**[Domestic and International Trends in Rehabilitation Research:
A Comparative Analysis](https://www.ktdrr.org/training/webcasts/webcast9/index.html)**

**Presenters:**

**Dr. John Stone and Mr. Dan Conley**

A webcast on May 20, 2014, sponsored by SEDL’s Center on

Knowledge Translation for Disability and Rehabilitation Research (KTDRR)

Funded by NIDRR, US Department of Education, PR#H133A120012

Edited transcript for audio/video file on YouTube: <http://youtu.be/oiqnDxehZ8k>

>> Joann Starks: Good afternoon everyone and thank you for joining the webcast today on Domestic International Trends on Rehabilitation Research: A Comparative Analysis.

Our presenters today are Dr. John Stone and Mr. Dan Conley from The Center of International Rehabilitation Research Information and Exchange, CIRRIE, based at the University of Buffalo. Trends between research conducted in the United States and in foreign countries were investigated using data in the CIRRIE and the Rehab Data databases. Priorities were identified in terms of the most published topics during the period 1997 to 2011. I’m your host Joann Starks and I’m with the Center on Knowledge Translation for Disability and Rehabilitation Research or KTDRR, part of the Disability Research to Practice Program based at SEDL in Austin, Texas. The KTDRR is funded by The National Institute on Disability, Independent Living, and Rehabilitation Research and I’ll be moderating today’s webcast. A reminder for the participants, there are some materials accompanying today’s event that can found on the webpage advertising the webcast. The presentation is available as a powerpoint file as well as in a text version. The slides on the computer screen are small so having the actual file or a printout can be helpful.

If you have not downloaded the materials yet, you can go back to your confirmation email and click on the title of today's webcast. Scroll down that page to "Download Materials." Please remember, these materials are copyrighted and you must contact our presenters to ask permission to use any of this information.

We would appreciate your feedback today by filling out a very brief evaluation form after the webcast. I will remind you about this at the end of today's presentation.

Now I would like to introduce our speakers. John Stone, PhD, is the Director of the Center for International Rehabilitation Research Information and Exchange. He is also a clinical associate professor of rehabilitation science at the University at Buffalo, State University of New York. In 1999, he founded the CIRRIE project and conceptualized the CIRRIE Database of International Rehabilitation Research in collaboration with colleagues from the university's Health Science Library.

Also joining us today is Dan Conley, MLS, who joined CIRRIE in 2006 after obtaining his masters degree in Library Science. He has a background in web design and accessibility and has redesigned both the CIRRIE database and website.

I will now invite Dr. John Stone to begin the presentation.

>> Dr. John Stone: Joann, good to be with you again. Today’s presentation will describe a study that sought to identify similarities and differences between rehabilitation research in the US in comparison with global trends. The approach involved using the CIRRIE Database of International Rehabilitation Research and NARIC’s Rehabdata, which is a database of mainly rehabilitation research in the US. Both databases use a common Thesaurus which makes it relatively easy to make a comparative analysis of US rehabilitation research with research from outside the United States. The period that we chose was 1997 to 2011, and the study was done in collaboration with NARIC, A NARIC-CIRRIE Collaboration.

>> David Conley: The CIRRIE Database has over 150,000 citations in it. It is only International Rehabilitation Research articles, we don’t have anything from the US. It includes material from 1990 till the present and it’s just journal articles. There are some exceptions to this for various sub projects that we do but the primary database is only journal articles. And everything in there has been screened and imported by the CIRRIE staff, who go out to other databases, except where there are a few publishers who send us their materials and then we identify appropriate citations and then index them into our own database. Rehabdata has over 96,000 citations, 68,000 which are journal articles. And they’re primarily US although they do have some international articles as well. They include materials from 1956 to the present and in additional to journal articles, they also have materials like books and everything in the Rehabdata Database was sent to the NARIC staff and then they then import them in their database. For this study, we looked at articles published from 1997 to 2011 inclusive. And we only looked at articles that contained at least one of 96 disabilities or conditions in the subject heading. With this criteria, CIRRIE had 132,536 citations and Rehabdata had 17,581 and we didn’t restrict them to only use journal articles that were written in the US. From there we generate the list of journal topics based on our thesaurus, and to minimize overlap, we focused on 96 specific disabilities or conditions. We did this because we wanted to try to skip as many articles as possible to only have subject heading that we looked at. Because it did have a health and function focus and then from there, we assigned the rank of the topics in the database, based on the frequency of publication. From there we correlated the rankings between the two lists. We also looked at the top 10 topics in CIRRIE and looked at their ranking in Rehabdata. Then we did the opposite, we took the top 10 topics in Rehabdata and looked at their ranking in CIRRIE. We did this for the entire period of 1997 to 2011 and also for each five-year period within that.

>> Dr. John Stone: Here are some of the results: This table shows the Spearman–Rho correlation co-efficient for the entire period under study and for each five-year segment within that period. Again, this is the correlation of the ranking of those 96 topics between the two databases. The overall correlation for the entire period was 0.52, a relatively high correlation which is perhaps not too surprising. However, it is interesting to note that the strength of the correlation diminished over time. From .75 in the first period 1997 to 2001 to .53 in the following five-year period and .41 in the most recent period. These are the top 10 topics in each of the two databases. The numbers are expressed at percentages of the total number of citations in each topic in that database, rather than absolute numbers since the databases are not of equal size. Some conditions such as stroke and psychiatric disabilities ranked high in both databases. Others do not. For example spinal cord injuries rank second in Rehabdata but is not among the top 10 in CIRRIE. Dementia is high in CIRRIE but is not among the top ten in Rehabdata. This slide shows the rank in Rehabdata for the 10 most published topics in CIRRIE. Some topics have an almost equal rank in the two databases but for others there was a wide discrepancy. This slide show the results of the opposite analysis that is, it shows the rank in CIRRIE, for the 10 most published topics in Rehabdata. Again some topics have an almost equal rank while there was a wide discrepancy in others.

>> David Conley: There were some limitations to the study. We didn’t look at all areas that of Rehabilitation Research. We only did the Health and Function aspect. So we did miss out on things like employment and assistive technology. We did this because we were trying to limit the amount of duplication of articles considered because some articles for example could’ve been about employment of blind persons or assistive technology in stroke and we’re trying to count every article only once. Even so, some overlapping may have occurred. There are also different levels of specificity, for example Psychiatric disabilities. If it’s really a broad topic, then it includes a number of more specific conditions, however, if we got rid of Psychiatric disabilities, we would’ve lost some articles that it contained that were not in the more specific ones and so we’re trying to reduce, if we couldn’t eliminate it. The numbers were based on frequency of publication rather than the quality or importance of the research in the article. Even if something like arthritis was only mentioned briefly it still would’ve been counted as important as an article that’s entirely about the subject.

>> Dr. John Stone: The analysis identifies relative emphases in research in the US and other countries that may reflect the effects of different policy and funding priorities. This initial analysis compared the US with the rest of the world. However the CIRRIE database can be searched according to regions of the world as well as specific countries. So a more fine-grained analysis might compare, for example the US with Europe, or with Asia or a given country within a region. Or, we could country to country comparisons. For example, Brazilian colleagues have expressed an interest in working with us on a US versus Brazil comparative analyses. Many other types of analyses are possible using these two large databases. CIRRIE would welcome suggestions for such studies that might be of interest to particular NIDRR grantees or others and would cooperate with them in such studies. Thank you.

>> Joann Starks: Okay, well thank you very much. I want to thank both of you for your presentation today, and before we finish, I wanted to ask you Dr. Stone, if you had anything else that you would like to add at this time.

>> Dr. John Stone: No, I think we have focused on the study. There are other resources available, the CIRRIE website as well as the NARIC website but this particular analysis was limited to the databases.

>> Joann Starks: Okay, it was very interesting and I think some of the ideas that you’ve brought up there for future research sound very interesting as well, so hopefully we can follow-up with you on those in the future. So I want to remind and encourage everyone to fill out the brief evaluation form to help us in planning future events. It just takes a minute, and you can do it right now when you sign off. You can click on the direct link to the evaluation form that’s found on the last Power Point slide, if you have the slides open. If you can also get a link in an e-mail, that will be sent to you and you can click on the link to the evaluation link in the e-mail. In the next couple of days, the archive audio/video file and a written transcript will be available and posted on the webcast page and we will send e-mail to everyone who pre-registered when these items are ready for review. I want to thank our presenters for their time and we look forward to our next webcast, sharing information from the CIRRIE project. Finally, I want to thank the National Institute on Disability, Independent Living, and Rehabilitation Research that provided funding for the webcast. Again on behalf of our presenters and the CIRRIE staff, myself and the rest of KTDRR staff, thank you and good afternoon.