

2016 Annual Disability Statistics Compendium  
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Onsite CART Captioning

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>> Michael Murray: Welcome, everyone, online. We're going to get started shortly.

>> Andrew Houtenville: All right, people are starting to make their way in from the hallway, where we have a wonderful breakfast buffet spread kind of thing.

We're going to get started in one minute. One minute and counselling. There are people online -- one minute and counting. There are people online, probably finishing up their breakfast as well.

All right. Well, good morning.

>> Michael Murray: Morning!

>> Andrew Houtenville: Welcome to everybody online. We're glad you all could be here, in person or online. There's been quite a bit of wind and weather across the East Coast. So I hope everybody is safe and warm in their homes or at least here in the building as well.

We're here at the National Academy of Sciences. Right across from the Vietnam Memorial. It's a beautiful area. It's a lot warmer here than in New Hampshire.

I'd like to welcome you all. I want to welcome my guests from NIDILRR and from AAPD, Michael and Amanda. First, I'd like to acknowledge NIDILRR, our fund, National Institute on Disability, Independent Living, and Rehabilitation Research. Someday I will get that new name down. Formerly NIDRR.

I'd also like to thank my colleagues for the effort of putting together the compendium. So for those who are new to our presentation today, we're rolling out two documents that we produce each year, the annual statistics compendium, disability statistics compendium. There's also a supplement online with five times more tables. And also the annual report, which is kind of like an executive summary of the compendium, but it's a little bit more, because it goes back in time as well as providing some more visual graphics, such as maps and charts.

First, I'd like to do more acknowledgments. NIDILRR, the Administration for Community Living. Also my colleagues at the University of New Hampshire for helping pull together this document. Eric Lauer, from the University of New Hampshire, Andrew

Millhouse, Rachel Coleman, Nick Rollins, Deb Brucker, Penny Gould, Adam Lavoreaux, Adam, Art. What's your last name, Art? Art Frick in the booth.

>> Michael Murray: I think he is way up in the audio booth. I can see him waving, so we're good.

>> Andrew Houtenville: Many others at the University of New Hampshire for putting this document together. This is our eighth year, I believe, in putting the compendium together. The compendium is a statistical abstract. But we'll hear more about the compendium with our next panel. I just want to thank everybody for showing here and I'd like to introduce our first speaker, Amanda, you're going first, right? Amanda Reichard from NIDILRR.

[Applause]

>> Amanda Reichard: Good morning. Thank you for being here today. I'm really -- it's my pleasure to be here to represent NIDILRR. This morning. And I'd like to highlight that NIDILRR has demonstrated its support for the importance of disability statistics in many ways over the years. One of the ways that NIDILRR has endorsed disability statistics is through the funding of this research, now you got me tongue-tied, research rehabilitation and training center on statistics. This NIDILRR has done for nearly 30 years.

With each iteration of this substantial grant investment, we've seen value added, and this is in part due to the improvements in the quality of the data that are available, in particular I'd like to highlight the regular inclusion of the disability identifiers on national surveys.

Additionally, the value added comes from the innovation and the consistent and strong quality efforts of the StatsRRTC, as we like to shorten it, as Andrew shortens it, as those who conduct the work in this RRTC.

Today's meeting, the 2016 annual disability statistics compendium, and its products that Andrew highlighted provide an important tangible example of why the StatsRRTC has become a regular star in the NIDILRR grants portfolio. Andrew and his staff have taken the data that are available and they've crafted them into a user-friendly platform that makes the data into statistics that are accessible to everyone in the field, those of us who are data geeks and those of us who are not.

What's particularly notable about this is that it gives all of us in the field the opportunity to provide empirical evidence to enhance the credibility of our impassioned arguments for changes in policy and practice that are needed to address the health and function of people with disabilities, employment of people with disabilities, and the community living of people with disabilities. And to begin to address those barriers that they experience and the disparities that they create.

For us at NIDILRR, this is a particularly important because it's helping us to achieve the mission of generating new knowledge and promoting its use out in the field. Toward this end today, as you listen to these presentations and the information provided, I hope you will do at least two things: The first is to think about the data, the tools and the information that are presented and think about how these might

specifically impact what you do every day and how you might use them in an everyday sense, and how it might enhance what you do.

The second thing is to take a moment after today, if you haven't already, to review the draft long-range plan that was published by NIDILRR about a month ago, and take another look after today and look at the disability section once again, if you haven't already, and think about how we can improve that to best reflect the needs of people with disabilities related to disability statistics, and where the current strengths and gaps are in the field.

My NIDILRR colleagues and I are really looking forward to this day and from learning from all of the presentations. We thank you for being here and for doing what you do. And in providing us with data so that we don't have to operate in the dark.

Thank you!

[Applause]

>> Andrew Houtenville: Thank you, Amanda. That was very nice of you. I'm not sure people saw, but Art, can they see the whole table or just the speaker online? They see the whole thing? The whole thing. OK.

>> Michael Murray: He's gesturing from a booth. He can't actually talk to us.

>> Andrew Houtenville: You saw the high five. They can see us when we're fiddling, when Amanda was talking.

So I'd also like to point out, for those of you who before I introduce our next speaker, remind everybody that yesterday we had our State of the Science Conference for the statistics center, and those video clips of the presentations will be made available online. I really want to direct people, Amanda asked you to think about how you would use statistics in your daily life and your activities advocating or doing research or your life as a person with a disability. I highly recommend people watch the clip with Susan Dooha from the Center for Independent Living in New York City. She is an avid user of disability statistics in her advocacy for her organization and for the people with disabilities in New York City, and she provided some great examples of how to use disability statistics to inform the public, policymakers and other leaders about the issues related to disability. She was great.

I'll introduce our next speaker, Michael Murray from the American Association of People with Disabilities. He's here to get everybody pumped up for the next session, which will go through the compendium itself. After the compendium, we're going to take a break, then we're going to go into federal. So don't miss the federal people talking about the upcoming people, the upcoming advances and changes, things they're doing around disability. But here is Michael Murray.

[Applause]

>> Michael Murray: Thank you, thank you, thank you. So I would like to begin by thanking NIDILRR. You may hear that a few more times today. But also Kessler and all the folks that make this happen.

For those of you who weren't here yesterday or who were online, we had an incredible day yesterday. The stuff we covered was phenomenal. The groups of people

we had up here were almost intimidating in their brilliance. Sometimes they were intimidating in their brilliance.

>> Andrew Houtenville: They weren't? They were?

>> Michael Murray: No, they were intimidating in their brilliance! I said yesterday as we finished things out, they were throwing around all these terms, they said lagged spatial regression models. All that I saw was oh, I really like those pictures, they're so pretty. But nonetheless, what they've explained and showed us, what these compendiums really bring us to the realization of, is that we're all data geeks. Who in here is a data geek? Come on. Who in here is a data geek? I love it.

>> Andrew Houtenville: Those online, there's about 700 people in the audience.

[Laughter]

>> Michael Murray: That's right. I hope you online were screaming as well. But the realization that you can make data accessible to anyone and utilize that data to push forward things that are ultimately going to positively impact people with disabilities, we saw example after example after example of where this exact data that we've been working on and integrating into all of these different places where we're collecting it, whether it's on surveys, whether it's on panels that are ongoing, whatever the case may be, this information in the right hands continues to be useful, time and time and time again.

So you look at my 2015 compendium, it's got coffee on it, it's got stains, it's got ripped paper. There are folded pages. I don't know why I still fold them, because all of the pages end up being folded by the end of the year. I'm sure my 2016 compendium will look just as ragged by the end of the year.

But these statistics are incredibly important. It's the way that we ensure we're making good policy decisions and that we're able to move things forward.

We said yesterday what do we want?

>> Andrew Houtenville: Data!

>> Michael Murray: Disability data. What do we want?

>> Disability data.

>> Michael Murray: I love it. I love it. Web do we want it? After peer review, that's right. Why do we want it? We want it because it makes a huge difference in the lives of people with disabilities.

I'll give you guys one example. There are new regulations under Section 501 of the Rehabilitation Act of 1973, which is focused on affirmative action obligations for federal employers, specifically federal agencies and how they hire people with disabilities. Now, under these new regs there is something really exciting. As part of their affirmative action obligation, not nondiscrimination, but part of the affirmative action obligations, that they're required to provide personal care assistance to employees that need it for things beyond just work-related tasks. Go ahead, you can clap for that. Did you hear me? That's exciting, right?

[Applause]

Super exciting. If you're a person with a disability, you need to go to the bathroom, you will now be able to be at work and go to the bathroom and have the support you need to

make that happen! That's a big deal. Right? Because if I can't go to the bathroom, I got to tell you, it's going to affect my day, right?

[Laughter]

Right? So especially the older that I get, the more hair I lose, you know? So we know that this is just a thing of dignity. Ensuring that folks can contribute to the workforce and fully engage. But when we were going through that regulatory process, there were a lot of questions. Rightfully good questions. How many folks with disability do we think are going to need this? How many people with disabilities live in the country that may end up utilizing this? Where are the statistics on this? How many folks are engaged in the workforce who may be utilizing personal care assistance or need that kind of support going to the bathroom?

Guess what, folks -- it's in your compendium. Right? Again, you got to work with folks, talk to Andrew and have conversations about which is the right numbers to look at. Nonetheless, there was a tangible impact of being able to use this data to make a huge difference for 2.5 million people in the federal government.

I believe that other employers will follow suit. Ultimately, think that's going to impact the way that Medicare and Medicaid are providing their supports, because if I need that kind of support in the workplace and I have a two-hour minimum of when that person needs to come in, if I have to go to the bathroom for 15 minutes, the government is still paying for that two hours for somebody to help me go to the bathroom at work. Right?

But if there's that 15-minute gap where we've already got support in place, and employers see that as a value add to ensure that their employees can contribute, we're going to see savings in other places as well. We were able to make that argument. Guess what -- because of the statistics. Should I turn it so that it's pretty? Hold on.

They told me they wanted a good picture of it. Guess where we're going to get those statistics? Right there. I heard the camera click. We're good.

[Laughter]

Again, today is going to be incredible. Yesterday was incredible. It is an honor. I'm excited to be among other fellow data geeks. Let's dive in today. Let's have fun, enjoy each other's company and have an awesome day. Thanks, everybody.

>> Andrew Houtenville: Thank you.

[Applause]

You can clap for good data. All right, thank you, Michael. That was very helpful. One thing to note is that if you can't find it in the compendium, we now have an up supplement to the compendium, which is probably, Eric, three times as thick, four times as thick? Because it's not possible to print up all the things we were able to do with the advances in data and the advances in translating things on the web.

I would also point out that it actually could be in the compendium in the sense that there is an e-mail address, webpage and 800 number, toll-free number on the bottom of every other page of the compendium. You can always e-mail us. One thing we do with NIDILRR as part of the RRTC is provide technical assistance. If you can't find it in the compendium, give us a call, send us an e-mail. I don't think we'll do text

messages or Twitter. No, we do Twitter and Facebook. There are always other ways to contact us.

Thank you again to Michael and Amanda. We're going to call up the next session, with Lewis, Eric and Deb, you're moderating, oh, and I'm talking too. If you guys can come up. I'll start the presentations.

Is everybody online? If you could tell us via -- how are they going to connect with us, Twitter? Chat function?

>> Chat.

>> Andrew Houtenville: Tell us if everything is working OK. If there are people online. We're 10 minutes early. All right. 10 minutes left. Thank you. Rarely -- yesterday we were 10 minutes late up to this point. Should I have a musical interlude? I can sing. Eric is up first.

>> Deb Brucker: Morning, everyone. I'm Deb Brucker from the University of New Hampshire. I'm pleased to moderate the panel providing all of the data you'll hear about today.

I think my role is mostly to corral these three over here, make sure they don't go over their time limits. I think that's why Andrew wanted to start early.

>> Andrew Houtenville: I've been told that all the government speakers in the next session all have half-hour presentations.

[Laughter]

Those government people really know how to stretch things out. We got to get started early.

[Laughter]

>> Deb Brucker: OK. I'd like to introduce Eric Lauer, who is going to talk about what is new and exciting about our compendium this year.

>> Eric Lauer: Good morning. My name is Eric Lauer. I work with Andrew and Deb and everybody else from UNH to produce the compendium each year.

I'm really going to focus on three things in my brief time on stage, which is to introduce the compendium, talk about the changes we made this year, and give a few examples of the statistics that you can find in the compendium.

The original vision of the compendium brought about by Andrew Houtenville and Tony Ruiz many years ago grew out of this idea that disability statistics are spread across multiple agencies, multiple reports, multiple websites, and the amount of institutional knowledge that it takes to put together a document like this is pretty vast, and it takes years to really get a handle on what we're doing, and for an advocate focused on a particular area, or researcher focused on a particular area, it can be very overwhelming to find the statistic, find the report, find the website, then find the numbers you're interested in using or need to use and be able to interpret them.

What the compendium tries to do every year is take the most current statistics and put them in an accessible, readily available format that can be found both paper, in a paper format and online, and also as a group we try to provide a certain amount of knowledge translation and technical assistance to use these numbers, for people who are interested.

What I have here is a list of some of the data sources we use every year. What you can see is that they span multiple national surveys, multiple administrative reports and we are able to draw on resources such as fact finder, which interprets the American Community Survey, but also take the survey itself and put together tables that you wouldn't find there.

We're able to interpret health data from the BRFSS and dig out specific tables in the Social Security Administration reports that we find particularly informative.

We take this data and we break it down into sections. We try to keep it reasonable, 10 to 15 sections, covering such topics as prevalence, disability type, health insurance, employment, Medicaid and Medicare statistics.

We set out this year to take our annual document and begin to transition it online. What I mean by that is take those databases that we were building tables from in Excel and almost copy and pasting into a document every year and put them on the back-end of a website, where in the long run users will be able to find themselves and compile their own tables, and compile their own version of the compendium.

So what we did this year is move all of that data or not line that you see in the compendium, and expand it as much as we possibly could. So what we focused on was using the American Community Survey and the supplement that Andrew was talking about earlier became this sort of expanded backdrop of as many tables as we could build with age, race and gender breakdowns.

So whereas the main document that we brought copies of has tables for disability type by the six questions that Amanda mentioned, we went ahead and broke that down by people younger or older than 65, male and female, non-Hispanic, white, black, Asian, and Hispanic. And ended up adding approximately 250 additional tables. And this entire process has become automated.

So while there's a process of creating those tables and uploading them to the website, this document is now created with technology that's been programmed into the web, into our website. And as a first step towards being able to allow users and advocates or researchers to build their own tables and build their own reports.

So this slide -- yes! That's actually for those of us who had to put that document together every year, I can't express how much more streamlined it has been to have it format itself.

>> Andrew Houtenville: Come on. It was Excel. It's more fun.

>> Deb Brucker: It's like 1 --

>> Eric Lauer: It's like 100 hours of my life.

>> Andrew Houtenville: 100 hours of bliss.

[Laughter]

>> Eric Lauer: This slide talks about the process, illustrates the fact that in previous years, we were downloading data, building Excel tables and copying and pasting into a PDF. Now we're taking the expertise that Andrew carries forward with all of us, and building data sets, uploading them to the web, and creating templates. The first template we're building that will become the archetype is the compendium. The second

template is the supplement. And we are adding features such as text that automatically updates with statistics every year.

I will get to this sort of at the end of the talk in terms of future goals, but the future goal is to be able to, for example, provide a short report that is a letter to your congressman that updates with this year's statistics or previous years' statistics on employment or health for your state.

>> Andrew Houtenville: And for your congressional district.

>> Eric Lauer: Or every congressional district. Or if you're interested in your state as compared to the nation on employment, we can produce a template that you can walk through with a wizard and choose your state, and it will sort of format those tables and provide basic text as to what we've provided you and how to interpret it.

Conveniently, that slide is right here. As I mentioned, state-specific compendiums or reports, short reports, and all of this will be accessed and accessible through a wizard that will be on the website. So there will be a login. You will have an account. You will be able to keep track of your previous reports. It will become a resource for people every year to be able to produce a report, update it, and use it however they want.

We'll also be able, to on our end, continue to roll out year to year additional new templates. So if we get a request for an entirely new template out of Wyoming, because they're interested in X, Y, and Z, that can be provided to all users in a very efficient format where they can see both what was done for Wyoming, then update for their state, if that's what they're interested in.

I'm very excited that you are that excited. That's great! Yeah. All right.

So that's what we did this year. What we're planning on doing next year. And here are a few examples of statistics that you can see in the compendium. This is the overall prevalence, account and percentage of people with disabilities. As of 2014, that was 39.9 million. 12.6% of the civilian population. This statistic comes from the American Community Survey.

This is a time trend of that same statistic for the last seven years, eight years. You can see that there's been a gradual increase of the count and percent of people with disabilities living in the United States.

This is a breakdown of disability by type for this past year. These disability types reflect the six questions that are part of the affordable care mandate. So people reporting hearing, vision, cognitive, ambulatory, self-care, independent living difficulties.

This is the employment-to-population ratio.

This is a time trend of the employment-to-population ratio. While these figures, we've presented this data in figures here, in the compendium this is laid out in a straightforward table, numeric fashioned. What the website will allow us to do is begin to bring graphs like this to people. So if they see a statistic in the compendium or a time trend like this, and they want to put that into a graph, because they feel that will be the most effective way to present that material to someone, they'll have that possibility, to sort of craft the template in the direction they want to.



That's my contact information. Thank you very much.

[Applause]

>> Deb Brucker: Thank you, Eric.

I want to mention one thing, Eric obviously had done a lot of work, and the rest of the team this year in updating the whole compendium with 200-plus additional tables, which was phenomenal. As part of that, they also added an employment policy piece to the supplement, that includes some state-level information that we think will be helpful for people interested in employment policy. Things like state minimum wages, the SSI supplements and different variables that you can find online too.

Next I want to introduce Lewis Kraus. He creates our annual report that are available on tables out there, and also online. Take it away, Lewis.

>> Lewis Kraus: Good morning, everyone! So I am going to talk about the annual report on disability statistics, this lovely book here. And you can find it on [disabilitycompendium.org](http://disabilitycompendium.org) on the website. And if you -- what the annual report covers and presents are statistics with graphs, with associated graphs and charts and maps from national data sources to address these following types of questions: How many people with disabilities live in the United States? What is the percentage of people with disabilities in different age groups? What is the percentage of people with disabilities for different types of disability? To what extent are people with disabilities employed?

What are the earnings for with and without disabilities?

What's the poverty percentage for people with and without disability?

Is it disability status associated with percentages of smoking, obesity and binge drinking?

It highlights state and trend data from national sources, and it complements the detailed tables of the disability statistics compendium.

If you have not seen this before, the annual report, well, it looks a lot -- if you have seen it before, you've seen the annual reports from 2014 and 2015, it looks that same format, highlighting state data and variability and data rates by state. But additionally, with are highlighting this year something new. We have trend data across several years and show that. Show differences by age ranges. And new this year also we're emphasizing the gap percentages between the data concerning people with and without disabilities.

So let's get into the pretty graphs and whatnot of the table. These are also available as a slide deck. The slides I'm showing here, if you would like to use a slide or series of slides, those are also available at the website. And these slides also reproduce the actual graphs that you see in the book itself. OK? Associated text comes with it is in the slide, if you wanted to use the slide deck.

Let's look at this one. Eric showed this a little bit, but let's go a little deeper. Over the past years, data allowed us to look at disability over time. The percentage of those with a disability in the US civilian population ranged from 11.9% at its low in 2010, over the past seven, eight years, to 12.6% in 2013, 2014, and 2015.

Other surveys have publicized other rates of disability. These are affected by survey question method and other factors. Each survey has its strengths and

weaknesses. Comparing between surveys is discouraged by all survey organizations. We've used this ACS due to its larger sampling, consistent year-to-year questions and multitude of available we can examine.

One of the highlights, if you have never seen the annual report, are the maps of the US and by state. Here we have an example of that. In 2015, the state with the lowest percentage of its population having a disability was Utah at 9.9%. The state with the highest percentage was West Virginia, almost twice as high, with a percentage of 19.4%. For the most part, the higher perks of disability were clustered in the southern US, around the lower Mississippi River region, with concentrations also high in Maine and Oregon. Remember, we're talking percentages here.

As the US population ages, the percentage of people with disabilities grows. This slide shows population under 5 years old, less than 1% had a disability. For the population of ages 5-17, percentage increases to 5.4%. 18-64, 10.4%. 65 and over, 35.4%.

When you look at the composition, the population of persons with disability in the US by age of the population in the US in 2015 with disabilities, over half, 51.1%, were people in the working ages 18-64. 41.2% were 65 and older. Disability in children and youth accounted for 7.2% for those 5-17 and 0.4% of those under 5.

Very busy slide here, but trying to put together all four different age groups and their maps of the different regions in the country. I think it's very important to see that, because you can see from left -- yes, from left to right, top to bottom. Under 5, 5-17, then the bottom row 18-64 and 65 and over. You can see how it starts to move in the direction, and that's the value of these maps, showing you how it goes.

In the upper left, the percentage of those 5 and under was very low, about 0.8 nationally, 2.1 percent or less in any state. The states with highest percentages, Alaska and Nevada. Six states and District of Columbia had percentages equal to or less than 0.5%.

In the upper right, for children ages 5-17, the percentage of those with disability range from 3 about the 1% in Hawaii at the low, to almost triple in Vermont, 9%.

In general, the percentages of this age group were lower in the states around the Rockies, and the Upper Great Plains, Pacific Coast and Hawaii, more concentrated in the eastern and southern US.

Looking at the lower left, for ages 18-64, the highest percentage of people with disabilities were in states from the southern US, from Oklahoma to West Virginia and also Maine and Oregon. The percentage was lowest in Hawaii and New Jersey, 7.7%, more than twice that high in West Virginia at 16.9%.

In the lower right, the percentages for those 65 and over in 10 states, mainly in the south, the percentage was over 40%. More than two of every five people.

The percentages of people with disabilities were generally lowest in the upper Midwest and northeast, 12 states had disability percentages of less than 1/3.

Here's a new graph for this year. The ACS asked about six different types of disability: Vision, hearing, cognitive, ambulatory, self-care and independent living. This

slide shows from 2008-15, the percentages of people with each type of disability have remained relatively unchanged.

The annual report has graphs showing the increase by age for all of the disability types. I'm not going to show all of those here today.

Employment. In the US, in 2015, 34.9% of people with disabilities age 16-64 living in the community were employed. The employment percentage was more than double for people without disabilities, 76%.

This also shows the continuing pattern of difference in employment between people with and without disabilities, since 2008, spanning an economic downturn and recovery.

We are showing it in a new way this year, the employment gap. Employment gap is the difference between the respective employment percentages of people with and without disabilities in the US in 2015, the gap was 41.1 percentage points.

We can also see how this gap widened steadily over the past eight years from 34.8% to 41.1 percentage points.

These maps depict how rates of employment varied by state for persons with disabilities on the left map, rates range from a high of 57.1% in Wyoming to a low of 25.4% in West Virginia.

For those without disabilities, on the right map, the employment percentages range from 70.1% in Mississippi to 83.8% in Minnesota.

Again, we can look at that in terms of the gap percentage. So by state, states with the highest gap were concentrating from the Atlantic coast to Missouri and Arkansas. In 30 states the employment percentage gap was 40 percentage points or higher. The highest gap was found in Maine at 50.1%, Kentucky 47.4% and the District of Columbia at 46.1%.

>> Andrew Houtenville: You have New Hampshire in the red there.

>> Lewis Kraus: Yeah, what can I say?

>> Andrew Houtenville: All right.

>> Lewis Kraus: In only three states was the gap less than 33.3%. That would be Wyoming at 22%, South Dakota 30.9%, Utah 32.5%.

Now, if we look at the graph by employment percentage by type of disability, employment percentages were highest for people with hearing disabilities at 51%, and vision disability at 41.8%. Lowest for those with self-care disabilities at 15.6% and independent living disabilities at 16.4%.

In 2015, the median earnings of civilians with disabilities age 16 and over in the US was 21,572 dollars. About 2/3 that of the median earnings of people without disabilities, which was at \$31,874.

This disparity of over \$10,000 in median earnings between those with and without disabilities also continues the trend that has been seen since at least 2008.

Looking at it in terms of the gap now, we can see that same issue, but shown in this way.

If we look at those gaps by state, we will see that in 2015 inflation adjusted dollars states varied widely in earnings gaps. The difference between the median

earnings for those with and without disabilities, from a low of \$4,490 in Nevada to a high of \$24,073.

Generally, states in the northern US had a higher earnings gap. States in the southern US had a lower earnings gap.

Now I'll move to poverty. Poverty among people with and without disabilities rose from 2009 through 2011 and 2012, then dropped through 2015.

For people with disabilities, the percentage increased from 21.6% in 2009, seeing a high of 23% in 2012, and then dropped to 21.2% in 2015.

For people without disabilities, in the blue, the percentage increased from 13.4% in 2009 to 15.1% in 2011, then dropped to 13.8% in 2015.

If we look at the gap on this, the gap between these groups has been between 7.8 and -- sorry, 7.4 and 8.3 percentage points over the seven years of this period.

If we look at it by states, and actually also not only looking by states now for the poverty percentage gap, but also by age. So now for poverty, for children under age 5, the poverty gap was highest in the District of Columbia at 47.1 percentage points. Nebraska at 36.8 percentage points. Utah at 33.6.

Eight states had a negative poverty gap for those under age 5, meaning a higher percentage of those without disabilities were in poverty than those with disabilities. Those would be Maine at negative 19.5 percentage points. Montana 18.5 percentage points less. Vermont, 15.7. South Dakota 9.9. Hawaii 5.9. Louisiana 1.1. Minnesota .7. And Alaska 0 .3.

You will see the changes going by age group. So the poverty gap for those ages 5-17 now, ranged from a low of minus 2.4 percentage points in Wyoming to 19 percentage points in Kentucky. Wyoming was the only state at this age group with a negative poverty gap.

There are eight states at this age range with a gap of at least 15 points. 31 with a gap of at least 10 points, meaning that in 39 states, the poverty rates were 10-15 or more percentage points higher for those with disabilities than for those without disabilities.

Now, if we move to the 18-64 age group, the poverty gap between those with and without disabilities range from a low of 5.1 percentage points in Wyoming to a high of 27 points in District of Columbia. There were no negative states this time around.

Nearly half of the states, 24, had gaps of 15 or more, 15 points or more. And all but three states had gaps of over 10 points.

Looking at the 65 and over, the states, the state with the lowest gap was Alaska at 1.8 percentage points, to 11.7 percentage points in District of Columbia. DC was the only place to have a gap above 10 percentage points in this age group. Three states had gaps below three points, and that would be Alaska, Wyoming, and West Virginia.

Now, moving on to some health measures. The highest percentage of people with disabilities who smoke was over 27% in 2009. But has been in annual decline since 2012, from 26% to 23.4%.

Over the same period, the highest percentage of people without disabilities smoking was 18.2% in 2011 and it has been in annual decline thereafter, to 14.9% in

2015. So this slide is now showing the gap between the percentages for smokers with and without disabilities, and it dropped in 2015, to 8.5 percentage points.

The prior three years had a gap of basically 9.1 to 9.2%.

If we look at that by state, we can see that in 2015 the gap ranged from a low of 4.8 percentage points in Mississippi to a high of 12.2 points in Missouri. 13 states had a gap of 10 percentage points or higher. Eight states had a gap of six percentage points or lower.

If we look at obesity, 2015 marked the first year since 2009 to show a year-to-year decline in the percentage of people with disabilities who were obese. For people without disabilities, the obesity percentage has continued to climb every year.

2015 also showed the first year-to-year drop in obesity gap, the difference in percentage for obesity for people with and without disabilities since 2009. The gap increased from 13.4 percentage points in 2009 to 15.9 percentage points in 2014, and then dropped back down to 14.5 percentage points in 2015.

Looking at it by state, the states with the gap ranged from a high of 21.2 percentage points in the District of Columbia to a low of 7.4 percentage points in Mississippi. Only two states had a gap under 10 percentage points. That would be Mississippi and Idaho. While 18 states had a gap of 15 points or more.

Binge drinking in the year 2009 through 2015, the binge drinking percentage varied from a low of 10.4% in 2010 to 13.2% back in 2009.

For people without disabilities, the percentages were higher, varying from 16% in 2009 to 20.4% in 2015.

So the binge drinking gap shows the degree to which people with disabilities have less binge drinking, the gap has been steady at 6.5 percentage points for three years now, 2013-15.

Finally, looking at the binge drinking percentages by state, we can see that the gaps for those ages 18 and over range from 13 points less in North Dakota to 1.9 points less in Delaware. District of Columbia joined North Dakota as the only states with a gap in excess of 10 points. 15 states had a gap of less than five points.

So that is a quick rundown of all of the pages of the annual report. You can again, as I said, you can see this in a variety of ways. You can grab one of these and show it to someone. It's an easy way to demonstrate how the numbers look visually. So for Michael, where are you? Are you happy with the pretty pictures on this one, Michael?

>> Michael Murray: Woo-hoo!

>> Lewis Kraus: OK. That's it. Thank you.

[Applause]

>> Deb Brucker: Thank you very much, Lewis. I can testify that I know a lot of the technical assistance that we do at the state and local level, that people that contact us often really enjoy having the ability to download these maps from the slide deck in particular and use them in their presentations to funders or for grant requests. They've also contacted us in certain cases to explain, for example, I live in Maine, so why is

Maine always looking like an outlier in certain areas? It's a way to dig into the different information, which is always helpful. We always appreciate it.

We will do questions at the end or do you want to do questions now? You're speaking now.

>> Andrew Houtenville: Oh, I'm speaking now.

[Laughter]

I was excited to get questions. I will go quickly. Where is my presentation? I think it's on the other page. It's right there.

>> Eric Lauer: Fourth one down. Did you break it? Right there.

>> Andrew Houtenville: That's right. This is push button. All right. Open.

>> Eric Lauer: Yesterday we had to close everything again to get it.

>> Andrew Houtenville: There's mine right there, Deb. It won't open. Yeah, I'll have to close it out. All right. Long-term trends. Thank you very much, Eric and Lewis. While I'm pulling up my slides. I want to recognize Lewis has been involved with every StatsRRTC back to -- except for one, back to 1960 what?

>> Lewis Kraus: Yeah, right.

[Laughter]

>> Eric Lauer: 1860.

>> Andrew Houtenville: 1860. Actually, in the 1890s and '70s there were disability related questions on the decennial census. It is a way to look back on the way people with disabilities were characterized in that period.

One minute? OK, thanks, Nick.

In seriousness, Lewis was involved with Sue Stoddard at Info Youth, and I want to recognize her and her contribution who did chart books. I notice questions are in the annual report, kind of like chart book questions. We're answering them with data, trends, and that was very influential in my work when I first started in disability statistics in the 60s. That is when I was born, so I guess that's true.

But recognize Sue Stoddard's work. Eric mentioned Tony Ruiz, our colleague who passed away a few years ago, he was very instrumental in helping to develop what was our first go at it, the stat is reports that Cornell puts out, which are a great product. And my colleague Bill Erickson, who couldn't fly in because of the wind yesterday. I want to recognize people who have been involved in disability statistics, Steve Kay as well. There's been a real nice community around the production of disability statistics and research using them.

Now that I've used up my minutes. You saw this gap. I think this is what I said was my favorite graph. No, this is my favorite graph yesterday, no the this one. You saw Lewis and Eric present this. So as an economist I'm very interested in the employment-to-population ratio. The percentage of people employed. We don't use the unemployment rate as was mentioned yesterday. People with disabilities are more likely to be discouraged. We have research coming out on the percentage of discouraged workers, a term that the Bureau of Labor Statistics developed to describe people who are no longer looking. They've lost in the past year, but not the past four months, so

they fall out of unemployment rate calculation. But they're still in the employment-to-population ratio.

Again, this is the percentage of people employed, and I hope people can see. I've been told not to use the arrow pointer, but the people online can see the green line. This line ends up being the six-question sequences. This is the gap, the percentage point gap between people with and without disabilities that you see in the previous slide. As you can see, I'll go back to 1981. The recession years, we had the double-dip recession, are these lines, represent recession years

So we had the double-dip recession in the early 80s. You can remember back to just after the Carter -- right at the changeover, the Carter Administration and the Reagan Administration, there was that early double-dip recession, really it was to get interest rates. So if people don't have a memory or weren't born at that time, interest rates were up to 18% for 30-year fixed mortgage. It was just really an untenable situation. Economists really had the policy right, but it was a painful policy that had to put the economy into a deep recession to get interest rates under control.

We had the what in the beginning of the Bush Administration, the first Bush Administration, we had the recession of 1990. This is really the downsizing was the term used at that point. Then we had the recession in 2010, the dot-com bubble bursting. If you owned Time Warner, out towards Dulles airport, America online, if you remember that term. America online losing stock. That's when friends told me to buy Yahoo. I was no, that's crazy. That was bad news. Then 2008, the great recession.

As pointed out by Lewis, Eric, others yesterday, the data for the American data survey didn't start being collected until 2008. We see a steady rise in the employment gap. If you are familiar with the nTIDE report we use current population data. I will put that in.

This is the results from nTIDE, if you follow the national trends in disability employment, Kessler Foundation and UNH product, that we do every month, you know that the gap has been rising over time, in part due to the rise in employment for people without disabilities, the steady recovery from the great recession, and we really haven't seen a recovery from the great recession for people with disabilities.

I'll get back to that with my favorite graph later.

So we've been tracking that. But one reason we've been tracking that is that we're really kind of concerned that with every recession you see people with disabilities coming out of the labor market, just probably due to standard recession-based layoffs, but then don't go back into the labor market. Perhaps they're on long-term benefits from Social Security. Perhaps the job that they had crafted over years is no longer available to them and it's hard to find a job like that one, with all of the accommodations, with all of the supports needed to re-enter the labor market.

So I'm going to talk a little about the long-term trend. So this is from a different data source. This is from the March current population survey, the annual social and economic -- the ASEC, annual social and economic supplement by the Census Bureau. The March supplement asked whether you have a limit to the amount of work you can do. There has been some, a lot of discussion about the use of this measure, but it's one

of the only measures we have that relatively is asked over the many years of the current population survey.

There has been a steady increase in the gap. You don't quite see the step function with the recessions that tells a story that is consistent. This jump in 1993-94, that's when they switched to a computer-assisted design. That may have an influence. I was going to dot that, but I couldn't figure out how to get Excel to make a dotted line between those two points. But you see the steady increase over time in the gap between people with and without disabilities and in work limitation question, using the work limitation question over the same years that we have the others, it's higher. Right? Work limitation probably picks up people with more severe disabilities. So the gap is likely to be higher than the six-question, broader six-question sequence. But we see it follows the same patterns these most recent years.

So there's a real concern that with every recession you see a rise above, it's a little lagged, but this lag could be that people with and without disabilities all lose their jobs, so the gap stays roughly the same. We have to look very closely. But as people without disabilities recover, people with disabilities don't recover from recessions. So we're working on a paper to look at postrecession trends for people with disabilities and people without disabilities using as many data sources as possible.

This is my favorite one. This is from nTIDE. If people have seen the nTIDE report in our new monthly lunch-and-learn. It's on Facebook live, but you can go through Zoom, a relatively easy web product to see our monthly nTIDE with Kessler Foundation and with the American Association of People with Disabilities and the association of university centers of excellence on disability.

So several organizations -- did I get it wrong?

>> Michael Murray: NTIDE!

>> Andrew Houtenville: That's a shout-out. Dave Wittenburg, stop shouting. No, that was Michael Murray.

So what you see here is this is the last eight or so years monthly. So what you see is a steady rise for people without disabilities. And for people with disabilities you see a bit more jagged. You might think well, people with disabilities with moving in and out of the labor market really quickly. That's sample size. A lot of this variation is because it's based on a sample, not the entire population of the US that are surveyed.

You see a bit more sample variation. Some of these more jaggedy movements is because of sample size. You can see seasonality particularly in the big numbers are January. So in January of 2017, this past month, the employment-to-population ratio for people without disabilities was 72.4%. For people with disabilities it was 27.1%. So the gap is still very persistent.

What we're currently asking, I mentioned this yesterday, I have mentioned this on the nTIDEs is whether this is a flat point or whether we're seeing this area beginning of 2014, end of 2013, whether this is a low point and we're starting to creep back up.

So we're going to keep monitoring this. We do it every month with the nTIDE with John at Kessler and others. So we're really excited to bring that to you every month.



The nTIDE monthly data is available in the compendium, so if you want to make prettier charts, I beg to differ if you think you can make a prettier chart.

[Laughter]

Yes, I said that, Eric. Eric is like "How could you say that?"

But you have the actual data in the compendium. And you can always call us. We have this broken down by gender, and there's some with age 65 and older. We have other data that this is just the tip of the iceberg.

So I'll turn it back over to Deb Brucker. She'll moderate the Q&A.

>> Deb Brucker: Let's have a round of applause for Andrew and our panelists.

[Applause]

We'd like to open it up to questions, both in the room and online. I believe we have some people that will run microphones around if anyone has any questions. I see one in the back.

>> Thank you for the great presentation. This question is for Lewis. You talked about smoking, obesity and binge drinking. I can see binge drinking and obesity being the relevance to disability. But what is the connection of smoking? I was curious and ignorant about that.

>> Lewis Kraus: Well, I think you have to look at anything -- I think this really speaks to a pet peeve of mine, and that is really what we really would like to have, what I would like to have, hopefully others would too, is to have disability be an independent variable, like age or gender. You use it with any measure. OK?

If you're looking at smoking prevention or you're looking at smoking, you might want people who are using that at the local level, you heard me yesterday talk about local level kinds of things, somebody looking at that data, looks at this data, says, Oh, something is going on here with people with disabilities, as opposed to people without disabilities. We can change the way that we're actually designing our programs to deal with or to take that into account. So that the needs of people with disabilities are taken into account just the way they are with any other independent variable, where we say we should do something different for women or by race or do something different by age.

Hopefully, that's what the message would be, the meta message here. Does that answer your request he?

>> Yeah. Thanks.

>> I just --

>> Deb Brucker: I want to add to that. I had presented yesterday on research looking at low-income residents in people that received housing assistance from the federal Housing and Urban Development department. We also found using regression that people with disabilities who received housing had higher levels of cigarette smoking than people without disabilities. But we haven't dug deeper to find out exactly why that is.

>> OK. I was wondering how sensitive is the employment data to changes that can be observed over time? I think one question that occurs to me is, for example, the federal government has reportedly hired 110,000 employees with disabilities from 2010. Yet,

obviously, doesn't seem to be showing up too distinctly over this data. How sensitive is it?

>> Andrew Houtenville: One thing to keep in mind that --

>> Mic.

>> Andrew Houtenville: I have two right here. So one thing to keep in mind is that the economy is very big. And the federal workforce is, I forget the exact percentage the federal workforce represents, then that would have to represent a certain portion of those with disability.

Part of your question about sensitivity is can we expect to move the needle? Can we close the gap? What would it take to close the gap? It would take a substantial change in probably many things to address, to alleviate the gap from early childhood to education, expectations at early childhood. I can name many, many things.

There's actually an interesting book that colleagues of mine, Dave Stapleton and Rich Burkehouser put together, that looks at the employment gap and employment trends for people with disabilities. It's several years old, but that really lays out all of the pertinent hypotheses why the trend is the way it is.

I would reference that book. But again, it's really hard to think about moving the needle on this. The sensitivity to this overall population would be one thing. What we could do, certainly with the American Community Survey data and the CPS data, I'd probably do it with the American Community Survey data because it's larger sample, is to look at the federal workforce. You can get class of worker. So it's private, public and public is broken into state, local, and federal. And we could. I've done that before when OPM and OMB and ODEP were looking at this before 503 and 501 and all those. I get the 50's messed up. Disability 50 something!

>> Thank you.

>> Andrew Houtenville: So it's not sensitive in the statistical sense, because it's not specific enough, that we would need to get specific to the federal workforce. We could do that. I've done it, but we've never published it. But if you're interested, give us a call.

>> Hi. This is Nancy from Maine. I noticed the inverted poverty gap for 0-5 year olds, which was really striking, because then you hit 6-17 year old's, it got better. It flipped back to folks with disabilities having more, then it went into red again for older.

Any idea why? I'm trying to think, are we not identifying folks early enough? Is the sample size too small?

>> Lewis Kraus: I don't think sample size is an issue here, we're talking about the ACS. So --

>> As long as they don't --

>> Lewis Kraus: I think we're on 24 and 25 in the book.

>> Thank you.

>> Deb is going to try to pull up the slide.

>> Lewis Kraus: It is interesting. That's why I wanted to show it to you. I don't know if we have a perfect reason for it. There probably are good reasons. But I think there's probably something about how poverty relates to -- well, I don't know actually. You would know this better than I would.

>> Andrew Houtenville: I have some thoughts. If you look at age 65 and over, page 26, so it kind of spreads out. If you go to the previous three slides it follows kind of the -- although, 5 and under. It's spread out. If you go to the two in between, they really follow the Appalachian Mountain, lower Mississippi Valley primarily follows that. So especially for age 16-64, which Deb put up.

My thought is that a lot of federal programs and state programs are focused on the young and the elderly, and certainly as we go into retirement, employment becomes a lot less important source of income. It's federal programs, it's Social Security. So you kind of get this smattering. I haven't looked at the range -- let's see. The range narrows. The range is the biggest for working age. That makes sense to me, given federal policy and state policy are more focused towards people who are more vulnerable. So the young and the over age 65.

So to some extent, I think that this is a sign actually that the programs are working, the programs that we have are working to kind of ameliorate, lower the range for the very young and for those older.

It's a question whether 5-17 the range kind of opens up again. But to me, that's -- don't quote me on it, because it hasn't been peer reviewed.

>> Lewis Kraus: Let me add one thing. I think there is a subtle difference. So Deb, can we go back to the 18-64.

So if you look at that, it's not exactly what we saw in terms of where the higher rates were for disability itself. Right? So there's a little difference there. I think Andrew is hitting on that. Poverty -- this one here is the working age. So this does relate to where people are employed and making money, on the one hand, versus people not employed and not making money, on the other hand.

I think some of that is captured in some parts of the Appalachia part there, as you can see. Some parts are not. Like New York, right? So there's -- I think this is where you have got big gaps of places where people make -- it could happen, because it's a gap, it could happen on either side, right?

>> It's interesting that Maine is the highest gap of employed folks with disabilities that we were talking about.

I'm also thinking about the overlay of IDEA data. I know that that is -- it's not OK to overlay, but we are chronically underidentifying in Maine, and we have the strictest early intervention category or eligibility in the nation for 0-3. I wonder if that has anything to do with it. All of those are interesting. Thank you.

>> Andrew Houtenville: One thing I want to caution is that, Eric may be able to talk more about this, the testing of the six questions. As I recall when they were being designed, there was concerned they weren't addressing childhood, particularly young childhood. These are functional measures, ability to read, ability to -- you know. So these are functional measures, and functions change over the lifespan, the important of them. So I would push for additional questions, not necessarily on any given survey, but development of supplemental questions.

The survey program participation is going to be adding a few more questions to the six questions to try to get at child disability. I don't know if you have anything else.

>> Eric Lauer: I think it's just also important to keep in mind that if you're under 18 in the American Community Survey, somebody is responding for you by proxy. And that the six questions upon which this is based that Andrew talked about have age restrictions. So everyone's asked vision and hearing. Then certain age cutoffs are applied to the other four questions.

So you're questioning not just a different population, because they're young, but a different population because they're just not all asked those questions, and they're also asked usually of their parents or the primary household respondent technically. But that's usually a parent.

>> So given those significant limitations of using the six questions for the children, why do you use them? Why are you looking at those populations?

>> Andrew Houtenville: We get lots of calls for information, and to my knowledge given -- we do in the compendium provide the OSEP annual report data, to Congress.

>> Define OSEP.

>> Andrew Houtenville: Office of special education programs. Thank you. All data around disability isn't precisely measured, right? Some measures are better than others in certain ways. According to certain measures of quality.

We provide them because that's the best available, but with any statistic there's always caveats. So we like to think of these as wonderful, right?

[Laughter]

Want to be careful of my words about statistics. Statistics are wonderful, but they're measured with not just sampling error, the fact that they're based on a sample, but measurement error as well. That's true of everything.

I think you raise a good point, because I think that the 0-5 is questionable, and I'll think about that.

I haven't seen anybody look directly at any kind of the work we did comparing to Social Security beneficiaries with Rich Burkehouser, Jen Tenet and Lynn Fisher. That looked at working age. We didn't have comparable data to match to for youth. So that kind of research could be done. Now, how? I'm not sure yet. But it's worth considering. Thank you.

>> Eric Lauer: I have one thing to add. I think it's worth, when you ask a question like that, taking a step back to where these questions came from. The six questions we're using are part of the response to the Affordable Care Act mandate. So the power of these questions are that they're going to be included in all national surveys.

The cognitive testing behind these questions revealed that, at a certain age, they were not going to be asked, because they were not nearly as reliable. And --

>> Andrew Houtenville: Like the independent living question is not asked of --

>> Eric Lauer: And so despite those limitations, the power is that you can compare these statistics in the survey to other surveys, because they're asking the exact same question of the exact same population.

>> Andrew Houtenville: Same thing for trends over time. You know well, come on, that's Nanette Goodman that asked that hard question. A lot of times we'll focus on trends

over time, because the measurement error might be constant. If the measurement error is constant over time it's distanced away by looking over time.

Eric said they're provided in multiple data sources, so you get a real breadth. When does measurement error become so big it becomes unworthy? I think that's a good question, and that's something that could be answered by getting a sense from the community. Should we just stop doing these? Do people use these? Do they just go to OSEP data?

>> Lewis Kraus: And actually, I want to double down on what Eric had said, because --

>> Andrew Houtenville: You go, Lewis!

>> Lewis Kraus: Actually, if the Affordable Care Act mandate to use the six questions actually happens within health programs, then you're starting to see something where you can see something for children with disabilities in health programs, if that actually takes place.

>> Andrew Houtenville: Right, as opposed to just education.

>> Lewis Kraus: Right. Right now, education has their measure, but there is no other place. If we can get disability for kids in other measures, then maybe we're seeing something.

>> Thank you, Lewis.

>> Deb Brucker: I wanted to check if we had any questions online.

>> Yes. I have several questions here that have come in. One is from Michelle with the State of Arizona Commission For the Deaf and the Hard of Hearing. Her question is: Why does disability research fail to accurately capture the number of hard of hearing individuals in the US?

>> Andrew Houtenville: So it's hard to know whether they are -- there's no census, a complete census of people, their hearing acuity that we can compare to.

I would say that almost, based on research I've done with others, matching to Social Security records, and that certainly isn't everybody with hearing impairment, that about 15% of Social Security beneficiaries who receive benefits based on hearing impairment don't report the hearing question that is in the surveys.

We always have to go by self-report. The US is pretty slim with regard to administrative records, with a strong respect for privacy. And I would say that every group is undercounted, that would be my guess, hearing included. But all groups in our research, we showed that all of the impairment kind of function questions, such as vision, hearing, cognitive difficulty and ambulatory difficulty were all underreported. It didn't capture everybody who received benefits on the basis of those kinds of conditions.

So I would say that there are improvements, if you remember years ago the hearing and vision questions were one question in the American Community Survey prior to 2008. So I think that there are efforts to improve. That doesn't mean that improvement can't occur. And for instance, I would be also concerned about accessibility, if people move towards telephone surveys, or using telephone surveys, is TTY available? Are alternative formats available?

Eric, I don't know if you have more to say.

>> Eric Lauer: So I think having presented this data in Denver ways, a fair amount to the public health community, I think there's a few things worth noting. The first is that there is a certain amount of error and estimates, such as plus or minus 15%, when you're asking self-report for health conditions, is not necessarily exceptional.

I think it's also worth recognizing that these questions were designed with respect to the ADA and the international classification of functioning disability and health, which really gives the individual the right to respond to difficulties however they want. For us not to presuppose that just because someone is experiencing hearing loss they necessarily believe that they have a disability.

So I think that's important to keep in mind. If you're asking the question why don't we capture everybody with hearing loss or who are deaf, you can get those estimates out of the NHIS, but not necessarily all of those people believe that they have what we define as a disability with respect to our laws and concepts that we use to define disability in the US.

>> Andrew Houtenville: That brings up a big tension that we always find, is that with self-report and with the concept that not everybody with an impairment or a health condition reports a disability, we certainly see that in the data, that a lot of times advocates want things about their specific health condition or specific impairment, and with self-report it has to be in broad function. We can't ask hearing acuity, particularly in the United States where we don't have universal healthcare. Other places, you might have medical records that are really comprehensive, where everybody gets tested.

We really struggle between wanting to provide advocacy groups with data that represents them, but we also have the problem on the producer side of it's really hard to ask disability questions to the general public, such as diabetes is called different things. It's blood sugar in certain places. The sugar, you know. You have to really test these things for broad audience. So it's a really great question, and I'm sorry I don't have any precision answers for you.

>> Lewis Kraus: Let me add one last thing. That is the actual question would be, just so you know, on the American Community Survey, is this person deaf or does he or she have a serious difficulty hearing?

So you can see how somebody might respond to that type of question and what they're talking about is self-report.

>> Deb Brucker: OK. We need to close our questions now to stay on track.

>> Andrew Houtenville: Oh, really?

>> Deb Brucker: Yes. We have a break from 10:30 until 11:00. I encourage you to come back and make sure you're here to listen to our federal partners from the census, Centers for Disease Control and prevention, and Department of Labor talk about upcoming updates to survey and federal data that's available. We'll see you then. Thank you!

[Applause]

[Break until 11:00 a.m.]

>> Hugh Berry: I guess we could get started. Are we OK to start, Penny?

>> Yes.

>> Hugh Berry: OK. Good. Well, welcome, everyone. Thanks for being here. My name is Hugh Berry. I work for NIDILRR and I'm the project officer for the StatsRRTC.

I am glad to be here. I'm always impressed with the level of excellent work that the StatsRRTC does, and I'm impressed with the convening of this panel as well.

I was last week trying to promote within our office folks from NIDILRR and other federal folks to come to this meeting, and I got an e-mail back a day or so later with the subject heading saying "Statistician." It was a co-worker wanting to ask if her daughter, who is interested in becoming a statistician, could talk to someone about what it takes to become a statistician. And I was honored that she asked me. I was trying to sidestep the question, saying, We're going to have a lot of statisticians. Maybe she wants to come here to talk to someone. I didn't have the heart to say "I'm not a statistician." I'm not an economist or an epidemiologist. I do love statistics. I say that with heartfelt passion on Valentine's Day.

[Laughter]

I love working with numbers. Statistics, how do I love thee? Let me count the ways.

[Laughter]

Yeah. So it is very important, I believe that StatsRRTC and the work of others in terms of collecting reliable and valid statistics is really important for, ultimately, improving the lives of people with disabilities, because we need good information to share with policymakers and researchers and those who develop programs that are designed to help improve the lives of people with disabilities.

I love the work of the StatsRRTC. I've been impressed with the work that Eric has done in terms of providing information for us for the healthy people 2020 initiative. He does that on the side in addition to all of his other responsibilities. The papers that Deb and Nick have done regarding transportation. There's one poster out there that is really good. I know Deb talked about her work with HUD and also work that has been done with the USDA regarding the SNAP program and food insecurity.

I think all of those are really important and shows how statistics are important across the federal government and disability is a, I believe, also should be an independent variable that is examined along with other demographics.

So also I've been really impressed with Andrew's work and others at the Kessler Foundation with the nTIDEs and monthly jobs report. I think it elevates the issue of disability in terms of labor market and outcomes and how the economy is doing.

So that said, I'm glad to also be a part, and my job here is to moderate. But I have help with keeping track of time, and I have excellent federal partners here who are going to lead us through the things that are going on that we should all be aware of in terms of federal data sets.

So I'd like to start with Amy Steinweg and I'll let her begin. Thank you.

>> Amy Steinweg: Hi! As you said, I am Amy Steinweg from the Census Bureau. I get to come here today to update you on our data products, our data, microdata and estimate we released in the past year and expect to be releasing. I will talk a little about research we put out as well. Is the volume good? Lean in? I will talk to some degree, at least briefly, on the four different surveys we're involved with: The American Community

Survey, I feel like there's nothing left for me to say. It's sort of the meat of much of these presentations. Of course, it's a great survey, our long-term decennial massive sample size, allowing for analysis.

The survey of the income and program participation is our longitudinal survey with richer data.

Current population survey, co-sponsored by the Bureau of Labor Statistics. I will say a little about that.

Then the American housing survey, is sponsored by the Housing and Urban Development. Just released a really interesting table package I want to share.

Then a little research that came out recently on veterans.

So the ACS has a massive sample size. I haven't pulled up my notes page. In 2015, we conducted interviews for over 2 million households, over 160,000 persons living in group quarters. With the one-year data, we can have estimates on populations 65,000 persons or greater. Then we also pool five years worth of data to go even lower, and we have smallest possible geographies, including counties, places and census tracts.

In addition to the compendium, you can also find estimates on American Fact Finder on the Census website. We just released our 2015 data this past September. 2015 one-year data. The five-year follow to be released in December.

The American Fact Finder has loads of tables. You can get any geography you want, download into Excel. If you are working on a certain county, you can find your data there.

I'm not even going to say the questions one more time, because you have say said them so many times, but it is in the appendix of the compendium word for word.

We did also release a new interactive web tool called My Tribal Area, where you can very easily plug in the reservation area you're interested in. There is 618 tribal areas and has a variety of demographic, economic statistics you can pull up, including disability.

So the Survey of Income and Program Participation, now as many ever you know, we redesigned it beginning in 2014. It's been a huge undertaking. It was already very complex survey. We're now fielding it once a year, collecting a full year of data each time. And in the past, in the core survey that was repeated, we only had like a work disability question. We didn't have that set of six questions. So it will be very exciting now, every wave, once a year we'll ask people each time the six ACS questions, then we have I believe seven additional questions, and this gets a bit at what the last panel talked about.

So in the ACS set under 5-we have hearing and vision, a little more for children over 5. We have questions about children. So two questions for children under 5, about developmental delays. Limitations in ability to play with other children of the same age, ability to do regular schoolwork. I'm sorry, that's 5-14. Under 5 we asked about developmental conditions or delays or limit to ordinary activity. That will be really interesting.



We have several questions on employment difficulties for those 15 and plus. We'll have that every year. We've collected several waves of data. The process has been a massive undertaking to do this completely differently structured survey. We've been working incredibly hard on it. I have Census colleagues who I want emphatic nods from. We're super excited. We're finally releasing wave 1, expected in March. I want like fireworks when it comes out. It's a big deal.

[Laughter]

So very important for disability. In past we had these topical modules in SIPP. They were sort of irregular, but with functional disabilities, work disability history. This new format, we can't accommodate these modules also. So very fortunately, Social Security Administration did sponsor a supplement that came out after wave 1. We called the people back that we'd already interviewed and asked them the great majority of the questions if our topical modules.

In addition to the disability data, we also have these subjects, retirement, employment, pensions, marital history and disability. You can link back to the core survey as well once it's all cleaned up and ready for use.

Again, we have content from the original topical modules. That will be on the heels of wave 1 for release. We expect that in the summer of this year.

In addition, I guess one of the new things I've talked a little about before, we have a new method of collecting the conditions, because it's very hard to collect this diverse possible ocean of conditions someone might be experiencing. In the past we had 30 conditions that was antiquated and odd in my opinion. My predecessor designed a way to get more detailed conditions.

We are figuring out how to recode and release it. It should really improve the quality. Hopefully, unpack this mysterious other category that got lots of hits. That was kind of a nagging issue.

All right. I'm on schedule. Interesting schedule.

[Laughter]

10 minutes.

So the current population survey, I'm just going to mention because we don't have a whole lot of involvement with it, but it is very important in general for us. So the six disability questions were also added in 2008. It is on the CPS basic survey. Although, as I learned from Eric yesterday, if you get the public use file for the annual social economic supplement, ASEC, they merge, which is great.

What we rely on is from the ASEC we produced official poverty rates, income measures and high-profile health insurance rates. This is the disability measure where we're able to break that down.

All right. In the American housing survey, I am still learning about, but it was very exciting to discover. This is sponsored by the Department of Housing and Urban Development, HUD. We collect the data for them. We have some involvement in it. Last month, they released a table package that had national estimates and for a selected 25 metropolitan areas. Did I say that right? That's all available, the table package, through the AHS table creator. I have a screen shot in the next slide.

They have the standard ACS disability measure, and then some really excellent measures of housing characteristics. So housing quality measures such as adequacy of plumbing, heating, structural damage, you name it. Are there steps required to enter your home?

Food security. Neighborhood characteristics. Safety. Do you think public transportation is adequate?

Then I looked up last night after Deb's talk and we do ask about subsidies. I'll take credit for all of this. There is in the table package available to you to pull up self-reported data on rent reductions, along with apparently they link to HUD files. So type of government housing subsidy, using the administrative files. So awesome. I feel like I should have gotten some cheers from Michael.

>> Whoo! Yeah!

>> Amy Steinweg: I'm just saying. Thank you. Be careful what you ask for. This is a screen shot of the table creator. You can easily access from a website. You select your area, year, main variable, subvariables, year. I said year. It comes up very easy. Download it in Excel. Super user-friendly, I found.

All right. Finally, there is some research put out in the past year by Kelly Holder our resident expert. She put out two papers. One released just before I came here last year. It was so close.

Then a report she just put out. So I'll start by saying with the veterans, there are two different measures of disability that are salient to veterans. She looks at both, disability with a standard ACS set, which I will not repeat for the 100th time in the past two days. Then also looks side by side with service-connected disability, SCD, which is often confounded as the same thing when defining who are disabled veterans. So this is very different. This is participation in a program through the VA to compensate you for service-related illnesses and injuries. I'm 10 seconds over 10 minutes, but I'm so close. Margin of error. I feel good.

[Laughter]

So the working paper was focused all on disability among veterans. This is all available online. Lots of rich data, figures, tables, lots of stuff. So I have notes here, but do I really need them?

I found this was sort of fun. I thought this was a good one to share. This one shows differences in disability prevalence by age group between veterans and nonveterans. To give you the take-home, what this shows is for all adult age groups up to age 74, rates of disability for veterans is between about 4-8 percentage points higher than nonveterans. That's what they look like using the ACS measure.

Again, much more stuff than what I'm showing you.

Then the second release was a report. I should have said that was one year, 2014 ACS data. This report uses a five-year feel that just dropped, the 2011-15 data. It focuses on veterans in rural America, how they're different from urban. Includes disability and variety of other social and economic characteristics.

To pull out what I thought was a fun slide to give you a flavor, so it shows you rates of disability of veterans by period of service, by rural vs. urban status, and with

both the disability measures. This figure demonstrates a few things of one is rates of general disability, the ACS disability tend to be higher for veterans in rural vs. urban areas. She explains it's likely they tend to be a bit older.

Also this nice expected gradient, disability tends to be higher among the oldest cohorts of veterans, people who serve longer go naturally because age corresponds to that. But also you see the two figures side by side. What we see with this, it's very, very different, the patterns of disability between two measures are very, very different. In fact, the most recent people that served the Gulf War II veterans have the highest SCD. Important distinction to understand.

So as the paper discusses, disabilities related to age and disabilities related to military service may require very different services and may pose challenges to service providers for veterans in rural areas where the services they need are a little more scarce. I'm going over by 3 minutes. Still great.

Anyhow, all this is available online. I encourage you to go there. Poke around. If you can't find the stuff, contact me. This is me. Any questions you have, please feel free to send them. And we appreciate you bringing us out here today and using our data. Yeah, I'm very happy. Thank you.

[Applause]

>> Hugh Berry: Another round of applause for Amy Steinweg.

[Applause]

>> Amy Steinweg: Thank you.

>> Hugh Berry: That was great. I'd like to introduce Elizabeth Courtney-Long from CDC.

>> Elizabeth Courtney-Long: OK. All right. Good morning, everybody! I am really excited to be here to share with you some -- oh, I'll fix that. And start it. Slide show. There we go.

All right. I'll start over. Good morning, everybody. My name is Beth Courtney Long, health scientist with the National Center for Health Statistics. Specifically health development disability. I'm going to share with you data we have going on, really within our division, and specifically within our branch, the disability and health branch.

I am going to take you at the 30,000-foot view of looking at things we have going on. As a definitely a data person, I don't have one number in my presentation, which is really out of the norm for me. With that, we'll get started.

Like I said, we're part of the division of human development and disability in the disability and health branch. There are two branches in our division. Within the disability and health branch, I sit on the disability research and epidemiology team. That's really the part of our branch where the data, research, surveillance, epi activities around disability and health come out of. We're really the data group in disability and health.

I did want to share a slide about our branch. Our disability and health branch, our mission is to promote the health and full participation of society by people with disabilities across the lifespan. These are our core principles here. These kind of cross over our two teams, ourself and other sister team, which is really focused on program.

I'm going to start with what we rely a good bit on population-based data. We rely on national, state-level population-based data. We use all of these data sets, which I have listed, the behavioral risk factor surveillance system, NHIS, national health and nutrition examination survey, ACS and SIPP out of the Census. We primarily use the first three just because they're health surveys and we're a public health agency. Those are the ones we rely on, we use them in ongoing efforts to really characterize and describe the population of people in the US living with a disability, to really further understand their health status.

As we all know, have talked about the six ACS questions, they should be included in all of the surveys, which I have listed. We rely on those and continue to use those quite a bit in the work that we do.

I wanted to mention one product that we have is DHDS, disability and health data system. In our efforts in to make surveillance data on the health of people with disabilities widely available, our branch developed and continues to maintain DHDS, which was developed a few years ago, and we really view it as it can be a companion to the compendium and provide some additional health data among adults with disabilities in the US.

We use data from the BRFSS to populate our estimates which are available on the site, currently we have data using 2015 and 2014 -- 2013 and 2014.

We have information on five disability types, which are available in the BRFSS for those data years. We have information on 30-plus health and demographic indicators. But we're really excited about some updates we have. We're currently undergoing a renovation of sorts of DHDS, and we're working through improving and enhancing the visualization and how the data is presented and how you can see the data. We'll also be adding information on an additional disability type, adult who report serious difficulty hearing or are deaf, which was the ACS question that was not asked in BRFSS and was added in 2016. We'll be able to include that information on that disability type in our upcoming update.

I just have a screen shot here, which is what you would see if you have never been to DHDS. It shows data in a map, bar chart and data table. So you can get information at a state level, as well as aggregate national.

And I just wanted to highlight a few publications that the branch, publications and reports that the branch has produced recently. We have some -- a number of peer review publications as well as some CDC reports in the MMWR, our MMWR reports included information on disability prevalence as well as looking at characteristics of adults with one or more disabilities, using the six ACS questions. We looked at people who reported yes to increasing numbers of the questions.

We also have information we published looking at certain health characteristics, health behaviors, such as smoking, hypertension, and also comparison of two different disability measures.

This is just a select sample of some things we've been working on recently.

I also like to mention some work we have ongoing using what I'm terming nontraditional data. While we rely quite a bit on population-based surveys and data,

we've also started in the last couple years to look at Medicaid data to help identify individuals with an intellectual disability. It's definitely an area of growth for our branch. It's a priority population. They've really been hard to -- or hard to look at health information for this population in more traditional data. We have a couple of projects going on right now. We have three states working through our disability health state program, which are using their state Medicaid data to identify individuals with ID. We have another project looking more at health service utilization and health.

I wanted to mention some additional data activities that we have going on. I know I was really interested to hear the information that talked about using more internet-based and web-based methods. We've been able to take advantage of adding questions to the Porter Novelli style surveys, with I are internet-based surveys that they're weighted to the US population, but we were able to add questions to these surveys. It reaches about 4,000 or so people in each cycle.

It's been a way for us to get some information to help inform emerging areas or areas we really don't have a lot of information on using the existing data we have. I put some examples up here of things we've looked into. One is we added a question on the ACS hearing difficulty question and with a follow-up question for individuals who responded yes, what type of assistive technology they used.

We added a question on intellectual disability. So people who may respondent yes that they had an intellectual disability or someone in their household.

We also added a question to their doc style survey, which reaches about a thousand primary care physicians in the US to gauge physician understanding of the physical activity guidelines and whether or not they recommended physical activity to their adult patients with disabilities, any barriers that they might face.

The other thing we did, as really an effort around disability inclusion, we added the six ACS questions to one of the surveys and made them available to other CDC programs that may have added questions on their particular area of interest and made those questions available, encouraging people to consider looking at adults with disabilities.

We've also, just this past year, undertaken efforts. We've added a question to the 2017 national health interview survey, really to help further understand why an individual may respond yes to the ACS cognitive limitation question. So we worked with their cognitive development -- excuse me, question development lab to develop a question and have added it to the 2017 NHIS to try to understand better why an individual may have a functional cognitive limitation.

Finally, in some efforts to really increase our internal capacity for looking at claims data, we have a seat in the virtual research data center for CMS and hope again, as I said, looking forward to developing as well internal capacity and looking at Medicare and Medicaid data as well for people with disabilities, primarily intellectual disability.

So that's all I have this morning. Thank you!

[Applause]

>> Hugh Berry: Thank you, Elizabeth. That was excellent. I would like to follow up at some point with some of the work being done with the Medicaid.

Next I would like to introduce Julie Weeks from NCHS. Round of applause.

[Applause]

>> Julie Weeks: This is the scariest part, because I don't know IT very well.

[Applause]

>> Nice job!

>> Julie Weeks: Thank you very much. I'm Julie Weeks, from the National Center for Health Statistics, one ever the 13 federal statistical agencies that make up our government. One of the things I wanted to mention right off the bat, since I don't have a slide about this, the NCHS brings you the national health interview survey, it brings you the health and nutrition examination surveys, the national survey of family growth, all of your mortality data, and most of those data collection systems, except for the vital statistics data, have the ACS questions on them right now.

The advantage of the Haynes, of course, is that there's a mobile exam center. So there are re -- our respondents get an interview, and self-report health conditions and other items. Then they go into this mobile exam center and actually have clinical tests.

Those data, for example, would be a great way to research looking at the difference between the group that has measured hearing loss and the people who answer that they experience difficulty from the ACS questions. So the center has done lots of data to explore.

Today, I want to focus on the national health interview survey. I touched on this last year, but because it is such a widely used source of data within the federal system and internationally and in the research community, and because the changes that are coming to the HIS are so dramatic, I think it's worth spending some time here today, and I'm more than happy to talk about your specific favorite beloved questions afterwards. Or at lunch.

I'll touch on the content redesign. I will talk about some of the extensive changes to the disability content that are coming. I will talk a little about the measures that are coming up in the future, if not already placed on the survey. And then just what your appetite for some implications to consider down the road.

By way of background, the HIS has been in the field since 1957, continuously. It is mandated to collect the health statistics for all of the nation. So it is a very broad-based health survey. Its purpose is not to drill down into any one particular health condition or to identify very rare populations or rare events. It is a very broad health survey.

Having said that, it is asked annually, and it produces a very large sample size, about 87,000 individuals.

The key roles for the HIS from the perspective of the federal system is that it provides for the Department of Health and Human Services objective scientific data on health that we maintain a large sample size and provide a gold standard, and use the gold standards, in terms of measurements, for benchmarking and producing national trends.

So why redesign? We've had to undergo a redesign periodically since 1957. The last one was in 1997. You know, the topics and the way we use those topics and the measures that we develop and things that come along really necessitate that we take a hard look at that content periodically.

The administration of the survey has become quite difficult. It's a very long survey. Our response rates are affected by that. Break-offs are affected like that. So if your favorite questions are at the end of the survey and by the middle or 3/4 you have double-digit percentage of break-offs among sample adults, that's something to consider. So we kind of take all of that into account and really look at how can we pull back.

I might mention that budget is a significant problem. And if we're going to have an overhaul of the ACA, through which we get moneys to do these surveys, then that's going to impact what we can do in the future as well as the length of the survey.

Just a very quick picture to show you that at the moment we're over an hour and a half in the home with individuals. This is a person survey. A personal survey. Over a comparable period of time, the response rates have dropped.

So I just want to spend a moment on the criteria for prioritizing the content that we will be including in 2018 in the redesign. Again, things that you probably can already think of. It has to have a very strong link to public health. It has to be relevant to what DHHS is measuring at the moment and what the priorities of the department are. It has to be high quality measurement. It has to meet both federal and international standards. And most importantly, and I think I want to underscore this last bullet, it has to be estimated reliably in either one or two years.

So many times, we see aggregates because we're looking at rare events in this population of interest for us. We're smooshing together six years of data to get a population that we can disaggregate looking by disability, and the real issue is here this is not the survey to do it in the future. That is definitely a priority.

So the way the team has looked forward is creating a rotating content structure. There are pros and cons to that, but at least there will be a fixed periodicity of the content placed on the survey.

I want to spend a few minutes talking about the content of this slide. It shows you the quilt. Everything in yellow, this is the 2018 redesign. Everything in yellow will be annual core content. So it will be asked every year. Then the section just under it, but above the green, is the rotating core. It will be asked either every one year on, one year off, two years on, two years off, or every three years. You can see that the subjects now being considered for both the annual content and the rotating core content are already dropped in.

This is not set in stone, and I will tell you towards the end how you can have impact in that, but that content right now, that's the way it is structured.

What's below the green are modules that will be populated with questions from sponsors. So if your favorite question isn't in the annual core and it's not even on the rotating core and your bank account tends to have a little money in it, which is very rare in the federal government these days and possibly rarer still, then you can buy a

one-year supplement, two-year supplement, three-year supplement. You can buy a question, if you have \$100,000, that's the amount of money it costs to put a question on the HIS. I always love quoting that number.

One of the main changes to the HIS for those of you who use the family level data, you will see that the family-level data for the most part is gone. There will not be a family respondent after 2018. There will be a sample adult respondent and a sample child respondent.

There will still be some family-level variables. For example, income and such, that are collected from the sample adult, but that group of variables that used to be asked of every single person in the family from a family respondent will not be administered any longer.

This slide shows you a couple of suggestions for the impact of this change in the approach. I do want to mention that the respondent for the adult health status and disability variables will move from a proxy to a self-report. Again, because many of individuals' favorite disability variables, whether they were the basic actions or complex limitations, social limitation, work limitation, were asked in the family core, you had the family respondent who wasn't always the self answering. You will now have self-response.

On the flip side, we now have basically a person-level survey. So in rare events, we're having all of those people in the family would have helped you add cases to your group of interest, that's deleted. So a person-level survey is going to really affect the kinds of numbers you get for, again, rare conditions and events.

This is a rough outline of the structure of the redesign timeline. What I want to note here, since it's small, is that most of the bars that are in purple are the things that are happening from now and through to 2018. So green is kind of behind us.

The important thing I've noted here with the orange arrow, this is about where we are, and in spring of 2017 I think that's going to be March or April, the second Federal Register notice for the national health interview survey will be published. That is an open comment period, and I will say more about that. You Google Federal Register notice, NHIS.

This is an important slide. If you use the NHIS before redesign, you can see what is there in terms of disability. Your ADLs, IADLs, basic actions, complex activity limitations have been long used in some major federal reports, as well as in an awful lot of research you see in the peer-reviewed journals.

If you're interested in the conditions that came about before age 22, DD, that is before redesign.

After redesign, you have a very heavy emphasis on the international standard right now, the Washington group questions. There's a short set, an extended set, then if you look at the bottom there, there is now a child module.

There's a lot of information on this slide. This is more information about those sets of questions that will be added to the HIS. When they've been adopted by the UN, where they're used, what surveys in what countries. Again, they have, most of these, have been on the HIS since 2009.



Let me move on to a few items here. If you love the ACS set, your first question to me is going to be why move to the Washington group set. And I will tell you first off, it is the international standard, and you will likely see more of it in the future. It contains the same six elements for the most part under ACS, but there's greater detail. The ACS questions asked do you have serious difficulty, and the response category is yes/no. The Washington group questions ask do you have difficulty, and there's a four-response category, which is no, some, a lot, unable. So you get a wider range of functioning from those.

There are other domains that are not included in the ACS, including communication, upper body functioning, and anxiety or depression, and then pain and fatigue.

There's a child module. There were questions about questions for children. We know the ACS is limited in that particular area. What you will see in terms of the domains in the child module are the same similar six domains covered by the ACS and by the short set for the adults, but you will also see things like controlling behavior, focusing attention and concentrating, coping with change, relationships and playing. Those are broad categories, but if you look at the questions you will see they're age appropriate and contain examples that are age appropriate as well.

There's inclusive education module. This one is under development and likely to be included, and it will include things like attitudes, school environment, affordability and out-of-school information. That's really to start getting at the nexus of a person's functioning and the environment and how those two combine to really create disability, especially in children.

This is my next-to-last slide. A few things to think about. The HIS is most importantly fielded to serve the department, federal and international-related activities. I think a lot of the content changes have -- the impetus for them have really been kind of keeping that in mind.

We produce at NCHS health US, a mandated annual report, which is historically used both either the limitation of activity questions and those will remain on the HIS, work participation and social limitation.

Health US moved to the basic actions and complex activity limitation questions. It is likely now that they will move to using those Washington Group measures.

Healthy People has been mentioned today. There are 126 objectives in healthy People related to disability. 27 of those have data and very specific target objectives. Healthy People is also reviewing what they will do after the redesign, and likely will be using the Washington group short set questions.

Then, because it's our responsibility to do a little bit of research to inform people during these transitions, we have a couple of papers going on that will be presented and published that really benchmark the ACS yes/no answer to where people move when they are provided a no, some, a lot and unable. The short answer is many of the no's, if I ask you do you have a serious difficulty, many of the no's move into some, now that they're provided the ability and latitude to answer in a more specific way.

We're also doing some identification research, as I mentioned. We have the -- there are DD populations, the populations identified by SSI and DI, how will those change after redesign are important issues that will be informing and maybe I'll be speaking about next year.

Let me mention again the Federal Register notice is coming out in spring 2017. However, at this very moment on the NCHS website, under the HIS, under 2018 redesign, you may go there, you can get all of this information, most of the slide content. You can get all of the structure and the topics that are being considered and proposed in the new questionnaires. There is an e-mail. If you send your comments and your letters to those e-mails, every single one of them gets read and addressed. Since I'm part of the team to do that.

So thank you very much. I look forward to the redesign.

[Applause]

>> Hugh Berry: Thanks, Julie. In our office we've been watching the developments with the NHIS with rapt attention. I appreciate the update. I'm going to try to help. I hope I don't make things worse.

Already, next person is Savi Swick from ODEP. Please welcome.

>> Whoo!

[Applause]

>> Savi Swick: Happy Valentine's Day, everybody!

[Laughter]

All you need is love, and what else? Data! Yes!

I want to start by thanking UNH and NIDILRR in particular for inviting the Office of Disability Employment Policy to talk a little about what we're up to these days.

One thing is for sure, and my boss is there, she knows, that we're always looking for actionable data that helps us develop policies and practices that work for the specific groups of people we serve.

So, ODEP. Who are we? We're a group of people who envision a world in which people with disabilities have unlimited employment opportunities. A little bit lofty, but we love that.

We try to realize that vision by developing and influencing policies and practices that increase the number and quality of employment opportunities for people with disabilities.

We don't regulate or enforce any regulations. In fact, we're the only nonregulatory federal agency that promotes policies and coordinates with employers in all levels of government in the disability employment space.

So what exactly do we do? We develop recommendations and advise on public policy for disability employment.

WIOA, one of the big examples, a biggie, WIOA, we've heard so much about it yesterday. As many of you know, WIOA provides for access to succeed in employment and helping employers with skilled workers.

It's definitely changing the Disability Employment Policy landscape in a huge way. Andrew was a little confused about the section 50's. I'm going to tell you. Another significant development to occur in recent years is the updates to Section 503 of the Rehabilitation Act of 1973. Section 503 is administered by the Department of Labor's Office of Federal Contract Compliance Programs, or OFCCP. It requires federal government contractors and subcontractors take action to recruit and retain qualified people with disabilities.

The Section 503 was updated in 2014 with a measurable representation goal of 7% hiring and retention of people with disabilities for the first time ever. The potential impact of this new Section 503 rule is enormous. Many people don't realize this, but one in every four workers in America is employed by a federal government contractor or subcontractor. These are some of our largest employers.

Of course, not all employers are federal contractors or even private companies. In fact, the nation's largest employer is the? Federal government! And this has been another important focus in ODEP.

In fact, just a few weeks ago, the Equal Employment Opportunity Commission issued updated regulations implementing Section 501 of the rehabilitation act. The section of the act requires affirmative action and nondiscrimination in employment of people with disabilities by federal departments.

This law now includes two new requirements: Achieving representation rates and providing personal assistance services for employees who require them due to disability. Related to the former, the route establishes uniform goals across all agencies, specifically 12% for people with disabilities and 2% for people with certain significant disabilities. At both higher and lower levels of employment.

Another exciting policy change has to do with apprenticeships, specifically ensuring that all people, including people with disabilities, have access to registered apprenticeships. The department issued updated rules regarding this just last month.

In addition, we serve a coordinating role with sister agencies on policy development, including policies on data. Examples of such policies are the FTP workgroup, Federal Partners in Transition, formed in June 2005 around transition-aged youth issues and related data. This workgroup brings together staff from DOL, Education, Social Security Administration, HHS, National Council on Disability, DOJ Civil Rights Division and US Equal Employment Opportunity Commission.

Early intervention strategies for state at work or return to work, we're working closely with SSA, HHS and OMB, as well as several of our own DOL agencies on trying to bring data together to identify and understand a population that may experience an illness and injury that would potentially take them out of employment and into disability benefits to see how we can provide an early intervention so that this population can stay in the labor force, with I can lead to improved health and wealth of the overall economy and the individual. If you recall, most of you, we were talking your ears off yesterday about this early intervention potential.

I will talk a little bit more about this when I tell you about our various initiatives.

We also seek input from employers and states to adapt policies and practices that meet their workplace needs. ODEP has several key initiatives that collect and analyze various types of data for supporting the implementation of major public policy and supporting the individual employers. Now I'm going to tell you a little bit about a few key ODEP initiatives. Believe me, this is not all we do. There's so much more we do, but I just selected a handful because otherwise Andrew will give me the stink eye about "Stop talking so much!"

[Laughter]

So DEI, Disability Employment Initiative, is a set of grants awarded to the public workforce system that are geared towards improving education, training, and employment opportunities and outcomes for youth and adults with disabilities who are unemployed, underemployed, and/or receiving Social Security Disability benefits.

ODEP jointly funds and administered the DEI with DOL's Employment and Training Administration.

So stay at work, return to work, this came up earlier when I was talking about the types of work we coordinate. One practice that many employers recognize is critical to their business success is keeping valuable skilled and experienced workers on the job or returning them to work readily after experiencing an illness or injury.

Over the past year, ODEP has been learning from industry leaders and subject matter experts about what it takes to retain these valuable employees, and we believe that a compelling case can be made for advancing stay at work/return to work strategies as soon as possible to increase the likelihood that people remain on the job and off benefits.

Through this work, ODEP has produced a series of recommendations for state government and private sector employers on stay at work/return to work issues for employees with disabilities.

Given that we recognize numerous federal agencies have a stake in improving work outcomes for Americans with disabilities, we plan to expand our work with our federal partners to develop policy recommendations and strategies to better align and coordinate the federally funded supports, services and programs related to stay at work/return to work issues.

Then we have earn and JAN. EARN is the Employer Assistance and Resource Network on disability inclusion. I want to tell you a little about SEED. This is also a big deal for us. It's a collaborative of state intermediary organizations working together to help state legislators ensure their state policies facilitate increased employment of people with disabilities. Specifically SEED aims to ensure state level implementation critical to employment, such as transportation and technology. It's disability inclusive.

To this end, SEED equips state legislators with timely data, sample policy language and technical assistance.

ODEP works to influence not only federal but also state-level policy impacting the employment of people with disabilities.

Of course, we cannot talk about ODEP without talking about employment first. One example is its work around Employment First with assists states to align their

policies and publicly funded service delivery systems to advance community-based integrated employment as the first choice option for people with disabilities, to advance Employment First ODEP initiated the Employment First state leadership mentoring program, which provides intensive technical assistance to core states and an Employment First community of practice, which currently has approximately 1500 people representing government, disability service providers and disability stakeholder across 45 states.

ODEP has also built a web data platform featuring federal survey and other data on all 50 states, where you can even get to compare data from up to three states at a time. I really encourage you to check that out.

Of course, last but not least, Pathways Community College Demonstration, the goal of this demonstration project is to increase the capacity of community colleges and other eligible institutions to provide inclusive integrated education, career development, and training services to youth and young adults with disabilities.

So we're doing all of this to build evidence to support disability employment policies, and for this ODEP works closely with DOL's chief evaluation office, or as we fondly call it CEO. This is a really valuable partnership for a number of reasons. First, CEO is a powerhouse of expertise in research and evaluation, and of course they have a lot of money.

[Laughter]

They also have a good overview of what's going on in all the different agencies within DOL. Working closely with CEO, ODEP can see where we need to bring up the topic of researching and evaluating the impacts on people with disabilities across all of DOL's work. Besides, I think they're a fun group to work with.

Talking about CEO, it's important to mention CLEAR, Clearinghouse For Labor Research and Evaluation. CLEAR's mission is to make research on labor topics for available to the public. CLEAR identifies and summarizes many types of research, including descriptive, statistical studies, outcome analysis and impact studies. For causal impact studies, CLEAR assesses the strength of the design and methodology in studies that look at the effectiveness of particular policies and programs. CLEAR currently has 14 topic areas and one of those is Disability Employment Policy.

So I really highly encourage you all to visit this page and check out the studies we have reviewed so far. In fact, our friends at mathematica helped us in reviewing Disability Employment Policy works.

Last but not least, we work closely with SSA, Department of Education, HHS on looking at available administrative data using those for research and evaluation.

I want to tell you about projects ODEP is working on.

This is not a comprehensive list, like our initiatives. We're working on a number of things, but these are a few that I want to highlight today. We're currently working on a couple of different surveys to understand the population we hope to serve. One is the nationally representative survey of employers. ODEP sponsored a similar survey in 2008 and we want to replicate some broad questions from that survey, but also discover

new information that have changed the disability employment space in the last several years.

We hope to have the findings of this survey publicly available by 2018, about 10 years since the first such survey. We hope to discover new data as well as potential trends that supply us with actionable data.

We get a lot of questions about businesses owned by people with disabilities. It is of a huge interest for several reasons. If we know who they are and their characteristics, we may discover some actionable data. So we're working with the Census Bureau who is planning revisions to include questions to identify business owners with a disability through their survey of business owners. And I believe they're working on including the same six questions that we have heard over and over yesterday and today. And we're excited about that opportunity.

As I mentioned several times before, stay at work/return to work is of huge interest to ODEP. Because we believe this is an area where we can make a big difference with right policies and practices in making large scale changes in disability employment. ODEP has already, and will continue in the future, to sponsor research work in this area as well as collaborate with public/private partners to bring together existing sources and/or develop new actionable data.

And we have a few evaluations going on. Here I highlight a few projects that have different focus from one another and employ different evaluation techniques. Two are from major evaluations evaluating the Disability Employment Initiative grants. So far, ODEP and ETA have jointly awarded seven rounds of grants. For the first four rounds we employed an experimental design where we randomly assigned local workforce development areas, also called LWA, to receive or not receive funds and eventually we plan to compare the two.

For rounds five and seven, we stayed away from experimental design because I think no one wants to deny funds, and we adopted a quasi-experimental design choosing those that were not naturally receiving DEI funds and those are similar characteristics to be able to compare.

Both these evaluations and DEI use a variety of data to evaluate the systemic and individual outcomes. American job center administrative data, survey data collected from administrators, as well as participants. We will plan to combine these data with data received from the national directory of new hires, which has unemployment insurance wage records and also SSA data which has Ticket to Work information.

Now, going in a very different direction, we are also conducting a process evaluation of the SEED initiative. The reason I want to tell you about this is this is not like any other process evaluation that we have done in the past. So if you recall, SEED is a collaborative of state intermediary organizations working together to help state legislators ensure their state policies facilitate and increase employment of people with disabilities. So the evaluation is focused on understanding the process of engaging state legislators and provides feedback to that process, to the intermediaries and ODEP, so that they can immediately adjust the activities to optimize the expected results.

This is what a lot of practitioners want. They don't want to wait five, 10 years to find out about how their program is going or their initiative is working. They want rapid feedback, and we are actually using that feedback so that evaluators also become part of the intervention in giving this feedback.

Last, but not least, I'll quickly tell you about the community college demonstration. Here we want to see how do these two community colleges implement inclusive integrated education for students with disabilities and whether such strategies can be scaled up to community colleges throughout the country where most students with disabilities attend.

Last but not least is a study we're doing to understand the employment networks, serving SSA ticket holders. As mentioned for DEI, we have American Job Centers that have become employment networks and then there are employment networks that operate outside the public workforce system. We want to compare the processes of these two types of ENs to identify differences, successes and barriers and lessons learned that can be replicated to improve the overall process. We expect these research and evaluation projects to generate a lot of actionable data and we hope to share this with you as they become available in the next few years.

So nothing makes me more proud and gives me great pleasure than to stand here all day, talk about all of the great work we're doing in ODEP, because we do. But we have limited time, so if you want to know more, please visit our website and/or send me an e-mail.

Thank you again for the chance to share with you ODEP's work.

[Applause]

>> Hugh Berry: OK, our next speaker is Renee Marshall from BLS.

>> Renee Marshall: The last speaker. Thank you. I'm Renee Marshall, with the Bureau of Labor Statistics. We're part of DOL, but a separate agency underneath that. I am used to a left-handed mouse.

So I'm going to talk about the occupational requirement survey. I'm throwing a new acronym, if I use ORS, that's what we use for occupational requirement survey. I've been spending the last two days translating VR and assorted other ones. I don't think this appears too many times on my slide. But ORS is the occupational requirement survey.

What is it? A new survey out there from the Bureau of Labor Statistics. I talked about it last year in brief when we were moving into and in the middle of our production startup. It is designed to produce occupational requirement estimates that are similar to what was in the Dictionary of Occupational Titles. It's not a replacement. Not an update to it. It's something that is new and it's designed to produce similar estimates.

One of the questions I've heard already is how is the data we're producing similar to the O\*NET, how does it integrate with the O\*NET? It is a new survey with a different methodology. It's an established-based survey, not individual-based survey. There is a number of methodology differences to it. However, the data you can use, since we're collecting on standard occupational classification, you can use it to combine the two data sets, if that's something that you are interested in doing.

I'm not going to get into how to do that, but there are people I can put you in contact with to talk to you about specifics of how those data sets integrate.

It's collected from employers by an interview. We're asking the establishment what is it that the workers in a specific occupation are required to do physically? What are your expectations when hiring them in terms of education, experience, and things along those lines?

It is funded by the Social Security Administration. This survey was developed to meet SSA's disability adjudication needs and fill in holes that they weren't able to find in existing data sets. We're collecting and providing the data to SSA. How that is integrated into SSA's disability policy is something that they have to determine.

They're seeing the same data that you guys are. It's all on our public website. They're spending the next couple years trying to figure out that piece out, how does this work with their policy, how is it going on?

So this is not the right presentation. This is last year's presentation.

[Laughter]

Oops!

So let me talk then, I don't have my computer with me, I guess I should have looked at my disk last night.

I have a poster out there that has some very detailed data. I also have a few copies of our news release and occupational profile. So let me talk about what we collect, and this may be in here if I skip ahead. Data that we are collecting. We're looking at four different areas: Physical demands, environmental conditions, vocational preparation, and the last one is grayed out, on the next slide, cognitive demands. These are areas we're looking at to publish. If I was looking at my current slides, I will tell you that I railroad talked about this last year, I'm not going into detail on it.

[Laughter]

We've published the data on December 1, and we released about 35,000 estimates. You can't even see that poster. Even when you're close to it, it is hard to read and see.  
>> Michael Murray: You can look at it to remind yourself. Unless you know it all by heart.

>> Renee Marshall: We released about 35,000 estimates, because the survey for these four elements is about 74, 72, depends what you count as an element, how you count things like industry, we have that many different pieces we're collecting then publishing on. When you calculate everything, cross-tab it, come out, about 35,000 estimates, 165 detailed soft occupations, standard occupational classification. Of that, there's 15 that are at the detailed O\*Net where they use the extra two digit, the eight-digit O\*Net SOC level. There is a lot of data out there.

What we've published, we've published on December 1 a news release, with all of this data, if you are available with the public website, out and into the website. So that you can download it and play around with it.

It also was highlighted, the commissioner highlighted some of the data in her commissioner's corner on the website. There have been two articles posted in the economics daily portion of our website, highlighting the data out there.



We've also released occupational profiles, which are pages that cover some of the highlights at an occupational basis. These are looking at the major occupational groups for, if you're familiar with the standard occupational classification.

Within our news release, we have a table that shows the standard vocational preparation for occupations. About 1/3 of the occupations, workers within occupations have jobs that require one month or less of preparation. This fine corner of the table, we have it for each one of the occupations. What is its profile? Some occupations, and this table has it at the major group level, if you're thinking about something like construction workers, you will see that there are some construction jobs that require little preparation, less than one month. But there are also jobs up there in the higher level. Those are more skilled construction occupations. We're providing more detail on that.

We also have information on the physical demands. One of the things I want to talk about, we talk about the overall workers, what you will see in our news release. One of the pieces in there is overhead reaching. You can imagine that's important in thinking about how many jobs require overhead reaching? When you look at the incidence, it's high, about 65% of jobs require overhead reaching. Wow, that's really high. When you get into the detail level, for some jobs it's high, but we're looking at this as generally performed that it's present in 65% of the jobs. At some point over the course of the year the job requires you to reach up on a shelf and take something down or put something up and handle it. So there's a small amount, sometimes.

One of the jobs that I highlighted is the computer specialists -- not computer specialists. Computer user support specialists. And so when you look at that, the data there when you look at the detail level is that it's only present in 56% -- not present in 56% of the jobs, but present in 44% of the jobs. Of those 44%, the mean amount of time, the average amount of time is 15 minutes or less. Then we have the percentiles. So 10%, 50%, 75%. 75% of the jobs where overhead reaching is present, it's still 15 minutes or less of an eight-hour workday. So there's all of that level of very detailed data that's in there, that gives you not just that the job has it, but some information about how much and how deep of that data.

Another piece we have in there is work interaction. That might be up here on my slide. No, it's not. We talk about work interaction and contacts. So familiar faces, unfamiliar faces. We talk about them as regular contacts and other contacts. So familiar faces and how often is -- this is one of our cognitive demands, they're the ones that are more under development still. But so how often do I have to interact with someone face to face that I'm familiar with? Or how often do I have to interact with someone face to face who would be general public, somebody I don't know? Maybe they're coming into my workspace or new people.

Those we collect not on an amount of day, but category variables there, which is daily or less frequently, sort of a several times during the day but not hourly, several times an hour, or constant and ongoing.

Most jobs, when you look at that, have for familiar faces what we talked about is regular contacts, I think it's 2/3 have within an hour you would have either constant or

several times an hour contact with somebody who is a familiar, and these are work-related interactions, not just chitchat at the water cooler.

We have 2/3 that would have something along those lines.

When you look at the other contacts, unfamiliar faces, it flips. So most jobs do not have that sort of interaction. You have a few. So looking at my notes, it's about 17% have that ongoing, constant interaction with unfamiliar faces. You can imagine people who are working service jobs, they always have customers coming through. Then you have about half of them have daily or less, that they're not interacting with unfamiliar faces in the job.

So we have a lots of this sort of data available. How can you find the data? Well, if you are familiar at all with the BLS website, it's standard the way we present the information up there. So the website itself is [bls.gov/ors](http://bls.gov/ors). That will be in here. Everything is up there. When you get on this page you no, there's a green banner on it. I will encourage you heavily to click on that. It's for contacting us. It has the phone number there. You see available here, the 691-6199. It also has information on contacting.

Right now, trying to find the data there on the page may not be the easiest, the way things are labeled or laid out. The news release is there. But definitely, that is a big green bar, you can't miss it.

If you're familiar with the BLS website, if you scroll further there's the standard bar that has a button for most frequently requested or the top picks. We took a guess with ORS data based on what we know and have heard over the years, for what would be most interesting there.

What we're really looking for is finding out from you all and others the data users what are the pieces most interesting, how should we present this data. That one is there, that will take you to just a few pieces.

There's two buttons there for query tools. The query tools are the standard BLS query tools. If you have used anything on our website, it's the same. You select, you move through, it will narrow it down, you go out, get your data, and it is starting with the occupation selection, then you can select among the four categorical variables, cognitive, physical, demands, education, environmental conditions, filter through there.

The biggest thing of interest to you all, the flat files are there. That's where the 35,000 estimates are that you can dig through. On that bar, there is a text files button. You click there, it takes you to where the text files are located. Start with the ORS.txt file. That tells you what all of the files this there mean, what the layout is and everything, so to work with it.

[Bls.gov/ors](http://Bls.gov/ors). I want to mention, you talked about peer review, data, you want data now, you want data that's peer reviewed. I don't have data that is about disabled individuals. We're always asking about the work without accommodation, how is it generally performed. So that's what we're looking for, but it is peer reviewed in terms of the methodology that is out there. We're doing a lot of work on validation studies. One of the questions is that we're collecting this from employers, interviewing the HR official, the safety officer, sometimes supervisors, how can we collect and get valid data if we're not observing the work being performed? So we've done tests where we observe the

work and measured it against the data we collected via interview, and we're continuing to do work along those lines to make sure that the data we're collecting is valid and reliable and answer the data users and really provide that sort of confidence in what we're doing is good and should be used for policy standards.

Thank you.

[Applause]

>> Hugh Berry: Thanks, Rene. That was wonderful. I have some resources to look up, the job requirements and preparation for statisticians that I can share with my co-worker.

We have a little bit of time for questions.

>> Andrew Houtenville: One comment. Rene, your true slides are now on our website. People online or here who have their laptops can get them, the real slides. I needed to turn on the mic. People online, Rene's PowerPoints are now on the website. We apologize for the mistake. Thank you. Any questions?

Rene, can you tell a little bit about how the data is intended to be used in the adjudication process? What is SSA's thinking that the data will help them do?

>> Renee Marshall: I really can't comment on SSA's --

>> Andrew Houtenville: True.

>> Renee Marshall: SSA is trying to figure it out themselves. They have ideas for what they want, but until you have data it's very difficult to figure out what it is exactly. So this is data that's designed for their needs, and they've been involved and we're talking with them. But in terms of how it goes into their own policy, they're working to figure that out.

Here's one other piece I will comment on. We have, this was the first year of publication, and so it was a 65, about 6500 establishments that were part of the sample. We're in our second year of data collection, it's 10,000 units. The entire, the design is for three years of sample. We're building the sample as we go. So we're taking last year's collected data, adding into it 10,000 units to this year and adding another 10,000 units next year so much it is three years before we get a full set of design estimates. That's another piece too that right now what we're delivering is not a full, robust set of estimates.

>> Hugh Berry: Any more questions or are there any questions online that we may have? No? Must be lunchtime. We have a question.

>> This is for the presenter who was talking about the SIPP earlier. Just wanted to ask if there are any topics that you've been hearing that people would like to see asked about on the SIPP that have not been to date.

>> Amy Steinweg: Such as? Anything in your mind?

>> Specifically, I would say in the housing arena.

>> Amy Steinweg: Nothing comes to mind. I mean, we don't -- I'm not an expert on the other subject areas. We don't collect housing conditions so much, but we do have I believe an adult well-being module that may get at some of that. But there's a lot of stuff in it. No obvious big wish list gap comes to mind.

>> This is a question that kind of harkens back to some of the presentations yesterday. It's about the NHIS. There looks to be a big efficiency movement in the NHIS in the

disability questions. I can understand that movement. My question to you is, are there testing different survey modes of collecting that information? Are they used web-based information? Mail surveys? Telephone? Are they using more traditional modes? How are they going about cognitively testing the new questionnaires?

>> Julie Weeks: Is this already on? It is on now.

So the questions -- first, let me start with the HIS in-person interview. So the census bureau's going into the home and asks the question to the adult or child. There are times when hard-to-reach individuals or in order to complete a survey some questions will be asked by telephone, but primarily it's in person. All of the cognitive testing of the Washington group questions was conducted via telephone. If you are asking about the cognitive testing for the disability items themselves.

Most of the other items on the HIS, many of them are the ones that are currently there, not all, but most of those have been there and we know that they are fairly reliably giving us data, given the face-to-face mode.

>> Andrew Houtenville: This is for Julie and the Washington group questions. I'm trying to remember, but I don't have a memory of anything. Do you -- was there any work done about adding onset questions associated with the Washington group questions to try to get a disability onset?

>> Julie Weeks: Not specifically for the Washington Group questions. There's a lot of concern about dropping that onset question in the HIS. I'm not certain if you're interested in hearing where we are with that.

One of the hardest things about the onset question is that generally it's used to identify, for example, the DD population. But the legislative definition of that population includes far more than just an onset kind of piece, and in the HIS, for example, we don't ask all of the chronic conditions, we don't ask all of the kinds of things that is in the legislative definition.

So the issue is whether the department will pay to put an onset question on, and we are hopeful that they will decide to do that.

Generally speaking, an onset question tends to have to be structured like, OK, you've said across the survey you have difficulty in this, difficulty in this, difficulty in this. Did any of these begin before age 22?

We know that generally works, but it depends on how long that list gets and how many varied kinds of things that you need to know about, whether it's all of the chronic conditions plus all of the difficulties in functioning, plus any other independent living issues, that kind of thing. So that's a long-winded answer.

>> Andrew Houtenville: That's fine. It was an unspecific question.

Then to Amy, is there any -- with the supplement to the SIPP, the 2014 supplement, was telephone fairly low response rate relative to previous topical module system, what's the plans in the future for SSA's supplement that SSA is buying from the SIPP? Do you know?

>> Amy Steinweg: To my knowledge, there aren't concrete plans yet. I'm actually not the best person to ask, but from what I've heard it's still sort of decision pending on their part.

>> Andrew Houtenville: Your mic is off.

>> Amy Steinweg: It says push. I didn't follow the instruction. To repeat, I'm not the best source of knowledge on this. To my knowledge, we're still waiting to hear from SSA. I see a nod from someone who probably knows better than me. We'll see. We just don't know yet.

>> Hello? Sorry. I have a couple of questions that came in online. One is from a little bit ago from 11:15, this came in from Rebecca Sheffield. It sounds like the disability supplement for the SIPP was sponsored this year, not every year going forward of what is the best way to advocate for continuance of the supplement?

>> Amy Steinweg: Am I still on? Push, push? I'm not sure the correct answer for that. I would -- I imagine make my interest known to the survey director on Census side and whoever is handling it at SSA, which I actually don't know their contact. Howard Imes? Didn't he retire?

>> Howard is retired.

>> Amy Steinweg: I thought I heard that. Andrew will keep you abreast of the latest. Obviously, we love disability data. We'd love to see it again. But it's up to those powers that be. Funding is always important and challenging. SIPP is no exception, by any means. Yeah.

>> OK. Follow-up question from Bill Erickson at Cornell, two ACS questions. Increased online survey responses in the past few years of has Census examined if this had an impact on ACS responses? And ACS disability imputation rates, any thoughts or plans to address or examine the issue with increased disability imputation rates in the ACS. Two separate questions. Let me know if you need me to read them again.

>> Amy Steinweg: Is that to me? Definitely read it again, please.

>> It does say Amy. Has Census examined how to increase online survey responses? If this had impact on the ACS responses?

>> Amy Steinweg: I'm totally not the expert on this. At all. Honestly, the best answer would be for this person to e-mail me, and I will ask the parties that be.

From what I've heard, there are some mode effects. I'm speaking generally, totally out of thin air. From what I hear, there are mode effects in terms of different rates by mode, how much of that is sort of a selective thing, who selects and what mode it is self-selecting as I understand it. Yeah, I will speak to whoever is knowledgeable on that. But I really don't have a good answer.

>> OK. The second question was any thought, plans to address or examine the issue regarding increasing disability imputation in the ACS?

>> Amy Steinweg: Again, I don't know. I don't know. Yeah, no, this isn't my area of expertise. There's a lot that goes on in disability in our different surveys.

>> I can take pressure off you, give a question for the whole panel here. Have there been particular findings regarding individuals who have co-occurring substance use disorder with another disability?

>> Renee Marshall: I don't collect disability data, so --

[Laughter]

>> Julie Weeks: You know, I don't know all of the literature that is produced using the HIS. I do know that there are researchers who have published in the area of comorbid conditions along with disability. Whether that's depression and disability or heart disease and disability, chronic kidney disease and disability. I know those kinds are out there. I would do the same thing that probably this person would do, which was get on the web and put in the keywords to find the kinds of targeted literature that he or she is looking for.

Short of that, I don't have a specific answer.

>> Hugh Berry: Any more? Well, let's thank our panelists again very much for all of their contributions.

[Applause]

Thanks, everybody. I guess Andrew?

>> Andrew Houtenville: I'm going to do some -- Rene, this is wonderful. I'm going to do some closing remarks just very quickly. Thank you all for showing up. Thank you all for the people on the web. Again, Rene's original presentation is online right now at our website.

If people in the room are interested in taking back compendiums, we typically bring down a couple extra boxes. If you want to take it back to the office. We're pretty off the beaten path.

>> Hugh Berry: It's only a mile.

>> Andrew Houtenville: That's true. Again, this is -- we roll out the compendium every year and we're glad to -- I thank the panel again. Next time we'll have more time and maybe have a facility where we can circle around. In years past, we've circled around, pulled the chairs together. It usually ends up being a very interesting. We'll have to have various views for the web people. But we'll figure that out maybe.

I want to lastly thank Penny Gould. Where is Penny? Stand up, Penny. For organizing. And of course I want to thank Hugh and NIDILRR for their support and their guidance over the years as we've put these together.

Thanks again, everybody. Bye-bye!

[Applause]

[Ended at 12:44 p.m.]