

THE SELF EXPRESSED NEEDS OF PHYSICALLY  
HANDICAPPED PERSONS LIVING IN IOWA  
DURING 1976

An Abstract of a Dissertation by  
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The Problem. The purpose of this study was to determine the self expressed needs of physically handicapped persons living in the State of Iowa during 1976.

Procedure. A questionnaire was designed by the contributions of handicapped persons exclusively. The questionnaire was then distributed to six hundred physically disabled persons residing in the state of Iowa. The names and addresses of these persons were supplied by the Iowa Easter Seal Society from a list of clients who corresponded with the agency. Respondents were asked to indicate five problems they encountered which limited them the most in their efforts to live a normal and satisfying life. These five problems were chosen from a list of twenty-one problems which other groups of handicapped persons had identified in various conferences in the United States and Canada. The respondent had the option of identifying a need or problem not included on the list. As part of the questionnaire each respondent indicated his or her age, sex, degree of disability (mild, moderate, or severe), length of disability, resident community population and educational level (0-11 years of education, high school graduate, technical school training, some college education, college graduate).

Findings. A total of 261 questionnaires were returned (44%). There were two hundred fifty usable questionnaires.

The composite rank order of needs along with the percentage of the sample population who identified each need follows; income security (48 percent), information needs (45.6 percent), architectural barriers (37.6 percent), transportation (28 percent), health services (27.2 percent), recreation (25.6 percent), social acceptance (25.2 percent), insurance (24.4 percent), home care (23.6 percent), political representation (23.2 percent), legal services (21.2 percent), personal adjustment (17.6 percent), housing (17.2 percent), vocational education (16.8 percent), employment (14 percent), family problems (12 percent), sexual adjustment (10.4 percent).

caseworkers (8 percent), special equipment (7.6 percent), education (7.2 percent), institutionalization (4.4 percent). Rank-orders of needs were established for each of the categories of disabled persons identified in the questionnaire. These included rankings by age, sex, degree of disability, length of disability, population of resident community, and educational background of respondents. Each of these rank-orders varied from the composite hierarchy in regard to one or two important needs.

Conclusions. Three basic conclusions could be drawn from this study. First, there are some common needs which disabled persons living in Iowa perceived as obstacles in their attempt to live a normal life. Income security, information concerning services or regulations for the handicapped, architectural barriers, transportation and health care proved to be the most vital of such needs. Second, factors such as age, sex, degree of disability, length of disability, education, and population of resident community seem to influence perceptions of needs enough to justify a further study of such relationships. Third, handicapped persons living in Iowa are, with few exceptions, in agreement with handicapped persons residing in the state of Massachusetts in terms of their perceived needs.

Recommendations. Further research should include a descriptive and comparative analysis of the financial conditions of handicapped persons living in Iowa. Also a study to discover what the most troublesome architectural barriers are in specific geographic locations in Iowa would be of direct aid to disabled persons, as would a study regarding adequacy of health care services in Iowa. Self concept studies, particularly among younger handicapped persons, could be of value to counselors and educators. A further investigation of significance would be to compare and contrast the perceptions of needs of the disabled held by professionals working with them and those of disabled persons themselves. Finally, since each need was not identified as of extreme concern by all of the respondents it could be revealing to analyze how those persons who did not identify a need as crucial coped with the problem.

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A Dissertation  
Presented to  
The School of Graduate Studies  
Drake University

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In Partial Fulfillment  
of the Requirements for the Degree  
Doctor of Education

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by  
Paul J. Porter  
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## Chapter 1

### INTRODUCTION

#### The Problem

In this era of consumer rights, consumer needs, and consumer involvement many persons are beginning to communicate their wishes to the public through collective action. One of these groups, heretofore rarely recognized by the remainder of the public as a viable entity, consists of congeries of handicapped persons. At the present time there is gathering evidence that physically handicapped persons are becoming increasingly more cohesive as a group and thus demanding more autonomy over their environment. In 1972 the Canadian Rehabilitation Council for the Disabled published a report of formal meetings of disabled persons which had convened in fifteen cities across Canada.<sup>1</sup> In this rather widely distributed report the collective responses of the disabled persons in attendance were recorded and summarized. The commentary was explicit as to exactly what disabled persons living in Canada needed

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<sup>1</sup>Canadian Rehabilitation Council for the Disabled "Proceedings of the National Conference of the Physically Disabled" (Toronto, Canada: Department of National Health and Welfare, 1973), p. 1.(Mimeographed.)

in order to live a more normal and fulfilling life. Following this report, similar needs and sentiments were expressed in assemblages of handicapped persons all across the United States. Meetings sponsored by Easter Seal Societies in Massachusetts (1972)<sup>1</sup> and Ohio (1973)<sup>2</sup> produced lists of needs which handicapped persons felt were the main obstacles standing in their path towards a more normal existence.

More recently the strategy of handicapped groups has changed from depending on traditional agencies and avenues to militancy. Like many Blacks, Indians, and women's groups before them, handicapped individuals are beginning to question seriously their status in life. Groups of handicapped persons are testing the feasibility of militancy by filing lawsuits, launching publicity campaigns and holding demonstrations to gain what they view as their rights.<sup>3</sup>

For a long while there have been organizations whose purposes were somehow to serve the handicapped person. Dissatisfaction with consequences of these

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<sup>1</sup> Letter from Carl Brauner, Project Director for Ohio Easter Seal Society, October 29, 1974.

<sup>2</sup> Letter from Richard LaPierre, Executive Director for the Massachusetts Easter Seal Society, June 21, 1974.

<sup>3</sup> John Hamer, "Handicapped Join to Push Their Needs," Waterloo Courier, November 29, 1974, p. 4, cols. 5-8.

traditional agency efforts has resulted in handicapped persons forming their own organizations. The American Coalition of Citizens with Disabilities is the first "umbrella" organization aimed at unifying the large number of disability groups forming all over the United States. More than 150 representatives of some fifty-two organizations were present at the initial session in May, 1974.<sup>1</sup>

The National Advisory Council for the Developmentally Disabled was created to advise the secretary of Health, Education and Welfare on broad issues of program implementation. Up to 1976 the Council was not given much credence at state or federal levels. Disabled persons were not given viable representation on the Council. However, in 1975 two handicapped persons were appointed to the Council and have been actively participating as representatives of the handicapped at responsible levels of government.<sup>2</sup>

Up to the time of these events the only information given to the public concerning the needs of handicapped persons was produced by non-handicapped professionals working in the area of services. The resentment expressed against these sorts of political, dehumanized, and

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<sup>1</sup> Ibid.

<sup>2</sup> Audrey Benson, "The United Handicapped Federation," Polling Magazine, December, 1975, p. 18.

inaccurate attempts at establishing need priorities has become so vociferous among the handicapped that its practice has been greatly curtailed. The writer has personally witnessed several seminars, panel discussions, and convention speeches given by physically handicapped people throughout the state of Iowa. Each of these gatherings attested to the inadequate and dehumanized practice of declaring what the needs and wishes of handicapped persons are without ever consulting them or letting them speak for themselves. A growing restlessness and intolerance for the lack of autonomy over one's own life which such a situation represents is finally resulting in open dissent and distrust. The handicapped are now making demands for the same freedom to pursue solutions to their own needs on the same basis and with the same rights as other persons in our society.

As mentioned previously, the needs handicapped persons are seeking to publicize are many and strongly felt. Many are geographic or political in nature. Others are more related to specific disabilities or age groups. Whatever their origin, those in human services areas must soon become sensitized to a new philosophy on the part of handicapped persons. They are demanding to be heard. It is imperative that what they are saying is well understood.

The purpose of this study is to determine what the self-expressed needs are that physically handicapped persons indicate must be resolved in order that they can minimize

their handicaps and live a more satisfying life.

This study was limited to studying the needs of handicapped persons residing in the state of Iowa during the year 1976. Sources of information consisted of statements made by physically handicapped persons. Such information was gathered by the use of questionnaires and some personal interviews.

### The Purpose

The main objectives of the research can best be defined through a question. What are the self-expressed needs that physically handicapped persons, living in Iowa, indicate must be resolved before they can minimize their handicaps and live a more normal life?

## RESEARCH DESIGN AND METHODOLOGY

For purposes of this study a questionnaire was designed by the contributions of handicapped persons exclusively. Six handicapped persons were asked to participate in the design of the questionnaire. They were chosen because of their extensive individual efforts towards the improvement of life styles of the handicapped in Iowa. (Information concerning these persons can be found in the appendix.) An open-ended question was submitted to each of these persons which read: what needs do you have which stand in the way of your being able to lead a more normal and satisfying life? A list of needs developed

in the Massachusetts<sup>1</sup> and Ohio<sup>2</sup> projects was shown each of the six panel members as a way of aiding them in organizing their responses to the interview question. Both of the surveys were related to this study in that they included only the responses of handicapped persons regarding their needs. (A further discussion of these studies can be found in the second chapter of this document.) The needs developed through these interviews were the basis for the list of needs presented in the questionnaire. The panel also critiqued the introduction, instructions, general design, and wording of the questionnaire. Particular attention was paid to comments on how to make the instrument more readable, understandable, and easy to respond to in light of some disabled person's difficulties with the mechanics of replying to written materials.

With the approval of the panel the questionnaire was then distributed to six-hundred physically disabled persons residing in the state of Iowa. The names and addresses of the persons chosen for the research population were provided by the Iowa Easter Seal Society. These persons were chosen because they had corresponded with the agency in regard to craft projects. It was felt this category allowed for a population that was more willing

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<sup>1</sup>LaPierre, loc. cit.

<sup>2</sup>Brauner, loc. cit.



and capable of responding to a written questionnaire than any of the other groupings the agency could provide. Also, these person's addresses were confirmed and current. Each of the questionnaires was mailed to the place of residence of the respondent.

Information gained from the questionnaire could be classified in many categories and combinations of categories. The classifications included in the study were chosen by the panel and two non-handicapped persons administering large programs for the handicapped in the state of Iowa. The latter were included because of their expertise in knowing what sort of information would be applicable for agency use. The categories were chosen because of their practicality for individual, group, or agency usage. Each category was approved by all the panel members. They are as follows:

1. Needs as identified by total sample population.
2. Needs as identified by each of the sexes.
3. Needs as identified by age of respondents.  
(19-49, 50 and over)
4. Needs as identified by respondents living in varied community sizes. (Rural, 1,000-10,000, 11,000-25,000, 26,000-49,000, 50,000 and over.)
5. Needs as identified by the educational levels of those replying. (0-12 years, high school graduate, technical school graduate, some college education, college graduate, post college education, graduate degree.)
6. Needs as identified by respondents having either mild, moderate, or severely handicapping conditions.

7. Needs as identified by respondents who acquired a disability at birth or those who acquired a disability since birth.

By dividing the research sampling into these classifications it made it possible not only to quantify or summarize how these groups responded but also provided a means by which to study those needs meaningfully. Put more simply, these categories contain enough commonality to represent a viable grouping with which to deal.

The information gained from this research was primarily for the benefit and use of physically handicapped persons in Iowa. Therefore, the design, methodology, and summary were geared for their use.

#### Definition of Terms

For purpose of clarity the following terms will be used throughout this research report as defined.

Need. Any specific deficit in a person's physical or psychological environment which causes that person to be less efficient or capable than he or she could be when functioning in that environment.

Handicap or disability. A disabled or handicapped individual is a human being who through disease, illness, congenital condition, or traumatic experience, is impaired in functioning in one or more areas of daily living. This functional impairment causes unusual and undue dependency on one or more other human beings and/or mechanical devices. (The two terms are used interchangeably in this report as

they are in most of the related literature.)

## Chapter 2

### RELATED RESEARCH

Research and literature concerning need priorities for various categories of handicapping conditions prevalent in the United States is sparse and fragmented. The following summary was assembled by contacting forty-eight state Easter Seal agencies, six universities with departments specializing in vocational rehabilitation, three computer search facilities, the United States Department of Health, Education, and Welfare, and the Canadian Department of Health and Welfare, plus a search of journal and dissertation materials dating back ten years. What research there is falls into two categories. First, some research has addressed itself to specific educational or vocational needs. Second, there is a small body of less systematized research consisting of informal surveys. While these surveys are most closely related to the question being pursued, they lack the sort of disciplined research technique which would allow them proper credence.

#### Educational and Vocational Needs

Most research to date is related to the first category, educational and vocational needs. In the main these studies are designed to create a basis or direction

for state and local programs of various sorts.

The state of Florida, in 1972, conducted a survey of vocational educators to determine what they saw as the vocational training needs for all types of handicapped persons in that state. Their responses fell in seven needs areas, work evaluation centers and personnel development centers, local surveys of job opportunities for the handicapped, inservice training of vocational educators of the handicapped, better coordination of services, continued research and evaluation, additional consideration of the emotionally disturbed and maladjusted, and the effecting of community acceptance of the handicapped. The vocational teachers identified three main problems related to their abilities to respond to these needs. They were: fears of vocational educators concerning integrating the handicapped into regular vocational education programs, the lack of joint planning among related agencies, and the hesitancy of school personnel to accept new programs.<sup>1</sup>

Eleven counties in Illinois conducted an educational needs study by attempting to determine as accurately as possible what numbers of three to twenty year old persons

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<sup>1</sup>Katherine Raepple, The Role of Florida Vocational Technical Education in Providing Services for the Handicapped, U.S., Educational Resources Information Center, ERIC Document ED 074 224, September, 1972, p. 18.

had one or more low incidence handicapping conditions.<sup>1</sup> This was accomplished by sending questionnaires to parents of all school age children which defined the various handicapping conditions. Those with children who had one or more of the various handicaps responded accordingly. Parents were also asked what special educational services were being received by their children. Approximately eight-hundred children were reported as not receiving any special educational services.<sup>2</sup>

A study similar to the Illinois study was completed in Howard County, Maryland. In order to review problems of handicapped children in Howard County two surveys were conducted and a model county plan was provided. A county wide census survey was conducted to determine the numbers and types of handicapped children living in the county. Selected questions pertained to family size, type of dwelling, location of nearest school, educational problems, cost of education to the parents, and use of medications. Major findings were that boys showed a greater incidence of handicaps than girls, that the incidence of more than one handicapped child in a family was high, and that the

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<sup>1</sup> Natalie Sproull, Educational Needs Assessment of Low Incidence Handicapped Children in Eleven Illinois Counties, U.S., Educational Resources Information Center, ERIC Document ED 072 597, May, 1972, p. 1.

<sup>2</sup> Ibid., p. 52.

parents felt their children needed more help in school. A survey of the agencies serving the handicapped in Howard County was completed in conjunction with the survey of parents of the handicapped. It was designed to determine what services were presently available and which were needed in the county. The general consensus was that very few agencies considered the entire needs of the children such as their physical, mental, emotional, and social well being.<sup>1</sup>

In 1967 a needs survey of a two county area of Georgia was financed by the Department of Health, Education and Welfare. Voluntary reporting, household canvassing, and diagnostic clinics were utilized in studying the prevalence, disabilities, and needs of handicapped children living within the counties. Of the population under twenty-one years of age ten percent had handicaps of some sort. Two-thirds of these handicapped children had multiple handicaps with an average of two and two-tenths handicaps per child. Physical disabilities were less frequent than non-physical limitations. The service needs which were found greatest were for educational guidance and vocational

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<sup>1</sup>Howard County Commission for Handicapped Children, The Handicapped Child in Our Community, U.S., Educational Resources Information Center, ERIC Document ED 064 820, April, 1972, pp. 78-83.

aid of various sorts.<sup>1</sup>

A thorough survey of vocational rehabilitation needs of severely disabled persons living in Iowa was completed in 1975 under the auspices of the Iowa Easter Seal Society. The study utilized the direct input of handicapped persons themselves as the source of information. A sample population of six hundred fifty handicapped persons located in all areas of the state were interviewed personally.<sup>2</sup> The study developed six conclusions concerning the vocational deterrents and rehabilitation needs of the severely disabled in Iowa. They were as follows:

1. General physical condition is the major problem facing the severely disabled concerning employment.
2. Acquisition of manual skills is a first priority of services for the handicapped.
3. Additional training will increase the employability of severely disabled persons and most would participate in it if it were offered.
4. Vocational evaluations will clarify employability status for many of the disabled persons living in Iowa.
5. Positive attitudes toward employment are evident among the severely disabled.
6. There is indication that more potential for

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<sup>1</sup>Samuel M. Wishik, Georgia Study of Handicapped Children, U.S., Educational Resources Information Center, ERIC Document ED 0036 920, May, 1968, p. 263.

<sup>2</sup>James H. Porteus, "A Survey of the Severely Disabled in Iowa: Client and Counselor Perceptions of Vocational Deterrents and Rehabilitation Needs" (Des Moines, Iowa: Easter Seal Society of Iowa Inc., 1975), p. 4. (Mimeographed.)



employment exists among the severely handicapped population than has been evident in the past.<sup>1</sup>

The Iowa study is one of the few research designs using direct input of disabled persons that has been made available to the public. In this respect it is closely related to the design and philosophy of the research under discussion in this report.

The Urban Institute, a non-profit research organization located in Washington D.C., conducted a needs study of individuals with the most severe handicaps in 1975. The study strategy essentially addressed a few key questions: Who are the most severely handicapped individuals? How appropriate are alternative definitions of handicapping conditions? How many severely disabled individuals are there in the United States? What is their situation? What are their needs? How are their needs now being met?<sup>2</sup> For purposes of this summary only the last two questions were relevant.

Extensive data on nine-hundred persons too severely handicapped to qualify for Vocational Rehabilitation services were collected by means of interviews. The interviews were

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<sup>1</sup>Ibid., p. 78.

<sup>2</sup>"Urban Institute Executive Summary of the Comprehensive Needs of Individuals with the Most Severe Handicaps" (Washington D.C.: The Urban Institute, 1975), p. 3 (Mimeographed).

conducted by Vocational Rehabilitation personnel in twelve states. Providers of services were used as another source of information for the study. A mail out survey was sent to one thousand Vocational Rehabilitation agency personnel, eight-hundred facilities and workshops, and five-hundred related professional organizations and individuals.<sup>1</sup> The survey instrument raised questions about current practices in providing services to the severely handicapped. Approximately 1,300 responses were received. In relation to the problems and needs of the severely handicapped the study concluded that:

1. Local governments have made very little effort to eliminate architectural barriers in public facilities and housing.

2. Transportation services were second only to vocational placement as a perceived need.

3. Besides the vocational limitations placed on the severely handicapped by their impairments a number of other factors were considered pertinent. Some of these were inadequate aggregate demand for jobs, employer discrimination, capital disincentives, and lack of full employment in the economy.

4. Many severely handicapped persons were socially isolated and demonstrated damaged self concepts. The majority of social contacts was with immediate family members.

5. Geographic mobility was definitely limited. However the study could not determine any ultimate effect of this situation.<sup>2</sup>

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<sup>1</sup>Ibid., p. 5.

<sup>2</sup>Ibid., pp. 27-28.

### Informal Surveys

Other surveys of a less formal nature have been conducted in Ontario, Canada, Massachusetts, and Ohio. These studies were directly related to the present study due to their use of direct input of handicapped people as the source of information. The needs developed by these surveys were suggested and also elaborated upon only by handicapped persons.

The most thorough of these studies was done by the Rehabilitation Foundation for the Disabled in Ontario, Canada, in 1972.<sup>1</sup> Survey information was obtained by holding group meetings and individual interviews with disabled persons coming from varied backgrounds, having a wide variety of physical disabilities, representing all age groups between eighteen and sixty-five, and reflecting experience within a very broad socioeconomic milieu. Meetings were held with groups of handicapped persons in fifteen cities in Ontario, Canada. The following fifteen items were mentioned most often by participants in the conferences. These problems were not treated in a hierarchical fashion. An explanation and short discussion of each of the items was included in the report. No

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<sup>1</sup>Canadian Rehabilitation Council for the Disabled, Proceedings of the National Conference of the Physically Disabled (Toronto, Canada: Department of National Health and Welfare, 1973), p. 1. (Mimeographed.)

statistics were used. The following is a summary of the survey.

Architectural barriers. Architectural barriers were the most universal complaint voiced by the disabled participants. This was because they are a hindrance to a very broad spectrum of disabling conditions. They affect all kinds of normal human activities including such basic ones as shopping, recreation, social activities, employment, and education.<sup>1</sup>

Housing. The researchers felt that the lack of appropriate living accommodations for handicapped persons caused more anxiety than any one other problem. Parents fear what their disabled children's lives will be like when they are gone. Disabled persons fear a very bleak future in some institution. Accommodation problems are so varied that specific needs in this area were difficult to define and summarize in the survey.<sup>2</sup>

Transportation. The study concluded that lack of suitable, inexpensive transportation constitutes a major obstacle to the mobility of many physically disabled persons. There was a widespread feeling that some kind of local

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<sup>1</sup>Ibid.

<sup>2</sup>Ibid., p. 2.

transportation allowance or subsidy would be a great help.<sup>1</sup>

Recreation. It was suggested that the field of recreation and leisure time activity has probably received less attention than any other facet in the life of a disabled person. Very few localities have organized, regular programs of recreation for handicapped persons. Aside from this, most cultural or sporting events were described as being inaccessible to persons using wheelchairs or crutches.<sup>2</sup>

Employment. Restricted qualifications, prejudiced employers, and general lack of public understanding of the capabilities of the disabled all militate against the ultimate economic success of the handicapped according to statements made in the Canadian meetings. Although the statements quoted from these meetings were not quantified as in the Iowa Survey, the participants voiced many of the same feelings.<sup>3</sup>

Education and vocational training. The need to fill the educational gap between the disabled and non-disabled members of society was another problem recognized

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<sup>1</sup>Ibid., p. 6.

<sup>2</sup>Ibid., p. 9-10.

<sup>3</sup>Ibid., p. 11.

by the conference participants. They viewed education as a basic human right, one which should be accessible to all citizens.<sup>1</sup>

Appliances for the disabled. There were two aspects to the problem of access to devices designed to increase the physical scope and functioning ability of the disabled. There was and is a general lack of knowledge of devices which are available. However, in many cases, the expense is prohibitive.<sup>2</sup>

Workshops. There was widespread concern that rehabilitation services accepted only the marginally disabled, that is, those who can be most easily rehabilitated. Many very capable handicapped persons felt they were ignored because of the severity of their handicaps.<sup>3</sup>

Pensions and income security. As might be expected, the majority of complaints centered about the difficulty in acquiring a pension, and the inadequacy of the pension once secured.<sup>4</sup>

Case workers. Many clients of the various agencies

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<sup>1</sup>Ibid., p. 15.

<sup>2</sup>Ibid., p. 16.

<sup>3</sup>Ibid., p. 18.

<sup>4</sup>Ibid., p. 19.

serving the handicapped felt they needed the services of more knowledgeable and empathetic social workers.<sup>1</sup>

Taxation. Closely related to income maintenance were the difficulties handicapped people have with taxation. They felt more generous allowances should be made for persons who are unable to use public transportation systems.<sup>2</sup>

Social acceptability. The question of social acceptability was central to many of the respondents' remarks concerning needs. It affected virtually every realm of human activity, and was crucial to the handicapped individual's development of a positive self-image.<sup>3</sup>

Public understanding. Many people were concerned with finding ways and means of promoting a better understanding on the part of the public of the needs of disabled persons.<sup>4</sup>

Attitudes and behavior patterns. The entire question of motivation and personal adjustment was mentioned often in the Canadian survey. Because of the complexity of the concept and the nebulous terms involved in such a

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<sup>1</sup>Ibid., p. 22.

<sup>2</sup>Ibid., p. 23.

<sup>3</sup>Ibid., p. 24.

<sup>4</sup>Ibid., p. 27.

topic, a concise summary of the participants views was not offered.<sup>1</sup>

Effect of institutionalization. Many participants in the discussions expressed anxiety over situations in which they could become overly dependent on the protection and life style of institutions. Some saw this as a way for the public to isolate a handicapped person. Others saw institutionalization as a seductive way for a disabled person to cease trying to function in society.<sup>2</sup>

The National Rehabilitation Association Task Force on Consumer Involvement sponsored conferences in Massachusetts and Ohio in 1972 and 1973 respectively. The purpose of the meetings was to develop dialogue concerning the needs of handicapped persons in the two states. Each of these conferences lasted one day and involved around eighty participants.

The first conference was held in the summer of 1972 in Worcester, Massachusetts.<sup>3</sup> During this conference the participants developed a list of eighteen major problems facing the handicapped person living in that

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<sup>1</sup>Ibid., p. 27.

<sup>2</sup>Ibid., p. 29.

<sup>3</sup>Letter from Robert La Pierre, Executive Director of the Easter Seal Society of Massachusetts Inc., June 21, 1974.



state. This was accomplished by simply listing what the conference participants stated were their needs. An eighteen item list developed out of the use of this method. This list was presented to the second conference which met in Columbus, Ohio, in the Fall of 1973.<sup>1</sup> At this session each of the participants was given a copy of the list of needs developed in the Massachusetts meeting and asked to rank them. That is, place the items in an order of priority corresponding to the extent each of the items on the list affected the participant's ability to function adequately in life. That list, ranked in order of need priority, follows:

1. Architectural barrier-free construction.
2. Transportation.
3. Employment.
4. Education.
5. Removal of attitudinal and architectural barriers allowing for fulfillment of citizenship rights such as jury duty.
6. Housing.
7. Improved comprehensive rehabilitation services for those with catastrophic illnesses.
8. Development to local, regional, and national consumer organizations.
9. Ability to obtain insurance, i.e., accident,

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<sup>1</sup>Letter from Carl Brauner, Project Director of the Ohio Society for Crippled Children and Adults Inc., October 29, 1974.

car, health, etc.

10. Affirmative, positive attitude of rehabilitation personnel.

11. Legal services.

12. Public accommodations (hotels, restaurants, etc.)

13. Continued medical care.

14. Interpreters for deaf people at all public meetings and on T.V.

15. Absentee ballots.

16. Income maintenance.

17. Realistic orientation during rehabilitation into society.

18. Reduction of institutionalization and<sup>1</sup>an increase of community-based delivery systems.

Literature and research concerning needs of the handicapped person in the United States has oriented itself about four main issues. First, what are the incidences and types of handicapping conditions present in the United States? Second, what are the vocational and educational needs of the various categories of handicapped persons? Third, how well are these vocational or educational needs being met? Fourth, what needs do handicapped persons identify as being the most pressing and consequential? The last category has generated the most popular literature and dialogue. To date, however, it

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<sup>1</sup>Ibid.

has spawned the least amount of viable research.

It is sufficiently evident that all areas of research concerned with the sociological, psychological, and educational aspects of the lives of the handicapped have been sparsely researched. From recent trends in the literature it is evident that the handicapped are beginning to assume more self direction as to the purpose and shape of future research concerning their problems and needs. What trends or directives such research will be responsive to depends to a large extent upon how handicapped persons view their own needs.

## Chapter 3

### ANALYSIS OF THE DATA

#### Returns

A total of 261 questionnaires were returned out of six hundred mailed. The number of replies increased from 231 to 261 after the mailing of a follow-up letter. Eleven respondents to the follow-up letter indicated they did not receive the original questionnaire. It could not be ascertained how many of the questionnaires were similarly lost in the mail. A total of 250 questionnaires were usable. The remaining eleven were filled out improperly or returned with no response.

#### Definition of Needs

The following alphabetized list contains an explanation for each of the needs mentioned in Chapter 3. (The explanations are the same ones used in the questionnaire--see appendix "A".)

Architectural barriers. A need for being able to get in and out of buildings, restrooms, elevators, schools, etc.

Case workers. A need for understanding attitudes of case workers.

Employment. A need for positive and realistic attitudes of employers and case workers.

Family problems. A need for better family attitudes toward you (the disabled person).

Health services. A need for doctors, nurses, physical therapists trained and willing to supply health care.

Home care. A need for help in performing home chores.

Housing. A need for a satisfactory place to live.

Income security. A need for an adequate income.

Information. A need to understand what services are available and how to obtain them.

Institutionalization. A need to be more independent of institutions, including those far from home.

Insurance. A need to be permitted to acquire accident, car, health and life insurance.

Legal services. A need for advice and protection of the law.

Personal adjustment. A need to learn to better adjust to living as a handicapped person.

Political representation. A need for local, regional and national representation for the handicapped in government.

Recreation. A need for programs that offer enjoyable activities.

Sexual adjustment. A need for sex education and chances for a normal sexual life.

Social acceptance. A need for public understanding and acceptance of handicapped persons.

Special equipment. A need to obtain appliances which assist physical functioning--crutches, wheelchairs, etc.

Transportation. A need for suitable parking, adequate training in learning to drive, bus service, etc.

Vocational education. A need for practical and realistic job training.

### Findings

Table 1 is a rank ordering of the twenty-one needs as depicted by the entire sample population of 250 persons. The most pronounced need was for income security. A total of 120 persons or 48 percent of the sample felt this was a significant problem. Information needs followed closely in importance with 114 persons or 45.6 percent of the total identifying it as a need. Architectural barriers

Table 1

A Rank Order Of Needs Of Two Hundred-Fifty Disabled  
Persons Living In The State Of Iowa During 1976

Rank	Number of respondents identifying item as a need	Percent of respondents identifying item as a need
1. Income Security	120	48.0%
2. Information	114	45.6%
3. Architectual Barriers	94	37.6%
4. Transportation	70	28.0%
5. Health Services	68	27.2%
6. Recreation	64	25.6%
7. Social Acceptance	63	25.2%
8. Insurance	61	24.4%
9. Home Care	59	23.6%
10. Political Representation	58	23.2%
11. Legal Services	53	21.2%
12. Personal Adjustment	44	17.6%
13. Housing	43	17.2%
14. Vocational Education	42	16.8%
15. Employment	35	14.0%
16. Family Problems	30	12.0%
17. Sexual Adjustment	26	10.4%
18. Case Workers	20	8.0%
19. Special Equipment	19	7.6%
20. Education	18	7.2%
21. Institutionalization	11	4.4%

represented a significant problem to ninety-four persons or 37.6 percent of the respondents. A noticable gap in the frequency distribution followed these first three needs. From the fourth through the eleventh ranked need there was only a 7 percent decline in the number of persons identifying them. These needs were as follows: transportation (28 percent), health services (27.2 percent), recreation (25.6 percent), social acceptance (25.2 percent), insurance (24.4 percent), home care (26.6 percent), political representation (23.2 percent), and legal services (21.2 percent). The remaining needs were regarded as "important" by less than one-fifth of the sample population.

Table 2 contains a ranking of needs for seventy-nine males included in the sample population. Males comprised 31.6 percent of the total sample population. Income security and information were the outstanding needs, being identified by forty-three (54 percent) and thirty-eight persons (48 percent) respectively. Insurance needs and architectural barriers were tied in the rankings for third place. Twenty-three, or 29 percent, of the males chose each. Approximately one-fourth of the males found social acceptance (27 percent), recreation (25 percent), political representation (24 percent) and transportation needs (24 percent) to be of extraordinary concern. Two needs, legal services and employment (23 percent), ranked seventh in the hierarchy. Another one-fifth identified health service needs as urgent. The remaining needs were named



Table 2

A Rank Order Of Needs Of Seventy-Nine Disabled  
Males Living In The State Of Iowa During 1976

Rank	Number of respondents identifying item as a need	Percent of respondents identifying item as a need
1. Income Security	43	54.4%
2. Information Needs	38	48.1%
3. Insurance	23	29.1%
3. Architectural Barriers	23	29.1%
4. Social Acceptance	21	26.6%
5. Recreation	20	25.3%
6. Political Representation	19	24.1%
6. Transportation	19	24.1%
7. Legal Services	18	22.8%
7. Employment	18	22.8%
8. Health Services	17	21.5%
9. Personal Adjustment	15	19.0%
10. Vocational Education	14	17.7%
10. Housing	14	17.7%
11. Sexual Adjustment	12	15.2%
12. Home Care	10	12.7%
13. Family Problems	8	10.1%
13. Case Workers	8	10.1%
14. Education	7	8.9%
15. Special Equipment	6	7.6%
16. Institutionalization	5	6.3%

as such by less than one-fifth of the male sample population.

Table 3 includes a hierarchy of needs for 171 disabled females. This number comprised 68.4 percent of the total sample. The first three needs were identified by a considerable larger number of persons than those following. Income security accounted for seventy-seven choices or 45 percent of the sample. Information needs were affirmed by seventy-six persons or 44.4 percent. Only slightly behind the two top-ranked needs followed architectural barriers with seventy-one, or 41.5 percent, of the females labeling it a need. Health services and transportation needs were ranked equally and followed far behind the first three. They were each cited by fifty-one persons or 29.8 percent of the sample. The fifth through eleventh needs ranked as follows; home care (28.7 percent), recreation (25.7 percent), social acceptance (24.6 percent), political representation (22.8 percent), insurance (22.2 percent), and legal services (20.5 percent). Less than one-fifth of the sample specified the remaining needs as noteworthy.

The age of the respondents was weighted heavily toward the older age bracket and extremely lightly in the younger bracket. Of the total of 250 respondents only one person was eighteen years of age or younger for a relative frequency of 0.4 percent. The age bracket nineteen to forth-nine accounted for 36.8 percent of the sample population or ninety-two persons. The final category, fifty

Table 3

A Rank Order Of Needs Of One Hundred Seventy-One Disabled  
Females Living In The State Of Iowa During 1976

Rank	Number of respondents identifying item as a need	Percent of respondents identifying item as a need
1. Income Security	77	45.0%
2. Information Needs	76	44.4%
3. Architectual Barriers	71	41.5%
4. Health Services	51	29.8%
4. Transportation	51	29.8%
5. Home Care	49	28.7%
6. Recreation	44	25.7%
7. Social Acceptance	42	24.6%
8. Political Representation	39	22.8%
9. Insurance	38	22.2%
10. Legal Services	35	20.5%
11. Personal Adjustment	29	17.0%
11. Housing	29	17.0%
12. Vocational Education	28	16.4%
13. Family Problems	22	12.9%
14. Employment	17	9.9%
15. Sexual Adjustment	14	8.2%
16. Special Equipment	13	7.6%
17. Case Workers	12	7.0%
18. Education	11	6.4%
19. Institutionalization	6	3.5%

and over, totalled 157 persons, or 62.8 percent of the total. (Due to the fact the youngest age category was so small it was not included in the following summary.)

Table 4 depicts the priority of needs for persons in the age category of nineteen to forty-nine. The first three needs were the outstanding ones. Information needs were cited by forty-six persons or one-half of the category. Income security was designated by forty-five persons or 49 percent. Architectural barriers were picked by forty-four persons or 48 percent. After this extremely close grouping there followed a dramatic drop in the frequencies. The fourth need was for social acceptance accounting for 34 percent of the sample. The fifth, sixth, and seventh needs were for recreation, transportation, and vocational education accounting for 31 percent, 29 percent and 26 percent of the total in that order. Insurance, political representation and housing needs were held to be equally important by 24 percent of the age group. Eleven needs were denoted as significant by less than one-fifth of the sample.

Table 5 summarizes the frequency distribution of the sampling of disabled persons fifty years of age or older. Income security and information needs were named by seventy-four persons (47.1 percent), and sixty-seven persons (42.7 percent) respectively. Health services and architectural barriers were of vital concern to approximately one-third of the sample (36.3 and 31.8 percent). About

Table 4

A Rank Order Of Needs Of Ninety-Two Disabled Persons  
Between The Ages Of Nineteen And Forty-Nine  
Who Resided In The State Of Iowa During 1976

Rank	Number of respondents identifying item as a need	Percent of respondents identifying item as a need
1. Information Needs	46	50.0%
2. Income Security	45	48.9%
3. Architectual Barriers	44	47.8%
4. Social Acceptance	31	33.7%
5. Recreation	29	31.5%
6. Transportation	27	29.3%
7. Vocational Education	24	26.1%
8. Insurance	22	23.9%
8. Political Representation	22	23.9%
8. Housing	22	23.9%
9. Sexual Adjustment	18	19.6%
9. Home Care	18	19.6%
10. Personal Adjustment	16	17.4%
10. Legal Services	16	17.4%
11. Employment	15	16.3%
12. Health Services	11	12.0%
12. Education	11	12.0%
13. Family Problems	6	6.5%
14. Special Equipment	5	5.4%
15. Institutionalization	2	2.2%
15. Case Workers	2	2.2%

Table 5

A Rank Order Of Needs Of One Hundred Fifty-Seven Disabled  
Persons Fifty Years Of Age Or Older Who Resided  
In The State Of Iowa During 1976

Rank	Number of respondents identifying item as a need	Percent of respondents identifying item as a need
1. Income Security	74	47.1%
2. Information Needs	67	42.7%
3. Health Services	57	36.3%
4. Architectual Barriers	50	31.8%
5. Transportation	43	27.4%
6. Home Care	41	26.1%
7. Insurance	39	24.8%
8. Legal Services	37	23.6%
9. Political Representation	36	22.9%
10. Recreation	34	21.7%
11. Social Acceptance	31	19.7%
12. Personal Adjustment	28	17.8%
13. Family Problems	24	15.3%
14. Housing	21	13.4%
15. Employment	19	12.1%
16. Case Workers	18	11.5%
16. Vocational Education	18	11.0%
17. Special Equipment	14	8.9%
18. Institutionalization	9	5.7%
19. Sexual Adjustment	8	5.1%
20. Education	7	4.5%

one-fourth of the population specified transportation (27.4 percent), home care (26.1 percent), insurance (24.8 percent), legal services (23.6 percent), and political representation (22.9 percent) as salient needs. Another one-fifth (21.7 percent) identified recreation as a need. The remaining needs were identified as noteworthy by less than one-fifth of the sample population.

A total of forty-nine persons or 20.4 percent of the total sample were disabled since their births. Table 6 presents a rank order of their needs as they identified them. Of this number twenty-three (47 percent) felt that social acceptance was their most pressing need. Income security concerns followed, being named by nineteen persons (39 percent). Third place was jointly held by two needs, information and transportation (35 percent). One-third of the population cited architectural barriers as vital obstructions to a normal existence. Recreation and housing were both of foremost concern to one-fourth of the respondents (25 percent). Only one vote behind these needs were needs for insurance, employment and personal adjustment to life (22 percent). Vocational education was selected by one-fifth of the population sample. Nine other needs were picked as noteworthy by less than one-fifth of those answering the questionnaire.

Table 7 is a priority ranking of the needs of one hundred ninety-one persons who were disabled sometime after their births. Very close to one-half of the total

Table 6

A Rank Order Of Needs Of Forty-Nine Persons  
Disabled Since Birth Who Resided  
In The State Of Iowa During 1976

Rank	Number of respondents identifying item as a need	Percent of respondents identifying item as a need
1. Social Acceptance	23	46.9%
2. Income Security	19	38.8%
3. Information Needs	17	34.7%
3. Transportation	17	34.7%
4. Architectural Barriers	16	32.7%
5. Recreation	12	24.5%
5. Housing	12	24.5%
6. Personal Adjustment	11	22.4%
6. Insurance	11	22.4%
6. Employment	11	22.4%
7. Vocational Education	10	20.4%
8. Education	9	18.4%
8. Legal Services	9	18.4%
9. Sexual Adjustment	8	16.3%
10. Health Services	7	14.3%
10. Family Problems	7	14.3%
11. Special Equipment	5	10.2%
11. Home Care	5	10.2%
12. Case Workers	3	6.1%
12. Political Representation	3	6.1%
13. Institutionalization	1	2.0%



Table 7

A Rank Order Of Needs Of One Hundred Ninety-One Persons  
 Disabled Sometime After Birth Who Resided  
 In The State Of Iowa During 1976

Rank	Number of respondents identifying item as a need	Percent of respondents identifying item as a need
1.	Income Security	97
2.	Information Needs	92
3.	Architectual Barriers	77
4.	Health Services	56
5.	Political Representation	53
5.	Home Care	53
6.	Transportation	52
7.	Insurance	49
8.	Recreation	47
9.	Legal Services	41
10.	Social Acceptance	38
11.	Vocational Education	31
12.	Personal Adjustment	30
13.	Housing	29
14.	Employment	23
15.	Family Problems	21
16.	Case Workers	17
16.	Sexual Adjustment	17
17.	Special Equipment	13
18.	Institutionalization	9
19.	Education	8

found both income security and information needs to be of predominant concern (50.8 and 48.8 percent respectively). Some distance behind these two leading needs was the problem of architectural barriers (40.3 percent). The fourth need, for health services, was eleven percentage points behind the third ranked need (29.3 percent). This caused a very distinct gap in the frequency distribution after the first three needs. Home care needs and political representation problems were each picked by 27.7 percent of the respondents. Only one less person chose transportation needs (27.2 percent). Approximately one-fourth of the sample designated both insurance and recreation needs as being of concern (25.7 and 24.6 percent). Two other needs, legal services and social acceptance, were each cited by close to one-fifth of the category (21.5 and 19.9 percent) respectively. The last ten needs in the hierarchy were each chosen by less than one-fifth of those responding.

Table 8 is a rank order of needs for seventy-nine mildly disabled persons. This category accounted for 32 percent of the total population sample. Two of the needs were outstanding. Forty-six persons, or 58 percent, chose income security as their highest priority need. Information needs were also found to be very important by over one-half of the persons in this category; forty-one persons (52 percent) identified the need. The gap from the second to the third need was dramatic. Recreation needs were found to be important to 33 percent of the total. Transportation

Table 8

A Rank Order Of Needs Of Seventy-Nine Mildly Disabled Persons  
Living In The State Of Iowa During 1976

Rank	Number of respondents identifying item as a need	Percent of respondents identifying item as a need
1. Income Security	46	58.2%
2. Information Needs	41	51.9%
3. Recreation	26	32.9%
4. Transportation	24	30.4%
5. Insurance	21	26.6%
6. Social Acceptance	20	25.3%
7. Personal Adjustment	17	21.5%
8. Political Representation	16	20.3%
9. Health Services	15	19.0%
9. Employment	15	19.0%
9. Housing	15	19.0%
10. Legal Services	12	15.2%
10. Home Care	12	15.2%
10. Vocational Education	12	15.2%
11. Architectural Barriers	11	13.9%
12. Family Problems	10	12.7%
12. Sexual Adjustment	10	12.7%
13. Case Workers	6	7.6%
14. Institutionalization	5	6.3%
14. Education	5	6.3%
15. Special Equipment	4	5.1%

needs were ranked fourth (30 percent) followed by insurance (27 percent) and social acceptance (25 percent). One-fifth chose personal adjustment (21 percent) and political representation (20 percent) as significant difficulties. Beyond this point in the rankings, the nineteenth through the twenty-first, less than one-fifth of the entire category identified any one need.

Table 9 is a rank order of one hundred-fifteen moderately disabled persons. This category accounted for 46 percent of the sample. Three needs were markedly significant. Architectural barriers were identified by fifty-three persons (46.1 percent), information needs by fifty-two persons (45.2 percent), and income security by forty-eight (41.7 percent). The fourth and fifth ranked needs, health services and social acceptance, were of concern to 28.7 percent and 27.8 percent of the group. One-fourth found legal services and transportation needs of vital concern, (25.2 percent). Home care followed at 23.5 percent. One-fifth of the group chose insurance (21.7 percent), political representation (21.7 percent), personal adjustment (20 percent), recreation (20 percent), and vocational education (20 percent). The last eight needs in the hierarchy were of note to less than 15 percent of the sample.

Table 10 is a rank order of the needs of fifty-one severely disabled persons. These individuals made up 20.4 percent of the total sample. Architectural barriers

Table 9

A Rank Order Of Needs Of One Hundred Fifteen  
Moderately Disabled Persons Living In  
The State Of Iowa During 1976

Rank	Number of respondents identifying item as a need	Percent of respondents identifying item as a need
1. Architectual Barriers	53	46.1%
2. Information Needs	52	45.2%
3. Income Security	48	41.7%
4. Health Services	33	28.7%
5. Social Acceptance	32	27.8%
6. Legal Services	29	25.2%
6. Transportation	29	25.2%
7. Home Care	27	23.5%
8. Insurance	25	21.7%
8. Political Representation	25	21.7%
9. Personal Adjustment	23	20.0%
9. Recreation	23	20.0%
9. Vocational Education	23	20.0%
10. Housing	18	15.7%
11. Family Problems	14	12.2%
11. Employment	14	12.2%
12. Special Equipment	11	9.6%
13. Education	10	8.7%
14. Sexual Adjustment	9	7.8%
14. Case Workers	9	7.8%
15. Institutionalization	6	5.2%

Table 10

A Rank Order Of Needs Of Fifty-One Severely  
Handicapped Persons Living In  
The State Of Iowa During 1976

Rank	Number of respondents identifying item as a need	Percent of respondents identifying item as a need
1. Architectual Barriers	28	54.9%
2. Income Security	24	47.1%
3. Health Services	20	39.2%
3. Home Care	20	39.2%
3. Information Needs	20	39.2%
4. Transportation	17	33.3%
5. Recreation	14	27.5%
5. Insurance	14	27.5%
6. Political Representation	13	25.5%
7. Social Acceptance	11	21.6%
8. Housing	10	19.6%
9. Legal Services	9	17.6%
10. Sexual Adjustment	7	13.7%
11. Vocational Education	6	11.8%
12. Family Problems	5	9.8%
12. Employment	5	9.8%
13. Personal Adjustment	4	7.8%
13. Case Workers	4	7.8%
13. Special Equipment	4	7.8%
14. Education	2	3.9%
15. Institutionalization	0	0.0%

were a problem to twenty-eight persons (55 percent). Income security needs were chosen by twenty-four persons (47 percent). Three need categories tied for third position. Health services, home care, and information needs were of consequence to 39 percent of the division. One-third chose transportation needs (33 percent). Recreation and insurance needs tied for fifth rank (27 percent). One-fourth of the category chose political representation (25 percent). One-fifth found both social acceptance (22 percent) and housing (20 percent) to be pressing needs. The remainder of the needs were noteworthy to less than one-fifth of the group.

Table 11 is a rank order of needs of ninety-five disabled persons who have had less than eleven years of education. This group comprised 38 percent of the population sample. It is significant in itself that this large a percentage of the total survey group had such a low educational level. Information needs and income security tied for first place. Each need was chosen by forty-five persons, which was 47 percent of the total. Health services came in a distant third place, receiving 36 percent of the vote. Architectural barriers (34 percent), insurance (30 percent), transportation (27 percent), social acceptance (25 percent), recreation (24 percent), housing (24 percent), legal services (22 percent), and home care (22 percent), followed in the order given. The remaining needs received less than one-fifth of the vote.

Table 11

A Rank Order Of Needs Of Ninety-Five Disabled Persons  
Having Less Than Eleven Years Education Who  
Resided In The State Of Iowa During 1976

Rank	Number of respondents identifying item as a need	Percent of respondents identifying item as a need
1. Information Needs	45	47.4%
1. Income Security	45	47.4%
2. Health Services	34	35.8%
3. Architectual Barriers	32	33.7%
4. Insurance	29	30.5%
5. Transportation	26	27.4%
6. Social Acceptance	24	25.3%
7. Recreation	23	24.2%
7. Housing	23	24.2%
8. Legal Services	20	21.9%
8. Home Care	20	21.9%
9. Political Representation	19	20.0%
10. Personal Adjustment	16	16.8%
11. Family Problems	13	13.7%
12. Education	12	12.6%
13. Vocational Education	11	11.6%
14. Special Equipment	10	10.5%
15. Case Workers	9	9.5%
15. Sexual Adjustment	9	9.5%
16. Employment	8	9.5%
16. Employment	8	8.4%
17. Institutionalization	6	6.3%



Table 12 is a rank order of the needs of ninety-eight disabled persons who have earned a high school diploma. This category represents 39 percent of the entire sample. In this instance there were two needs of outstanding priority. They were income security with forty-seven votes (48 percent) and information needs with forty-six votes (47 percent). One-third chose architectural barriers as salient (34 percent). The fourth through the eleventh needs fell in close rank order. They were: social acceptance (29 percent), political representation (28 percent), insurance (27 percent), home care (26 percent), recreation (25 percent), health services and legal services at 21 percent each, and transportation (20 percent). All of the remaining needs received less than one-fifth of the total vote.

Table 13 depicts a ranking of needs for twenty-six disabled persons who have received technical school training. This was 10.4 percent of the total sample. Information needs and architectural barriers tied for first rank, each noted by one-half the persons making up the category. Close behind the first needs was the concern for income security. Twelve persons, or 46 percent, chose this need. After the first three needs there was a pronounced gap in the distribution. Transportation and recreation needs were selected by 35 percent of the group. Legal services and vocational education also tied at a 31 percent choice level. About one-fourth (27 percent),

Table 12

A Rank Order Of Needs Of Ninety-Eight Disabled Persons  
Holding A High School Diploma Who  
Resided In Iowa During 1976

Rank	Number of respondents identifying item as a need	Percent of respondents identifying item as a need
1. Income Security	47	48.0%
2. Information Needs	46	46.9%
3. Architectual Barriers	33	33.7%
4. Social Acceptance	28	28.6%
5. Political Representation	27	27.6%
6. Insurance	26	26.5%
7. Home Care	25	25.5%
8. Recreation	24	24.5%
9. Health Services	21	21.4%
9. Legal Services	21	21.4%
10. Transportation	20	20.4%
11. Personal Adjustment	19	19.4%
12. Vocational Education	18	18.4%
13. Employment	17	17.3%
14. Sexual Adjustment	13	13.2%
15. Family Problems	12	12.2%
16. Housing	11	11.2%
17. Special Equipment	6	6.1%
17. Education	6	6.1%
18. Case Workers	5	5.1%
19. Institutionalization	4	4.1%

Table 13

A Rank Order Of Needs Of Twenty-Six Disabled Persons  
With Technical School Training Who Resided  
In The State Of Iowa During 1976

Rank	Number of respondents identifying item as a need	Percent of respondents identifying item as a need
1. Information Needs	13	50.0%
1. Architectual Barriers	13	50.0%
2. Income Security	12	46.2%
3. Transportation	9	34.6%
3. Recreation	9	34.6%
4. Legal Services	8	30.8%
4. Vocational Education	8	30.8%
5. Political Representation	7	26.9%
6. Health Services	6	23.1%
6. Employment	6	23.1%
6. Social Acceptance	6	23.1%
7. Home Care	4	15.4%
7. Case Workers	4	15.4%
8. Housing	3	11.5%
9. Personal Adjustment	2	7.7%
9. Insurance	2	7.7%
9. Sexual Adjustment	2	7.7%
10. Family Problems	1	3.8%
10. Special Equipment	1	3.8%
11. Institutionalization	0	0.0%
11. Education	0	0.0%

cited political representation as a problem. Health services, employment, and social acceptance were tied, each receiving 23 percent of the total vote. All the rest of the needs were of consequence to less than one-fifth of the total.

Table 14 is the rank ordering of needs for twenty persons who had received at least some college education. These twenty persons comprised 8 percent of the sample. In this group four needs proved to be noteworthy. Income security received twelve votes or 60 percent of the vote. Architectural barriers were noted by eleven persons (55 percent). Transportation and information needs received nine affirmations each (45 percent). Two needs, recreation and home care, were denoted by 30 percent of the population. Vocational education and housing were each selected by one-fourth of the group. Another one-fifth of the group chose personal adjustment, health services and political representation as vital needs. No other needs were found to be of significance for more than three persons or 15 percent of the category.

Table 15 is a rank order of needs of ten disabled persons who hold a bachelor's degree or higher. These ten represent 4 percent of the total population sample. Five of the ten held a bachelor's degree. Three persons had education beyond the bachelor's degree. Two persons held graduate degrees. Transportation needs were of the largest concern for this group, there being five persons who so

Table 14

A Rank Order Of Needs Of Twenty Disabled Persons Who  
Have Had Some College Education And Resided  
In The State Of Iowa During 1976

Rank	Number of respondents identifying item as a need	Percent of respondents identifying item as a need
1. Income Security	12	60.0%
2. Architectual Barriers	11	55.0%
3. Transportation	9	45.0%
3. Information Needs	9	45.0%
4. Recreation	6	30.0%
4. Home Care	6	30.0%
5. Vocational Education	5	25.0%
5. Housing	5	25.0%
6. Personal Adjustment	4	20.0%
6. Health Services	4	20.0%
6. Political Representation	4	20.0%
7. Family Problems	3	15.0%
7. Social Acceptance	3	15.0%
8. Legal Services	2	10.0%
8. Employment	2	10.0%
9. Institutionalization	1	5.0%
9. Sexual Adjustment	1	5.0%
9. Case Workers	1	5.0%
9. Special Equipment	1	5.0%
10. Insurance	0	0.0%
10. Education	0	0.0%

Table 15

A Rank Order Of Needs Of Ten Disabled Persons  
Holding A Bachelor's Degree Or Higher Who  
Resided In The State Of Iowa During 1976

Rank	Number of respondents identifying item as a need	Percent of respondents identifying item as a need
1. Transportation	5	50.0%
2. Income Security	4	40.0%
2. Insurance	4	40.0%
2. Home Care	4	40.0%
2. Architectural Barriers	4	40.0%
3. Personal Adjustment	2	20.0%
3. Health Service	2	20.0%
3. Recreation	2	20.0%
3. Employment	2	20.0%
3. Social Acceptance	2	20.0%
4. Family Problems	1	10.0%
4. Political Representation	1	10.0%
4. Legal Services	1	10.0%
4. Sexual Adjustment	1	10.0%
4. Housing	1	10.0%
4. Case Workers	1	10.0%
4. Information Needs	1	10.0%
4. Special Equipment	1	10.0%
0. Institutionalization	0	10.0%
0. Institutionalization	0	0.0%
0. Vocational Education	0	0.0%
0. Education	0	0.0%

identified it. Income security, insurance needs, home care, and architectural barriers were designated by four persons. Personal adjustment, health services, recreation, employment, and social acceptance needs were chosen by one-fifth of the sample or two persons.

Table 16 is a rank order of sixty-six disabled persons who live in rural areas of Iowa. This category represented 27 percent of the total sample. Information needs were found to be of most concern for thirty-four persons or 52 percent of the group. Income security followed with twenty-eight votes or 42 percent of the sample. The third rank through the ninth were as follows: architectural barriers (35 percent), recreation (32 percent), health services and social acceptance tied at 29 percent, transportation and insurance tied at 27 percent, personal adjustment (24 percent), political representation (23 percent), with legal services and vocational education tied at 21 percent. The remaining needs were designated by less than one-fifth of the sample.

Table 17 is the rank order of needs of one hundred two disabled persons living in Iowa communities of one thousand to ten thousand population. This group represented 41.8 percent of the entire sample population. The first rank, information needs, was cited by fifty-one persons, exactly one-half of the group. Income security was only one vote behind, accounting for 49 percent of the category. Architectural barriers were of predominant concern to forty-

Table 16

A Rank Order Of Needs Of Sixty-Six Disabled Persons  
Living In Rural Areas In The State Of  
Iowa During 1976

Rank	Number of respondents identifying item as a need	Percent of respondents identifying item as a need
1. Information Needs	34	51.5%
2. Income Security	28	42.4%
3. Architectual Barriers	23	34.8%
4. Recreation	21	31.8%
5. Health Services	19	28.8%
5. Social Acceptance	19	28.8%
6. Transportation	18	27.3%
6. Insurance	18	27.3%
7. Personal Adjustment	16	24.2%
8. Political Representation	15	22.7%
9. Legal Services	14	21.2%
9. Vocational Education	14	21.2%
10. Employment	11	16.7%
11. Home Care	10	15.2%
12. Family Problems	9	13.6%
12. Housing	9	13.6%
13. Sexual Adjustment	8	12.1%
14. Education	7	10.6%
15. Case Workers	6	9.1%
16. Special Equipment	5	7.6%
17. Institutionalization	3	4.5%



Table 17

A Rank Order Of Needs Of One Hundred Two Disabled Persons  
Living In Communities Of One Thousand To Ten Thousand  
Population In The State Of Iowa During 1976

Rank	Number of respondents identifying item as a need	Percent of respondents identifying item as a need
1. Information Needs	51	50.0%
2. Income Security	50	49.0%
3. Architectual Barriers	41	40.2%
4. Health Services	31	30.4%
5. Home Care	29	28.4%
6. Social Acceptance	28	27.5%
7. Recreation	26	25.5%
7. Legal Services	26	25.5%
7. Insurance	26	25.5%
8. Transportation	25	24.5%
9. Political Representation	24	23.5%
10. Personal Adjustment	19	18.6%
11. Housing	17	16.7%
12. Family Problems	15	14.7%
13. Vocational Education	10	9.8%
14. Special Equipment	9	8.8%
15. Employment	8	7.8%
16. Sexual Adjustment	6	5.9%
16. Case Workers	6	5.9%
16. Education	6	5.9%
17. Institutionalization	3	2.9%

one persons which was 40.2 percent of the total. The fourth rank was held by health service needs (30.4 percent). Home care and social acceptance followed in the fifth and sixth positions (28.4 and 27.5 percent). Recreation (25.5 percent), legal services (25.5 percent), insurance (25.5 percent), transportation (24.5 percent), and political representation (23.5 percent). Needs were each picked by approximately one-fourth of the sample. No other needs were named by even one-fifth of the group.

Table 18 is a rank order of the needs of thirty-nine disabled persons living in Iowa communities of eleven-thousand to forty-nine thousand population. These thirty-nine persons accounted for 16 percent of the total sample population. Income security was of foremost concern, being selected by twenty-three persons or 59 percent of the category. Architectural barriers were of urgent concern to eighteen persons, 46 percent of the group. In third place was the need for information with a vote of fifteen persons (39 percent). Transportation needs and social acceptance problems were tied for fourth ranking. Each received 28 percent of the vote. Fifth place represented a five-way tie and a significant grouping in the frequency distribution. Insurance, health service, vocational education, employment, and home care needs were each selected by 23 percent of the group. With the exception of housing needs (20 percent), all of the remaining needs were of pressing concern to less than one-fifth of the classification.

Table 18

A Rank Order Of Needs Of Thirty-Nine Disabled Persons Living In  
Communities Of Eleven Thousand To Forty-Nine Thousand  
Population In The State Of Iowa During 1976

Rank	Number of respondents identifying item as a need	Percent of respondents identifying item as a need
1. Income Security	23	59.0%
2. Architectural Barriers	18	46.2%
3. Information Needs	15	38.5%
4. Transportation	10	28.2%
4. Social Acceptance	10	28.2%
5. Insurance	9	23.1%
5. Health Services	9	23.1%
5. Vocational Education	9	23.1%
5. Employment	9	23.1%
5. Home Care	9	23.1%
6. Housing	8	20.5%
7. Political Representation	7	17.9%
7. Sexual Adjustment	7	17.9%
8. Legal Services	6	15.4%
8. Recreation	6	15.4%
9. Case Workers	5	12.8%
9. Education	5	12.8%
10. Family Problems	3	7.7%
10. Special Equipment	3	7.7%
11. Personal Adjustment	2	5.1%
12. Institutionalization	1	2.6%

Table 19 is a rank order of needs of thirty-seven disabled persons living in Iowa cities of fifty thousand or more. This classification was 15.2 percent of the total sample population. Transportation and income security needs were tied for first place. Each received fifteen votes which represented 41 percent of the division. Second place, information needs, was only one vote behind at 38 percent of the total. Architectural barriers, political representation and recreation needs tied for third position (27 percent). Home care (24 percent) and vocational education (22 percent) needs followed in fourth and fifth place. There were no other needs which were selected by even one-fifth of this division.

There were twenty write-in cases. Many of these write-ins were reiterations of needs already mentioned in the questionnaire. Medical and dental bills too large for the respondent's ability to pay were mentioned by one-half of this group. Employment opportunities were re-emphasized by six persons. Transportation needs, in the form of opportunities for a disabled person to visit another person or place or to be visited by another person, were noted by five persons (25 percent). All the other write-ins could be included under one or several of the following categories: health services, caseworkers, architectural barriers, recreation, and information (especially concerning laws).

Table 19

A Rank Order Of Needs Of Thirty-Seven Disabled Persons  
Living In Communities Of Fifty Thousand Or More  
Population In The State Of Iowa During 1976

Rank	Number of respondents identifying item as a need	Percent of respondents identifying item as a need
1. Transportation	15	40.5%
1. Income Security	15	40.5%
2. Information Needs	14	37.8%
3. Political Representation	10	27.0%
3. Recreation	10	27.0%
3. Architectural Barriers	10	27.0%
4. Home Care	9	24.3%
5. Vocational Education	8	21.6%
6. Housing	7	18.9%
6. Health Services	7	18.9%
6. Insurance	7	18.9%
7. Employment	6	16.2%
8. Social Acceptance	5	13.5%
8. Legal Services	5	13.5%
8. Personal Adjustment	5	13.5%
9. Case Workers	3	8.1%
9. Sexual Adjustment	3	8.1%
9. Institutionalization	3	8.1%
10. Special Equipment	2	5.4%
11. Family Problems	1	2.7%
12. Education	0	0.0%

## Chapter 4

### CONCLUSIONS AND RECOMMENDATIONS

On the basis of the data obtained in this study the following conclusions appear to be warranted.

#### Identification of Primary Needs

The high proportion (48%) of disabled persons showing concern over the adequacy of their income left little doubt as to their feelings about this situation. In the written comments given by some of the respondents it became evident that inflation was causing ever increasing concern (Appendix C, Figure 1). Many felt that their small incomes could not withstand another year of inflation. Cost of medical care was a recurring theme. It is of interest that the present study, completed in Iowa, identified income security as the number one need while it ranked in only sixteenth place in the Ohio survey.<sup>1</sup>

The number of respondents (46%) who felt they needed to know more about what services were available to them in Iowa and how to obtain those services indicated another substantial deficit in the lives of handicapped persons living in Iowa (Appendix C, Figure 2).

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<sup>1</sup>Letter from Carl Brauner, Project Director of the Ohio Society for Crippled Children and Adults Inc., October 29, 1974, p. 2.

Buildings throughout Iowa created another serious problem for the handicapped (Appendix C, Figure 3). Persons living in rural areas, small towns (1,000-10,000 population), medium size communities (11,000-49,000 population), and larger cities (50,000-and over population) all indicated that the architectural barriers inherent in Iowa buildings were a serious problem throughout the entire state. The only group of persons who did not perceive such barriers as a serious obstacle were the mildly handicapped individuals, a predictable outcome. Architectural barriers were the most universal complaint of handicapped persons participating in the Ontario, Canada survey.<sup>1</sup> The problem was also number one in the Ohio survey.<sup>2</sup> Iowa was not unique in this situation.

Transportation needs, ranked as the fourth most important need by the composite of all groups, was ranked number one by handicapped citizens living in Iowa cities of fifty thousand or more (Appendix C, Figure 4). The Ohio survey also gave transportation needs a high priority.<sup>3</sup>

Frustration regarding health care services was the fifth greatest concern and was so ranked by 27% of the total sample (Appendix C, Figure 5). In the written comments

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<sup>1</sup>Canadian Rehabilitation Council for the Disabled, "Proceedings of the National Conference of the Physically Disabled" (Toronto, Canada: Department of National Health and Welfare, 1973), p. 6. (Mimeographed.)

<sup>2</sup>Brauner, loc. cit.

<sup>3</sup>Brauner, loc. cit.

on the returned questionnaires and from members of the panel aiding in the design of the questionnaire came the concern that it was very difficult to find doctors who were either willing or knowledgeable enough to involve themselves with the somewhat unique medical problems of handicapped people. It would seem from the evidence that health services are less than adequate for the disabled living in Iowa. By contrast, the survey in Ohio ranked medical care in sixteenth place.<sup>1</sup> There was not enough evidence to postulate any reason for such a discrepancy.

It is of note that one-fourth of the respondents felt that social acceptance was of close personal concern (Appendix C, Figure 7). The Urban Institute<sup>2</sup> study and the Ontario, Canada<sup>3</sup> survey also found such acceptance to be a prominent concern. Persons who were disabled since birth found acceptance to be their highest priority need. Persons disabled at some time later than birth ranked this same need in tenth position. Persons fifty years of age or older found social acceptance to be of less concern than did any other group. This older group included a high concentration of persons disabled sometime after birth due to the increased occurrence of strokes, arthritis, and other

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<sup>1</sup>Brauner, loc. cit.

<sup>2</sup>Urban Institute, "Executive Summary of the Comprehensive Needs Study of Individuals with the Most Severe Handicaps" (Washington, D.C.: The Urban Institute, 1975), p. 3. (Mimeographed.)

<sup>3</sup>Canadian Rehabilitation Council, op. cit., p. 6.



diseases correlated with the aging process. Younger persons between nineteen and forty-nine years of age ranked the need for acceptance in fourth place, one of the highest ranks it received. Personal adjustment problems, closely related to feelings of social isolation, also demonstrated a similar pattern of responses. Persons disabled since birth ranked adjustment problems number six. Persons disabled later in life placed the need in twelfth place. Both of these response patterns seem to indicate that the age of a person at the onset of a disability influences his/her perceptions concerning social acceptance and ability to cope. The numbers of persons responding and the design of this questionnaire limits the generalizability of this conclusion. However, the evidence suggests that the interaction of age of onset and self perception of handicapped persons warrants further study.

Insurance needs, while being of concern to about one-fourth of all the sample population, was of much more importance to males than females (Appendix C, Figure 8). Males ranked the need third and females ninth. This divergence could be based on the traditional role of the male as family supporter.

Using the same theme, that of traditional sex roles, it is of note that females found home care chores to be of more concern than did males (Appendix C, Figure 9). Females ranked the need as their fifth most important while males ranked it twelfth. Due to the physical diffi-

culties of performing daily home maintenance chores it is not surprising to observe that as the severity of a disability increases so does the need for home care. The mildly, moderately, and severely disabled ranked it tenth, seventh, and third, respectively.

It is of interest to note that the need for vocational training was ranked highest by the group of persons who have had some such training (Appendix C, Figure 14). This group ranked the need fourth. Because there were only twenty-six such persons in the sample, nothing of purport can be assumed. It would probably be safe to say that part of such serious perception of the problem is due to this group being exposed or sensitized to the issue. Quite logically, younger persons still in the job market and persons living in more populated areas where technical jobs exist would find the need for such training essential. These categories ranked the need seventh and fifth, respectively.

Employment difficulties were felt most strongly by those who had the most training or education (Appendix C, Figure 15). This could be due, again, to the role of experience in sensitizing persons to a problem. The panel of disabled persons made numerous references to their frustrations due, in the most part, to being trained for jobs that employers would not consider them for because of their handicaps. Since the samples of technically trained or college educated persons were not very large, the

generalization to all trained or educated handicapped persons must be restricted.

#### Comparisons With Other Research

The hierarchy of needs as developed in the Ohio study could be considered in moderate agreement with this Iowa study. There were areas of comparable responses between the two. Architectural barriers were of first priority in Ohio and third in Iowa. Transportation was in second place in Ohio and fourth in Iowa. Both groups showed moderate concern with insurability. They each ranked legal services in eleventh position. Institutionalization was given the lowest rank in both studies.<sup>1</sup>

There were also several areas of notable disagreement between the two studies. Disabled persons in Massachusetts placed employment and education needs very high--in third and fourth place respectively. Persons in Iowa gave those needs little precedence, placing them in the lowest quartile. Income maintenance was probably the most unpredictable divergency between the two studies. Disabled persons in Ohio viewed income needs as relatively insignificant, placing them sixteenth out of eighteen needs. Iowa respondents gave such needs precedence over all other needs.<sup>2</sup>

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<sup>1</sup>Brauner, loc. cit.

<sup>2</sup>Brauner, loc. cit.

The Ontario Canada study, while less quantified than either the Ohio or the present Iowa study still showed some areas of comparable responses. Architectural barriers, transportation, and income security were considered very important needs by disabled persons participating in the Ontario study. These same needs were in the top quartile of the rank order for the present research. Social acceptability and recreation needs were mentioned fairly often in the Canadian conferences. Each of them were placed in the second quartile in the present Iowa study, a comparable positioning. The most obvious disagreement involved the need for housing. Canadian respondents felt this to be the most important need,<sup>1</sup> while it was thirteenth in priority in the present study.

The research involving vocational education needs in Florida,<sup>2</sup> Illinois,<sup>3</sup> Maryland,<sup>4</sup> and Georgia,<sup>5</sup> emphasized

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<sup>1</sup>Canadian Rehabilitation Council, op. cit. p. 8.

<sup>2</sup>Katherine Raepple, The Role of Florida Vocational Technical Education in Providing Services for the Handicapped, U.S., Educational Resources Information Center, ERIC, Document ED 074 224, September, 1972, p. 18.

<sup>3</sup>Natalie Sproull, Educational Needs Assessment of Low Incidence Handicapped Children in Eleven Illinois Counties, U.S., Educational Resources Information Center, ERIC, Document ED 072 597, May, 1972, p. 1.

<sup>4</sup>Howard County Commission for Handicapped Children, The Handicapped Child in Our Community, U.S., Educational Resources Information Center, ERIC, Document ED 064 820, April, 1972, pp. 80-81.

<sup>5</sup>Samuel M. Wishik, Georgia Study of Handicapped Children, U.S., Educational Resources Information Center, ERIC, Document ED 036 920, May 1968, p. 262.

the prevalence of persons in need of vocational education. Only forty-two of two hundred-fifty persons in the present study indicated a need for vocational education.

The Urban Institute study concluded that vocational placement and transportation services were the greatest perceived needs of persons in twelve states.<sup>1</sup> These same needs were rather low in priority in the present Iowa study.

### Recommendations

An illuminating source of further research would be to ascertain the income or financial position for disabled persons living in Iowa. Also, a study to discover what the most troublesome architectural barriers are in specific geographic areas of Iowa would be of help to the handicapped. It was also evident in the results of the present study that health services for the handicapped should be analyzed in Iowa. Self concept studies, particularly among younger handicapped persons, could be significant to counselors and educators. Another productive source of further investigation would be to contrast the perceptions of needs of the disabled held by professionals working with disabled persons and those of the disabled persons themselves. Also, since each need was not identified as of extreme concern by all of the handicapped respondents it could be revealing to analyze how those persons who did

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<sup>1</sup>Urban Institute, op. cit., p. 4.

not identify a need as crucial coped with the problem.

Finally, there are basic difficulties in trying to plan programs for Iowa handicapped residents based on federally established priorities. There is a potential loss of private and public funds when programs are designed for rather than with handicapped persons.

## Chapter 5

### SUMMARY

#### Purpose of Study

The purpose of this study was to determine what the self-expressed needs are that physically handicapped persons indicate must be resolved in order that they can minimize their handicaps and live a more satisfying life.

The study was limited to determining the needs of handicapped persons residing in the state of Iowa during the year 1976. Sources of information consisted of statements made by physically handicapped persons. Such information was gathered by the use of questionnaires and personal interviews.

#### Research Design and Methodology

For purposes of this study a questionnaire was designed by the contributions of handicapped persons, exclusively. Six handicapped persons were asked to participate in the design of the questionnaire. They were chosen because of their extensive individual efforts toward the improvement of life styles of the handicapped in Iowa. An open-ended question was submitted to each of these persons which read: "What needs do you have which stand in the way of your being able to lead a more normal and satisfying life?" The needs developed through these

interviews were the basis for the list of needs presented in the questionnaire. The panel also critiqued the introduction, instructions, general design, and working of the questionnaire. Particular attention was paid to comments on how to make the instrument more readable, understandable, and easy to respond to in light of some disabled persons' difficulties with the mechanics of replying to written materials.

The needs identified by the panel were: family problems, personal adjustment, institutionalization, insurance, health services, political representation, legal services, sexual adjustment, home care, architectural barriers, transportation, recreation, vocational education, employment, housing, income security, social acceptance, information, special equipment and education. Each respondent to the questionnaire was asked to select from this list his/her five most urgent needs.

With the approval of the panel the questionnaire was then distributed to six hundred physically disabled persons residing in the state of Iowa. The names and addresses of these persons were provided by the Iowa Easter Seal Society. These persons were chosen because they had corresponded with the agency in regard to craft projects. It was felt this category allowed for a population that was more willing and capable of responding to a written questionnaire than any of the other groupings the agency could provide. Each of the questionnaires was



mailed to the place of residence of the respondent.

Information gained from the questionnaire was classified in categories. The classifications included in the study were chosen by the panel and two non-handicapped persons administering large programs for the handicapped in the state of Iowa. These categories were chosen because of their practicality for individual, group, or agency use. Each category was approved by all the panel members. They were as follows:

1. Needs as identified by total sample population.
2. Needs as identified by each of the sexes.
3. Needs as identified by age of respondents (19-49, 50 and over).
4. Needs as identified by respondents living in varied community sizes (rural 1,000-10,000, 11,000-25,000, 26,000-49,000 and 50,000 and over).
5. Needs as identified by the educational levels of respondents (0-11 years, high school graduate, technical school graduate, some college education, college graduate).
6. Needs as identified by categories of respondents who were either mildly, moderately, or severely handicapped.
7. Needs as identified by categories of respondents who acquired a disability at birth or who had acquired a disability since birth.

By dividing the research sample into these classifications it made it possible not only to quantify or summarize how these groups responded, but also provided a means by which to study those needs meaningfully.

The information gained from this research was primarily for the benefit and use of physically handi-

capped persons in Iowa. Therefore, the design, methodology, and summary were designed for those purposes.

### Findings

A total of 261 questionnaires were returned. This amounted to forty-four percent of the six hundred questionnaires mailed originally. There were 250 usable questionnaires. The other eleven were filled out improperly.

The entire sample population ranked the needs as follows:

1. Income security (48 percent).
2. Information needs (45.6 percent).
3. Architectural barriers (37.6 percent).
4. Transportation (28 percent).
5. Health services (27.2 percent).
6. Recreation (25.6 percent).
7. Social acceptance (25.2 percent).
8. Insurance (24.4 percent).
9. Home care (23.6 percent).
10. Political representation (23.2 percent).
11. Legal services (21.2 percent).
12. Personal adjustment (17.6 percent).
13. Housing (17.2 percent).
14. Vocational education (16.8 percent).
15. Employment (14 percent).
16. Family problems (12 percent).
17. Sexual adjustment (10.4 percent).
18. Caseworkers (8 percent).

19. Special equipment (7.6 percent).
20. Education (7.2 percent).
21. Institutionalization (4.4 percent).

The sample contained seventy-nine males or 31.6 percent of the total. The five needs they identified the most often were: Income security (54.4 percent), information needs (48.1 percent), insurance and architectural barriers (29.1 percent each), and social acceptance (26.6 percent).

There were 171 disabled females (70.4 percent of the total) who responded to the questionnaire. This group identified income security as the most important need (45 percent) followed by information needs (44.4 percent), architectural barriers (41.5 percent), health services (29.8 percent), and transportation (29.8 percent).

Ninety-two persons between the ages of nineteen and forty-nine rated information needs their most important need, (50 percent). Their next four identified needs were income security, (49 percent), architectural barriers (48 percent), social acceptance (34 percent), and recreation (32 percent).

One hundred fifty-seven disabled persons over fifty years of age in the sample population found income security to be their most important need (47.1 percent) followed by information needs (42.7 percent), health services (36.3 percent), architectural barriers (31.8 percent), and transportation needs (27.4 percent).

There were forty-nine persons included in the

research population who had been disabled since birth. Their first five identified needs in order of importance were: social acceptance (47 percent), income security (39 percent), information needs (35 percent), transportation (35 percent), and architectural barriers (33 percent).

One hundred ninety-one persons disabled sometime after birth chose the following five needs: income security (50.8 percent), information needs (48.8 percent), architectural barriers (40.3 percent), health services (29.3 percent), and political representation (27.7 percent).

Seventy-nine mildly disabled persons identified income security (58 percent), information needs (52 percent), recreation (33 percent), transportation (30 percent), and insurance (27 percent).

One hundred-fifteen moderately disabled persons established the following hierarchy of needs: architectural barriers (46.1 percent), information needs (45.2 percent), income security (41.7 percent), health services (28.7 percent), and social acceptance (27.8 percent).

Fifty-one severely disabled persons identified architectural barriers as their strongest need (55 percent) followed by income security (47 percent), health services (39 percent), home care (39 percent), and information needs (39 percent).

There were ninety-five persons in the sample who had less than eleven years of education. Their first five needs were: information (47 percent), income security

(47 percent), health services (36 percent), architectural barriers (34 percent), and insurance (31 percent).

The sample included ninety-eight persons holding a high school diploma. This group found income security to be their most essential need (48 percent) followed by information needs (47 percent), architectural barriers (34 percent), social acceptance (29 percent), and political representation (28 percent).

Twenty-six disabled persons had technical school training. They perceived their needs in the following order: information needs (50 percent), architectural barriers (50 percent), income security (46 percent), transportation (35 percent), and recreation (35 percent).

There were twenty disabled persons who responded to the questionnaire who had some college education and ten persons who held bachelor's degrees or higher. Those with some college education identified income security (60 percent) architectural barriers (55 percent), transportation (45 percent), information needs (45 percent), recreation (30 percent), and home care (30 percent), as their important needs. Due to the fact the number of persons holding bachelor's degrees or higher was so small there were many needs held to be equally important. Five out of ten persons chose transportation to be their most important need. Four out of ten chose income security, insurance, home care, and architectural barriers as needs.

Rural residents numbered sixty-six in the sample.

They identified six needs as important. They were: information needs (52 percent), income security (42 percent), architectural barriers (35 percent), recreation (32 percent), health services and social acceptance (29 percent).

Persons living in communities of one thousand to ten thousand population numbered one hundred two in the sample population. They found information needs to be most important (50 percent), only slightly less than income security needs at (49 percent). Architectural barriers (40 percent), health services (30 percent), and home care (28 percent) were the other three needs found to be essential by this group.

There were thirty-nine disabled persons living in communities of eleven thousand to forty-nine thousand population. They chose income security (59 percent), architectural barriers (46 percent), information needs (39 percent), transportation (28 percent), and social acceptance (28 percent).

Thirty-seven persons in the sample lived in communities of fifty thousand or more population. They identified transportation (41 percent), income security (41 percent), information (38 percent), political representation (27 percent), recreation (27 percent), and architectural barriers (27 percent), as high priority needs.

### Conclusions

Three basic conclusions could be drawn from this study. First, there are some common needs which disabled

persons living in Iowa perceived as obstacles in their attempts to live a normal life. Income security, information concerning services or regulations for the handicapped, architectural barriers, transportation, and health care proved to be the most vital of such needs. Second, factors such as age, sex, degree of disability, length of disability, education, and population of resident community seem to influence perceptions of needs enough to justify a further study of such relationships. Third, handicapped persons living in Iowa are, with some notable exception, in agreement with handicapped persons residing in Massachusetts and in Canada.

#### Recommendations

Further research should include a descriptive and comparative analysis of the financial conditions of handicapped persons living in Iowa. Also a study to discover what the most troublesome architectural barriers are in specific geographic locations in Iowa would be of direct aid to disabled persons. From the responses made by the sample population of handicapped persons in this study regarding their health care needs a study of the adequacy of such services in Iowa would seem warranted. Self concept studies, particularly among younger aged handicapped persons, could be of pertinence to counselors and educators. A productive source of further investigation would also be to contrast the perceptions of needs of the disabled held by professionals working with disabled persons and

those of disabled persons themselves. Finally, since each need was not identified as of extreme concern by all of the respondents it could be revealing to analyze how those persons who did not identify a need as crucial coped with the problem.



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## APPENDIXES

## APPENDIX A

### PANEL OF PERSONS WHO DEVELOPED QUESTIONNAIRE

Patricia Gerke--State board member of United Cerebral Palsy of Iowa.

Raymond Gerke--Outreach worker in state of Iowa for United Cerebral Palsy (Des Moines area).

David Johnston--Vice President of Handicapped Consumer Advocacy Association for state of Iowa--Advocate and Consultant for Exceptional Persons--National Board Member of United Cerebral Palsy.

Diane Jondle--Aide to Newell Post Agency (a recreation and day facility for the handicapped).

Frank Mellenhoff--Executive Director of Goodwill Industries in Waterloo, Iowa--Board member Waterloo School and Area Education Association for seven county area.

APPENDIX B

QUESTIONNAIRE

UNIVERSITY OF NORTHERN IOWA  
Cedar Falls, Iowa 50613

Department of Educational  
Psychology and Foundations  
AREA 319 273-2694

Dear Consumer,

This letter is being sent to you in the hope that you will express your opinion concerning the needs of physically disabled persons living in Iowa. I am a professor at the University of Northern Iowa. One of my main involvements is studying and improving services to the physically disabled. The purpose of this project is to discover what problems physically disabled persons are experiencing which they feel prevent them from living a more normal and satisfying life.

Only a representative sample of disabled persons living in Iowa will contribute to this study. Because your name was chosen to be included in this group your opinions and feelings are doubly important, since they will speak for more than you alone. The results of this study will be distributed to as many concerned citizens and pertinent groups as is possible in the state. It is essential that they listen to the growing voice of the disabled concerning their needs and rights.

Thank you for your help on this project. Your replies will remain strictly confidential and only be used for purposes of this research. Please mail the questionnaire back to me in the envelope provided.

Sincerely,

P.J. Porter  
Assistant Professor of Education

PLEASE FILL IN THE FOLLOWING INFORMATION. IT WILL AID IN  
DISCOVERING WHAT NEEDS PERSONS IN EACH OF THESE CATEGORIES  
MAY HAVE. (PLACE AN X BY EACH OF THE APPROPRIATE RESPONSES)

DEGREE OF DISABILITY

\_\_\_\_\_ MILD--(ABLE TO FUNCTION WITH MINOR DIFFICULTIES BUT  
WITHOUT ASSISTANCE)

\_\_\_\_\_ MODERATE--(ABLE TO FUNCTION PHYSICALLY AND REMAIN  
MOBILE WITH SOME ASSISTANCE)

\_\_\_\_\_ SEVERE--(UNABLE TO FUNCTION PHYSICALLY WITHOUT  
MAJOR PHYSICAL OR MECHANICAL ASSISTANCE)

LENGTH OF DISABILITY

\_\_\_\_\_ SINCE TIME OF BIRTH (CONGENITAL)

\_\_\_\_\_ DUE TO INJURY OR PATHOLOGY AFTER BIRTH

SIZE OF COMMUNITY IN WHICH YOU LIVE

\_\_\_\_\_ RURAL

\_\_\_\_\_ 1,000 TO 10,000 POPULATION

\_\_\_\_\_ 11,000 TO 50,000 POPULATION

\_\_\_\_\_ 50,000 AND OVER POPULATION

AGE

\_\_\_\_\_ 0-18

\_\_\_\_\_ 19-49

\_\_\_\_\_ 50 AND OVER

SEX

\_\_\_\_\_ MALE

\_\_\_\_\_ FEMALE

EDUCATION (CHECK HIGHEST LEVEL ATTAINED)

- \_\_\_\_\_ 0-11 YEARS
- \_\_\_\_\_ HIGH SCHOOL GRADUATE
- \_\_\_\_\_ TECHNICAL SCHOOL TRAINING (AFTER HIGH SCHOOL)
- \_\_\_\_\_ SOME COLLEGE EDUCATION (NUMBER OF YEARS? \_\_\_\_\_)
- \_\_\_\_\_ COLLEGE GRADUATE
- \_\_\_\_\_ POST-COLLEGE EDUCATION
- \_\_\_\_\_ GRADUATE DEGREE (WHAT DEGREE? \_\_\_\_\_)

THE FOLLOWING IS A LIST OF NEEDS WHICH HAVE BEEN SUGGESTED BY HANDICAPPED PERSONS IN CONFERENCES THROUGHOUT THE UNITED STATES AND CANADA. THEY ARE NOT LISTED IN ANY ORDER OF IMPORTANCE.

PLACE AN X BY THE FIVE PROBLEMS WHICH LIMIT YOU THE MOST FROM BEING ABLE TO LIVE A MORE NORMAL AND SATISFYING LIFE. IF YOU FEEL THAT ONE OF YOUR GREATEST LIMITATIONS HAS NOT BEEN LISTED PLEASE WRITE IT AT THE END OF THE LIST WHERE THE SPACE IS PROVIDED.

1. \_\_\_\_\_ FAMILY PROBLEMS (A NEED FOR BETTER FAMILY ATTITUDES AND BEHAVIOR TOWARDS YOU)
2. \_\_\_\_\_ PERSONAL ADJUSTMENT (A NEED TO LEARN TO BETTER ADJUST TO LIVING AS A HANDICAPPED PERSON)
3. \_\_\_\_\_ INSTITUTIONALIZATION (A NEED TO BE MORE INDEPENDENT OF INSTITUTIONS, INCLUDING THOSE FAR FROM HOME)
4. \_\_\_\_\_ INSURANCE (A NEED TO BE PERMITTED TO ACQUIRE ACCIDENT, CAR, HEALTH, LIFE INSURANCE)

5. HEALTH SERVICES (A NEED FOR DOCTORS, NURSES,  
PHYSICAL THERAPISTS TRAINED AND WILLING TO PROVIDE  
HEALTH CARE)
6. POLITICAL REPRESENTATION (A NEED FOR LOCAL,  
REGIONAL, AND NATIONAL REPRESENTATION FOR THE  
HANDICAPPED IN GOVERNMENT)
7. LEGAL SERVICES (A NEED FOR ADVICE AND PROTECTION  
OF THE LAW)
8. SEXUAL ADJUSTMENT (A NEED FOR SEX EDUCATION AND  
CHANCES FOR A NORMAL SEXUAL LIFE)
9. HOME CARE (A NEED FOR HELP IN PERFORMING HOME  
CHORES)
10. ARCHITECTUAL BARRIERS (A NEED FOR BEING ABLE TO  
GET IN AND OUT OF BUILDINGS, RESTROOMS, ELEVATORS,  
SCHOOLS, ETC.)
11. TRANSPORTATION (A NEED FOR SUITABLE PARKING,  
ADEQUATE TRAINING IN LEARNING TO DRIVE, BUS  
SERVICE, ETC.)
12. RECREATION (A NEED FOR PROGRAMS THAT OFFER  
ENJOYABLE ACTIVITIES)
13. VOCATIONAL EDUCATION (A NEED FOR PRACTICAL AND  
REALISTIC JOB TRAINING)
14. EMPLOYMENT (A NEED FOR POSITIVE AND REALISTIC  
ATTITUDES OF EMPLOYERS, CASE WORKERS, ETC.)
15. HOUSING (A NEED FOR A SATISFACTORY PLACE TO LIVE)
16. INCOME SECURITY (A NEED FOR AN ADEQUATE INCOME)
17. CASE WORKERS (A NEED FOR UNDERSTANDING ATTITUDES



OF CASE WORKERS)

18. \_\_\_\_\_ SOCIAL ACCEPTANCE (A NEED FOR PUBLIC UNDERSTANDING  
AND ACCEPTANCE OF HANDICAPPED PERSONS)
19. \_\_\_\_\_ INFORMATION NEEDS (A NEED TO UNDERSTAND WHAT  
SERVICES ARE AVAILABLE AND HOW TO OBTAIN THEM)
20. \_\_\_\_\_ SPECIAL EQUIPMENT (A NEED TO OBTAIN APPLIANCES  
WHICH ASSIST PHYSICAL FUNCTIONING-CRUTCHES,  
WHEELCHAIRS, ETC.)
21. \_\_\_\_\_ EDUCATION (A NEED FOR SPECIAL HELP WITH EDUCATIONAL  
PROBLEMS)
- \_\_\_\_\_ OTHERS (SPECIFY)

# APPENDIX C

Figure 1

Comparison of Ranks Given Income Security  
Need by all Sampling Categories

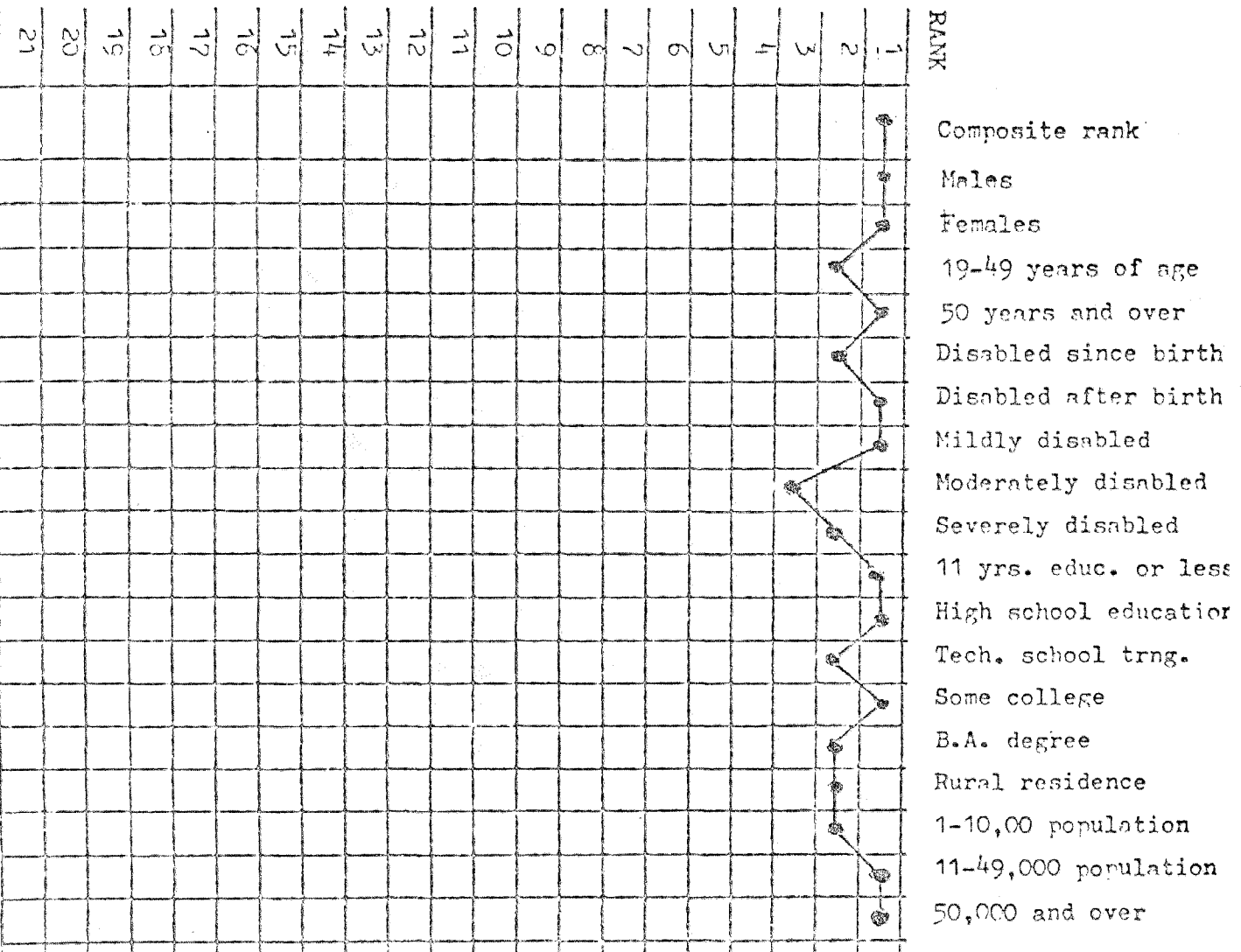


Figure 2

Comparison of Ranks Given Information  
Need by all Sampling Groups

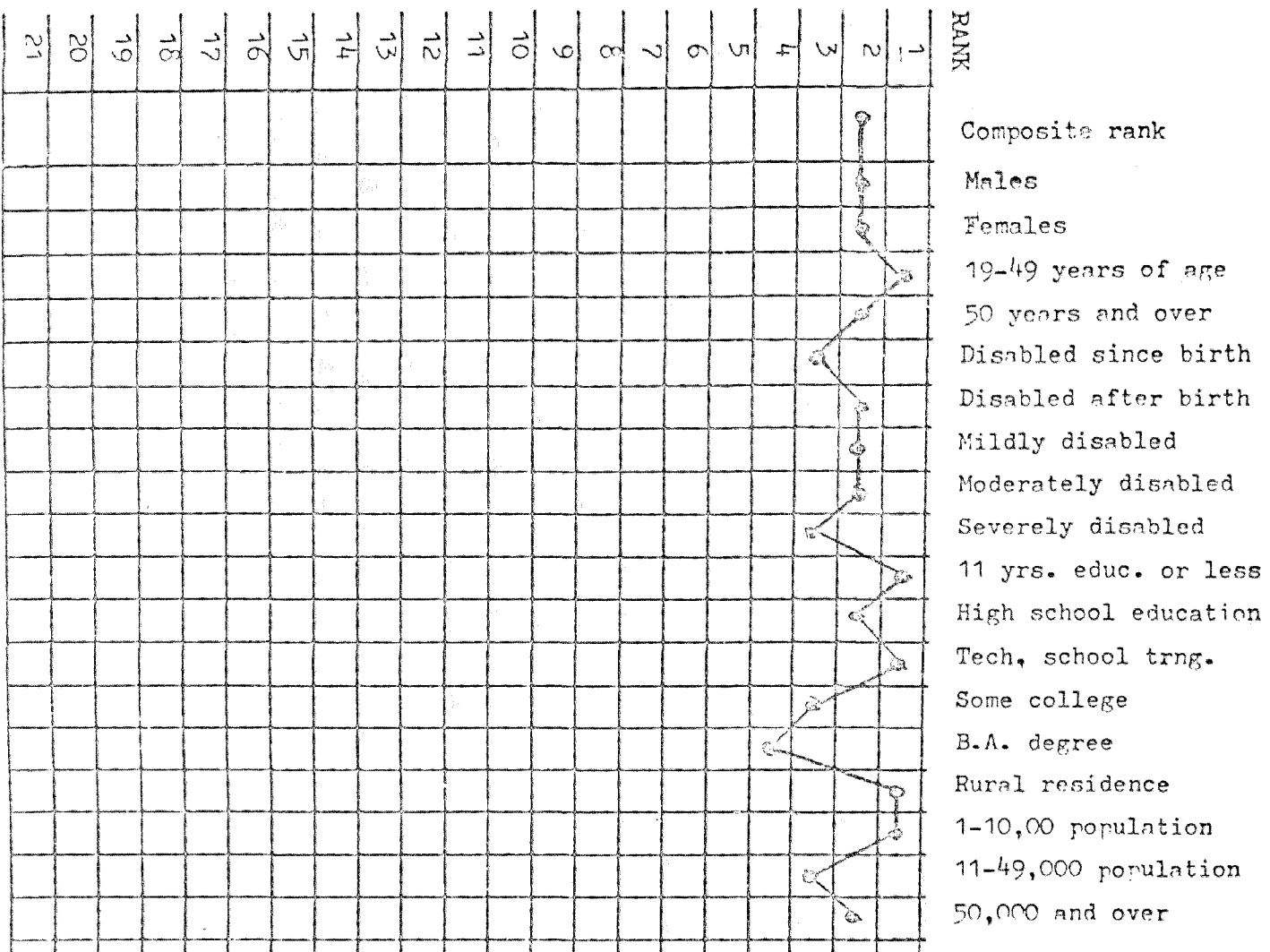


Figure 3  
Comparison of Ranks Given Architectural Barriers  
Need by all Sampling Categories

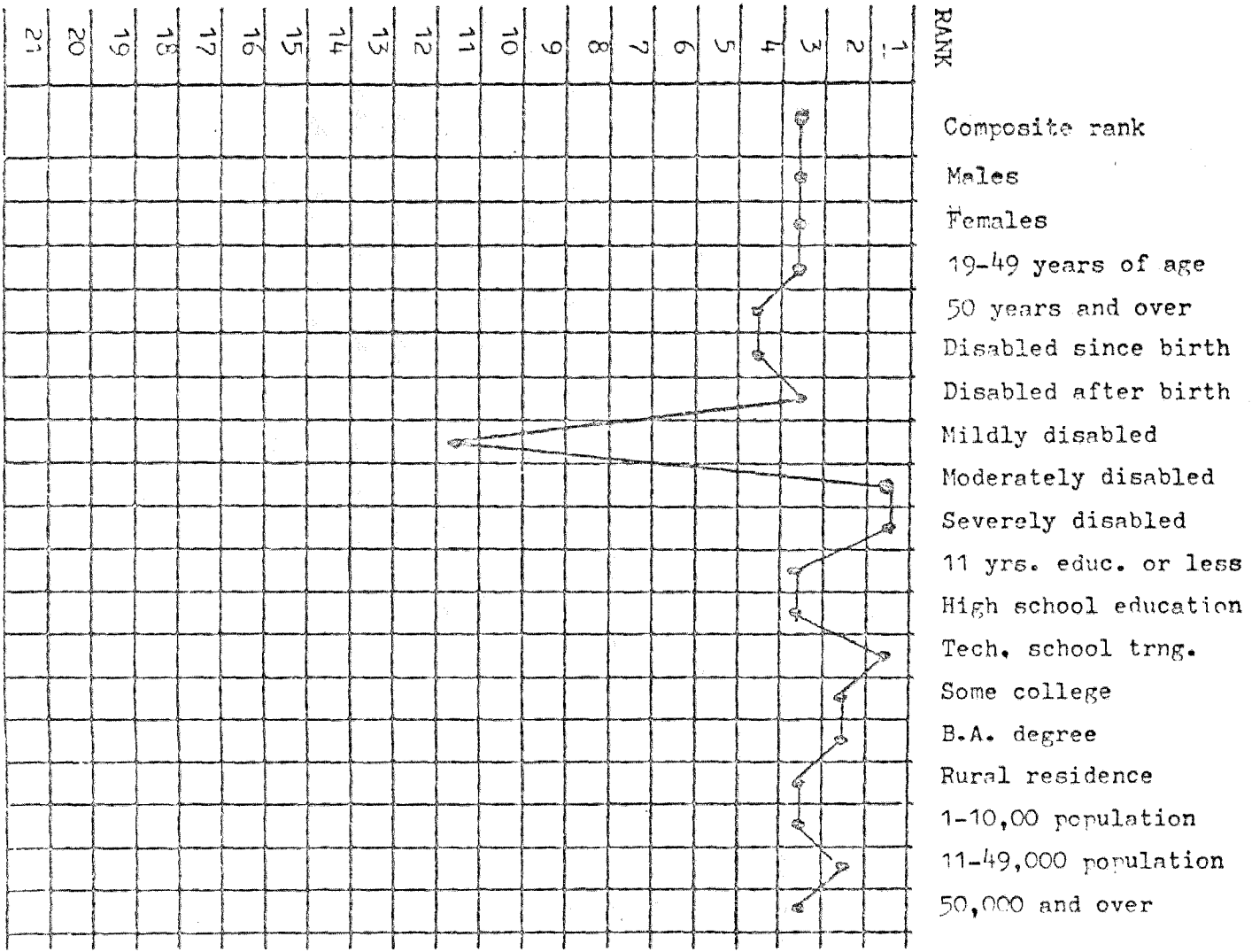


Figure 4  
Comparison of Ranks Given Transportation Need  
by all Sampling Categories

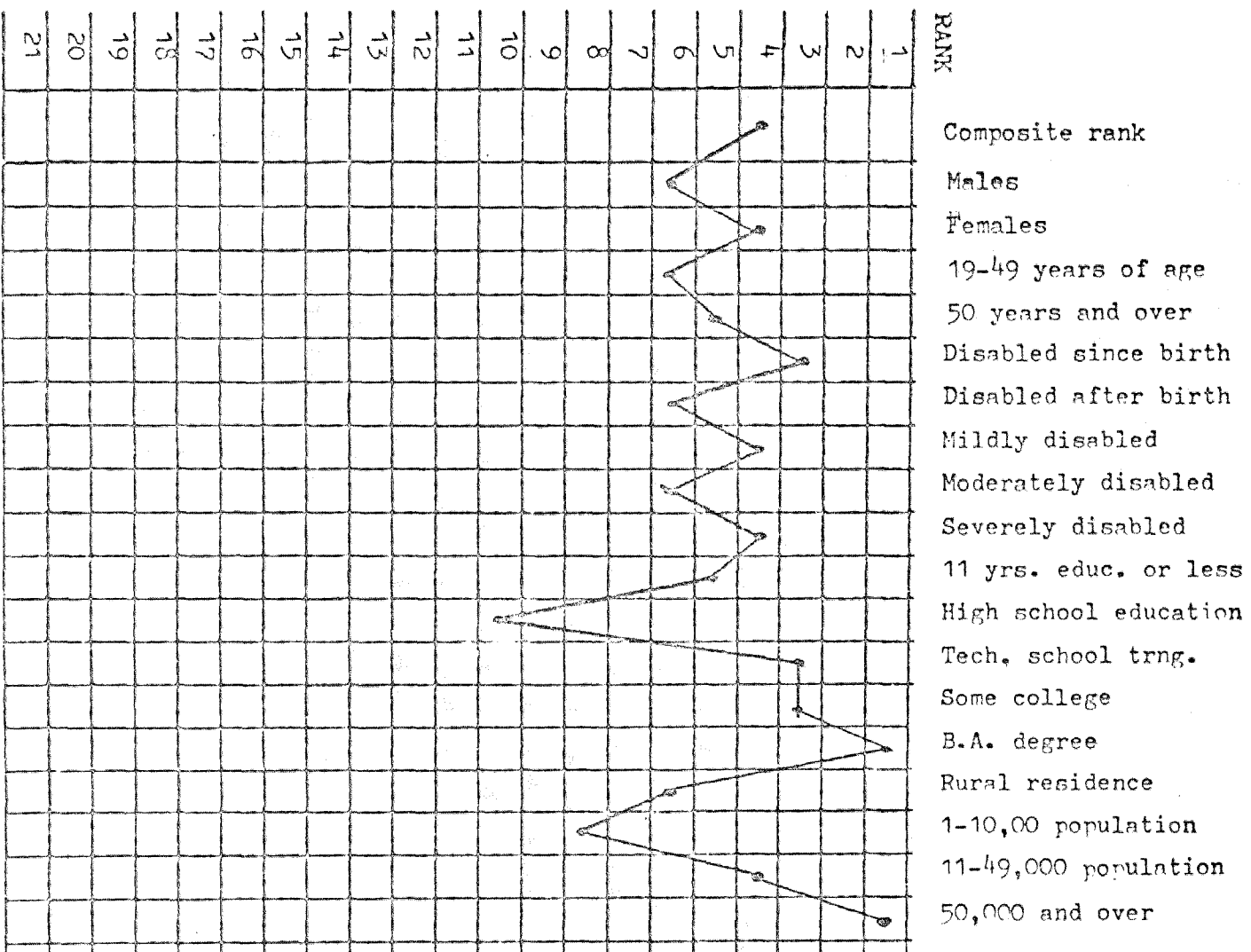


Figure 5

Comparison of Ranks Given Health Services Need  
by all Sampling Categories

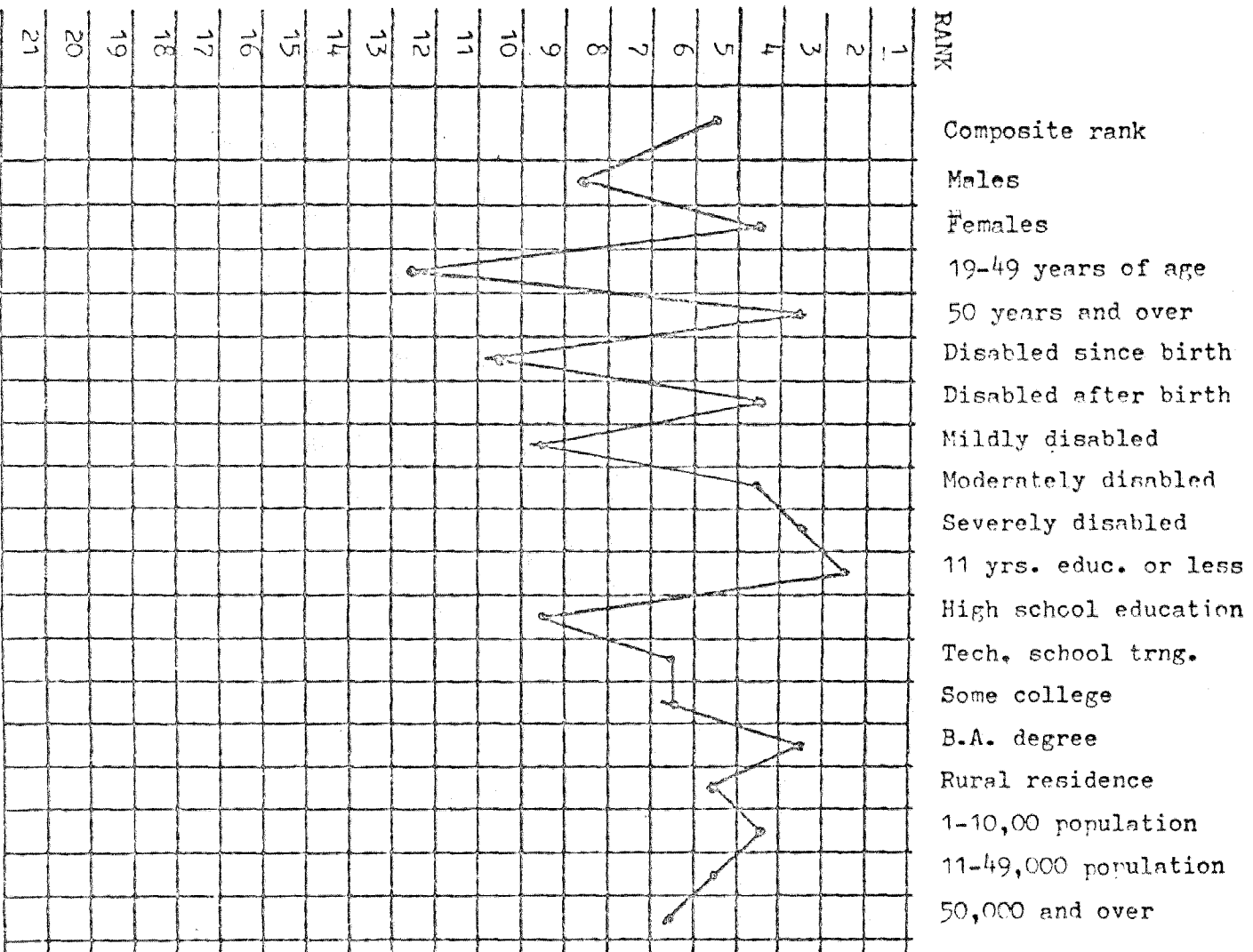


Figure 6

Comparison of Ranks Given Recreation Need  
by all Sampling Categories

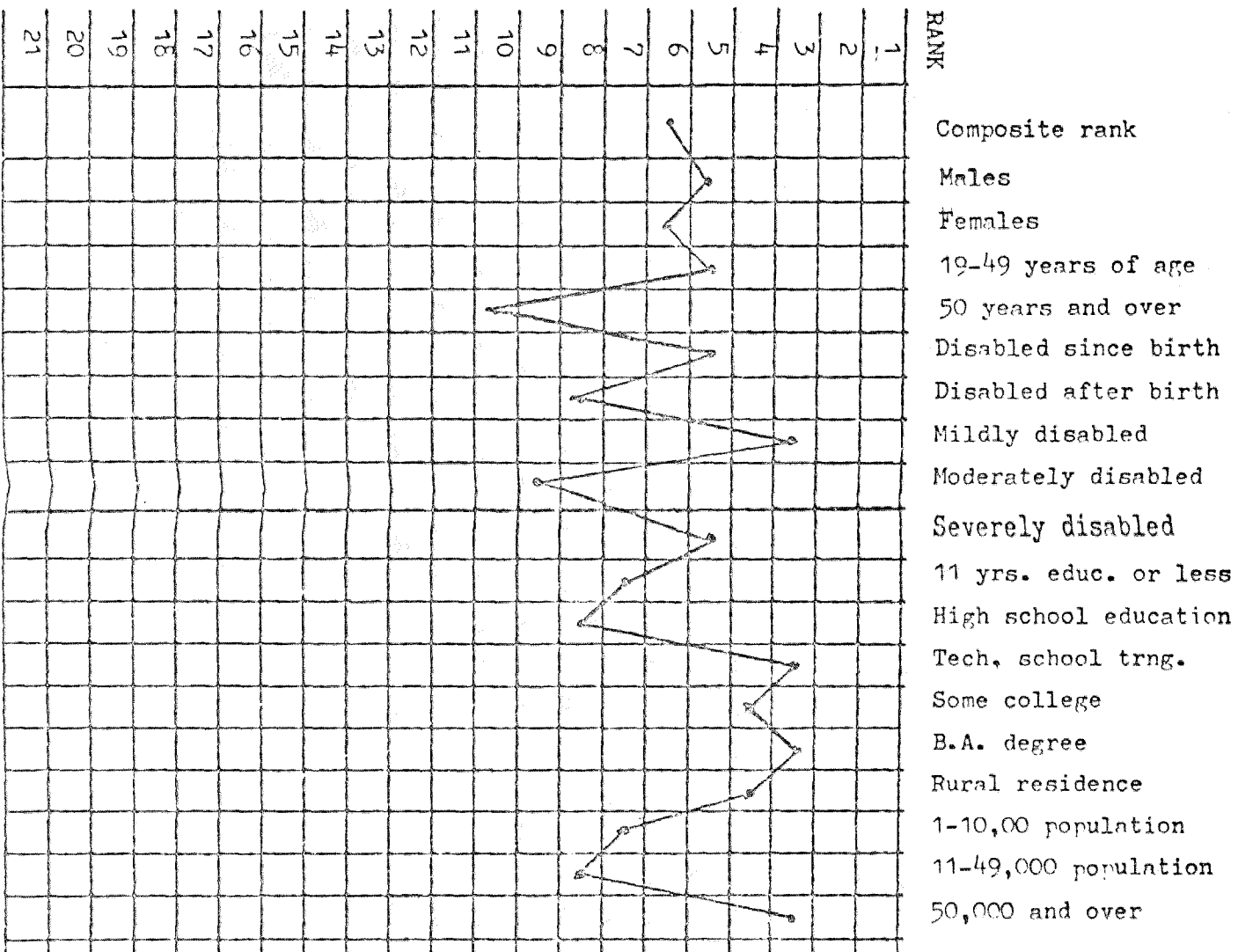


Figure 7

Comparison of Ranks Given Social Acceptance  
Need by all Sampling Categories

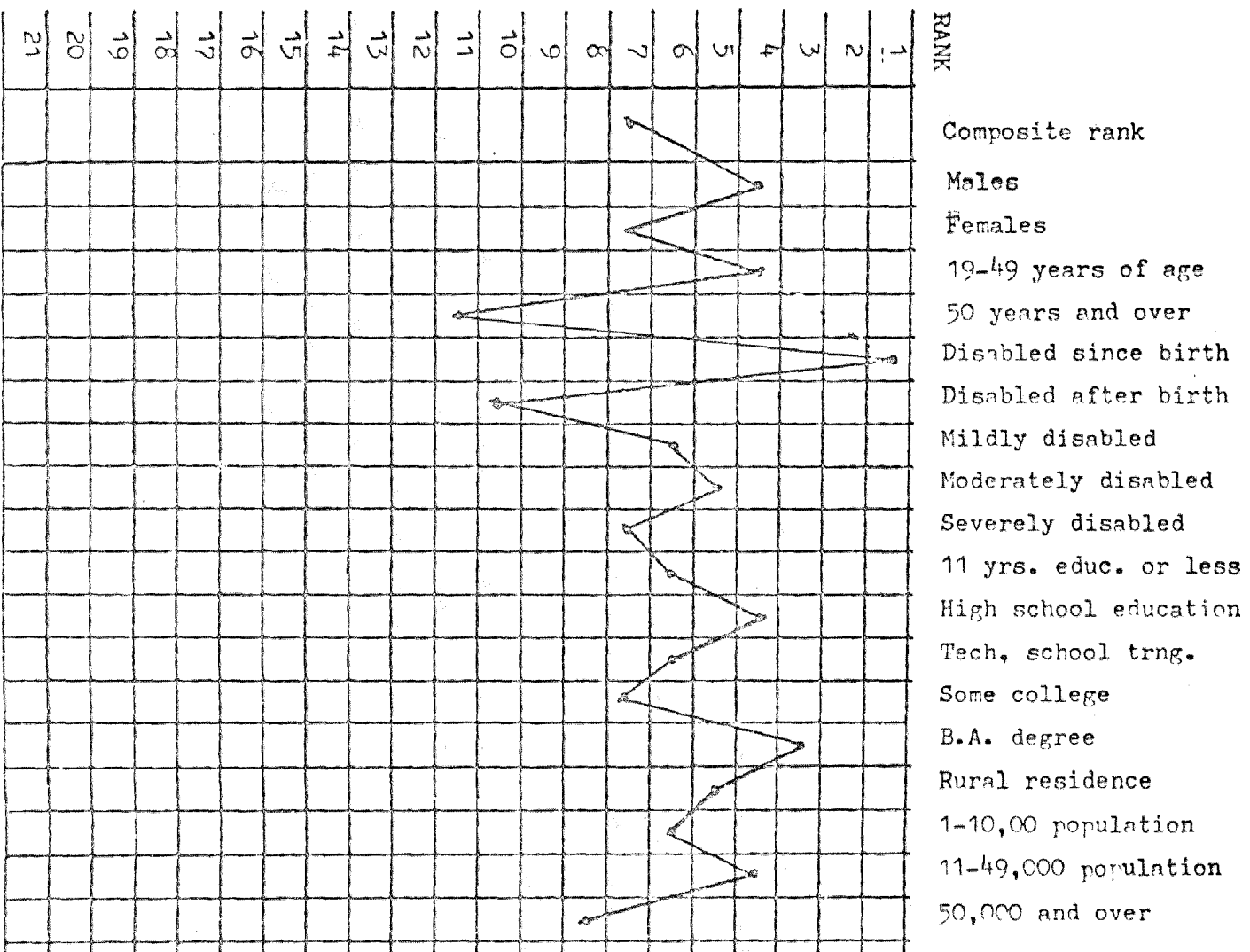




Figure 8

Comparison of Ranks Given Insurance Need  
by all Sampling Categories

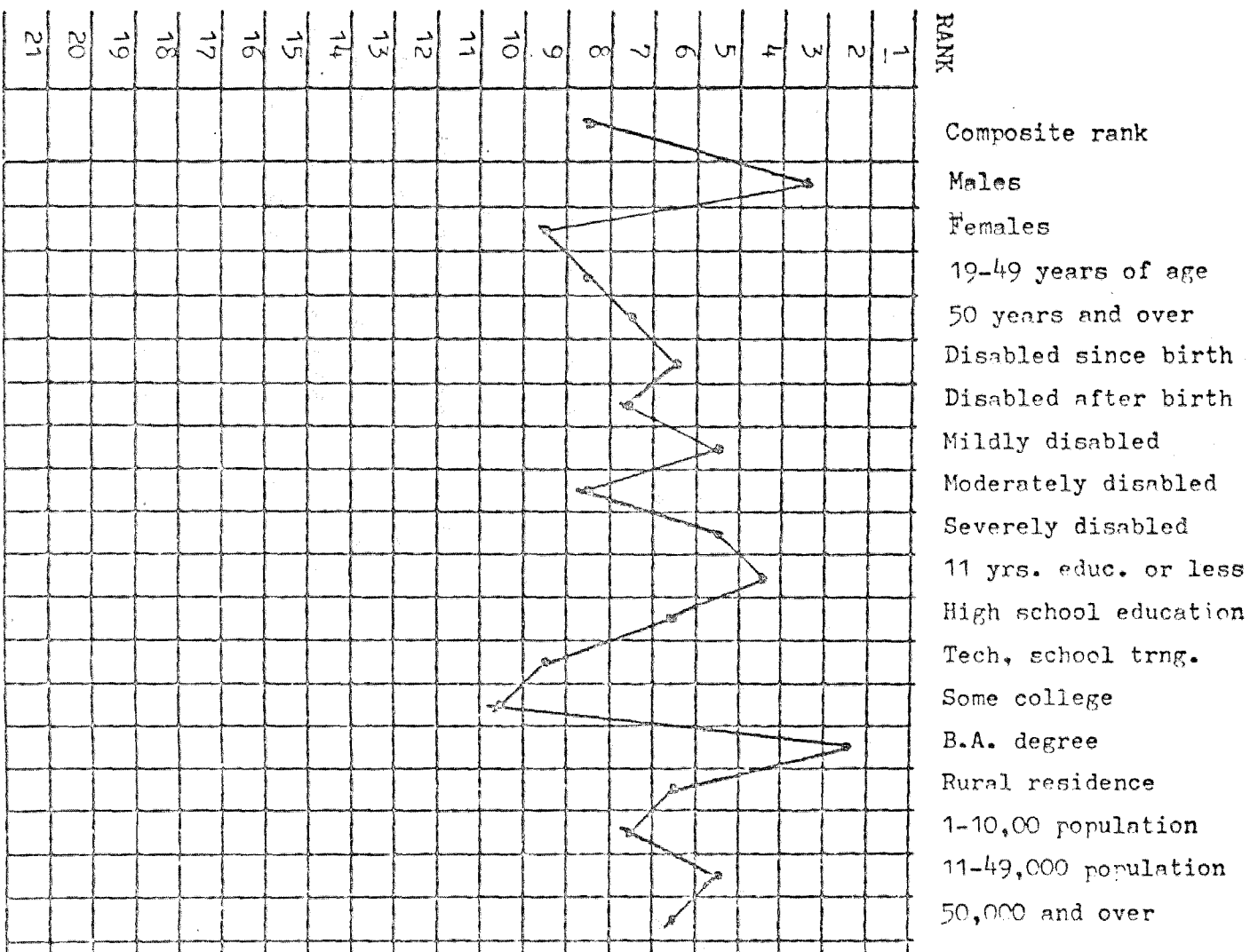


Figure 9

Comparison of Rank Given Home Care Need  
by all Sampling Categories

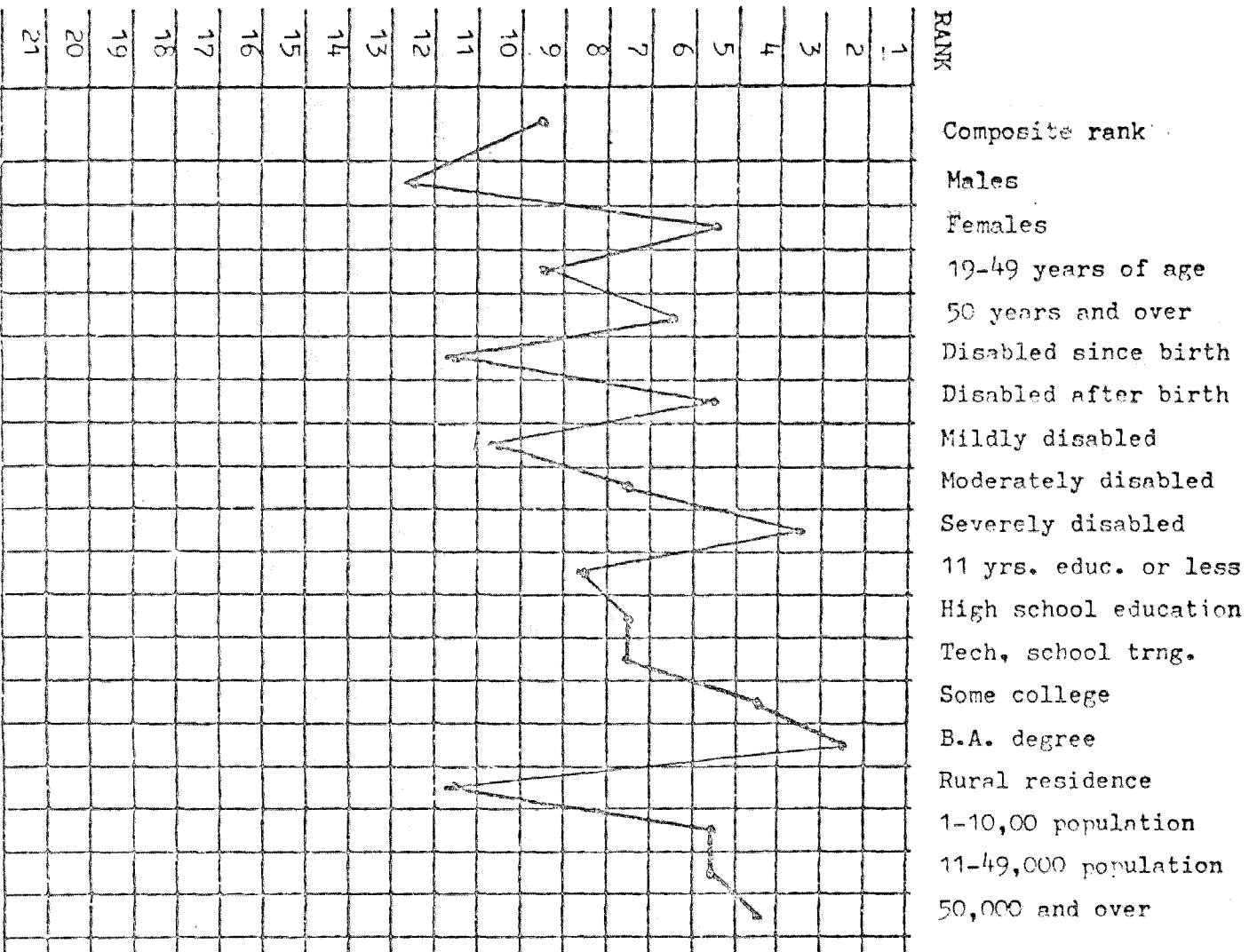


Figure 10

Comparison of Ranks Given Political Representation  
Need by all Sampling Categories

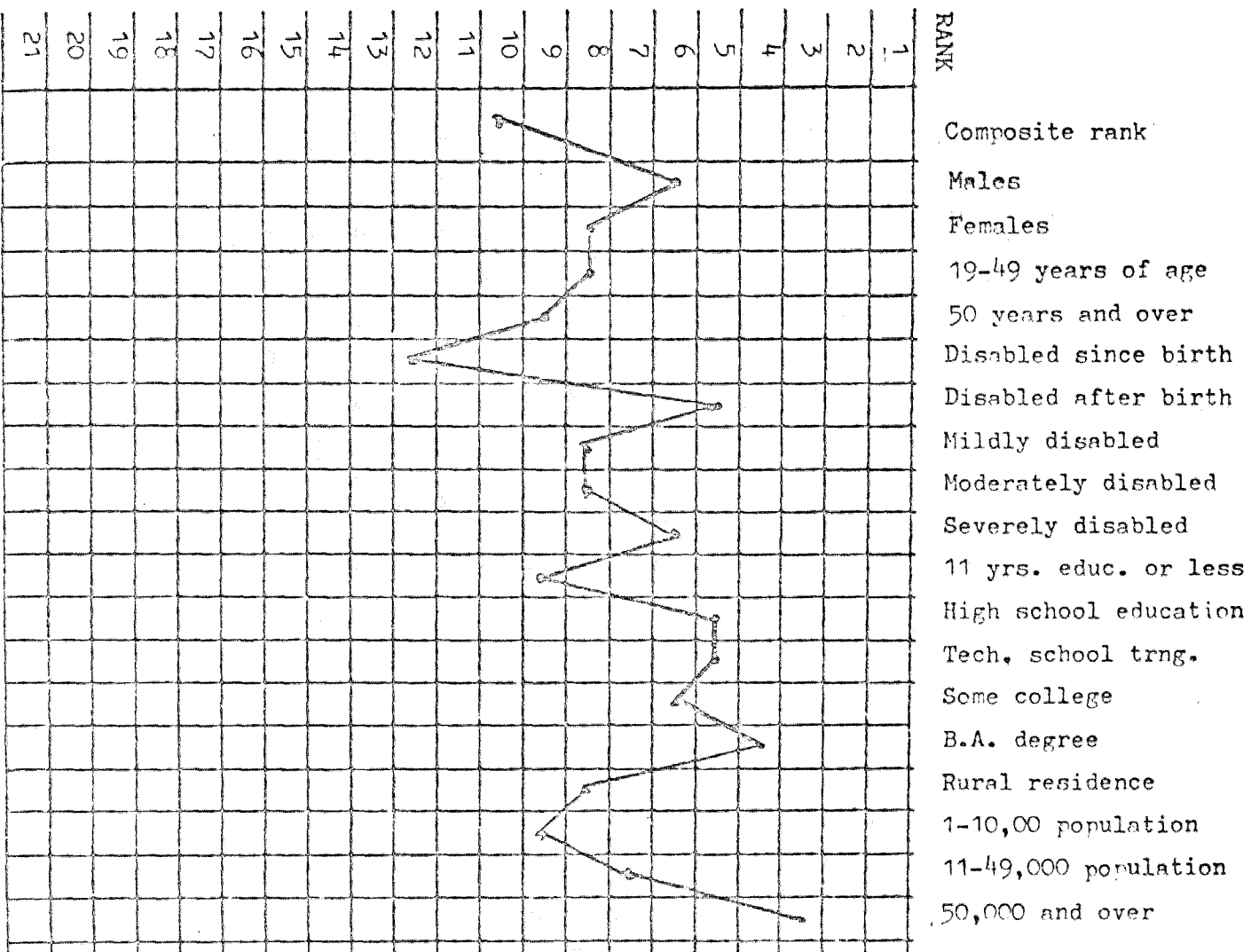


Figure 11

Comparison of Ranks Given Legal Services  
Need by all Sampling Categories

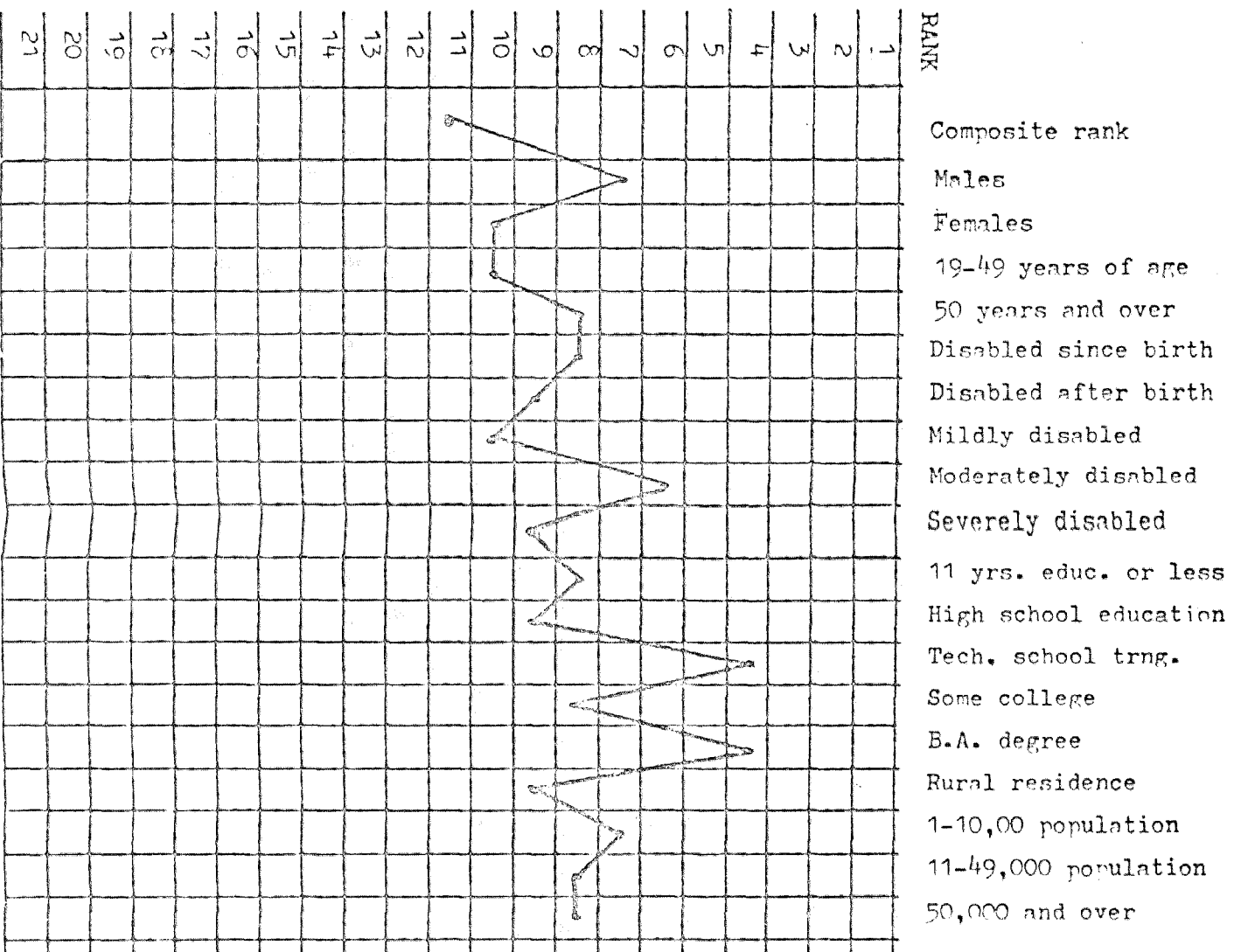


Figure 12

Comparison of Ranks Given Personal Adjustment  
Need by all Sampling Categories

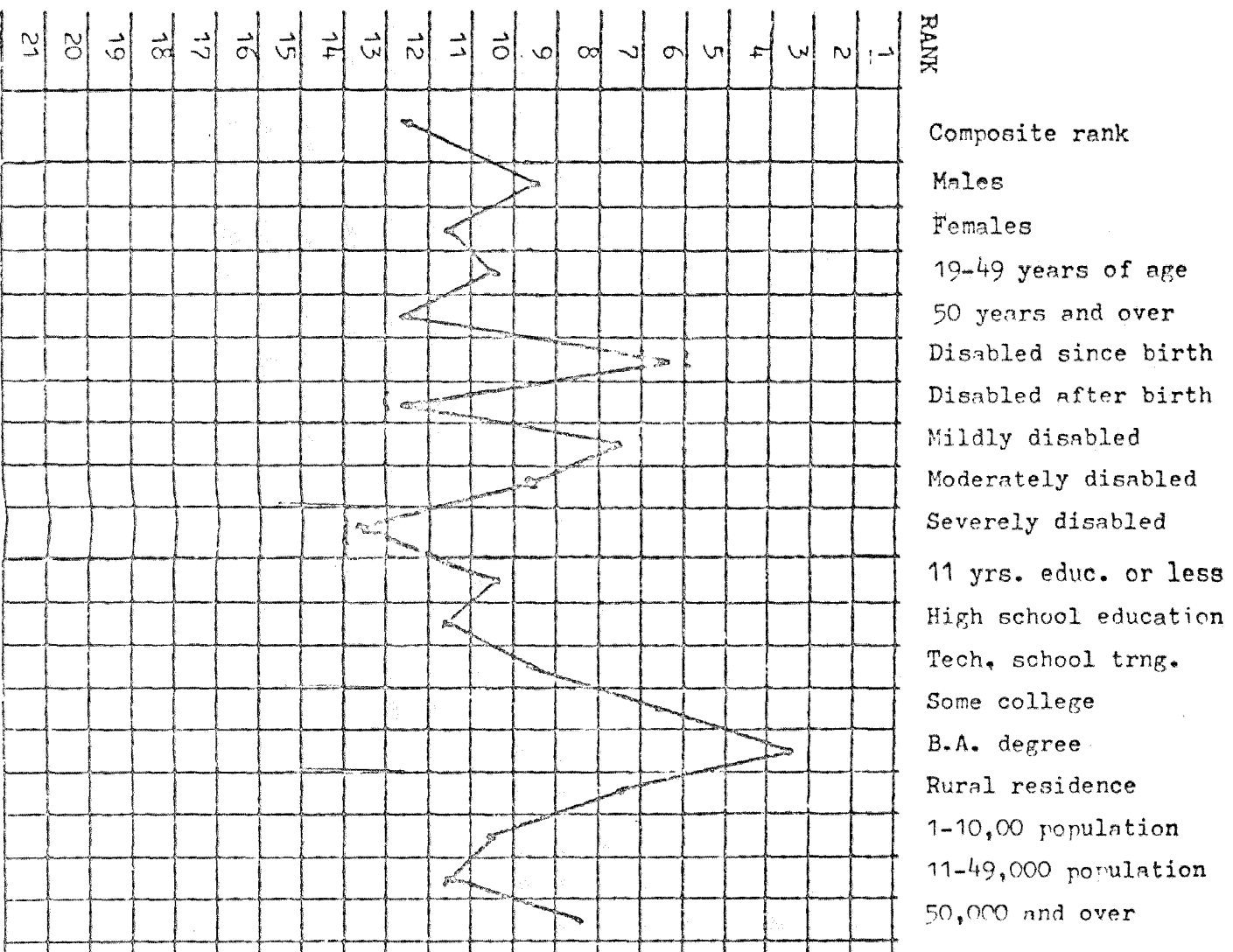


Figure 13

Comparison of Ranks Given Housing  
Need by all Sampling Categories

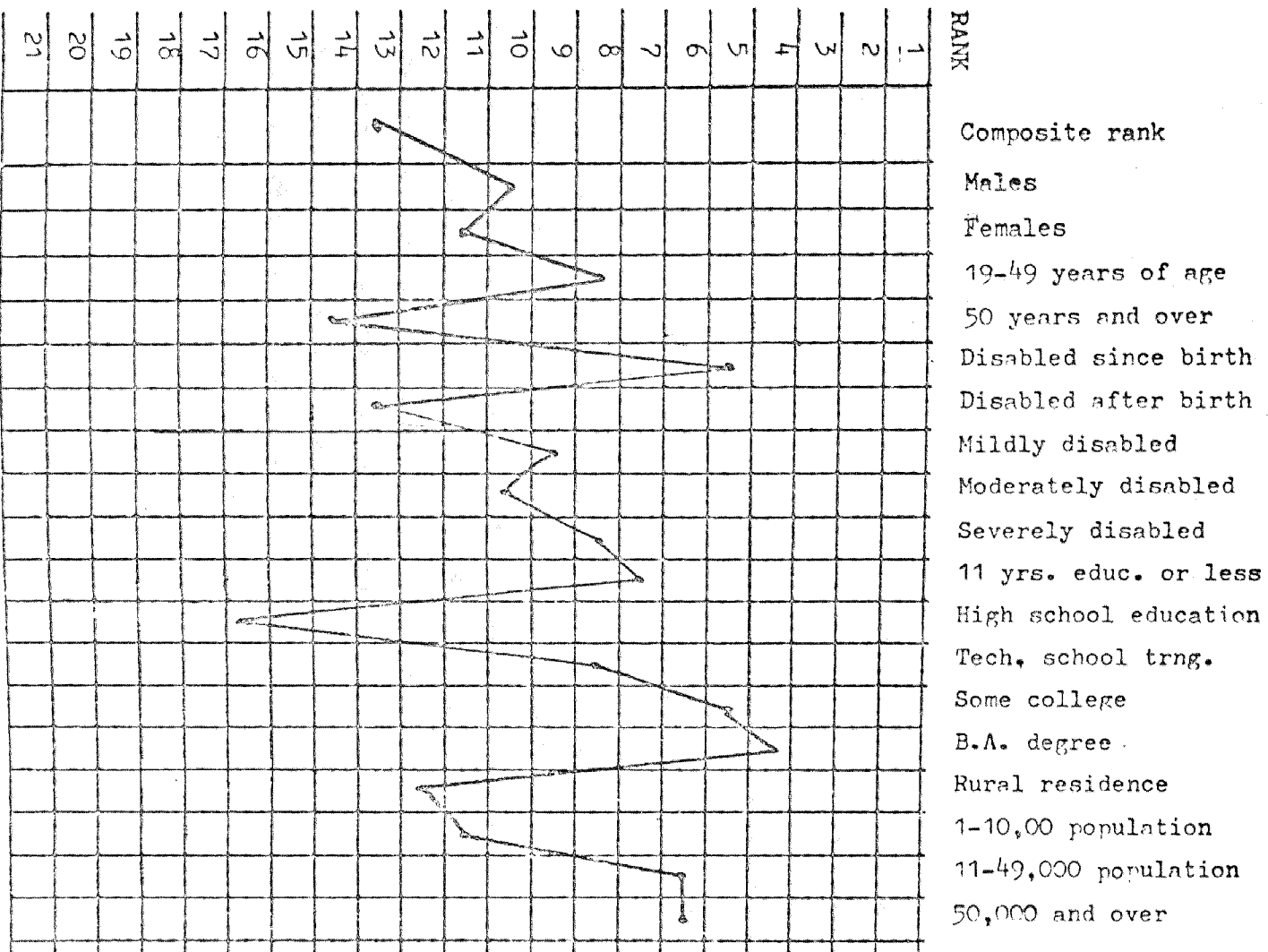


Figure 14

Comparison of Ranks Given Vocational Education  
Need by all Sampling Categories

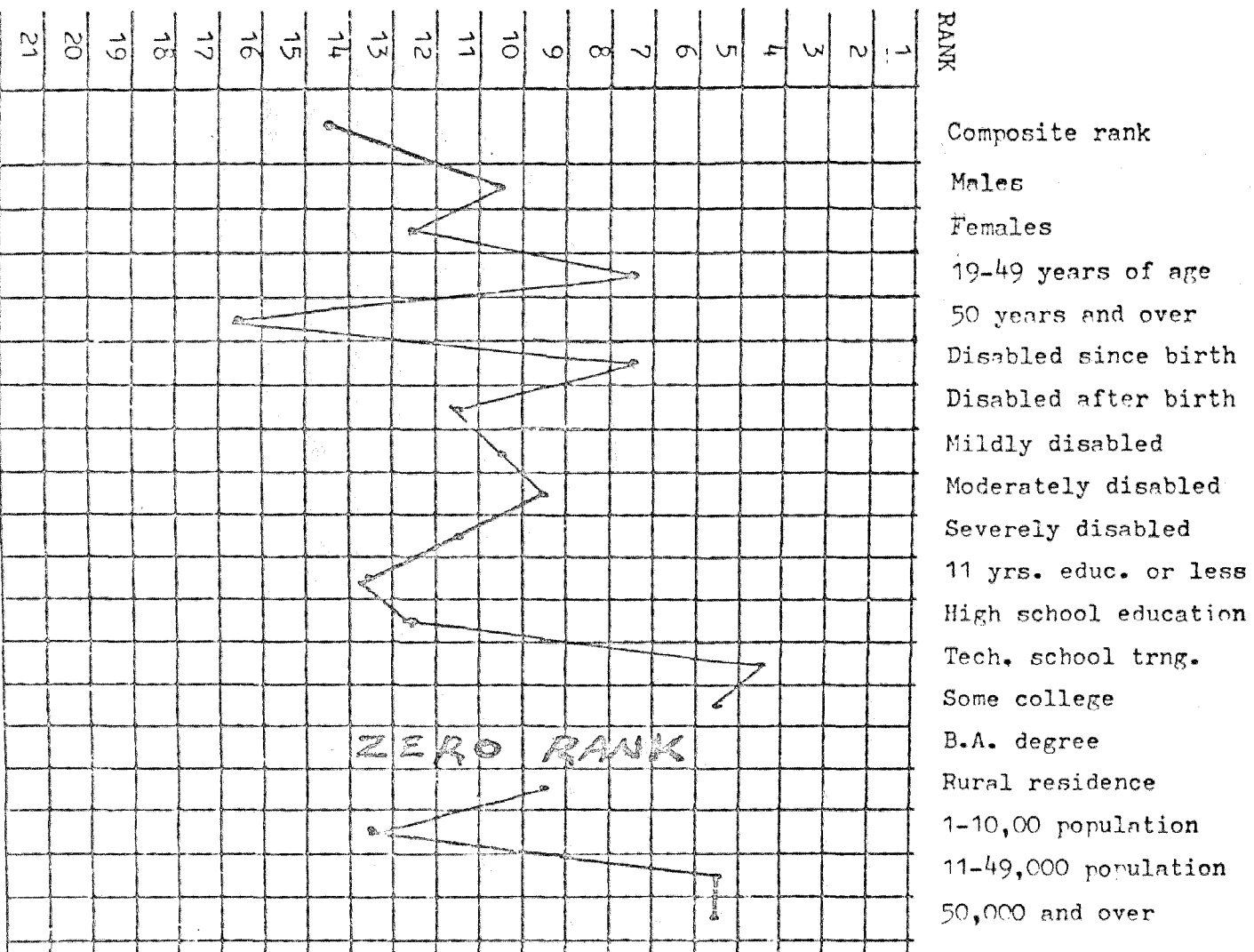


Figure 15

Comparison of Ranks Given Employment  
Need by all Sampling Categories

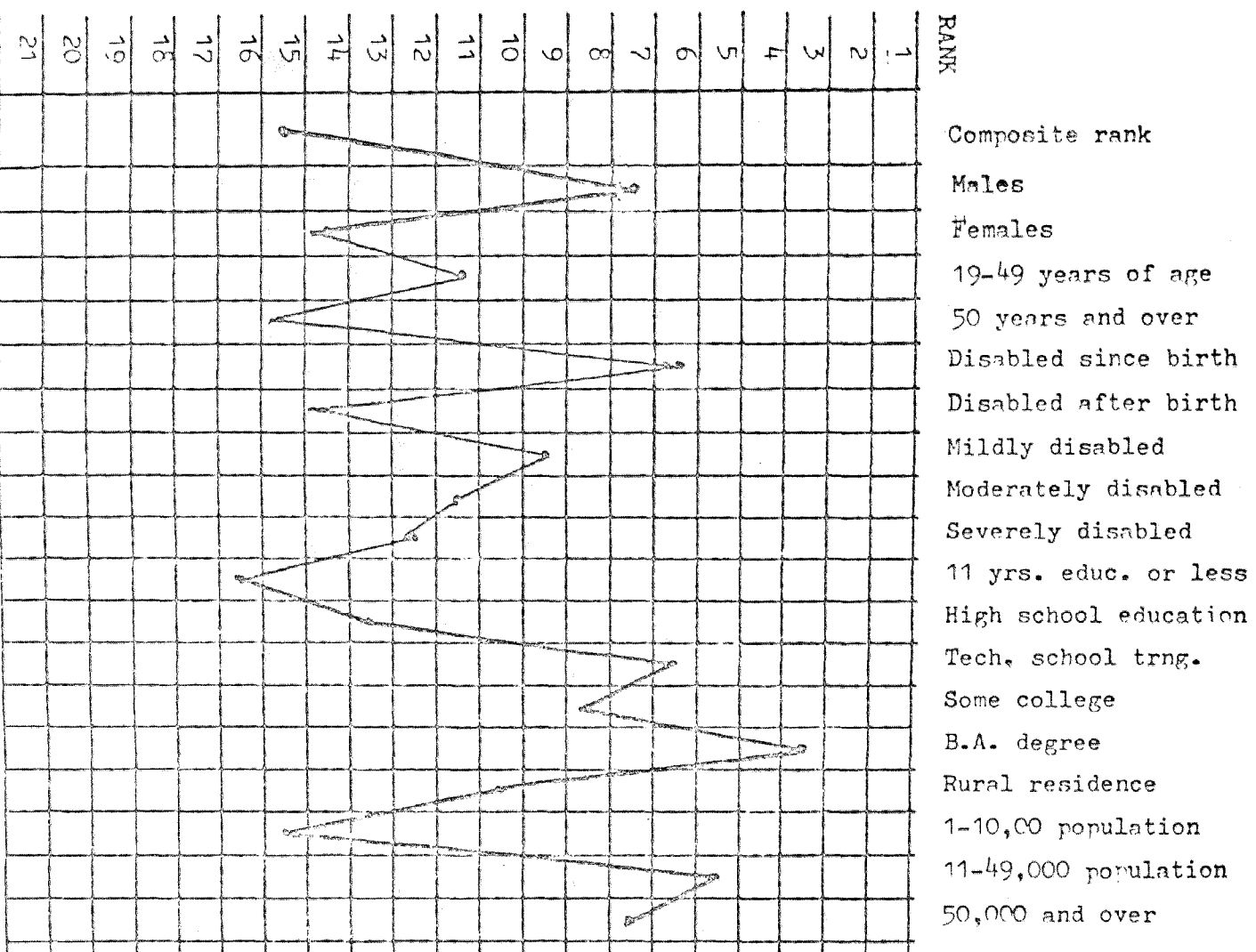




Figure 16

Comparison of Ranks Given Family Problem  
Need by all Sampling Categories

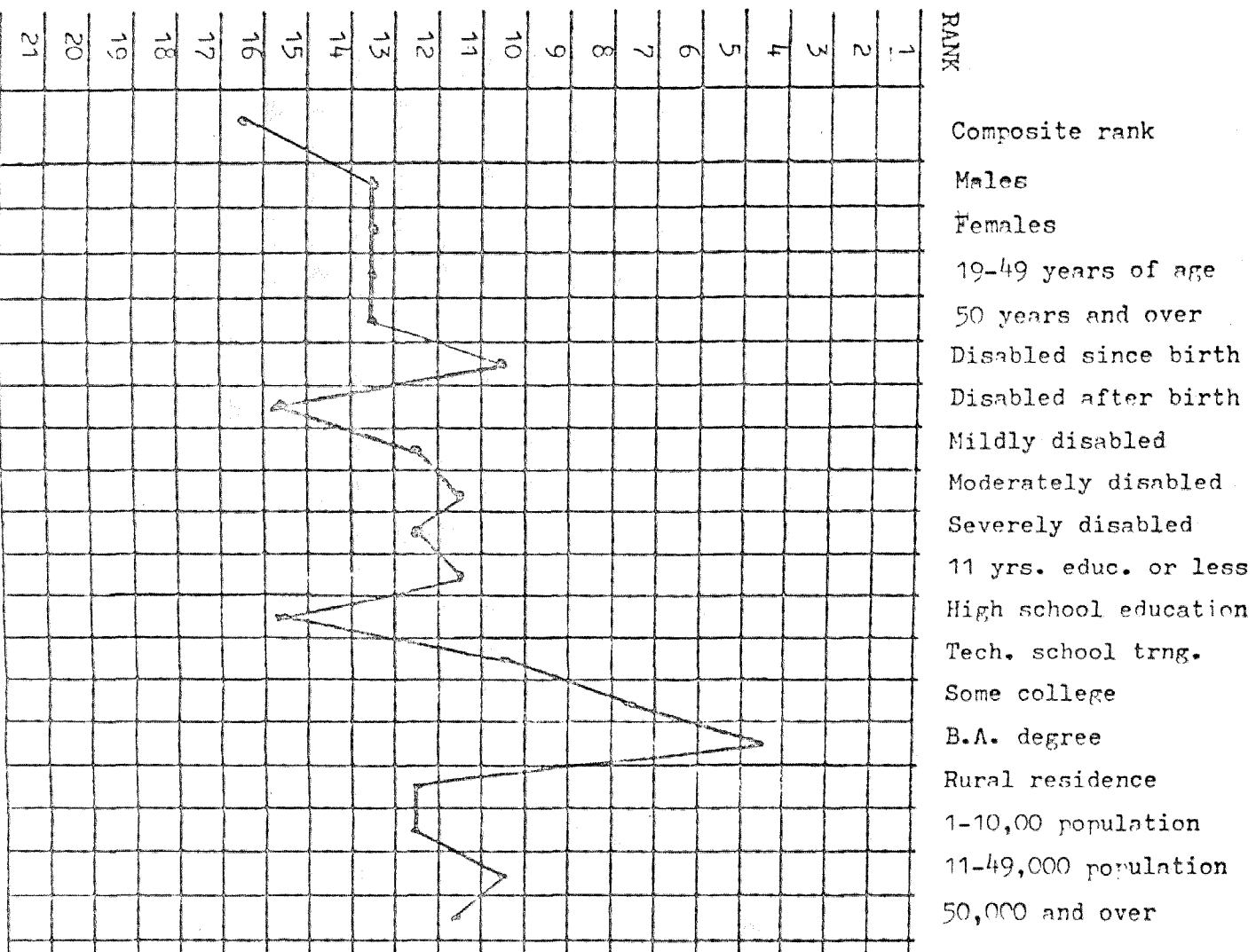


Figure 17

Comparison of Ranks Given Sexual Adjustment  
Need by all Sampling Categories

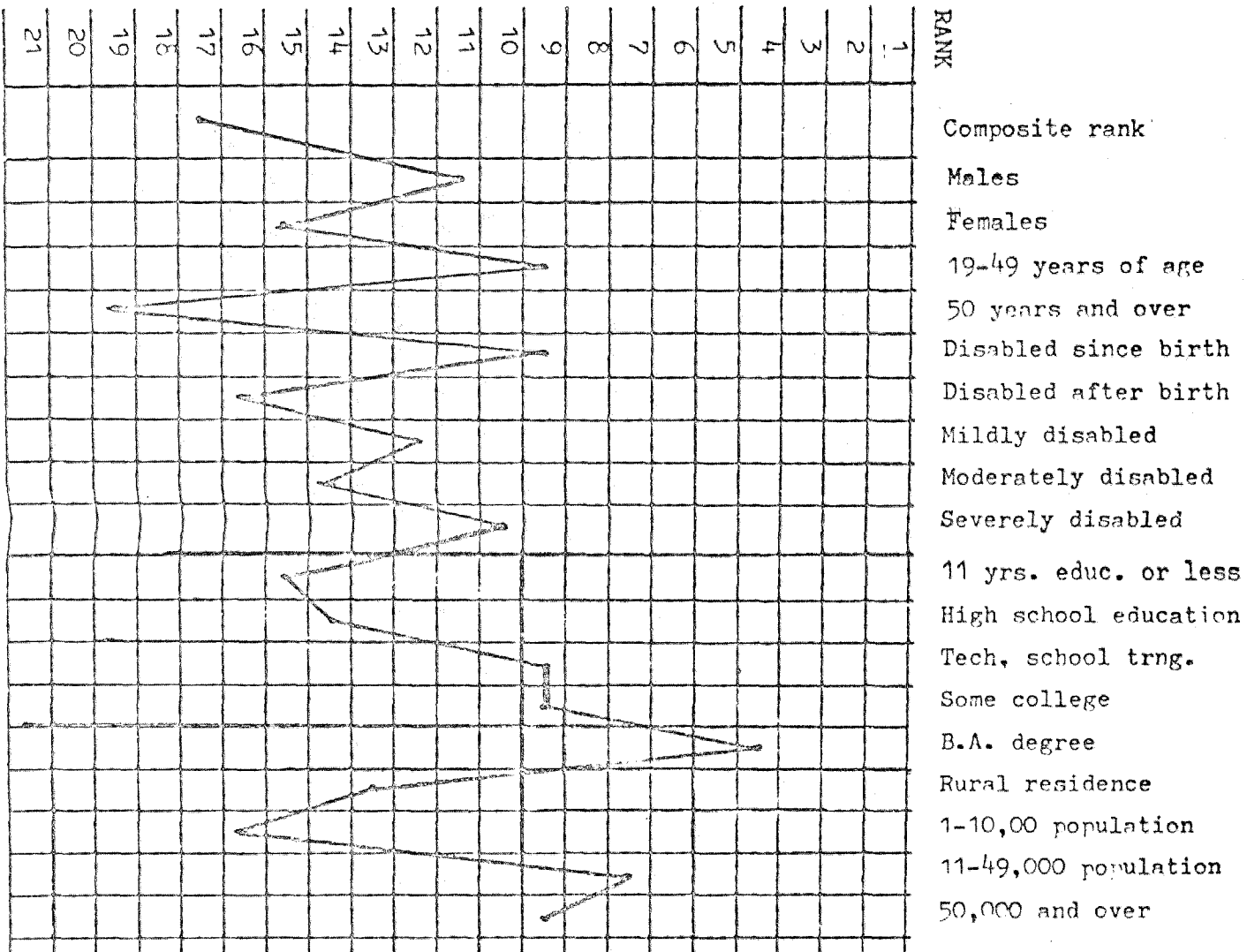


Figure 18

Comparison of Ranks Given Case Worker  
Need by all Sampling Categories

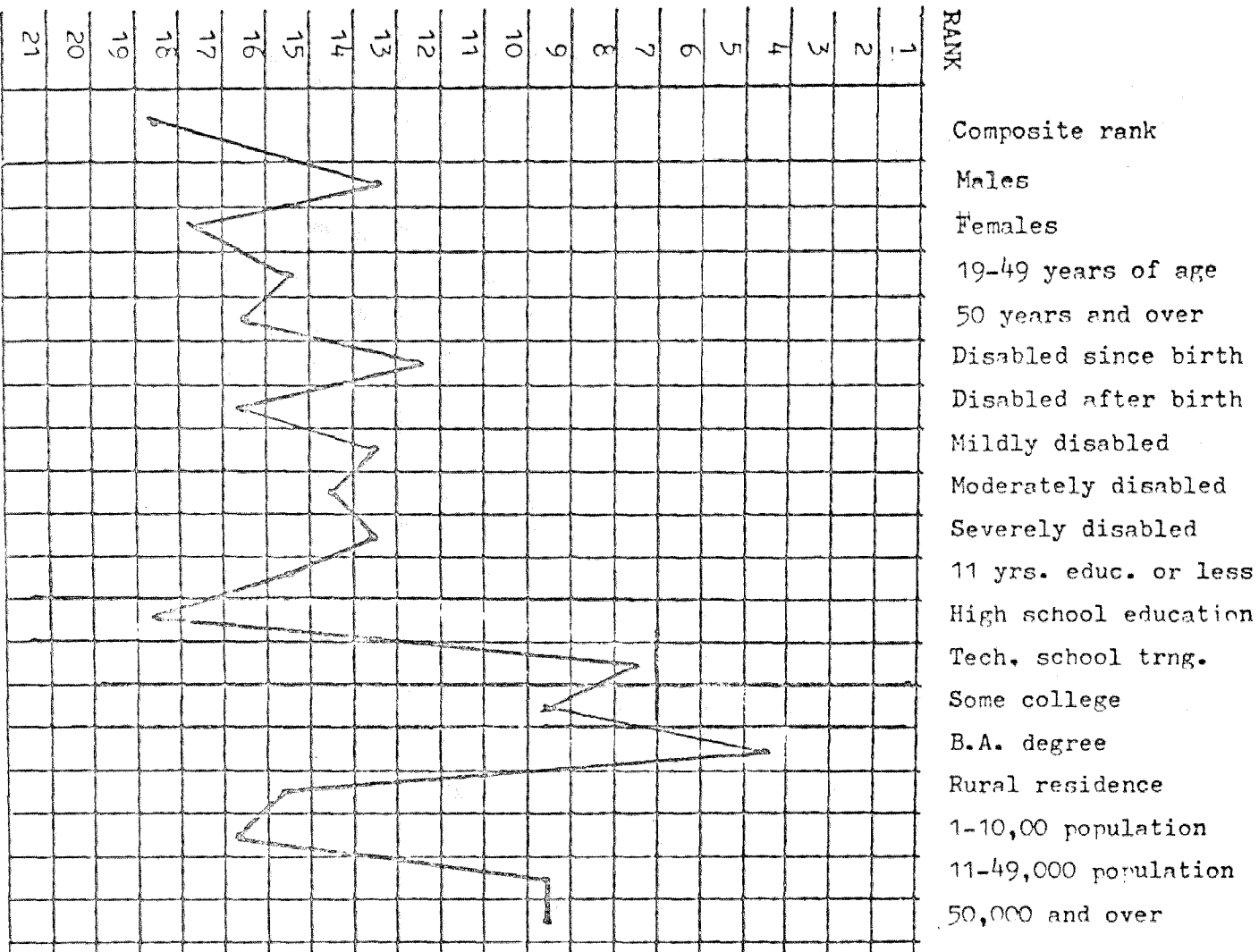


Figure 19

Comparison of Ranks Given Special Equipment  
Need by all Sampling Categories

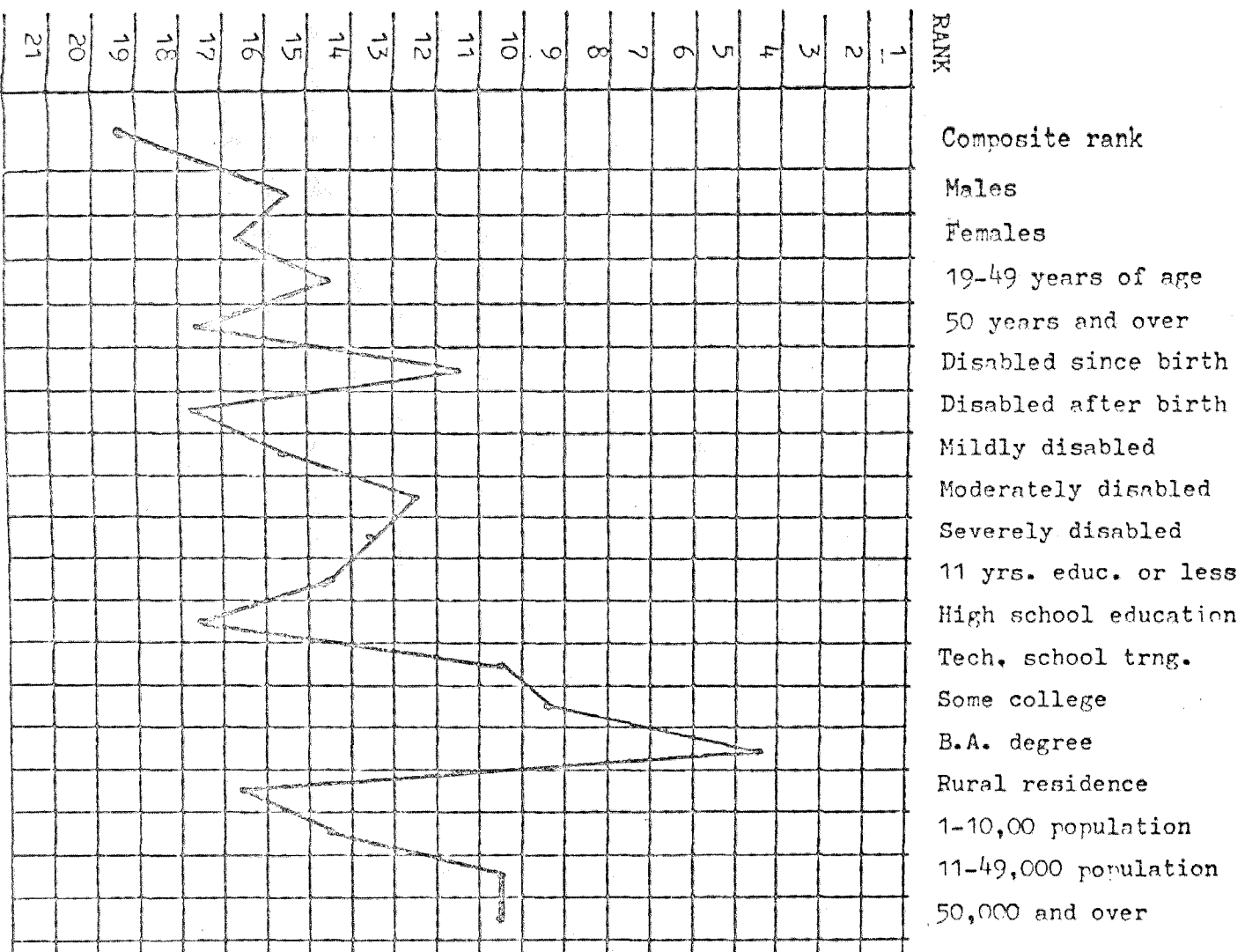


Figure 20

Comparison of Ranks Given Education  
Need by all Sampling Categories

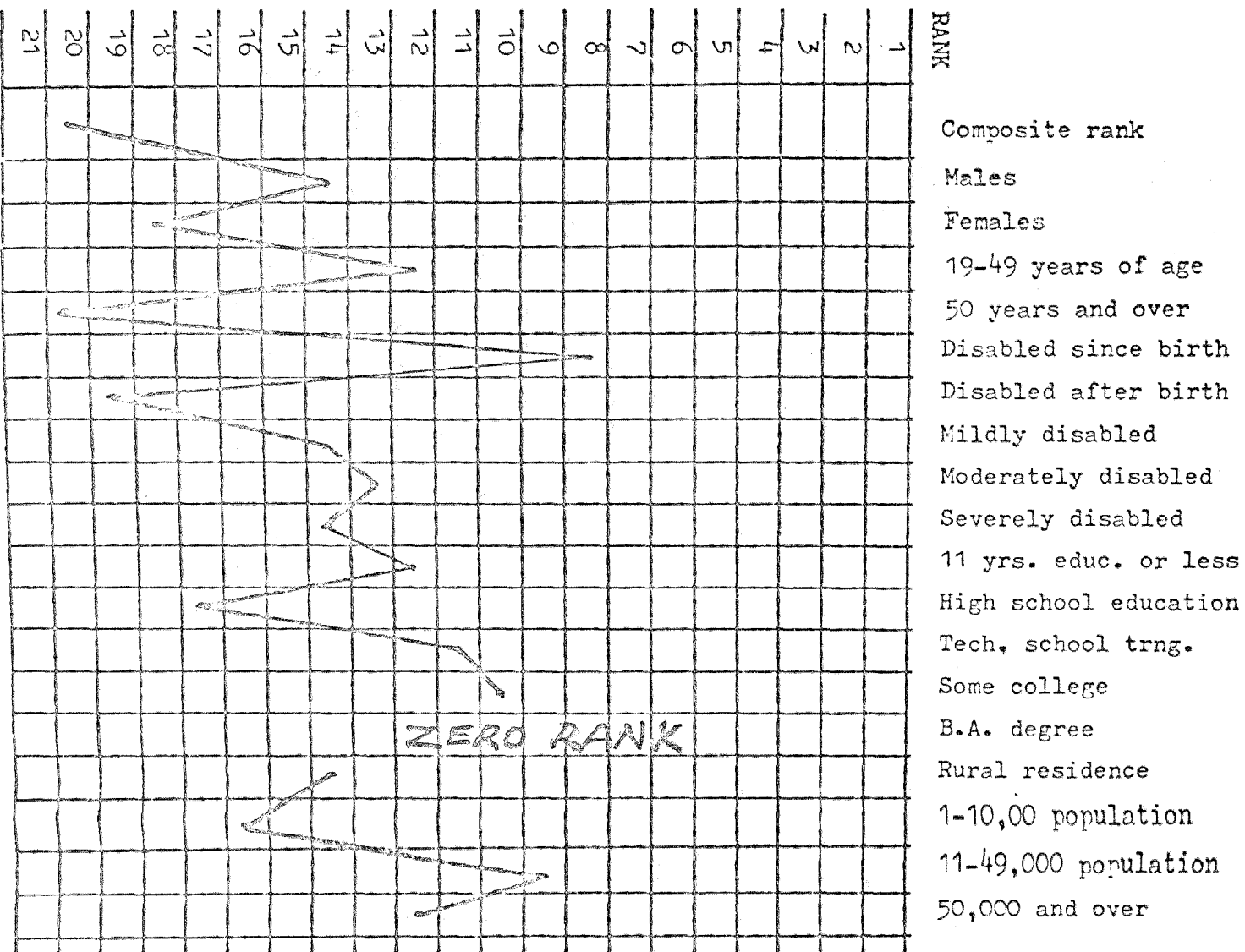


Figure 21

Comparison of Ranks Given Institutionalization  
Need by all Sampling Categories

