What is the Developmental Disabilities Institute?

The Developmental Disabilities Institute (DDI) is Michigan’s University Affiliated Program (UAP). It is one of 63 UAPs nationwide, established in 1983 at Wayne State University by the Administration on Developmental Disabilities (ADD), U.S. Department of Health and Human Services. DDI is mandated by ADD to provide state-wide services and programs designed to enhance the lives of persons with disabilities. DDI’s programs and services accomplish the following:

- provide education to individuals;
- assist community agencies and human service systems as they shift policies and procedures to support consumers in making choices and controlling their own lives;
- investigate processes and products of the above through systematic qualitative and quantitative methods; and
- produce and distribute products that inform and contribute new knowledge.

Through its project sites, the institute provides support statewide to more than 11,000 persons with disabilities annually. DDI collaborates with organizations in almost every Michigan county to develop innovative strategies for meeting the needs of diverse communities.

Our Mission...

is to contribute to the development of inclusive communities and quality of life of people with disabilities and their families through a culturally sensitive statewide program of interdisciplinary education, community support and services, research and dissemination of information.

In Memory:

This year’s DDI annual report focuses on the issue of women and disabilities. In 1999, Michigan lost two outstanding women who were leaders in the disability community: Dr. Margaret Chmielewski, director of the Resource Center for Persons with Disabilities at Michigan State University, and Yvonne Duffy, columnist for the Detroit Free Press. We dedicate our annual report to their memory.
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From the Director

Women with disabilities constitute 8 percent of the total U.S. population and yet they are seriously neglected in all aspects of disability services. While they have been historically ignored in research efforts, some findings are emerging. We know that women with disabilities are often poorer, in worse health, less-educated and more dependent on government social service programs than others. The odds are even worse for women living in rural areas. These women face limited access to employment and economic opportunities, limited transportation options, scarce or unaffordable housing, and lack access to health care providers who are knowledgeable about disabilities (Seekins et al, 1998).

With regard to employment, fewer than 20 percent of women with severe disabilities work. And for those who are working, they are most often underemployed and are working in low wage, no benefit positions. In fact, the vast majority of urban women with disabilities (70.16 percent) and rural women with disabilities (80.51 percent) have incomes below $10,000.

Women with disabilities also report extremely high prevalence rates for abuse and violence. While statistics and reporting vary widely, estimates indicate that between 60-90 percent of women with disabilities have experienced physical violence and abuse. This risk is particularly high for women with physical disabilities.

Women with disabilities also face challenging barriers to health care. They have a high incidence of secondary conditions and they experience undue difficulty in obtaining referrals for routine preventative care. Even if they do obtain a referral, more than one-third of them will not be able to access screening equipment (examination tables, mammography machines, osteoporosis x-ray equipment).

It is in recognition of these horrendous statistics, that this issue of the DDI Annual Report is written. In the following pages, we highlight the struggle, the resilience, and the graceful determination and spirit of all women with disabilities. We hope that our stories will heighten your awareness of women with disabilities and will stimulate you to action.

Barbara LeRoy, Ph.D.

In April 1999 the World Health Organization (WHO), in collaboration with the International Association for the Scientific Study of Intellectual Disability (IASSID) Special Interest Research Group (SIRG) on Aging and Intellectual Disability, convened disability specialists from more than 20 countries for a four-day summit. The goal of the meeting was to develop position papers on four aspects of healthy aging and intellectual disability:

- Physical Health
- Mental Health
- Aging and Social Policy
- Women’s Health

Barbara LeRoy, DDI director, was one of the contributors to the Women’s Health paper. This paper examines:

- Women’s Health from a Global Perspective
- Lifespan Perspective: Aging and Health
- Health, Aging and Intellectual Disabilities: Cross Cultural Contexts
- Physical Health and Aging
- Menstruation, Sexual Health, Vulnerability and Protection, Fertility and Menopause
- Age-Related Health Problems: Osteoporosis, Cancer, Heart Disease, Alzheimer's Disease, Menopause, Psychiatric Illness
- Health Promotion
- Policy and Service Recommendations
- Research Priorities

The WHO anticipates that these papers will help to establish important directions for research, services and advocacy for persons with disabilities over the next decade. For women with disabilities, such actions cannot start too soon, as current health outcomes for women with disabilities are dismal (see related stories throughout this report).

Copies of the WHO papers are available on the World Wide Web.
Enter this Web address into your browser: waisman.wisc.edu/iassid/SIRGAID-Publications.htm
Mothers who have children with disabilities and who receive welfare are not immune to the pressures of finding employment. But, is work making a difference in their lives? DDI researchers Donna Johnson and Barbara LeRoy are tracking the fate of 39 such mothers as they move through the welfare system. All of these mothers have children with disabilities, who require additional family supports. During our first year of observing these families, 13 mothers (32.5 percent) became employed. For the mothers who did not become employed, two reasons were cited: the need to care for their child with a disability (57.7 percent), and their own personal disability or health issues (34.4 percent). In comparing the two groups of mothers, we found:

- The only variable that significantly differentiated the two groups of mothers was the age of their child with a disability – mothers who had older children were more likely to be employed.
- Like the majority of workers, these mothers found jobs through family contacts or friends. Only one mother found employment through the welfare reform office.
- While these mothers were earning more than the minimum wage, their wages were far below that which is needed to attain self-sufficiency (as reported by the Michigan League for Human Services, a single family with two children needs an hourly wage of $15.64 to be self-sufficient).

A Year Later:  
Is welfare reform making a difference?

The yearly income for both groups of mothers was not significantly different. Despite employment, mothers in both groups were living in poverty.

- No mother received any benefits (health, retirement, vacation) related to her employment.

Clearly, these mothers are in low wage, temporary positions, with few career path options. While all employed mothers reported a sense of some pride in providing for their families, they also reported increased stress related to managing their homes and balancing the needs of their child with the needs of the workplace. Mothers felt a considerable amount of stress in knowing that 1) their earnings were not sufficient to provide for their families, and that 2) their employment status could, indeed, terminate their welfare benefits.

<table>
<thead>
<tr>
<th>Work description</th>
<th>How found</th>
<th>Hours per week</th>
<th>Hourly wage</th>
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<tbody>
<tr>
<td>Prepare taxes</td>
<td>family member</td>
<td>25</td>
<td>$7</td>
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<tr>
<td>Clean offices</td>
<td>family member</td>
<td>25-30</td>
<td>$7</td>
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<td>Evaluation</td>
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<td>$9</td>
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<tr>
<td>Parent advocate on nine-month local grant</td>
<td>per Early On involvement</td>
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<td>Clean bank offices</td>
<td>Michigan Works</td>
<td>30</td>
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<tr>
<td>Nurse’s aide</td>
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<td>family member</td>
<td>3</td>
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<td>family member &amp; supervisor of business</td>
<td>21</td>
<td>$6 &amp; $2.85</td>
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<tr>
<td>Care aide in assisted living facility</td>
<td>own initiative</td>
<td>37</td>
<td>$7.50</td>
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<td>Deli clerk &amp; cook at local store</td>
<td>associate</td>
<td>—</td>
<td>$6.10</td>
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</tbody>
</table>

Funded by the Administration on Developmental Disabilities.
A Full Life: Marva Ways

Marva Ways is a woman who—in an instant—acquired a disability that has shaped her life and her view of life. “I received a C6-7 cervical fracture in a car accident in 1977,” she says. Her son was killed, but she was determined to raise her daughter LaTronda, then six. “One important factor for me is that I’ve always been a very tenacious person with a very positive attitude. I believe I have turned stumbling blocks into stepping stones, and barriers into bridges.”

A committed advocate for people, Marva used her injury—not just to find the fortitude she needed to learn how she would do the things she used to take for granted, but to help others. While she was in rehabilitation, she “saw people with disabilities who had a lot more skill and mobility than I had, but they were letting it get to them.” She focused her efforts on showing others that big successes are built on little successes.

Among her earliest challenges, “At RIM (Rehabilitation Institute of Michigan) . . . there were no women with disabilities for me to talk to.” She found the lack of peers and mentors a major obstacle and this was one factor that later led her to become involved with DDI’s Women and Disabilities conferences and the PEACE group.

To continue her advocacy, Marva worked at the Center for Independent Living as faculty coordinator for independent living classes. She found that contact with the students was extremely gratifying. “After going through the classes, their doubt was removed—they’d graduated from a life of dependency to independence and interdependence,” she adds.

Currently, Marva is working to ensure passage of MiCASA, a bill to establish federal law guaranteeing access to personal attendant services. She’s also involved in planning a 10th anniversary celebration for the Americans with Disabilities Act (ADA).

Marva believes her biggest accomplishment may be that she’s been able to show others, “just how full a person with a disability’s life can be. I’m social, I work and I have a family—plus, I play sports and I do speaking engagements,” she adds. “So, when they see me, the general public can see that we’re out there and we’re just everyday people.”

Marva Ways looks forward to a day when people with disabilities, “have the civil right and freedom to live their lives as they see fit and not be dictated to by doctors and others.” She is aware of—but not dissuaded by—society’s general predilection for control. She advises other women with a disability to “believe in yourself and align yourself with other women with disabilities who are your peers. It’s critically important for women with disabilities to find the time to get together and share.”
Women Advocate for Change

On a warm autumn day last fall, a group of women activists were engaged in an important and serious discussion about health care and women with disabilities. Their conversation was centered on mammography and pelvic examinations, a sensitive and private topic for most women. But the discussion did not focus on emotional issues such as privacy or fear of cancer. This conversation was about machines and buildings.

The women who used wheelchairs talked about their inability to enter clinics without ramps or larger doorways. They spoke about how appointments were incomplete due to their inability to transfer to an elevated examination table. Many women shared their stories about the discomfort and frustration they felt when asked to use mammography machines, which only able-bodied women could use.

This meeting was one of the many activities of the PEACE group. PEACE (Policy Education and Advocacy for Community Equity) is a diverse group of women interested in influencing policy changes to ensure a better quality of life for people with disabilities.

The meeting concluded with a call for action, including the design of a publicity campaign emphasizing the barriers women face in accessing quality health care. Group members planned strategies for contacting manufacturers of health examination equipment to suggest low-cost and low technology modifications for improving access. They shared names and addresses of clinics that were accessible and staffed by qualified and sensitive professionals. In the words of Marva Ways, a founding member of PEACE, the group is “making people aware of the lack of accessible health care. PEACE recognizes the issues and commits to them.”

The PEACE group is a powerful communication tool, sharing the personal stories, challenges and triumphs of women with disabilities. According to Geneva Anderson, being “associated with the group gives people the chance to understand and love each other,” adding that, “addressing the obstacles is easier when group members offer their services and help to each other.”

_Funded by the Michigan Women’s Foundation._

_Members of the PEACE group discuss issues of concern to all during a meeting at Wayne State University’s Oakland County campus._
Give Them a Chance to Try:  
*Portraits of Successful Women*

Gail Jackson, Becky Briggs and Debbie Patterson each had a dream—to live an independent, productive and satisfying life. DDI, in collaboration with the Michigan Developmental Disabilities Council and several council projects, created the “Living My Own Life” video to tell their stories of triumph.

Gail Jackson moved from a nursing home to her own apartment. She hires and supervises her support staff. Gail recently completed an art program at a local community college and is now searching for a career, and is considering marriage.

Debbie Patterson met Rayford in a nursing home. They were recently married and moved to their own apartment. They both work as disability rights advocates, ensuring that people with disabilities can control their own lives. They have done everything from civil disobedience to fundraising for organizations such as ADAPT and Not Dead Yet. Debbie was the leader of a three-year campaign to get an accessible entrance added to their apartment building. Her approach to that long battle epitomizes how she and these other women approach life—“I didn’t give up, either. I won”.

Becky Briggs lives in a house with three roommates. Her life revolves around her 10-year career at Zingerman’s Delicatessen. She even has a sandwich named after her; Zingerman’s highest accolade. To Becky, work means regular contact with people without disabilities, doing something truly useful where she is appreciated, and having the support of many friends and colleagues.
Second Annual Detroit Conference Brings Women and Disabilities

Sessions presented during the conference

- Supplemental Social Security Income and Social Security Disability Income
- Person-centered Planning and Managed Care: Are you taking advantage of your rights?
- Ask the Disability Attorneys
- Assistive Technology of Michigan
- Using Gifts, Talents and Skills
- Don’t DIS My Ability: Changing attitudes towards disability
- Motivating and Activating Cultural Competence among Service Providers
- Don’t Let Them See You Sweat: Marketing your weaknesses and strengths effectively in the job interview
- Mentoring: Teaching/learning skills that can be used to succeed and achieve personal goals
- Medicaid & People’s Rights
- Hidden Disabilities & the Women Affected by Them
- Health Care and How Women with Disabilities Can Affect Public Policy
- Job Search Tactics for People with Disabilities
- Detroit Empowerment and Employment Project
- Ramps, Curb Cuts and Doors, Oh, My!
- Advocacy from Mothers’ Perspectives: Schools, jobs and healthcare
- Sources of Hope: Women tell their stories
- Tomorrow’s Technology for Today’s Jobs
- Fundamentals of Advocacy
- Dream Project: Moving from day programs to employment
- Substance Abuse
- Self-Empowerment/Self-Determination
- How to Access Disability Support Services at Post-Secondary Institutions
- Transitions to Independent Living
- Employment
- Resumé & Job Application Assistance Session
- Job Fair
Women Together in Advocacy and Celebration
Theresa Guarnieri enters the offices of the Developmental Disabilities Institute. Soon, there are people all around her, asking questions and seeking her advice. A former peer mentor at the institute through the BRIDGES project, she has maintained close connections with staff and students.

Last fall, during the Women & Disabilities conference, Theresa presented a workshop on “Job Search Tactics for People with Disabilities.” It is a subject she knows a lot about. “Last year I registered with the state and opened a consulting business,” she says. Capability Resources offers expertise and information to schools and other organizations working to promote employment opportunities for people with disabilities. Knowing the struggles that people with disabilities face in developing a career or even finding a job is a key to initiating innovative strategies toward employment. “When I was in high school, I couldn’t do like my peers and get a ‘McJob,’ because I wasn’t fast enough. That was when I started to realize that I had better put my brain to some good use.”

Aside from running her business, Theresa has also taken a job with VSA arts of Michigan*. She is director of VSA arts’ Cultural Access Project, which works with agencies that receive funding from the Michigan Cultural Commission. The project’s goal is to help these agencies achieve compliance with the Americans with Disabilities Act (ADA). Project team members visit the agencies on-site and perform an accessibility review. Then, the project’s staff meet with each agency to develop an accessibility plan. “When you say you want to make things accessible, people always think, ‘big money,’ ” Theresa says. “But a lot of things can be done—that are very low cost—that will make programs and services more accessible. Printing brochures in large print or having a sign language interpreter at a theatre production can make a cultural experience more enjoyable for someone with a disability.” She notes that programs are open to learning how to make their facilities more inviting to consumers, they just don’t know how to do it.

Theresa feels that simple solutions to accessibility problems should be the rule, not the exception. She really doesn’t understand why and can’t accept that businesses and agencies won’t make reasonable accommodations for consumers. “It’s illegal,” she says, and even if it’s not, “it’s not good public policy.” All that is needed, she notes, is a plan for compliance with the law, and then monitoring to ensure progress.

As far as her own life goes, Theresa is working to complete her master’s degree in interdisciplinary studies. “I always knew I needed an education to get a decent job,” she says. “That’s why I decided to go to college” (in the first place), not because she necessarily liked school. “What I ended up getting was far more . . . I got a career. I got goals and dreams. I got visions of a world that can be.”

* VSA arts’ name stands for:
• Vision of an inclusive community
• Strength in shared resources
• Artistic expression that unites us all
While facing the challenge of balancing multiple responsibilities, many women have added another role—caregiver or support person to their elderly parent. Thus, they have joined the generation of family members wedged between the needs of their growing children and aging parents. According to the National Alliance of Caregiving, “A typical caregiver is a 46-year-old woman, married, and working, who spends around 18 hours per week caring for an elderly parent.” Often these elderly parents are struggling with acquired disabilities. Caregivers normally do grocery shopping, household chores, and provide transportation and assistance with daily living.

Efforts to better understand caregiving has led to studies that examine the quality of these vital relationships. Research has identified reciprocity as an important aspect of caregiving. Reciprocity, which is defined as equal or comparable exchanges of tangible aid, emotional affection, advice, or information between individuals, has been identified as critical to the overall emotional well being of both caregivers and recipients.

Dr. Sharonlyn Harrison, DDI’s associate director for research, has just completed a study of reciprocity in African-American families. The study examined the validity of an instrument designed to assess reciprocity in parent-child caregiving relationships. Study participants indicated that such an assessment can help elders and caregivers understand their reciprocal roles; thereby, improving the quality of life for both parties.

The question is often asked, “What can care recipients do when they are already in such a needy state?” As one 78-year-old care recipient said, “Is there anything I can do? I feel better when I am able to help out in some way.” For this individual, that help included holding the baby, folding clothes, waking other family members in the morning and helping her 8-year-old grandchild with her spelling homework. According to the caregiver, who was also juggling the role of wife, mother and worker, the reciprocal support was a great help to the household.

Reciprocal Relationships Ease Aging

Mrs. Denotra Morgan enjoys providing support to her granddaughters Eve and Eden.
Statewide Focus Groups Highlight Pathways to Change in Women’s Health

Having a disability often presents enough challenges. Compounding it with additional health issues is just one more challenge that is not welcome, according to Melissa*. Melissa recently participated in a series of focus groups conducted by the institute to examine consumer concerns with regard to their health and managed care. Setting the stage for the focus groups were alarming national statistics on women with disabilities, which indicate that these women are:
- Less likely to be married
- More likely to be living alone
- More likely to have a high school education or less
- Less likely to be employed
- More likely to be living in poverty
- Less likely to have private insurance.

Further, with regard to general health issues, women with disabilities (as compared to women without disabilities) have:
- Low levels of physical activity and tend to be overweight
- Double the rate of smoking
- Higher rates of depression
- Higher rates of osteoporosis
- Fewer routine preventative screenings.

When women in our focus groups were asked to interpret the high rate of smoking, they were quick to respond – “It’s about stress!”

When the focus groups specifically discussed managed care, women, like their male counterparts, reported difficulty in obtaining referrals to specialists, in maintaining a consistent relationship with the same primary care physician, and in receiving timely routine appointments. One result of such inefficiencies in the system is a high rate of secondary conditions. As many as 40 percent of emergency room admissions are due to secondary health issues for persons with disabilities. Again, our focus group participants could readily identify with this statistic. “What starts as an urinary irritation on Monday becomes a full blown infection before the first available office visit on Friday.”

Finally, the focus group participants were asked how to improve the system and their own health. Their recommendations included:
- Develop a patient’s bill of rights
- Develop one-to-one advocacy through local consumer groups
- Use physiatrists as primary care physicians
- Educate physicians about health maintenance needs of women
- Offer self-advocacy and wellness training for women
- Enforce compliance with ADA
- Encourage researchers to include women’s health concerns.

* a pseudonym

Funded by the Michigan Public Health Institute through a grant from the Robert Wood Johnson Foundation.
DDI: A *Statistical Snapshot* – 1999
# Additional DDI Projects

## Education Program Area

<table>
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<tr>
<th>project name</th>
<th>project focus</th>
<th>funder(s)</th>
<th>collaborators</th>
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</thead>
<tbody>
<tr>
<td>BRIDGES to Educational Opportunities &amp; Career Advancement</td>
<td>Assist persons with disabilities to reach their career and educational goals.</td>
<td>U.S. Department of Education</td>
<td>Detroit Radio Information Service</td>
</tr>
<tr>
<td>State Improvement Grant (Comprehensive System of Personnel Development)</td>
<td>Research education issues and coordinate sustained learning activities for educators, parents and paraprofessionals in Michigan schools.</td>
<td>Michigan Department of Education</td>
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## Community Support Program Area

<table>
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<th>funder(s)</th>
<th>collaborators</th>
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<tbody>
<tr>
<td>Advancing Expertise in the Person Centered Planning Process</td>
<td>Design, implement and evaluate person-centered service provision, develop train-the-trainer programs, and demonstrate effective person directed team practices to stakeholder groups</td>
<td>Kalamazoo County CMH; Oakland County CMH; Genesee County CMH</td>
<td>The Detroit Medical Center; Latino Family Services</td>
</tr>
<tr>
<td>Building Culturally Competent Health Care in Detroit</td>
<td>Increase the ability of Latino/Hispanic community members to access and use managed health care services and increase the ability of health care professionals to provide culturally competent health care services.</td>
<td>Office of Minority Health, U.S. Department of Health and Human Services</td>
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<tr>
<td>Child-Focused Training for Child Welfare Staff</td>
<td>Develop child-focused intervention skills to promote emotional and physical safety and well-being in children.</td>
<td>U.S. Department of Health and Human Services</td>
<td>WSU: Skillman Ctr. for Children; Department of Psychology; Parents And Children Together</td>
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<tr>
<td>Empowerment Education</td>
<td>Train direct service personnel in best practice strategies across the life span.</td>
<td>Administration on Developmental Disabilities</td>
<td>Michigan State University</td>
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<tr>
<td>Going Home</td>
<td>Move students with disabilities from segregated to inclusive education settings in two school systems in Michigan.</td>
<td>Michigan Developmental Disabilities Council</td>
<td>Big Rapids Schools; Leona Group</td>
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<td>Michigan Child Care Futures – Resource Manual Revision</td>
<td>Revise the Michigan 4C Child Care training manual for child care providers to include children with disabilities and special health care needs in inclusive settings.</td>
<td>Michigan Community Coordinated Child Care (4C) Association</td>
<td>The Arc Michigan; Autism Society of Michigan; Michigan Disability Rights Coalition; United Cerebral Palsy of Metropolitan Detroit; Washtenaw ACA; Michigan Protection and Advocacy Services, Inc.</td>
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<td>Person-Centered Planning and Managed Care</td>
<td>Develop, compile and present informational and instructional materials on person-centered planning, advocacy, and Michigan’s new Managed Care Plans to consumers, families and advocates.</td>
<td>Michigan Developmental Disabilities Council</td>
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<td>Inclusive Education Implementation</td>
<td>Assist the Commonwealth (C.N.M.I.) in inclusive education policy development, training and program evaluation.</td>
<td>Northern Mariana Islands Developmental Disabilities Council</td>
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## Research, Evaluation & Dissemination Program Area

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<tr>
<td>Bandele</td>
<td>Evaluate the effectiveness of innovative strategies collaboratively used by partner organizations to improve adoption and permanency outcomes of African-American children.</td>
<td>Skillman Foundation</td>
<td>Spaulding for Children; Michigan Family Independence Agency; private child welfare agencies; church/faith-based organizations</td>
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<tr>
<td><strong>Building Cultural Competence in Michigan</strong></td>
<td>Increase cultural competence and diversity of participating programs through comprehensive self-assessment, training and strategic planning.</td>
<td>Michigan Developmental Disabilities Council</td>
<td>The Arc Michigan</td>
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<tr>
<td><strong>Consumer Satisfaction Survey</strong></td>
<td>Measure and validate satisfaction levels of consumers receiving services from community providers.</td>
<td>Community Living Services</td>
<td>The Arc of Northwest Wayne County</td>
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<tr>
<td><strong>Detroit Institute for Children Early On Program</strong></td>
<td>Evaluate an initiative to increase the number of infants and toddlers in Early On services, while strengthening the family’s role in decision making.</td>
<td>Skillman Foundation</td>
<td>Detroit Institute for Children</td>
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<tr>
<td><strong>Early On: A Collaborative Framework for Service Delivery – Evaluation</strong></td>
<td>Measure the effectiveness of the Early On Collaborative Initiative in its efforts to maximize interagency coordination for children with disabilities.</td>
<td>Skillman Foundation</td>
<td>The Detroit Medical Center - Children’s Hospital of Michigan</td>
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<tr>
<td><strong>The Effects of Welfare Reform and CHIP on Families whose Children have Disabilities</strong></td>
<td>Provide in-depth information regarding the impact of welfare reform and children’s health insurance on families whose children have disabilities.</td>
<td>Administration on Developmental Disabilities; and, the University of Kansas</td>
<td>Marquette-Alger Intermediate School District</td>
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<tr>
<td><strong>Family Support – Michigan Outreach Program</strong></td>
<td>Examine the discrepancies in accessing family support and implement an outreach program for minority families.</td>
<td>Administration on Developmental Disabilities</td>
<td>Michigan Developmental Disabilities Council; Family Information Exchange: The Arc Michigan</td>
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<td><strong>Good Start</strong></td>
<td>Evaluate the inclusion of students with disabilities in regular community pre-school, nursery school, and day care programs.</td>
<td>Michigan Developmental Disabilities Council</td>
<td>Washtenaw Intermediate School District</td>
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<tr>
<td><strong>Health, Health Care, and Family Across the Life Span</strong></td>
<td>Develop a lifespan approach to the evaluation and research of issues impacting families. Pilot studies are addressing: Maternal reactions to child handicaps; Psychosocial factors influencing patients’ health behavior following coronary revascularization; Latino families and hospice utilization; Lymphedema prophylaxis utilizing preoperative education; Osteoporosis and women with disabilities.</td>
<td>Wayne State University – Office of the President</td>
<td>WSU: Institute of Gerontology; School of Medicine; Department of Psychology; Department of Sociology</td>
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<tr>
<td><strong>Parent Coalition</strong></td>
<td>Evaluate a comprehensive service system for parents of students with disabilities throughout Michigan.</td>
<td>Michigan Department of Education</td>
<td>The Arc Michigan; Association for Children’s Mental Health; Autism Society of Michigan; Epilepsy Foundation of Michigan; Learning Disability Association; United Cerebral Palsy of Metropolitan Detroit; SIDS Alliance of Michigan</td>
</tr>
<tr>
<td><strong>Sudden Infant Death Syndrome</strong></td>
<td>Examine the incidence of SIDS and improve the health and well-being of childbearing families in Wayne County.</td>
<td>Children’s Hospital of Michigan; and, Michigan Department of Community Health</td>
<td>Marquette-Alger ISD; Northern Michigan University; Marquette Public Schools; NICE Community Schools</td>
</tr>
<tr>
<td><strong>An Upper Peninsula Collaborative Site of Practice and Inquiry</strong></td>
<td>Enhance K-12 student outcomes through the establishment of a collaborative, unified preservice/inservice personnel preparation program in the Upper Peninsula.</td>
<td>Michigan Department of Education</td>
<td>Work in progress.</td>
</tr>
</tbody>
</table>
Statewide Activities

AFRICAN AMERICAN CAREGIVERS: ASSESSING RECIPROCITY
Detroit

AGING FAMILIES DISSEMINATION
statewide

BANDELE EVALUATION
Detroit

BRIDGES TO EDUCATIONAL OPPORTUNITIES AND CAREER ADVANCEMENT
Metropolitan Detroit
Wayne State University – DRIS
(Detroit Radio Information Service)

BUILDING CULTURAL COMPETENCE IN MICHIGAN
Goodwill Industries (Detroit)
Hiawatha Behavioral Health
(Sault Ste. Marie)
Summit Pointe
(Calhoun County CMH)
The Arc of Monroe

BUILDING CULTURALLY COMPETENT HEALTH CARE IN DETROIT
The Detroit Medical Center
Latino Family Services

CHILD-FOCUSED TRAINING FOR CHILD WELFARE STAFF
Detroit

COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT
Clare-Gladwin
Kalamazoo
Lapeer
Marquette-Alger ISD
Michigan Department of Education
Washtenaw
Wexford-Missaukee

CONSUMER SATISFACTION SURVEY
The Arc of Northwest Wayne County
Wayne Community Living Services

DETOUR INSTITUTE FOR CHILDREN EARLY ON PROGRAM
Detroit

EARLY ON: A COLLABORATIVE FRAMEWORK FOR SERVICE DELIVERY – EVALUATION
Children’s Hospital of Michigan, Detroit

EFFECTS OF WELFARE REFORM AND THE CHILDREN’S HEALTH INSURANCE PROGRAM ON FAMILIES WHOSE CHILDREN HAVE DISABILITIES
Detroit
Upper Peninsula

EMPOWERMENT EDUCATION
statewide

FAMILY SUPPORT – MICHIGAN OUTREACH PROGRAM

GOING HOME
Big Rapids Public Schools
Leona Group

GOOD START
Washtenaw ISD

HEALTH, HEALTH CARE, AND FAMILY ACROSS THE LIFE SPAN
Wayne County

INTERAGENCY COLLABORATIVE ADOPTION NETWORK (I-CAN)
Detroit-Wayne County CMH
Spaulding for Children

MICHIGAN CHILDCARE FUTURES – RESOURCE MANUAL REVISION
statewide

PARENT COALITION
statewide

PERSON-CENTERED PLANNING AND MANAGED CARE

STATE IMPROVEMENT GRANT
statewide

SUDDEN INFANT DEATH SYNDROME
Wayne County

SUPPORTING THE TRANSITION OF MEDICAID BENEFICIARIES WITH DISABILITIES INTO MANAGED CARE

UPPER PENINSULA COLLABORATIVE SITE OF PRACTICE AND INQUIRY
Aspen Ridge School
Marquette-Alger ISD
Northern Michigan University
Whitman Elementary School

16 Women and Disabilities
Staff Professional/Community Service

**Barbara LeRoy, Ph.D.**
Adviser
Center and Institute Advisory Committee - Office of the Vice President for Research, WSU
Member
Center and Institute Council - Office of the Vice President for Research, WSU
Adviser
Rehabilitation and Community Inclusion Program, College of Education, WSU
Adviser
Multicultural Education Leadership Development Program, CULMA, WSU
Member: Executive Committee, Center for Peace & Conflict Studies and Detroit Council for World Affairs, CULMA, WSU
Adviser
Skillman Center for Children, CULMA, WSU
Adviser
Center for Legal Studies, Law School, WSU
Adviser
Early On Collaborative, Children’s Hospital of Michigan
Adviser
Rehabilitation Counseling Program, Michigan State University
Governor’s Appointee
Michigan Developmental Disabilities Council
Expert Reviewer
National Board for Professional Teaching Standards
Panel Reviewer
U.S. Department of Education, Office of Special Education
Board Member
American Association on Mental Retardation, Michigan Chapter
Board Member
Association for Community Advocacy (Ann Arbor)
Board Member
Aracadia Institute (Kalamazoo)
Adviser
Good Start Project, Washtenaw ISD
Member
Statewide Education Coalition Chair
Central Conference of University Affiliated Programs
U.S. Delegate
Education Commission, Rehabilitation International
Member
Special Interest Research Group on Aging and Intellectual Disabilities, World Health Organization
1999 Honors:
• President’s Exceptional Service Award (WSU)
• Distinguished Alumna Award, St. Mary’s College of Maryland

**Sharonlyn Harrison, Ph.D.**
Member
SIDS Research Project: Children’s Hospital of Michigan
Member
Parent Help Center Advisory Team
Member
Multicultural Task Force: Michigan Developmental Disabilities Council
Directress
City Temple Children’s Choir

**Karen Wolf-Branigin, M.S.W.**
Member
American Association for Mental Retardation
Member
The Association for Persons with Severe Handicaps
Member
The Association for Persons in Supported Employment
Vice Chair
Member, Dissemination Committee
American Association of University Affiliated Programs National Community Education Director’s Council
Member
The Howell Group
Member
Oakland County Community Mental Health Staffing Futures Work Group
Michigan Contact
Regional Representative
Education Committee Chair
National Association for Direct Support Professionals
Co-founder and facilitator
National Association for Direct Support Professionals – Michigan
Accreditation Surveyor
CARF...The Rehabilitation Accreditation Commission

**Michael E. Wolf-Branigin, Ph.D.**
Adjunct Faculty
WSU School of Social Work
Member: Corrections and mental health group
Detroit/Wayne County Community Mental Health Agency
Member: Medicaid managed care work group
Mental Health Association of Michigan
Accreditation Surveyor
CARF...The Rehabilitation Accreditation Commission

**Robert Lasker**
Committee Member
WSU Commencement Committee
Volunteer Official
Association of College Unions International – Region VII
Volunteer
WDET-FM: Public Radio for Detroit

**Sharon Milberger, Sc.D.**
Lecturer
Harvard Medical School
Member
The Michigan Adolescent and Adult ADD Network
Member
Society for Epidemiologic Research
Member
American Public Health Association
Member
American Association on Health and Disability

**Elizabeth Janks, M.S.W.**
Member
National Association of Social Workers
Member, State Board of Directors
Michigan 4Cs (Child Care Coordinating Councils)
Member
American Association of University Affiliated Programs National Consumer Council
Member
Wayne County Inter Agency Coordinating Council
Member, Detroit Chapter Board of Directors
CHADD (Children & Adults with Attention deficit Disorder)
Member
Wayne County Head Start Advisory Council

**Irene Woodell**
Member
Advisory Board, Rehabilitation Counseling Program, College of Education, WSU
Member
Curriculum Advisory Committee, Department of Occupational Therapy, College of Pharmacy & Allied Health Professions, WSU
Committee Member
Transportation Riders United (TRU)
Committee Member
Transformation Taskforce, MOSES (Metropolitan Organizing Strategy Enabling Strength)
Subcommittee Member
MOSES Media subcommittee
MOSES Program Development subcommittee
Activities Committee Member
ADA (Americans with Disabilities Act) 10th Anniversary Celebration

**Katherine A. Dukhan**
Member
Society for Applied Anthropology
Member
The Howell Group
Volunteer Gallery Hostess
Detroit Institute of Arts
Volunteer Science Instructor
Cranbrook Institute of Science
Charter Member
National Museum of the American Indian
Member
The Nature Conservancy
Staff

Seated (left to right): Michael Wolf-Branigin, Susan St. Peter, Karen Wolf-Branigin, Barbara LeRoy, Elizabeth Elder, Robert Lasker, Anish Jhaveri

Standing (left to right): Sonia Syed, Rosie Withers, Belinda Land, Irene Woodell, Tanisha Scott, Katherine Dukhan, Sandra Conley, Kim Payne, Harold Celice, LuQuanda Robinson, Flora Riley, Noel Kulik, Lee Wainwright, Mary Hayek

Not pictured: Ella Anderson, Tracy Cardwell, Michael Daeschlein, LaChante Du’bois, Jill England, Sharonlyn Harrison, Nathaniel Israel, Elizabeth Janks, A’kena Long, Greg Marten, Angela Martin, Sharon Milberger, Nicole Rossi, Chien Tai Shill, Vivian Tawile, Huan Yan

Community Advisory Council

Maurice Adams: Detroit-Wayne County Community Mental Health Agency
Sally Burton-Hoyle: Autism Society of Michigan
Karen E. Carroll: Research Advocacy & Program Development Division-Office of Services to the Aging
Robert D. Cecil: Office of Adult Services, Family Independence Agency
Vendella Collins: Michigan Developmental Disabilities Council
Mark Fosdick: Michigan Assisted Living Association
Arlene Gorelick: Epilepsy Foundation of Michigan
Virginia R. Harmon: Michigan Department of Community Health
Dohn Hoyle: Washtenaw Association for Community Advocacy
Sarah Irvine: People First of Oakland County

Radwan Khoury: Arab-American and Chaldean Social Services Council
LuAnn Loy: Partners in Policymaking
Larry Maniaci: Wayne County Residential Association, Homes of Opportunity
Sandra McClennen: Eastern Michigan University
Linda Potter: United Cerebral Palsy Association of Michigan
Rosanne Renauer: Michigan Department of Career Development-Michigan Rehabilitation Services
Eric Richards: The Arc Michigan
Richard Richter: Children’s Special Health Care Services Division
Verna Spayth: ADAPT/Michigan
Lisa Splawn: Civil Rights Policy Coordinator, Governor’s Office
Vanessa Winborne: Department of Education Comprehensive Program for Health & Early On Child Care

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Director:
Barbara LeRoy, Ph.D.

Associate Director for Research, Evaluation & Dissemination:
Sharonlyn Harrison, Ph.D.

Information/Design Coordinator:
Robert Lasker