



Closing the Gap

A newsletter of the Office of Minority Health, U.S. Department of Health and Human Services

Improving the Quality of Life for Minorities with Disabilities

By Michelle Meadows

Approximately 54 million Americans have some type of disability. Before the Americans with Disabilities Act (ADA) passed in 1990, people with disabilities struggled to gain equal access to education, employment, social services, and health care. But their fight continues. Today, there are 5.5 million people with disabilities who are uninsured. People with disabilities, especially those who are minorities, are more likely to be unemployed. And, there are many schools and public buildings around the nation that are still not ADA compliant.

In an effort to increase advocacy training and improve services for minorities with disabilities across the country, leaders of the National Urban League presented a proposal to Federal agencies at a meeting in Washington, DC, in October 1999.

The plan would call for Federal support to reach minorities with disabilities at all 115 affiliates of the League over the next six years. Founded in 1916, the National Urban League is a social service and civil rights organization with affiliates in 34 states and the District of Columbia. The League serves African Americans and other racial and ethnic minority groups.

Federal representatives at the National Urban League's recent meeting included the Social Security Administration, the National Institute on Disability and Rehabilitation Research (NIDRR), U.S. Department of Education, and agencies of the U.S. Department of Health and Human Services (HHS) including the Health Care Financing Administration, and the Administration for Children and Families (ACF).

Formalizing the commitment

The National Urban League passed a resolution in 1998 that formalized the organization's commitment to programming for minorities with disabilities. The move included designating the National Urban League of Nebraska as the National Technical Assistance Center and Information Clearinghouse for Minorities with Disabilities for the League. The National Urban League also formed a collaboration with the National Family for the Advancement of Minorities with Disabilities, a 300-member grassroots organization in Atlanta.

"What we're seeing is the evolution of the premier civil rights organization in this country as it becomes an advocate for people with disabilities," according to John McClain, PhD, associate vice chancellor for academic affairs and chief student affairs officer at the University of Nebraska Medical Center. Dr. McClain is also the evaluator of a three-year League grant from ACF's Administration for Developmental Disabilities. "The National Urban League is leading a movement that focuses on energizing minorities with disabilities and their families," he said.

"A big part of what we do involves educating minorities with disabilities about what they're entitled to under the law because many just don't know," said Fred Wright, vice president of operations for the Urban League of Nebraska and principal investigator of the ACF grant. "This involves both training our staff and empowering the people we serve."

Now in the second year of the ACF grant, the National Urban League of Nebraska has led disability training, education, and advocacy in Milwaukee and Madison, Wisconsin; Binghamton and Rochester, New York; and Omaha, Nebraska. The ACF funding supports outreach to 10 League affiliates over three years. Other funding sources are NIDRR and the President's Committee on the Employment of Persons with Disabilities.

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The Office of Minority Health Resource Center has moved to Rockville, MD. We can still be reached at PO Box 37337, Washington, DC 20013; or toll-free at 1-800-444-6472. Our new local numbers are: 301-230-7874; fax 301-230-7198; or TDD 301-230-7199.



OFFICE OF PUBLIC HEALTH AND SCIENCE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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The National Urban League is also in the second year of a grant from the HHS Centers for Disease Control and Prevention (CDC) on diabetes prevention and control for African Americans. This program plans to reach 16 League affiliates in three years. The prevalence of diabetes among African Americans is 70 percent higher than among whites, according to CDC. The prevalence among Hispanics is nearly double that of whites, and the prevalence of diabetes among American Indians/Alaska Natives is more than twice that of the total population. Left untreated, diabetes can lead to such complications as amputation, blindness, and organ failure.

Minorities with disabilities in the civil rights mission

Before 1998, the National Urban League addressed disability issues, but not in a systematic way, Dr. McClain said. Over time, leaders of the League realized that the issues it has addressed since its inception—education, employment, housing, and health—are directly connected with disability issues.

For example, the National Urban League has always been concerned with prenatal care, which can directly affect the likelihood of birth defects. Violence remains an important issue for the organization and is among the most common causes of injuries seen in emergency rooms. And AIDS, which continues to disproportionately affect minorities, is considered a disability under the ADA. In 1998, the Supreme Court decided that people infected with HIV can also be protected under the ADA.

Another key realization, McClain said, is that although minorities are well represented in the disability population, they are underrepresented in decision-making positions. The National Urban League is both improving services and increasing leadership roles for minorities with disabilities.

The League also works to eliminate discrimination against minorities with disabilities. "It's quite common for an African American child to be labeled mentally retarded, while a Euro American child with a similar profile is labeled to have a learning disability," McClain said. He notes that minority children make up roughly 15 percent of the school-aged population, but make up approximately 23 percent of the children in special education.

"When it comes to discrimination, there are a lot of similarities between people with disabilities and Blacks," said Greg Smith, an African American with a disability who hosts "On a Roll," a syndicated radio show that focuses on disability issues and airs in 18 markets across the country. "For example, if you look at the struggle of Blacks to achieve integration into public schools, people with disabilities are still struggling," Smith said. "And even though people with disabilities have the right to

vote, we don't necessarily have the access to vote."

When civil rights organizations strengthen linkages with other minority organizations and disability groups, we are in a better position to support everyone, McClain said. "We want to ensure the full involvement and inclusion of minorities with disabilities. And while the work of the National Urban League is clearly a grassroots effort, it would not have moved without Federal commitment."

For more information, contact the National Urban League of Nebraska at 402-453-9730. For more information about the "On a Roll" radio show, tap into the web: <http://www.onarollradio.com>.

One in Five Americans Have Some Form of Disability

Between October 1994 and January 1995, approximately 54 million Americans (1 in 5) reported some level of disability and 26 million (1 in 10) described their disability as severe, according to the U.S. Census Bureau. These data, the latest available, comes from the Survey of Income and Program Participation.

The Census Bureau defines a disability as difficulty in performing functional activities (seeing, hearing, talking, walking, climbing stairs and lifting) or activities of daily living (getting in or out of a bed or a chair, bathing, getting around inside the home, dressing, using the toilet and eating) or other activities related to everyday tasks or socially defined roles. A person with a severe disability is defined as one who is completely unable to perform one of these tasks or who needs personal assistance.

The likelihood of having a disability increases with age. In 1994-1995, the proportion of 22 to 44 year olds with a severe disability was 5.6 percent for Whites, 11.8 percent among Blacks, and 6.7 percent among Hispanics. In the 45 to 54 year age group, the rate was 10.5 percent among Whites, 18.4 percent among Blacks, and 15.7 percent among Hispanics.

Physical impairments are the most common type of disability, accounting for more than half of all disabilities or 27 million of the U.S. population. About 10 million adults reported having a severe mental or emotional condition in 1994. There were also about 11 million people who reported having a functional limitation, including performing activities of daily living. According to the National Center for Health Statistics, more than 8 million Americans had visual impairments in 1995, about 22 million Americans had hearing impairments, and almost 2.7 million Americans had speech impairments.

Closing the Gap for the Nation's Most Vulnerable Population

Guest Editorial By Thomas W. Chapman, MPH, FACHE

Over the last few years, the health care system and the Federal government have increased attention to socio-cultural barriers to health care access and how they affect the lives of minority and low-income Americans. Now more than ever, the government and the health care industry are taking a hard look at ending the disparities in access, health status, and quality of care. However, as our awareness of these issues increases, so does the recognition of an emerging subgroup: the 12.6 million children under age 18—prevalently male, African American, from low-income and single parent households—who suffer from chronic physical, developmental, behavioral, or emotional conditions.

A 1998 study published in *Pediatrics* (vol. 102, no. 1) revealed that these children with special health care needs represent 18 percent of the nation's population, yet present its most needy and vulnerable citizens, with complex medical, social, and educational needs that are pressing and difficult to coordinate.

For low-income and minority families, navigating the rapidly evolving health care system has always been a challenge. When these families include children with special health care needs, the task is magnified. These families face substantial obstacles to health care access such as lack of transportation and language barriers. For children with special needs, this often translates into missed appointments, poor patient compliance, and reliance on episodic health care—often in emergency rooms.

These barriers impact other aspects of these children's lives, carrying over from the sickroom to the classroom. Children with special health care needs experienced three times as many sick days in bed and school absences annually as those without special needs. According to the 1994 National Health Survey on Disability, an estimated 11 percent of these children were uninsured, and 6 percent were without a usual source of health care. Eighteen percent reported being dissatisfied with one or more aspects of care received at their usual source of care, and 13 percent had one or more unmet health needs in the past year.

There are at least 930,000 children receiving Supplemental Security Income (SSI), according to the Social Security Administration. There may be many more children who qualify for these benefits but for a number of reasons, do not receive them. In addition, new eligibility rules for SSI required by welfare reform legislation resulted in about 143,000 children losing their SSI eligibility by the end of 1997. Due to gaps in transitioning to the new system, many of these children may have lost their Medicaid benefits as well. According to Family Voices, a national advocacy

group for parents of children with special needs, although the Social Security Administration invited families to appeal, many were discouraged and confused by a review process that is complicated, lengthy, and requires expert legal assistance.

The Federal government is also encouraging states to enroll children with special needs who are SSI/Medicaid beneficiaries into managed care programs. But this policy comes with limited guidance and liberal guidelines on how best to serve this population in a competitive model. There does not appear to be a well-defined strategy focused on addressing the issues of transitioning families with special needs into the managed care system, nor a strategy focused on addressing the social needs which often undermine access to care.

What can be done?

- The Federal government and states should support programs that involve children with special needs and their families in the planning and design of health care and outreach programs, particularly under the Title V Maternal and Child Health block grant and CHIP block grant programs.
- Managed care organizations and Medicaid agencies should be required to focus on well-organized coordination systems, customized provider networks with a focused number of experienced and capable organizations, and the development of primary care management programs, versus capitated arrangements.
- Regulation and implementation of the SSI program should be improved through development of enhanced outreach and education activities to insure that all children who need benefits will receive them, and that children who have been denied SSI will be tracked, and their situations resolved.
- We should fund and support efforts to develop comprehensive programs and wrap-around services that enable families of children with special needs to maximize access and efficiently utilize their time in managing their family's health needs.

Mr. Chapman is director of the "Opening Doors: Reducing Sociocultural Barriers to Health Care" program, sponsored by the Robert Wood Johnson Foundation and the Henry J. Kaiser Family Foundation. Opening Doors funds and supports service and research projects to identify and break down non-financial, culturally-based barriers to health care. For more information, call (202) 974-4690.

Technical Assistance Centers Provide ADA Guidance

By Houkje Ross

Technical assistance centers around the country are available to educate the public about the Americans with Disabilities Act (ADA) and increase understanding about specific rights under the law. Signed into law by President Bush in 1990, the ADA includes the right to employment, public accommodation, state and local government services, travel, and communication.

Am I a person with a disability? Am I covered by the ADA? These are some of the most frequently asked questions, according to Marian Vessels, director of the U.S. Department of Education Region III Disability and Business Technical Assistance Center (DB TAC). Region III serves the Mid-Atlantic States. The center provides information and assistance on ADA legislation, as well as educational training and resources to the community.

DB TAC receives calls from architects, contractors, state and local governments, employers, and employees. Vessels said, "We get a lot questions for information on interactions between laws," such as the Family Medical Leave Act and ADA.

People also ask for referrals to other resources that can lend support. Vessels often points them to the Centers for Independent Living, which are found throughout the U.S. and help people with disabilities foster independence.

"This may include advising people on how to use or find transportation, how to find housing, or even developing advocacy skills. The centers work on more of a one-on-one case basis than we do," Vessels said.

"We often hear that complying with the law is costly," Vessels said. "But what people often forget is that there are tax credits and deduction incentives to hiring people with disabilities, which makes it easier to provide accommodations."

The DB TAC is one of 10 regional centers in the United States. DB TAC is funded by the National Institute on Disability and Rehabilitation Research and the U.S. Department of Education.

To find an ADA Technical Assistance Center in your area, contact: 1-800-949-4232 (voice/TTY) or visit <http://www.adata.org>.

Other Disability Legislation

- **The Fair Housing Act:** Prohibits housing discrimination on the basis of disability, race, color, religion, sex, family status, or national

origin. Requires owners of housing facilities to make reasonable exceptions in their policies and operations to afford people with disabilities equal housing opportunities. *Contact* your local Department of Housing and Urban Development office.

- **Civil Rights of Institutionalized Persons Act (CRIPA):** Authorizes the U.S. Attorney General to investigate conditions of confinement at state and local government institutions such as prisons, jails, detention centers, juvenile correctional facilities, publicly operated nursing homes, and institutions for people with psychiatric or developmental disabilities. *Contact:* Special Litigation Section, Civil Rights Division, U.S. Department of Justice, 202-514-6255.

- **Rehabilitation Act:** prohibits discrimination on the basis of disability in programs conducted by Federal agencies, in programs receiving Federal financial assistance, in Federal employment, and in the employment practices of Federal contractors. *Contact:* Office of Workers Compensation Programs, U.S. Department of Labor, 202-693-0035.

- **Architectural Barriers Act:** requires that buildings and facilities are designed, constructed, or altered with Federal funds, or leased by a Federal agency, comply with Federal standards for physical accessibility. *Contact:* The U.S. Architectural and Transportation Barriers Compliance (Access) Board, 1-800-872-2253 or 1-800-993-2822 (TDD).

- **Family Medical Leave Act:** requires businesses with 50 or more employees to allow workers to take unpaid leaves of absence to attend to the health needs of family members. *Contact:* Employment Standards Administration, Wage and Hour Division, U.S. Department of Labor, 202-693-0066.

- **Health Insurance Portability and Accountability Act:** protects people who have insurance coverage through employers or unions, including workers with insurance in self-insured plans. The law makes it possible to get coverage even when they change insurance or jobs. *Contact:* Pension and Welfare Benefits Administration, U.S. Department of Labor. 1-800-998-7542.

Am I a person with a disability? Am I covered by the ADA? These are some of the most frequently asked questions.

New Report Cites Need for Better Information on Disability Laws

By Michelle Meadows

Even the experts say it can be tough to wade through disability laws and figure out how they should be applied. According to a July 1999 report from the National Council on Disability (NCD), there is a need for more culturally-appropriate and easy-to-understand information on disability rights under federal law, including what to do if violations occur. The NCD recommends a team of Federal agencies come together to implement outreach and training on disability rights.

The report, "Lift Every Voice, Modernizing Disability Policies and Programs to Serve a Diverse Nation," is based on the Council's meeting last year on the unique needs of people with disabilities from cultural backgrounds. Held in San Francisco, the meeting involved a series of hearings in English, Spanish, and Cantonese. This latest report follows the 1993 NCD report, "Meeting the Unique Needs of Minorities with Disabilities."

Understanding and applying the law

A decade after the Americans with Disabilities Act was signed into law, experts agree

that significant progress has been achieved. But the struggle for inclusion remains, even when it comes to getting appropriate health services. For example, the HHS Office on Civil Rights (OCR) recently announced that the D.C. Department of Health will now provide sign language interpreters for hearing-impaired individuals in D.C.'s Medicaid program.

Low-income persons with hearing impairments will now have interpreters when they visit their primary care doctors. The action closes a complaint filed with the OCR by a hearing-impaired client and enforces section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on basis of disability. Under Title II of the ADA, state and local governments must make programs accessible to persons with disabilities.

Bob Griss, director of the Center on Disability and Health in Washington, DC, said there's a need for all stakeholders in the health care system to improve their understanding of what it means to comply with ADA principles in health care delivery. Based on the understanding that managed care

plans have an obligation to ensure that all enrollees benefit from covered services, he is working on ADA checklists for five groups: managed care plans; health care providers; consumers with disabilities; consumer advocacy groups; and regulators.

For example, Griss' checklist for managed care organizations in the area of communication accessibility includes such items as: "MCO screens all patients after enrollment to identify auxiliary aids and services needed to ensure effective communication."

The National Council on Disability plans to release a new report on Federal enforcement of the Individuals with Disabilities Education Act (IDEA) and the ADA in Winter 2000. The report will include recommendations for people from diverse backgrounds.

For information on the National Council on Disability, call (voice) 202-272-2004; (TTY) 202-272-2074, Web <http://www.ncd.gov/> For the Center for Disability and Health, call Bob Griss at 202-842-4408.

Individuals with Disabilities Education Act (IDEA)

In June 1997, President Clinton reauthorized the Individuals with Disabilities Education Act (IDEA). Previously known as the Education for All Handicapped Children Act (EHA), the law was originally implemented in 1975.

IDEA aims to ensure that all children with disabilities obtain a "free appropriate public education." That means special education and related services—including audiology, psychological services, physical therapy, occupational therapy, and transportation—must be provided to children and youth with disabilities at public expense, under public supervision and direction, and without charge.

In Fiscal Year 2000, IDEA will serve 6.2 million children with disabilities. Services are for preschool, elementary, or secondary schools and are provided in conformity with requirements for the "individualized education program" (IEP). The IEP is a precise plan of the special education and services a disabled child will receive.

The expanded IDEA, signed into law in 1997, sharpens existing processes for parents and schools in planning and providing special education and related services. Some of these changes cover the participation of children and youth with disabilities in state and district wide assessment (testing) pro-

grams, and parent participation in eligibility and placement decisions.

Note: IDEA is a Federal law and provides the minimum requirements that states must meet in order to receive Federal funds for providing special education and related services. Your state law and regulations may differ from Federal requirements.

To find out the specifics of your state's law, contact your State Department of Education, Office of Special Education To obtain a copy of the regulations for all parts of the IDEA, contact: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Or call (202) 512-1800.

Understanding Attention Deficit Hyperactivity Disorder

By Houkje Ross

For many people with Attention Deficit Hyperactivity Disorder (ADHD), sitting still and planning ahead seems impossible. Sights and sounds seem to shift so much that it can be hard to focus on anything some days. ADHD is one of the most common mental disorders among children.

On average, at least one child in every U.S. classroom needs help for ADHD, according to the National Institute of Mental Health (NIMH), National Institutes of Health. Fortunately, research on ADHD has become a national priority, and many children with the disorder now benefit from medication, behavior therapy, and educational guidance that helps focus their attention.

According to James Wright, EdD, head of the Counselor, Leadership, and Special Education Department at Auburn Univer-

sity in Montgomery, Alabama, many minority children with ADHD are misdiagnosed and misinstructed, in part because there's a need for more education about the disorder and the children's learning styles. Dr. Wright's article, "Multicultural Issues and Attention Deficit Disorders" was published in the *Journal of Learning Disabilities Research and Practice*.

Dr. Wright recommends clearly defining rules for children with ADHD, including a structured environment with clear expectations and consistent routines. He also suggests sharing learning styles with children so they can understand the ways they learn. Providing opportunities for quiet work sessions, visuals to accompany school lessons, and flexibility with scheduling tasks can also be helpful.

NIMH has a brochure on ADHD that describes the disorder and how to get help

(<http://www.nimh.nih.gov/publicat/adhd.pdf>) You can also call the National Information Center for Children and Youth with Disabilities, 1-800-695-0285 (Voice/TTY), <http://www.nichcy.org>.

Culturally and Linguistically Appropriate Materials

With funding from the U.S. Department of Education, the Early Childhood Research Institute at the University of Illinois at Urbana-Champaign has a Web site that presents descriptions and reviews of early childhood materials. The materials are selected for usefulness with culturally and linguistically diverse children and families. Visit the Institute's CLAS (Culturally & Linguistically Appropriate Services) site: <http://clas.uiuc.edu/>.

Help for Parents of Children with Special Needs

Many minority parents who have children with disabilities find it difficult to ask for and find help. These parents may face language barriers or may not readily trust sources of support, according to Dixie Jordan, an American Indian advocate at the Minnesota-based Parent Advocacy Coalition for Educational Rights (PACER). PACER is a non-profit organization that provides information and training services to parents of children with disabilities from birth to young adulthood. This includes training programs for parents, students, and schools, as well as technical assistance on the Individuals with Disabilities Education Act (see sidebar on this page).

PACER runs an American Indian Parent Network project and a multicultural project that targets African Americans, Asians, and Hispanics/Latinos. Bilingual publications and workshops are available. Advocates for

each minority group help parents become better informed, effective representatives for their children in early childhood, school-aged, and vocational settings. "This is important because cultural issues are among the biggest barriers for minorities with disabilities," Jordan said. "Communication barriers and cultural attitudes about disabilities and people in authoritative positions can all play a part in distancing minority groups from obtaining the help they need."

Jordan said she's noticed that some American Indians and Hispanics are taught to agree with individuals in power, so they may not be assertive when it comes to getting services. Some minorities who are not U.S. citizens are terrified to access services for fear of potential consequences, she said. Additionally, some multicultural communities aren't comfortable using the term "disabilities" when referring to their children. There are also times

when minorities don't seek help from public agencies because of past experiences with discrimination.

Lucy Vitaliti agrees and adds that "gatekeepers" are an effective way to bridge cultural gaps. A former project director at the Rehabilitation Engineering Society of North America (RESNA), Vitaliti cites an example of one Hispanic man in the District of Columbia who served as the unofficial "Mayor" of his neighborhood. This man was in charge of the neighborhood in a sense, Vitaliti said. "If members of the community needed to know who to ask for help, they would go to him." Finding these people is key for human service professionals who want to reach these communities, Vitaliti added.

For more information on PACER and its programs, contact: (612) 827-2966 or (612) 827-7770 (TDD), or visit its Web site at: <http://www.pacer.org>.

Sources of Health Insurance Coverage for Persons with Any Disability, by Age

To view chart click here.

Source: Economic and Social Research Institute, based on data from the 1994 National Health Interview Survey, Disability Supplement, Phase 1, April 1999, published in a report from the Kaiser Commission on Medicaid and the Uninsured.

The Uninsured Disabled Population

Some 5.5 million persons with disabilities are without health insurance coverage, according to a 1999 report from the Kaiser Commission on Medicaid and the Uninsured, *Profiles of Disability: Employment and Health Coverage*.

Nearly one in every six working-age disabled adults (4.4 million), and more than one million children with disabilities are uninsured.

Uninsured rates are not much better for persons with long-term disabilities. Among those with specific and chronic disabilities, 3 million non-elderly adults and about 650,000 children have no health insurance.

Uninsured individuals with disabilities are generally children and working-age adults because individuals over age 65 are enrolled in Medicare.

To view the report, visit the Kaiser Family Foundation Web site at: <http://www.kff.org/content/1999/2151>.

New HHS Reports on Disability, Chronic Illness

The U.S. Department of Health and Human Services recently released reports on disability and chronic illness. They are:

- **The National Institute on Deafness and Other Communication Disorders**, National Institutes of Health (NIH), released a report in September 1999 on *Informed Consent to Individuals Who are Deaf or Hard of Hearing*. The report contains guidelines for scientists who recruit deaf or hard of hearing individuals for clinical research, and highlights materials that can facilitate clear communication.

You can view the report on the Web: <http://www.nih.gov/nidcd/news/inform/toc.htm>.

- **The Agency for Health Care Policy and Research (AHCPR)** released a report on *Managed Care and Persons with Disabilities and Chronic Illness*. The report is based on a meeting held November 5-7, 1997. View the report on the Web: <http://www.ahcpr.gov/research/ulpmangd.htm>.

- **AHCPR** released a report in October 1999 on *The Effectiveness of Rehabilitation for Chil-*

dren and Adolescents with Traumatic Brain Injury. The five-page summary is available online: <http://www.ahcpr.gov/clinic/tbisum2.htm>.

- **The National Eye Institute**, NIH, is distributing *Vision Research: National Plan 1999-2003*. The report is on the Web: <http://www.nei.nih.gov>. You can also call 301-496-4308 or write to NEI, Building 31, Room 6A 23, 31 Center Drive, MSC 2510, Bethesda, MD 20892-2510.

People with Disabilities Gain Greater Independence

By Houkje Ross

Assistive technology creates independence, productivity, increased self-esteem, inclusion and integration into the community for the disabled. In 1998 President Clinton signed into law the Assistive Technology Act (ATA) of 1998. ATA supports states in addressing the assistive technology needs of people with disabilities. Each state has an ATA-funded program, called Tech Act, that provides community-based organizations with technical assistance, training, and outreach.

The Illinois Tech Act program provides training and demonstrations to Hispanic and migrant farm worker populations on low-tech assistive devices that can make daily life easier. These populations are often difficult to reach due to economical, cultural, and linguistic barriers, says Marbella Marsh, the Illinois state program coordinator for the Latino youth/Hispanic rehabilitation project. Marsh's program provides statewide outreach through bilingual staff and publications in Spanish.

Solutions for daily living

Assistive technology can be "high tech" devices such as computers that talk to people with communication disabilities or remote control systems that run an entire household with a spoken command or a touch of a button, says Marsh. More often though, it is "low tech" solutions that are most helpful for migrant farm worker populations, said Marsh.

"Low tech devices require less maintenance, are low cost, and are easier to use," says Marsh. These devices can be inexpensive modifications of existing products. Playing cards with giant faces can allow those with limited vision to continue to enjoy card games, and Velcro fasteners on tennis shoes makes life easier, said Marsh.

Other examples include magnifiers for reading, large number digital wall clocks, steady write pens, automatic needle threaders, sock and stocking dressing aids, zipper pulls or button loops, and bath or shower seats.

To learn more about assistive technology, contact your state Tech Act program, contact the Rehabilitation Engineering Society of North America (RESNA) at (703) 524-6686, or (703) 524-6630 (TDD).

Educating Service Providers about Cultural Views

RESNA developed the *Curriculum on Human Diversity*, for human service professionals who work with disabled minorities and other underserved communities. A non-profit association based in Arlington, Virginia, RESNA improves life for the disabled through technology. The curriculum gives a basic understanding of cultural views many minorities hold regarding assistive technologies and disabilities.

"Finding out what's okay and not okay, [in these communities] said Lucy Vitaliti, former project director for the curriculum development, is essential to helping minority and underserved populations with disabilities. *Curriculum on Human Diversity* helps health professionals and a whole range of service providers—orthotic and prosthetic fitters, physicians, physical therapists, rehabilitation engineers—learn about the nuances of different cultures and teaches ways of reaching those populations, she said.

For example, some families may be very discreet regarding a member with a disability and resist seeking or accepting specialized services. Many Asian American families—due to religious beliefs—may not value assistive technology products and view them as luxury items, according to the curriculum.

The *Curriculum on Human Diversity* has information on how to reach Hispanics, African Americans, American Indians, South East Asian populations, elderly, and rural populations. For more information on RESNA's *Curriculum on Human Diversity*, contact Nell Bailey, project director at RESNA, (703) 524-6686. A copy of the curriculum is available from the National Rehabilitation Information Center (NARIC) for a fee. Ask for accession # 012142. Contact NARIC at 800-346-2742, 301-495-5626 (TTY), or <http://www.naric.com>.

Assistive Technology Database

ABLEDATA is a database of product information on assistive technology and rehabilitation devices. The database has information for all types of needs, including blind and low vision products, communication products, outdoor lifts and other architectural elements. Information specialists provide information on new products and technology. Funded by the National Institute on Disability and Rehabilitation Research, ABLEDATA also publishes a directory of manufacturers and distributors of assistive technologies; fact sheets on specific types of assistive technology; and informed consumer guides.

ABLEDATA can be accessed on the Web: <http://www.abledata.com>, or by calling 1-800-227-0216. Or write to: ABLEDATA, 8401 Colesville Rd., Suite 200, Silver Spring, MD, 20910.

Help for Veterans with Disabilities

By John I. West

Being a service Veteran should be a lot more than being remembered just once each year. Veterans Day 1999 saw nearly 26 million men and women of America's former fighting force being recognized for their sacrifices in times of defending this country.

Yet, for many of those veterans, getting proper health care is often a difficult and frustrating uphill battle, especially at a time when government benefits and money seem to dwindle each year.

But, this long, tiresome and often frustrating fight for health care is being made somewhat easier thanks to efforts of the Veterans Administration. The Veterans Health Care Eligibility Reform Act of 1996 established criteria that will serve every honorable discharged veteran who seeks VA health care during the coming year.

"It is my intention to serve as many veterans as possible under the law and give them access to the full range of services they need," Secretary of Veterans Affairs Togo D. West, Jr., recently said in a press statement.

In order to receive health care, veterans must first enroll at VA medical facilities. After enrollment, VA offers an expanded array of health-care services, such as preventive care; primary care; inpatient and outpatient services; rehabilitation; mental health and substance abuse treatment; home health, respite and hospice care; and drugs and pharmaceuticals in conjunction with VA treatment. One of the most important documents needed to enroll and verify service is the Veteran's DD 214 form, which documents service dates and type of discharge.

The VA points out that many veterans can use these services even if they have Medicare, Medicaid, Department of Defense, or private health insurance coverage. Eligibility for most VA benefits is based upon discharge from active military service under other than dishonorable conditions. Active service means full-time service as a member of the Army, Navy, Air Force, Marines, Coast Guard, or as a commissioned officer of the Public Health Service, the Environmental Services Administration or the National Oceanic and Atmospheric Administration. Experts suggest keep-

ing that DD 214 form handy. If you do not have one or have lost it over the years, you can get a copy from your former service.

According to the VA, health care is provided in accordance with a priority system. The following are some of those priorities:

1. Veterans with service-connected conditions who are rated 50 percent or more disabled.
2. Veterans with service-connected conditions who are rated 30 or 40 percent disabled.
3. Veterans who are former POWs, veterans with disabilities rated 10 and 20 percent, and veterans awarded special eligibility for disabilities incurred in treatment.
4. Veterans who are receiving aid and attendance or house-bound benefits and veterans who have been determined by VA to be catastrophically disabled.
5. Nonservice-connected veterans and service-connected veterans rated zero percent, noncompensable disabled, who are determined to be unable to defray the expenses of needed care.

Enrollment is based on the ability to pay. The patient must fill out VA Form 10-10EZ at the time the enrollment is made. The forms are also available on the VA's Web site at <http://www.va.gov>.

The VA's health care system, although large, is rapidly becoming more efficient thanks in part to some changes and consolidations. There are now 172 medical centers, with at least one in each of the 48 contiguous states, Puerto Rico and the District of Columbia. There are 551 ambulatory care and community-based outpatient clinics, 131 nursing homes, 40 domiciliaries, and 73 comprehensive home-care programs. This is a long way from the original 54 hospitals in 1930.

The VA says that some 750,000 patients will receive care this fiscal year in VA hospitals, 106,000 in nursing homes and 25,000 in domiciliaries. VA's outpatient clinics will register approximately 35.8 million visits a year. In all, more than 3.6 million individuals will receive care in all VA health-care facilities this fiscal year. More importantly, the VA is used by more than 40 percent of its priority target group of veterans with service-connected disabilities and those

with low incomes.

For minority populations, the VA maintains collaborative relationships with the Bureau of Indian Affairs, Department of Labor, Department of Defense, and Public Health Service to ensure minority veterans' issues are properly addressed by federal agencies. The VA also has an 18-member Advisory Committee on Minority Veterans and issued three annual reports containing recommendations based on its evaluation of the effectiveness of the VA programs and services in meeting the needs of minority veterans.

Who to Call for Help

- **Veterans Administration Benefits**
1-800-827-1000
- **Life Insurance**
1-800-669-8477
- **Debt Management Center**
1-800-827-0648
- **Mammography Hotline**
1-888-492-7844
TDD: 1-800-829-4833
- **CHAMPVA**
1-800-733-8387
- **Headstones and Markers**
1-800-697-6947
- **Gulf War Helpline**
1-800-749-8387
- **Sexual Trauma Hotline**
1-800-827-1000
- **Income Verification Center**
1-800-949-1008
- **Computers:** The VA Federal Benefits booklet and other VA information is available to the public on the Internet at: <http://www.va.gov>
- **Bulletin Board:** VA also has a toll-free bulletin board, VA Online, which can be reached at 1-800-US1-VETS (871-8387).

Not Just the Blues:

Recognizing and Treating Depression

By Jean Oxendine

Many people do not realize that depression is a disability. Based on the Americans with Disabilities Act of 1990, a qualified individual with a disability includes anyone who has a “physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.” The definition also protects individuals who have recovered from mental illness.

Depression can interfere with a person’s relationships with family members, friends, and co-workers, and can affect one’s mood, body, behavior, and mind. Yet, the perception still exists that a person is simply feeling “down,” and the stigma attached to mental illness remains.

A common disease

More than 19 million adults suffer from depression each year, making it the most common psychological problem in the U.S., according to the National Institute of Mental Health (NIMH). This disease is costly. In 1990, treatment for depression was estimated to cost the Nation between \$30 and \$44 billion.

The Substance Abuse Mental Health Services Administration (SAMHSA), reports about 6.8 percent of Whites, 5.4 percent of the Black population, and 5.3 percent of the Hispanic population have experienced a major depressive episode in the past year.

The 1994 National Comorbidity Study indicates the prevalence of current major depression was higher in females than in males, and that pattern holds for each of the racial/ethnic groups but appears more prominent among Blacks and Hispanics than among Whites. Research shows that historically there has been a consistent under-diagnosis of depression in the African American community and an over-diagnosis of schizophrenia.

New Federal efforts

Fortunately, the public’s attention is beginning to focus on the seriousness of depression and the available treatments. On June 7, 1999, the White House hosted the first White House Conference on Mental Health, chaired by Tipper Gore, the President’s Mental Health Policy Advisor. At the same time, the Depart-

ment of Health and Human Services is developing the Surgeon General’s Report on Mental Health. The report will look at scientific research to recommend approaches for promoting mental health, preventing mental illness, and providing state-of-the-art clinical interventions across the life cycle.

The Division of Program Development, within SAMHSA’s Center for Mental Health Services, is also taking measures to target depression. Harriet McCombs, PhD, public health advisor for the division, reported that a Faith Community Dialog Program will get primarily African Americans talking about depression.

In late 1998 and early 1999, the project convened three dialogs in the Baltimore, MD, area, on the concept of collaboration between mental health service systems and communities on appropriate responses to depression. The dialogs brought together churches, mosques, and synagogues, as well as area mental health professionals.

“The faith community needed more information on mental illness in terms of referrals and support to families of persons with mental illness,” said McCombs. SAMHSA helps the systems work together and defines the role that they play in consumers’ lives.

“We provided a small amount of funding for this activity to see what type of response we would receive,” McCombs said. “Now we want to fund a larger effort to continue what was started in Baltimore, and to increase dialog in other communities throughout the country.”

Moderate to Severe Depressive Symptoms, by Race/Ethnicity, 1993

To view chart click [here](#).

Percent of population
age 18 and older.

Source: The Commonwealth Fund 1993
Survey of Women’s
Health.

President's Committee Addresses Unemployment

By Houkje Ross

Minorities and others from diverse cultural backgrounds with disabilities are more likely to be unemployed than whites with disabilities, according to a July 1999 report from the National Council on Disability. The report, *Lift Every Voice: Modernizing Disability Policies and Programs to Serve a Diverse Nation*, said fear and ignorance on the part of some employers play a part in increasing the likelihood of unemployment for minorities. Some employers consider disabled persons bad for business. And in some cultures, persons with disabilities are considered bearers of bad luck, the report said.

While the labor force participation rate for people age 18 to 64 without disabilities is nearly 83 percent, it is about 52 percent for those with disabilities, and only 38.6 percent for non-Whites with disabilities, according to the report. For people with severe disabilities, the labor force participation rate is roughly 30 percent for Whites, 21.2 percent for Hispanics, and 17.8 percent for African Americans.

The Cultural Diversity Initiative

To improve the job opportunities for individuals with disabilities, the President's Committee on Employment of People with Disabilities established the Cultural Diversity Initiative in 1986. The Initiative has formed coalitions with other organizations to help minorities with disabilities become employed. The Initiative provides training on disability employment issues and the Americans with Disability Act.

Members of the Cultural Diversity Initiative regularly attend conferences, seminars, and discussion panels of other organizations in order to talk about the issues of unemployment among minorities with disabilities, said Claudie Grant Jr., program manager for the Initiative.

The Cultural Diversity Initiative has formed alliances with three organizations on

a high school program working to give minority students with disabilities a chance at careers in technology and related fields, Grant added. The groups working with the President's Initiative are the NAACP, the National Urban League, and ASPIRA, a non-profit organization devoted to the education and leadership development of Latino youth. The NAACP will base its project in Baltimore, the National Urban League in Lincoln and Omaha, Nebraska, and ASPIRA in Newark, New Jersey.

These organizations will choose between 20 and 25 students from area school systems to participate in the Initiative. Each organization will identify businesses willing to give disabled minority students internships. Chosen students will participate in a high-tech program aimed at preparing them for careers in technology, engineering, science, and computer skills.

These students will participate in "shadow experiences," according to Grant. "They will get to watch others work and in some cases be mentored. The whole idea is to get the students to acquire computer skills and technology skills," Grant added. "The Initiative is working to get these students careers, not just jobs. This is important, because many students with disabilities never get the chance to work," he said.

The organizations have been asked to operate their programs and launch secondary programs with affiliates, Grant said.

For more information on the Cultural Diversity Initiative, contact the President's Committee on Employment of People with Disabilities, (202) 376-6200, or (202) 376-6205 (TDD), or go to its Web site at <http://www.pcepd.gov>.

Job Accommodation Network

The President's Committee also operates the Job Accommodation Network (JAN). JAN is an information and consulting service

for inquiries about enabling people with disabilities to work.

For more information, contact JAN at (800) 526-7234 (Voice/TDD), or visit its Web site: <http://janweb.icdi.wvu.edu>.

Why Do Minorities Have Such High Unemployment Rates?

Some factors that contribute to the high unemployment rates of minorities with disabilities, according to the President's Committee, include:

- People with disabilities from culturally diverse backgrounds experience twice the discrimination experienced by non-disabled people in the minority community. Both disability and race complicate the situation.
- There is disparity in rehabilitation services provided to minorities with disabilities.
- Educational opportunities are less affordable to individuals with disabilities from culturally diverse backgrounds.
- Inadequate transportation and housing in disadvantaged communities intensify the employment barriers for minority people with disabilities.
- There is a lack of mentors and role models for minority individuals with disabilities in the workplace.
- Mainstream job coaching, on-the-job training and internships are often not readily available to minority individuals with disabilities.
- Both mainstream and minority communities and religious organizations tend to overlook their capability to support the employment of minority individuals with disabilities.
- Cultural differences are not clearly understood by individuals or organizations designing programs to support the employment of minorities with disabilities.

AIDS Hotline Signs on Deaf Consumers

By Jennifer Brooks

Deafness/hard of hearing is the second most common chronic health condition in the United States. More than 28 million Americans have some form of hearing loss, and 80 percent of those have irreversible and permanent hearing damage, according to the National Association of the Deaf. Yet the deaf community is an underserved “subculture” that often relies on other deaf people for health information.

The Centers for Disease Control and Prevention (CDC) established a National AIDS Hotline TTY Service to provide confidential and reliable information on HIV/AIDS and other STDs to the deaf community. This service is the only one of its kind in the country.

The following is an interview with Chad Ludwig, BSW, senior supervisor of the TTY Service.

Q: Does the deaf community have special needs when it comes to obtaining health information?

Chad: The deaf community is broken into sub-groups that have a variety of special needs when it comes to obtaining health information. It could be through written communication, TeleTYpe (TTY) communication, community’s grapevine, using interpreters, speech reading, verbal communication, and signed communication. But not every member within the deaf community is fluent in each of the modes of communication as mentioned.

It is the responsibility of each party to ensure that the health information is accessible. Normally, members within the deaf community are aware and familiar with the best methods of gaining health information. Health care providers should be attentive to their patients and make an attempt to fulfill their needs in obtaining health information.

Q: What barriers to prevention and treatment information do deaf people face?

Chad: The health care community either isn’t willing, doesn’t have the option, or lacks the resources or information to have the ability to fulfill the service needs of members within the deaf community by providing the health information. One report states that the average reading level among members of the deaf community is between the 4th and 5th grade levels. Many magazines, newspapers, captions on TV, brochures, and other information sources are written in English well above this reading level. This is another barrier to health information across the deaf community.

It is important to note that more than half of the United States has recognized American Sign Language (ASL) as a foreign language.

The ASL is commonly used by deaf people as their first language. The ASL is a visual language, and the way to express the information is a lot different than spoken English. To attempt to mix the spoken English language and ASL creates yet another barrier.

For example, a doctor had an interpreter present with a deaf patient who is living with HIV. The patient questions if he needs to finish his bottle of medicine. The doctor explained that he must finish it. The patient came back to the doctor for his quarterly visit and the doctor asked how he doing with the medicine. He said that he had finished it a while ago. The doctor questions why he didn’t have it refilled. He explained that he thought he only had to finish one bottle of pills and not the refills. This type of misunderstanding that had occurred between the patient and doctor—an information communication barrier—raises concern about the patient’s health.

Q: What is the deaf community’s most common vehicle for obtaining information?

Chad: A common vehicle for getting information to the deaf community is through the community grapevine. The grapevine may be viewed negatively, although it is very useful for many members within the deaf community. There are some members that don’t have access to written information. There are some members who are educated in certain specialties. There are some members who are actively involved in other areas. These members attend social gatherings, club meetings, and main events and would exchange information among the members so that the information could be constantly updated among themselves.

There are also many electronic bulletin boards, newspapers, magazines, and videotapes that are used to disseminate the information among deaf community members.

Q: Are deaf people more or less at risk for HIV/STDs than other populations?

Chad: Some research has shown that “high rates of substance abuse exists among the deaf community, one in seven (1 in 7) deaf persons has a history of substance abuse, compared to one in ten (1 in 10) in the hearing population.” Substance abuse can be a risk factor for HIV by lowering inhibitions and impairing judgement, which can lead to unsafe sexual behaviors. Sharing injection equipment is also a risk for HIV transmission. (See “What are risk factors for HIV?” in the University of California, San Francisco Center for AIDS Prevention Studies fact sheet, *What are deaf persons’ HIV prevention needs?*)

Did you know the OMH Resource Center has a TTD line? Call (301) 230-7199

Given that information, auditory and communication barriers could create risks for members of the deaf community to become infected with HIV/AIDS and sexually transmitted diseases (STDs). If a member cannot access spoken English and/or comprehend the English language, this could increase the risk of becoming infected with HIV/AIDS and STDs.

Q: Are deaf people discriminated against in health care? As with many minority groups, is cultural competency an issue among deaf people trying to obtain health services?

Chad: Discrimination occurs when a health care professional refuses to fulfill a deaf person's communication needs such as providing an interpreting service. Some deaf people attempt to obtain the health service and are refused just because they don't know the resource, information, or who to contact.

Some deaf people attempt to contact the health service by using the relay service, but are hung up on just because the health care facility was not able to handle the relay call or felt that it would take too much of their valuable time. And, a cultural issue may arise when language and/or communication becomes a barrier between a deaf person and a health care provider—this would make a deaf person feel that the service is not adequately fulfilling his or her needs.

Q: How does the CDC National AIDS Hotline TTY Service address those issues and meet the health information needs of the deaf community?

Chad: The CDC NAH is available as an information, resource, referral, and technical assistance service. It contributes to health care by providing a better service to the members within the deaf community.

Q: Do you do any outreach to deaf minorities?

Chad: Yes, the CDC NAH does outreach to the deaf minority community by promoting materials via the electronic mail,

Internet, newspapers, magazines, newsletters, mass mailings, mass e-mails, video conferences, group calls, classroom calls, and by participating in the deaf-related events such as conferences and community gatherings. By doing so, we increase the visibility that allows the deaf community to use the CDC NAH as an information, resource, referral, and technical assistant.

Q: How does someone access the Hotline?

Chad: Callers can access our service by using TeleTYpe (TTY) equipment. TTY is equipment that allows the individual to place a call to another party who has TTY equipment and/or using the Relay Service to get connected to another individual who doesn't have TTY. The TTY is a machine that allows an individual to effectively communicate the information to a person on another end. To access the CDC NAH's TTY Service, one needs to use either TTY or relay service to get through to the TTY operator.

More information: The CDC NAH is operated under contract by the American Social Health Association (ASHA). For further information write to P.O. Box 13827, Research Triangle Park, NC 27709, or browse the Web site: <http://www.ashastd.org>; or the teen Web site: <http://www.iwannaknow.org>. Access the hotline at 1-800-AIDS-TTY; 919-361-8454 TTY; 919-361-8484 TTY2; 919-361-4855 FAX

Note: between December 15th and the end of this year, the ASHA will be launching a new, video-enhanced Web site which allows ASL users to click on the Internet and be able to view signed information and prevention messages on HIV/AIDS.

In addition to his role at the CDC National AIDS Hotline, Chad Ludwig is chair of the National Coalition on Deaf Community and HIV/AIDS (NCDH). He can be contacted by e-mail at: chadludwig@earthlink.net. The NCDH's address is - Dann Trainer, IV; NCDH Secretary; PO Box 8401; Minneapolis, MN 55408.

CDC National AIDS Hotline TTY Service

Many people have questions about HIV/AIDS and don't know where to get answers. The CDC National AIDS Hotline TTY Service can help.

- Trained staff are available to answer questions and talk about HIV and AIDS and other sexually transmitted diseases.
- They can mail informational brochures that explain details about HIV and AIDS testing, prevention, and more.
- They can put people in touch with many different services all over the country.

1-800-243-7889

All calls are free and private.

Organizations

National Rehabilitation Information Center (NARIC)

1010 Wayne Avenue, Suite 800
Silver Spring, MD 20910
1-800-346-2742; 301-495-5626 (TTY)
<http://www.naric.com>

Clearinghouse on Disability Information Office of Special Education and Rehabilitative Services (OSERS)

Room 3132 Switzer Bldg., 330 C Street SW
Washington, DC 20202-2524
202-205-8241 (V/TT)
<http://www.ed.gov>

National Rehabilitation Association

633 S. Washington Street
Alexandria, VA 22314
703-836-0850; 703-836-0849 (TDD)
<http://www.nationalrehab.org>

Educational Resources Information Center (ERIC) on Disabilities and Gifted Education

The Council for Exceptional Children
920 Association Drive
Reston, VA 20191
<http://www.eric.org>
800-328-0272 (V/TTY)

Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)

1700 North Moore Street Suite 1540
Arlington, VA 22209-1903
<http://www.resna.org>
703-524-6686; 703-524-6693 (TTY)

Parent Advocacy Coalition for Educational Rights (PACER)

4826 Chicago Avenue South
Minneapolis, MN 55417-1098
612-827-2966; 612-827-7770 (TDD)
<http://www.pacer.org>

National Information Center for Children and Youth with Disabilities (NICHCY)

P.O. Box 1492
Washington, DC 20013
1-800-695-0285
<http://www.nichcy.org>

Administration on Developmental Disabilities, Administration on Children and Families

370 L'Enfant Promenade, SW, Room 300F
Washington, D.C. 20447
202-690-6590
<http://www.acf.dhhs.gov/> (for ACF)
<http://www.acf.dhhs.gov/programs/add/index.htm> (for ADD)

National Council on Disability

1331 F Street NW, Suite 1050
Washington DC 20004-1107
202-347-1234
<http://www.ncd.org>

National Institute on Deafness and other Communication Disorders

National Institute of Health
<http://www.nih.gov/nidcd>
301-496-7243; 301-402-0252 (TTY)

American Foundation for the Blind

11 Penn Plaza, Suite 300
New York, NY 10001
800-232-5463
<http://www.afb.org>

Center for Research on Women with Disabilities, Baylor College of Medicine

3440 Richmond Avenue
Houston, TX 77046
713-960-0505
<http://www.bcm.tmc.edu/crowd>

Disabled American Veterans

807 Maine Avenue, SW
Washington, DC 20024
202-554-3501
<http://www.dav.org>

National Center for Disability Services

201 I.U. Willets Road
Albertson, NY 11507-1599
516-747-6323
(Provides training and rehabilitation services)
<http://www.business-disability.com>

National Industries for the Severely Handicapped

2235 Cedar Lane
Vienna, VA 22182-5200
703-560-6800; 703-560-6512 (TDD)
<http://www.nish.org>

Alliance for Technology Access

2175 East Francisco Blvd. Suite L
San Rafael, California 94901
415-455-4575
<http://www.ataccess.org>

National Alliance for the Mentally Ill

200 North Glebe Road, Suite 1015
Arlington, Virginia 22203-3754
800-950-6264
<http://www.nami.org>

National Clearinghouse on Managed Care & Long-Term Support and Services for People with Developmental Disabilities and Their Families (MCARE)

7 Leavitt Lane, Suite 101
Durham, NH 03824-3522
(603) 862-4320 (V/TTY)
<http://www.mcare.net>

Programs and Services

Center of Minority Research in Special Education (COMPRISE)

<http://www.curry.ed.school.virginia.edu/go/comprise>
804-924-1022

The Alliance Project

<http://www.alliance2k.org>
(800) 831-6134
(Special education programs)

Howard University Research and Training Center for Access to Rehabilitation and Economic Opportunity

<http://www.law.howard.edu/hurtc/hurtc.html>
202-806-8066

Diagnostic Clinic of the Multicultural Clinical Centers

6563 Edsall Road
Springfield, VA 22151
<http://www.mccva.com>
703-354-0000
(Evaluate learning disabilities, ADD, autism, depression, anxiety, brain injury, dementia, PTS; serves children, adolescents, adults)

American Indian Rehabilitation, Research and Training Center

Northern Arizona University
IHD NAU Box 5630
Flagstaff, AZ 86011-5630
<http://www.nau.edu/ihd/airtc>
520-523-8130

Native American Training & Research Center

1642 East Helen
Tucson, AZ 85716
<http://www.ahsc.arizona.edu/nartc>
520-621-5075

Asian Community Mental Health Services

310 8th Street, Suite 201
Oakland, CA 94607
510-451-6729
<http://www.igc.apc.org/acmhs>

Camden City Hispanic Women's Resource Center

Hispanic Health and Mental Health Assoc.
Of Southern New Jersey
2700 Westfield Avenue
Camden, NJ 08105
609-365-7393

Chicano Awareness Center

4821 South 24th Street
Omaha Nebraska 68107
402-733-2720

AboutFace U.S.A.

1407 and 1/2 North Wells Street
Chicago, IL 60610
312-337-0742
(Facial disfigurement issues and advocacy)

Acoustic Neuroma Association

P.O. Box 12404
Atlanta, Ga. 30355
(404) 237-8023
(Neurological disorders, audiology)
<http://ANAUUSA.org>

Web Sites

National Institute on Disability and Rehabilitation Research (NIDRR)

<http://www.healthfinder.gov>

American Indian Rehabilitation Research and Training Center (AIRRTC)

<http://www.nau.edu/ihd/airrtc>

Disability Statistics Rehabilitation Research Training Center

<http://dsc.ucsf.edu>

Family Village Project

<http://www.familyvillage.wisc.edu>
(Advocacy & Public Information for children with special health care needs)

Disability Information & Resource Centre

<http://www.dircsa.org>

Mental Health Net

<http://www.cmhc.com>

Publications

Job Hunting Tips for the So-Called Handicapped

By Richard Nelson Bolles
Ten Speed Press, 1991
800-841-2665

Job Strategies for People with Disabilities

By Melanie Astaire Witt
Peterson's Guides, 1992
800-338-3282

From the National Organization on Disability

910 Sixteenth Street, NW Suite 600
Washington, D.C. 20006
(202) 293-5960; (202) 293-5968 (TDD)
<http://www.nod.org>

- *Guide to Organizing a Community Partnership Program* - Describes the role of a Community Partner and provides easy to follow tips and checklists. 24 pages. 1997.
- *Community Partnership Program Fact Sheet* - Facts and general information on the Community Partnership Program. 2 pages. Updated yearly.
- *Start on Success Program Brochure* - Facts and general information on internships for students with disabilities. 2 pages.

National Association of Social Workers

202-408-8600
202-408-8396 (TTD)
<http://www.naswdc.org>

- *Information packet for social workers on the Individuals with Disabilities Education Act*. Provides an analysis of the 1997 amendments and implications for Social Workers. To obtain, send a self-addressed, standard #10 envelope with \$.78 postage to NASW, Information Center, requesting "ADA Information Packet."

Parent Training and Information Centers

These centers are part of the Parent Advocacy Coalition for Educational Rights (PACER).

Northeast Regional Center

Parent Information Center
(603) 224-7005 voice

Midwest Regional Center

(740) 382-5452 voice
(740) 383-6421 fax

South Regional Center

Partners Resource Network, Inc.
(409) 898-4684 voice

West Regional Center

Matrix Parent Network and Resource Center
(415) 884-3535

Source: Alliance Coordinating Office, PACER Center

OMH-RC Expands HIV/AIDS Information Services

With funding from a partnership between the U.S. Department of Health and Human Services and the Congressional Black Caucus, the Office of Minority Health Resource Center (OMH-RC) is expanding its services related to HIV/AIDS. The expansion includes the recent addition of staff who specialize in HIV/AIDS information dissemination and outreach. OMH-RC will develop new HIV/AIDS publications, including a quarterly newsletter on HIV/AIDS that will be released in February 2000.

If you aren't already on our mailing list, call 1-800-444-6472 to join. You can also request free publications and database searches on HIV/AIDS and other minority health topics. In addition, OMH-RC invites health professionals who specialize in HIV/AIDS to call and request an application for the Resource Persons Network—a group of experts who volunteer technical assistance on minority health issues.

We've moved! OMH-RC has new local phone numbers: (301) 230-7874; or fax (301) 230-7198; TDD (301) 230-7199.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Office of Minority Health Resource Center
P.O. Box 37337
Washington DC 20013-7337

Official Business
Penalty for Private Use \$300

PRSR STD
POSTAGE AND FEES PAID
DHHS/OPHS
PERMIT NO. G-280



Closing the Gap

Conferences: Year 2000

Jan 24-28: Partnerships for Health in the New Millennium: Launching Healthy People 2010. For information, visit conference Web site: <http://www.health.gov/partnerships>.

March 5-8: 13th Annual Conference, *System of Care for Children's Mental Health*. Sponsored by the Research and Training Center for Children's Mental Health. Clearwater Beach, FL. Contact: 813-974-4661.

March 6-7: 16th Annual Pacific Rim Conference on Disabilities, *PAC RIM 2000 Creating Futures*. Presented by The Center on Disability Studies, Hawaii University Affiliated Program. Hilton Hawaiian Village Hotel, in Honolulu. Contact: 808-956-2673 or 956-5715.

March 23-25: Conference, *Stepping Forward: Creative Approaches in Prevention, Treatment, and Recovery for Deaf People*. Minneapolis, MN. Contact: MCDPDHII, 2450 Riverside Ave, Minneapolis, MN 55454.

April 3-4: *6th Annual Statewide Assistive Technology Exposition and Conference*. Sponsored by the Missouri Assistive Technology Project. Held in Columbia, MO. Contact: 816-373-5193 (V); 373-9315 (TTY); matpmo@qni.com.

May 3 - 4, 2000: *Touch the Future 2000 Expo: Unity Through Diversity*. Macon Centreplex, Macon, GA. Contact: Tools for Life, 404-657-3082.

May 4 - 7, 2000: *International Parent to Parent Conference 2000*, brings parents and professionals together from around the world together to share and learn how best to support families and develop best practices for people with disabilities. Hilton Casino and Resort, Reno, NV. Contact: 702-784-4921, ext. 2352; cdinnell@scs.unr.edu.

July 17 - 21, 2000: *ICCHP 2000 International Conference on Computers Helping People with Special Needs*. Conference topics include communication, medicine, environment, and rehabilitation technology. Universitat Karlsruhe, Germany. Contact: Irene Sudra, Austrian Computer Society, 43-1512-02-35-12 irene.sudra@ocg.at.

The editors of *Closing the Gap* welcome your story ideas.

If you have a community program, special event, news or resource item you would like featured, please fax or e-mail Houkje Ross at 301-495-2919; houkjer@omhrc.gov.