

The Initiative on

Triple Jeopardy:
**African American
Women with
Disabilities**



Sponsored by
The Ohio Developmental Disabilities Council
and The Columbus Urban League

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Or copies will be made available upon request from:

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The Triple Jeopardy Advisory Committee would like to sincerely thank the women who have shown courage and strength in their willingness to candidly put their lives on public display in order to help others. It is our hope that this report will support and inform readers as well as make visible the challenges of living with a disability.



*They are as wondrous as
the African violet.*

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Introduction

For African American women with disabilities, “the double jeopardy” of minority and disability status becomes “triple jeopardy” with the added element of gender. In an article about the challenges faced by this group of individuals, Alston and McCowan noted, “African American women (with disabilities), unlike their white counterparts, must face intra group issues of sexism surrounding family and community interactions.”

The Ohio Developmental Disabilities Council along with The Columbus Urban League, The Ohio Department of Health and The Ohio Legal Rights Service present in this report their initiative, entitled “The Initiative on Triple Jeopardy: African American Women with Disabilities.”

The “Triple Jeopardy” initiative was designed to give voice to African-American women with developmental disabilities, between the ages of 18 and 60, who are unserved or underserved. Through a series of focus groups, the initiative sought to (1) stimulate public awareness of the issues surrounding women in “triple jeopardy”, (2) identify gaps and barriers that exist for these women, and (3) provide the Ohio Developmental Disabilities Council with recommendations on how best to meet the formal and informal community support needs of the women. The information gathered through the focus groups was also compiled as a basis for ideas on possible research needed on the effectiveness of existing formal/informal community supports.

The report provides a backdrop for understanding what is a developmental disability, and then chronicles the stories of the women participating in the focus groups. Finally, the report presents the proposed recommendations.



What Are Developmental Disabilities?

The federal government and state of Ohio define a developmental disability as a severe, chronic disability of a person that:

- is attributable to a mental or physical impairment or combination of mental and physical impairments
- is manifested before the person reaches age 22
- is likely to continue indefinitely
- Results in substantial functional limitations in three or more areas of major life activity
 - Self care
 - Receptive and expressive language
 - Learning
 - Mobility
 - Self direction
 - Capacity for independent living
 - Economic self-Sufficiency.

Ohio bases eligibility for service on a person's degree of limitation in various areas of life activity.

Sec. 108. Construction

Nothing in this title shall be construed to preclude an entity funded under this title from engaging in advocacy, capacity building, and systemic change activities for individuals with developmental disabilities that may also have a positive impact on individuals with other disabilities.

Sec. 109. Rights of Individuals with Developmental Disabilities

(a) In General. – Congress makes the following findings respecting the rights of individuals with developmental disabilities:

- (1) Individuals with developmental disabilities have a right to appropriate treatment, services, and habilitation for such disabilities, consistent with section 101(c).
- (2) The treatment, services and habilitation for an individual with developmental disabilities should be designed to maximize the potential of the individual and should be provided in the setting that is least restrictive of the individual's personal liberty.
- (3) The Federal Government and the States both have an obligation to ensure that public funds are provided only to institutional programs, residential programs, and other community programs, including educational programs in which individuals with developmental disabilities participate, that-





- (A) Provide treatment, services and habilitation that are appropriate to the needs of such individuals; and
- (B) meet minimum standards relating to-
 - (i) provision of care that is free of abuse, neglect, sexual and financial exploitation, and violations of legal and human rights and that subjects individuals with developmental disabilities to no greater risk of harm than others in the general population;
 - (ii) provision to such individuals of appropriate and sufficient medical and dental services;
 - (iii) prohibition of the use of physical restraint and seclusion for such an individual unless absolutely necessary to ensure the immediate physical safety of the individual or others, and prohibition of the use of such restraint and seclusion as a punishment or as a substitute for a habilitation program;
 - (iv) prohibition of the excessive use of chemical restraints on such individuals and the use of such restraints as punishment or as a substitute for a habilitation program or in quantities that interfere with services, treatment, or habilitation for such individuals; and
 - (v) provision for close relatives or guardians of such individuals to visit the individuals without prior notice.
- (4) All programs for individuals with developmental disabilities should meet standards-
 - (A) that are designed to assure the most favorable possible outcome for those served; and
 - (B)(i) in the case of residential programs serving individuals in need of comprehensive health-related, habilitative, assistive technology or rehabilitative services, that are at least equivalent to those standards applicable to intermediate care facilities for the mentally retarded, promulgated in regulations of the Secretary on June 3, 1988, as appropriated, taking into account the size of the institutions and the service delivery arrangements of the facilities of the programs;
 - (ii) in the case of other residential programs for individuals with developmental disabilities, that assure that-
 - (I) care is appropriate to the needs of the individuals being served by such programs;
 - (II) the individuals admitted to facilities of such programs are individuals whose needs can be met through services provided by such facilities; and
 - (III) the facilities of such programs provide for the humane care of the residents of the facilities, are sanitary, and protect their rights; and
 - (iii) in the case of nonresidential programs, that assure that the care provided by such programs is appropriate to the individuals served by the programs.

CLARIFICATION - The rights of individuals with developmental disabilities described in findings made in this section shall be considered to be in addition to any constitutional or other rights otherwise afforded to all individuals.





Triple Jeopardy Focus Group Profile

The African American women who participated in the focus groups ranged in age from 21 to 64. They came from a variety of settings and represented numerous agencies.* They were mothers, daughters, wives, professional business owners and students. Some were homebound, secularly employed and unemployed. Some were independent while others were under guardianships. Their level of disability varied and the uniqueness of each woman brought a richness to the conversations that helped formulate this report.

DATE	Participant	AGE	DISABILITY
02/21/03	1*	-	*mother sitting in for Brain Injured Daughter - 26
	2	48	Degenerative Joint Disorder
	3	49	Arthritis
	4	55	Cerebral Palsy
	5	64	Spinal Stenosis, Fibromyalgia
	6	49	Cerebral Palsy
	7	50	Amputee, Blindness
	8	25	Disease of the Nerves
03/14/03	9	22	Mental Retardation
	10	41	Mental Retardation with Seizure Disorder
	11	26	Learning Disabled - Mental Retardation
	12	52	Mental Retardation
	13	44	No Thumbs, Moderate Mental Retardation with Seizure Disorder
	14	29	Mental Retardation
	15	25	Mental Retardation, Fetal Alcohol Syndrome
	16	20	Mental Retardation - Attention Deficit Hyper Activity Disorder
	17	21	Moderate Mental Retardation, Hearing Impaired
	18	34	Moderate Mental Retardation, Cerebral Palsy, Epilepsy
	19	33	Mild Mental Retardation





DATE	Participant	AGE	DISABILITY
05/16/03	20	48	Blind
	22	46	Mental Illness
	23	30	Mental Retardation
	24*	28	*Staff person for E.A. - Provider
	25	31	Mental Retardation
	26*	-	*Staff person for R.C. - Provider
	27	49	Amputee

* The following agencies were contacted by Ohio Developmental Disabilities Council to give flyers to case managers and/or guardians to hand out to consumers who were African American women with developmental disabilities.

The Goodwill Rehabilitation Center
1331 Edgehill Road
Columbus, Ohio 43212
ph. (614) 294-5181

Advocacy and Protective Services, Inc. (APSI)
4100 North High Street
Columbus, Ohio 43214
ph. (800) 282-9363

The United Cerebral Palsy of Ohio
The Grace Kendig Center
440 Industrial Mile Road
Columbus, Ohio 43228
ph. (614) 279-0919

Franklin County Board of Mental Retardation and Developmental Disabilities
350 East Broad Street
Columbus, Ohio 43215
ph. (614) 464-2743





Their Stories

In their own words, the following statements are the results of all 3 focus group sessions that were held for the Triple Jeopardy initiative. We have tried to give voice while promising to protect the anonymity of the women. Consequently, their names have been removed so as not to attach any particular statement to a specific participant.

The focus group discussions centered on three major issues: a) the cultural attitudes of African Americans toward African American women with disabilities; b) the myths and the facts facing African American women with disabilities; and c) the formal/informal community supports for African American women with disabilities. Focus group participants were asked questions based on these three issues, and their responses to those questions follow.

A. THE CULTURAL ATTITUDES OF AFRICAN AMERICANS TOWARD AFRICAN AMERICAN WOMEN WITH DISABILITIES

Question 1 Think back and tell me about a day in your life. What was that like?

“I don’t look like I have anything. I spend my day acting like I don’t have anything. My life is, I’m faking it, that I’m like everybody else.”

“I keep going, every day, not wanting to give up or give in.”

“I lay clothes out a day ahead of time. Watch the news, drink orange juice and get cleaned up and catch the bus and go to work.”

“I get up in the morning and get the kids off to school. Staff help me with some things, I don’t really need staff’s help.”

“I have a problem with access when I need to deal with my business.”

“When I ask for help, I actually need more than I ask for.”

“I want off the system.”

“If you need communication in determining what the needs are, ask the disabled person.”

“When I go to a concert, don’t automatically assume that I want to be steered to the handicapped seats, I might want to sit up close, down on the floor.”

“You learn to fight your battles and which battles you are going to waive.”

“If you’re going to make it accessible, enforce it.”



“There are certain things that I’m in your face and I’m going to get.”

“I have a problem with memory; I can’t hold a job because of not being able to stay focused.”

“Well, my life has changed quite a bit in the last couple of years. I used to be able to get up and down and transfer in and out of my bed and the bathroom, things like that. In the last 3 to 5 years I’ve completely lost my shoulders so I can’t transfer. I have to use a weighted lift. I have to have an aide to get me up and down out of bed. I even have to have somebody put me in a chair because I cannot go to the bathroom. I’ve learned to accept it now and I just had to move on. I’m not saying that it doesn’t hurt me. It does. I just work through different things and try to do it differently. I’ve asked my doctor if there’s a way that I could try therapy and see if I can get my shoulders back but I also told her that I’m in a lot of pain and since I don’t stand on my legs anymore. To stand on my legs, it’s going to be, what little standing I need to do, it’s going to be very painful. I don’t even know if I can even do therapy but I’m willing to try. But I also told her that if it hurts too much, you can forget it, I’m not doing it.”

“Years ago I went to a family gathering. My mother came home from work and she found me in a mud puddle – she cleaned me up again and then she proceeded to give me a spanking – She had asked my brothers to watch me and they are the ones that left me in the mud puddle. I asked her, why did you spank me because it was my brothers who left me in the mud puddle and she said because I let them do it. I said, how could I let them do it, and she said I gave you the spanking because you did not scream loud enough or I didn’t scream so the neighbors could hear me.”

“I have Rheumatoid Arthritis. They put me on disability. At the time that they did that, I have two boys my life ended because I could not go to work because I could only sit up for so long and after years past I decided to go back to work again, and I did but I went .back out to the regular work force and it didn’t work because when I got out there, they weren’t aware of the disability of not being able to sit up but for so long. With my husband, I had a hard time because he was a hard worker; he’s retired but a hard workin’ man, but for me to not be able to work. Just to be snatched out of the work force. That was very traumatic for me and nobody ever showed me that there was a Disabilities Council that you could come to and say look, I’d like to try it, even if it’s volunteer work. I’ve been on disability since 1983. I do pretty good but the thing about it is, is that everything surrounds people that are “normal” so when you have a disability, you are kind of put aside. I go through my day in pain but I go through.”

“I would like to speak from the standpoint of a caretaker because I have a daughter who became disabled; brain injured from a vaccination shot. Speaking from that standpoint, what it’s like for a day for her or me because after a while as a caretaker, as a mother, the type of mother that I am, I’m very mother/daughter protective of her and also, I’m am her caretaker and have always been her

caretaker basically because in the early days she was so severely handicapped until the system basically told me that they did not know where she fit in at so there was nothing that they could really do for her. She has a seizure disorder, she's developmentally blind. She cannot hear. You could stick your hand out, put a tube down her throat, she had no gag reflex. She had gone all the way back to a fetal position and basically into a semi comatose state which is severe and some deformity. In light of all of that, she's still living and I would like to say she's doing well. She's still in a walker and she's still total care. What it's like in a day for her or me, after a while you get so tied up, I don't know what it's like to take care of a handicapped person and not have empathy for them as a caretaker. For a mother, it's just love. You basically lose yourself. You become, I would say from this perspective, handicapped. I'm more handicapped than my daughter. Physically, she is. It's almost like a perfect pair, so what it's like to wake up in a day in my life, on a for real note and on a high note, I cannot wake up a day without waking up in the mode of love. I have to wake up in a good spirit. I have to wake up in hope and I have to wake up in prayer because if not, it affects her. So, if I wake up evil or in a bad mood or if I wake up feeling sorry, my daughter reacts to that. Our day is always set up on a positive note and then there are many times the system did tell me that there is nothing they can do for my daughter. For years and years they told me this for basically it forced me into a mode of doing research and going back to school and going through all kinds of intricacies and workshops to learn how to work with my daughter in an unorthodox manner. I just call it mothering. I could never think about brushing one set of teeth. I also think about all the needs that are overlooked in the system. I still try to hook up with the system in trying to get things for her. Wipes, diapers and all this type of stuff. That's a problem where you may have a woman who may have more issues dealing with care, but the system says she only gets one box of wipes a month. For me, this is a legal problem that has to be addressed because it's another issue that is not being covered. I think as black women, African American women, we just accept the one and then if you get a limited income, you go out and buy the rest. So it takes away from some of the income you could be doing something with on yourself. Dental care, just because I got a Medicaid card, I don't get the best care or somebody that's not qualified to look into the mouth of somebody who is not holding still. Qualifications of healthcare practitioners, these are problems I face everyday because everyday I wake up, my life is intertwined with doing something for her like that. It's a constant care thing. I know women who have to take care of themselves who are disabled; it's a constant care, every minute of the day. So, if you are here with a disability or a representative of one, I don't know how you cannot think about your needs on a daily basis where that's not addressed. People are learning that she is me and I am her. They can't ask about me and not ask about her. In the African American community, there is a lack of education. The reason people walk by is because we do that in general in the community, so we walk around, we can have a colostomy bag and we can do this, and we can do that and we can still walk around and try to fit into a normal society instead of getting together with women like us in a certain condition. I know no one in the community that I can communicate with about my child. That's the truth. Usually people are older or they have not had the same experience of being disabled from a brain injury from a vaccination. She was my baby. I never made the transition of treating her like an adult when she passed over. There has never been nobody that I could sit down and relay that to. I always had to work out these kinds of things within myself unless I have found the words to be able to express her story in a spiritual manner and people listen because the principles of life affect us whether we are in a wheelchair or walking.



Question 2 How do you feel about being accepted within the African American Culture?

“I don’t think we are accepted to be truthful, I really don’t. I don’t think they know we are here. If they knew we were here, I think they would view us but you can’t view something that you don’t know exists. To me it’s an educational problem, not an acceptance problem.”

“I feel I fit in and not just by the color of your skin. It feels good to fit in.”

“I think it’s nice.”

“I fear people not accepting me.”

“I feel hurt in my heart, my heart is broke.”

“My skin is ok. I’m cute.”

“It’s difficult to integrate the idea to African American people. I don’t have time to deal with other peoples issues about my impairment.”

“More black people have baggage.”

“More non-black people approach me for dates than black men.”

“My own brothers can’t handle this.”

“How black men interact with you is probably the worse thing.”

“I’m dealing with life on life’s terms, to be labeled seem like that’s who you are.”





B. MYTHS VS. FACTS FACING AFRICAN AMERICAN WOMEN WITH DISABILITIES

Question 1 What are some of the myths of African American women with disabilities that you would like to clarify?

“People think you are not smart...but we are smart.”

“I go to a speech pathologist and people don’t understand me.”

“Because I complain about my disability it’s not because I don’t want to work or it’s because I don’t have this straight up boys shape, no hips, no thighs that they think is something to quest for, then that’s my problem”.

“I’m not as strong as you think I am.”

“I’ve got a strong church and if I didn’t have a strong church and faith, I would have been dead a long time ago. I ain’t dead yet!”

“They assume that because you are in a wheelchair, you are not intelligent”.

“They think our brains are in our butt.”

“All people with disabilities are not mentally retarded”

“You don’t have to be afraid of disabled people.”

“I don’t consider myself crazy; I don’t consider myself as a lunatic.”

“A lot of people think you are going to be sitting down and sedentary.”

“People with disabilities are employed and have wonderful romantic lives.”

“The need to take the disability and separate it from the person.”

“Are you driving? How did you get here? People don’t think we’re coming out.”

“We’re at home sitting and don’t want to work or have families or be a part of society.”

“Peoples perception of what access is, is prepared by engineers.”

“After 9-11, people were more willing to help. We are back to ground zero now.”

“It would be demeaning to assume that a disabled person needs help or assistance because they are disabled.”



“People only get it when they get hit in the pocketbook.”

“You cannot equate intelligence with the physical attributes of a person.”

“Walk a mile in somebody else’s shoes and think how you want to be treated.”

“They think it’s a medical phenomenon to see me write. I can write and type.”

“There is nothing wrong with my brain.”

“Who’s to say that I’m disabled, you could be the one who is not so called normal.”



C. FORMAL/INFORMAL COMMUNITY SUPPORTS FOR AFRICAN AMERICAN WOMEN WITH DISABILITIES

Question 1 Think back to your first experience in the health care system with your disability - describe the response.

"I was fine until staff got involved and I got labeled MR/DD. Then the doctor disrespects you when you are labeled."

"The doctor won't talk to me, but will talk to my aide...I can communicate."

"I don't like to go, but I will go the dentist. They did a good job. When you go to the eye doctor you have to wait."

"I had to wait too long."

"I had to wait a half hour and I wanted to leave but I had to stay and wait."

"It takes a big doctor to tell you 'I don't know what's wrong with you miss'."

"These people are not GOD".

"I don't like it when they call someone else when I have been there the longest."

"Doctors make the appointment and then don't keep the appointment."

"North Central was asking me questions. I didn't know whether to tell the truth or lie, they might lock me up."

"I have a heck of a support group, they have been real good for me and I am grateful."

"I don't like going to the doctor. I don't like the services but I stay there."

"Columbus is one of the most volunteer oriented communities in the state."

"I've gotten the help that I need because I open my mouth."

"You need to be your own cheerleader."

"You have to keep moving until they bury you. If you don't you'll be the living dead."





Question 2 What support services do you feel need to be in place for African American Women with disabilities?

“Sometimes, I need help with money. I get the support from my mom and family.”

Question 3 Does your Family help you? Tell us about your family?

“Mom will help out when she can.”

“My foster mother doesn’t come to see me until I get paid and she tries to take my money.”

“My family always says no a lot and they give no reason why.”

“I don’t have to put up with the cousins and brothers. I moved out and got my own place. My brothers fight and don’t clean up their side of the room.”

“I do get along with my sisters and brother.”

“My mother is helpful.”

“I have my own life.”

“I don’t like my doctor; she’s never there all the time when she makes an appointment.”

“I would like to work in the community.”

“Case Managers are busy when I ask about working in the community”

“Family is people who you incorporate in your life.”

“I have an extended family, they are not blood related.”

“I was raised in a foster home and put into the system early. I don’t have biological family for support. In 1994 I disassociated myself. They labeled me a black sheep. I don’t want to be bothered and I have no dealings with my family, but I do have an extended family. I adopt people to be my family.”

“My mom died. I call my sister on birthdays and holidays.”

“Staff is my family.”





Question 4 I want to know about your relationships (e.g. boyfriend) What is it like dating?

“My Relationship is fine. I am learning more about him and he is learning more about me.”

“Most of the time he is over my house on the weekend. No problems. We may have a little fight or argument.”

“I don’t see boyfriend too often because we live to far from each other.”

“I have a boyfriend – I was molested once and my boyfriend has been there for me.

“I fight a lot with my boyfriend.”

“My boyfriend is jealous. He’s always saying to other guys to leave my woman alone. He is always ready to fight someone.”

“I sometimes see my boyfriend on weekends, but not on days when I am working. I would like to see him on the days that I work.”

“My boyfriend argues over the remote control a lot.”

Question 5 Tell me about your jobs and what you like/don’t like about the job or what you would really like to be doing?

“I was doing janitorial work and loved it at first, but I got tired. I would like to work in the kitchen, doing anything in the kitchen.”

“I would like to work in the kitchen because there is more money when you work in the kitchen.”

“Doing something is better than doing nothing.”

“I would like to get more education and make more money. I don’t want to do janitorial work all the time.”

“I would like to work on necklaces and earrings and stuff like that.”





Question 6 Anything that you would like to talk about as it relates to your homelife and what it is like?

“I’m a single parent and I have three sons. At first it wasn’t so good. The boys are my comfort.”

“When you are under the title of MR/DD they treat you like crap.”

Question 7 What is it like trying to raise children and being in the MR/DD system?

“ I have two children and I see them on the weekend. My mother has guardianship of my children.”

“Staff told me I couldn’t discipline my kids. The staff is working my nerves. They said they was going to call Children’s Services. They cause more drama. I have to stay strong for my boys.”

Question 8 If you were designing a health and social services program that African American women with disabilities would use, what would that look like?

“The more I take responsibility for my healthcare, the better quality of life I have.”

“The mind is the key to a lot of healing.”

“I would deal with the mental aspect first.”

“Deal with stress; it’s the root of every disease.”





Reflections

This project was designed to target specific members of a minority group which is unserved or underserved. What we found was that the needed services do indeed exist! However, there is reluctance on the part of the African American woman with disabilities to seek those services in environments where she does not feel comfortable, even if she desperately needs them. As a result, this population of women goes unserved and the service providers are not reaching out to them. Those that do seek services despite their reluctance are greeted with indifference, intolerance and the mechanical process of “going through the motions” which results in the consumer being severely underserved.

In answering the questions, all participants simply told how they felt because that was important to them. It’s all about feelings. African American women in general, assume and take so much responsibility upon themselves. They tell themselves and have indirectly convinced others, that despite the circumstances, they are strong, tough, and able to handle their situation regardless of their condition, even if their condition is getting worse. There is a tendency to downplay the seriousness of the level of their disability partly due to how their audience, whether formal or informal listens to them. For instance, if an African American woman seeks services from a qualified healthcare professional and perceives that the professional is not listening to her and worse, not hearing her, she verbally shuts down and goes through the motions with the professional to address the immediate concern without going into detail about her initial complaint thereby, indirectly contributing to the process of being underserved.

There is no forum for African American women with disabilities to express their needs or concerns. There is a strong need and desire for local community and perhaps specialized support groups for this population. While support groups already exist for various disabilities, African American women with disabilities have an overwhelming feeling of not belonging - even though the common denominator of having the same disability was present. It was a common expression that if they did attend a support group, they were the only African Americans in the group, and they were uncomfortable about going into great detail about their personal problems or issues in front of non-African Americans. Being proud, first as an African American women, and second as an African American woman with a developmental disability, to do such a thing would be a cultural faux pas. In the African American culture, it is not customary and is frowned upon for any African American to “go around putting their business in the street.” African American women with disabilities want their own support group in their own environment. They want it accessible and in reasonable proximity to their homes.

The participants of the focus groups felt that the African American community suffers from a lack of education on disabilities and tends to quiet those who might be curious about a person who has an obvious physical disability. While the questions of the curious might be welcomed, in an effort to educate the community on a small scale,



the questions are stifled by others who believe that out of some form of social etiquette they are protecting the dignity of the disabled person. Thus, the opportunity to educate someone on that particular disability is missed. There is no shame in being human. No one is immune and anyone can become disabled at any point in their life. For the African American women with disabilities who participated in the focus groups - disability is a reality of life. They have learned to live with and make the best of their situation, focusing on their *abilities* rather than their disabilities. Ironically, the focus groups showed that the non-disabled people with whom African American women with disabilities have the most interaction, regardless of whether the interaction is in a formal or informal setting, are the people who appear to struggle in dealing with the reality of disability.



Recommendations

Below are recommendations that were captured from the stories of the women that participated.



Develop and strategically target market community support groups especially geared toward African American Women with disabilities.



Cultural sensitivity training for service providers: There is a need for service providers to pay attention to how they listen to African American women with disabilities in order to adequately address their concerns. There is a need to move beyond the surface and task of service provider/client interaction to a more personal relationship that takes an active and ongoing interest in the person.



There is a need for an adjustment in the perception and treatment of persons with disabilities who receive Medicaid or Medicare benefits by qualified healthcare practitioners. Substandard and/or indifferent treatment is not acceptable. More education is needed in service delivery with an emphasis on consumer outcomes that address a consumer's complaint from a whole person perspective. This would include and is not limited to the person's physical, mental and emotional health, as well as the underlying social factor that contributes to the severity of their individual complaint.



Research development to discover the gaps in consumer satisfaction of healthcare service and treatment of persons with disabilities receiving Medicaid or Medicare benefits as opposed to non-disabled persons with other healthcare insurance coverage.



Time, considered a luxury by some, may in fact be a reasonable accommodation under the ADA to a person with developmental disabilities seeking services from qualified healthcare professionals. In an effort to save time or rush the visit. A practitioner will preferably consult the aide of a consumer rather than the consumer themselves. Consideration, patience, and appreciation for a consumer's need to articulate their own complaint in their own words is needed.





Government agencies servicing persons with disabilities should make a stronger effort to be more visible to the population that they serve and develop targeted minority outreach programs in the community to assist those consumers with accessing services. If the client population isn't aware that you exist, it's unlikely that you would be sought out for services. A significant number of clients stumble upon an agency providing services quite by accident or word of mouth.



Promote education for the African American community about disabilities in general. Develop target outreach programs that promote the inclusion of persons with developmental disabilities in all life activities. Develop and distribute information describing disabilities that include how and where to access services.



Personal responsibility to seek and secure services. There is no question that in a general sense, program services for the developmentally disabled exist. However, self determination to secure services that are entitlements as a sole result of eligibility is a matter of demanding equal access and equal treatment. The women who speak up are getting the services that they need. For those women who are reluctant, strategies for self advocacy and empowerment need to be instilled and encouraged. Knowledge of and ready access to advocacy groups to assist in advancing their concern on their behalf is a must.



Expand or create employment opportunities that include choices other than menial labor tasks that reflect consumer preferences and/or creative skills.



Appendix



The Agencies and Their Missions



OHIO DEVELOPMENTAL DISABILITIES COUNCIL

David A. Zwyer, Esq., Executive Director

The Ohio Developmental Disabilities Council is one of a national network of state councils, committed to self-determination and community inclusion for people with developmental disabilities.

Ohio Developmental Disabilities Council receives federal funding for innovative advocacy, capacity building and systems change activities. These activities are designed to contribute to a coordinated system of services, supports and other assistance that is centered around and driven by individuals with developmental disabilities and their families.

It is the mission of the Ohio Developmental Disabilities council to create visions and to serve as an advocate for systemic changes. Such changes will help prevent developmental disabilities and empower all people with developmental disabilities to make informed choices.

Thereby, they can become independent, productive people fully integrated and included in their communities and in the fabric of our society. Further the Council shall monitor, evaluate and influence existing systems and public policy. Such activities shall assure that they are providing persons with developmental disabilities and families the programs, services, and supports necessary to enable them to be viewed as people first and to achieve their full human potential.

COLUMBUS URBAN LEAGUE, INC.

Samuel L. Gresham, Jr., Executive Director



Mission: To promote the full participation of African Americans and disadvantaged citizens in the economic and social fabric of our society.

Born out of hope and necessity in 1918 amidst the massive Black exodus from the deep south during World War I, the Columbus Urban League has been working to end racism and advance African-American economic progress for 80 years.

Today the League is a problem solving organization that has developed partnerships with organizations, foundations, government and corporations.

Individual dignity and family stability are the League's ultimate goals. Through education, job training and placement, public policy development and family health programs, the League focuses on securing economic and social independence for African Americans and disadvantaged people.

The League is part of a statewide network of 12 affiliates and a national support system of 115 affiliates. The Columbus Urban League is a powerful and positive force, recognized as a community leader and an advocate for change.

Through conscience, diligence and communication, the Columbus Urban League has been and will continue to be – a catalyst for enhancing the quality of life for all people.

OHIO LEGAL RIGHTS SERVICE
Carolyn S. Knight, Executive Director



The mission of the Ohio Legal Rights Service (OLRS), is to protect the human, civil and legal rights of people with disabilities. OLRS' goal is to enable people with disabilities to realize self-determination, equality of opportunity, and full participation.

OLRS, an independent state agency, was created in 1975 by state law to protect and advocate the rights of people with mental disabilities. OLRS is Ohio's federally designated Protection and Advocacy system and Client Assistance Program for people with disabilities. Program staff include ombudspersons, disability rights advocates and attorneys who advocate for individual and systemic change through individual, group and class action cases, monitoring policies and legislative activity, and education and training.

This agency provides information and referral, technical assistance, counseling, and representation on the broad spectrum of cases involving discrimination, abuse, neglect or rights violations. As well as individual casework, OLRS focuses on systemic advocacy to change laws, policies or conditions that adversely affect people with disabilities. Federal law requires OLRS to develop annual programmatic goals and objectives that are open to public comment. These goals are used for case acceptance and to guide the assignment of cases.



OHIO DEPARTMENT OF HEALTH
J. Nick Baird, MD., Director

Mission: To Protect and improve the health of Ohioans by preventing disease, promoting good health, and assuring access to quality health care.

The definition of public health is constantly changing. During the last 100 years, public health has evolved from a time when the focus was to maintain basic sanitary living conditions and prevent the spread of communicable diseases. Public health today touches most aspects of our lives, and is linked to how healthy we see ourselves individually – and as a society.

The Ohio Department of Health was created as the State Board of Health in 1886. During the first half of this century, the work of public health was primarily about how to control the spread of infectious diseases.

Along with promoting healthy and sanitary living conditions in the state, enforcing state health laws, and providing public health leadership and assistance, the Ohio Department of Health (so named in 1939) has also become responsible for issues related to health care delivery. This includes:

- Educating the public on reducing the risk of various diseases;
- collecting, analyzing, and reporting data on health status and disease indicators;
- identifying and correcting unhealthy or unsafe conditions in homes and workplaces;
- improving behaviors that directly or indirectly lead to poor health, injury, or violence;
- promoting policies that assure access to quality health care.

As the flagship for Ohio's public health system, the Ohio Department of health works in partnership with county and city health services at the community level.

The Ohio Department of Health is made up of three main divisions which oversee these efforts: Family and Community Health Services, Prevention, and Quality Assurance. Each of these areas work with local health departments and other organizations to bring direct public health services to Ohioans in their home communities.

The Proposal

Updated 5/21/03

Triple Jeopardy

*"For African American women with disabilities, "the double jeopardy" of minority and disability status becomes "triple jeopardy" with the added element of gender. In an article about the challenges faced by this group, Alston and McCowan noted, "African American women (**with disabilities**), unlike their White counterparts, must face intra group issues of sexism surrounding family and community interactions."*

The Ohio Developmental Disabilities Council (ODDC) along with the Columbus Urban League will be hosting at least three focus groups dealing with the issue of triple Jeopardy (African American, women with disabilities) This initiative is designed to target a member of a minority group which is unserved or underserved.

The Area of Emphasis this initiative will focus on is: Formal & Informal Community Supports.

As suggested by ODDC staff the performance target we will be addressing is:

CS06 24-45 People active in systems advocacy about formal/informal community supports.

The focus groups will be held at the Columbus Urban League. The target months include February, March, and May.

We are expecting at least 8-15 women per group. The ages will be from 18-60 yrs old.

The purpose of the focus group sessions is to stimulate and support public education activities on the issue of triple jeopardy and to provide ODDC with recommendations on how best to meet the formal and informal community supports needs of African American women with disabilities. The data generated from the focus groups will also assist in assessing the impact of triple jeopardy on the formal and informal community supports. The evaluation of the focus groups should yield information that will help formulate the gaps and barriers that exist for women in "triple jeopardy". It should also provide recommendations on possible advocacy activities, as well as ideas on possible research needed on the effectiveness of existing formal/informal community supports.

Some of the issues that will be addressed include:

1. The Myths vs Facts that AA women w/disabilities face daily
2. Formal/ informal community supports for AA women with disabilities
3. The cultural attitudes of AA's toward women with disabilities

The Ohio Developmental Disabilities Council in partnership with The Columbus Urban League presents:



Triple Jeopardy
Triple Jeopardy

Triple Jeopardy
Triple Jeopardy



(African American Women with Disabilities ages 18 - 60 years old)

Disabilities meaning Developmental Disabilities

The federal government and state of Ohio define a developmental disability, as a severe chronic disability of a person that is attributable to a mental or physical impairment or combination of mental and physical impairments

- is manifested before the person reaches age 22
- is likely to continue indefinitely
- Results in substantial functional limitations in three or more areas of major life activity - Self care - Home life and expressive language - Learning - Mobility - Self-direction - Capacity for independent living - Economic self-sufficiency

Ohio bases eligibility for services on a person's degree of limitation in various areas of life activity

A series of focus groups has been designed to target African American women with Developmental Disabilities.

Topics will include:

- ☞ *Cultural Attitudes of African American's toward women with disabilities*
- ☞ *Myths vs. Facts facing African American with disabilities*
- ☞ *Formal and Informal community supports for African American women*

Dates of the Focus Groups:

- 1). Friday February 21, 2003 from 10:00 a.m.-1:00 p.m.
- 2). Friday March 14, 2003 from 10:00 a.m.-1:00 p.m.
- 3). Friday April 11, 2003 from 10:00 a.m.-1:00 p.m.

The focus groups are for African American women with disabilities ONLY!

Focus Groups will be held at the Columbus Urban League located at 788 Mount Vernon Avenue, Columbus, Ohio 43203-1408. To register for the focus groups contact: Wesley Puffen at The Columbus Urban League @ 737-6300 ext 148

Lunch will be provided; Gift Certificates also will be given away.

For assistance with transportation and personal assistant services cost, contact Robin Shipp at (614) 644-5544. She directs the Empowerment Fund of the Ohio Developmental Disabilities Council.

The Media - Press Release

The Columbus Urban League along with Ohio Developmental Disabilities Council presents “Triple Jeopardy” (African American Women with Disabilities). Friday May 16, 2003. This is the final focus group in a series of three. The initiative is designed to target members of a minority group which is un-served or underserved. The Area of emphasis this initiative will focus on is: Formal and informal community supports.

The federal government and the state of Ohio defines a developmental disability as a severe, chronic disability of a person that is attributable to a mental or physical impairment or combination of mental and physical impairments.

“For African American women with disabilities, “the double jeopardy” of minority and disability status becomes “triple jeopardy” with the added element of gender. In an article about the challenges faced by this population, Alton and McCowan noted, “African American women (with disabilities) unlike their White counterparts, must face intra group issues of sexism surrounding family and community interactions”.

The purpose of the focus group sessions is to stimulate and support public education activities on the issue of triple jeopardy and to provide Ohio Developmental Disabilities Council (ODDC) with recommendation on how best to meet the formal and informal needs of African American women with disabilities. The evaluation of the focus groups should yield recommendations on possible advocacy activities. As well as ideas on possible research needed on the effectiveness of existing formal/informal supports.

For more information, contact Weslee Pullen, Victim Advocate at the Columbus Urban League at 614-257-6300 ext. 148.

The Media - News Article

Call & Post May 8-May 14, 2003, Vol 87 No. 19

Urban League hosts program

The Columbus Urban League in conjunction with the Ohio Developmental disabilities Council presents it's third and final workshop, "Triple Jeopardy: African American Women with Disabilities," on Friday, May 16, from 10 a.m. to noon at the Columbus Urban League, 788 Mt. Vernon Ave.

Triple Jeopardy focuses on African-American and other women of color who are defined as having a developmental disability that is a severe, chronic disability attributable to a mental or physical impairment or combination of the two. African-American women face intra group issues of sexism surrounding family and community interactions, many of which are unserved or underserved. The goal of the focus group is to stimulate and support public education activities on the issue of triple jeopardy and provide Ohio Developmental Disabilities Council with recommendations on how best to meet the formal and informal needs of African-American women with disabilities. At the conclusion of the series, The Columbus Urban League will present outcome-based strategies for advocacy, research initiatives, cultural sensitivity and programmatic enhancements.

If you or someone you know will benefit from participating in this focus group, register by calling Weslee Pullen-Victim's Advocate, Columbus Urban League at (614)257-6300, ext. 148.

[The Media - News Article](#)

The Columbus Post, The week of May 15 – 21, 2003

Urban League Fights On All Level for Equality

The Columbus Urban League in conjunction with the Ohio Developmental Disabilities Council presents it's third and final workshop "Triple Jeopardy: African American Women with Disabilities" on Friday, May 16, 2003 from 10-12 noon at the Columbus Urban League, located at 788 Mt. Vernon Avenue.

Triple Jeopardy focuses on African American and other women of color who are defined as having a developmental disability that is a severe, chronic disability attributable to a mental or physical impairment or combination of the two. African American women face intra group issues of sexism surrounding family and community interactions many of which are unserved or underserved.

The Goal of the focus group is to stimulate and support public education activities on the issue of triple jeopardy and provide Ohio Developmental disabilities council (ODDC) with recommendations on how best to meet the formal and informal needs of African American women with disabilities. At the conclusion of this Triple Jeopardy series, The Columbus Urban League will present outcome based strategies for advocacy, research initiatives, cultural sensitivity and programmatic enhancements.

If you or someone you know will benefit from participating in this focus group, register by calling Weslee Pullen-Victim's Advocate, Columbus Urban League at (614) 257-6300 ext.148.

The Columbus Urban League has been dedicated to opening the doors of equal opportunity since 1918. The League is a United Way agency.

Media - Radio Announcements

The Columbus Urban League contracted with WSMZ-FM and its affiliates to broadcast 60 second announcements of the Triple Jeopardy project beginning May 5, 2003 until May 16, 2003.

Consumer Satisfaction Survey Results

Check the one category that best describes you

Individual with disability	22
Family member	1
Public policy maker	0
Representative: public or private agency	1
Member: Community organization/Assn.	0

Satisfaction Level - Check the box that represents your assessment of this activity

Very satisfied	23
Somewhat satisfied	1
Not Satisfied	0
Not familiar	0

Individual comments

“Want to come to all of them.”

“I was able to express my disability with others and hear about disabilities that I wasn’t aware that exist.”

“I would like to receive future information.”

“I loved this!”

“I feel good about expressing myself.”

“Liked it very well.”

“Like to come back.”

“I enjoyed myself and will participate in a group like this again.”

“Enjoyed this event.”



 **OLRS**

a publication of
Ohio Legal Rights Service