

Krause, J., Saladin, L. (2009) **Disparities in subjective well-being, participation, and health after spinal cord injury: A 6-year longitudinal study.** *NeuroRehabilitation*, 24(1), 47-56. NARIC Accession Number: J55863. Project Number: H133G020218; H133G050165; H133N000005.

Abstract: Study examined disparities and changes in subjective well-being, participation, and health over a 6-year period as a function of race/ethnicity and gender among individuals with spinal cord injury (SCI). Analysis of collected data indicated significant effects for race/ethnicity (between subjects effect) and time (within subjects effect) but not for gender or the interaction effects. A Bonferroni correction was used to compare outcomes as a function of race/ethnicity and time. Five outcomes were significantly related to race-ethnicity, whereas no items were significantly related to the time effect after the Bonferroni correction. Caucasians reported best subjective well-being scores in several domains followed by African-Americans. Caucasians also reported more hours out of bed than either African-Americans or Hispanics. Over a 6-year period, race/ethnicity continued to be related to differences in subjective well-being and participation but not health. Disparities in outcomes did not systematically increase or diminish over time, suggesting that once developed, such disparities are unlikely to change in the absence of intervention.

Harrington, C., Kang, T. (2008) **Disparities in service utilization and expenditures for individuals with developmental disabilities.** *Disability and Health Journal*, 1(4), 184-195. NARIC Accession Number: J55136. Project Number: H133G050358.

Abstract: Study examined the factors associated with service utilization and expenditures provided by regional centers to people with developmental disabilities (DD) living at home and in residential settings in California in fiscal year 2004-2005. Of the 175,595 individuals with DD, 21 percent did not receive any purchased services from regional centers. Controlling for client needs, individuals aged 3 to 21 years were less likely than other age groups to receive services. All racial and ethnic minority groups were less likely to receive any services than were whites. The supply of intermediate care facilities for habilitation and residential care reduced the likelihood of receiving regional center services. Of those who received services, younger individuals and all racial and ethnic minority groups had significantly lower expenditures. Provider supply, area population characteristics, and regional centers also predicted variation in service use and expenditures.

da Silva Cardoso, E., Romero, M. (2007) **Disparities in vocational rehabilitation services and outcomes for Hispanic clients with traumatic brain injury: Do they exist?.** *Journal of Head Trauma Rehabilitation*, 22(2), 85-94. NARIC Accession Number: J52800. Project Number: H133A031705.

Abstract: Study examined the disparities in vocational rehabilitation (VR) services for Hispanic clients with traumatic brain injury. Hispanic and European American clients were compared in terms of demographics, work incentives, service patterns, and employment outcomes. Analyses of the data revealed that European Americans were 1.27 times more likely to obtain employment than were Hispanic Americans. Hispanics with work disincentives had lower odds of returning to work and had more unmet basic needs that should be addressed in the rehabilitation process. Job placement and on-the-job support services, which were found to significantly improve employment outcomes, were more likely to be provided to European Americans than to Hispanics.

For an even broader look at disparities in health care, see the Agency for Healthcare Quality and Research fact sheet: *Disparities in Health Care Quality Among Racial and Ethnic Minority Groups*
www.ahrq.gov/qual/nhqrdr08/nhqrdrminority08.htm

NARIC is operated by HeiTech Services, Inc., for the National Institute on Disability and Rehabilitation Research under contract number ED-08-CO-0095.

RehabWire
News from the National
Rehabilitation Information
Center

Disparities and Disability
Volume 11, Number 9, Fall 2009



NIDRR Grantees on the Cutting Edge

Health and Health Care Disparities Among Individuals with Disabilities *Oregon Health and Science University* (H133A080031) led by Charles Drum, PhD. Shelley Reeves, Project Officer.

Abstract: The Health Disparities Project generates new knowledge about health access and health outcomes, and translates and disseminates the findings for researchers, policy makers, and others. Assisted by an assembled national expert panel and other key project staff, the project determines working definitions, key questions, and analytic models for the studies. Disability perspectives are integrated throughout the project process from development of the research hypotheses and selection of design to analysis of data. This project has four major components: (1) review and synthesize existing health and health care access among individuals with disabilities and subgroups of individuals with disabilities; (2) use the Medical Expenditure Survey data to perform two series of logistic regression and path analysis modeling studies; the first series of studies determines models of systems level, environmental level, and individual level factors that relate to health care access among persons with a range of disabilities; the second series extends these analyses to determine models of health outcomes for persons with a range of disabilities; (3) utilize research findings in future research, program, and policy development through proactive and passive dissemination methods; and (4) integrate project activities to ensure the field of health disparities research advances beyond documentation to explanation, and opportunity for resolution.

Find out more at: www.tsu.edu/academics/continue/research/index.asp

Center on Health Outcomes Research and Capacity Building for Underserved Populations with SCI and TBI *Medical University of South Carolina* (H133A080064) led by James S. Krause, PhD. Shelley Reeves, Project Officer.

Abstract: This project builds the capacity of institutions that address the needs of underserved populations by: (a) conducting two innovative studies to generate new knowledge on the health of three underserved racial-ethnic groups with traumatic neurologic injuries; (b) providing capacity building through collaboration with South Carolina State University, a historic Black university, specialized instruction of undergraduate and graduate students, and widespread training to institutions and organizations that represent underserved populations; and (c) providing technical assistance to a wide array of target audiences to enhance the capacity to meet the needs of underserved populations. In Study 1, researchers interview 500 African-Americans from population-based surveillance systems with SCI or TBI and compare their health behaviors, access to services, and the prevalence of chronic diseases with African-Americans in the general population (based on CDC surveillance). Researchers then identify the extent to which disparities observed in the general population are magnified after injury. Study 2 involves interviews with 836 participants with SCI, 575 of whom

This issue looks at disparities from several angles: health disparities for people with disabilities, minorities with disabilities in research and service provision, underserved populations, etc. It also looks at building capacity within these groups.

Please note: These abstracts have been modified. Full, unedited abstracts, as well as any available REHABDATA citations, are available at naric.com.

Thousands of additional resources on these topics are available from NARIC's resource pages at www.naric.com/public

Disparities research may focus on gender, race, disability type, area, or socioeconomic strata. These projects fall within several of NIDRR's research priorities.

come from underserved populations (African-Americans, Hispanics, and American Indians) in order to identify psychological, environmental, and behavioral predictors of secondary health conditions. Mediation models are tested to identify the risk and protective factors most strongly associated with disparities in health outcomes (e.g., pain, depression, pressure ulcers) and the extent to which disparities disappear when accounting for these factors. Researchers also determine whether the predictive model is invariant across race-ethnicity (i.e., whether the significant predictors are the same across different racial-ethnic groups) and, if not, which predictors are most important for each. Capacity building efforts include workshops, mentorship of undergraduate and graduate students, and technical assistance.

Find out more at: www.musc.edu/chp/sciorg/ or www.sciandtbiresearch.blogspot.com/

Health Care Disparities in Access and Utilization among Individuals with Disabilities

University of Maryland/Baltimore County (H133G090133) led by Nancy Miller, PhD. David W. Keer, Project Officer.

Abstract: This project analyses survey data to identify health disparities among individuals with disabilities. The project combines survey data from the National Health Interview Survey and the Medical Expenditure Panel Survey, pooling six years of data to enhance sample size. Through multivariate analyses, it examines two system level factors (health insurance and patient/provider interactions), and three individual level factors (race and ethnicity, socioeconomic status, and disability type), and their contribution to health care disparities. The measures of access and utilization mirror those included in the series of Agency for Healthcare Research and Quality National Healthcare Disparities reports. Researchers identify “doubly underserved” individuals: subpopulations with disabilities that are disparately impacted by system and individual characteristics. The project also examines the extent to which system and individual level factors differentially affect individuals with disabilities, relative to individuals without disabilities.

Midwest Regional Spinal Cord Injury Care System (MRSCIS) Rehabilitation Institute of Chicago (H133N060014) led by David Chen, MD. Kenneth D. Wood, PhD, Project Officer.

Abstract: The Spinal Cord Injury Rehabilitation Program at the Rehabilitation Institute of Chicago and the Acute Spinal Cord Injury Program at Northwestern Memorial Hospital demonstrate the ongoing, comprehensive, multidisciplinary services that are provided to individuals with spinal cord injury (SCI) which allow them to optimize their rehabilitation outcomes and enhance their ability to return to productive, independent living in the community. In order to contribute to the improvement of outcomes for persons with SCI, the System includes a site-specific research projects: Disparities in Access to and Outcomes of Rehabilitation Care for Medicare and Medicaid Beneficiaries with Spinal Cord Injury.

Find out more at: www.ric.org/research/centers/

MidwestRegionalSpinalCordInjuryCareSystem/MRSCICS.aspx

Current Literature - Selections from REHABDATA

Schur, L., Kruse, D. (2009) **Is disability disabling in all workplaces? Workplace disparities and corporate culture.** *Industrial Relations: A Journal of Economy and Society*, 48(3), 381-410. NARIC Accession Number: J56494. Project Number: H133A011803; H133A021801; H133A060033.

Abstract: Article examines the evidence on workplace outcomes for employees with disabilities and how these outcomes vary across companies and workplaces in ways that may reflect difference in corporate culture and practices. Through employee surveys, the authors examined the relationship of disability to work organization, com-

The Cochrane Effective Practice and Organisation of Care Group reviewed current research on providing health services to people with intellectual disabilities. They concluded: “[t]here is an urgent need for high quality health services research to identify optimal health services for persons with an intellectual disability and concurrent physical problem.”

Balogh R, Ouellette-Kuntz H, Bourne L, Lunsy Y, Colantonio A. **Organising health care services for persons with an intellectual disability.** *Cochrane Database of Systematic Reviews* 2008, Issue 4. Art. No.: CD007492. DOI: 10.1002/14651858.CD007492.



Photo credit: Paul Barker, United Kingdom

Where Can I Find More?

A quick keyword search is all you need to connect to a wealth of disability and rehabilitation research. NARIC’s databases hold more than 80,000 resources. Visit www.naric.com/research to search for literature, current and past research projects, and organizations and agencies in the US and abroad.



The Cochrane Collaboration of Systematic Reviews of Healthcare Interventions includes thousands of reviews, evaluations, and clinical trials. A quick search for “disparities” turned up 14 reviews, 39 methods studies, 23 economic evaluations, and nearly 400 clinical trials.

Abstracts of these and other reviews are freely available at www.thecochranelibrary.org

pany policies, perceived treatment by the company, and employee responses such as job satisfaction, likely turnover, and willingness to work hard for the employer. Results indicate that disability is linked to lower average pay, job security, training, and participation in decisions, and to more negative attitudes toward the job and company. Disability gaps in attitudes varied substantially across companies and worksites, with no attitude gaps in worksites rated highly by all employees for fairness and responsiveness. The findings indicate that corporate cultures that are responsive to the needs of all employees are especially beneficial for employees with disabilities.

Prince Inniss, J., Nesman, T. (2009) **Serving everyone at the table: Strategies for enhancing the availability of culturally competent mental health service.** NARIC Accession Number: O17620. Project Number: H133B040024.

Abstract: This monograph identifies strategies to increase availability of mental health services for racially/ethnically diverse children and their families. It aims to increase awareness of the impact of culture on the availability of mental health services with the goal of improving services in ways that reduce mental health disparities. The concept of availability is presented using the metaphor of “serving everyone at the table”, which necessitates knowledge of everyone’s preferences and the ability to respond to those tastes. Availability strategies were identified through interviews conducted with personnel from 12 organizations that met criteria for providing culturally-competent services and supports. The findings presented in this monograph were derived from a broader conceptual model that addresses the community context in which services are delivered, the characteristics of populations served, and the overall organizational infrastructure through which services are delivered.

This document is available online at naric.com.

Stone, J. (Ed.). (2009) **Special issue: Cultural considerations in disability and rehabilitation.** *Disability and Rehabilitation*, 31(14), 1109-1214. NARIC Accession Number: R09003. Project Number: H133A050008.

Abstract: This issue presents select papers from an international conference conducted in October 2008 by the Center for International Rehabilitation Information and Exchange (CIRRIE). The purpose of the conference was to examine the relationship between culture and disability, especially as it affects rehabilitation and other disability services. Topics include: disability, culture, and the United Nations convention; the power of culturally responsive occupational therapy; a model of disability disparities; evaluating outcomes of cultural competence instruction in a doctor of physical therapy program; development of a conceptual framework of cultural competence; integrating cultural competency in rehabilitation curricula in the new millennium; disability in low-income countries; a qualitative study on cross-cultural communication in post-accident inpatient rehabilitation of migrant and ethnic minority patients in Austria; integrating Angolan culture and Western modern medicine; and lessons on culture and policy from the New Zealand Disability Strategy. Individual articles are available for document delivery under accession numbers J56803 through J56812.