

# Disability Service Careers: Bridging the Diversity Gap

As people with disabilities strive to live their lives just as their peers, many of them need the assistance of support staff. These support staff can provide help with daily living activities, job coaching, transportation, communication, and a myriad of other services. Many people with disabilities forge deep relationships with their staff because of the duration and sensitive nature of their work. Many times it is easier for people with disabilities to achieve positive outcomes if they share similarities with their staff in other areas of their lives such as race and ethnic backgrounds. However, matching people with disabilities with staff with similar traits requires that there are enough staff who are minorities to serve the population. To correct any imbalance in these numbers, we must examine the reasons for it and develop policy recommendations to address these issues.

This issue brief is an attempt to describe the extent and scope of the problem and to provide possible policy recommendations. We provide a literature review of relevant scholarly research, an overview of state programs that address the problem, an assessment of the state of minorities in disability services, and a review of three focus group discussions.

## What the literature says

There are many benefits to increasing the number of minorities who work in the disability services field. An increase in the number of minorities with disabilities who use the various services is one likely benefit. Research has shown that an increase in staff of a particular minority will encourage people of the same cultural background to use services more often (Wu & Windle 1980). One possible explanation is that a similar racial or ethnic background gives the person with a disability a sense that the agency and staff person will have a better understanding of them, and, thus, be in a better position to meet the needs and anticipate other issues as they receive services (Flaskerud & Liu, 1990; Castro, Coe, & Harmon, 1995). In many cases, this similarity can create a deep bond between staff and client (Flaskerud & Liu, 1991).

Many of the services that people with disabilities use are very personal and sensitive in nature such as the use of a personal care attendant. The delicate nature of the work necessitates a strong level of trust between staff and the person with a disability. For

many minorities with disabilities an individual from a shared racial or ethnic background would be more approachable and relate more effectively, especially during the initial stages of their relationship. Research suggests that this improved communication is the result of shared experiences between the patient and provider. A provider with a similar ethnic background could be more understanding of the unique challenges faced by members of minority communities. These shared experiences can inspire a person with a disability to believe that a staff person understands their needs and troubles, and encourage them to be more honest and open with their provider. Not only do clients with racially similar staff report better communication, the same holds true for staff as well. Staff





report an easier time discussing sensitive issues related to their work with clients from a similar background (Murphy, Faulkner, & Behrens, 2004). The visibility of minorities in the field not only leads to more people with disabilities who are minorities using services; it often leads to better outcomes for them as well.

There are several studies that show that outcomes are better for individuals who are served by staff from similar racial and ethnic backgrounds than those who are not. Strong communication is a key component of any successful staff-client relationship and that communication has been shown to be more effective between clients and providers of the same race (Cooper & Roter, 2003).

Strong communication is even more critical between staff and clients with disabilities for whom English is not their primary language. Not surprisingly, outcomes for Spanish-speaking individuals improve dramatically when they are served by someone who shares their language and cultural background (Anderson & Helm, 1979). It is important to note that besides sharing a language, it is equally important for staff to understand the unique cultural differences, such as perceptions about disability, to provide services that are effective and sensitive to the client's needs.

Not only does it benefit people with disabilities to be served by staff who share a cultural and ethnic background, it can also benefit the service agency. Along with improved outcomes for clients, minority clients serviced by minority staff also use services for shorter durations creating a monetary savings for the provider (Jerrell, 1995). This translates into fewer meetings with therapists,

job coaches, vocational rehabilitation counselors, and other providers while achieving similar outcomes as clients who are not matched with culturally similar staff. This could be an added benefit of the improved communication. The homogeneous staff-client pairs could be relating on a deeper level, and are therefore able to work at a quicker more efficient pace than their heterogeneous counterparts.

### State Program Overview

There are no state programs designed to recruit minorities specifically into careers that serve people with disabilities or social services. However, there are a plethora of programs designed to attract minority applicants into science and technology careers and into the general workforce. There are significant differences between the types of work and required qualifications for workers in these careers fields and the work and qualifications required for jobs which serve people with disabilities. But, there are many similar road blocks such as language, cultural views, and pay that make an examination of these programs useful. The specific states shown in Table 1 were chosen because of the outcomes and research available about them.

Many of the successful programs around the country focus on three elements: mentoring minority high school students to ensure that they have the educational background to be accepted into a relevant college program, financial assistance for those students when they begin their post secondary education, and establishing a mentoring relationship with professionals currently in

**Table 1: Overview of State Programs to Attract Minorities into Science, Technology, Engineering, and Mathematics (STEM) Careers**

State	Program	Key Components	Budget
California	Mathematics, Science, and Engineering Achievement Program	Provides high school counseling, college scholarships, and job placement	\$10 million
Colorado	Science, Technology, Engineering, and Mathematics After School Pilot Program	Provides grants to nonprofit agencies to operate after school tutoring and scholar development programs	\$500,000
Delaware	The Engineering and Applied Science Recruitment Fund	Funds two programs: Forum for the Advancement of Minority Engineers and Minority Engineering, Regional Incentive Training	*
Florida	Florida Center for Research in Science, Technology, Engineering and Mathematics	Located at the University of South Florida; will develop minority recruitment strategies	\$5.6 million
New York	The Science and Technology Entry Program	Awards grants to post-secondary schools who provide training and financial aid to minority high school students	\$19 million
Texas	T-STEM Academics	Works with high school students to assist them in being academically ready for college programs, and pairs students with mentors working in the field	**
Utah	Mathematics, Science, and Engineering Achievement Program	Funds a variety of programs including college prep courses, internships, and student learning	\$517,735
Washington	Mathematics, Science, and Engineering Achievement Program	Provides tutoring and college scholarships for eligible high school minority students	*

Source: Texas Education Agency 2004; Education Committee of the States 2008; University of California Regents 2008  
 \*Information not available \*\* New program not yet allocated

**Table 2:** Ratio of Number of Workers in Disability Service Occupations to the Number of People with Disabilities by Selected Race and Hispanic Origin Groups, U.S. and Indiana

Race	Total population with a Disability	Percentage of total population with a disability	Ratio of Community and Social Service Occupations to people with disabilities	Ratio of Education Training and Library Occupations to people with disabilities	Ratio of Healthcare Support Occupations to people with disabilities	Ratio of Personal Care and Service Occupations to people with disabilities
<i>United States</i>						
White alone	195,100,538	15.4	1:25.8	1:4.6	1:16.0	1:9.4
Black or African American alone	32,884,054	17.4	1:14.3	1:7.6	1:7.7	1:9.0
Asian alone	12,193,809	8.7	1:18.3	1:3.4	1:8.8	1:3.5
American Indian and Alaska Native alone	2,128,262	20.8	1:22.8	1:9.4	1:15.4	1:10.7
Native Hawaiian and other Pacific Islander alone	389,790	12.2	1:12.4	1:6.2	1:10.5	1:4.9
Some other race alone	16,850,116	10.4	1:21.5	1:7.4	1:9.2	1:6.2
Two or more races	4,976,445	16.7	1:23.8	1:7.8	1:15.4	1:10.8
Hispanic or Latino (of any race)	38,937,879	10.9	1:3.0	1:0.07	1:2.5	1:1.5
White alone, not Hispanic or Latino	183,955,344	15.9	1:19.0	1:1.28	1:1.20	1:1.3
<i>Indiana</i>						
White alone	5,006,421	15.6	1:19.0	1:5.4	1:15.2	1:11.4
Black or African American alone	485,153	17.1	1:19.8	1:46.9	1:44.4	1:55.7
Asian alone	75,671	4.7	1:21.2	1:0.70	1:5.3	1:5.5
American Indian and Alaska Native alone	*	*	*	*	*	*
Native Hawaiian and other Pacific Islander alone	*	*	*	*	*	*
Some other race alone	132,769	8.4	1:17.9	1:7.0	1:15.1	1:2.7
Two or more races	71,611	17.9	1:43.3	1:3.7	1:9.8	1:29.0
Hispanic or Latino (of any race)	260,775	8.3	1:19.0	1:6.3	1:13.4	1:8.4
White alone, not Hispanic or Latino	4,888,130	15.8	1:19.0	1:5.4	1:15.2	1:11.5

\*Census data are not available because population falls beneath 65,000 thresholds  
Source: U.S. Census Bureau American Community Survey 2006

the field (Texas Education Agency 2004; Education Committee of the States 2008; University of California Regents 2008). Together, these strategies represent a wrap-around approach to potential minority employees. Pre-college training, tuition assistance, and job placement create an easy avenue for potential employees to follow. Even though there are several differences between science, technology, engineering, and mathematical (STEM) fields and careers that serve people with disabilities, the strategies to attract potential minority employees could be adapted from one industry to the other.

### The State of the Disability Services Workforce

With almost 50 million people with a disability in the United States, and the number growing as our population ages, there is a considerable need for a service industry that has the capacity to provide care for the people who need it. A variety of positions are required from special education teachers to home health aides, and a plethora of other professions with their own specialties and requirements. Nationally and in Indiana, there is a shortage of

people working in careers that meet the needs of people with disabilities.

The census data used only captures the number of people with disabilities who are over 5 years of age, which encompasses the majority of people with disabilities who seek services (U.S. Census Bureau 2007). However, there are a few programs, such as First Steps, that serve children under 5 years old with disabilities.

One way to judge the adequacy of the number of minorities in disability-related careers is to look at the ratios of the populations of specific minorities to the numbers of these minorities represented in specific careers (Table 2). Nationally, the ratios for the Hispanic and Latino population differ greatly from other population groups in all employment categories except Community and Social Service Organizations. The ratios for the other minorities fall close to 1 to 8, but the Hispanic and Latino population ratios are in the 1 to 2 range (U.S. Department of Commerce Economics and Statistics Administration 2006).

Both nationally and in Indiana, the disability rate for Hispanics and Latinos is significantly less than the rate for other



groups (U.S. Census Bureau 2007). Culturally, Hispanic and Latinos tend to care for their elderly and disabled relatives within the family (Smart & Smart, 1991). Thus, they tend to not seek public services for family members with disabilities. There could be other cultural factors at work as well. Religious views may also be a factor. For many Hispanics, disability is seen as a punishment of the disabled child's parents (Skinner, Correa, Skinner, & Bailey, 2001; Salas-Provence, Erickson, & Reed, 2002; Zayas, 1981). This attitude also contributes to the trend of caring for the disabled population at home. Keeping people with disabilities out of mainstream society could be contributing to great under-reporting of the number of people with disabilities in the community.

The ratio of staff to people with disabilities in the Hispanic and Latino communities could also be affected by a greater percentage of people working in those professions. Jobs that fall into the categories chosen tend to be lower-paying than other occupations, which tends to attract less educated applicants. Unfortunately, many people in the Hispanic and Latino community fall in this category. This could be contributing to a disproportionately high number of Hispanics and Latinos in careers that work with people with disabilities.

In Indiana, the ratios between the number of people with disabilities and the number of staff are wider for African Americans than for the other groups. In some cases, such as community and social service occupations, other ethnic and racial groups have 3 to 4 times as many staff to people with disabilities. Research has shown that disabilities tend to occur in individuals and families with lower incomes at a greater rate than those with higher incomes (U.S. Census Bureau, 2006). African Americans and other minorities in Indiana, on average, have lower incomes than whites, which could partially explain the rate of disability being higher for this population group (U.S. Department of Commerce Economics and Statistics Administration, 2006).

Whether you examine national data or data for Indiana, it is clear that there are not enough minority workers in careers related to people with disabilities to meet the needs of minorities with disabilities. On a national scale, strategies need to be developed to get a more complete picture of how disabilities are affecting the Hispanic and Latino community. In Indiana, a serious effort needs to be made to attract more African Americans into these career fields. And both nationally and

locally, there are not enough workers for a variety of ethnic and racial groups.

### Focus Groups

The Center for Health Policy (CHP) conducted three focus groups as part of a research project for The Arc of Indiana. The focus groups were held during the lunch break of the Arc of Indiana's Disability and Diversity Conference. The participants were self-selected from the conference attendees. In total, 23 people participated in the focus groups. Participants were divided into three groups: state personnel, employees of service provider agencies, and minorities who were either state personnel or worked for provider agencies. Each focus group was moderated by CHP staff.

Several common themes emerged from the three focus groups. An inadequate pay level was the most heavily emphasized reason given for the lack of minorities in careers that serve people with disabilities. There was a general consensus that the pay does not equal the difficulty and sensitivity of the work. The pay rate puts jobs in the field in direct competition with other low paying jobs, such as fast food. Also, the groups agreed that the cultural perceptions of people with disabilities add another road block to recruiting a more diverse workforce. The groups believe that some cultures view disabilities as a

family matter and that families should not rely on the state or other providers for assistance. This view that services are not necessary makes it difficult to recruit staff from those communities as well.

There was also a consistency in possible policy recommendations. To remedy the low rate of pay for people in the field, the groups offered two ideas: additional funding from the state and grants made to individual service institutions. These funds could be used to increase the baseline pay for positions already in the field thereby attracting more and higher quality applicants. In addition, the funding could be used to pay for staff whose jobs would be to both promote available services and to attract people to the field. All of the focus groups thought that there needs to be a significant effort made to improve the image of people with disabilities within minority communities. There was a general consensus that combining an increased rate of pay with a robust outreach program would make significant inroads in addressing the lack of minorities working in disability service careers.

**“Some communities, such as Hispanics, view disability as a family problem not something they should seek services for.”**

## Recommendations

Minorities who have a disability face two significant barriers to achieving successful outcomes whether in community living, employment, or other areas of their lives. Research shows that minorities with disabilities achieve better outcomes in a shorter amount of time if they are served by staff who share similar racial, ethnic, and cultural backgrounds. Unfortunately, both nationally and in Indiana, there are not enough diverse staff to meet the needs of minorities with disabilities. Public policy options need to be crafted that draw on scholarly research, evidence-based best practices, and everyday experience to create incentives that will attract more quality minority employees into fields that serve people with disabilities.

Two themes are present in the state program review, the data analysis, and the focus group results: addressing the lower pay for persons in the field and conducting outreach into minority communities to improve the perceptions of people with disabilities and careers that serve them. To improve the public perception of careers that serve people with disabilities and allow programs such as tuition reimbursement to have the desired effect, a pay increase to front line workers must happen first. An increase in the rate of pay will also increase demand for jobs in the field. Once there is an increased demand for jobs in the field, initiatives such as improving community perception and school assistance will reduce the hurdles for minorities to enter the field.

### ***Increase pay for entry level workers***

This recommendation particularly applies to front line entry level workers such as personal care attendants who do the hands on tough work with people with disabilities. However, focus group participants reported that even upper level management personnel with Master's degrees are not paid at the same level as their colleagues with Master's degrees at other organizations. One of the simplest solutions to design, but the most politically difficult to implement is for the state and Federal government to increase funding for programs such as Medicaid, Vocational Rehabilitation, special education, and other programs that directly or indirectly pay for the salaries of many people who work with people with disabilities. Given the current challenging economic times, passing a budget increase for staff may prove difficult. However, the improved outcomes for minorities with disabilities and their lower usage rates with homogenous staff could provide a strong

incentive for policy makers to consider increasing the budget for these critical programs and staff.

### ***Improve the perception of people with disabilities and disability service careers in minority communities***

Even though addressing the issue of low pay and other financial incentives will be difficult, they may not be as challenging as improving the image of people with disabilities and the staff who serve them in minority communities. Perceptions, such as disabilities are a punishment, or that it is a private family matter that requires no outside services, have developed over time and will likely require a multi-faceted approach to correct.

One significant step in improving minority community perception of people with disabilities would be hiring an outreach coordinator to work with targeted communities through presentations and workshops. The focus of these presentations cannot be generic disability awareness, but rather must incorporate the unique stereotypes, views, attitudes, and needs of the host community. One point that was driven home by both the scholarly research and the focus groups was the necessity for cultural understanding that goes beyond removing the

**“The pay is so low we have to compete with McDonalds to find good employees.”**

language barrier. Disability service organizations could add outreach coordinators to their staffs, but this approach fails to acknowledge the level of time and cultural understanding necessary to make a significant impact. Instead outreach efforts should originate from a government office such as the Indianapolis Commission on Latino Affairs that is already working on establishing an understanding and presence in the targeted communities. If the outreach coordinator does work through a government agency, he or she must also work with leaders in the disability community to ensure that the proper message is being conveyed. Only by working together can leaders of the disability and minority communities begin to elevate the perceptions of people with disabilities and their staff.

Sending well-trained qualified staff into communities to improve attitudes about people with disabilities is an effective plan, but the best change agents are those from within the targeted communities. Many disability service agencies are already serving minority clients. These agencies should ask these clients if they would talk about the services they have received and the impact the agency has made on their lives. Alternatively, minority clients could make introductions between outreach staff and



community leaders. In several communities, churches or other service-minded community groups should be targeted initially. These types of organizations are generally open to projects that benefit their community. This “friend of a friend” approach would be more effective than “cold calls.” Partnerships between the Arc of Indiana, the National Association of the Mentally Ill, and other services providers could be used to provide additional support to those who go into the communities. Word of mouth was mentioned repeatedly during the focus groups as one of the best ways to get the message out about services and career opportunities. If agencies can find champions of the cause who are willing to tell others in their community about the benefits of seeking services and the rewards of working in the field, then positive momentum about people with disabilities and the associated careers can begin from within the community itself.

Not only should this marketing campaign by professionals and community members address the image of people with disabilities, it must counteract very damaging stereotypes of the careers that serve them. In the focus groups particularly, people commented that there is a general perception that front line workers do very difficult sensitive work and are grossly underpaid. Many current employees also mentioned that they were attracted to the field because of a personal connection to someone with a disability. The attendees who did not have a connection were just in need of a job. The promotion efforts must include positive stories about staff who have made lasting contributions and positively impacted the lives of disabilities. These life-affirming, perspective-changing opportunities are what separate the disability field from McDonald’s, and the like, that it currently competes with for new employees.

### ***Increase opportunities for tuition reimbursement and student loan forgiveness for higher end careers***

With the political difficulty connected to passing a budget increase for social service programs, other avenues to provide economic incentives to potential workers in disability services should be explored. Though the career fields are quite different, programs across the nation have been successful in attracting minorities into STEM (science, technology, engineering, and mathematics) careers. The more successful programs such as MESA in California and Delaware’s MERRIT program share common components that could be applied to recruiting minorities into disability service careers. These programs demonstrated success in graduation rates and job attainment within the targeted STEM fields.

Both programs offer scholarships for minority high school students who agree to major in one of the required fields and then practice in the same state.

Although many of the front line disability careers do not require a four-year college degree, tuition reimbursement for prospective applicants could be an excellent incentive to individuals looking to advance their education while working in the field. The STEM focused programs could be expanded for disability work to include two- and four-year degrees in social work, sociology, psychology, and other relevant majors. Certificate and two-year programs in various healthcare professions at Ivy Tech could be expanded for example.

In addition, one focus group attendee mentioned a loan forgiveness program. This would be an effective twist to the STEM program to attract mid-career professionals who are willing to commit to working with people with disabilities in the sponsoring agency’s jurisdiction. These programs should be marketed towards students and potential employees who are looking to work in disability service careers that require a two-year degree or higher. No matter what financial incentives are provided for a prospective employee, they ultimately must see tangible financial benefit first. For these tuition and loan forgiveness plans to have their desired effect an increase in available pay must occur first.

### **Conclusion**

Generally speaking, people of different cultures and ethnicities have much more in common than not. This is also true for people with disabilities. When an individual who is a minority with a disability is seeking services, they face two barriers—ability and race. Research tells us that the closer we can match staff to the people they serve on these issues, the better outcomes clients will achieve. Labor and Census data show that the gap between minorities with disabilities and staff is widening in Indiana and across the nation. Public policies must be drafted based on the most successful existing programs, rigorous research, and relevant personal experience. These three spheres of knowledge agree on two critical areas that must be addressed: low pay and financial incentives, and poor perceptions of people with disabilities and their staff within minority communities. If these areas can be effectively addressed, then we can begin to create a world where people with disabilities from any race are given the best possible chance to achieve their dreams.

## References

- Anderson, W. T. & Helm, D.T. (1979). The physician-patient encounter: A process of reality negotiation. In E. G. Jaco (Ed.), *Patients, physicians, and illnesses* (259-271). New York, NY: Free Press.
- Castro, F. G., Coe, K., & Harmon, M. (1997). The effect of ethnic/racial matches between provider and patient on the use of health services by Hispanics and African Americans. In *Association for Health Services Research annual meeting abstract book* (14-41). Washington, DC: Academy-Health.
- Cooper, L. A. & Roter, D. L. (2003) Patient-provider communication: The effect of race and ethnicity on process and outcomes of healthcare. In B.D. Smedley, A.Y. Stith, & A.R. Nelson (Eds.), *Unequal treatment: Confronting racial and ethnic disparities in health* (552-593). Washington, DC: The National Academies Press. Retrieved September 25, 2008, from [http://www.nap.edu/openbook.php?record\\_id=10260&page=552](http://www.nap.edu/openbook.php?record_id=10260&page=552)
- Education Committee of the States. (2008). *Education Committee of the States*. Retrieved September 25, 2008, from <http://mb2.ecs.org/reports/Report.aspx?id=1425>
- Flaskerud, J. H. & Liu, P.Y. (1990). Influence of therapist ethnicity and language on therapy outcomes of Southeast Asian clients. *International Journal of Social Psychiatry*, 36(1), 18.
- Flaskerud, J. H. & Liu, P.Y. (1991). Effects of an Asian client-therapist language, ethnicity and gender match on utilization and outcome of therapy. *Community Mental Health Journal*, 27(1), 31-42.
- Jerrell, J. M. (1995). The effects of client-therapist match on service use and costs. *Administration and Policy in Mental Health and Mental Health Services Research*, 23(2), 119-126.
- Murphy, M. J., Faulkner, R. A., & Behrens, C. (2004). The effect of therapist-client racial similarity on client satisfaction and therapist evaluation of treatment. *Contemporary Family Therapy*, 26(3), 279-292.
- Salas-Provance, M. B., Erickson, J. G., & Reed, J. (2002). Disabilities as viewed by four generations of one Hispanic family. *American Journal of Speech-Language Pathology*, 11, 151-162.
- Skinner, D. G., Correa, V., Skinner, M., & Bailey, Jr., D. (2001). Role of religion in the lives of Latino families of young children with developmental delays. *American Journal on Mental Retardation*, 106(4), 297-313.
- Smart, J. F. & Smart, D.W. (1991). Acceptance of disability and the Mexican American culture. *Rehabilitation Counseling Bulletin*, 34(4), 357-67.
- Texas Education Agency. (2004). *TEA awards state engineering and science recruitment fund grants*. Retrieved September 25, 2008, from <http://www.tea.state.tx.us/press/grants04.html>
- U.S. Census Bureau. (2006). Current population survey, annual social and economic supplement. Washington, DC: United States Census Bureau and the Bureau of Labor Statistics.
- U.S. Census Bureau, Population Division. (2007). Table 1: Annual estimates of the population for the United States, regions, states, and Puerto Rico: April 1, 2000 to July 1, 2007 (NST-EST2007-01). Washington, DC: U.S. Census Bureau.
- U.S. Department of Commerce Economics and Statistics Administration. (2006). 2005 American community survey: Selected social characteristics—Indiana. Washington, DC: U.S. Census Bureau.
- University of California Regents. (2008). *California MESA*. Retrieved September 25, 2008, from <http://mesa.ucop.edu/home.html>
- Wu, I. H. & Windle, C. (1980). Ethnic specificity in the relative minority use and staffing of community mental health centers. *Community Mental Health Journal*, 16(2), 156-168.
- Zayas, H. (1981). Hispanic values, beliefs, attitudes, and behaviors regarding disability/work. In *Rehabilitation In the 80's: Understanding the Hispanic disabled resource manual*, (69-74). Bethesda, MD: Association for Cross Cultural Education and Social Studies.



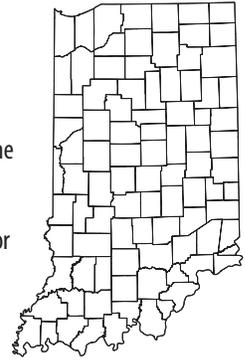
CENTER FOR HEALTH POLICY

## About This Report

The Indiana University Center for Health Policy is an independent, nonpartisan applied research unit within the Indiana University School of Public and Environmental Affairs at Indiana University–Purdue University Indianapolis (IUPUI). CHP researchers work on critical policy issues related to the health of Hoosiers and the quality and accessibility of health care in Indiana. The CHP is part of the Indiana University Public Policy Institute and the Consortium for Health Policy, Law, and Bioethics, a Signature Center at IUPUI.

The research for this report was prepared by the authors through a partnership with The Arc of Indiana to determine the reasons for and solutions to the lack of minorities entering careers that serve people with disabilities.

For more information, visit the CHP web site at <http://www.policyinstitute.iu.edu/health/>



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