

# Section 21 of the 1992 Rehabilitation Act Amendments and diversity articles

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**Abstract.** This study explores whether the passage of Section 21 of the Rehabilitation Act Amendments of 1992 is associated with an increased publication of articles on diversity topics in four mainstream rehabilitation journals to understand the correlation between the passage of this legislation and publication behavior among rehabilitation academics. The findings revealed that twice as many diversity-related articles were published after the passage of Section 21 of the 1992 Rehabilitation Act Amendments as before. Diversity themes among articles published before Section 21 differed from those published after its passage.

**Keywords:** Rehabilitation act amendments, public rehabilitation, diversity, multicultural counseling, legislation, publication productivity

## 1. Introduction

This study investigates whether there is an association between passage of Section 21 of the Rehabilitation Act Amendments of 1992 [11] and articles appearing in four mainstream rehabilitation journals on diversity topics. The study goal is to determine the relationship between the legislation's passage and publication behavior among members of the rehabilitation academic community related to the production of diversity articles. The passage of Section 21 of the Rehabilitation Act Amendments of 1992 [11] made it clear that the public rehabilitation system needed to be more effective in serving culturally diverse populations. This mandate was based on the three factors of higher rates of disability, under-representation in the public vocational rehabilitation system, and poorer outcomes among culturally diverse populations [11].

Poorer outcomes among culturally diverse groups are often called health disparities. According to the Institute of Medicine [14], health disparities are dis-

proportionately negative outcomes seen across racial and ethnic groups even when factors such as access and socioeconomic status are controlled. This definition effectively neutralizes the traditional argument that racial and ethnic health disparities are primarily caused by poverty. Nevertheless, there is little doubt that the high concentration of poverty among racial and ethnic minority groups relative to non-minority groups further exacerbates health disparities. The Institute of Medicine reports that more than 600 articles have been published between the years of 1992 and 2002 that document the existence of racial and ethnic health disparities [14]. In the public health arena, the US Department of Health and Human Services in its Healthy People 2010 Plan [8] clearly acknowledges health disparities based on the cultural markers of race and ethnicity.

The need to work effectively with culturally diverse populations to avoid the perpetuation of health disparities is supported by the changing US demography. The population in the US is rapidly becoming more racially and ethnically diverse. According to the US Census Bureau [17], approximately one-third of US citizens are non-White and more than 32 million individuals speak a language other than English. The US Census Bureau's decennial census [16] projects that by the year

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2050, one in two citizens will be non-White, compared to one in five in 1999. Specifically, this means that in 2050, 50.1% of the total US population is projected to be non-Latino Whites, 24.4% will be Latinos, 14.6% will be Blacks, and 8% will be Asians [17]. Although the population of First Americans (i.e., American Indians) is much smaller, it too is projected to increase from 0.9% in 1997 to 1.1% of the total population by year 2050 [17]. For a more proximal time reference, consider that according to US Census Bureau's 2004 projections [17] between the years of 2000 and 2010 the White US population is expected to increase by 7.2%, compared to a 12.9% increase for Blacks, 33.3% for Asians, and 34.1% for Latinos.

As the general US population becomes more racially and ethnically diverse, so does the population of the disability community. Racial and ethnic minorities have a disproportionately high rate of disability compared to Whites, with Blacks and Latinos being particularly overrepresented in all disability categories [2, 13,18]. As a result, the need to understand and work effectively with persons with disabilities who are also members of underserved and culturally diverse groups is increasingly important, as indicated by Section 21 of the Rehabilitation Act Amendments of 1992. The legislative mandate of Section 21 is to facilitate the rehabilitation profession's ability to effectively serve culturally diverse and underserved populations [11].

## 2. Background

Section 21 of the Rehabilitation Act Amendments of 1992 is one of several pieces of legislation passed in the last decade of the 20<sup>th</sup> century aimed at reducing discrimination and providing full access to public rehabilitation services for all persons. Other similarly focused pieces of legislation are the Americans with Disabilities Act of 1990 and the Individuals with Disabilities Act Amendments of 1991 [7,19]. Section 21 of the Rehabilitation Act Amendments of 1992 issued an imperative that the public rehabilitation system in the US needs to become more effective in working with culturally diverse and underserved consumers by (a) recognizing the rapidly changing US demography that projects steady future increases in minority populations; (b) realizing that some racial and ethnic minorities have higher rates of disabling conditions; and (c) understanding that state rehabilitation agencies have traditionally underserved minority populations [11]. This last point is due, in part, to the fact that

the field has conducted minimal empirical research on the rehabilitation of individuals with disabilities from racial and ethnic minority groups [1]. Section 21 also authorizes the use of resources to develop strategies to increase participation in rehabilitation of underserved and culturally diverse populations, while directing the Rehabilitation Services Administration to develop appropriate supporting policies [11].

The need for rehabilitation services to become more culturally sensitive has been acknowledged not only by Section 21 of the Amendments of 1992, but also by the Institute on Rehabilitation Issues (1992), the National Council on Disability (1993), the Rehabilitation Services Administration (1994), and the National Association of Multicultural Rehabilitation Concerns (1997). Nearly a decade after the passage of Section 21, Rubin and Roessler [12] maintained that state VR agencies continue to struggle with providing effective services to underserved and culturally diverse groups.

Despite the potential significance of Section 21 of the 1992 Rehabilitation Act Amendments to disability policy and vocational rehabilitation practices, relatively little has been written specifically about it, with these few exceptions. Giles [5] discussed the inherent opportunities and the potential positive impact of Section 21 for historically black colleges and universities. Middleton, Flowers, and Zawaiza [9] explored some of the challenges involved in meeting the mandates of Section 21 related to enacting diversity plans and attaining the goal of multiculturalism. Whitney-Thomas and Thomas examined perceptions of rehabilitation professionals around implementation of the 1992 Rehabilitation Act Amendments in one state, Massachusetts. Those results provided information about professionals' perceived scope of the Act's amendments, but did not address the Act's impact [22]. Later studies focused on the impact of Section 21 on the employment and income of people receiving services from state vocational rehabilitation agencies [6], and on perceived changes in daily vocational rehabilitation practices since passage of the amendments [23].

Recently, in response to a growing demand for articles pertaining to diversity, efforts have been made to document the emphasis on diversity in professional psychology journals over an 11-year period [10]. However, no one has specifically examined the impact of Section 21 of the 1992 Rehabilitation Act Amendments on the professional rehabilitation literature in a systematic manner. Given the potentially far-reaching implications of publications on trends in practice and on practitioner knowledge and skill, the present research

was conducted to examine how a sample of the professional literature (i.e., four rehabilitation journals) has changed since the passage of Section 21 of the 1992 Rehabilitation Act Amendments.

### 3. Methodology

This study examined the appearance of articles on the topic of diversity in rehabilitation journals before and after the passage of Section 21 of the Rehabilitation Act Amendments of 1992 to determine if this law's enactment has been associated with an increase in the appearance of such papers. Therefore, the study purpose is to see if Section 21 correlates with an increased level of academic interest among rehabilitation educators who ostensibly seek to positively impact the profession of rehabilitation counseling by producing articles relevant to the profession. Educators, by virtue of their affiliations in institutions of higher learning, where a large portion of new knowledge begins, are in the unique position of being on the leading edge of new knowledge and advances. A key assumption of this study is that publications influence the field of rehabilitation [21].

While this study examined publication productivity within rehabilitation, outside of rehabilitation authors have examined publication productivity to assess how information in various fields is communicated and exchanged within professional communities, and how such research is affected by the environment within a profession [3,4,20]. In rehabilitation, publications are ultimately written to advance the profession in pursuit of better service to individuals with disabilities. Indeed, as in other professions, practitioners turn to rehabilitation journals to learn how new research shapes current professional issues, read about the experiences of others in the field, report their own practice experiences to shape the knowledge of others, and find out about new trends in practice. For example, a study by West et al. [21] examined institutional publication productivity in six rehabilitation counseling journals over a six year period. The study ranked Council on Rehabilitation Education accredited graduate rehabilitation counseling programs based on the number of publications appearing in refereed journals. This study represents one of a few within rehabilitation focused on publication productivity as one measure of the impact of academia on practice.

This study employed a retrospective review of traditional journal articles (excluding editorials and book re-

views) already in print from a sample of peer-reviewed rehabilitation journals. The journals included in this analysis were *Rehabilitation Counseling Bulletin*, *Rehabilitation Psychology*, *Journal of Applied Rehabilitation Counseling*, and *Journal of Rehabilitation*. This group of journals was purposefully selected because they are mainstream journals with target audiences that are principally comprised of practitioners. For example, *Rehabilitation Education* was not included due to the high proportion of academicians in its readership. In addition, many journals in rehabilitation have a specific disability focus, e.g., *Journal of Head Trauma Rehabilitation*. Such journals, due to their narrower target audience, were excluded from this analysis as well.

Data analysis consisted of a three-tiered content analysis process. The first tier of analysis was a review of article titles. Secondly, abstracts were reviewed for all articles found with an explicit reference to diversity in the title. Finally, all articles with an explicit reference to diversity in the abstract were reviewed in their entirety. Thus, inclusion in this study was based on an article having an explicit focus on a key diversity dimension in the title, abstract, and body of the article. No distinction was made between empirical and conceptual articles.

The study utilized a broad concept of diversity and was operationalized to include mentioning any one of the following terms: diversity, multicultural counseling, cross-cultural counseling, underserved populations, cultural awareness, cultural sensitivity, cultural competency/efficacy, race, ethnicity, sexual orientation, and religion. The authors reasoned that a broader concept of diversity would more accurately capture the spirit of the legislation to be inclusive of race, ethnicity, minority status as well as the many dimensions that could lead a population to being defined as underserved. In addition, a broader concept of diversity could encompass the breadth of variation included under cultural diversity that academics might address in scholarly writing. This broader concept of diversity, which goes beyond mere race and ethnicity, is consistent with Thomas and Weinrach's view of diversity [24]. Use of a broad and inclusive definition of diversity represents the equivalent of "casting a wide net" in search of articles to include as pertaining to diversity.

The time periods used in the analysis were intended to approximate a "before" period that was prior to the passage of Section 21 of the Rehabilitation Act Amendments of 1992 and an "after" period that was subsequent to the Act's passage on October 29, 1992. Though this was not a methodologically rigorous study design,

i.e., it was correlational, the intent was to approximate a “pre/post” analysis. The pre-Rehabilitation Act Amendments of 1992 period offered a baseline measure of the number of articles on diversity-related topics, and included the years of 1990, 1991, and 1992 (“pre-measure”). The post-Rehabilitation Act Amendments of 1992 period was 1998, 1999, and 2000 (“post-measure”). Three years was selected as the amount of time for each period because it afforded a multi-year perspective avoiding any single year anomaly, without including so many years as to make the data analysis overly burdensome.

The rationale for the several year lag between the passage of Section 21 of the 1992 Rehabilitation Act Amendments and the beginning of the post-period was that immediately following the passage of any new federal legislation, it takes time for the field to get on board with the change. First, it takes several years for the field to become fully aware of and understand the change. Then, it takes another several years to begin to see new articles in refereed journals, as this accommodates time for research and manuscript preparation by authors, as well as time for the peer review process and for the articles to actually appear in journals.

#### 4. Results

Every edition of *Rehabilitation Counseling Bulletin*, *Rehabilitation Psychology*, *Journal of Applied Rehabilitation*, and *Journal of Rehabilitation* was reviewed for the years 1990, 1991, 1992 (pre-1992 Act period) and 1998, 1999, and 2000 (post-1992 Act period) to locate articles that explicitly dealt with some aspect of cultural diversity using the broad definition and the three-tiered content analysis process. Across the six years and four journals, 56 articles were found to be worthy of inclusion in this investigation due to their explicit diversity focus. Of the 730 articles published in those four journals over that six year period, this number of diversity articles (56) represents 7.7% of the total. Across the four journals, 19 articles (34%) were from the pre-1992 Rehabilitation Act Amendments period (1990–1992) and 37 articles (66%) were from the post-1992 Rehabilitation Act Amendments period (1998–2000). See Table 1.

The average percentage of diversity articles appearing across all four journals almost doubled after passage of Section 21 of the 1992 Rehabilitation Act Amendments (34%-average percentage of diversity articles for the cohort before versus 66%-average percentage af-

ter). *Rehabilitation Counseling Bulletin* and *Rehabilitation Psychology* had the greatest percentage increase in diversity articles “pre” to “post”, with at least 80% of both journals’ diversity articles appearing after passage of Section 21 of the 1992 Rehabilitation Act Amendments (*Rehabilitation Counseling Bulletin* = 20% pre versus 80% post and *Rehabilitation Psychology* = 17% pre versus 83% post). The *Journal of Applied Rehabilitation Counseling* had a more moderate increase in number of diversity articles pre to post passage of Section 21 of the 1992 Rehabilitation Act Amendments (41% pre versus 59% post). The *Journal of Rehabilitation* had no change in the number of diversity articles before and after the 1992 Rehabilitation Act Amendments (50% pre, 50% post). See Table 1.

Most of the diversity articles across all four journals before and after passage of Section 21 of the 1992 Rehabilitation Act Amendments dealt with the specific diversity themes of race, ethnicity, underserved populations, cultural awareness, and cultural competency. Sexual orientation and religion received the least amount of attention among the 56 total diversity articles before and after passage of Section 21 of the 1992 Rehabilitation Act Amendments in all four journals. This pattern is consistent with the contention by Nilsson et al. [10] that these aspects of diversity, i.e., sexual orientation and religion, are “newcomers” in the professional diversity literature.

In *Rehabilitation Counseling Bulletin*, the two articles on diversity that appeared before passage of Section 21 of the 1992 Rehabilitation Act Amendments addressed basic rehabilitation concepts in relation to race and cultural orientation. As a group, the eight articles published after Section 21 of the 1992 Rehabilitation Act Amendments focused more on the needs of underserved populations and the concepts of cultural competency/efficacy. In *Rehabilitation Psychology*, the two articles that appeared before Section 21 of the 1992 Rehabilitation Act Amendments addressed predictors of outcome within a specific racial group and cross-cultural ethics. Among the 10 articles that appeared after Section 21 of the 1992 Rehabilitation Act Amendments, the main diversity themes were cultural awareness and multicultural inclusion. In the *Journal of Applied Rehabilitation Counseling*, the nine diversity related articles that appeared before the passage of Section 21 of the 1992 Rehabilitation Act Amendments included several clusters of themes such as substance abuse challenges among racial and ethnic groups, women as ethnic minorities, and the disability experience in specific cultures. Articles appearing after the passage

Table 1  
Diversity Articles in Four Rehabilitation Journals

	Total #	# Pre-Act	% Pre-Act	# Post Act	% Post Act
Rehabilitation Counseling Bulletin	10	2	20%	8	80%
Rehabilitation Psychology	12	2	17%	10	83%
Journal of Applied Rehabilitation Counseling	22	9	41%	13	59%
Journal of Rehabilitation	12	6	50%	6	50%
TOTALS	56	19	32%	37	68%

of Section 21 of the 1992 Rehabilitation Act Amendments focused primarily on the themes of culturally competent approaches to rehabilitation. In the *Journal of Rehabilitation*, the articles that appeared before passage of Section 21 of the 1992 Rehabilitation Act Amendments, focused primarily on needs of individuals within specific cultures and multicultural interactions. Articles appearing after the passage of Section 21 of the 1992 Rehabilitation Act Amendments contained themes related to cross-cultural comparisons and rehabilitation outcomes in specific cultural groups (See Table 2).

## 5. Discussion

Almost twice as many diversity-related articles appeared in the four journals as a group after passage of Section 21 of the 1992 Rehabilitation Act Amendments as before. This finding could be coincidental, i.e., not attributable to a particular factor beyond random chance variation, or the result of some other unknown source of influence that the study did not attempt to control. For example, one such uncontrolled source of influence could be that the Council on Rehabilitation Education (CORE) accreditation standards in the post Section 21 era required graduate rehabilitation education programs to offer a stand-alone multicultural counseling course. An argument could be made that this occurrence generally increased the field's awareness of multicultural concerns, and this could partially account for the increase in diversity articles after the passage of the legislation. Or, this finding of increased articles after the legislation's enactment could be a reflection of a stronger emphasis on cultural diversity by rehabilitation academics in their own research agendas that has naturally occurred over time as the US population has become more diverse and their awareness of this phenomenon has been heightened. As the authors might assert, perhaps this association is tied to the influence of Section 21 as having elevated the general awareness among rehabilitation professional stakeholders of the

need for more work in the area of cultural diversity, and that academics have responded by beginning to produce more diversity-related journal articles.

Across all articles, key diversity themes were race, ethnicity, underserved populations, cultural awareness and sensitivity, cultural competency, cultural efficacy, multiculturalism, and cross-culturalism. Other diversity dimensions, i.e., religion and sexual orientation appear to be addressed gradually in the literature over time going forward. This is predictable given that concepts such as race and ethnicity are more longstanding in the US historical landscape and diversity literature. A newer concept, like sexual orientation, for example, is arguably still not widely embraced socially as a bona fide alternative lifestyle much less a defining diversity dimension.

There were more references to race and ethnicity before passage of Section 21 of the 1992 Rehabilitation Act Amendments, and more references to culture afterwards. This could be an artifact of Section 21's explicitness about racial and ethnic minorities. Or, it could be that it represents some change in the thinking among rehabilitation educators over time either related or not related to Section 21's passage. For either reason, it appears that diversity began to be viewed as a more global cultural concern over time. This broader and more evolved conceptualization of diversity seems consistent with the pattern that some diversity dimensions (i.e., religion and sexual orientation) are increasingly being viewed by the professional community as viable over time [10].

The correlational design of this study renders it impossible to conclude with certainty that Section 21 of the 1992 Rehabilitation Act Amendments was "the" factor that had a positive impact on the publication behavior of academicians in rehabilitation. However, the study's findings support the plausibility of such a contention, especially in the absence of other compelling rival sources of explanation to account for this positive association. Again, the CORE accreditation requirement that rehabilitation education programs have a multicultural counseling course seems to be the most

Table 2  
Themes in Diversity Articles in Four Rehabilitation Journals

	Total #	#Pre-Act	Theme	#Post-Act	Theme
Rehabilitation Counseling Bulletin	10	2	-race -culture	8	-underserved populations -culture
Rehabilitation Psychology	12	2	-race -cross-culturalism	10	-culture -multiculturalism
Journal of Applied Rehabilitation Counseling	22	9	-race/ethnicity -gender -culture	13	-culture
Journal of Rehabilitation	12	6	-culture -multiculturalism	6	-culture

viable alternative explanation. In reality, the change in the behavior of rehabilitation academics that accounted for more diversity articles after the legislation's enactment is the result of increased awareness of multicultural concerns throughout the profession. Given this, arguably both the CORE requirement and the legislation had considerable positive impact in beginning to change this behavior.

There are practical implications of the findings in this study in the policy, academic, and practitioner arenas. Policy makers are typically interested in learning the "real world" impact of public policy. Accordingly, a plausible correlation between the passage of this legislation and behavior among system stakeholders, i.e., academics, implies the legislation was perhaps a positive contributory factor even with a non-rigorous study design. The ultimate litmus test of policy impact is when a segment of the intended professional community the policy intends to influence (academics in this case) exhibits behavior consistent with the policy's purpose. It appears that behavioral change has occurred here, again though the link is only correlational at best.

The main implication of these study results for academics is congratulatory in nature if one validates the positive correlation between the enactment of Section 21 and the increase in diversity articles seen in the four mainstream rehabilitation journals. Such an observation might motivate rehabilitation educators to be more attuned to legislation in the conduct of their research. That is, rehabilitation educators might allow policy direction to help them set research priorities. This could have the effect of prompting more or fewer studies related to diversity topics depending on how such a correlation is interpreted. Specifically, one interpretation of the increase in diversity articles might be that more diversity studies are needed because now there are more unanswered questions on the table, as illuminated in studies already completed. Conversely, another inter-

pretation might be that the increase in diversity articles reveals a level of progress in the literature around production of such articles that leads some to be satisfied that the existing momentum is sufficient, and therefore, there is little need to continue pushing for more scholarship in this direction.

Finally, these study findings might have import for practitioners in several ways. First, these results can help clinicians to identify journals to target for manuscript submission as practitioners sometimes participate in peer-reviewed scholarship. The trends in where diversity articles appeared after the passage of Section 21 could render a specific journal more or less appealing as a potential submission target. On the one hand, journals with lower appearance rates of diversity articles might be perceived as either having a greater unmet need for such articles or not as inviting of such articles. On the other hand, journals with higher appearance rates might be viewed as either more amenable to such manuscripts or approaching a saturation point, and thus, there is less need for such manuscripts. This same logic could also be utilized in helping practitioners to identify literature that pertains to diversity before and after the Act's passage. Again, rates of appearance of such articles based on journal would be prescriptive of where to locate them. Practitioners ought to be very interested in keeping abreast of the evolving knowledge and technology for serving culturally diverse populations. The best clinical efforts in this regard are research based.

A second point is that the patterns of findings related to themes among diversity articles have the potential to illuminate trends that practitioners need to be aware of in clinical practice. For example, it would behoove practitioners with multicultural caseloads to be aware of the types of multicultural themes available in the literature (race, ethnicity, underserved populations, cultural awareness, cultural sensitivity, and cul-

tural competency). It would also be helpful for the same practitioners to be aware of the progression of the themes across time periods. That is, they might benefit from knowing that the dominant diversity concepts before passage of Section 21 were “race” and “ethnicity,” while afterwards there was a shift to the concept of “culture” as in cultural competency/efficacy, multiculturalism, and cross-culturalism. Additionally, concepts such as religion and sexual orientation are newer arrivals in the diversity literature. Again, such information assists practitioners to pinpoint their research efforts, know the bounds of current state of the science, and identify potential areas for research participation and collaboration.

There are several limitations in this study. The first limitation is that this study used a small sample of rehabilitation journals (four mainstream journals). Additionally, the study used relatively short “before” and “after” time periods of three years each, and though these periods exceeded a year, they are still merely a “snapshot” in time. The broad operational definition of diversity used in this study could cause debate among some since Section 21 of the 1992 Rehabilitation Act Amendments focused primarily on diversity as determined by race, ethnicity and populations that are otherwise underserved. However, the conceptual view of cultural diversity embraced by these authors is to include any dimension that marks or has the potential to mark a unique world view or subjective reality (i.e., cultural perspective) for a group of people. This alignment of cultural diversity with worldview is consistent with one of the core multicultural counseling competencies articulated by Sue, Arredondo, and McDavis [15], that counselors must understand the worldview of clients who are culturally different without imposing negative judgments. It is also important to keep in mind that the operational definition of cultural diversity used here was applied in the same manner to journal articles pre and post Section 21. Also, this broader operational view of diversity equates to “casting a wide net” to be more inclusive in capturing more, rather than fewer, articles for review given the limited number of journals reviewed and the relatively short “before” and “after” time periods.

The study utilized a non-rigorous, descriptive methodological approach focused on numbers and percentages of articles along with broad themes. The increase in diversity articles after the passage of Section 21 of the 1992 Rehabilitation Act Amendments can only be considered to be a correlation since no other factors were controlled. The study only focused on

publications as a measure of impact of Section 21 of the 1992 Rehabilitation Act Amendments and did not include other potential measures of impact, e.g., improved outcomes among culturally diverse consumers or increases in state VR agency policies on the books consistent with this legislation. This study did not address language as a dimension of cultural diversity, nor did it address age. Also, articles written by rehabilitation educators, but appearing in journals outside of the rehabilitation profession were not included.

Future studies that examine the same phenomenon should consider the following enhancements. (1) If possible, there should be an examination of a longer period of time to make the study more longitudinal in scope. (2) Rehabilitation educators should be asked what they have written related to diversity, which has not been submitted to journals in the VR arena. This is in recognition that some diversity articles written by rehabilitation educators might appear in non-VR journals.

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