

**NATIONAL COUNCIL ON DISABILITY
OUTREACH TO MINORITIES
WITH DISABILITIES AND
PEOPLE WITH DISABILITIES
IN RURAL COMMUNITIES**

ROUNDTABLE REPORT OF FINDINGS

August 4, 1997
Atlanta, Georgia

**NATIONAL COUNCIL ON DISABILITY OUTREACH TO MINORITIES WITH
DISABILITIES AND PEOPLE WITH DISABILITIES IN RURAL COMMUNITIES
ROUNDTABLE REPORT OF FINDINGS
AUGUST 4, 1997, ATLANTA, GEORGIA¹**

Extensive data point to demographic shifts occurring in America and projected for the year 2000 and beyond, including some emerging information about people with disabilities and ethnic/racial minority group members. Public policy must seek to effectively meet these demographic shifts and consequent refocusing of priorities.

People with disabilities have always been excluded from the bounty of our nation's resources. Minorities with disabilities, in particular, have been the most disenfranchised of the disenfranchised in our society.

Hon. Rev. Jesse Jackson
National Rainbow Coalition

Reverend Jackson's words, quoted in the National Council on Disability's (NCD's) 1993 report, *Meeting the Unique Needs of Minorities with Disabilities*, remain an important challenge as we approach the 21st century. Moreover, Reverend Jackson's observations regarding minorities with disabilities also have relevance for people with disabilities living in rural communities, many of whom are also members of minority groups.

NCD has been advocating for federal policy that meets the needs of minorities and rural residents with disabilities for several years. In response to this challenge and the directives of recent federal legislation, including the 1992 Amendments to the Rehabilitation Act of 1973, NCD will continue to identify issues and develop federal policy that will address the unique needs of minorities with disabilities and people with disabilities living in rural communities.

¹NCD wishes to acknowledge the assistance of Bobbie J. Atkins, Ph.D., CRC, in facilitating the Round Table discussion in Atlanta and in preparing the first draft of this report.

NCD convened a roundtable discussion on Outreach to Minorities with Disabilities and Persons with Disabilities in Rural Communities on August 4, 1997, in Atlanta, Georgia.

The participants represented a range of disabilities, ages, organizations, ethnicities, and geographic environments. Yet, there was consensus that the needs of minorities with disabilities and people with disabilities living in rural communities warrant ongoing corrective attention in all aspects of the fabric of American public policy.

Effective outreach programs, which are an important vehicle for communicating public policy to underserved groups and involving underserved groups in the public policy process, can not be initiated, implemented and/or sustained without respect, understanding, and sensitivity toward racial, ethnic and geographic diversity. It is critical, for example, that any outreach program pay attention to trust and the degree to which the particular target community may view outsiders as invasive. Accordingly, it is very important to utilize natural support systems to make outreach meaningful and productive. The best outreach programs are doomed to failure if the agency or entity conducting the outreach is not flexible enough to be inclusive or examine its existing policies, procedures, and services to ensure meaningful minority involvement.

The following suggestions highlight some of the major themes that emerged from the dialogue of the diverse participants. These suggestions apply to all who have a role in crafting and implementing public policy that affects people with disabilities, including but certainly not limited to NCD.

Recommit to the requirements articulated in the 1992 Amendments to the Rehabilitation Act of 1973, especially Section 21, and other federal laws, by developing a national agenda regarding diversity and disability that accounts for local variations but is consistent, dynamic, and politically viable.

Develop ongoing education and training which includes all components of federal disability policy and disability civil rights laws concerning aware

ness, knowledge, and ability to assert one's rights among people with disabilities from minority and rural communities.

Ongoing education and training initiatives must acknowledge that many federal laws do not apply on Indian Reservations. Nonetheless, such education and training programs should make extra efforts to communicate federal policy to people living on Indian Reservations and to involve such persons in the policy making process. Likewise, education and training strategies for American Indians living outside of Reservations should recognize that many such American Indians still have strong connections to their reservation culture and language.

Leadership development is needed so that mainstream disability leadership reflects geographic, racial/ethnic, and disability diversity with a clear approach to systems change.

Lack of adequate attention to accessibility² issues permeates through all aspects of American society and government programs including public rehabilitation.

Building alliances within and external to the existing disability community leadership is necessary.

Technology must be used as a tool to advance the message and mission of diversity and disability with utilization of appropriate methods that are focused on specific problem resolution.

Considerable debate occurred regarding the variance in language used to represent minorities, ethnic/racial groups, "people of color," and so on. While no consensus emerged on the preferred term, there was consensus that the needs of diverse people with disabilities must continue to receive priority treatment at the national, state, and local levels.

NOTABLE PROBLEMS

²"Accessibility" or "accessible," as these terms are used in this report, refer to architectural, transportation, communication, technology, and environmental access, as well as non-disability related access issues like language, culture, and geography.

The awareness that minorities with disabilities and people with disabilities living in rural communities do not access rehabilitation and other disability-related services and programs at the rate of their prevalence in the population eligible for services is well documented (Atkins, 1995; Ayers, 1977; Galea'i, 1995; Walker, et al., 1995; & Wright, 1988). The participants at the NCD roundtable identified critical issues that interfere with minorities and rural residents with disabilities accessing needed services. Some of the key challenges identified by the participants follow.

RESOURCES

Without adequate resources, inclusion of minorities with disabilities and people with disabilities living in rural communities will not occur. The critical lack of resources continues to undermine the very fabric of equality and has led to serious erosion of the willingness of minorities and rural residents to participate in needed public rehabilitation and other programs designed to meet the needs of all people with disabilities. The specific problems identified underscore the importance and complexity of resource issues in relation to disability and diversity.

1. Need to target human, economic, and other resources to minorities and rural residents in their communities (“nothing about us, without us”).
2. Services tend not to reflect the needs of minority and rural communities with policies reflecting majority urban culture and the exclusion of values of particular minority and rural subgroups.
3. Travel and transportation to services often precludes involvement of people living in isolated communities or people with limited resources and limited options for accessible and affordable public transportation.
4. Lack of technology limits access.
5. Failure to network and build alliances with resources existing in minority communities.
6. Failure appropriately to involve the community and family in planning and service

delivery strategies.

EDUCATION AND TRAINING

Communities lacking knowledge and skills needed to maneuver the complexities of contemporary living are doomed to fall further and further behind their peers residing in more educationally advanced settings. It was extremely clear from the Atlanta participants that lack of knowledge, skill, and adequate information is of epidemic proportions in many rural and urban communities especially where the predominance of citizens are members of minority groups and/or poor. The participants articulated the problem as follows.

7. Knowledge of federal disability policy and programs is lacking along with knowledge of human/legal rights.
8. Self-esteem development is lacking in service delivery often resulting in feelings of powerlessness.
9. Diverse cultural definitions of disability are excluded from most education and training programs.
10. Diversity education is lacking in many of the ongoing public education and training programs.

VISIONARY LEADERSHIP

Leaders have the power and the responsibility to set the tone for organizations and share power, success, and responsibilities. Disability leaders must be willing to do better than other segments of society in promoting inclusion as reflected in legislation and demands of citizens with disabilities. The ability to model diversity in all aspects of one's operation is the real measure of a leader's or an organization's success. Leadership of people with disabilities who are also minorities is the real test of shared leadership and power equity. The problems that are articulated below reflect critical areas of need.

11. Leaders tend not to reflect the diversity of disability communities.
12. Leaders are often more concerned about politics than people.
13. Leaders often do not model inclusion.
14. Diversity is usually missing from disability organizations' vision, mission, goals, and strategic plans.
15. Lack of real commitment of leaders to diversity issues is reflected in all aspects of organizations.
16. Leaders do not promote alternative systems of service.

ATTITUDES

One of the major hindrances to equity in American society is the attitude of the majority towards members of minority racial and ethnic groups and people from rural areas. The world of disability policy and programs is not immune to this societal problem. Attitudes impact upon expectations, services provided, resources employed, and outcomes. If attitudes are not changed for the positive, substantive lasting change is unlikely to occur. The unfinished business of race relations in America has devastating impact on people with disabilities from minority groups. As reflected in these problem statements, there is a need for ongoing attention to this often overlooked component of the disability community.

17. Trust is lacking between minority and majority communities with and without disabilities.
18. Services do not typically demonstrate respect for different cultural values, beliefs, and treatment/healing methods.
19. Fear is expressed by minorities with and without disabilities regarding majority intentions for information/data collection.
20. Prejudice and bias of majority society toward minorities and people with disabili-

ties continue to predominate.

21. Patronizing approaches are often used when dealing with minorities and rural residents who have disabilities.
22. There is a belief that the media image of minorities often fosters fear.

Far too many of these problems are not new to the American fabric. Thus, many of the recommendations and solutions incorporate contemporary insights, experiences, and research in the area of disability and diversity that can have far reaching implications on the quality of life for citizens with disabilities who are also minorities or rural residents. The charge of this diverse group of participants is for immediate action to resolve the identified problems.

SOLUTIONS AND RECOMMENDATIONS

The solutions and recommendations below cut across all of the areas of disability policy. Many specific recommendations were made for NCD, and NCD is in the process of addressing those recommendations. For example, NCD has created a Minority Issues Subcommittee and has included several minority-related activities in its FY 1998 workplan. The additional outreach strategies articulated may have different implications for urban than for rural communities often lacking resources including transportation and accessible, integrated programs and services. All other solutions and recommendations will be grouped according to the issues identified in the problem section.

These recommendations represent the collective wisdom of the diverse participants along with the critical factors that must be adopted to ensure success of diversity as an ongoing value of public policy. The overarching goal is to develop an articulated vision and targeted outcomes that include *all* of the components of the public to be served by public policy. These findings are provided to *all* components of the public disability service system (federal, state, tribal, local, education/training, Independent Living Centers, Client Assistance Programs, etc.).

RESOURCES

23. Promote best practices and model programs that target specific minority and rural communities allowing for unique tailoring of the practices and models.
24. Facilitate sharing of resources that do not promote unhealthy competition.
25. Establish mobile outreach programs that can maximize limited resources and expand geographic impact.
26. Access local newspapers that target selected minority and rural communities and distribute posters, brochures, flyers, and so on to places frequented by minority and rural citizens with disabilities and their families.
27. Include alternative healing/treatment methods as viable tools to be used.
28. Develop varied strategies for compliance with federal requirements for funding, reporting, and access to services, and, where necessary, develop strategies for reaching populations on Indian Reservations who are explicitly excluded from many federal civil rights laws and other federal laws.
29. Link transportation needs with technology to foster access to needed services and information.
30. Utilize all existing educational resources as tools for learning and sharing regarding diversity and disability.
31. Avoid duplication of services through the promotion of collaboration and team-work.

EDUCATION AND TRAINING

32. Develop model education and training programs for grass roots organizations with

- minority and rural membership and leadership in advocacy, ADA, fundraising, disability information, and civil rights.
33. Engage churches, employers, tribal organizations, and other already established/respected minority entities in learning about disability and infusing disability issues into their ongoing activities.
 34. Promote diversity as the norm in all disability and mainstream programs.
 35. Implement a “train the trainer” model to enlarge minority participation and leadership in disability and diversity.
 36. Establish long term models and programs that foster systems change and eliminate the “one shot” training approach to diversity and disability.
 37. Work with all education and training components of rehabilitation and related areas to establish culturally relevant approaches and outcomes.
 38. Expand dissemination mechanisms to include traditionally under used resources that the minority community can help identify.
 39. Create a “think tank” that is inclusive where the agenda is set by the participants.
 40. Include all human resources in ongoing education and training with appropriate feedback/evaluation points for correction and monitoring of progress. Education is everyone’s business including federal, state, and local entities.
 41. Build in opportunities for developing computer literacy in all appropriate education and training programs.

VISIONARY LEADERSHIP AND SYSTEM CHANGE

42. Need for a change in the typical disability program ethos regarding leadership, which includes the disability/diversity connection and systems change.
43. Explore minority communities from an asset perspective that builds on strengths.
44. Model behaviors, attitudes, and values that promote inclusion, diversity, empowerment, and choice.
45. Expand network of collaboration to include such groups as the Conference of

- Mayors and other leadership groups which are national, ethnic or tribal specific.
46. Establish accessible leadership development programs that are culturally relevant and sensitive to models other than “exclusively” competitive.
 47. Establish mutual relations with health, school, court, employment, and related systems for potential referrals/collaboration.
 48. Develop a presence in the minority community that is positive.
 49. Expand service delivery system to include models that work in minority communities that support cooperation, self-determination, shared decision-making, shared responsibilities, and cultural/tribal pride.
 50. Advocate for health care in minority communities.

ATTITUDES

51. Promote pride in diversity and focus on assets not perceived problems and limitations.
52. Learn about the contributions of diverse individuals and groups nationally and locally.
53. Become involved in self-assessment to determine biases, prejudices, and racist attitudes, beliefs, and behaviors.
54. View parents, family, and community as allies and promote clarification of accurate information.
55. Celebrate difference as a positive and eliminate the belief that diversity is a problem.
56. Share knowledge to reflect attitude change, expanded opportunities, and self-determination.
57. Promote employer attitude enhancement that results in increased employment for people with disabilities who are minorities and people with disabilities living in rural areas.

CONCLUSION

Despite any differences of opinion regarding strategies and/or techniques, the vision and goal cannot be compromised: *Quality inclusive services and public policy that meets the needs of all people.*

Since the adoption of the 1992 Amendments to the Rehabilitation Act and other federal laws mandating special efforts to ensure participation in federal programs by minorities with disabilities and people with disabilities living in rural communities, implementation strategies have been employed. Yet, the challenges inherent in the need for systems change continue to exist. The refocusing of federal disability-related legislation on diversity, empowerment, collaboration, employment, and choice continue to reflect more vision than reality. The insightful wisdom of Congress to target resources and mandates to “mobilize the resources of the nation to prepare minorities for careers in vocational rehabilitation, independent living, and related services,” for example, provides a unique opportunity to craft the future. Moreover, there is a need for federal disability-related legislation to be extended to Indian Reservations. Following up on the findings and recommendations contained in this report, NCD will continue to promote federal policy that meets the needs of *all* people with disabilities.

Nonetheless, the perplexities of diversity and disability are increased due to the primary and secondary effects of racism. The primary effect of racism is discrimination/exclusion which usually leads to inequalities in education, housing, employment, social, economic, and human services. The combination of the effects of racism or geographic isolation and disability results in a large percentage of minorities and rural residents with disabilities being unable to utilize public programs adequately or to attain their personal and economic potential.

In the Executive Summary of the National Council on Disability’s 1993 report to the President and the Congress—*Meeting the Unique Needs of Minorities with Disabilities*, an important aspect of the challenge is articulated:

Disability policy and disability politics are like other areas of domestic policy and politics in our nation—they are dominated by the culture, values, and biases of the majority middle class.... The United States consists of a

diverse population and we must make a conscious effort to meet the needs of all our people (NCD, 1993, p.1)

The roundtable participants are demanding that more than a conscious effort be made—*concerted, consistent, and culturally competent action* must ensure a WIN-WIN outcome for all.

The challenge for current disability leaders, administrators, and all employees of organizations who serve the public is to work in partnership to create an environment which effectively utilizes human resources, and which includes people from diverse backgrounds in disability programs and services as consumers, educators, researchers, administrators, service providers, and others. As minorities with disabilities and people with disabilities living in rural communities continue to strive to obtain full participation in American society, NCD will be an active partner seeking to bring these perspectives to the national policy process.

No single agency, program, educational institution, organization, or employer can address the issues raised in this report by itself. Yet, each is a vital component of the solution. The concepts of cultural sensitivity and cultural synergism warrant ongoing attention. The charge is to create an environment for success, support what works, advocate for needs, and establish partnerships and linkages within and outside of the disability policy community. The cited recommendations need to be included in all planning and decision making in public and private groups that serve people with disabilities.

Disability leaders and the programs and people who serve people with disabilities must have the courage to lead by example and to do better than other segments of the society in developing leadership and ensuring a diverse and

competent workforce.

Through collaboration, empowerment, inclusion, and systems change, we can enhance the programs designed to serve people with disabilities to be more responsive, effective, and efficient for all Americans. Minorities with disabilities and people with disabilities living in rural communities are a critical link on the Bridge to the 21st Century.

REFERENCES

Atkins, B. J. (1995). "Diversity: A continuing rehabilitation challenge and opportunity." In S. Walker, K. A. Turner, M. Haile-Michael, A. Vincent, & M.D. Miles (Ed.), *Disability and diversity: New leadership for a new era* (pp.34-38). Washington, DC: PCEPD & HURTC.

Ayers, G. E. (1977). Unique problems of handicapped Black Americans. "The Whitehouse conference on handicapped individuals. Awareness papers" Washington, DC: Department of Health, Education and Welfare.

Galea'i, K. E. (1995). Another perspective on diversity for rehabilitation administration to the Journal of Rehabilitation Administrators. *Journal of Rehabilitation Administration*, 19, (2), 157-160.

Wright, T. J. (1988). Enhancing the professional preparation of rehabilitation counselors for improved services to ethnic minorities with disabilities. *Journal of Applied Rehabilitation Counseling*, 19, (4), 4-10.

NCD (1993). *Meeting the unique needs of minorities with disabilities. A report to the President and the Congress*. Washington, DC.