

Policy Research Brief



**Langston University
Rehabilitation Research and Training Center
(RRTC) on Research and Capacity Building
for Minority Entities**

www.langston.edu/capacitybuilding-RRTC

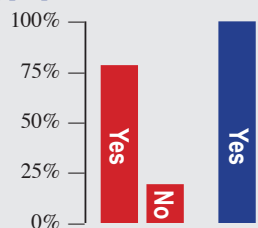
Corey L. Moore, Rh.D.*, Edward O. Manyibe, Ph.D., Camara Phyllis Jones, M.D., MPH, Ph.D., Andre L. Washington, Ph.D., Courtney Ward-Sutton, Ph.D.
Langston University Rehabilitation Research and Training Center (LU-RRTC) on Research and Capacity Building for Minority Entities, Oklahoma City, OK 73111, USA

Poll Question Results

Participants were polled in real time during the National Listening Session. Results from polling question are listed below.

Have you experienced or believe that internal systems barriers at some minority-serving institutions hinder their faculty members from engaging in COVID-19 research and development?

Should federal research agencies such as NIDILRR and NIH be developing short-term and long-range plan strategies for studying and addressing COVID-19 issues among people of color with disabilities?



Forecasting COVID-19 Issues for People of Color with Disabilities While Advancing the Minority-Serving Institution Research Capacity Building Science: A Framework for Federal Agencies

■ Purpose of Listening Session

On May 27, 2020, the Rehabilitation Research and Training Center on Research and Capacity Building for Minority Entities at Langston University (LU-RRTC) facilitated a national listening session. The purpose was to frame the context for a national novel coronavirus 2019 (COVID-19) applied disability/health and rehabilitation research and development (hereafter referred to as R&D) agenda targeting people of color with disabilities (i.e., African Americans, Latinx, Native Americans, and Asian Americans and Pacific Islanders), and forecast minority-serving institutions’

(MSIs) research capacity building needs and response strategies that empower historically Black colleges and universities (HBCUs), Hispanic-serving institutions (HSIs), Tribal colleges and universities (TCUs), and Asian American and Native American Pacific Islander-serving institutions (AANAPISIs) to participate. What we heard helped inform our development of an *Emerging Conceptual Framework for Advancing the COVID-19 Science Involving People of Color with Disabilities through MSI Research Capacity Building*, depicted within this brief.

■ Summary of Themes

The themes track the listening session’s purpose, which was to frame the context for a national COVID-19 applied disability/health and rehabilitation research agenda targeting people of color with disabilities, and to forecast MSIs’ research capacity building needs. An independent management support company (i.e., New Editions Consulting, Inc.) under contract with NIDILRR generated the summary of themes that emerged as potentially useful and important. Guiding questions 1 through 4 are abbreviated and presented with corresponding themes below.

| Abbreviated Questions | Themes |
|---|---|
| 1. What institutional capacity building challenges do MSIs experience in conducting minority COVID-19 R&D? | <ul style="list-style-type: none"> • Time/Staffing/Resources Challenges • Infrastructure Challenges • Cultural Competency Barriers • Technology Barriers • Budgetary Constraints • Lack of Awareness of Funding Opportunities • Limited Mentorship Opportunities • Undervaluing Qualitative Research • Dissemination Challenges |
| 2. What external capacity building barriers do MSIs experience in carrying out minority COVID-19 research? | <ul style="list-style-type: none"> • Peer Reviews • External Communications from Funders • Partnerships and Networks • Funding • Funding Allocation Bias • Access to Information • Structural Inequality • Stereotypes • Lack of Focus on Disability Issues • Lack of Minority Perspective • Tribal Restrictions |
| 3. What short and long-term strategies should NIDILRR and NIH develop to enhance COVID-19 research skills? | <ul style="list-style-type: none"> • Increase Funding Opportunities • Adapt the Funding Process • Develop COVID Framework and Intermediate RFPs • Increase Awareness and Information Dissemination • Offer Training/Mentoring • Develop Support Networks |
| 4. In the short and long-term, what things should NIDILRR and NIH be doing to build MSIs’ research infrastructures? | <ul style="list-style-type: none"> • Increase Access to Mentors • Develop Capacity Building Resources • Offer Grant Levels • Build Partnerships |

Acknowledgment: The contents of this policy brief were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90RTST0001). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this brief do not necessarily represent the policy of NIDILRR, ACL, HHS, and one should not assume endorsement by the federal government.

*Corresponding author: Dr. Corey L. Moore, Principal Investigator and Research Director, 6700 N. Martin Luther King Avenue, Oklahoma City, OK 73111 / E-mail: corey.moore@langston.edu

Poll Question Results (*continued*)

NIDILRR should develop national absolute priorities via funding opportunity announcements (FOAs) to address the COVID-19 pandemic related health and function, employment, and community participation needs of people of color with disabilities?

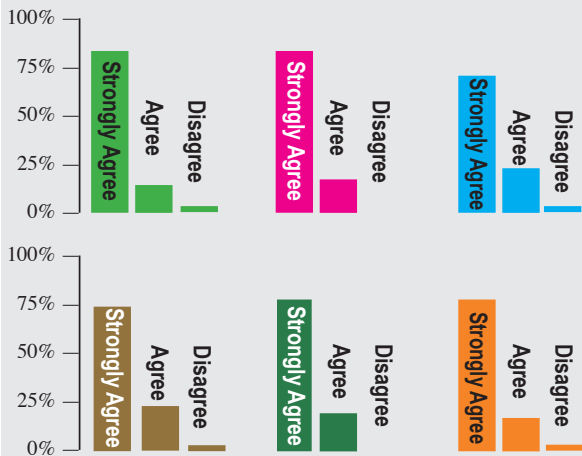
NIDILRR should provide funding supplements (cooperative agreements) to grantees at minority-serving institutions positioned to respond rapidly to COVID-19 priorities that examine issues impacting persons of color with disabilities?

NIDILRR should implement a dedicated funding stream to help minority-serving institution affiliated researchers jump-start research agendas around COVID-19 and people of color with disabilities?

NIDILRR should continue to support research mentorship (e.g., MSI-based faculty mentorship within the LU-RRTC and ARRT Post-Doctoral Fellows) as a long-term strategy for addressing its Section-21 capacity building agenda (e.g., COVID-19 research)?

NIDILRR should enhance its outreach to minority-serving institutions to ensure they are familiar with its funding mechanisms and interpretation of its Long-Range Plan for supporting COVID-9 and other disability and rehabilitation R&D?

NIDILRR should fund collaboration and network opportunities (e.g., annual meetings) between researchers based at minority-serving institutions and researchers at research institutes?



This framework, grounded in a new scientific capacity building paradigm that promotes MSIs as research creators, could help guide the national R&D strategy for generating solutions-focused translational interventions and policy initiatives aimed at alleviating health and function, employment, and community participation race-based disparities during the pandemic and beyond. The main objectives of the listening session were to:

1. Discuss MSI scientific workforce capacity building and institutional infrastructure needs for conducting high-quality COVID-19 research.
2. Explore key emerging research capacity building strategies and share ways to enhance early-career faculty scholars' research skills (methods and grant writing).
3. Identify ways in which the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), National Institutes of Health (NIH) and other federal research agencies can help build these institutions' scientific capacity to participate optimally in R&D.
4. Classify key research topics and priorities within the COVID-19 context that are useful to the field.

■ Background

The COVID-19, which is caused by a novel coronavirus known as SARS-CoV-2, has disrupted long-standing social, cultural, and economic norms. Since its detection in December of 2019 in Wuhan, China,¹⁻³ the virus has spread rapidly across the world. The first confirmed case in the United States (U.S.) was reported on January 20, 2020.² As of July 20, 2020, approximately 3.8 million cases were reported nationally. Of these, about 1.1 million people had recovered while approximately 143,000 had died.⁴ Unfortunately, COVID-19 mortality and morbidity cases continue to grow across the nation. Below we provide an overview of COVID-19 implications for people of color in general, followed by a discussion about individuals of color with disabilities and the pandemic.

Disproportionate Incidence of Covid-19 Among People of Color

A growing body of empirically-derived evidence^{1,3,5-9} and recent commentary¹⁰ paint a worrisome emerging national trend showing that the COVID-19 pandemic disproportionately impacts people of color (i.e., African Americans, Latinx, Native Americans, and Asian Americans and Pacific Islanders). Specifically, individuals from these diverse populations are more likely to contract the virus and die from consequential complications. The U.S. Centers for Disease Control and Prevention (CDC) evaluated data from 580 patients hospitalized with lab-confirmed COVID-19 and found that for individuals for whom race or ethnicity data were available, 33% were African American (compared to 18% in the community) while 45% were White (compared to 55% of individuals in the community).¹ In a weekly report for the week ending July 11, 2020, the CDC indicated that of the 37,052 laboratory-confirmed COVID-19-associated hospitalized cases, 34,669 (93.6%) had information on race and ethnicity. Of these cases, Native Americans, African Americans, and Latinx had an age-adjusted hospitalization rate approximately 5.6 times, 4.6 times, and 4.6 times that of Whites, respectively.⁴

Beyond hospitalization, serious illness resulting from infection has also translated into disparate mortality rates. A study by Raifman and Raifman¹¹ found that African Americans, Native Americans, or people who were in low social-economic households were more likely to have conditions associated with increased risk of illness from COVID-19 compared to Whites or those with higher incomes. According to a new American Public Media (APM) Research Lab report,⁵ which independently compiled mortality data for Washington, D.C. and 43 states, 1 in 1,625 African Americans (or 61.6 deaths per 100,000), 1 in 2,775 Native Americans (or 36.0 deaths per 100,000), 1 in 3,550 Latinx (or 28.2 deaths per 100,000), 1 in 3,800 Asian Americans (or 26.3 deaths per 100,000), and 1 in 3,800 Whites have died (or 26.2 deaths per 100,000). Based on these findings, the researchers concluded that at least 14,400 African Americans, 1,200 Latinx, and 200 Native Americans would still be alive if they had died of the virus at the same rate as Whites. As of April 30, the Navajo nation had the third-highest per capita rate of COVID-19 in the country, after New Jersey and New York.¹²

Evidence reveals that they are dying above their population share in Mississippi, Arizona, and New Mexico.⁴ Data for Asian Americans and Pacific Islanders are largely missing. However, information that is available indicates that they are among those impacted most. For example, in Arkansas, where they make up only about 0.3% of the state's population, Asian Americans and Pacific Islanders comprise about 1.2% of coronavirus cases, and 1.4% (or about four times more than their share of the population) of all related deaths.¹³

Preliminary data generated through local governments in states (e.g., Louisiana, New York, New Jersey, Wisconsin) that collect COVID-19 morbidity and mortality data on patients' race suggest even more troubling disparities.^{14,15} For example, in a report titled "An epidemic of inequities: Structural racism and COVID-19 in the Black community", the Chicago Urban League revealed that in Chicago where they comprise 30% of the population, African Americans accounted for 60% of COVID-19 deaths as of March 31, 2020. This figure represents the highest mortality rate of any racial or ethnic group. Moreover, the report noted that African Americans in Illinois accounted for the majority of deaths at every age except those over age 80 or older.¹⁵ In New York, Latinx accounted for 34% of all deaths from COVID-19, even though they represent only 29% of the population.

Notwithstanding health disparities most racial/ethnic minorities face in general, people of color with disabilities experience additional inequities in health and function, employment, and community living as a result of their disability and race—in effect, they face “double jeopardy”. Therefore, there is a specific need for data, translational research, and knowledge translation regarding COVID-19 disability/health, and rehabilitation disparities among individuals from these vulnerable populations.

COVID-19 and People of Color with Disabilities

Individuals with disabilities are at higher risk of contracting COVID-19 and developing severe complications or increased mortality for many reasons, including in some cases pre-existing health conditions (e.g., chronic lung disease, diabetes, or a weakened immune system), or living in institutional settings.^{1,6,16} For example, according to CDC¹⁶ adults with disabilities are three times as likely as adults without disabilities to have heart disease, stroke, diabetes, or cancer. Compared to their White counterparts, people of color with disabilities suffer a “double whammy”. First, they appear to be at greater risk of contracting the virus and dying from it. Second, they belong to a group of people (i.e., traditionally underserved racial and ethnic minorities) who experience long-standing systemic social, economic, and political inequities that the pandemic has made more visible.^{1,3,17} Below, we highlight five specific risks (i.e., discrimination and systemic obstacles, diminished employment opportunities, healthcare barriers, community living and participation, and assistive technology) that COVID-19 presents for people of color with disabilities.

Discrimination and systemic obstacles. A substantial body of knowledge exists¹⁷⁻²¹ showing that people of color have historically experienced long-standing intersectional and multiple layers of discrimination because of their race and ethnicity. Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.²² Racism impacts health on three levels: institutionalized (structural), personally-mediated, and internalized.²³ Structural racism results in differential distribution by “race” of the social determinants of health, including employment, housing, education, food, healthcare, and support systems and is a barrier to health equity.^{18,19}

Unsurprisingly, many social determinants of health are likely to get worse among people of color with disabilities during and after the COVID-19 pandemic. This structural racism has been cultivated and maintained by an interaction of social, economic, environmental, and political structures and policies,^{24,25} which existed before the pandemic and continue to influence today's interventions. Discrimination against people of color with disabilities is not limited to individuals whereas the very institutions that serve them also frequently present systemic and structural biases such as underfunding and mischaracterization of the value of knowledge they produce.²⁶ For example, MSIs are underrepresented in the scientific knowledge production and innovation enterprise.²⁶ Yet, data document that investigators of color, including those with disabilities, are more likely than their White counterparts to focus on disability, employment/rehabilitation, and health interplay issues that have a disproportionate impact on people of color with disabilities and their communities.^{26,27} Accordingly, COVID-19 policy, research, and practice responses should focus on identifying strategies for addressing historical sociocultural, economic, and political structures and policies that promote inequalities, which in turn create social and environmental conditions that facilitate entrenched disparities across these racially and ethnically diverse groups.

Diminished employment opportunities. In 2017, the disability prevalence rates among non-institutionalized working-age Whites, African Americans, Native Americans, Latinx, Asians, and individuals from some other race were 10.6%, 13.6%, 18.1%, 8.4%, 4.4%, and 9.5%, respectively.²⁸ Research on past crises document that people of color with disabilities are more likely to lose their jobs and experience greater difficulties returning to work than Whites with disabilities during recovery.²⁹ Even during periods of economic growth, they frequently face higher unemployment rates than Whites. For example, a 2019 national U.S. Bureau of Labor Statistics (BLS) report indicated that of those with disabilities, African Americans had the highest unemployment rate nationally, at 11.8%, followed by Latinx (8.6%), Asians (6.7%), and Whites (6.6%).³⁰ In addition, while the jobless rate for Whites with a disability declined over the year, the rates for African

Americans, Latinx, and Asians did not change.³⁰ As job losses worsened due to COVID-19 prevention measures, it is highly predictable that people of color with disabilities will not only experience massive joblessness but also find it difficult to return to work post-pandemic. Therefore, it is imperative that targeted immediate and long-range strategic research, policy, and practice actions are taken to ensure timely responses that alleviate race-based disparities in employment outcomes during and post-pandemic.

Health and function. Generally, people of color fare far worse than their White counterparts across an expansive range of health indicators and social determinants of health.^{31,32} For example, the 2018 National Healthcare Quality and Disparities Report indicated that from 2000 through 2016-2017 quality measures were worse for African Americans, Native Americans, and Pacific Islanders than Whites across 40% of quality indicators.³¹ The report also revealed that Whites performed better on quality measures than Asians (27%) and Latinx (35%). The COVID-19 crisis has further potentially worsened the health status of people of color with disabilities. Plausibly, compared to their White counterparts, people of color with disabilities are at a significantly higher risk of mortality and severe disease^{5,6} leading to some commentators calling “blackness” an underlying condition because the pandemic appears to disproportionately impact African Americans. They may also experience increased mental illness due to historical trauma exacerbated by COVID-19 related stressors. Historical trauma refers to multigenerational trauma experienced by a specific cultural, racial or ethnic group.³³⁻³⁵ Even before the emergence of the COVID-19 pandemic, studies³⁶ consistently showed that they experience poorer health outcomes than Whites with disabilities. A strong determinant of health access is health insurance; only a little more than half of African Americans (55.4%) in 2018 had private health insurance compared to 74.8% of Whites.³⁷ The barriers to accessing healthcare have been further exacerbated during the crisis, making timely and appropriate care difficult for people of color with disabilities.

Community living and participation. Various measures (e.g., social distancing, stay-at-home orders) employed to prevent the spread of COVID-19 have radically disrupted community living and participation arrangements and opportunities among all people. People of color with disabilities’ independent living aspirations are particularly at higher risk of being disproportionately impacted because they are more likely to be unemployed, work in low-wage essential jobs, live in crowded neighborhoods that make it challenging to enact physical and social distancing, face accessibility barriers in obtaining relevant information, and experience limited transportation, among other barriers.³⁸ Furthermore, research studies show that disparities in community living outcomes were already larger for them even prior to the COVID-19 pandemic.^{39,40} Therefore, a clear need exists to increase the field’s understanding about their COVID-19 community living contextual experiences and outcomes. New scientific knowledge is also needed to inform innovative short-term, intermediate,

and long-range policy and practice frameworks that help create resilient social and community environments, which promote their complete integration and participation in social, economic, and political processes.

Assistive technology. As the pandemic evolves, the use of technology applications are increasingly becoming the norm. Consequently, the need for assistive technology (AT) to assist people with disabilities navigate the new normal (e.g., participate in the labor market and receive needed healthcare services) has become even more urgent. Universal AT access is an essential part of human life that provides critical links to many opportunities, including but not limited to employment, community participation, and education.^{41,42} Unfortunately, people of color with disabilities are at higher risk of not having access to AT, given that they have a documented history of experiencing multiple barriers such as denied access to AT funding sources.⁴²⁻⁴⁶ The evidence suggests that COVID-19 threatens to further marginalize them. This outcome can be prevented through a strategic, comprehensive, and integrated response. Thus, MSIs and their affiliated researchers must play a central role in advancing the science that addresses the pandemic-related AT needs of people of color with disabilities.

Minority-Serving Institutions and COVID-19

As COVID-19 implications among people of color in general have become clearer, so has its potential for negatively impacting the health and function, employment, and community participation experiences of those with disabilities. In their seminal study investigating barriers to HBCU participation in the federal disability and rehabilitation R&D enterprise, Moore and his colleagues²⁶ issued a “call to action” to NIDILRR and NIH to develop new policy initiatives that situate MSIs as pivotal players in addressing crises disproportionately impacting communities of color, such as this pandemic. Within the context of racial/ethnic health and rehabilitation inequities, this agenda raises some important questions. For example, what role should MSIs play in advancing the COVID-19 science that leads to improved employment, health and function, and community living outcomes among people of color with disabilities? What is the link between the under-participation of MSIs in R&D and disparities illuminated by the pandemic? What policy and research actions are needed to strengthen MSIs’ ability to advance COVID-19 science involving individuals of color with disabilities? In the following sub-section, we attempt to briefly answer these questions.

Strengthening the response of minority-serving institutions to the pandemic. Understanding and adequately responding to COVID-19 challenges faced by people of color with disabilities depends on sound and culturally competent action research to inform decision making. To this end, MSIs will continue to play a critical role as vibrant centers of intellectual inquiry and engines of scientific discovery and innovation,⁴⁷ leading to solutions to complex national and global problems, particularly those with cultural nuance^{20,48,49} such as COVID-19 disparities. These institutions are inherently linked to the communities of color they serve, but they are

also intrinsically linked to the country's R&D ecosystem. Accordingly, there is increasing recognition that MSIs are well-positioned to partner with NIDILRR and other federal research agencies (i.e., NIH; Agency for Healthcare Research and Quality [AHRQ]; and National Science Foundation [NSF]) that sponsor disability/health and rehabilitation research to answer complex COVID-19 questions.

There are three broad drivers behind this recognition. First, MSIs employ researchers to include those with disabilities who have multidisciplinary expertise needed to assist the field in surmounting COVID-19 and future pandemic implications across health and function, employment, and community participation outcome domains. Currently, investigators at these institutions are at the forefront of advancing the science,^{47,50} which includes research capacity building knowledge that contributes to the fight against COVID-19, and its negative impacts. For instance, the LU-RRTC is currently field-testing and conducting various scaled-up longitudinal evaluations of mentorship and research infrastructure models at select MSIs that aim to build this capacity.⁵¹⁻⁵³ The pandemic, however, might warrant additional model refinements and/or new strategies altogether. There remains an urgent need to develop a critical mass of well-trained researchers, including those with disabilities, at MSIs to lead culturally competent COVID-19 scientific inquiries that inform policy decisions and translate findings into interventions mitigating the effects of the pandemic and long-standing inequities.

Second, these institutions can serve as a pipeline component for diversifying the scientific workforce⁴⁷ that provides evidence-based solutions to COVID-19 issues experienced by people of color with disabilities. An abundance of evidence shows that diversity matters.^{26,50,54} However, the federal disability/health, and rehabilitation research enterprise lacks the critical mass of researchers of color needed to generate new scientific knowledge and innovations that can be used to improve outcomes and experiences. Indubitably, one of the major contributors to current national disparities is their gross under-participation, including those at MSIs across the R&D landscape.^{20,48} MSIs can play a critical role in increasing the pool of available researchers, including those with disabilities, who can help ensure that COVID-19 scientific knowledge and its methods of investigation (e.g., identification of the problem, development of research questions and/or hypotheses, data collection and analysis, interpretation of findings, and translation of new knowledge from the bench into the hands of the people who can put the information to practical use) are not disconnected from respective racial/ethnic groups' history, cultural context, and worldview.^{52,55} In addition, full integration of MSIs into the federally-funded R&D ecosystem will ensure that COVID-19 research information is both culturally appropriate and accessible to people of color with disabilities.

Third, there is an urgent need for a paradigm shift with emphasis on building robust research infrastructure and systems at MSIs to ensure they play a more significant role in generating new scientific knowledge needed to provide solutions to

COVID-19 problems impacting members of target populations. Historically, R&D has been conducted by White investigators targeting primarily White research participants; the "gold standard" with regard to the traditional scientific paradigm that has tended to project incorrect assumptions about effectiveness when unquestionably transferred to people of color.^{56,57} Public policy such as Section 21 of the 1998 Rehabilitation Act Amendments (Pub. L. 93-112) and Minority Health and Health Disparities Research and Education Act of 2000 (Pub. L. 106-525) serve as the impetus for this new paradigm that emphasizes greater MSI participation in disability/health and rehabilitation R&D agendas. In practice, however, progress in empowering these institutions to engage in R&D spaces (e.g., COVID-19 science) has been too slow. Consequently, the continued marginalization of these institutions and their affiliated researchers from optimal participation in federally sponsored R&D has been increasingly linked to a cascade of suboptimal employment, health and function, and community participation and living experiences and outcomes among persons of color with disabilities.⁵³ The pandemic provides policymakers and federal research agencies an opportunity to invest in strengthening the capacity of these institutions to conduct not only robust pandemic-related R&D, but also be prepared to respond rapidly to future crises.

■ Participants

Participants were faculty members and researchers in the disability, health, and rehabilitation field (e.g., nursing, physical therapy, rehabilitation counseling, occupational therapy, medicine, social work, disability law, special education, mental health, substance abuse, and engineering/assistive technology) at HBCUs, HSIs, TCUs, and AANAPISIs. Other stakeholders interested in research involving people of color with disabilities participated, including faculty members and researchers based at predominantly White institutions (PWIs), research institute/foundation investigators, individuals with disabilities, and service providers. A total of 238 individuals registered to participate.

■ Setting of the Context

The agenda for the approximately two-hour Zoom video conference listening session began with presentations given by Dr. Kristi Hill, Dr. Camara Phyllis Jones, and Dr. Corey L. Moore. Their talks underscored the need to explore policy, practice, and research capacity building strategies that could be considered for effectively responding to short-term, intermediate, and long-range challenges that COVID-19 might present for people of color with disabilities. Dr. Hill, Acting Director at NIDILRR, discussed how COVID-19 has affected the agency's research, including the questions they are asking to address knowledge gaps about the impact of COVID-19 on people with disabilities. She also remarked on NIDILRR's understanding of the importance of cultural competence in research and its commitment to investing in meaningful research programs at MSIs; and the agency's recognition of the significant value of conducting applied research and data collection efforts with individuals of color with disabilities.

Finally, she noted that NIDILRR looked forward to hearing input from the field during the listening session to inform and advance the agency's understanding of this issue.

Dr. Jones, the 2019-2020 Evelyn Green Davis Fellow at the Radcliffe Institute for Advanced Study at Harvard University and an Adjunct Associate Professor at the Morehouse School of Medicine, was the Keynote speaker. She presented her "Dual Reality: A Restaurant Saga" allegory illustrating how racism structures Open/Closed signs in our society, creating a dual reality.⁵⁸ Dr. Jones defined racism as a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources. This definition, as she stated, can be generalized to define any system of structured inequity. For example, able-ism is a system of structuring opportunity and assigning value based on ability status, that unfairly disadvantages some, unfairly advantages others, and saps the strength of the whole society through the waste of human resources. She explained that racism is the root cause of the disproportionate impact of COVID-19 on communities of color. For example, African Americans are more likely to get infected because they are more exposed and less protected. Once infected, they are more likely to die because they are more burdened by chronic diseases with less access to health care. The mechanisms of racism resulting in this disproportionate impact include structures which are the who, what, when, and where of decision-making (e.g., racial segregation of housing, education, and jobs; disproportionate incarceration); policies which are the written how of decision-making (e.g., limited personal protective equipment for low-wage essential workers); practices and norms which are the unwritten how of decision-making (e.g., location of testing centers and testing strategy); and values which are the why of decision-making (e.g., hierarchy of valuation of human life in Crisis Standards of Care). Dr. Jones indicated that understanding the research gaps as they relate to COVID-19 is necessary in addressing the needs of people of color with disabilities.

Dr. Moore (LU-RRTC Principal Investigator [PI]) reflected on Dr. Jones's presentation and discussed the disproportionate impact of the COVID-19 pandemic on people of color in general, and the research gap that a lack of attention on those with disabilities has created across the disability/health and rehabilitation field. This gap, he noted, requires increased participation of MSIs in related R&D. Consequently, he issued a "call to action" for MSI-based faculty scholars to collaborate with other MSIs, PWIs, and research institutes/foundations and study emerging pandemic related disability/health and rehabilitation issues. MSIs that include HBCUs, HSIs, TCUs, and AANAPISI can shape the discourse around COVID-19 and implications for persons of color with disabilities. This listening session was an opportunity to begin that conversation.

■ Procedures

The speeches were followed by a facilitated discussion, which allowed participants to share their perspectives freely. This conversation was guided by five core questions and was not recorded. Participant responses were captured through live discussion and comments posted to the Zoom video conferencing chat feature. They also had the opportunity to provide feedback via an online query 24 hours after the listening session. New Editions Consulting Inc., an independent management support company under contract with NIDILRR, provided professional notetaking services for the discussion and generated a summary of themes and sub-themes from the proceedings.

■ Key Themes and Recommendations

The core questions followed by verbatim key themes and sub-themes are presented in sequence below. The recommendations, positioned under sub-themes, were informed by the discussion and most up-to-date extant literature on MSI research capacity building. Together, these actionable items could potentially help stimulate competitive R&D to alleviate disability/health and rehabilitation disparities among people of color with disabilities exacerbated by the COVID-19 pandemic.

1. **What internal institutional research infrastructure and capacity building challenges do minority-serving institutions experience that might prevent them from participating in COVID-19 disability/health and rehabilitation science involving people of color with disabilities?**

Time/Staffing/Resources Challenges

- Faculty are burdened with heavy teaching loads and have limited time to dedicate to research. It is difficult to balance teaching, research, and service when faculty compensation focuses on teaching.
- Lack of necessary equipment.
- Limited staffing.
- There is a lack of top-down direction and/or interest in the topic.

Actionable Recommendation: MSI academic division, school, and department leaders should do more to address time/staffing/resource issues that might impede faculty scholars from participating in COVID-19 and other disability/health and rehabilitation research. There may be a need to develop new or strengthen existing on-campus initiatives that (a) protect their time that can be devoted to conducting research and grant writing through teaching commitment reductions, (b) provide them with requisite state-of-the-technology equipment (e.g., personal computers, laptop computers, printers, quantitative (e.g., statistical package for the social sciences [SPSS]) and qualitative [e.g., NVivo] data management software) to support scientific endeavors, and (c) incentivize research productivity through generous compensation packages upon winning federal research grants; a highly touted outcome achieved under fierce competition that actualize needed external resources and enhanced personal and institutional prestige for the winner.

Infrastructure Challenges

- Lack of leadership.
- No existing infrastructure within the school to handle healthcare issues.
- TCUs with no tenure track and no research requirements for faculty results in a limited environment to cultivate research.
- Accessing up-to-date research articles via databases relevant to the area of research is a challenge.
- COVID-19 is new to researchers.
 - Researchers are now rushing to change their research agenda to begin investigations.
 - Given the nature of COVID-19, researchers cannot use traditional approaches with participants.
 - The use of personal protective equipment and social distancing requirements may limit research protocols.

Actionable Recommendation: MSI presidents and chief academic and research officers should work together to minimize infrastructure issues that could discourage their faculty scholars from participating in COVID-19 R&D and other disability/health and rehabilitation studies. They should support creative measures that bridge the healthcare knowledge gap by collating interdisciplinary research teams and networks inclusive of their faculty scholars and those from other MSIs, PWIs, and research institutes/foundations. In particular, TCU administrators might consider, in conjunction with their Tribal councils and elders, establishing “tenure and promotion” guidelines that incentivize their faculty scholars to engage in relevant research. Such new protocols would recognize the importance of service to Native communities, teaching, and Indigenous research. Furthermore, additional library resources (i.e., comprehensive journal subscription databases) are needed at MSIs. They might also consider becoming a part of university consortiums that provide less costly access to larger library journal subscription databases.

Cultural Competency Barriers

- Lack of understanding of the need for minority-focused research.
- Disability is not a priority research area.
- Lack of bilingual research capacities and lack of bilingual supports in the rehabilitation counseling and disability fields.

Actionable Recommendation: MSI-based faculty scholars in disability/health and rehabilitation disciplines should work harder to increase the visibility of their minority-focused research thrusts across the field through peer-reviewed publications, and within their respective institutions via administrative reports and meetings to (a) increase the value for research involving persons of color with disabilities in COVID-19 context, (b) promote disability as an important priority, and (c) demonstrate the need for bilingual capabilities in research. These scholars should also actively respond to NIDILRR, NIH, and AHQR “calls for comments” and actively participate in these agencies’ strategic planning sessions (e.g., NIDILRR’s Long-Range Plan listening session) soliciting input from the field where they can emphasize minority-focused

research, disability, and bilingual research capacities as priority areas.

Technology Barriers

- Lack of access to technology.
- Limited IT infrastructure.
- Concerns with transitioning classes to online format post-COVID-19.
- Persons of color have less access to high-tech IT interventions and services.

Actionable Recommendation: MSI presidents should provide up-dated technological resources to their faculty scholars to address access concerns that may limit research publication and grant writing performance. An audit and review of existing systems followed by an overhaul, where needed, could prove fruitful in stimulating competitive R&D in the COVID-19 era and beyond. Additional information technology (IT) support and training in online teaching platforms (e.g., Zoom) usage during the pandemic may be warranted; thereby minimizing technology challenges occurring as faculty scholars transition from a traditional classroom setting to distance learning. Such measures might help protect their time spent dealing with IT issues that could be otherwise devoted to research.

Budgetary Constraints

- As money is reallocated in response to COVID-19, the capacity for new and emerging research will depend on institutional budgets.

Actionable Recommendation: MSI presidents should reallocate funds in their operational budgets to support their faculty scholars’ engagement in COVID-19 research. One creative strategy is to develop a “quick response” mini-grant program dedicated to stimulating COVID-19 collaborative research on campus. Faculty scholars could be provided with a mini-grant stipend (e.g., \$3,500) to pay research participant honoraria, purchase needed supplies, and hire a part-time student research assistant to help develop a mini-conference webinar whereby study findings could be presented. In this case, faculty scholars might desire to seek collaborators at other MSIs, PWIs, or research institutes and foundations with similar pandemic research interests.

Lack of Awareness of Funding Opportunities

- Increase awareness among HCBUs and other MSIs about the funding available to them to address the research needs of people and communities of color.
- Institutions lack informal networking channels that help them learn about securing funding for research.

Actionable Recommendation: HBCU and other MSI research leaders or sponsored programs directors should periodically invite representatives from NIDILRR, NIH, and AHQR to participate in webinars during the COVID-19 pandemic that inform their faculty scholars about their missions, discretionary grant mechanisms, funding opportunity announcements (FOAs), and how to apply to become a grant expert peer-reviewer, when feasible.

Limited Mentorship Opportunities

- Lack of mentorship opportunities for minority scholars.
- Lack of mentorship opportunities for faculty.
- Lack of faculty with research interest and expertise.

Actionable Recommendation: NIDILRR and other federal agencies should create new funding streams that support the development and field-testing of emerging and longitudinal evaluation of promising mentorship approaches targeting MSI-based early-career faculty scholars and students who can feed into the research training pipeline. For example, NIDILRR could provide supplemental funding via cooperative agreement to support expansion across the following LU-RRTC initiatives: (a) Early Intervention Research Career Pathway Model/Academy (EIRPAM), which mentors and trains pre-doctoral and doctoral students; (b) Peer Multiple Mentor Model (P3M), which trains Post-Doctoral Fellows via Advanced Rehabilitation Research Training Program; and (c) Peer-to-Peer Research Team Model- a component of IRCBIM, which mentors MSI-based Faculty/Fellows. New initiatives that allow the RRTC to provide mini-grant supplements to MSIs where their faculty scholars could be paired with seasoned peers with interest and/or expertise in COVID-19 R&D at other MSIs, research institutes/foundations and PWIs could also be productive.

Undervaluing Qualitative Research

- Qualitative research is useful for understanding experiences of people of color with disabilities.
- It is essential in understanding how non-dominant voices experience things.
- Need to focus on getting better outcomes research to increase understanding of issues in the community.

Actionable Recommendation: NIDILRR should demonstrate its value for a heterogeneous array of research approaches highlighting its value for qualitative methodologies that answer large questions that need to be addressed. Qualitative research “gives voice” to or empowers people who have been historically silenced, excluded or marginalized socially, economically, or politically. People of color with disabilities in the COVID-19 and social determinants of health context represent such individuals, and so qualitative methods align nicely with an agenda of increasing their power to self-determine health and function, employment, and community living and participation goals. Moreover, advancing the science beyond RSA-911 data-driven ex-post-facto studies toward forecast and prediction models in the COVID-19 era is warranted. This futuristic approach of carrying out solutions-focused translational research allows for unforeseen problems to be empirically predicted so that plans can be drawn up and implemented ahead of time to prevent devastating service inequities and implications.

Dissemination Challenges

- Limited capacity to disseminate findings to communities.

Actionable Recommendation: NIDILRR should provide MSI-based faculty scholars, including those not funded by the agency, conducting COVID-19 applied research involving persons of color with disabilities access to research

dissemination technical assistance and consultation offered through its funded Knowledge Translation Centers. The LU-RRTC could also provide support in this area. Supplemental funding might be needed in either case, depending upon the volume of requests and workload.

2. What external research capacity building barriers do minority-serving institutions experience that might hinder them in advancing the COVID-19 disability/health and rehabilitation science that focuses on people of color with disabilities?

Peer Reviews

- Ensure that peer reviewers from traditionally underrepresented racial/ethnic groups are included.

Actionable Recommendation: NIDILRR and other federal research agencies should develop comprehensive recruitment plans that help to increase the number of people of color, including those with disabilities, represented as grant competition expert panel reviewers. These agencies might also consider developing an online “grant review panel portal” whereby MSI-based faculty scholars and researchers can retrieve expert panel reviewer guidelines and rules and apply to become a reviewer.

External Communications from Funders

- Finding funding can be difficult.
- For institutions that do not have existing funding, it can be hard to know where to look and know what funding is available.

Actionable Recommendation: NIDILRR, NIH, and other federal agencies should develop new creative avenues to communicate opportunities (i.e., FOAs, requests for comments, grants forecasts) with MSI-based faculty scholars and researchers. MSI sponsored programs offices should also identify new strategies that facilitate better communication between federal agencies and their campus constituents, particularly faculty scholars. A joint federal agency-MSI office of sponsored programs committee may be needed to study and identify promising strategies to enhance awareness and knowledge about potential funding opportunities.

Partnerships and Networks

- Need to build or bridge more effectively across institutions to develop networks to engage in collaborative research.
- Predominantly White institutions are interested in partnering with researchers at MSIs but have expressed concern their research skills are assumed not to be as solid on this topic.
- Partnerships are critical in research, yet few inter-institution partners and collaborations exist.
- Partners on research efforts might not be a priority for state agencies focused on maintaining and sustaining services.

Actionable Recommendation: NIDILRR should develop priorities that encourage, not require, MSI and PWI collaborations on COVID-19 R&D. HBCU and PWI collaborations have proved difficult in some cases, and so

expectations that the former leads and participates in all phases of the scientific paradigm should be clarified upfront. Meaningful MSI partnerships and networks that help leverage research skill needs could help to stimulate competitive scientific inquiry in the pandemic era and beyond.

Funding

- There are structural barriers to funding (e.g., large institutions seem to have priority).
- Universities with highly known researchers and resources have better networking power.
- More funding is needed that is specific to MSIs, HBCUs, and TCUs.

Actionable Recommendation: NIDILRR should prioritize and continue to gear funding streams and research capacity building efforts toward MSIs that have been historically underrepresented as grantees across the federal research enterprise. Whereas larger MSIs and PWIs have dominated the federal agency minority R&D funding landscape, institutions that impetus mandates (i.e., Section 21) intended to advantage have largely been forgotten due to research capacity challenges (e.g., inefficient office of sponsored programs and institutional review boards [IRBs], lack of research mentors) as well as federal research agency policy and systems issues (i.e., FOAs stipulating and forcing MSI-PWI collaborations- when they can be counter-productive; PWIs serving as grantees for NIDILRR funded MSI capacity building efforts whereas resources fail to track MSI capacity and infrastructure needs).

Funding Allocation Bias

- Federal funding favors traditional middle class medical or hard science research.
- Reviewers are often not people of color, so submissions not reviewed fairly.
- Lack of culturally competent reviewers.
- Providing resources to some not all, resulting in bullying and favoritism.

Actionable Recommendation: NIDILRR and other federal research agencies should embrace the current evolutionary shift from the traditional paradigm of “grant making” to a new way of thinking that recognizes the (a) importance of social science research as an investigatory approach to addressing disability/ health and rehabilitation problems, especially in light of the need to understand social determinants of health among people of color with disabilities in the COVID-19 context, and (b) critical role that cultural competency among reviewers plays in critiquing grant proposals that ultimately address priorities of national significance. These agencies might consider integrating a cultural competency segment within its training or orientation for expert panel reviewers, albeit identifying researchers of color who already possess such competencies may represent an optimal approach.

Access to Information

- Access to primary data from hospitals, NIH, and CDC is limited.

Actionable Recommendation: NIDILRR, NIH, and other federal research agencies should collaboratively fund an annual networking conference to provide MSI-based faculty and

researchers opportunities to learn about data availability and IRB approval processes in rehabilitation agencies and centers, hospitals, community health centers, etc. Federal agencies and their PIs leading sponsored projects should be on hand to discuss data availability through their centers/laboratories and ways to access this information and/or collaborate. The Inter-university Consortium for Political and Social Research (ICPSR), a data archive that preserves and makes data available over several generational shifts in technology, could also provide webinar training to MSI-based faculty about how to access available data in their repository.

Structural Inequality

- The higher education research environment is controlled, dominated, and constrained by elite, wealthy institutions like Harvard, MIT, etc., which negatively affects research trajectories and capacities.
- The barriers institutions are experiencing are not unique to COVID-19 research; they are the same barriers institutions experience in general and boils down to the root cause of equity.

Actionable Recommendation: NIDILRR, NIH, and other federal research agencies should inventory all current streams of funding to determine if inequalities exist by institutional type (i.e., HBCUs, HSIs, TCUs, AANAPISIs, and PWIs) across R&D investments. Findings of gross inequalities in funding levels drastically favoring elite wealthy institutions and PWIs in general should signify a “mandate” for agency leaders to aggressively and strategically rectify such discrepancies. Prior seminal research in both NIDILRR²⁶ and NIH⁵⁹ contexts have reported differential funding by institutional type (HBCU compared to PWIs) and race proxy, respectively. Substantial progress in mitigating the under-participation of HBCUs and other MSIs in the federal R&D enterprise will not be realized without addressing power (e.g., PWI resources, research expertise, networks) and privilege (e.g., diversity at the NIDILRR peer-review table and within NIDILRR leadership) that have advantaged elite wealthy institutions and PWIs. While PWIs have enjoyed a 60+ year head start on HBCUs in R&D via the 1950s funding explosion and consequent “Matthew Effect” advantages in grantsmanship, federal research agencies continue to grapple with creating responsive, culturally contextualized policies and initiatives that strengthen these under-resourced institutions’ capacity to compete for discretionary R&D funding. New funding streams will be required to actualize effective capacity building approaches and models that can sustain and eventually advance the marginal progress achieved.

Stereotypes

- There are historical stereotypes that MSIs do not have the knowledge to conduct substantive research.
- There are assumptions that MSIs do not have the bandwidth or time to bring outcomes to communities.

Actionable Recommendation: NIDILRR, NIH, and other federal research agencies have a responsibility to help eliminate societal attitudinal barriers hindering the translation of solutions that improve health and rehabilitation experiences and outcome among individuals with disabilities from

the communities of color they serve. A traditional model for combatting such stereotypes has been to require PWI collaborations for enhanced research credibility. This approach has proven controversial and complicated given dueling MSI and PWI agendas, differing personalities, and the notion that PWI collaborators often perpetuate these negative stereotypes themselves. This is why federal agencies must take the lead in helping to change these negative perspectives by (a) enhancing the visibility of the cutting-edge research being conducted by these institutions across their funded class, and (b) significantly expanding research capacity building initiatives at these institutions. The COVID-19 pandemic offers these agencies a unique window to pursue this strategic objective.

Lack of Focus on Disability Issues

- Disability is a low priority to those who are not directly dealing with a disability in their lives.
- Disability is the main issue for this conversation, and discrimination exists, (e.g., the public schools waving IDEA mandates during this pandemic).

Actionable Recommendation: NIDILRR should commission a public policy analysis to identify gaps that have led to the disenfranchisement and continued marginalization of people of color with disabilities across health and function, employment, and community outcome domains. This study would review relevant public policy, reveal and prioritize gaps, and lead to the drafting of strategic plans that articulate what is needed in modified and/or new policy to address disparate experiences among people of color with disabilities.

Lack of Minority Perspective

- Research issues should include the minority perspective.
- Community needs assessments are important to ensure communities of color have a voice in what will benefit them.
- Funders should recognize that people of color with disabilities might have a different perspective.
- Community-based participatory research might not be sufficiently engaging with a wide number of communities of people with disabilities.
- Open community reporting systems can alert researchers about issues.
- Does the disability research sector think it is important to pay attention to people of color with disabilities? Do they think they are getting enough attention because of the disproportionate impact of COVID-19 on communities of color?
- Training in Indigenous research methods is proven in Native communities.

Actionable Recommendation: NIDILRR should periodically assess and identify disability/health and rehabilitation needs of persons with disabilities from communities of color. Strategies that might be considered for achieving this objective include (a) establishing a National Advisory Board on Minority Disability/Health and Rehabilitation Issues that helps guide the agency's Section 21 and overall long-range strategic diversity efforts; (b) commissioning a national comprehensive needs assessment

to illuminate perspectives; and (c) sponsoring Indigenous research methods training that targets Indian country (i.e., TCUs, Tribal councils, Native American rehabilitation organizations [Consortia of Administrators for Native American Rehabilitation- CANAR], and Native Americans with disabilities and their family members).

Tribal Restrictions

- Restrictions on external researchers or complete Tribal shutdowns may prevent fieldwork.

Actionable Recommendation: TCU and Tribal leaders and elders should work to lift restrictions on external researchers during this unprecedented COVID-19 pandemic era to ensure that complications in Indian Country are receiving the attention they deserve. Stipulations requiring external researchers to demonstrate that TCUs will serve as grant applicants (in case grants are developed) and that PIs will be drawn from TCU-based Native American faculty scholars closest to the problems should be prioritized.

3. What short-term and long-range strategies should NIDILRR and other federal agencies (e.g., NIH) that sponsor disability/health and rehabilitation research develop to enhance the research skills (i.e., methodology and grant writing) of faculty members at minority-serving institutions so that they can contribute toward advancing COVID-19 science aimed at improving employment, health and function, and community participation outcomes and experiences among people of color with disabilities?

Increase Funding Opportunities

- There is a need for additional funding streams to address these issues.
- This may include fellowships, scholarships, conferences, and community outreach funding.
- Award multiple small grants to individual researchers within a bigger grant.
- Research at MSIs is important because there is often distrust between minorities and the medical community.

Actionable Recommendation: In the short-term, NIDILRR and other federal agencies should develop FOAs through new and/or expand existing funding streams that sponsor COVID-19 R&D involving people of color with disabilities at MSIs. Specifically, NIDILRR should increase the number of awards to be funded under the upcoming 2020 MSI-Field Initiated Program (FIP) competition. Funding allocations could also support (a) pre-doctoral, post-doctoral and faculty scholars trained and mentored in COVID-19 R&D, (b) multiple mini-grant subawards distributed to MSIs by NIDILRR funded MSI incumbents with rapid response and "turn-key" capabilities, and (c) COVID-19 research projects grounded within networks involving MSI-based medical schools and the communities of color they serve where distrust is a non-factor.

Adapt the Funding Process

- Identify strengths of individual MSIs and target invitations and RFPs to those strengths.
- Disburse grants that enable MSIs to undertake research.

- Provide funds at the time of need.
- Consider how to address challenges resulting from limited time/resources/support to write grants.

Actionable Recommendation: NIDILRR, NIH, and other federal research agencies should work long-term to tailor FOA priorities that complement MSIs' strengths that can be leveraged to study COVID-19 issues and other disability/health and rehabilitation topics. For example, TCUs' have an expertise in Indigenous knowledge and culture, which are important factors for understanding service access phenomenon. In order to effectively study such issues within Native American communities, investigators themselves must value and appreciate cultural context through their own lived experiences. This contextualization contrasts worldviews (Indigenous versus non-Indigenous) and could ultimately empower Native American investigators to view the problem through an Indigenous lens, which helps them to arrive at the truth. Questions arise within these milieus that require an in-depth understanding of culture, such as; How do Native Americans see western medicine and health service dynamics and benefits in contrast to Tribal healing custom?, What vocational rehabilitation/employment agendas might need Tribal elders' approvals? A plethora of other disability/health and rehabilitation issues exist in Indian country where Indigenous knowledge and culture are crucial to effectively translating new interventions and policies for improving health and rehabilitation services and outcomes.

Develop COVID Framework and Intermediate RFPs

- NIDILRR could develop an overarching COVID-19 specific research framework that encourages research that addresses broad questions.
- Research should address the current community needs.
- Consider immediately putting out COVID-specific RFPs to fund interventions and much-needed support.
- While supplements to existing grants would be helpful (and would offer more ability for immediate response), there is also a need to have a full competitive grant where COVID-19 is the primary focus.
- A concern might be that supplements to current grantees will limit the possibility of increasing the budget for MSI field-initiated grants.

Actionable Recommendation: NIDILRR should in the short-term sponsor a consortium to assess its Long-Range Plan assets to develop a COVID-19 framework and recommend how to invest in R&D, research capacity building, and knowledge translation that has direct impact on communities of color during the pandemic era and beyond. Based upon what was heard in this listening session, we developed an *Emerging Conceptual Framework for Advancing the COVID-19 Science Involving People of Color with Disabilities through MSI Research Capacity Building*. This framework could serve as a good starting point for NIDILRR to further nuance its decisions around R&D and capacity-building investments and priorities. New FOAs should be drafted and published, and supplements via cooperative agreement fully executed with MSIs as a rapid response strategy.

Increase Awareness and Information Dissemination

- NIDILRR should increase awareness of their work and share knowledge coming out of their research.
- Dissemination of research is just as critical as the research itself.

Actionable Recommendation: NIDILRR should, in the long-term, continue to promote its MSI grantees' R&D accomplishments by (a) highlighting grantees' findings in the National Rehabilitation Information Center's (NARIC) "Research in Focus" Weekly Digest, (b) encouraging them to publish findings in the form of research-to-practice briefs and fact-sheets that can be disseminated widely external to the academy and magazines that channel information to target populations within readerships, and (c) informing grantees about dissemination technical assistance available through NIDILRR funded Knowledge Translation Centers.

Offer Training/Mentoring

- NIDILRR could offer training, workshops, and webinars for researchers from HBCUs on financial and other resources.
- Provide TA webinars to help MSIs address research to focus on what can be done and how it can be done.
- Help potential researchers gain better understanding of the grant writing and selection process.
- Provide information about developing and implementing projects and publishing and presenting findings.
- Identify aggregate, systemic general shortcomings of MSIs and develop resources to address them: grant writing workshops (including examples of previously accepted grants compared to rejected; opportunities for MSI faculty to work with non-MSIs); opportunities for MSI faculty to network with non-MSI faculty, and/or NIDILRR staff and administration to develop rapport, share current research topics and needs, discuss trends in methods and recruitment of research participants; and develop an MSI-focused working group to enhance dialogue between MSIs and NIDILRR administration.
- Highlight and share the different kinds of research frameworks: exploratory, intervention, and efficacy-based research.

Actionable Recommendation: NIDILRR and other federal agencies should in the long-term develop new priorities and/or expand existing initiatives designed to build new networks between MSIs, research institutes/foundations and PWIs. Mentorship should be included as a priority; however other components that will need be provided include (a) NIDILRR informationals on its grant mechanisms/programs and grants forecast relating to COVID-19 and R&D in general, (b) grant writing and research methods training workshops/webinars or conferences, and (c) manuscript development for peer-review journal submission workshop trainings.

Develop Support Networks

- How could NIDILRR assist in connecting researchers who have a health and function focus with researchers who have an employment focus?

- Create regional networks to tackle current and future healthcare issues.

Actionable Recommendation: NIDILRR should emphasize in its Long-Range Plan the importance and need for interdisciplinary collaborative scientific teams composed of health and function and employment researchers at MSIs and when feasible PWIs, and/or research institutes and foundations to cross-fertilize scientific investigations aimed at translating findings that diminish service inequalities experienced by people of color with disabilities across both outcome domains.

4. In the short and long-term, what things should NIDILRR and other federal agencies (e.g., NIH) that sponsor disability/health and rehabilitation research be doing to build the needed research infrastructure at minority-serving institutions to effectively respond to COVID-19 challenges?

Increase Access to Mentors

- Create/support mentorship opportunities for junior faculty members with grant interest.

Actionable Recommendation: In the long-term, NIDILRR and other federal research agencies should develop priorities that establish new or expand current mentorship initiatives targeting MSIs. Such models should promote MSI-based mentee/fellow access to seasoned mentors from other MSIs, PWIs, and research institutes and foundations and emphasize the need to cross-fertilize research studies through collaborative interdisciplinary scientific teams.

Develop Capacity Building Resources

- Can NIDILRR put together teams to help show how to build capacity?
- Support a hands-on, “expert-in-residence” that can help institutions build capacity. It would be helpful to have principal investigators do rotations at HBCUs and other institutions to help build their research capacity.
- Provide ongoing workshops, and webinars on how to read and respond to RFPs, support for writing scholarly publications designing a research proposal, qualitative methods.

Actionable Recommendation: NIDILRR should in the short-term sponsor initiatives that address limited research capacity at MSIs during the COVID-19 pandemic by (a) convening a team of researchers and expert consultants to provide HBCUs and other MSIs technical assistance and consultation aimed at enhancing research infrastructure (e.g., office of sponsored programs and IRB), and (b) rotating expert cohorts as trainers across these institutions to increase their faculty scholars’ abilities to write competitive grants, publish research findings in peer-reviewed journals, and conduct qualitative research programs.

Offer Grant Levels

- Have different levels of funding (small, medium, large-scale grants).

Actionable Recommendation: NIDILRR should in the long-term develop FOA priorities that establish research programs

at MSIs addressing COVID-19 and other disability/health and rehabilitation problems impacting people of color with disabilities under the following small to large scaled funding mechanisms; Advanced Rehabilitation Research Training (ARRT), Disability Rehabilitation Research Projects (DRRP), MSI-Field Initiated Program (FIP), Rehabilitation Engineering Research Centers (RERC), Rehabilitation Research and Training Centers (RRTC), Small Business Innovation Research (SBIR), and the Switzer Research Fellowship Program.

Build Partnerships

- Can Disability Offices have a role in COVID-19 research and help implement practical solutions?
- Look beyond the disability field and systems and build partnerships with other systems and organizations serving communities of color.

Actionable Recommendation: NIDILRR should, in the long-term, publish FOA priorities that encourage MSIs to partner with disability, health or rehabilitation agencies and other organizations at the community grassroots level (e.g., churches, mosques, synagogues, Black fraternities, and sororities) that can assist them in knowledge translation efforts.

5. What topics and priorities should NIDILRR and other federal agencies that fund disability/health and rehabilitation research develop to address COVID-19 implications in the short-term and long-term among people of color with disabilities?

- Social determinants of health as they relate to people with disabilities
- Comorbidities that make people more vulnerable to COVID-19
 - Predictors of comorbidity of disability and COVID-19 (e.g., lifestyle factors).
 - COVID-19, diabetes, and intergenerational issues related to race.
- Health disparities and health literacy
- How to access underserved communities (e.g., rural areas, working with Centers for Independent Living)
- Addressing service delivery models and supports during COVID-19
 - Healthcare silos.
 - Accessible, affordable housing and other community living supports.
- Mental health
 - Depression and anxiety among persons with COVID-19, their families, and their caregivers.
- Communication
 - Effective communication solutions.
 - Sources of COVID-19 information and how it is translated into behavior changes by people with disabilities, and the obstacles to implementing such changes.
 - Asking the community what the barriers are (e.g., method of communication).
 - How do disability accommodations interact with virus safety messages?

- Social supports
 - Effect of social distancing on home health, transportation, and other social services
 - Role of family care providers
- Work/employment
 - Work-life management
 - Role of minority businesses in research and outreach to individuals with disabilities
 - Impact of remote work on well-being and job satisfaction
 - Employment for persons with and who recovered from COVID-19
 - Access to job coaches
- Resources
 - Utilizing, improving, and expanding existing resources
 - Access and accommodation of technology
- Access to quality healthcare for people of color
 - Trust of healthcare providers
- Socialization
 - Isolation and resources (i.e., assistive technology) needed to connect
 - Social well-being
- Education
 - Transitioning students with disabilities from racial/ethnic minority groups
 - Poor pre-health student placement foreshadowing experiences due to COVID-19
 - Adverse childhood experiences (ACEs) and COVID-19
- Response
 - Community engagement in emergency operation centers and response activities
 - Effective solutions from communities of color
 - Facilitating self-advocacy, self-efficacy, and self-determination in COVID-19 era
 - Effectiveness of an online support intervention during the pandemic that provides social support but also qualitative information about local needs of disability community/community of color
 - Lived experience of COVID-19 among people with disabilities and social supports
- Impact of decarceration during COVID-19
- Prevention of COVID-19
- Interdisciplinary issues
- Post-op time for recovery due to lack of rehabilitation services
- Institutional racism and the impact on COVID-19 treatment
- How to make space for people of color with disabilities

Actionable Recommendation: NIDILRR should develop new priorities in FOAs that allow MSI applicants to propose research addressing any of the above-noted topics. The peer-review process will discern the topics' problem relevance and overall importance.

■ A New Paradigm and Emerging Conceptual Framework for Federal Agencies

Figure 1 shows a graphic representation of our conceptual framework. This agenda is grounded in a new paradigm that embraces MSI research participation as the sine-qua-non for advancing COVID-19 minority-focused disability/health and rehabilitation research. Its design was informed by themes from the listening session proceedings; literature review; and the LU-RRTC research team's extensive hands-on experiences in implementing and field-testing new research capacity building models and approaches at MSIs. The framework conceives public policies (e.g., Section 21 of the Rehabilitation Act Amendments, President Donald J. Trump's Presidential Executive Order on the White House Initiative to Promote Excellence and Innovation at HBCUs) and investments made by federal research agencies (e.g., NIDILRR, NIH) that sponsor disability/health and rehabilitation R&D as having the greatest impact on overall research capacity (i.e., infrastructure and skill building) for ultimately eliminating disparities experienced by people of color with disabilities. NIDILRR's 2018-2023 Long-Range Plan, which identifies research capacity building at MSIs as a critical investment for eliminating disparities, provides the roadmap for designing interventions. Within this background, social determinants of health and MSIs interact with each other on an ongoing basis. As a result, R&D activities respond to communities of color needs, culture, and their members' worldview.

Consistent with NIDILRR's 2018-2023 Long-Range Plan,⁶⁰ the framework identifies three broad strategic and overlapping research capacity building interventions:

1. **Building research infrastructures:** The listening session participants frequently identified research infrastructure as key area that needs to be developed at MSIs. Such infrastructures generally include, but are not limited to facilities, office of sponsored programs, IRBs, up-to-date databases, modern libraries, and technologies that support effective R&D.²⁶ Building this infrastructure should also focus on streamlining institutional systems that lead to a coherent institutional research architecture.
2. **Research skill development:** This intervention involves equipping faculty scholars and students with a variety of methodological (both western and Indigenous) and grant writing and management tools necessary to carry out complex research projects with confidence and a sense of self-efficacy. For example, listening session participants recommended skills development in the areas of reading and responding to FOAs, writing scholarly publications, designing research proposals, and employing quantitative and qualitative methods.
3. **Developing collaborations and networks:** Internal and external research collaborations and networks are vital ingredients for both capacity building efforts and scientifically answering complex societal questions^{26,57} such as those centered on mitigation of the effects of the COVID-19 pandemic. As reflected clearly in the listening

session proceedings, participants identified the need to build or bridge more effectively across institutions to develop networks engaged in collaborative interdisciplinary research. Internal collaborations refer to researchers within the same university working together to advance pandemic-related disability/health and rehabilitation questions about people of color with disabilities. External collaborations involve MSI-based researchers working with others (e.g., MSIs, PWIs, research institutes/foundations, state and federal vocational rehabilitation entities, hospitals, community-based disability, and health programs). In tandem with this new paradigm, external collaborations, especially with PWIs, are considered critical and meaningful when MSIs play a leadership role (i.e., as grantees/principal investigator, lead authors, or research team leaders). Unfortunately, many current and past collaborations between MSIs and PWIs have mostly favored PWIs. Consequently, such collaborations have not always been beneficial to MSIs' capacity building agendas and advancing the state of minority-focused disability/health and rehabilitation science.^{26,27}

These interventions (inputs), when implemented well, will lead to empowered MSIs. Key indicators include (a) enhanced institutional COVID-19 R&D infrastructure, (b) availability of a critical mass of well-trained researchers, including those with disabilities, at these institutions conducting R&D activities that generate new culturally competent knowledge and innovations that can be used to inform policy decision making, service delivery system, and future research, and (c) enhanced research culture. In addition, there will be increased awareness about NIDILRR and other federal agencies that support disability/health and rehabilitation research. Indeed, several participants identified communication gaps between federal agencies and MSIs, which partly contributes to their under-participation in the federal R&D enterprise. Accordingly, they recommended that NIDILRR and other federal agencies establish communication mechanisms that facilitate quicker dissemination of information about available research resources and opportunities.

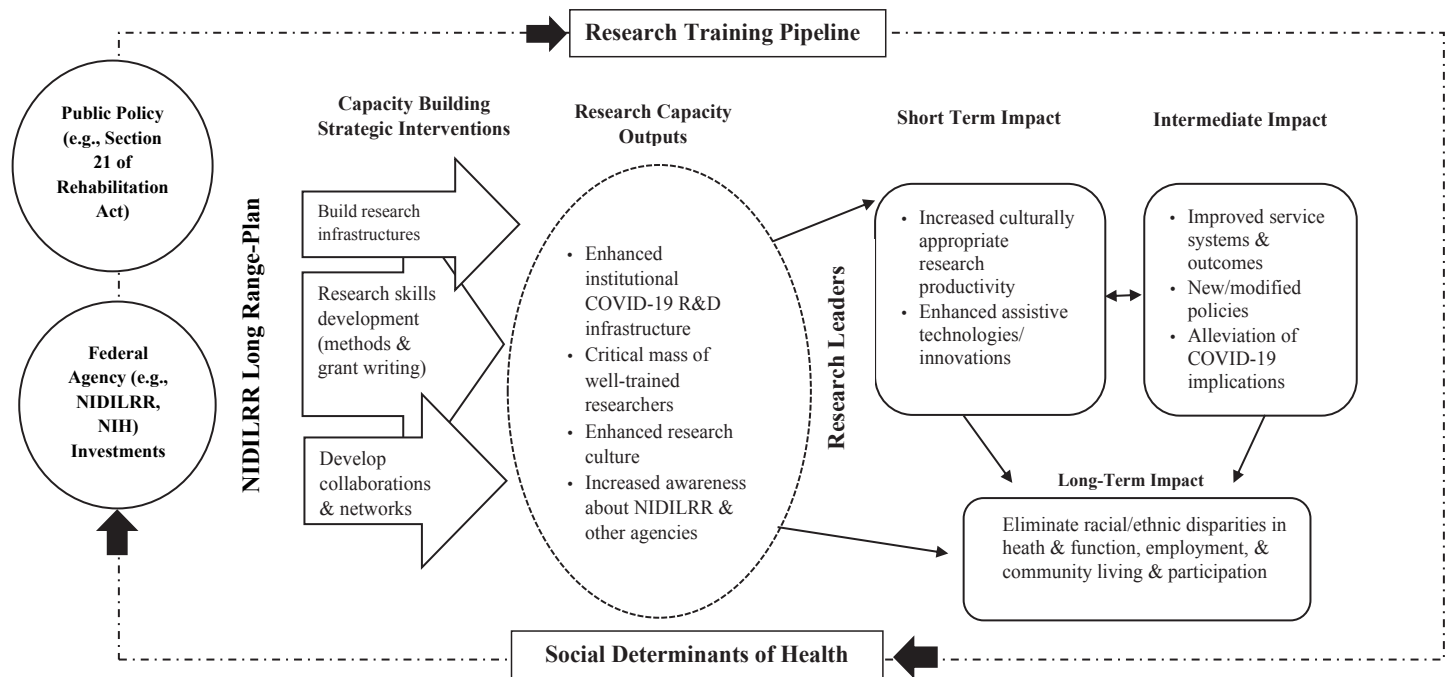


Figure 1. An Emerging Conceptual Framework for Advancing the COVID-19 Science Involving People of Color with Disabilities through MSI Research Capacity Building

MSIs are depicted as open subsystems (represented by the dotted lines) of the larger U.S. R&D ecosystem. As an open subsystem, they influence and are influenced by the external environment (e.g., public policies and social determinants of health). Thus, MSIs are co-creators and consumers of new knowledge and innovations. This ongoing interaction between social determinants of health and MSIs ensures that R&D activities take into account persons' of color with disabilities history, sociocultural and economic contexts.^{53,55} Ongoing research capacity building efforts at MSIs are viewed as critical to a sustained scientific training pipeline leading to a more diversified research community. Research leaders at MSIs represent R&D sustainability and resilience. They also link their

institutions with service providers, consumers, and policymakers through knowledge translation activities (e.g., developing tool kits, participating in think tanks meetings, and reporting progress to NIDILRR and other federal agencies). In the short-term, the field will witness increased culturally appropriate research productivity (e.g., peer-reviewed publications, successful grant applications, conference presentations, policy briefs, and other knowledge translation products) and assistive technology. The framework conceives improved service systems and outcomes, new/modified policies designed to address the needs of people of color with disabilities, and the alleviation of COVID-19 disability/health and rehabilitation disparities as intermediate impacts. Participants identified systemic biases in the service

delivery system as major drivers of disparities across racial/ethnic groups. In the long-term, empowered MSIs will contribute to the elimination of such inequities through improved experiences and outcomes across NIDILRR interconnected outcome domains (i.e., employment, health and function, and community living and participation). The elimination of inequalities remains a major priority of NIDILRR and other federal research agencies.

■ Conclusion

As the COVID-19 crisis continues to evolve, its devastating impacts on individuals from communities of color has become more apparent. Unfortunately, considerable knowledge and data gaps remain due to a dearth of rigorous action research that could help the field better understand how this pandemic is impacting people of color with disabilities across health and function, employment, and community participation outcome domains. This research gap could have far-reaching policy, practice, and research implications because such insufficient information hinders the field's capacity to design effective interventions and policies to address disparities illuminated by this pandemic. Scarce data availability for policymakers and strategists as well as health and rehabilitation care professionals could result in ineffective policy and practice decisions, respectively, which in turn perpetuates existing inequalities. Therefore, a key research objective is to develop an evidence-base that can inform sound practice and policy decisions that address COVID-19 issues. Accordingly, there is an urgent need to develop the context for a national long-range strategy that addresses these gaps through strengthening MSIs' capacity to participate in pandemic research and beyond. This policy brief represents a beginning small, but important step toward constructing this plan by expounding upon the listening session to develop actionable items and propose an *Emerging Conceptual Framework for Advancing the COVID-19 Science Involving People of Color with Disabilities through MSI Research Capacity Building*. This framework can potentially not only guide the pandemic's R&D response agenda, but also a long-range plan aimed at alleviating persistent disparities experienced by people of color with disabilities.

■ References

- Garg S, Kim L, Whitaker M, et al. Hospitalization rates and characteristics of patients hospitalized with laboratory- confirmed coronavirus disease 2019— covid-net, 14 states, March 1–30, 2020. *MMWR Morb Mortal Wkly Rep*. 2020;69(15):458-464. <http://dx.doi.org/10.15585/mmwr.mm6915e3>.
- Holshue ML, DeBolt C, Lindquist S, et al. First case of 2019 novel coronavirus in the united states. *N Engl J Med*. 2020;382(10): 929-936. doi: 10.1056/NEJMoa2001191.
- Laurencin CT, McClinton, A. The covid-19 pandemic: a call to action to identify and address racial and ethnic disparities. *J Racial Ethn Health Disparities*. 2020;7(3):398-402. doi: 10.1007/s40615-020-00756-0.
- Centers for Disease Control and Prevention (U.S.). Covidview: a weekly surveillance summary of u.s. covid-19 activity. 2020. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>. Updated July 17, 2020. Accessed July 20, 2020.
- APM Research Lab Staff. The color of coronavirus: covid-19 deaths by race and ethnicity in the U.S. APM Research Lab. <https://www.apmresearchlab.org/covid/deaths-by-race>. Updated July 8, 2020. Accessed July 10, 2020.
- Price-Haywood EG, Burton J, Fort D, Seoane L. Hospitalization and mortality among black patients and white patients with Covid-19. *N Engl J Med*. 2020;382:2534-2543. doi: 10.1056/NEJMs2011686.
- Dorn AV, Cooney RE, Sabin ML. Covid-19 exacerbating inequalities in the us. *Lancet (london, england)*. 2020;395(10232):1243-1244. doi:10.1016/S0140-6736(20)30893-X.
- Williams DR, Cooper LA. Covid-19 and health equity—a new kind of “herd immunity”. *JAMA*. 2020;323(24).
- Yancy CW. Covid-19 and african americans. *JAMA*. 2020;323(19).
- McNutt M. The coronavirus pandemic: delivering science in a crisis. *Issues in Science and Technology*. <https://issues.org/mcnutt-actionable-strategic-irreplaceable-data-delivering-science-in-a-crisis/>. Published June 2020. Accessed July 6, 2020.
- Raifman MA, Raifman JR. Disparities in the population at risk of severe illness from covid-19 by race/ethnicity and income. *Am J Prev Med*. 2020;59(1):137-139. doi:10.1016/j.amepre.2020.04.003.
- Mineo L. The impact of covid-19 on native americans communities. *The Harvard Gazette*. <https://news.harvard.edu/gazette/story/2020/05/the-impact-of-covid-19-on-native-american-communities/>. Published May 8, 2020. Accessed July 7, 2020.
- Hofschneider A. Hawaiians, pacific islanders confront high rates of covid-19 in many states. *Honolulu Civil Beat*. <https://www.civilbeat.org/2020/05/hawaiians-pacific-islanders-confront-high-rates-of-covid-19-in-many-states/>. Published May 2020. Accessed June 30, 2020.
- Artiga S, Garfield R, Orgera K. Communities of color at higher risk for health and economic challenges due to covid-19. <https://www.kff.org/coronavirus-covid-19/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/>. Published April 7, 2020. Accessed June 29, 2020.

15. Chicago Urban League. An epidemic of inequities: Structural racism and covid-19 in the black community. https://chiul.org/wpcontent/uploads/2020/05/ChicagoUrbanLeague_An-Epidemic-of-Inequities_5-12-20.pdf. Published May 12, 2020. Accessed June 28, 2020.
16. Center for Disease Control. People with disabilities. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html>. Updated April 7, 2020. Accessed June 30, 2020.
17. Krishnan L, Ogunwole SM, Cooper LA. Historical insights on coronavirus disease 2019 (covid-19), the 1918 influenza pandemic, and racial disparities: illuminating a path forward. *Ann Intern Med*. 2020; Jun 05. doi:10.7326/M20-2223.
18. Jones CP, Jones CY, Perry GS, Barclay G, Jones CA. Addressing the social determinants of children's health: a cliff analogy. *J Health Care Poor Underserved*. 2009;20(4):1-12. doi:10.1353/hpu.0.0228.
19. National Academies of Sciences, Engineering, and Medicine. A new vision for center based engineering research. Washington, DC: The National Academies Press; 2017. <https://www.nap.edu/catalog/24767/a-new-vision-for-center-based-engineering-research>. Accessed June 3, 2020.
20. Moore CL, Aref F, Manyibe EO, Davis E. Minority entity disability, health, independent living, and rehabilitation research productivity facilitators: a review and synthesis of the literature and policy. *Rehabil Couns Bull*. 2016;59(2):94- 107.
21. Moore CL, Ningning Wang. A national benchmark investigation of return-to-work outcome rates between african american, native american or alaskan native, latino, asian american or pacific islander, and non-latino white veterans served by state vocational rehabilitation agencies: application of bootstrap data expansion. *J Vocat Rehabil*. 2016;45(2).
22. Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.
23. Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Pub Health*. 2000;90(8):1212-1215.
24. Jones C.P. Systems of power, axes of inequity: parallels, intersections, braiding the strands. *Med Care*. 2014;52:75. doi:10.1097/MLR.0000000000000216.
25. Ramírez IJ, Lee J. COVID-19 emergence and social and health determinants in colorado: A rapid spatial analysis. *Int J Environ Res Public Health*. 2020;17(11):3856. doi:10.3390/ijerph17113856.
26. Moore CL, Johnson JE, Manyibe EO, et al. Barriers to the participation of historically black colleges and universities in the federal disability and rehabilitation research and development enterprise: The researchers 'perspective. Oklahoma City, OK: Department of Rehabilitation Counseling and Disability Studies of Langston University; 2012.
27. Manyibe EO, Moore CL, Wang N, et al. Career development factors for minority disability and health research leaders: A key informant study. *Rehabil Res Policy Educ*. 2017;31(3):208-229. doi:10.1891/2168-6653.31.3.208.
28. Erickson W, Lee C, von Schrader, S. 2017 disability status report: united states. Disability Statistics. https://www.disabilitystatistics.org/StatusReports/2017-PDF/2017-StatusReport_US.pdf. Published January 2019. Accessed June 29, 2020.
29. Schneider JA, How has the recession affected employment for people with disabilities? <http://chrysaliscollaborations.com/wp-content/uploads/2016/04/disability-unemployment-report-final-for-distribution.pdf>. Published December 2011. Accessed June 26, 2020.
30. U.S. Bureau of Labor Statistics. Persons with a disability: Labor force characteristics—2019. <https://www.bls.gov/news.release/pdf/disabl.pdf>. Published February 2000. Accessed June 29, 2020.
31. Agency for Healthcare Research and Quality. 2018 National healthcare quality and disparities report. US Department of Health and Human Services. <https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqdr/2018qdr.pdf>. Published September 2019. Accessed June 7, 2020.
32. Sarche M, Spicer P. Poverty and health disparities for American Indian and Alaska Native children: current knowledge and future prospects. *Ann N Y Acad Sci*. 2008;1136:126-136. doi:10.1196/annals.1425.017.
33. Evans-Campbell T. Historical trauma in american indian/native alaska communities: a multilevel framework for exploring impacts on individuals, families, and communities. *J Interpers Violence*. 2008;23(3):316-338. doi:10.1177/0886260507312290.
34. Kirmayer LJ, Gone JP, Moses J. Rethinking historical trauma. *Transcult Psychiatry*. 2014;51(3):299-319. doi:10.1177/1363461514536358.
35. Williams-Washington, KN. Historical trauma. In: Hampton RL, Gullotta TP, Crowel RL, ed. *Handbook of African American Health*. New York, NY: Guilford Press; 2010:31-50.
36. Mwachofi AK, Broyles R, Khaliq A. Factors affecting vocational rehabilitation intervention

- outcomes. *J Disabil Policy Stud.* 2009;20(3):170-177. doi:10.1177/1044207309338670.
37. Berchick, Edward R, Barnett JC, Upton RD. Health Insurance Coverage in the United States: 2018. <https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-267.pdf>. Published November 2019. Accessed June 27, 2020.
 38. Essien UR, Venkataramani A. Data and policy solutions to address racial and ethnic disparities in the COVID-19 pandemic. *JAMA Network.* <https://jamanetwork.com/channels/health-forum/fullarticle/2765498>. Published April 28, 2020. Accessed June 30, 2020.
 39. Kirkness CS, Ren J. Race Differences: use of walking speed to identify community-dwelling women at risk for poor health outcomes--osteoarthritis initiative study. *Phys Ther.* 2015;95(7):955-965. doi:10.2522/ptj.20140028.
 40. Okpych NJ. Receipt of independent living services among older youth in foster care: an analysis of national data from the U.S. *Child Youth Serv Rev.* 2015;51:74-86. doi:10.1016/j.chilyouth.2015.01.021.
 41. Borg J, Larsson S, Ostergren PO, Rahman AA, Bari N, Khan AN. Assistive technology use and human rights enjoyment: a cross-sectional study in bangladesh. *Bmc Int Health Hum Rights.* 2012;12:18-18. doi:10.1186/1472-698X-12-18.
 42. Ward-Sutton C, Williams NF, Moore CL, Manyibe EO. Assistive technology access and usage barriers among african americans with disabilities: a review of the literature and policy. *J Appl Rehabil Couns.* 2020;51(2):115-133. doi:10.1891/JARC-D-19-00011.
 43. Carey AC, DelSordo V, Goldman A. Assistive technology for all: access to alternative financing for minority populations. *Rehabil Res Policy Educ.* 2004;14(4):194-203. doi:10.1177/10442073040140040101.
 44. Kemp CE, Parette HP. Barriers to minority family involvement in assistive technology decision-making processes. *Educ Train Mental Dev Disabil.* 2000;35(4):384-392.
 45. Skylar AA. Assistive technology. *J Spec Educ Technol.* 2008;23(2):45-49. doi:10.1177/016264340802300204.
 46. Ward-Sutton C. An Examination of AT Usage and Impacts on Employment Between Minorities and Whites with Disabilities. *Arch of Phys Med Rehabil.* 2019;100(10). doi:10.1016/j.apmr.2019.08.018.
 47. National Academies of Sciences, Engineering, and Medicine. Minority serving institutions: America's underutilized resource for strengthening the stem workforce. Washington, DC: The National Academies Press; 2019. doi:10.17226/25257.
 48. Manyibe EO, Moore CL, Aref F, et al. Minority-serving institutions and disability, health, independent living, and rehabilitation research participation challenges: A review of the literature and policy. *Rehabil Res Policy Educ.* 2017;31(3), 174-193. doi:10.1891/2168-6653.31.3.174.
 49. Moore CL, Wang N, Davis D, et al. Key informant perspectives on federal research agency policy and systems and scientific workforce diversity development: A companion study. *Rehabil Res Policy Educ.* 2017; 31(3), 230-252. doi: 10.1891/21686653.31.3.230.
 50. Moore CL, Manyibe EO, Washington AL, et al. A multisite evaluation of an emerging institutional research capacity building and infrastructure model for advancing the science on disability/health and rehabilitation research capacity building at minority-serving institutions. Oklahoma City, OK: Langston University Rehabilitation Research and Training Center on Research and Capacity Building for Minority Entities; 2020.
 51. Manyibe EO, Moore CL, Aref F, et al. An emerging conceptual framework for conducting disability, health, independent living, and rehabilitation research mentorship at minority serving institutions. *J Rehabil.* 2015; 81(4), 25-37.
 52. Moore CL, Manyibe EO, Sanders P, Aref F, Washington AL, Robertson CY. A disability and health institutional research capacity building and infrastructure model evaluation: A tribal college-based case study. *Rehabil Res Policy Educ.* 2017; 31(3), 309-336. doi: 10.1891/2168-6653.31.3.309.
 53. Moore CL, Manyibe EO, Aref, F, Washington AL. Research capacity building: A historically black college/university-based case study of a peer-to-peer mentor research team model. *Rehabil Res Policy Educ.* 2017;31(3), 283-308. doi:10.1891/21686653.31.3.283.
 54. Couch SC, Whalen TF, Wall AL, Mentzel TK, Nashville TN 20151003-20151006. Strategies for increasing the diversity of the healthcare workforce: incorporating key stakeholders perspectives. *J Acad Nutr Diet.* 2015;115(9):55. doi:10.1016/j.jand.2015.06.195.
 55. Battiste M. Research ethics for protecting indigenous knowledge and heritage: Institutional and researcher responsibilities. In: Denzin NK, Lincoln YS, Smith LT, eds. *Handbook of Critical and Indigenous Methodologies.* Thousand Oaks, CA: SAGE Publications, Inc.; 2008:497-510. doi:10.4135/9781483385686.
 56. George S, Duran N, Norris K. A systematic review of barriers and facilitators to minority research participation

among african americans, latin@s, asian americans, and pacific islanders. *Am J Public Health*. 2014;104(2):31.

57. Warren RC, Behar-Horenstein LS, Heard TV. Individual perspectives of majority/minority partnerships: who really benefits and how? *J Health Care Poor Underserved*. 2019;30(1):102-115. doi:10.1353/hpu.2019.0010.
58. Jones CP. How understanding of racism can move public health to action: Allegory highlights dual reality of privilege. Vital Signs (the President's Column of the American Public Health Association). *The Nation's Health*. February. 2016; 46:3.
59. Ginther DK, Schaffer, WT, Schnell J, et al. Race, ethnicity, and nih research awards. *Science*. 2011;333(6045):1015–1019. doi:10.1126/science.1196783.
60. Administration for Community Living. New nidilrr long-range plan. <https://acl.gov/news-and-events/announcements/new-nidilrr-long-range-plan>. Published January 2019. Accessed July 17, 2020.

■ Related RRTC Publications

The following additional resources published by RRTC investigators may be of interest to readers of this Policy Research Brief.

Title: A Multisite Evaluation of an Emerging Institutional Research Capacity Building and Infrastructure Model for Advancing the Science on Disability/Health and Rehabilitation Research Capacity Building at Minority-Serving Institutions

Abstract: New multi-level research capacity building strategies targeting minority-serving institutions are needed to empower them to optimally participate in the generation of new knowledge that can be translated into innovative interventions and advanced technologies resulting in improved rehabilitation and health outcomes and experiences among people of color with disabilities. The current findings support IRCBIM as one such promising multi-dimensional institutional research capacity building strategy. This current evaluation of the model across the five participating HBCUs, HSIs, and TCU will lead to subsequent refined national efforts aimed at assessing longitudinal benefits that help extensively address Section 21; thereby continuing to level the playing field for such under-resourced institutions to compete for funding across NIDILRR's broad investment portfolio (i.e., Advanced Rehabilitation Research Training [ARRT], Disability Rehabilitation Research Projects [DRRP], Field Initiated Projects [FIP], Rehabilitation Engineering Research Centers [RERC], Rehabilitation Research and Training Centers [RRTC], Small Business Innovation Research [SBIR], Spinal Cord/Burn/Traumatic Brain Injury Model Systems, and the Switzer Research Fellowship Program). As one participant clearly observed, "I think that when you think about the availability of resources at PWIs [predominantly White

institutions], this effort [IRCBIM] attempts to, you know, level the playing field." This observation corroborates well documented evidence attesting that minority-serving institutions seldom receive their fair share of R&D resources.

Source: Moore, C. L., Manyibe, E. O., Washington, A. L., Aref, F., Davis, D., Sanders, P., Ward-Sutton, C., Starr-Howard, R., Koissaba, B. R., McCray, S., & Muhammad, A. (2020). A multisite evaluation of an emerging institutional research capacity building and infrastructure model for guiding the science on disability/health and rehabilitation research capacity building at minority-serving institutions. Oklahoma City: Rehabilitation Research and Training Center on Research and Capacity Building for Minority Entities/Langston University.

Title: Research Productivity in Rehabilitation, Disability, and Allied Health Programs: A Focus Group Perspective on Minority-Serving Institutions

Abstract: The article outlines select individual and institutional factors that could contribute to rehabilitation, disability, and health research productivity among minority-serving institutions (MSIs; i.e., historically Black colleges/universities, Hispanic-serving institutions, and American Indian tribal colleges/universities). We conducted 1 focus group with 12 faculty members from MSIs to identify their perceptions on research productivity factors. Both purposive and convenience sampling techniques were used to recruit participants. Data were audio-recorded and transcribed. An open coding approach was used to generate themes and codes, and the analysis was completed using NVivo (Version 10). Focus group discussion led to the identification of several factors that influence rehabilitation, disability, and health research productivity at MSIs. Such identified factors included, but were not limited to, heavy teaching and service loads, time management issues, lack of collaboration, limited mentors, insufficient financial resources, inadequate administrative and research culture, and insufficient state and donor funding. Focus group participants also suggested relevant topics and sources as informational materials for improving scientific productivity. The findings point to the need for MSIs to make greater financial and intellectual investments in their research infrastructure and culture. Moreover, federal research agencies should also consider making greater research capacity building and research and development funding investments at these institutions.

Source: Aref, F., Manyibe, E., Washington, A. L., Johnson, J., Davis, D., Eugene-Cross, K., & Moore, C. A. (2017). Research productivity in rehabilitation, disability, and allied health programs: A focus group perspective on minority-serving institutions. *Rehabilitation, Research, Policy, and Education*, 31(3), 194-207.

Title: Career Development Factors for Minority Disability and Health Research Leaders: A Key Informant Study

Abstract: This study examined and documented minority disability and health research leaders' experiences and perspectives on career development challenges and success strategies. A sample of 15 African American, American Indian or Alaskan Native, Latino, and Asian research leaders as key

informants participated in the inquiry. Research team members and external project advisory panel members collaboratively developed the interview protocol consisting of 8 questions designed to elicit information about career development factors. Trained interviewers conducted semistructured telephone interviews to collect data. Verbatim transcripts of the audiotapes and participant demographics were the primary data that were analyzed using NVivo (Version 10.0). Individual sociocultural challenges (e.g., cultural barriers, language/communication issues, family life issues, and limited collaboration opportunities), institutional research environmental concerns (e.g., bureaucracy, alienation, insufficient research support funds, and discrimination), and federal research agency policy and systems context-induced issues (e.g., limited mentorship opportunities, inadequate supply of minority research leaders and role models, unhealthy competition, and lack of equal opportunity) emerged among key informants' perspectives as important barriers. Identified success strategies included the need for early career investigators to build, expand, and use support networks, establish multidisciplinary collaborations, develop strong work ethic, enhance research skills (e.g., methodological and grant writing), and obtain capable mentorship. The aforementioned factors should be considered in the creation of new career development models and paradigms aimed at diversifying the scientific workforce.

Source: Manyibe, E. O., Moore, C. L., Wang, N., Davis, D., Aref, A., Washington, A. L., Johnson, J., Lewis, A. (2017). Career development factors for minority disability and health research leaders: A key informant study. *Rehabilitation, Research, Policy, and Education*, 31(3), 208-229.

Title: Key Informant Perspectives on Federal Research Agency and Policy Systems and Scientific Workforce Diversity Development: A Companion Study

Abstract: In the previous analysis of key informant perspectives on minority research leaders' career development factors, we identified individual and sociocultural, institutional, and federal research agency (i.e., National Institute on Disability, Independent Living, and Rehabilitation Research; National Institutes of Health; Agency for Healthcare Quality and Research; Office of Disability, Aging, and Long-Term Care Policy) policy and systems-induced challenges. An analysis of their viewpoints about what policy and systems-induced facilitators can be considered as actionable for increasing the pool of seasoned minority researchers was not undertaken. Here in this companion study, data collected on 15 key informants' perspectives regarding policy initiatives and strategies that can be considered by these agencies to diversify the behavioral, social science, clinical, and biomedical scientific workforce were analyzed. This companion analysis employed the same methods as reflected in the previous study. Select federal research agency policy and systems-induced factors (i.e., research career pathways, social justice context, designated funding streams, and interprofessional multidisciplinary collaborations) emerged as important. The findings can inform the development of new or modified federal research agency sponsored field-initiated strategies and internal policy and systems that could lead to an increased supply of seasoned minority investigators.

Source: Moore, C.L., Wang, N., Davis, D., Aref, F., Manyibe, E.O., Washington, A. L., Johnson, J., Cross, K., Muhammad, A., & Jennings- Jones, D. (2017). Key informant perspectives on federal research agency and policy systems and scientific workforce diversity development: A Companion Study, *Rehabilitation Research, Policy and Education*, 31(3), 230-252.

Title: Research Capacity Building: A historically Black College/University-Based Case Study of a Peer-to Peer Mentor Research Model

Abstract: To evaluate a peer-to-peer mentor research team model (PPMRTM) in building investigators' research skills (i.e., research methods and grant writing) at a historically Black college/university (HBCU) in the United States. Three different theories (i.e., planned change, critical mass, and self-efficacy), contemporary study findings, and our personal experiences as HBCU-based investigators provided a useful framework for developing the PPMRTM and corresponding intervention components. Three faculty members (herein referred to as fellows) and 5 mentors participated in the study. A concurrent equal status mixed methods design was used to triangulate data collected from 2 different sources: (a) a mixed methods (i.e., qualitative and quantitative) Web-based survey and (b) telephone interviews. The data were analyzed using SPSS Version 22 and NVivo Version 10.0. The findings indicated that mentors and fellows were satisfied with the mentorship relationship, the program design, and its processes. Fellows submitted, for the first time in their career, a research proposal to the National Institute on Disability, Independent Living, and Rehabilitation Research Minority Serving Institution-Field Initiated Program (Catalog of Federal Domestic Assistance [CFDA 84.133]; G-4 research or G-5 development) for competitive funding consideration. This was a core goal of the program. They also indicated that their confidence to conduct research improved. The results suggest that the PPMRTM could represent a promising conceptual framework for conducting mentorship at HBCUs and other minority-serving institutions to improve early career research scientists' research skills.

Source: Moore, C. L., Manyibe, E. O., Aref, A., Washington, A. L. (2017). Research capacity building: A historically Black college/university-based case study of a peer-to-peer mentor research model. *Rehabilitation Research, Policy, and Education*, 31(3), 283-308.

Title: A Disability Health and Institutional Research Capacity Building and infrastructure model evaluation: A Tribal College Based Case Study

Abstract: The purpose of this multimethod study was to evaluate the institutional research capacity building and infrastructure model (IRCBIM), an emerging innovative and integrated approach designed to build, strengthen, and sustain adequate disability and health research capacity (i.e., research infrastructure and investigators' research skills) at tribal colleges and universities (TCUs) and other minority-serving institutions. A qualitative case study design was used to evaluate the model based on the perspectives of three different study participant groups (i.e., faculty members, staff/administrators,

and students). Semistructured interviews, document review, and observation were used to collect data. The IRCBIM showed promise in improving learning and retention outcomes, creating a pipeline for producing new Indigenous researchers and contributing toward their graduate schools success, and building institutional research environment and prestige. The challenges category addresses overall issues deemed to impede and limit the institution's disability and health research capacity. The findings support IRCBIM as a promising institutional research capacity building approach. Such sustained efforts, coupled with synergistic long-term federal research agency (i.e., National Institute on Disability, Independent Living, and Rehabilitation Research) sponsorship, could empower TCUs to make "new knowledge" contributions to improving employment, community living and participation, and health outcomes among tribal community members with disabilities.

Source: Moore, C. L., Manyibe, E., O., Sanders, P., Aref, F., Washington, A.L., & Robertson, C.Y. (2017). A disability health and institutional research capacity building and infrastructure model evaluation: A Tribal College Based Case Study, *Rehabilitation Research, Policy, and Education*, 31(3), 309-336.

Title: Minority-Serving Institutions and Disability, Health, Independent Living, and Rehabilitation Research Participation Challenges: A Review of the Literature and Policy

Abstract: This article provided a comprehensive overview of select challenges that oftentimes prevent minority-serving institutions (MSIs) in the United States (i.e., historically Black colleges/universities, Hispanic-serving institutions, and American Indian tribal colleges/universities) from participating optimally in the federal research enterprise (i.e., National Institute on Disability, Independent Living, and Rehabilitation Research and National Institutes of Health). The authors completed a detailed synthesis of the available peer review and grey literature and policy on the subject matter while using the structural empowerment and critical mass models as theoretical lenses. Select research infrastructure issues (i.e., restrictive administrative culture, heavy teaching and service practices, inefficient offices of sponsored programs, the lack of research seed money units, inefficient institutional review boards, and limited library resources and technology infrastructure) and limited training opportunities (i.e., postdoctoral fellowship training programs, and grant writing training) are important considerations in MSI research capacity and productivity context. New state-of-the-science research capacity building approaches, paradigms, and conceptual models that address individual MSI-based investigators' research skill development needs, institutional research infrastructure systems weaknesses, and federal research agency systems and policy issues need to be explored and scaled up for further efficacy testing through rigorous scientific methods.

Source: Manyibe, E.O.; Moore, C.L.; Aref, F; Sagini, M. M.; Zeng, St.; Alston, R.J. (2017). Minority-serving institutions and disability, health, independent living, and rehabilitation research participation challenges: A Review of the literature and policy. *Rehabilitation Research, Policy, and Education*, 31(3), 174-193.

Title: New Knowledge About Research Capacity Building: An Autoethnographic Approach to Understanding Skill Enhancement Strategies for Minority Researchers with Disabilities

Abstract: The purpose of this inquiry was to examine the research skill building and career development lived experiences of a Native American who is blind serving as a disability and rehabilitation researcher at a National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)-sponsored Rehabilitation Research and Training Center based at a historically Black college/university. Acknowledging that growing as a researcher is a lifelong process, this autoethnography presents challenges, lessons learned, and strategies for overcoming obstacles that may confront ethnic minorities with disabilities seeking to improve their research skills and develop research careers in the disability and rehabilitation field. Through the method of autoethnography, self-reflective stories and narratives were examined to expose marginalized position as an ethnic minority with a disability in terms of research skill enhancement and participation barriers. Emerging themes and skill building factors included familial and postsecondary educational supports, assistive technology, professional and community engagement opportunities, and peer-to-peer mentorship. Skill building challenges were also presented. Autoethnographic style is appropriate for not only presenting the lived research skill building and career development experiences of a minority early career investigator but also exploring factors that could be important in helping ethnic minorities with disabilities desiring to become disability and rehabilitation researchers.

Source: Sanders, P., Davis, D., Moore, C. L., & Manyibe, E. O. (2017). New knowledge about research capacity building: An autoethnographic approach to understanding skill enhancement strategies for minority researchers with disabilities. *Rehabilitation Research, Policy, and Education*, 31(3), 253-271.

Title: Lessons Learned from a Collaborative Approach to Research and Mentorship for Minority-Serving Institutions

Abstract: The purpose of this study was to describe the experience of implementing a collaborative model for research mentorship across various minority-serving institutions, specifically, historically Black colleges/universities (HBCUs), Hispanic-serving institutions (HSIs), and American Indian tribal colleges/universities (AITCUs). The peer-to-peer mentor research team model (PPMRTM) simultaneously provides peer-to-peer mentoring and traditional mentoring through a panel of mentors. Components of the model will be detailed and examples of success and challenges are presented. Several key practices such as nontraditional mentoring and instruction, combining resources, and committing to using best practices emerged as important factors contributing to successful research collaboration. The findings can have implications for other interinstitutional collaborations.

Source: Rosen-Reynoso, M., Kwan, N., Blackburn, N., Sotnik, P., Manyibe, E. O., & Moore, C. L. (2017). Lessons learned from a collaborative approach to research and mentorship for

minority-serving institutions. *Rehabilitation Research, Policy, and Education*, 31(3), 272-282.

Title: Minority Entity Disability, Health, Independent Living, and Rehabilitation Research Productivity Facilitators: A Review and Synthesis of the Literature and Policy

Abstract: The U.S. federal research agency's (i.e., National Institute on Disability and Rehabilitation Research [NIDRR], National Institutes of Health [NIH]) sponsored research capacity building (RCB) efforts in the field of disability, health, independent living, and rehabilitation have historically focused on individual research skill building activities (e.g., postdoctoral fellowships, advanced research methods and statistics courses, grant-writing workshops) as a main intervention to facilitate increased research productivity among investigators. However, investigators' personal intrinsic attributes as well as federal research agency policy and systems context are rarely considered as research productivity facilitators. On trend, minority entity (ME) RCB efforts tend to focus on addressing a single challenge, research skill building, while oftentimes neglecting the importance of intrinsic factors and federal agency policy and systems context. The purpose of this review was to synthesize the available peer review and gray literature, and policy on factors that facilitate investigators' research productivity. Recommendations for advancing the current state of the science on research productivity facilitators are presented.

Source: Moore, C. L., Aref, F., Manyibe, E. O., & Davis, E. (2016). Minority entity disability, health, independent living, and rehabilitation research productivity facilitators: A review and synthesis of the literature and policy. *Rehabilitation Counseling Bulletin*, 59(2), 94-107. doi:10.1177/0034355214568527.

Title: An Emerging Conceptual Framework for Conducting Disability, Health, Independent Living, and Rehabilitation Research Mentorship at Minority-Serving Institutions

Abstract: Research mentorship has long been considered a preeminent research capacity building (RCB) approach. However, existing mentorship models designed to improve the research skills (i.e., research methods and grant writing) of faculty scholars at United States minority serving institutions (i.e., historically Black colleges and universities, Hispanic serving institutions, and American Indian tribal colleges and universities) may be insufficient for building such capacities. This paper proposes an emerging conceptual framework for a new Peer-to-Peer Mentor Research Team Model (PPMRTM) designed to enhance the research skills of faculty scholars (herein referred to as fellows) and help to build the needed critical mass of researchers of color in the field of disability, health, independent living, and rehabilitation. A combination of Lippitt's planned change theory and critical mass theory provided a useful framework to contextualize and support the design of this model. A set of recommended approaches that can be considered by federal research organizations (i.e., National Institute on Disability, Independent Living, and Rehabilitation Research, and National Institutes of Health), minority serving institutions, and researchers for assessment of the model and

advancing the current state of science on minority serving institution RCB are presented.

Source: Manyibe, E. O., Moore, C. L., Aref, F., Washington, A. L., & Hunter, T. (2015). An emerging conceptual framework for conducting disability, health, independent living, and rehabilitation research mentorship at minority-serving institutions. *Journal of Rehabilitation*, 81(4), 25-27.

Title: Policy and Systems Issues Limiting the Participation of Historically Black Colleges and Universities in the Federal Disability Research Agenda

Abstract: This study reports on an investigation of barriers that prevent historically Black colleges and universities (HBCUs) from fully participating in the federal disability and rehabilitation research and development (R&D) agenda. The Delphi technique was used to examine panelists' perceptions on the importance of contextual R&D barriers ensuing from policy/systems issues across 13 different categories. The findings provide information about what Federal research entities (e.g., National Institute on Disability and Rehabilitation Research) and HBCU administrators can do to more effectively address the Section 21 Legislative Mandate of the 1992 Rehabilitation Act Amendments and stimulate competitive R&D participation across the HBCU community.

Source: Moore, C. L., Johnson, J. E., Manyibe, E. O., Washington, A. L., Uchegbu, N. E., Cross, K. E., . . . Edwards, Y. (2012). Policy and systems issues limiting the participation of Historically Black Colleges and Universities in the federal disability research agenda. *Rehabilitation Research, Policy, and Education*, 26(1), 67-82.

Title: Barriers to the Participation of Historically Black Colleges and Universities in the Federal Disability and Rehabilitation Research and Development Enterprise: The Researchers' Perspective

Abstract: This monograph reports on a study investigating barriers that prevent historically Black colleges and universities (HBCUs) from fully participating in the Federal disability and rehabilitation research and development (R&D) agenda. The findings are based on the experiences of HBCU disability researchers. The Delphi Technique, mixed-methods approach, was used to examine panelists' perceptions on the importance of contextual R&D barriers ensuing from policy and systems issues across 13 different categories. Findings indicated that the five most important barriers were heavy teaching loads, the lack of research mentors, HBCU administrative culture, heavy student advisement commitments, and Federal research entity expectations for HBCU proposal success. The authors discuss the Federal research entity expectation observation as a phenomenon than can be perhaps explained by what they coin as the "Federal Research Entity Expectation and HBCU Investigator Scholarly Self-Efficacy Relational Theory". These findings provide information about what Federal research entity leaders and HBCU administrators can do to stimulate competitive disability and rehabilitation R&D participation across the HBCU community. Recommendations that can be considered for external and internal policy and systems

modifications to address the current under-funding and under-participation of HBCUs as “grantees” across the Federal disability and rehabilitation R&D enterprise’s investment portfolio [e.g., National Institute on Disability and Rehabilitation Research (NIDRR)] are presented.

Source: Moore, C. L., Johnson, J. E., Manyibe, E. O., Washington, A. L., Uchegbu, N. E., & Eugene-Cross, K. (2012). *Barriers to the participation of historically black colleges and universities in the federal disability and rehabilitation research and development enterprise: The researchers’ perspective*. Oklahoma City, OK: Department of Rehabilitation Counseling and Disability Studies/Langston University.

■ Policy Research Briefs:

Title: Federal Research Agency Policy and Systems and Disability and Health Scientific Workforce Diversity Development: A Key Informant Study

Abstract: The purpose of this study was to examine minority research leaders’ perspectives on strategies and policy initiatives that the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), National Institutes of Health (NIH), Agency for Healthcare Quality and Research (AHQR), and Office of Disability, Aging, and Long-term Care Policy can consider to help increase the pool of seasoned minority investigators available to answer important research questions, diversify the scientific workforce, and mentor early career minority researchers. The findings can inform the development of new or modified federal research agency sponsored field initiated strategies and internal policy and systems that could lead to an increased supply of seasoned minority investigators.

Source: Moore, C. L., Wang, N., Davis, D. M., Aref, F., Manyibe, E. O., Washington, A. L., Johnson, J. E., Eugene-Cross, K., Muhammad, A., Jennings-Jones, D. (2016). Federal Research Agency Policy and Systems and Disability and Health Scientific Workforce Diversity Development: A Key Informant Study. *Langston University Rehabilitation Research and Training Center (RRTC) on Research and Capacity Building for Minority Entities Policy Research Brief*, 1(2), 1-16.

Title: An Evaluation of a Disability and Health Institutional Research Capacity Building and Infrastructure Model (IRCBIM) at a Tribal College/University: A Case Study Approach

Abstract: The purpose of this study was to evaluate the Institutional Research Capacity Building and Infrastructure Model (IRCBIM) implemented at a Tribal college and university (TCU) located in the central region of the United States. IRCBIM represents an emerging innovative and integrated approach designed to build, strengthen, and sustain adequate research capacity (i.e., research infrastructure and investigators’ research skills) at TCUs and other minority-serving institutions. The findings support IRCBIM as a promising institutional research capacity building approach. Such sustained efforts, coupled with synergistic long-term federal research agency (i.e., National Institute on Disability, Independent Living, and Rehabilitation

Research) sponsorship, could empower TCUs to make “new knowledge” contributions to improving employment, community living and participation, and health outcomes among tribal community members with disabilities.

Source: Moore, C., L., Manyibe, E. O., Sanders, P., Washington, A. L., Aref, F., & Robertson, C. (2016). An evaluation of a disability and health institutional research capacity building and infrastructure model (IRCBIM) at a tribal college/university: A case study approach. *Langston University Rehabilitation Research and Training Center (RRTC) on Research and Capacity Building for Minority Entities Policy Research Brief*. 1(3). 1-13.

Title: A Historically Black College/University Based Evaluation of a Disability and Health Peer-to-Peer Mentor Research Team Model: Case Study Approach

Abstract: The purpose of this study was to evaluate the Peer-to-Peer Mentor Research Team Model (PMRTM), implemented at a historically Black college/university (HBCU) in the eastern region of the United States. The PMRTM represents an emerging conceptual framework for guiding the research capacity building science that considers mentoring across groups (i.e., between fellow research team cohorts and mentor panels), and within fellow research teams to be the new research skill building paradigm. The results suggest that the PPMRTM could represent a promising conceptual framework for conducting mentorship at HBCUs and other minority-serving institutions to improve early career research scientists’ research skills.

Source: Moore, C., L., Manyibe, E. O., Aref, F., Washington, A. L. (2017). A historically Black college/university based evaluation of a disability and health peer-to-peer mentor research team model: Case study approach. *Langston University Rehabilitation Research and Training Center (RRTC) on Research and Capacity Building for Minority Entities Policy Research Brief*. 2(1). 1-16.

■ About the Authors

Corey L. Moore, Rhd, CRC - is the Principal Investigator and Research Director at the Langston University Rehabilitation Research and Training Center on Research and Capacity Building for Minority Entities.

Edward Manyibe, PhD, CRC - is a Research Associate Professor and Capacity Building Director at the Langston University Rehabilitation Research and Training Center on Research and Capacity Building for Minority Entities.

Camara Phyllis Jones, MD, MPH, PhD – is a family physician, epidemiologist, and Past President of the American Public Health Association whose work focuses on naming, measuring, and addressing the impacts of racism on the health and well-being of the nation.

Andre L. Washington, PhD, CRC - is a Research Assistant Professor and Technical Assistance Coordinator at the Langston University Rehabilitation Research and Training Center on Research and Capacity Building for Minority Entities.

Courtney Ward-Sutton, PhD, CRC - is a Post-Doctoral Research Fellow in the Advanced Rehabilitation Research Training Program, which is situated in the Langston University Rehabilitation Research and Training Center on Research and Capacity Building for Minorities.

Langston University Rehabilitation Research and
Training Center (RRTC) on Research and Capacity
Building for Minority Entities
6700 N. Martin Luther King Avenue
Oklahoma City, Oklahoma 73111

Citation

The recommended citation for this report is: Moore, C. L., Manyibe, E.O., Jones, C.P., Washington, A.L., & Ward-Sutton, C. (2020). Forecasting COVID-19 issues for people of color with disabilities while advancing the minority-serving institution research capacity building science: A framework for federal agencies. *Langston University Rehabilitation Research and Training Center (RRTC) on Research and Capacity Building for Minority Entities Policy Research Brief*, 3(1). 1-20.

Policy Research Brief is available online at www.langston.edu/capacitybuilding-rrtc. Additional copies and alternative formats of this Policy Research Brief can be obtained by writing to:

Dr. Corey L. Moore, Principal Investigator and Research Director
Langston University Rehabilitation Research and Training Center (RRTC) on
Research and Capacity Building for Minority Entities
6700 N. Martin Luther King Avenue / Oklahoma City, OK 73111
Email: corey.moore@langston.edu / capacitybuildingrrtc@langston.edu