services, or resources. The respondents described the benefits they gained from the services, training, or support as follows:

- community input,
- grant writing workshops sponsored by Alliance 2000,
- on-the-job training for adults with disabilities,
- opportunities to interact with others from similar institutions,
- motivation and planning that occurred in group meetings,
- training relative to individuals from culturally diverse backgrounds,
- training/technical assistance on proposal writing and the RFP process,
- training of Navajo preservice special education teachers, and
- parent training

Forty-five percent of the respondents stated that their organization participated in a research study involving individuals with disabilities from culturally diverse backgrounds. While a majority of these respondents conducted such studies on their own as part of their funded project activities, some others collaborated with another agency that carried out the research project.

For the question: "What recommendations would you make to the National Council on Disability?" survey respondents provided the following comments :

- Provide assistance to persons with disabilities from diverse backgrounds to become leaders in the mainstream (i.e., Ph.Ds/professors) where their work may serve as examples for others.

- Continue to play a major role in educating administrators and agencies with regard to the implementation of disability policy. (Provide additional information on the Americans with Disabilities Act via workshops and mail).

- Funding agencies should be made aware of the fact that persons with disabilities in various regions of the country have different perspectives with regard to their needs, i.e., an individual in an urban setting may view their needs differently from an individual in a rural setting.

- Encourage other federal agencies such as the Rehabilitation Services Administration to fund research and intervention projects (both large and small) which focus on: (a) rehabilitation needs of adults with disabilities, (b) transition from school to post- secondary education as well as to work, and (c) assistive technology.

- Encourage other agencies to provide support for institutions and programs seeking funding to assist persons with disabilities in educational settings. (These activities should: (a) assist in the identification of funds, (b) provide technical assistance on how to design proposals, and (c) promote a better system to evaluate proposals).

- Develop policies which place a high priority on the needs of individuals with disabilities and their families who are from language minority backgrounds (including persons from rural, urban, and tribal areas).

- Collaborate with organizations and institutions which support reform in the education arena (i.e., curriculum, instructional programs within special education classrooms, etc.).

- Encourage Congress to: (a) continue to provide support for special education, and (b) limit the allocation of funding via block grants (since the latter encourages in-fighting for limited resources at the state and local level).

- Facilitate the organization of a national level unified information data management system on disability and rehabilitation.

Respondents offered the following suggestions to future participants of federal/state supported programs relative to the needs of persons with disabilities from culturally diverse backgrounds:

- Be sure to make the information/training relevant to the target community.

- Cultural sensitivity should be operative throughout the program. It should be reflected in the composition of staff and advisory board. "Must go beyond awareness level; more than feeling good and embracing diversity."

- The program's goals and objectives should be specific and easy enough for the community to understand them.

- Evaluate programs on a periodic basis to assure continued effectiveness.

- Continue to upgrade technology and training related to technology.
- Improve mechanisms to simplify access to information for consumers.

HU-NCD Survey III: Findings

The total number of surveys completed by consumers was 139. The surveys were completed by consumers with disabilities who participated in focus group discussions held in New York City, NY; Washington, DC; Detroit, MI; Rome, Bainbridge, and Decatur, GA; and Los Angeles, CA. Table 4 shows the number of focus group participants in each state:

Table 4
Consumers with Disabilities by State

State	Number	Percentage
New York	29	20.86
Washington, DC	15	10.79
Michigan	32	23.02
Georgia	41	29.50
California	22	15.83

The main objective of HU-NCD Survey III was to examine the perception of consumers with disabilities representing diverse racial/cultural backgrounds with regard to: (a) the type(s) and quality of services they received, and (b) their major concerns on employment, accessibility, transportation, communication, and public accommodation. In addition, the survey elicited information on the demographic characteristics of individuals with disabilities and their awareness of federal laws such as the Americans with Disabilities Act (ADA) and the Rehabilitation Act. The findings are based on the following questions:

- What are the demographic characteristics of persons with disabilities representing diverse racial/ethnic backgrounds?
- Are there significant group differences in demographic characteristics (such as education, marital

status, employment status, and living conditions) between male and female persons with disabilities representing diverse racial/ethnic backgrounds?

- Is there an association between educational status and employment status of persons with disabilities representing diverse racial/ethnic backgrounds?
- Are there significant differences in education and employment between the White and non-White groups of persons with disabilities?
- What is the level of awareness of federal laws such as the ADA and the Rehabilitation Act among persons with disabilities representing diverse racial/ethnic backgrounds?
- Are there significant differences in their awareness of the laws between the White and non-White persons with disabilities?
- What types of services and support do persons with disabilities representing diverse racial/ethnic backgrounds receive and what is the extent of their participation in these services and support?
- How do persons with disabilities representing diverse racial/ethnic backgrounds rate the services they receive?
- What services do persons with disabilities representing diverse racial/ethnic backgrounds consider the most effective in assisting them to fully participate in their community lives?
- To what extent do persons with disabilities representing diverse racial/ethnic backgrounds participate in community activities?
- What common concerns do persons with disabilities representing diverse racial/ethnic backgrounds have with regard to employment, transportation, communication, and public accommodation?

Consumer Demographic Information

Male female ratio was almost equal among focus group participants. Out of the 138 persons who responded to this item on the survey, 71 (51%) were female and 67 (49%) were male (see Table 5). The average age of participants was 39 years. The ages of participants ranged from 10 to 81. The 10 year old participant was represented by a parent in the focus group discussions. As Table 6 illustrates, 65.47% of the consumers were African Americans, 17.99% were White Americans, 13.67% Hispanic Americans, and about one percent each of Asian/Pacific Islanders, and Native Americans. Half (50%) of the participants reported that they were single and never married. An additional 25% were single having been divorced or widowed, and only about 26% of the participants were married. Approximately 39% of the participants reported that they lived independently. About 25% of the participants lived with a family member while close to 19% lived with a friend or spouse. A little more than 17% of the participants indicated that they were receiving personal assistance services (see Table 7).

Table 5
Consumers with Disabilities by Gender

Gender	Number*	Percentage
Female	71	51.45
Male	67	48.55

**One person did not respond to this item.*

Table 6
Consumers with Disabilities by Race

Race	Number	Percentage
Black, not Hispanic	91	65.47
Hispanic	19	13.67
White	25	17.99
Asian/Pacific Islander	01	0.72
Native American	01	0.72
Other	02	1.44

Table 7
Living Situation of Consumers with Disabilities

Situation	Number	Percentage*
Living independently	54	38.85
Living with a family member	34	24.46
Living with a friend/spouse	26	18.71
Living in a shelter/other	10	07.19
Receiving personal assistance services	24	17.27

**A multiple response item; total equals >100%.*

Probes to determine significant differences among racial groups in their educational status, and employment could not be carried out with all the racial groups in the sample since three groups had just one or two persons. Hence, all non-White persons with disabilities were placed in one group and analyzed to see if they were significantly different in education and employment when compared to White persons with disabilities. Chi Square analyses revealed that differences in education and employment were not statistically significant between the two groups (education: $(X^2$ (3, N = 134) = .79, $p > .05$; and employment: $(X^2$ (1, N = 139) =.037, $p > .05$).

As illustrated in Table 8, nearly half (45%) of the participants had achieved some level of post secondary education while another 32% had completed a high school education. It should be noted, however, that 68% of the participants reported that they were not employed, twenty-two percent were employed full-time, and 11% were employed part-time. A Cramer's V analysis, which was conducted to determine the strength of association between education and employment, revealed a relatively strong association (V = .45). Similarly, a Chi Square analysis showed (Table 9) a greater proportion of persons with higher education being employed compared to those who had less education $(X^2$ (1, N = 134) = 27.41, $p < .05$).

Table 8
Consumers with Disabilities by Education

Educational Level	Number*	Percentage
Less than High School	28	20.14
High School Graduate	45	32.37
AA/a few years of College	33	23.74
Undergraduate Degree	19	13.67
Masters Degree	08	05.76
Ph.D	01	00.72
Other	02	01.44

*Three persons (2.16%) did not respond to this item.

Table 9
Employment Status by Education

Level of Education	*Employed*	*Not Employed*
Less than high school	1 2.3%	27 30.0%
High school diploma	12 27.3%	33 36.7%
A few years college	12 27.3%	21 23.3%
College degree	19 43.2%	9 10.0%

(X^2 (1, $\underline{N}$ = 134) = 27.41, $\underline{p} < .05$)

Participants were asked to indicate their religious affiliations which are described in Table 10.

Table 10
Consumers with Disabilities by Religious Affiliation

Religion	Number*	Percentage
Protestant	78	56.12
Catholic	19	13.67
Moslem	04	02.88
Other - including non-denominational Christians	21	15.11
No religious affiliation	16	11.51

Research questions regarding male and female group differences in education, employment, marital status, and living conditions were addressed by Chi Square analyses. Results of these analyses revealed that differences in education (X^2 (1, N = 137) = 2.09, $p > .05$), marital status (X^2 (1, N = 137) = 1.79, $p > .05$) and employment status (X^2 (1, N = 137) = 0.75, $p > .05$), among males and females were not statistically significant. However, differences in their living conditions (living independently and in receiving personal assistance services) were statistically significant. As Tables 11 and 12 illustrate, a significantly greater proportion of women lived independently compared to men, (X^2 (1, N = 137) = 3.72, $p = .05$), and a significantly greater proportion of men were receiving personal assistance service compared to women, (X^2 (1, N = 137) = 6.15, $p = .01$).

Table 11
Living Condition by Gender

Dependent Variable: Living Independently

Gender	Lives Independently	Does not Live Independently
Male	20 30.3%	46 69.7%
Female	34 47.9%	37 52.1

X^2 (1, N = 137) = 3.72, p = .05

Table 12
Living Condition by Gender

Dependent Variable: Receive Personal Assistance

Gender	Receives personal assistance	Does not receive personal assistance
Male	17 25.8%	49 74.2%
Female	06 08.5%	65 91.5%

X^2 (1, N = 137) = 6.15, p = .01

Consumer Awareness of the ADA

Sixty-six percent of the participants reported that they were aware of the Americans with Disabilities Act (ADA). About 37 to 39 percent of the respondents indicated that they were familiar with the Employment, Transportation, and Public Accommodations sections of the Act. While 24% indicated that they knew about the Communications section, on the whole, only 20% of the participants had knowledge of all aspects of the ADA. A Chi Square analysis which was carried out to determine if there was significant difference among male and female respondents in their awareness of the ADA showed no statistically significant difference, (X^2 (1, N = 137) = 2.65, $p > .05$). Similarly, there was no significant difference in the awareness of the ADA between White and non-White consumers (X^2 (1, N = 138) = .883, $p > .05$). However, the difference in the awareness of ADA between "employed" and "not employed" was statistically significant (X^2 (1, N = 138) = 10.7, $p < .01$).

Services and Support Received by Consumers

Nearly half (44%) of the participants received Social Security Disability Income, 40% were recipients of Medicaid, 34% received Food Stamps, while 29% received other forms of support such as Medicare or SSI. Table 13 shows the extent of types of services and supports which consumers with disabilities received. While 38% reported that the services and supports were somewhat adequate, 25% were dissatisfied with the types of services and support. Only 28% indicated that the services and supports were adequate for them.

Table 13
Extent of Services and Support Received by Consumers with Disabilities

Extent of Services/ Support	Number	Percentage
Adequate	39	28.06
Inadequate	35	25.18
Somewhat adequate	53	38.13
Not applicable/No response	12	08.63

Respondents were asked to indicate the services and supports which helped them to participate fully in their communities. They identified the following types of services and support: Rehabilitation (45%), Education (43%), Transportation (42%), Church (38%), Employment (32%), and Recreation (32%).

Participants also rated these services for their effectiveness. A significant number of the participants (39%) rated their rehabilitation and medical services the most effective. Transportation (27%), Counseling (26%), and Housing 3%) were also reported to have been effective services. A little more than half (51%) of the respondents stated that they participated in their Individualized Goal Plan and the quarterly review of those plans.

An overwhelming 94% of the consumers who participated in the study indicated that they would like additional information about the Americans with Disabilities Act. Eighty-nine percent of the respondents with disabilities wanted additional information about the Amendments to the Rehabilitation Act of 1992. Thirty-nine percent of the consumer participants indicated that they were active in their communities (i.e., by serving on community boards, advisory committees, or other organizations such as church groups).

Summary of Focus Group Discussions

As mentioned earlier, consumers with disabilities participated in focus group discussions in: New York City, NY; Washington, DC; Detroit, MI; Rome, Bainbridge, and Decatur, GA; and Los Angeles, CA. Although 66% of the consumers with disabilities indicated in writing that they had some knowledge of the ADA, during discussions, these individuals reported that their knowledge of the Act was somewhat limited. The following summary captures the gist of the focus group discussions:

The consumers with disabilities who participated in the focus groups (in New York City, New York; Washington, DC; Detroit, Michigan; Los Angeles, California; Rome; Bainbridge, and Decatur, Georgia) discussed a number of issues which affected them on a daily basis. These issues included the importance of the Americans with Disabilities Act (ADA), funding for programs for persons with disabilities, transportation, accommodation, and educational services.

Transportation and Employment

In each of the regions, transportation was cited as a challenge even in instances where para-transportation was available. Participants indicated that there were long waits for pick-ups. They also indicated that bus drivers were less accommodating and less courteous in minority and lower-income communities than in middle-class and upper income communities. A participant with a mental health challenge explained that with discontinued special transportation there were long walks to the mental health facility. The need to train transportation personnel was a high priority during several focus group sessions. A substantial number of consumers in each of the focus groups pointed out the need to: (a) upgrade buses with regard to accessibility, and (b) the need for more balanced scheduling so that services may be available throughout the day and evening.

In the area of employment, a problem which was identified by a substantial number of focus group discussants was the issue of social security disincentives. Participants expressed the desire to work. However, they pointed out that the penalties of working (especially the loss of health care) affected their attitude toward work and seeking employment.

Service and Accessibility Issues

The lack of availability of resources in rural areas, limited accessible recreation facilities in central cities, and the need for more respite care for children with disabilities were identified as issues that needed to be addressed. With regard to services, a number of participants indicated that parents of children with disabilities were often unaware of the services available for their children. Persons with disabilities who accessed community programs and services identified a number of limiting factors. These factors may be placed in three categories: attitudinal, physical, and fiscal. Attitudinal barriers included discrimination, physical barriers included geographic distance to services (especially in the more rural communities), and inaccessible public and private buildings. Whereas, fiscal limitations included limited personal resources to pay for services. A number of participants indicated that while some of them had difficulty accessing services, others were aware of and able to access a wide range of services in their communities. To provide better services for persons with disabilities, it was suggested that barriers be removed, consumers be educated, and that they be empowered as change agents. A strong recommendation was made with regard to the need to coordinate services more efficiently. These services are often uncoordinated. Thus, there is a need for greater coordination to reduce duplication.

Housing

Housing was described as a concern for a large proportion of focus group participants. Affordable - accessible housing was viewed as a rare commodity for people with disabilities in minority communities. Problems identified in securing housing included: discrimination by sales and rental agents, limited accessible housing for those with low or no incomes, and an insufficient array of housing choices. Focus group participants requested continued advocacy for the creation of affordable and accessible housing, and the development of professional resources in communities that can assist in the identification, acquisition, renovation and creation of additional units. A strong argument was made for the use of universal design in the planning and construction of housing as well as other facilities.

Summary

Comparisons between urban and suburban areas indicated that participants felt that there were insufficient resources and support in urban areas as compared to suburban, middle-class income areas. Concerns for self-advocacy, telecommunication, and barrier free access were identified as issues that need to be addressed. While the ADA has had a degree of positive impact in all communities, persons with disabilities in low income and minority communities have less access to services than their suburban and middle-class counterparts. In order to alleviate these problems, focus group participants suggested the following:

- Informational flyers/brochures should be made available to consumers for use as guides when contacting agencies for services.
- Training workshops for staff of public and private agencies should be implemented to better inform them about the ADA and the needs of persons with disabilities in diverse cultural communities.

Discussion and Conclusions

Respondents to HU-NCD Survey I comprised a representative sample of 65 agencies from all regions of the country. These respondents were primarily state vocational rehabilitation agencies, services for the blind, independent living centers, governors' committees, university affiliated programs, research and training centers, and national organizations such as the National Association for the Deaf, and the Planning Council for Developmental Disabilities. A majority of these agencies operated more than one project for which they received federal or state funds. A substantial proportion of the respondents were providing advocacy, technical assistance, and direct services. While 36% of these agencies were serving exclusively working-age persons, another 30% served persons from all age groups. In addition, other agencies served a particular age group such as youth, or early childhood groups.

Many of the respondents indicated that they tailored their services to suit individuals from diverse cultural and linguistic backgrounds. They also indicated that they adopted specific outreach methods to increase services provided to consumers from underserved populations. However, a majority of the respondents could not provide the exact number of consumers they served within each race/ethnic group under each disability category. Although a large number of respondents indicated they offered direct services, hardly a quarter of them had information relative to the consumer's race or language group. Most respondents stated that they did not document the race and language group of the consumer served. Based on these facts, it was difficult to determine the magnitude of their success in providing outreach to underserved populations.

HU-NCD Survey II respondents consisted of 53 educational agencies from across the country which received federal or state support for their programs. Nearly 70% of these agencies provided pre-service training programs while 55% also offered in-service training. Forty-three percent of these respondents indicated that they conducted research and 34% reported that they provided direct services. A significant number (45%) of these agencies stated that they had participated in at least one research study involving individuals with disabilities from culturally diverse backgrounds. These findings underscore the need to examine the curricula in their pre-service and in-service programs. It is important to determine if their curricula include special components that help their trainees to be better equipped to serve individuals with disabilities from underserved populations. The respondents offered advice to the National Council on Disability (NCD). Some of these recommendations were beyond the scope and functions of the NCD. In general, the respondents indicated that there is a continued need for the NCD to: (a) educate administrators and agencies with regard to disability policy; (b) emphasize the need for funding for more research and intervention projects in the areas of adults with disabilities, transition from school, and assistive technology; and (c) facilitate the organization of a national level unified information data management system on disability and rehabilitation.

One hundred and thirty-nine persons with disabilities participated in Survey III and the focus group discussions. Data were collected in five regions. The participants were representative of the main racial/ethnic groups, namely African Americans, American Indians, Asian Americans, Hispanic Americans, and White Americans. The ratio of males and females among participants was almost equal. Chi Square tests were run to determine if there were significant differences in: (a) education, (b) marital status, (c) employment condition, and (d) awareness of the ADA between males and females. These tests revealed no significant differences between the two groups in any of the above mentioned factors.

There was significant association between education and employment status. Compared to those who had college education, persons with "less than high school," and "high school" education were overrepresented among the unemployed. However, it should be noted that the sample had a low employment rate. Only 32% of all the participants were employed, among whom a third were employed on a part-time basis. This finding is consistent with national employment figures for persons with disabilities. Also noteworthy is the fact that a plurality of the participants received SSDI (44%), Medicaid (40%), and food stamps (34%). These findings underscore the importance of rehabilitation services and gainful employment for these consumers. A majority of the participants rated rehabilitation services as the most effective service in assisting them in participating in the community. More aggressive outreach services and continued support from service agencies will benefit a larger number of consumers and prepare them to seek gainful employment. It should be noted that nearly two-thirds of the participants rated the services they received as either "somewhat adequate," or "inadequate." Only half of the survey respondents indicated that they participated in the development of their Individualized Goal Plan or the quarterly review of the plan. Although 66% indicated in writing that they were aware of the ADA, while taking part in the focus group meetings, they reported that they had very limited knowledge of the Act. They also emphasized the need for more employment opportunities, importance of advocacy, and problems with transportation. They suggested that more specific research studies which address issues such as: (a) the disproportionate number of individuals with disabilities with a college education who are unemployed, and (b) ways to improve advocacy groups that educate the public as well as persons with disabilities on the ADA and other relevant legislation are necessary.

Based on the information obtained from this project and other studies conducted by the HURTC, it is evident that persons with disabilities, especially those who are from diverse ethnic minority communities, are not sufficiently aware of the existing laws pertaining to services and opportunities for employment available to them. Prevalence of various disabling conditions, and incomes under poverty levels have remained constant for individuals with disabilities across different racial/ethnic groups. Persons with disabilities do not appear to actively seek services, and, when they do, they do not participate fully in the planning and implementation of the services they need. It also appears that a significant number of persons with disabilities are not quite satisfied with the services they receive. Furthermore, access to information, issues of poor transportation are still acute especially in low-income and rural communities. Individuals with disabilities living in rural areas do not receive services equitable with those available in cities and metropolitan areas.

Most state/federal funded projects that deal with disability issues are required to include individuals with disabilities on their governing or advisory boards. These projects provide a plan to the funding agency explaining how they are planning to involve consumers in formulating their policies and implementing them. However, it is not clear whether funding agencies insist that the projects should periodically evaluate their consumer participation. Similarly, funded projects are typically required to improve and increase their services to culturally diverse and traditionally underserved populations. While most funded projects may comply with such provisions, it appears that they are not required to periodically evaluate themselves and verify that they are providing outreach to the culturally diverse consumers.

Recommendations

It is recommended that the National Council on Disability:

- Initiate a program which will provide a coordinated strategy with pertinent state/federal service organizations, and educational institutions to better inform and educate persons with disabilities from diverse cultural groups on their rights;
- Collaborate with other organizations in the investigation of variables which: (a) impede employment (disincentives), (b) facilitate employment, and (c) enhance independent living;
- Initiate a program which will lead to the formation and maintanence of a common national level data-base on disabilities, individuals with disabilities, various services, educational opportunities, and assistive devices (Service agencies, educational institutions, and individuals should be able to access information from this database easily i.e. via internet); and
- Hold more townhall meetings in low-income and rural areas. (While such meetings help to educate the consumers, they will also aid to assess the unique needs of consumers from diverse racial/ethnic groups living in low-income and rural areas.)

In addition:

- The state vocational rehabilitation agencies and other public/private human service agencies should be required to organize more training workshops for their staff to better inform them about the ADA and the needs of persons with disabilities in diverse communities.
- State and federal funding agencies should stipulate more effective steps which will require funded projects to provide periodic evidence on the manner in which they have improved and increased services to underserved consumers.
- The Client Assistance Programs (CAP) should work more collaboratively with other service agencies in order to facilitate: (a) pooling of resources and (b) the dissemination of information about available resources.

- Educational agencies should conduct more specific research studies which focus on the high rate of unemployment for persons with disabilities with college degrees. Such investigations should be specific to disabilities, geographic regions, and different racial/ethnic groups so as to identify specific causes of unemployment.

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APPENDIX

Survey Instruments

HU-NCD Survey I

HU-NCD Survey II

HU-NCD Survey III

HOWARD UNIVERSITY - NATIONAL COUNCIL ON DISABILITY

PROGRAM IMPACT SURVEY

The Howard University Research and Training Center for Access to Rehabilitation and Economic Opportunity is conducting a project for the National Council on Disability. This project will examine the impact of federally supported/assisted community service and educational systems on underserved people with disabilities from diverse cultural populations.

We are in the process of obtaining input from a variety of programs, individuals, organizations and agencies that serve persons with disabilities from diverse cultural populations.

Please complete this questionnaire based on your experience.

Thank you.

A. Background Information

Organization

Name and Title of Contact Person ______________________

Address ______________________________________

Telephone number ____________________

Fax number ____________________

Funded projects:

Project Title	Funding Source	Duration
______________	________________	______________
______________	________________	______________
______________	________________	______________

B. Program Characteristics:

1. Check the characteristics which best describe your organization: (Check all that apply)

____ Direct service provider
____ Research
____ Advocacy
____ Technical Assistance
____ Pre-service Training
____ In-service Training
Other ______________________________
____
____

2. What are the three major sources of referrals to your organization? Please describe.

____
____

3. Do you have specific outreach methods to identify and serve persons with disabilities from culturally/ethnically diverse backgrounds? Please describe.

____

____

4. What strategies does your organization use to tailor services/support to different cultural/ethnic populations?

____

____

____

5. What is the age range of individuals with disabilities served by your organization?
FROM _____ TO _____

6. Do you serve individuals who communicate in sign language?
YES _____ NO _____

7A. PLEASE COMPLETE THE TABLE BELOW TO INDICATE THE TYPES AND TOTAL NUMBER OF INDIVIDUALS WITH DISABILITIES SERVED DURING THE PAST CALENDAR YEAR. (PLEASE INDICATE RACIAL/ETHNIC BREAKDOWN)

TYPES OF DISABILITIES SERVED

Type of Disability	African American	African	Asian	Middle Eastern	Latino	Hispanic	Native American	Pacific Islander	European American
Visual Impairment									
Hearing Impairment									
Physical Impairment									
Mental Retardation									
Mental Illness									
Learning Disability									
Developmentally Disabled									
Chronic Health Conditions									
Other									

7B. Of the persons listed in 7A, please indicate the language spoken.

	Number	Language spoken (if known)
Ethiopian		
Nigerian		
Other African Language		
Spanish		
Pacific Islander		
Chinese		
Korean		
Vietnamese		
Native American		
Other - please specify		

Please list three organizations, individuals and or community agencies who participated in some aspect of your organizational activity. (Please provide contact person, address, telephone number)

If you have a brochure or other information describing your orga zation, please enclose. Thank you for your assistance.

HOWARD UNIVERSITY - NATIONAL COUNCIL ON DISABILITY

PROGRAM SURVEY - II

The Howard University Research and Training Center for Access to Rehabilitation and Economic Opportunity is conducting a project for the National Council on Disability. This project will examine the impact of federally supported/assisted community service and educational systems on underserved people with disabilities from diverse cultural populations.

We are in the process of obtaining input from a variety of programs, individuals, organizations and agencies that serve and train persons from diverse cultural populations.

Please complete this questionnaire based on your experience.

Thank you.

Background Information

Organization/Institution: ______________________________

Name: ______________________________

Title: ______________________________

Address: ______________________________

____

Telephone Number: (____)__________________

1. Organizational Affiliation (if any) ______________________________

2. Check the characteristics which best describe your organization: (check all that apply).

___ Direct service provider

___ Research

___ Advocacy

___ Technical Assistance

___ Pre-service

___ In-service Training

Other ____________________

____

____

3a. Have you participated in any program or project related to disabilities and cultural diversity?

YES ______ NO ______

3b. If yes, please provide the following information:

Project/Program Title: ____________________

Dates: FROM: ________ TO: ________

Type (explain)

____

____

4a. How were you or your organization recruited as a participant?

RADIO _____ NEWSPAPER _____ STATE/LOCAL AGENCY _____

WORD OF MOUTH _____ TELEVISION _____ OTHER _____

4b. What was the type of service/support provided?

Technical assistance _____

Training _____

Direct service _____

Other _____

5a. Have you or your organization participated in a research study involving individuals with disabilities from culturally diverse backgrounds?

YES _____ NO _____

5b. If yes, in what capacity?

____

____

____

6. Of the training, services and or supports provided what was the most effective?

____

____

____

7. To what degree was the training services, and or supports helpful?

very helpful _____

somewhat helpful _____

not helpful _____

8. Did this service, support and or training enable you or your organization to acquire additional information, services or resources?

YES _____ NO _____

9. What was the impact on you or your organization?

____

____

____

10. What type(s) of disability do you have, if any?

11. What type(s) of persons with disabilities do you or your organization serve?

12. What suggestions would you make for future participants in a federally supported project/program relative to needs of persons with disabilities from culturally diverse backgrounds?

13. What recommendations would you make to the National Council on Disability?

HOWARD UNIVERSITY - NATIONAL COUNCIL ON DISABILITY

PROGRAM IMPACT CONSUMER SURVEY

The Howard University Research and Training Center for Access to Rehabilitation and Economic Opportunity is conducting a project for the National Council on Disability. This project is focusing on the impact of federally supported programs for people with disabilities from diverse cultural populations. This project is also seeking information that will increase the employment, independence and access to services for persons with disabilities.

We are in the process of obtaining input from a variety of programs, individuals, organizations and agencies that serve persons with disabilities from diverse cultural populations.

Please complete this survey based on your experiences. If you need assistance in reading or completing this survey form, assistance will be available.

Thank you.

Section I - Background Information

Date of Birth: ____________________

Sex: Female ____ Male ____

Race: ____ Black, not Hispanic ____ White, not Hispanic

____ Hispanic ____ Asian/Pacific Islander

____ American Indian/Native American ____ Other

____

Highest Grade or Year of School Completed: ________________________

Marital Status: ___ Single, Never Married

___ Single, Divorced or Widowed

___ Married

Employment Status: ___ Employed, full-time

___ Employed, part-time

___ Not employed

If employed, Occupation: ______________________________

Religion: ____ Protestant

____ Catholic

____ Jewish

____ Moslem(Muslim)

____ Other (please specify) _______________________

____ No religious affiliation

SECTION II - GENERAL INFORMATION

1. Are you aware of the Americans with Disabilities Act?
   YES ___ NO ___

   If yes, on which of the following sections do you have information?

   Employment ___
   Transportation ___
   Public Accommodations ___
   Communication ___
   Other ___

2. To what extent are the services and supports you receive:

   Adequate ___ Inadequate ___ Somewhat adequate ___

3. To what extent do these services and supports allow you to participate fully in your community? (check all that apply)

Church ___ Employment ___ Transportation ___

Recreation ___ Education ___ Rehabilitation ___

Other ______________________

____

4. Of the services and supports you receive, which are the most effective?

Counseling ___ Rehabilitation ___ Transportation ___

Housing ___ Medical ___ Other ________________

5. Do you participate in the development of your Individualized Goal Plan and the quarterly review of those plans?

YES ___ NO ___

6. In which of the following programs are you a participant?

Medicaid ___ Social Security Disability Income ___

Food Stamps ___ Other (list) ___

7. What is your present living situation?

Independently ___
With a family member ___
Do you have personal assistance services ___
With a friend or spouse ___

8. Would you like additional information about the Americans with Disabilities Act?
YES ___ NO ___

Amendments to the Rehabilitation Act of 1992
YES ___ NO ___

9. Do you serve on any community boards, advisory committees or other organizations, such as church groups?
YES ___ NO ___

10. Please list the organizations in which you are active?

____

____

____