

**New Jersey Men Living with Disabilities:
The “Men with Disabilities Health Care
Survey--- Summer 2005”**

Sabrina Chase, Ph.D.

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Executive Summary

Introduction

This report summarizes the results of the “New Jersey Men Living with Disabilities Health Care Survey,” designed to assess the interests and concerns of a subsection of New Jersey men living with a wide range of physical and cognitive disabilities. The one-page survey was created and distributed by a grassroots men’s health collective sponsored by the New Jersey Council on Developmental Disabilities (NJCDD).

Survey Respondents

The 41 respondents to this survey represent almost the full spectrum of adulthood, with the majority ranging from 30 to 67 years of age. The majority self-identified as White or Caucasian, with only 3 reporting themselves to be African American or Black, 1 identifying as Asian and 1 recording himself to be of Hispanic ethnicity, with no identification of race itself. The group was educationally diverse, and the majority were not currently employed. A significant number (13) reported living with more than one disability, suggesting that many New Jersey men contend with several major issues at the same time.

Assertiveness/Self-Advocacy

- 37% of respondents reported trouble asserting themselves with their health care providers

Preventive Health

- 70% said they were interested in stress reduction and the prevention of heart disease
-

- 66% were interested in cancer prevention and self examination techniques

Urological Health

- 76% reported concern about their urological health
- To maintain their urological health, respondents reported needing 1.) regular doctor/clinician visits, 2.) cutting edge information, medication and support, and 3.) medical supplies and infection prevention

Exercise, Fitness and Mobility Training

- 73% were interested in mobility training
- Respondents expressed a strong interest in exercise, sports and fitness, listing a wide range of activities that they wanted to do and thought they could do (swimming, weight training, walking, seated aerobics, cycling, yoga, T'ai Chi and many others)
- They reported that the most important barriers to their participation included 1.) transportation issues, 2.) access to swimming pools and swimming resources, 3.) access equipment and 4.) personal assistants
- 59% were interested in seeking the help of a nutritionist or dietary professional

Support for Mental and Emotional Health

- 61% would be willing to participate in programs or activities supporting good mental and emotional health
- Respondents suggested the creation of 1.) counseling style programs and workshops, 2.) physical fitness and mind/body programs, and 3.) activities encouraging social and educational activity to promote good mental health
- 59% would be interested in activities supporting healthy personal relationships
- Respondents expressed particular interest in programs targeting sexuality, relationship and dating skills and social activities.

Recommendations

This survey suggested that the greatest levels of interest among New Jersey men living with disabilities lie in the prevention of heart disease, sports and fitness activities and programs targeting mental and emotional health. A significant group would also be interested in activities promoting healthy sexuality and dating. It would be useful for agencies, organizations and conference planners to target these four program areas for expansion over the next 2 years.

Conference workshops might provide:

- Stress reduction and stress management training, especially the demonstration of hands-on techniques that participants could use at home
- A series of sessions exploring exercise options both for those at home and those with access to gyms or swimming pools
- Workshops on dating skills, ways to meet new people and especially, workshops promoting healthy sexuality specifically targeting men living with disabilities

In planning fitness-focused sessions, organizers should draw on expertise that already exists within the disability community as well as consulting specialists, creating opportunities for highly active men to mentor those men who are not sure where or how to begin exercising. When funding permits, disability organizations might explore how best to begin addressing the problem of transportation in their communities so that men interested in sports activities might be able to attend local fitness related programs on a periodic basis.

The expansion of grassroots men's health collectives might be one way to begin creating greater access to fitness activities and programs promoting stress-reduction, mental health and relationship skills. Whenever possible, interested individuals from the community should be recruited to volunteer their time and expertise--if transportation issues can be resolved, this survey suggests that some men may have both the time to volunteer and the interest (and/or background) to make important contributions in some of these areas.

New Jersey Men Living with Disabilities: The “Men with Disabilities Health Care Survey--- Summer 2005”

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Introduction and Overview

This report summarizes the results of the “New Jersey Men Living with Disabilities Health Care Survey,” designed to assess the interests and concerns of a subsection of New Jersey men living with a wide range of physical and cognitive disabilities. The one-page survey was created and distributed by a grassroots men’s health collective sponsored by the New Jersey Council on Developmental Disabilities (NJCDD). This targeted investigation into the interests and experiences of a group of New Jersey men was inspired by the results of a much larger study---the “New Jersey Capacity Building for Health and Disability Project.”¹ When the final report of the capacity building study was issued, NJCDD stepped forward to promote further investigation into the health care needs of men living with disabilities and helped create a committee dedicated to this task. The “Men with Disabilities Health Care Survey” was the result of their efforts. This concise collection of 18 questions was divided into six topic areas; it invited respondents to share their interests, concerns and frustrations about a range of selected topics. Once the instrument was designed, NJCDD printed the surveys, mailed them out and collected the responses, later submitting them to Sabrina Chase, Ph.D. for analysis.

The first section collected demographic data, asking for respondents’ age, race, educational background, current employment status and type of disability. The second asked if informants were comfortable asserting themselves with health care providers and staff, and the third probed for interest in preventive health education and training. The fourth section asked about the importance of urological health and inquired about the kind of support respondents needed in

¹ This study was sponsored by the Department of Human Services (DHS) Division of Disability Services (DDS) and undertaken by the Rutgers Center for State Health Policy (CSHP) with financial support from the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Health and Human Services.

order to maintain it. Section five focused on exercise, sports, mobility training and nutrition. Finally, the last section inquired about respondents' interest in programs and activities designed to support good mental and emotional health and promote healthy personal relationships.

After an examination of the self-selected group of men who responded to the survey, this report will focus on one section at a time, following the survey's original order. Each section will include tables summarizing the full range of responses to each question, making it easy to scan the results at a glance. Every section will close with a summary of the major trends revealed by the data. Finally, the report will offer a series of recommendations for workshops, training and conference planning targeting New Jersey's disability communities.

Survey Respondents

Approximately 1101 surveys were distributed by NJCDD; 586 were mailed directly to all those men listed as participants in New Jersey's Monday Morning advocacy network² and an additional 15 were sent to Partners in Policymaking Program³ graduates. Five hundred more surveys were sent to New Jersey Independent Living Centers (ILCs)⁴ and other state agencies and offices focusing on individuals living with disabilities---about 40 organizations in total. The latter were asked to give out the surveys to all eligible men with whom they had contact, but none tracked how many of their surveys were actually distributed. Because of this, it is unclear how many surveys actually reached the hands of men living with disabilities and a reliable response rate cannot be established with confidence.

In total, forty-one men responded. They proved to be a diverse group of men, ranging widely across the spectrum of age, educational background,

² Monday Morning is a grass-roots organization of advocates focused on issues impacting the disability community (www.njddc.org/mm-about.htm).

³ PIP is a leadership training program for adults living with disabilities and parents of young children with developmental disabilities (www.partnersinpolicymaking.com/index.html).

⁴ ILCs are non-residential, non-profit community-based organizations offering services and advocacy by and for all persons living with disabilities (www.ilusa.com/links/ilcenters.htm).

employment status and type of disability. In one respect, however, they were similar: Thirty-four identified themselves as White or Caucasian, while only 3 reported that were African American or Black, 1 identified as Asian and 1 recorded himself to be of Hispanic ethnicity, with no identification of race itself.⁵ It should also be noted that 2 individuals refused to answer the question asking respondents to identify a race; these individuals put down “N/A” and “Human” instead.

Table 1: Race and Ethnicity

Race or Ethnicity Reported	Number of Respondents
White or Caucasian	34
African American or Black	3
Asian	1
Hispanic Ethnicity	1
Refused to Answer	2

These men represent almost the full spectrum of adulthood, with the majority ranging from 30 to 67 years of age:

Table 2: Age

Age	Number of Respondents
20-29	5
30-39	8
40-49	8
50-59	7
60-67	9
70-77	3
Left Blank	1

In terms of education, this group also appeared diverse, although 7 individuals did not answer the question, leaving this section blank. Of those who identified the highest level of education they had received, 17 reported at least

⁵ In understanding the last case, please note that the most commonly cited and currently used set of Federal standards defining categories of race and ethnicity in the United States mandate the separation of race and ethnicity, and define “Hispanic” as an ethnicity, not a race. In this way, an individual who is Hispanic may self identify as any race: “White Hispanic,” “Black Hispanic,” etc. (CNSTAT 1994).

some college experience, while 15 reported that they had left the formal educational system sometime in high school. Two individuals added that they had attended some form of special school, and one of these explained that it had included at least some high school. Finally, one person reported that he had finished the 8th grade but had not continued on afterwards.

Table 3: Highest Level of Education Achieved

Highest Level of Education Achieved	Number of Respondents
8 th grade	1
10 th grade	1
12 th grade	12
Completed GED equivalency examination	1
Attended a special school, unspecified	1
Attended a special high school	1
Completed some college	4
Completed a B.A., B.S. or B.B.A. degree	9
Completed some graduate school	3
Completed an M.A. or M.S.	1
Left Blank	7

In terms of employment, most of the men who responded to the survey (27) reported that they were not currently employed. Of these, 1 individual noted that he was an active volunteer while another specified that he was retired. Fourteen individuals did note that they were working either part time or full time, and one person left this question blank.

Table 4: Employment Status

Current Employment Status	Number of Respondents
Full time	8
Part time	6
Not Employed	23
Volunteer	1
Disabled	1
Retired Disabled Veteran	1
Left Blank	1

The greatest diversity among survey respondents was reported in the kind of disabilities with which they live. Thirteen checked multiple boxes. Only 26 chose to check a single box, suggesting that a significant number of these men struggle with multiple problems at the same time. Of those who reported only a single disability, 12 noted that they live with a mobility challenge (one individual did not respond). Table 5a lists those persons who reported a single disability. Table 5b includes those individuals who reported multiple disabilities. In each table, respondent's own term(s) are used whenever possible.⁶

Table 5a: Single Disability Reported

Type of Disability Reported	Number of Respondents
Mobility	12
Mental Illness	2
Cerebral Palsy	2
Blind/Low Vision	2
Trisomy 21 (Down's Syndrome)	1
'Border Line Retardation'	1
Deaf/Hard of Hearing	1
Nerve Disorder, unspecified	1
Epilepsy	1
Cerebral Hemorrhage	1
"In the Bathroom"	1
Brain Injury	1
Total	26

⁶ In documenting the range of disabilities noted here, each respondent's own terms are preserved, following the same logic used in Federal standards of race and ethnicity reporting. Federal standards specify that self-identification should be sought and utilized whenever possible (CNSTAT 1994).

Table 5b: Multiple Disabilities Reported

Type of Disability Reported	Number of Respondents
Cerebral Palsy/Mobility	1
Stroke/Cognitive Disability/Mental Illness	1
Brain injury/Chemical Imbalance/Mobility	1
Communication/Speech/Cognitive Disability	1
Hydrocephalus/Spina Bifida/ Mobility/Developmentally Disabled	1
Arthritis/Chronic Pain Syndrome/Mobility	1
Mobility/Deaf/Hard of Hearing/Communication/Speech	1
Mobility/Communication/Speech/Cognitive Disability	1
Mobility/Cognitive Disability/Brain Injury	1
Mental Illness/Club Feet/Nervous Disorder	1
Mobility/Deaf/Hard of Hearing/Blind/Low Vision/Cognitive Disability	1
Stroke/Paralysis/Mobility	1
Cerebral Palsy/Mobility/Mental Illness	1
Deaf/hard of Hearing/Blind/Low Vision/Communication/Speech	1
Total⁷	14

⁷ The totals of Table 5a and Table 5b add up to 40 respondents rather than 41 because one individual left this question blank.

Survey Responses

Section One: Self-Advocacy

“Is being assertive with your physician or health care providers, or their front-end staff, an issue for you?”

Table 6: Assertiveness

Response Categories	Number of Responses	Additional comments
Yes	14	
No	25	“Not me---I do speak up!”
“Off and on”	1	
Left blank	1	

Section Summary

Forty of the 41 respondents replied to this question---a very high response rate. Fifteen, or 37%, said that they did experience problems asserting themselves with health care providers and/or their staff. While it is good news that almost two thirds of the men who answered the survey do not see themselves as struggling with this issue, it is problematic that over one third of them do.

Section Two: Preventive Health

“Would you be interested in information on prevention of stress and heart disease?”

Table 7: Stress and Heart Disease

Response Category	Number of respondents
Yes	29
No	11
Left Blank	1

“Would you be interested in education for men in cancer self-detection and prevention including techniques to self-examine for testicular cancer, self-observe early signs of prostate cancer, and self-examine or seek tests for melanoma/other forms of skin cancer?”

Table 8: Cancer Prevention and Self-Detection

Response Category	Number of respondents
Yes	27
No	12
Left Blank	2

Section Summary

Twenty-nine men, or 70%, said that they would be interested in learning more about how to lower stress and prevent heart disease. A slightly lower percentage, 66%, expressed interest in cancer prevention and self-examination. In both cases, this represents a strong interest.

Section Three: Urological Health

“Is urological health an important issue for you?”

Table 9: Importance of Urological Health

Response Category	Number of respondents
Yes	31
No	8
Left Blank	2

“What kind of support do you need in order to maintain your urological health?”

Table 10: Support for Urological Health

Response Category	Number of Respondents	Sample Comments
None	4	
Not sure/Don't know	4	
Problem or Solution Description	3	<p>“Frequent urination”</p> <p>“I do some already”</p> <p>I may need it when my medication changes”</p>
Cutting Edge Information, Medication and/or Support	6	<p>“Support group for prostate problem”</p> <p>“Medical, informative and moral support”</p> <p>”Viagra”</p> <p>“Latest medications for B.P.H.”</p>
Doctor or Clinician Visits/Regular Check Ups	7	<p>“Yearly check-ups with urologist; yearly sonogram of kidneys, yearly prostate exams and PSA blood tests”</p> <p>“A doctor”</p>
Medical Supplies/Infection Prevention	3	<p>“Obtaining more in-dwelling catheters than my HMO/Medicare allows”</p> <p>“Infection prevention---new supplies you can use”</p> <p>“Medical supplies eg. Catheters, leg bags, night bags”</p>
Left Blank	14	

Section Summary

An overwhelming 76% of survey respondents indicated that urological health was important to them. There was a high response rate to this question, with 39 out of 41 answering. Notably fewer men responded to the probe asking

what kinds of support they needed to maintain their urological health---14 (or 34% of all survey respondents) left the second question blank⁸. Of those who answered, 4 said that did not know what kind of support they needed. Three individuals answered this question with a brief description of their problem (or their health maintenance efforts) itself, rather than focusing on what they needed. Together, these responses suggest that a significant section of the entire group (51% of all survey respondents) felt concern about their urological health but did not know what kind of support and information would help them the most---a potential problem for this community. Finally, 4 men indicated that they didn't need any additional support in this area.

The remaining answers to this question fell into 3 categories. Doctor or clinician visits and regular check ups (7 responses, or 17% of all survey respondents) were most often mentioned, closely followed by cutting edge information, medication and support (6 responses, or 14% of all survey respondents). The 13 men who gave answers falling into these two categories said that what they wanted most was thorough medical care from clinicians---often specialists---who could effectively monitor their urological health and as much information and support as possible. These men appeared already knowledgeable about their urological and reproductive health (mentioning sonograms, PSA tests, prostate exams and a neurogenic bladder diagnosis), and they appeared interested in learning more. Support from physicians and support groups was also frequently cited as important for maintaining health, as was information about and access to medications for both urological health and strong sexual functioning.

Fewer men (3 survey respondents, or 7%) said that what they needed most were medical supplies with which to manage their conditions and prevent

⁸ From this point on, all percentages will be derived using the total number of survey respondents rather than simply the group that answered each question. In this way, non-respondents will be automatically incorporated into the figures. This will be done to emphasize the often large number of men who did not answer open-ended questions. Although we cannot know why they did not answer, it is possible that these non-respondents represent an important degree of uncertainty about how to approach the issues presented in the rest of the survey. This potential uncertainty is an important consideration for educators, clinicians, trainers and conference planners working with New Jersey's disability communities.

infection. Notably, one respondent specifically mentioned the fact that he needed more supplies than were covered through his health insurance. Although only one individual mentioned this specific problem, it is likely that it is an issue for others as well.

Section Four: Mobility, Fitness and Nutrition

“Would you like information or training on how to preserve or extend your mobility?”

Table 11: Interest in Mobility Training

Response Category	Number of respondents
Yes	28
No	9
“N/A”	1
Left Blank	3

“What kinds of exercise do you think you could do---and would like to do---if you had more support?”

Table 12: Exercise Preferences

Response Category	Number of Respondents	Sample Comments
Physical Therapy	2	
Direction/Guidance	1	
Walking and Range of Motion Therapy	1	
Walking	3	
Swimming	2	
Weight Training	4	“Pull ups, push ups, strengthening to get rid of stomach...”
Seated Aerobics	1	
Cycling	1	
Team Sports	1	“Basketball, bowling”
Prefer Focus on Weight Loss	3	“...I am enrolled in a medically supervised fitness program; however, I’m morbidly obese and depressed.” “I’m gaining weight around my stomach.”
Mixed Activities/Multiple Preferences	7	“Ride a bike to lose weight, stretch[ing] cause of CP, weights” “‘Aerobic’---T’ai Chi---walking---weight lifting---yoga---‘dancing’---martial arts...” ‘Walking, treadmill, exercises for my arm and hand, water exercises maybe”
Don’t Know	4	
None	1	
N/A	2	
Left Blank	7	
Total⁹	40	

⁹ The total adds to 40 rather than 41 because one of the responses to this question was illegible. It was omitted from this analysis.

“What kind of assistance would provide access to indoor or outdoor sports and fitness activities that you like best?”

Table 13: Gaining Access to Sports and Fitness

Response Category	Number of Respondents	Sample Comments
Transportation	5	“Transportation is an issue where I live. I don’t drive and my meager fixed income excludes the option of buying a car.” “Need a van desperately...”
Personal Assistant/Driver	3	“Transportation to and attending care” “Driver/assistant”
Access/Equipment	3	“Parking, access---elevator” “A lift seat” “Sign language interpreters to facilitate guidance.”
Swimming Resources	5	“Indoor pool with lift, etc.” “Swimming pool”
Description of Preferred Sports	4	Walking---dancing---yoga---aerobic[s].” “Team sports only.” “Sailing programs”
Activity Not Possible	3	“I can’t participate in sports due to my paralysis...” “I’m too weak for sports” “Mobility”
Receiving Adequate Support	3	“No need for assistance---I am ambulatory” “Already attend ARC programs”
Don’t Know	2	
None	2	
N/A	1	
Left Blank	11	
Total¹⁰	42	

¹⁰ The total adds to 42 rather than 41 because one individual replied by listing both transportation and a driver/assistant in answering this question. This answer was counted in both the

“Would you like the help of a nutritionist or other professional to design a healthy eating plan for you?”

Table 14: Interest in Nutritional Counseling

Response Category	Number of respondents
Yes	23
No	14
“Maybe so—maybe not—what do you have?”	1
Left Blank	3

Thirty-eight men responded to the question asking if they had any interest in mobility training. An overwhelming 38---or 73%---said yes, while only 26% said either no or indicated that the issue was not applicable to them. Not surprisingly, when given the opportunity to describe what kinds of sports and exercise they wanted to do and thought they could do, this group had a great deal to say. As a collective, they also had very clear ideas about the kinds of support they would need in order to partake in these activities.

The largest group of men (7 or 17% of all survey respondents) said that they wanted to pursue a variety of fitness and sports activities, including cardio exercises, weight training and mind/body activities such as T'ai Chi, yoga and martial arts. A significant subgroup was interested mostly in weight training (4 or 10% of all survey respondents). Three men, or 7%, said that they cared about preserving a focus on weight loss rather than focusing on specific activities themselves (and note that one individual explicitly talked about the depression he felt in connection with his weight problem—an important issue for many individuals struggling with weight loss). Other individuals mentioned physical therapy, guidance, swimming, chair aerobics, walking, cycling and team sports. Only 4 (10%) said that they did not know what they wanted to do or thought they could do, and 7 (17%) left the question blank. One individual (whose anonymity is protected here) even created a series of web pages about his exercise program and submitted links to his web site. This suggests that interested

“Transportation” and “Personal Assistant” categories as if it represented 2 separate responses to

laymen from the disability community itself might be able to volunteer their own expertise and contribute their own experience and enthusiasm towards helping their peers expand their fitness activities.

If there is such great interest in sports and fitness, what's holding at least some of New Jersey's men back from greater participation? A set of clear answers was offered in response to the question about exercise support. Survey respondents said that they needed better transportation (5 or 12%), swimming resources and equipment (again, 5 or 12%) and either access equipment or personal assistance of some kind (3, or 7% in each case) in order to participate. Thirteen men either left the question blank or said that they did not know (32%), suggesting that some men simply do not know how to tackle the problem.

Finally, in response to the questions asking about interest in nutritional counseling, a surprising 24 men (or 59%) indicated that they either were or might be interested in the help of a registered dietician, nutritionist or health professional in planning a healthier diet.

Section Five: Supporting Good Mental and Emotional Health

"Would you be interested in participating in programs or activities designed to help support good mental and emotional health?"

Table 15: Interest in Support for Good Mental and Emotional Health

Response Category	Number of Respondents
Yes	25
No	13
Left Blank	3

highlight the high priority placed by these respondents on the importance of transportation.

“What kind of program or activities would you prefer?”

Table 16: Preferred Mental/Emotional Support Programs and Activities

Response Category	Number of Respondents	Sample Comments
Barriers	5	<p>“Cannot read”</p> <p>“...There is no outreach program...that would help me get involved with my peers”</p> <p>“Don’t drive...[and] can only do it on weekends”</p>
Counseling Related	4	<p>“Seminars on mental health”</p> <p>“Anger management”</p> <p>“Normal and abnormal behavior...”</p> <p>“One on one counseling or group therapy”</p>
Physical and Mind/Body Activities	4	<p>“Cycling---being with friends”</p> <p>“Yoga, meditation”</p> <p>“A combo of my suggested plan of exercise with suggestions from the trainer...”</p>
General/Social/Educational	3	<p>“I would like to keep my mind active.”</p> <p>“Education on spinal injury”</p> <p>“Bowling, going places on weekends, computer chat room...play brain games on computer”</p>
Already in Program	1	
Don’t Know/Not Sure	4	
What is Available?	1	
Don’t Know...Anything!	3	<p>“ Do not know! Anything I can learn...”</p> <p>“Anything I do not have to pay for!”</p> <p>“Whatever is available.”</p>
N/A	1	
None	1	
Left Blank	14	

“Would you be interested in ways to help support healthy personal relationships?”

Table 17: Interest in Support for Healthy Relationships

Response Category	Number of respondents
Yes	24
No	12
Left Blank	5

“What kind of program or activities would you prefer?”

Table 18: Preferred Relationship Support Programs and Activities

Response Category	Number of Respondents	Sample Comments
Support for Healthy Sexuality	3	“Sexuality for mentally handicapped” “Viagra” “Sex education”
Relationship Skills/Opportunities	4	“Dating” “I am a widower. I would like to find someone again.”
Social Activities/Educational	4	“Sports, music, internet” “Communications: touch typing, PC skills, computer” “Social activities within the community” “Something to deal with brain injuries, and how to live”
Social Justice	1	“Racism within the disabled group--- getting benefits for lowest minorities---[leveling] the playing field...”
Already Active	2	“Through post polio groups now” “Very involved in church”
Barriers	1	“Work 5 days a week and don’t drive.”
“Varied”	2	“Open to any programs related to these issues”
“Tell me what’s available.”	1	
Don’t Know/Not Sure	4	
None	1	
Left Blank	18	

Section Summary

The final section of the survey focused on interest in support for good mental and emotional health, including programs about maintaining healthy

relationships. A clear majority of men (25 or 61%) said that they were interested in activities promoting mental and emotional health, while a minority (13 or 32%) said that they had no interest. Slightly fewer (24 or 59%) wanted to participate in programs or activities promoting strong personal relationships (12 or 29% declined). Together, these figures strongly suggest that most of the men responding to this survey are interested in enhancing their mental and emotional wellbeing and building their relationship skills through workshops and training targeting these issues.

When asked what kinds of mental health programs they preferred, a significant group (5 or 12%) offered up the list of barriers they would have to overcome to participate---their inability to drive, their work schedules and literacy issues, for example. An equal number (4 or 10%) requested counseling style workshops or programs and physical fitness or mind/body activities---the latter suggesting an interest in CAM (complementary and alternative medicine). Three men (7%) named general or social activities and an astounding 8 (20%) said that they didn't know, asked what was available or even said that would be interested in anything targeting mental and emotional health that was available at no cost!

Similarly, this group of survey respondents expressed a keen interest in activities promoting healthy personal relationships. Three requested information medication and/or training around sexuality, 4 (10%) wanted to enhance their dating skills and/or meet new people and 4 (10%) were interested in social or educational activities. Seven (17%) did not know, while a large number---18 (44%) left this question blank. While we cannot know why some individuals did not respond to the question, it is possible that some men have a strong interest in relationship-promoting activities but simply do not know how to begin addressing the issue. As a side note, it is interesting to note that one individual requested more information about social justice issues, including racism, in the disability community.

Survey Overview

This small exploratory survey suggests that at least some of the men participating in New Jersey's disability communities have a strong interest in promoting and preserving their physical, mental and emotional health. Relatively few respondents to this limited survey expressed problems asserting themselves with their health care providers, although one third of them did. A majority were interested in learning more about preventive health, especially stress and heart disease. An overwhelming 76% were concerned about their urological (and reproductive health)----a percentage suggesting that this is a major concern for men living with all types of disabilities.

Those who responded to this survey had a great interest in fitness and maintaining or extending their mobility. They indicated a wide range of interest in sports and exercise, mentioning everything from walking to weight training to swimming to mind/body disciplines like yoga and martial arts. These men offered up concrete suggestions both about what they wanted to do and why they couldn't do more of it (transportation issues, the need for access equipment and the importance of personal assistants). A majority even wanted the help of a nutrition professional to help redesign their diets. Finally, this group expressed a clear, strong interest in activities and programs promoting mental and emotional health and good personal relationships---some even saying that they would explore any affordable option! This survey painted a picture of a group of men hungry for the tools with which to enhance their health and their lives in every dimension and eager to participate in a varied range of programs and activities---as long as they have the resources with which to reach them.

Recommendations

This survey suggested that the greatest levels of interest among at least one vocal subset of New Jersey men living with disabilities lie in the prevention of heart disease, sports and fitness activities and programs targeting mental and emotional health. A significant group would also be interested in activities promoting healthy sexuality and dating. It would be useful for disability-focused

agencies, organizations and conference planners to target these four program areas for expansion over the next 2 years.

Conference workshops might provide:

- Stress reduction and stress management training, especially the demonstration of hands-on techniques that participants could use at home
- A series of sessions exploring exercise options both for those at home and those with access to gyms or swimming pools
- Workshops on dating skills, ways to meet new people and especially, workshops promoting healthy sexuality specifically targeting men living with disabilities

In planning fitness-focused sessions, organizers should draw on expertise that already exists within the disability community, creating opportunities for highly active men to mentor those men who are not sure where or how to begin exercising. When funding permits, disability organizations might explore how best to begin addressing the problem of transportation in their communities so that men interested in sports activities might be able to attend local fitness related programs on a periodic basis.

The expansion of grassroots men's health collectives might be one way to create greater access to fitness activities and programs promoting stress-reduction, mental health and relationship skills. Whenever possible, interested individuals from the community should be recruited to volunteer their time and expertise---if transportation issues can be resolved, this survey suggests that some men may have both the time to volunteer and the interest (and/or background) to make important contributions in some of these areas.

Literature Cited

National Academy of Sciences' Committee on National Statistics (CNSTAT). (1994). *Spotlight on Heterogeneity: The Federal Standards for Racial and Ethnic Classification*. Workshop summary available from CNSTAT, 2101 Constitution Avenue N.W., Washington, D.C. 20418.