PRIORITIES FOR FUTURE RESEARCH: RESULTS OF BPA'S DELPHI SURVEY OF DISABLED WOMEN

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PRIORITIES FOR FUTURE RESEARCH: RESULTS OF BPA'S DELPHI SURVEY OF DISABLED WOMEN

INTRODUCTION

In May 1994, Berkeley Planning Associates (BPA), a small, employee-owned company operated and managed principally by women (including several with disabilities), received a three-year Field Initiated Research Dissemination Grant from the National Institute on Disability and Rehabilitation Research (NIDRR) entitled, ***Meeting the Needs of Women with Disabilities: A Blueprint for Change.***[1] This grant has as its principal objective to increase access for women with disabilities to mainstream social service systems. The activities of the grant have included a considerable effort to collect existing research and informal knowledge about service accessibility to disseminate summaries of that knowledge, as well as obtaining input from disabled women about their priorities for future work.

In the spirit of Participatory Action Research (PAR), we designed a two-stage Delphi process to obtain the input of women with disabilities that would direct our own efforts in the second half of the grant, as well as contributing to the future research agenda for women with disabilities. The Delphi process is a way of structuring communication among a group of people in order to get their opinions, offer feedback, and offer insights about a course of action.[2] It is not an opinion poll, because it involves multiple rounds of communication where the results of the first survey are fed back to the participants, who can then change their minds (or not) in the next round. Also, the items in a Delphi survey

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[1]Grant Number H133G40077. The opinions expressed here are those of the authors and are not the position of the federal government.

[2]See H.A. Linstone and M. Turoff, Eds., *The Delphi Method: Techniques and Applications* (Reading, Mass.: Addison-Wesley, 1975).

can go beyond questions about preferences to ask about such issues as the importance, desirability, feasibility, or potential impact of choosing a particular course of action. The technique is usually used to obtain consensus from a group of experts or to assist in forecasting. However, the group may not reach a consensus, but rather delineate different courses of action.

The two rounds of the Delphi survey were conducted from October 1995 through April 1996. (The two questionnaires are discussed in more detail below.) We generated a mailing list of over 200 women with disabilities by building on a list assembled for the Disabled Women's Symposium held in conjunction with the 1995 Society for Disabilities Studies meeting. We also asked our Advisory Panel to recommend women for the survey, and asked respondents to recommend more women. In the second round, we attempted to increase the number of women of color with disabilities participating in the survey by asking organizations serving these women to help us distribute the surveys, but this effort did not have the desired results (see Appendix A). The Delphi process is totally anonymous, so we distributed the Round Two survey to all those who were mailed the Round One survey, whether or not they responded. We asked respondents to provide information about themselves, but not to identify themselves by name.[3]

ROUND ONE RESULTS

The Round One survey was a complex document, covering nine different service systems and asking respondents to offer input on a large number of issues within each area, as well as ranking across areas. In addition, we asked women to rank potential audiences for each topic area, and to offer suggestions about dissemination methods.[4]

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[3]The survey was made available in large print, Braille, on disk, and on cassette. We also offered to pay for an hour of reader time if the woman requested it. If the woman preferred, she could complete the survey anonymously over the phone with a BPA staff person.

[4]Copies of the full survey instrument are available for $5. To obtain a copy, send a request to the address on the cover of this report, or call 1-800-897-0272 and ask for the Delphi survey, or E-mail to *info@bpacal.com* and enter "Delphi survey" on the subject line.

TOPIC AREAS

We asked respondents to rank the service areas from 1 to 9 in order of overall importance (with 1 being the highest priority and 9 the lowest), in order to focus our limited resources on the highest-rated topic areas. The rankings were as follows:

	Topic Area	Average Ranking	Percentage of Respondents Ranking in the Top Four
1.	Abuse and Violence	2.15	92%
2.	Reproductive Health	3.13	79%
3.	Youth Programs	4.51	52%
4.	Substance Abuse	4.71	52%
5.	Child Care	5.48	31%
6.	Child Protective Services	5.49	33%
7.	Aging	5.57	37%
8.	AFDC	5.87	30%
9.	Adoption	7.62	5%

Abuse and violence thus emerged as the highest priority area. Reproductive health was rated second highest, and youth programs and substance abuse came in third and fourth. After these first four, there was a significant drop in score to the next set of four topics (child care, child protective services, aging, and AFDC), which clustered quite closely in terms of ranking. Adoption was ranked last.[5]

[5]Women could write in other service systems that they thought were priorities for research. Many of the suggestions written in were service systems (such as education, job training, health care or mental health) that are not primarily aimed at women, which is how the nine areas in the survey were selected.

Objectives Within Topic Areas

A one-page background summary for each service area was included in the survey. The summary gave an overview of the issues in each area and delineated the barriers to participation for women with disabilities. The barriers that were described went beyond common barriers such as a lack of physically accessible programs to include such things as attitudinal barriers, lack of information, and societal assumptions that would likely be shared by service providers (e.g., that women with disabilities do not have sexual partners or are not mothers).

For each service area, the BPA study team had developed three to five research objectives. Respondents were asked to rate these objectives along two dimensions: *Importance*, and *Potential Impact*. The rating schemes for these two dimensions are shown in Figure 1. This approach allowed us to separate out two ideas: the *priority* that women attached to each objective, without regard to its feasibility or benefits, versus the *benefits* of completing each objective, based on the amount of good it would do. For instance, someone might think that an objective was important because it was morally right, without thinking that it would make very much difference in the lives of women with disabilities. Or someone could think that all the objectives would have a great impact, but that some were more important to complete than others.

Within each area, the survey also asked respondents to rate potential audiences. These lists were customized for each area, just as the objectives were, but generally included service providers, policy makers at the state and local levels, advocates, and women with disabilities themselves. Women were asked to rank order the audiences, given the assumption that resources would be too limited to target all of them.

Below, we discuss the results for the four top-rated topics, which became the subject of the second round questionnaire. Complete results for all objectives and audiences in all nine areas are shown in Appendix B.

Figure 1

SCALES USED IN ROUND ONE SURVEY

IMPORTANCE

This scale is meant to measure the ***priority*** you attach to the objective, without regard to its feasibility or benefits. Ideally, the objectives we pursue will be those that are judged both highly important and highly urgent.

1 =	**Very Important**	First order priority, must be addressed immediately
2 =	**Important**	Second order priority; as important as first order priority but somewhat less urgent
3 =	**Somewhat Important**	Both somewhat less important and somewhat less urgent than first order priority
4 =	**Of Little Importance**	Low priority, of small importance compared to other objectives
5 =	**Not important**	Not a priority, should be dropped as an objective

POTENTIAL IMPACT

This scale is meant to measure the ***benefits*** of completing each objective, based on the amount of good it would do. Therefore, say how much difference you think it is likely to make separate from how urgent you think it is to do it.

1 =	**Greatest Impact**	Accomplishing this objective will make the greatest difference to women with disabilities, and is well worth the investment.
2 =	**Substantial Impact**	Accomplishing this objective would make a significant difference to women with disabilities and is worth the investment.
3 =	**Some Impact**	Accomplishing this objective would have some positive impact, but it's unclear whether it's a good investment of resources
4 =	**Little Impact**	Accomplishing this objective would have little impact and would probably not be worth the investment
5 =	**No Impact**	Accomplishing this objective would make no difference to women with disabilities.

- ***Ranked #1: Abuse and Violence***

In this topic area, the highest-rated objective was: "To disseminate information to women with disabilities about how they can advocate for themselves in protecting themselves against violent caretakers." It was judged "very important" by 85% of the respondents, and an additional 10% ranked it "important." It was also the highest-ranked objective in terms of impact or benefits, with 68% of respondents rating it of greatest potential impact.

There was a gap of more than 30 percentage points to the next-highest rated objectives ("To document how domestic violence shelters can become more accessible for women with various disabilities" and "To document how rape crisis lines can become more accessible for women with various disabilities"), and these objectives were rated as having a significant potential impact by less than half of the respondents.

The audience that ranked highest in this topic area was women with disabilities themselves, with 61% of all respondents ranking them first, and 78% ranking them in the top three. All other audiences, such as staff at service organizations or disability organizations, were ranked much lower. Women also wrote in potential audiences other than women and staff, such as enforcement personnel (e.g., police, 911 operators), physicians, and family members.

- ***Ranked #2: Reproductive Health***

In this topic area, the highest rated objective was: "To develop information for health care providers about how different types of disabilities can affect the need for reproductive health services," which was rated "very important" by 58% of all respondents. This objective was also the highest-rated in terms of impact, with 52% rating it as having great potential impact. Three other objectives were closely rated: those concerned with documenting how services could become more accessible, the experiences of women in

accessing services, and the legal issues. These three were rated as having the greatest potential impact by about a third of the respondents.

Women with disabilities were ranked as the most important audience in this area, with 50% of respondents ranking them number one. The next highest-ranked audiences were clinicians and staff at clinics, with more than half of respondents ranking them in the top three.

- ***Ranked #3: Youth Programs***

The highest-rated objective in this area was "To disseminate information to girls with disabilities (and their parents) about their legal rights to participate in youth programs." This objective was rated very important by 62% of respondents, and also judged to be of greatest potential impact by 62%. The next highest-rated objectives concerned developing information for programs about the need for youth services for girls with disabilities, and accessibility issues. Both of these objectives were rated as having greatest potential impact by more than one-third of respondents.

Consistent with the highest-rated objective, the highest-ranked audiences were girls with disabilities, who were rated number one by 41% of all respondents, and families of girls with disabilities, followed by program staff and administrators, and parents advocates.

- ***Ranked #4: Substance Abuse***

The highest-rated objective in this area was "To document strategies that disabled women can use to find accessible treatment programs or to advocate for their existing programs to become more accessible." This objective was rated as very important by 59% of respondents, and was judged to have the largest potential impact by 56%. Other highly-ranked objectives included documenting how prevention and treatment programs could become more accessible, and developing information for programs about how different

kinds of disabilities can affect the need for substance abuse services; these two objectives were also rated highly in terms of potential impact.

Women with disabilities were ranked as the most important audience (47% ranked them number one). Staff and administrators of substance abuse programs were ranked as the next most important.

DISSEMINATION METHODS

At the end of the survey, we asked women to rank-order overall dissemination methods for service providers, policy makers, and consumers. For example, we asked them to rate the relative effectiveness of reaching women with disabilities using brochures distributed through independent living centers versus articles in disability publications or conference presentations. Respondents could write in suggestions in these areas.

Many women wrote in ideas about national dissemination methods like using media such as TV and newspapers, and making videos that could have wide distribution and possibly be shown on TV. For instance, it was suggested that we try to get a panel on the Oprah Winfrey Show, or try to interest Dateline or 20/20 in doing a story in one of our topic areas. These methods were rated higher than the more traditional methods we had asked women to rank (such as conference presentations and journal articles).

The final part of the Round One survey was a section on the personal characteristics of the respondent, including age, type of disability, age of onset of disability, ethnicity, marital status, whether the woman had children, and state of residence. A complete description of the respondents can be found in Appendix A.

ROUND TWO RESULTS

The second round of the Delphi survey was a much shorter, simpler survey. After analyzing the results of the first round, we prepared descriptions of a series of activities in the four top-ranked topic areas that we asked respondents to rank order. The activities incorporated the information from the first round about the importance and benefits of various objectives, as well as the highest-ranked audiences and dissemination methods. We proposed five activities, and asked women to rank order them, informing them that the resources of the grant would only allow us to pursue the top three.

PROPOSED PRIORITIES

The activities we proposed were the following:

- ***Abuse and Violence***

Given that caretaker abuse awareness emerged as the most important issue in this topic area, and that it was distinct from the service systems of domestic violence shelters and rape crisis lines, we proposed two potential activities in this area. One is aimed at women with disabilities to raise awareness about caretaker abuse and giving strategies for dealing with it, and one is aimed at program operators about accessibility issues.

Proposed Activities:

- Disseminate information to women with disabilities about what constitutes abuse by caretakers and how they can advocate for themselves and keep themselves safe. This would be accomplished by developing a booklet for women with disabilities that can be distributed through rehabilitation programs, ILCs, employment programs, IHSS vendors, etc. This booklet could also be distributed to counselors, medical personnel, and other service providers to raise awareness about caretaker abuse among disabled women.

- Disseminate information to abuse/violence programs about their legal requirement to serve women with disabilities, and about how they can be more accessible to those women. This would be accomplished by developing a booklet that would be distributed through national organizations of rape crisis centers and domestic violence programs; also, the booklet would be distributed to women with disabilities so that they can advocate for more accessible services within their own communities.

- ***Reproductive Health***

Given that respondents thought that developing information for providers was the most important, but that women with disabilities themselves were the most important audience, we developed a proposed dissemination activity in this area that would be appropriate for both women and the staff serving them.

Proposed Activity:

- Disseminate information about the reproductive health needs of women with disabilities, including how different types of disabilities affect the need for reproductive health services, accessibility issues, and legal issues. This would be accomplished by developing a booklet that could be used by programs interested in becoming more accessible, and also used by women to advocate for more accessible services in their communities.

- ***Youth Programs***

Given the similarity in the needs of both families and programs in this area, we developed a dissemination activity that would be suitable for both audiences.

Proposed Activity:

- Disseminate information to youth programs, girls with disabilities, and their parents, teachers, and counselors about the reasons girls with disabilities need youth services, their legal rights to participate in such programs, and how programs can become more accessible. This would be accomplished by developing a booklet aimed at these audiences that could be distributed through national organizations of youth programs (e.g., Girl Scouts, Boys' and Girls' Clubs, YWCAs), schools, and parent advocacy groups.

- ***Substance Abuse***

Because both women with disabilities and staff of providers were identified as important audiences in this area, we proposed a dissemination activity that would address the needs of both audiences.

Proposed Activity:

- Disseminate information to substance abuse prevention and treatment programs about how different types of disabilities can affect the need for substance abuse services, and about how they can become more accessible. This would be done through developing a booklet for treatment programs that would be disseminated through provider organizations. The booklet could also be used by women with disabilities to advocate for existing substance abuse programs to become more accessible.

RANKINGS OF PRIORITIES

The two activities in the Abuse and Violence area were ranked highest by the Round Two respondents. The majority (53%) rated the caretaker abuse activity (develop a booklet for women with disabilities and service providers about what constitutes abuse and how to keep themselves safe) as the first-ranked activity, and 19% thought that developing materials for programs was the first priority. The third-ranked activity was in the area of Youth Programs, with the Reproductive Health activity fourth and the Substance Abuse activity last.

Activity	Average Ranking	Percentage of Respondents Ranking #1
Develop a booklet about caretaker abuse for women with disabilities	1.86	53%
Develop information for abuse/violence programs	2.69	19%
Develop information about youth programs for girls with disabilities and their families	3.00	17%
Develop information about reproductive health needs of women with disabilities	3.42	11%
Develop information about substance abuse prevention and treatment needs of women with disabilities	3.73	5%

DISSEMINATION METHODS

A large number of the Round One respondents had expressed a strong interest in video and media dissemination. The advantage of video and media campaigns is that they can reach wide audiences (including women with disabilities who may not access any service systems or have low literacy, and people without disabilities), and can be used for educational purposes in training programs. On the other hand, these are very expensive

activities (for example, to develop a broadcast-quality 20-minute video can cost $40,000 or more), and we knew that we would be able to conduct a media campaign or make a video in only one area. Therefore, in the Round Two survey we asked respondents to indicate their highest priority topic area (from among the four areas discussed in that survey) for these high cost activities.

The strong ranking of Abuse and Violence activities was echoed in the dissemination questions. Respondents ranked Abuse and Violence as the first priority for both a national media campaign (62% ranked first) and for developing a video (66% ranked first).

SUMMARY OF FINDINGS

The results of the Delphi survey indicate that women with disabilities themselves recognize abuse and violence, especially caretaker abuse, as a high priority issue that gets little attention from most service providers and policy makers. Women with disabilities share with non-disabled women the fact that their intimate partners may physically, emotionally, or verbally abuse them. However, they can also be subject to types of abuse that are not issues for non-disabled women, such as denial of medications, withholding of attendant services, or preventing use of assistive devices. Abusive caretakers may be parents or other family members, or paid staff, as well as intimate partners, and the consequences of separation from these caretakers may be life-threatening. All disabled women need information to raise their awareness of this issue and strategies for taking action to prevent abuse.

Women with disabilities also need mainstream programs such as domestic violence shelters and rape crisis lines to understand that they too are sexual beings, that they are the victims of sexual assault and domestic violence, and that they have disability-related needs that can be met by programs committed to becoming accessible to all women who need their services.

Girls with disabilities were also seen as a high priority for attention by the respondents to the Delphi survey. After all, they are the next generation of disabled women, and their experiences as youth can greatly affect their independence and integration as adults. Disabled girls are at risk of drug and alcohol abuse, teen pregnancy, dropping out of school, and sexual and physical abuse. Providing information that can help girls and young women with disabilities have good experiences in mainstream youth programs can help support self-regard, encourage healthy behaviors, and assist in the exploration of career and vocational options. This kind of support can help give disabled girls and adolescents the determination to confront a world that often discriminates on the basis of disability and gender.

The respondents to the survey ranked women with disabilities themselves as the most important audience in all topic areas. Providing information to women with disabilities empowers them to advocate for changes in the service systems that they encounter daily.

NEXT STEPS

BPA staff have already moved ahead to conduct the three highest-ranked activities and to explore the possibility of additional funding for future activities. For the first-ranked activity, a booklet on caretaker abuse is in the works. We have already collected existing written materials, including first-person accounts, and will be interviewing more women with disabilities about their experiences, in order to develop a product that will reflect the points of view of women with various disabilities and in various circumstances.

The second-ranked activity—disseminate information to providers of abuse and violence services—is being addressed by BPA in collaboration with the National Coalition Against Domestic Violence (a membership organization of shelter operators) and the Domestic Violence Initiative for Women with Disabilities, located in Denver, Colorado. These groups had drafted a Technical Assistance Manual entitled *Open Minds, Open Doors* that is aimed at assisting domestic violence service providers to become physically

and attitudinally accessible to women with disabilities. BPA reviewed their draft, contributed additional materials, and provided funding assistance for dissemination of this important document.

The third-ranked activity—developing a booklet for girls' programs—has been completed and is ready for dissemination. This booklet was based on the summary of the literature developed during the first half of the grant. We will be disseminating the booklet through parents' organizations and national organizations serving girls, as well as making it available for sale to the general public.

BPA is investigating the possibility of additional NIDRR funding or foundation funding for development of a video that would address caretaker abuse issues. In addition, we are pursuing funding opportunities for a survey of users of personal assistance services, in order to document the extent of caretaker abuse and strategies for preventing and dealing with it.

Appendix A

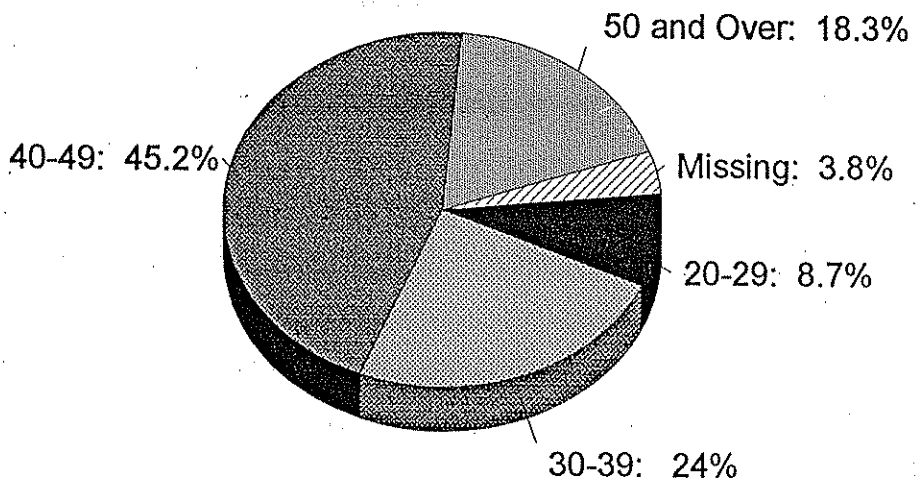
CHARACTERISTICS OF RESPONDENTS TO THE DELPHI SURVEY

CHARACTERISTICS OF RESPONDENTS TO THE DELPHI SURVEY

Over one hundred women (104) with disabilities responded to the first round of the Delphi survey, and 90 responded to the second round. The characteristics of both groups were very similar. (The figures below are for the first round respondents.) They represented a wide range of ages and disabilities, and came from 21 states. More than half of the women lived in California (59%), but every region of the country was represented. Their ages ranged from 23 to 64. Nearly half of the women (45%) were aged 40-49, and 24% were aged 30-39. Smaller proportions of the women were over age 50 (18%) and in their 20s (9%) (see Figure 1).

Figure 1

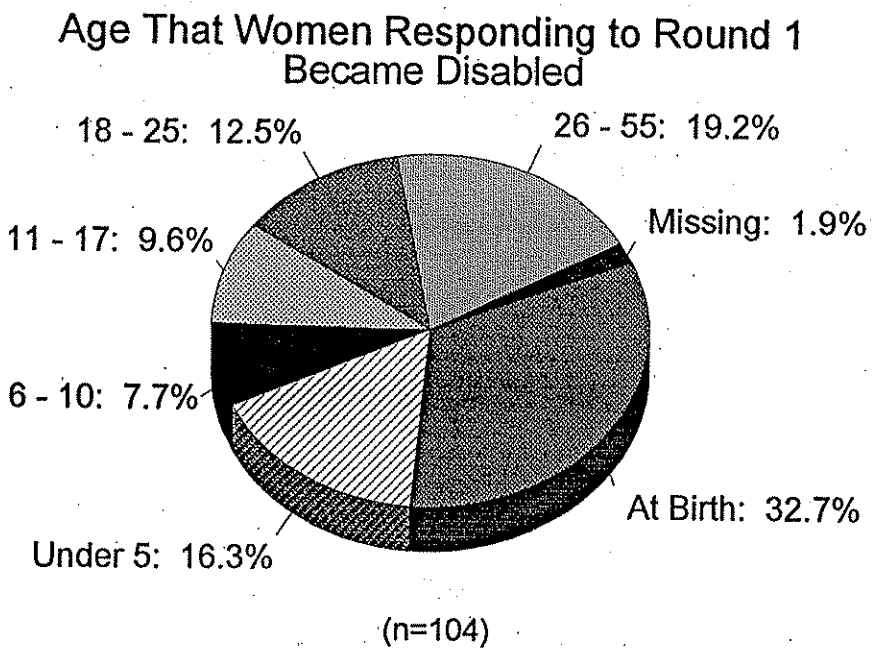
Age of Women Responding to Round 1



(n=104)

A third (33%) of the women were disabled at birth, and an additional third (34%) became disabled before the age of 18 (see Figure 2). The vast majority (80%) had a physical disability, and a quarter (23%) had a chronic health condition. (See Figure 3. Women could check as many disabilities as applied, so the totals are greater than 100%.) The women experienced other disabilities as well, including environmental illness (14%), psychiatric disabilities (14%), visual impairments (11%), learning disabilities (9%), cognitive disabilities (7%), and hearing impairments (7%).

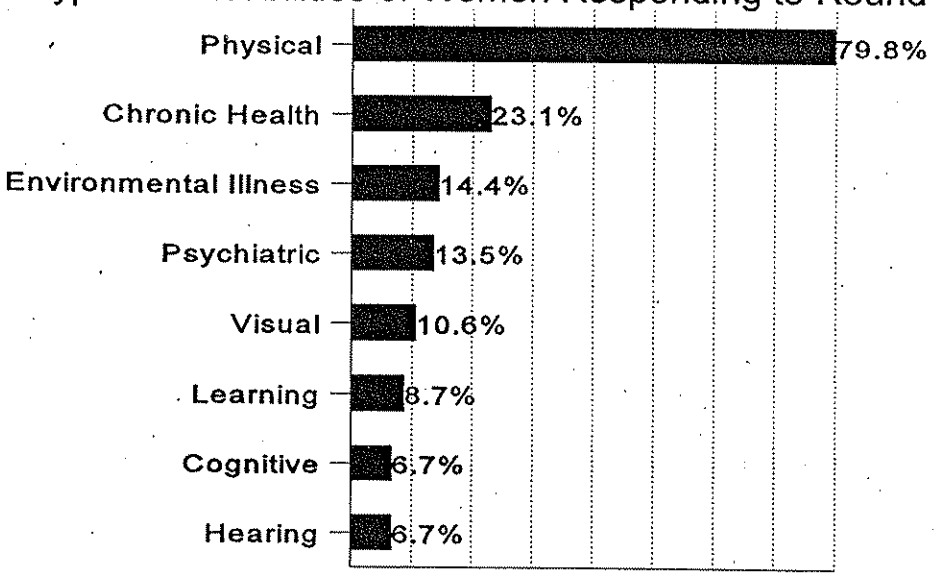
Figure 2



While all ethnic groups were represented in the survey, the vast majority of respondents were Caucasian (86%). An equal percentage (7%) were African-American and Hispanic, and a small number were Asian (2%) or Native American (2%). In addition, a few women wrote in that their ethnicity was Jewish (3%). (See Figure 4. Women could check as many ethnicities as applied.)

Figure 3

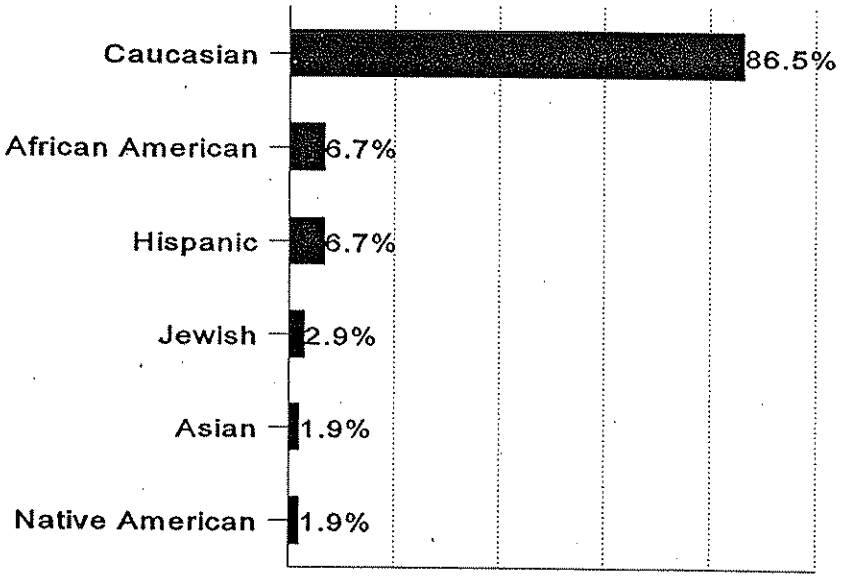
Types of Disabilities of Women Responding to Round 1



(n=104)

Figure 4

Ethnicity of Women Responding to Round 1



(n=104)

The respondents lived in a variety of family configurations. Nearly half (41%) were single, and 13% were divorced or separated. More than a quarter (28%) were married, and an additional 14% were living with a significant other (see Figure 5). About two-fifths (39%) indicated that they had children. Of these, 70% had biological children, 19% had adopted children, 12% had step-children, and 7% had foster children (see Figure 6).

Figure 5

Marital Status of Women Responding to Round 1

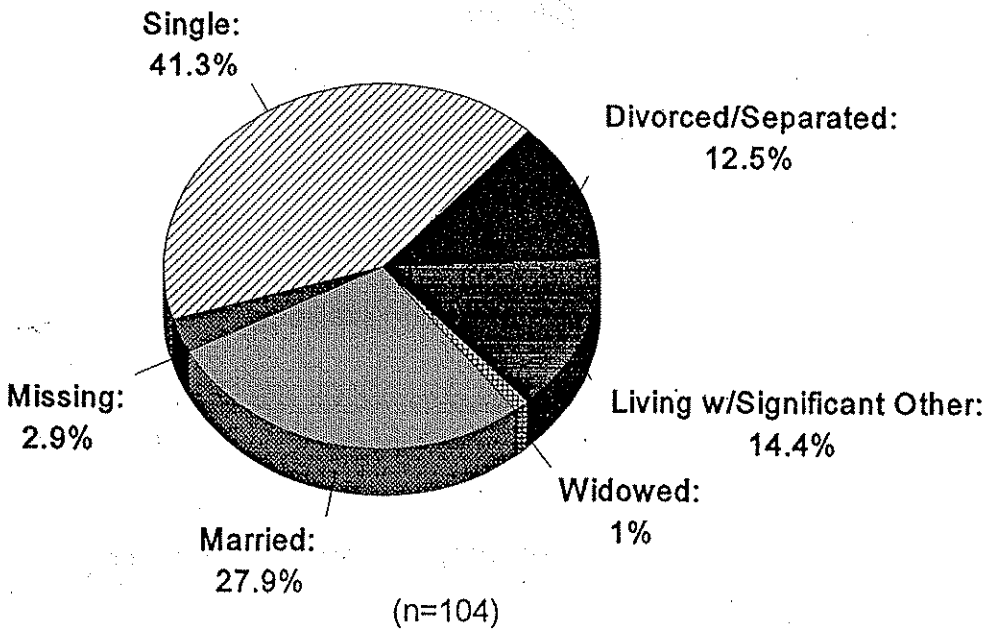
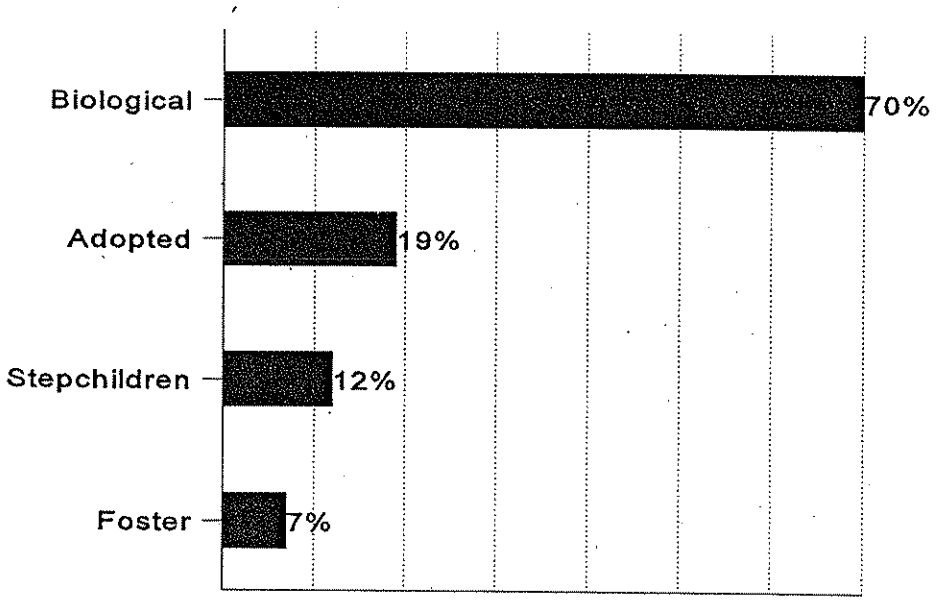


Figure 6

Type of Children of Respondents with Children



SUMMARY

The women with disabilities who participated in the two rounds of the Delphi survey were very similar. They represented a wide range of disabilities, ages, and living situations. However, despite outreach efforts, the samples in both rounds were dominated by Caucasian women with physical disabilities, aged 40-49, who lived in California. Future research efforts should make even greater efforts to obtain greater input from women of color with disabilities, and those who have cognitive, psychiatric, and sensory disabilities.

Appendix B

ROUND ONE RESULTS

ABUSE AND VIOLENCE

OBJECTIVES	% Rating *Very Important*	% Rating *Greatest Impact*
1. To document how domestic violence shelters can become more accessible for women with various disabilities.	52%	35%
2. To document how rape crisis lines can become more accessible for women with various disabilities.	46%	32%
3. To disseminate information to women with disabilities about how they can advocate for themselves in protecting themselves against violent caretakers.	85%	68%
4. To identify domestic violence programs across the country that have done a good job of accommodating disabled women.	29%	23%
5. To identify rape crisis programs across the country that have done a good job of accommodating disabled women.	28%	19%

RANKING OF POTENTIAL AUDIENCES

1. Women with disabilities
2. Disability service providers and advocates (e.g., independent living center staff)
3. Staff of domestic violence shelters
4. Domestic violence program administrators
5. Staff of rape crisis lines
6. Rape crisis program administrators
7. State level policy makers
8. Federal level policy makers

ADOPTION SERVICES

OBJECTIVES	% Rating *Very Important*	% Rating *Greatest Impact*
1. To develop information for social workers who do home studies and/or adoption counseling about how women with disabilities have been successful in raising children and can make good adoptive mothers.	65%	52%
2. To document how adoption services can be made more accessible for women with various disabilities.	22%	22%
3. To disseminate information to mothers with disabilities about their rights as adoptive parents.	50%	42%
4. To document strategies that prospective adoptive mothers have used to successfully adopt children.	39%	32%
5. To identify and describe adoption programs that have done a good job of serving women with disabilities.	28%	24%

RANKING OF POTENTIAL AUDIENCES

1. Women with disabilities
2. Social workers in the field of adoption
3. Private and county adoption agency administrators
4. Disability service providers and advocates (e.g., independent living centers)
5. State level policy makers
6. Federal level policy makers

AFDC

OBJECTIVES	% Rating *Very Important*	% Rating *Greatest Impact*
1. To develop information for social workers about how different types of disabilities can affect the need for income assistance and specialized training.	59%	47%
2. To document how AFDC programs can more effectively accommodate women with disabilities.	40%	27%
3. To disseminate information to mothers with disabilities about their rights to receive AFDC benefits and work-welfare services.	65%	53%
4. To identify AFDC or work-welfare programs across the country that have done a good job of accommodating disabled women.	28%	22%

RANKING OF POTENTIAL AUDIENCES

1. Mothers with disabilities
2. Social workers in the AFDC system
3. AFDC program administrators
4. Work-welfare program administrators
5. Disability service providers and advocates
6. State level policy makers
7. Federal level policy makers

AGING SERVICES

OBJECTIVES	% Rating *Very Important*	% Rating *Greatest Impact*
1. To develop information for senior programs about how different types of disabilities can affect the need for aging services.	41%	34%
2. To document the preference among older women with disabilities for consumer driven services and programs.	37%	21%
3. To document how aging services can become more accessible for older women with disabilities.	51%	33%
4. To disseminate information to older women with disabilities and families about the legal rights of seniors with disabilities to participate in mainstream services.	66%	51%
5. To identify aging services programs across the country that have done a good job of accommodating disabled women.	28%	23%

RANKING OF POTENTIAL AUDIENCES

1. Older women with disabilities
2. Program administrators
3. Disability service providers and advocates (e.g., in independent living centers)
4. Social workers
5. State level policy makers
6. Federal level policy makers

CHILD CARE SERVICES

OBJECTIVES	% Rating *Very Important*	% Rating *Greatest Impact*
1. To develop information for child care programs about the number and types of women with disabilities who need child care services.	40%	36%
2. To document how different kinds of child care programs can become more accessible to disabled moms..	45%	42%
3. To document the kinds of information that resource and referral networks should be collecting about accessibility of child care services.	41%	39%
4. To document strategies that disabled moms can use to find accessible child care or to advocate for their existing care to become more accessible.	66%	63%
5. To identify child care programs across the country that have done a good job of accommodating disabled moms.	27%	19%

RANKING OF POTENTIAL AUDIENCES

1. Mothers with disabilities
2. Staff in large day care centers/preschools
3. Family day care providers
4. School district staff who provide child care
5. Disability service providers and advocates
6. State level policy makers
7. Federal level policy makers

CHILD PROTECTIVE SERVICES

OBJECTIVES	% Rating *Very Important*	% Rating *Greatest Impact*
1. To develop information for social workers about how different types of disabilities can affect child rearing practices.	64%	56%
2. To disseminate information to mothers with disabilities about their rights when their children have been removed from the home because of alleged abuse or neglect.	73%	64%

RANKING OF POTENTIAL AUDIENCES

1. Mothers with disabilities
2. CPS workers
3. CPS program administrators
4. Disability service providers and advocates (e.g., independent living center staff)
5. State level policy makers
6. Federal level policy makers

REPRODUCTIVE HEALTH SERVICES

OBJECTIVES	% Rating *Very Important*	% Rating *Greatest Impact*
1. To develop information for health care providers about how different types of disabilities can affect the need for reproductive health services.	58%	53%
2. To document how reproductive health services can become more accessible to women with various disabilities.	52%	39%
3. To document the experiences of disabled women who have and have not received the reproductive health services they need.	41%	37%
4. To document the legal issues of disabled women surrounding reproductive health services including sterilization laws, informed consent, conservatorships and right to privacy laws.	51%	34%
5. To identify family planning and reproductive health services across the country that have done a good job of accommodating women with disabilities.	27%	25%

RANKING OF POTENTIAL AUDIENCES

1. Women with disabilities
2. Clinicians in public sector settings specializing in reproductive health services
3. Staff of community clinics and medical centers
4. Program administrators of community clinics and medical centers
5. Clinicians in private practice specializing in reproductive health services
6. Disability service providers and advocates (e.g., in independent living centers)
7. City and county level policy makers
8. State level policy makers
9. Federal level policy makers

SUBSTANCE ABUSE SERVICES

OBJECTIVES	% Rating *Very Important*	% Rating *Greatest Impact*
1. To develop information for substance abuse prevention and treatment programs about how different types of disabilities can affect the need for substance abuse services.	55%	47%
2. To document how substance abuse prevention and treatment programs can become more accessible to women with various disabilities.	53%	50%
3. To document strategies that disabled women can use to find accessible treatment programs or to advocate for their existing programs to become more accessible.	59%	56%
4. To identify substance abuse prevention and treatment programs across the country that have done a good job of accommodating women with disabilities.	28%	19%

RANKING OF POTENTIAL AUDIENCES

1. Women with disabilities
2. Staff of prevention and treatment programs
3. Program administrators
4. Physicians
5. Disability service providers and advocates (e.g., in independent living centers)
6. State level policy makers
7. Federal level policy makers

YOUTH PROGRAMS

OBJECTIVES	% Rating *Very Important*	% Rating *Greatest Impact*
1. To develop information for youth programs about the reasons girls with disabilities need youth services.	50%	38%
2. To document how youth programs can become more accessible to girls with various disabilities.	52%	44%
3. To disseminate information to girls with disabilities (and their parents) about their legal rights to participate in youth programs.	62%	62%
4. To identify youth programs across the country that have done a good job of accommodating girls with disabilities.	27%	24%

RANKING OF POTENTIAL AUDIENCES

1. Parents of female youth with disabilities
2. Disabled female youth
3. Staff of youth programs
4. Parent advocates
5. Program administrators
6. Disability service providers and advocates (e.g., in independent living centers)
7. State level policy makers
8. Federal level policy makers