

DHERN February 2026 Newsletter

DHERN Announcements

- [Recordings from the 2026 Paper Award meeting](#) are now live on the DHERN Website!
- If you would like to contribute to our work advancing disability health equity research, connecting researchers and trainees, and fostering the inclusion of disabled people in these efforts, you can [make a donation](#) to help sustain DHERN's mission.
- Share your recent publications, upcoming events, job opportunities with the DHERN community! To contribute to the next newsletter, please send details to us at dhern@jh.edu by the 25th of February.

JOBS

- [AAHD Frederick J. Krause Scholarship on Health and Disability](#)
 - a. The American Association on Health and Disability (AAHD) is now accepting applications for the Frederick J. Krause Scholarship on Health and Disability, awarded annually to students with disabilities pursuing undergraduate or graduate studies related to health and disability at an accredited U.S. university. This scholarship recognizes students pursuing studies related to health and disability, particularly majors that will impact the quality of life of persons with disabilities related to disability and health. Scholarships are generally awarded in the amount of \$1,000, with final amounts determined by the AAHD Scholarship Committee. The application deadline for the 2025–2026 cycle is March 6, 2026.

Study Recruitment

- Now through 2028, the DeafYES! Center for Deaf Empowerment and Recovery at UMass Chan Medical School is recruiting Deaf, DeafBlind, DeafDisabled, and Hard of Hearing individuals across the U.S. for a research study on trauma and addiction. The center is seeking people who have used alcohol and experienced trauma-related stress in the past month. Participants may receive 12 virtual counseling sessions at no cost, learn skills to manage trauma and addiction, and earn up to \$500 for completing five online surveys. [Click here to view this message in ASL](#). If you have any questions about the Signs of Safety study, contact the study team at signsofsafety@umassmed.edu. The team can share additional details about the study, either through a 1:1 video chat or a presentation to your organization.

- The University of Michigan Department of Family Medicine is recruiting eligible participants to take part in a research study focused on improving access to cervical cancer screening for women with physical disabilities, with particular interest in hearing from Black and Indigenous women. This study explores whether two at-home cervical cancer self-sampling tools are practical, accessible, and effective alternatives to traditional clinic-based screening for women with physical disabilities. Participation includes using two at-home self-sampling kits, completing a brief survey, and taking part in a follow-up interview. The total time commitment is approximately two hours. Participants will receive \$50 as a thank you for their time. If you are interested in participating, [please complete a brief online interest form and eligibility screening questionnaire](#). If you prefer, you may also email at FAMMED-MISSH@med.umich.edu and a member of the research team can complete the screening with you by phone. This study is led by Dr. Diane Harper and Dr. Brandie Bentley at the University of Michigan and has been approved by the Michigan Medicine Institutional Review Board (HUM00282073).
- The World Institute on Disability is conducting a research study to better understand healthcare inequities affecting people with disabilities, with a focus on people with intellectual and developmental disabilities (IDD), neurodivergent disabilities, and other non-apparent disabilities. The study uses a power-mapping approach to identify key stakeholders who influence healthcare delivery, policy, and practice, with the goal of advancing person-centered and inclusive care. For the purpose of this study, power mapping is defined as follows: This power mapping study explores the network of stakeholders who influence the delivery of healthcare services for people with disabilities, with a focus on advancing person-centered care. Participation involves [completing a 9-minute anonymous online survey](#). Findings will inform short- and long-term strategies to improve healthcare systems, including the responsible use of AI tools.

Disability and Health Journal Featured Article

- Chen, S.-H., Tseng, Y.-W., & Pu, C. (2025). [Health-care utilization after domestic violence: A nationwide study in Taiwan comparing individuals with and without intellectual disability](#). *Disability and Health Journal*, 102022. <https://doi.org/10.1016/j.dhjo.2025.102022>.
 - a. Using nationwide administrative data from Taiwan's Family Violence dataset linked with National Health Insurance claims (2011–2022), this retrospective cohort study examined whether intellectual disability (ID) influences health-care utilization patterns following a domestic violence (DV) incident. The authors compared general outpatient and psychiatric visits among individuals with and without ID in the three months before and after a DV event. Individuals with ID consistently demonstrated higher utilization of both general outpatient and psychiatric services compared to those without ID. Generalized estimating equation analyses showed that in the months following DV, individuals with ID had 21.23% more general outpatient visits and 52.05% more psychiatric visits, indicating prolonged health-care needs beyond the immediate post-DV period. These findings suggest that people with ID experience sustained adverse health effects after DV and may require longer-term, disability-responsive post-DV care. The study highlights the need for post-violence support systems that account for disability status and address structural and communicative barriers within health-care settings.

DHERN Member Submissions

- Rfat, M. (2026). [Path to citizenship: Addressing the needs of refugees with disabilities in the naturalization process](#). Journal of Human Rights and Social Work.
 - a. Drawing on community-based research with refugees with disabilities and the service providers who support them, this commentary examines barriers that refugees with disabilities face in the U.S. naturalization process, including language and civics testing requirements, disability disclosure, and uneven access to accommodations or exemptions. The author highlights how systemic hurdles—such as testing requirements without appropriate supports, unclear disability disclosure policies, and limited cross-sector collaboration—can impede equitable access to citizenship. The article emphasizes the importance of early identification of disability needs, proactive coordination among service providers, and policy adjustments (e.g., testing accommodations, medical waivers, oath modifications) to facilitate more inclusive pathways to citizenship for people with disabilities.
- Moura, I., Stober, K., Caldwell, J., et al. (2025). [Prevalence of LGBTQ+ identity among people with disabilities and long-term services and supports needs in the United States](#). BMC Public Health, 25, 4273.
 - a. Using nationally representative data from the 2022 Behavioral Risk Factor Surveillance System (BRFSS), this cross-sectional study examined the prevalence of LGBTQ+ identity among adults with disabilities in the United States, with particular attention to individuals with long-term services and supports (LTSS) needs. The analysis included 272,124 respondents from 31 states and compared LGBTQ+ identification among people without disabilities, people with disabilities, and those with disabilities related to activities of daily living (ADLs) or instrumental activities of daily living (IADLs). The authors found that 13% of respondents with disabilities identified as LGBTQ+, compared to 7% of non-disabled respondents, with prevalence rising to 16% among disabled individuals with LTSS needs. Chi-square analyses demonstrated a significant association between LTSS need and LGBTQ+ identity, indicating that disabled individuals with higher support needs are disproportionately likely to identify as LGBTQ+. These findings highlight the importance of recognizing and addressing the intersecting identities of disability and sexual and gender minority status in health care, services, and policy efforts to reduce disparities and improve inclusion.

From,
The DHERN Team

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