Disability and Diversity Data: How Centers for Independent Living Can Use Data Mining and Community Mapping to Address Diversity

Presented by Susan Dooha, Megan Henly, Stan Holbrook, and Andrew Hootenville

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>> TIM FUCHS: All right. Good afternoon, everybody. Welcome. I'm Tim Fuchs with the National Council on Independent Living. Want to welcome you to our latest CIL‑NET webinar, "Disability and Diversity Data: How Centers for Independent Living Can Use Data Mining and Community Mapping to Address Diversity." As always our presentation today is brought to you by the CIL‑NET training and technical assistance project for Centers for Independent Living. CIL‑NET is operated through a partnership among ILRU, NCIL and APRIL. Support for the project is provided by the Administration on Community Living at the U.S. Department of health and human services. I want to mention a few things before we start today. First of all, we are recording today's call, and those of you that participate in these webinars often know that we always record these presentations so that you guys can access them later. They're all posted on ILRU's website. They are fully archived. So just be aware of that. We've got plenty of time set aside for questions today and this is a rather technical topic. So we hope that you will take advantage of that. We've got two Q&A breaks, one about halfway through and then, of course, one at the very end. You can ask your questions by typing them in the Q&A tab in the webinar menu. If at any time you don't see your menu bar, your Zoom options, you might try hovering your cursor over the bottom of the screen. It should usually appear then. Please do share your questions. You can type them any time during today's call. We will wait for our Q&A breaks to address them, though. There is also a chat feature on Zoom. You're welcome to use that but we ask that you try to use the chat more for comments or technical issues. For content questions we'll ask you to use the Q&A tab. If you type it in the wrong place, no problem. We'll find it and make sure to voice it during the Q&A break.

There is, of course, closed captioning on today's call. If you don't see the closed captioning on your screen, you can press the closed captioning option in that Zoom menu bar and it should appear. It may be a single line. You can press the up arrow in the right‑hand corner of the captioning and that will enlarge the box. If you need to manipulate the font size, color or contrast, I would recommend that you use the Streamtext link that was sent to you in the confirmation. You can do a full screen of captioning, manipulate the font, size and all that. But on Zoom you can really only do the large and small captioning lines.

So make sure that that is open if you like it. If you do use the full‑screen captioning, there is a chat feature there as well. I'm logged in as Tim Fuchs. You can ask your questions through that chat and I'll voice them during our Q&A breaks as well. So several ways to ask questions today.

Finally, at the end of the webinar today, we will have a link to the evaluation form. I hope that you all will complete that. That link was also included in the confirmation email that was sent to you. Some of you are participating in small groups and that's fine, but we hope that each of you will take time to fill out the evaluation. It's very quick and easy to complete, but we really do value that feedback from you all and hope you will provide it to us. When you close the webinar today at the end of our call, that evaluation will actually pop up on your screen. So don't be surprised by that. Please fill it out the moment ‑‑ we all know it's tempting to just go back to your day, but it's a lot more likely you'll give us your feedback than return to it at some time later we find. So we would really like to hear from you.

All right. I think that's it for the housekeeping things. I wanted to mention. I want to go here to slide 3 to introduce our presenters and share their contact information and so with us today we have Susan Dooha from CIDNY, the Center for Independence of the Disabled in New York City. Megan Henly has joined us from the University of New Hampshire. Megan is a researcher there at the institute on disability. And we also have Andrew Houtenville who is the research director of the institute on disability at UNH. Thanks to all of you for being with us. We also have today with us Stan Holbrook and we have invited Stan to join us because Stan has been overseeing the work of the disability, diversity and intersectionality project ILRU has been coordinating and we were really interested in sharing that as kind of a foundation for the topics that we're going to discuss today that really in order to make good use of the data you might be looking into, we're suggesting that first you need to make a commitment as an organization to use that information, to change the make‑up of your organization, to change ‑‑ to look at who is really in your community and to make sure that your organization is representative of your full community both in the people you serve but also in your staff and your board, your leadership. So a lot of what we're going to talk about today dovetails with that and we wanted Stan to share some of the good work that they have done through that DDI project, so you'll hear more about that in a moment.

Okay. So these are the objectives that you all saw in our marketing announcement. These are probably familiar to you but I wanted to review these quickly here on slide 4. A few of the things you'll learn today, the nature and value of disability statistics relevant to Centers' goals and priorities around issues of diversity and inclusion. How to find and gauge the quality of data sources that can provide Centers with relevant local data. Ways to analyze data when Centers cannot find the community‑level information they are seeking. And finally, strategies that broaden Centers' scope and use of data through shared examples that include key areas such as education, employment, transportation, healthcare access and housing.

All right. With that, Stan, I'm going to turn it over to you and ask you to share more about the disability, diversity and intersectionality project.

>> Thank you, Tim. Thank you all for joining this call, this webinar. I've had the pleasure of serving with ILRU working on the disability, diversity and intersectionality project since its inception. ILRU in collaboration with the public research and education services conducted a three‑page research study entitled "disability, diversity and intersectionality." This study was to determine how CILs are designing and improving services, programs and outreach for racially, ethnically, culturally and linguistically diverse groups. It was a three‑phase study, and it started out with key informant interviews, a focus group, and interviews with CILs to select those competent to develop case studies about their work. The informant interviews were conducted through identified potential CILs for participation, and there were several focus groups that went on in 2017 at the SILC Congress. The purpose was to identify Centers and individuals who were known for their work for serving ethnically, racially, culturally and linguistically diverse groups. And so there were suggestions for interviews. There were 38 CILs that were nominated and contacted. 20 of the CILs actually responded with interviews, and interviews were reviewed and rated by a panel, which I was a part of, and nine of those Centers were selected for case studies. The Centers selected were Access Living of Chicago, Center of independence of the disabled, New York, Susan, who is presenting today, central coast central for Independent Living in Southern California, central Iowa Center for Independent Living in Des Moines, community resources for Independent Living in California, disability link in Georgia, Illinois, Iowa Independent Living Center with Liz Sherwin. IndependenceFirst in Milwaukee. And finally metropolitan Center for Independent Living. What we did was gauge at the interviews we developed best practices that came out of these interviews, and there was a diverse group of practices and best practices where we thought it was very important to present these things with the E.D.s to the SILC and CIL bodies at large. So we developed webinars on the best practices, and this is with the participation of the E.D.s. We developed some subject matter that we presented webinars on, and those webinars were infrastructure, it was diversity, and infrastructure, and it was playing together well with others, it was this one, data mining, which is very important subject that we're going to go through, and we also had one ensuring core services were responsive to disability, diversity and intersectionality. So at this point we've had very successful webinars. We hope to develop one to two national trainings in the coming year, hopefully in collaboration with NCIL and others to move this initiative a little further, and I just ask that you really pay attention to the community mapping and the data mining. This is a fascinating topic, and it will be essential for you to really improve your services and programs to include those of diverse natures with your Centers. Thanks, Tim.

>> TIM FUCHS: Thank you, Stan. All right. Great. With that I'm going to go ahead to slide 5 and turn it over to Megan. Megan?

>> MEGAN HENLY: Thanks, Tim. I want to say I'm excited to have a chance to be here to share this information with you. It's stuff that's really a big part of the work that I do at the institute on disability at UNH. So I just wanted to offer this slide as a starting point so you have a sense of how we're going to do this. So I'm going to spend the first chunk of our time together describing what data exists, where to find it and think about some measurement issues that you should consider as you think about the ways that statistics may inform the work that you do, and then we'll have a break for technical questions related to that, and then I will I will turn it over to Susan Dooha. She will share some great examples of practical applications using data like that might be inspirational for many folks. I also have Andrew Houtenville here and he will be chiming in as well.

I want to start today by recognizing each of you likely have your own set of interests, things that you really want to find out about the people that you serve. So this may be something like you might be interested in housing or employment or education, but before we even start thinking about those issues and what data exists, I want you to start by encouraging you to think about what the definition of disability is most meaningful to you.

So some organizations are focused on specific types of disabilities or chronic conditions. Others are interested in the way disability is interpreted through specific benefits or public policy. So I want to walk through a few ways of defining disability and then turn to how disability status is measured and the major data sources you may access. This definition will be important. So this should be ‑‑ there is no right or wrong definition. It's the one that suits you and your needs and it needs to be kind of a deliberate decision. So I want you to keep your preferences in mind. I am going to walk through some of the examples quickly. I have a graphic here defining disability, and it has five bubbles coming off of it, so five different types of ways we can imagine defining disability. The first would be legal or policy definitions. The second would be some type of medical definition where there is a specific medical criteria met or presence of a pathology or impairment, if I were to use medical jargon. The third, using functional limitations. And the fourth and fifth I'll really group together. Those are activity limitations with a specific focus on work limitations, since that seems to be something that something that's of interest to many organizations.

This first one here is looking at a policy approach to defining disability or measuring disability. There's various federal and state‑level policies that offer a definition of disability. These tend to be precise because they need to determine who will receive a benefit, who will not. They are, however, subject to change at the whim of lawmakers. So there's that consider. But if you are coming from a place where knowing about who accesses certain benefits or utilizes particular policies, this may be a useful approach to you, if you're thinking about how you want to define disability as you go about accessing data.

So I have a few kind of examples here in the lower right corner, we see the Americans with Disabilities Act. This has language that doesn't really say anything specific about severity or permanence. Using a definition like this we might estimate a prevalence rate of disability at around 20%. If we turn to something more restrictive, such as Social Security's definition of disability, we find here where ‑‑ something where there is an emphasis on severity and permanence of disability. Again, of course, this is something used to determine who is eligible for benefits. A definition like this that is much more restrictive would estimate the rate of disability being only 4%. So even just within this one particular method, thinking about policy definitions, we'll see a great deal of variation in who does or does not count as having a disability. So just something to think about.

I'll move on to measuring disability by looking at some medical criteria. That is, generally, the presence of a medical diagnosis. This type of data we would see as generally the result of a survey asking a question like: Do you have depression? Do you have epilepsy? Do you have ‑‑ you know, the list of various medical conditions. So this type of definition could be useful to your work if your work focuses on a specific just type of disability or a specific medical condition. The good thing with an approach like this is that it's less likely to be influenced by lawmakers or politicians. It's either present or not given criteria that the medical community has established. One kind of drawback, though, is that this type of approach really does use a medical model of disability, something that's really viewed as something that's internal to the individual, not really considering the interaction between the individual and his or her environment. This approach might also exclude people who we might generally wish to count as having a disability. Maybe they don't meet the criteria of having a condition. Maybe they don't have a diagnosis, but they might be considered part of the population you serve. So it's just again other considerations to determine which definition might best suit your needs.

I'll move on to the third bubble that I shared on the opening slide, and that is, defining disability by looking at activity limitations. Here I'm going to focus specifically as I mentioned on work limitations. You could consider other types of activity limitations, but this is one that is used by researchers often because there is ongoing data that exists that uses this particular measure. I have a question wording here from the current population survey that says: Does anyone in this household have a health problem or disability which prevents them from working or limits the kind or amount of work they can do? So a measure like this could be useful if access to work or ability to work is something important to your research. If utilization of disability benefits is important to your research. But, of course, not all people who have a disability are unable to work. So it's not really the measure you would want if you wish to know about disability prevalence more broadly. And, of course, this particular measure only applies to those who are working age. So if you have research that wants to include children or older adults, this would not be a measure that you would want to use.

If we could move to the next slide please. Functional limitations. This is one final definition type that I want to discuss, and I have it actually spread across two slides just to give you a heads‑up. This is one that we tend to use most often in our office, in our work, though not exclusively. This is the presence of a functional limitation. There are six main functional limitations that are assessed in the major government surveys. These include vision, hearing, ambulation, and I'll continue in a moment on the next slide I have cognition, self‑care and Independent Living, but I did want to show the question wording for each of these so you have a sense of what is asked and how these are included. Tim I'll read in one real quick. They ask about vision of people of all ages. Are you blind or serious difficulty seeing even when wearing glasses. Are you Deaf or do you have serious difficulty hearing. Then they have a question for ambulation. Then there are questions here for cognition, self‑care and Independent Living. I want to point out there are age brackets along with most of these questions. Vision and hearing is asked of people of all ages, but some of these are limited to applicable age groups that would make sense.

So these six questions are generally taken together to measure disability. So someone who would report yes to any one of these items would be counted as having a disability in the analysis that we do. Of course, if you were particularly interested in only statistics on the blind and visually impaired, you could restrict your analysis further to just look at that, but in much of the work in the work that we do we take these six questions together and any one yes response would put someone in the category of a disability.

These are useful because as I note on the top in bold these six standardized questions are used in most the national surveys that are collected by government agencies.

Next slide, please, Tim.

So kind of given all this as context and background, what I think you should ask yourself is which of these definitions best informs the work that you do? Which would help you to answer the questions you have about the populations that you serve? You can consider the pros and cons that I quickly mentioned, but in the end, one of the important reasons you'll have to choose one definition over another is sometimes based on the availability of data. So I want to turn now to answering a question, which is probably more interesting to you than thinking about definitions, but measurement is really important here. Thinking about what data are available using these definitions? How easily can we access these data? So I'm going to speak about some of the data that are available now to give you a sense where you might find these, keeping in mind there is actually lots of data and we're going to try to highlight a few common spots to begin with.

So the next slide, please.

I'm going to show here an overview of major disability data sources. As I mention, there are many, many government surveys. For each government agency there are usually numerous surveys related to the topic that agency is charged with covering. So this is everything from housing to crime, time use, expenditures, education, things related to the labor force. Actually, right now I'm working with some survey data from the National Science Foundation because it has some really useful measures on people's experiences at work and it has disability measures on it. So I can make some useful analysis. Actually something kind of fun, if you want, you could Google something like U.S. Census Bureau, are you in a survey, and that would produce a list of all the surveys the U.S. Census Bureau collects, and that's just one government agency and you will see there's lots. So that would give you a sense of the breadth of information that's out there and any one of those surveys generally speaking has a disability measure on it as well.

So I want to focus mainly today on two major data sources. One is the American community survey, which I refer to as the ACS. And the second is the behavioral risk factor surveillance system which is clumsily referred to as BRFSS. We picked these in part because they both use that six question six series of questions I mentioned. That's difficulty with sight or hearing, cognition, ambulation, self‑care, Independent Living, but we also picked these because they are really big surveys that nationally represented data which can be refined further for more narrow geographic analysis and also because they have a good interface where people can generate tables and pretty user‑friendly tables.

So, let's see, one thing that is also important is they both have different questions of substantive interest. So by that I mean in addition to the disability items they have things like housing, things like health insurance, income, health status, doctors visits. You could use this data to make comparisons by disability status. You could also use them to produce some tables, some description statistics about the lives of people with disabilities in your communities, their average income, racial composition, household composition, whatever might be useful to you to know.

One other note I have on here, I kind of glossed over, it says each one of these has nationally representative data that sometimes has locally representative data. So these big statistical agencies approach their data collection very scientifically, methodically, they follow standards and protocol that insure the numbers they collect are representative of American residents in general. I won't dive into the science behind that, but just know that's somewhat important. And it means that you can use these sources for producing national‑level estimates, but you may be interested in a more narrow geographic area. So I'll talk about that a bit more but I wanted to mention that as well.

Let's move on to the next slide, please, and I'll talk specifically about the ACS.

So this is a data collection effort that really started in, I think, 2005. It was initially kind of a way to fill in the gaps between the decennial census. So it's been a while. Just as a reminder, every 10 years, it's been in the news a little bit lately, there is a complete enumeration of the population. So every U.S. household will get a census form. Every person participates in that. So it's a population survey. That's great. It means that you have really great estimates because you have counted everybody. But the problem for researchers, in 2019, right, is that data is now almost 10 years old. In addition, the decennial census really only captures a few demographic characteristics. So the nice thing about the ACS is that it's an ongoing annual sample that asks not just about age and race, how many people are in a household, but it asks lots of other questions, including disability status. As I mentioned in the last slide, the data collection methods for the ACS are designed for national estimates but the numbers are calculated to give you a sense of what U.S. population looks like but they can generally be used to look at much smaller geographic areas. So we'll do analysis in our office to describe the population with disabilities in New Hampshire specifically, but we can break that down by New Hampshire county, which will allow us to show differences between the really much more rural areas up north and areas around the sea coast and the major cities that are quite different. And it's important for us to be able to see those differences. I know that's probably important to many of you as well. You might be interested in something more specific than state‑level data.

So keeping this in mind, I want to point out that the way that the ACS data are presented is ‑‑ there's two ways. I list this here. There is one‑year estimates for large geographies and five‑year pooled estimates for smaller geographies.

Tim, if you would just move forward one slide I will show kind of quickly the differences between the two.

So this ‑‑ I don't want to get too technical but I want to give some background so when you see my walkthrough on the next slide you'll have ‑‑ you'll feel informed and know which one you want to use.

The one‑year estimate is based on survey data collected for the most recent year only. The nice thing is it's still ‑‑ a lot of participants, a lot of respondents. So it tends to be around 2 million. It's a huge survey effort to get so many respondents in a survey. The nice thing is that you can really easily parse out large geographies, national levels, state‑level data. Those are going to be available with great precision. So if you have a large geography of interest, something that meets this criteria, large population size, then you could rely on this. It's nice because it's super current, it's the most recent data, but you might have, and we often do have some really more narrow areas you want to focus on, narrow geographic areas or maybe sparsely populated areas. So that's when you want to consider using the five‑year estimates. This is basically ‑‑ this is basically them pooling all the respondents over the most recent five years of data. So for right now this is the period of 2013‑2017. The nice thing about this is it ensures there's enough survey respondents to ‑‑ within your particular geographic area over the course of the most recent time frame. The nice thing is later in this presentation Susan is going to show you an example where she is using something as restrictive as Zip code data, something that's extremely narrow. She's able to show you that level of detail because she's in New York City and there's a larger population there. And the analysis that she is doing, the need she has, is really specific and needs to be that granular. It wouldn't as helpful to know just for the entire city because there's a lot of diversity there.

So the main takeaway here is just that ‑‑ you want to use the most recent estimates, right? Most current is best for you. But using the five‑year estimates is available to you if you have really specific narrow geographic area.

If we could just move forward one slide I'll show you here I really mention this distinction so when you see some results you'll have some context about why are there so many tables that look like they're the same.

So I want to just walk through an example of how to access ACS data using the Census Bureau's website. So you could find this by going to FactFinder.census.gov. You can also just Google American FactFinder. This is a web page that is a table generation tool for any person to find community characteristics. It's designed to be very user‑friendly. I think it's pretty user‑friendly. I have a screenshot here of the first page. I would encourage you to visit and explore these other links. Community facts is kind of nice. You could use that as a starting point to get a sense of the topical areas in there. But I am starting here with advanced search. If you were doing this yourself I would encourage using either advanced search or guided search to start looking at some data.

If you would move forward one slide, Tim, I'll show what happens after I click on advanced search.

There are several categories here along the left side where I can make selections about the types of tables I would like to see. So I would start here, and this screenshot I clicked topics, and there are several here. It's kind of hard to see, but some of the choices are age and sex, age group, and, bingo, disability. That's what I'm interested in. You click the plus button by it as I did. It expands to show what disability measures are available. And so thinking back to the opening where I encouraged you to think about definitions, you see there is disability, mobility, self‑care limitations, work disability stat us a. So the one you choose will depend on what definition you decided is most important to you. I am just clicking on disabilities here, which would basically take those ‑‑ a yes response to any of those six items I mentioned earlier and count that.

So after I click just disability, it will be added to my selections and then I would select from geographies along the left side as well. If you could move forward one slide, it shows what happens after that.

Some geographic options. This is a little small to see but I just want to use this to illustrate there's a lot of available options for geographic areas. So there's obviously national, regional, state level, but much deeper than that. There are counties, Congressional districts, cities, sometimes school districts even. But I want you to keep in mind something, just because a particular type of place is listed doesn't mean there will definitely be data for your place. So as I mentioned, I looked up lots of specific numbers for New York City. There's lots of data there. But if I looked up Durham, New Hampshire, where I live, I might not find that layer of detail. Just something to keep in mind. These are options that are available but maybe not for every single area that fits into those categories.

So moving forward one more page, please. After I make my geographic selection, in the background the program will automatically filter through the tables that meet the criteria that I listed. So here this is just what happens if you select national data on a topic of disability. So I circled this column to show you, reflect back on making a decision between the five‑year and one‑year estimates. You see here it will show you all the years of data that they had and which estimates they have. So some are five‑year estimates and some are one‑year estimates. Just to show you, I clicked on the first table that's available here, disability characteristics. If you would move forward one slide, please. That shows what pops up.

I end up getting a table that just shows for the U.S. the total number of people as well as the total number with a disability and those without, and it's broken down further by race, ethnicity, age. It scrolls down a bit more. I didn't show all of it. Just a sense to see what you would get, a simple table. It's downloadable as you want as either a PDF or something you can work with in a spreadsheet if you like to combine cells and add things together to see what happens.

So this is how the table generation system works for the Census Bureau's website where I would get ACS data and that's one example.

>> If you move forward, Tim, one slide I'll show a little background about the other major survey I mentioned, the BRFSS. This is a survey that has some really detailed health and health behavior questions on it. So if you have a disability definition of interest that is tied to a medical condition or a more narrow diagnostic criteria, you may wish to check out this source. Or if you have just a substantive interest in health behavior and health issues.

So this is a survey conducted by the Centers for Disease Control and Prevention. It's been going on since the 1990s. The nice thing is here I have a link ‑‑ each U.S. state has a data coordinator. Sometimes there's a whole office dedicated to working with this data. So I provide that link, which will link to the state data coordinators. It may be useful if you want to just click on it and check out and see what data and reports have already been compiled for your state, and there may be things on disability, there may not. But it would at least give you a sense of what data exists and knowing that there are disability questions on the survey that there is more that you could dig deeper into to find.

If you would move forward one more slide I will show you some of the table generators on the BRFSS page. So I just have a quick screenshot or two. I'm not clicking through any of the examples in the interest of time. But this is the web page here for the table generation tools. In addition to the state‑level reports I mentioned, there's a variety of data analysis tools, and actually, Tim, if you would move forward again one slide, I just show here a variety of options, and there are even more on the page. Something to keep in mind is that the survey is long. There is a ton of health‑related data collected on it. And so some of these table generation systems are divided by topical area. So highlighted in green on the top, and that was highlighted just because my mouse cursor was over it, is prevalence and trends data, which is a great starting point for accessing disability statistics that relates specifically to health, health behaviors and healthcare access.

I'll let you look at that on your own time if you're interested but I just show this here. There is the URL listed at the top of this page as well. You can also find it by Googling the acronym BRFSS and data tools and this page should pop up.

So move forward again, Tim and I'll quickly mention two other data sources I'm not going to walk through, but they're also large. So they're good for making potentially local geographic estimates. So I want to mention them for that reason. They don't, unfortunately, have particularly user‑friendly table generators as these other two table sources do but it's useful to know they exist because if you have something you need from these studies you may find a publication of interest or you made have our office or some other analyst obtain the numbers relevant for you.

So I'll talk quickly about these two before my time is up. They are the Current Population Survey, or CPS, and the survey of income and program participation, which we refer to as SIPP. Sometimes we spell the acronyms and sometimes we spell them.

I have a slide here that just has a little bit of background information about the CPS. But the thing that you probably know the CPS for, which you didn't even know it for, is that this is the data source that provides us with the monthly unemployment rate. So that's something you'll hear reported at the beginning of the month on the news, and this is where it comes from. They survey about 100,000 households every month, and one of the things they ask about is employment status and whether people are looking for work, and that's how they estimate the employment rate and unemployment rate. There is one month of the year that tends to be particularly useful in finding data on poverty and health insurance. The CPS here, it should be particularly useful if you are interested in detailed employment data or if your definition of a disability is tied to work limitation or program use.

I'll move on to the next slide where I'll talk briefly about the SIPP, the survey of income and program participation.

So I include this again because it's another big survey that's out there. It's longitudinal survey. So that just means they talk to the same people again and. So this will allow you to potentially measure analysis of change over time, if that's something useful, movements in and out of government transfer programs, also the six question sequence I keep talking about and say I use a lot, if this doesn't suit you, then these surveys might be useful. The SIPP in particular has the six disability questions but it also has three additional questions that focus on child disability and work disability. So just things to keep in mind, because I focus so much on the ACS in particular. Other sources are out there and have measures that are useful to you.

So one more slide forward, please. And I just ‑‑ before I end my portion of the presentation, I have two quick slides I want to link you to give you a sense of where you might find useful information and I'll leave you with some questions you should be asking yourself as you go to embark on your search for relevant data for your office. So where do find data. What are some options beyond looking them up? I want to offer a plug to a resource that our office publishes annually, the disability statistics compendium. Our newest report is set to be released very soon in just about three or four weeks, I think. This report has so, so many summary statistics that are broken down by U.S. date. Many are compiled from many sources, many of the ones I mentioned today, to share the latest data on things like employment, things like education, poverty, health insurance, veterans issues. Lots of great stuff. So this is actually a really useful starting point. You can open up the report, look through it and see what's available at the state level and then if there's something that's particularly useful that might force you to probe a little more and see what you can find at a more local level if that's important to you.

Also this report is ‑‑ this report is re ‑‑ report's release is also an event. So it's filled with interesting presentations by researchers on disability statistics and I encourage you to click the link to find out more information. You can sign up to attend in person if you are near Washington D.C. or join us online for one or both days to live stream the event, which is free.

If we could move forward another slide, please.

Aside from the compendium I want to leave you with a couple other particularly useful links that have published reports using survey data. I have links here to the ACS, CPS and SIPP pages that are already published and summarized tables and reports on the topic of disability. I mentioned earlier that I would provide these. So if you are copying and pasting these, keep in mind, make sure there are no spaces in there. I added kind of a tab to align them but if you include that tab you will get redirected. If you click through these, unfortunately this particular week it's somewhat hard to access some of these links because of the government shutdown. I myself am having trouble accessing documentation. So if something seems broken or currently missing, hopefully it will just be a couple more days and everything will be back online. These links are all and super useful. What other options do I have to find data? You could go and use American FactFinder or the BRFSS table generators as I showed you or the last bullet point here you could request what we call technical assistance. So our office generally provides technical support to people seeking disability statistics. That is part of my job here. We generally do so at no cost. So you could use our contact our information or you could Google or look us up on research on disability.org. I would just say Susan Dooha who is going to speak next, she just has some great examples of someone who has sought technical assistance from us and she really uses the data to inform work that is impactful and really useful. So I'm really looking forward to hearing what she has to say. Before we break for questions, I will show my final slide. It's a little text heavy. These are just questions I want to leave you with, questions you should ask yourself about what datasets to use. So these are just some ‑‑ some of these I have already hit upon but things to consider. You want to think about who is doing the reporting, who is included in these datasets. Some people may be interested in including populations of people who are in group quarters. So keep in mind that as well because some surveys are the ‑‑ the samples are restricted to just noninstitutionalized residents. So this slide is basically a technical recap as you go about thinking about what survey you are going to tackle first, where you're going to look. These are questions you should be asking yourself.

Andrew, do you have you want to chime in before we break for questions?.

>> ANDREW HOUTENVILLE: Thank you, Megan. I think you did a great job describing what's available. I want to reiterate what you mentioned, that the disability statistics compendium contains really a lot of different data sources, including some government data sources. There are some things available from the Social Security Administration that give you down to the county level. They used to have Zip code level stuff. I haven't been able to find that in several years. But give us a call. You know, look through the compendium. At the bottom of the compendium there is a toll‑free number or an email you can contact us at. We're happy to talk to you about potential data availability for an area that you are interested in. One of the things, we've worked with Independent Living Centers for years trying to define catchment areas for different Independent Living Centers within your state challenging. Also intersectionality can be challenging because the quality of statistics, the quality of the statistic, the ability of that statistic to convey what you're trying to convey is really dependent on the number of people who are included in the survey, and when you start cutting the sample by geographic location, age, race, gender, ethnicity, things really start to get small, and you can do statistical significance testing, and we can help with that, the margin of errors are provided by the Census Bureau, but you can really get yourself into a sticky wicket if you work numbers that are based on a small sample. I will give you an example. You could present a result and then you want to give an update in a couple years and all of a sudden it's gone down by 50,000. Right? Another example, and this is an example I thought of, but it was a different issue other than sample size, was that the City of Chicago office on disability really went to bat with this 560,000 people with disabilities in a certain area of Chicago. We went back and reestimated it the next year. It went down by half. That's because they changed the questions. That was between 2008 and 2007, they changed questions, and it was like radically reduced the number of people. You can get yourself into situations like that if you don't understand some of the caveats. But feel free to contact us. We can help you work through what's available and hopefully help you ‑‑ I'll stop there.

>> MEGAN HENLY: Great.

>> TIM FUCHS: Great. Let me go to the Q&A slide. We will kick off our Q&A break here. So we're right on time. We have plenty of time for questions. So please take advantage. I mean, Megan, you've gone ‑‑ you've done a great job going through all the different options, all the kind of hot spots that you all use to gather this sort of information, and I know that we're going to hear from Susan next about the practical applications, how they've been able to apply that data, find an apply that data at a CIL, but what questions do you all have for Megan now about the sources she has just walked through? And while we wait for questions, we got a comment from the folks at the ‑‑ at Rural Institute who shared that for folks interested in county‑level data, particularly rural county data, the RTC, which is the research and training Center on rural living developed an accessible tool called Disability Counts that allows folks to select counties and download data which is from the ACS on disability type, employment, veteran status and poverty as well as information on rural designation. And they add, thanks for the great presentation. So there is an additional tool you all can check. I think most of you on the phone, if you are working at a Center, are probably very familiar with the Rural Institute. If not, you can Google them or let us know if you want more information. That disability counts tool is a great asset. So thanks for mentioning.

Other questions? Again, we have plenty of time. Maureen asks: Do any of the sources include people who are incarcerated or people that are institutionalized?

>> ANDREW HOUTENVILLE: That's a really good question. The answer ‑‑ short answer is no. Not very likely. The majority of the data available ‑‑ a lot of surveys ‑‑ well, okay. It is possible with the American community survey but they typically don't publish that data. They haven't in a long time. There may be some obscure in American FactFinder that has it but I've never been able to find it. Other data sources do not ‑‑ that I'm aware of do not have people residing institutions. There is some good information on people with intellectual disabilities. There's some data sources that are ‑‑ and products that are produced by the administration on individuals [ INAUDIBLE ] which is part of ACL [ INAUDIBLE ] if you're not familiar with those, there's a report that's put out ‑‑ the Braddock report ‑‑ that's ‑‑ the institute in Colorado, and there's also state of the state by IC Austin. We have some information on some data, state‑level statistics, I should say, on institutional [ INAUDIBLE ] there's another product also by the institute for community living at the University of Minnesota. If you are interested, you can give us a call and we can talk to you about that. In terms of the like the ACS, you know, they have that information, but they don't analyze that data. They're very shy about it. I think for many years one of the reasons they're kind of hesitant about institutional data, and there should be institutional data coming out of decennial censuses, [ INAUDIBLE ] categorizes group homes, but ‑‑ it's sometimes difficult to determine what's an institution and what is not an institution. So the answer is not very likely.

>> TIM FUCHS: I mean, keen question, Maureen. Unfortunately, we know that because of the levels of people with disabilities that are, of course, institutionalized but also incarcerated that those are important numbers to have.

>> ANDREW HOUTENVILLE: Pretty substantial numbers. There is such research in that area and we can point you in that direction. I don't think that would get at the intersectionality, though. I don't recall some of the research ‑‑ some of the research I've seen it's highly dependent on how the Census Bureau cuts the data.

>> TIM FUCHS: Yes. Okay.

Brooke is wondering, how frequently should we be looking at this data as an organization? How often should we be checking this? Do you all have any guidelines or tips on that?

>> ANDREW HOUTENVILLE: Every day. You know, I've worked CILs in the past and state councils as well in the past to do it as part of needs assessment. Honestly, a lot of the calls we get are people that are writing grants, community funding grants, and what they'll want to do is they'll put in a paragraph or two about their population. That's a common use. And that's ‑‑ but you could start folding it into kind of your needs assessment in your annual publications. Most data is not going to change annually. It's not going to change a lot hopefully from year to year. If it changes a lot from year to year, it's probably because of the small sample or you had something crazy going on in your area. But I think that if you're looking at intersectionality, it really depends how dynamic your area is. I would he can which it every year. Publish and utilize it, that's kind of up to your own devices. Definitely every 10 years with the census, but ‑‑ the ACS is an annual ‑‑ continues to revise.

>> TIM FUCHS: Okay. Great. Thanks, Andrew. I think that's the end of the questions for this break. Of course, we will have our final Q&A break at the end of the call where we can ask questions about the entire section. For now, I am going to go ahead to slide 31 and turn it over to Susan. Susan, take it away for us.

>>

>> SUSAN DOOHA: Thank you so much, Tim. Especially thanks to Stan and Andrew and Megan who gave such a great setup for what I want to share with you today.

I want to talk a little bit about why we do this work, why it's so important to us. I'm from New York City, and we have a very, very diverse community here in New York City. As you probably know. Our Center for Independence of the Disabled of New York believes our mission includes a mandate to remove barriers, be they physical barriers, attitudinal barriers, communication barriers that are embedded in law, in policy and structure and practice in our community because these barriers result in inequalities or disparities for people with disabilities which are between people with disabilities and people with no disabilities that are much more extreme in some areas, depending on your race or your ethnicity. So very much when we're thinking about resources and how we're extending them, when we think about accomplishing change, we definitely want to look at how to remove barriers in a way that is significant to those most affected.

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A little bit about us. We are celebrating our 40th anniversary. Big 4‑0. We have offices in New York and in Queens counties, but because we have many contracts and grants that require us to serve people citywide, we also serve people from every BURROUGH or county that's part of New York City. Diversity has always been important in our Center, and really since our inception. We have had people involved and engaged in our organization who are black, and Latino, Latinx, Hispanic. We now have a staff that is very diverse. 75% of our staff are black, Latinx/Hispanic, Asian‑American. 58 that are of bicultural and bilingual. And our staff speak 26 different languages, which is probably only a fraction of the languages needed in New York City. But we speak 10 of the top 12 languages in the city.

Next slide.

Why are disability statistics so important to us? Well, we're looking for a way to serve all people with disabilities, and we want to be equally effective in serving people within each group of people with disabilities, by race, ethnicity, and other elements of intersectionality as well. So we are constantly trying to improve our understanding and reflect the needs and concerns of the whole community and of groups within the community in our work. We use data to better identify issues regarding what I think of as indicators of well‑being, which run the gamut from education to employment, poverty, income, health, housing, transportation, food access.

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We also want to remove the barriers through systems advocacy that cause the worst outcomes for people with disabilities who experience a double burden of discrimination based on disability and race and ethnicity, and we see this a lot in New York City where there are variations that are significant to look at and how people fare in education or employment based on race and ethnicity as well as disability. We are looking to identify and eliminate these inequalities like graduation rate gaps, income gaps, health outcome gaps, both between people with disabilities and no disability, and among people of different races and ethnicity.

We are very interested in communicating with the public through the media, with policymakers in our state capitol, and in our city, and in each of our counties, and we are particularly interested, as I'm sure you all are, in communicating with funders in a more effective way to help them understand why funding projects involving people with disabilities is so very critical.

Next slide.

Now, how did we get started? Full disclosure, I am the daughter of an accountant, but I am not a genius with numbers. I survived my statistics class at University of Michigan, but that was a long time ago. So when it comes to data, I need a lot of help with thinking through what's available, what should we be looking at and using, and how to use it. But how did we get started? We got started in 2001 and 2002 when I came on board at the Center for independence of the disabled in New York and we are looking a report published by the state VR agency and it showed people who are Asian‑Americans, and that covers many subgroups, people who are Bengali, Bangladesh, Korean, Chinese‑American, Japanese American. But when the report said this group of people were being underserved by both voc. rehab and Independent Living Centers, it really piqued our curiosity because we believe in moving towards greater equality and understanding. So we decided to conduct some focus groups and some case reviews and some key informant interviews with community members and we were able to recruit with just pennies, virtually pennies, people who were able to help us with doing the focus groups, devising the instrument, and helping us recruit people for these surveys. We focused in on Chinese‑Americans because we realized the population of Asian Americans was too diverse to really get meaning full results. And we asked about key barriers to getting help within the Chinese‑American community, and, of course, we asked about language competent staff, materials and translation, knowledgeable counselors, and people placed a familiar organizations, people want to go where they see people like them. I know most people feel this way about some aspect of their life, going to a neighborhood‑based place, someplace that feels comfortable, feels familiar. Like ILCs do for many people. And we wanted help ‑‑ we found ‑‑ we asked people if they wanted help with knowing about different kinds of programs for people with disabilities and how to navigate them. At the time one of the big findings of this report was that people were really offended by how hard it was for them to get information. They really felt like if you speak a language other than English, in this case Chinese, you really are not going to be in the know when it comes to information about voc. rehab assistance with employment or training or education. And that is just a terrible feeling for people.

Now, at the time the percentage of Asian‑Americans that we worked with at CIDNY was very small. It was only three percent. That was in 2002. And it rose to 16 percent in 2018. The prevalence rate for people who are Asian‑American in New York City is 14 percent. So we're kind of excited that we've been making some progress.

Next slide.

What have we done since then? We found that we really needed to engage with other community groups. We needed to listen. We needed to be working with the Asian‑American groups throughout the city that meet in coalition. We needed to be part of the New York immigration coalition. We needed to be drilling down to groups serving specific populations like south Asians in queens, which is one of our counties. And with a go ahead we put our bilingual staff at other organizations so that people wouldn't have to come to us if they wanted to learn something about Independent Living, or if they wanted to learn something about any kind of program that we might have available for them. We created a language access policy, and, you know, for example, we don't use children to translate. We try not to use family members or neighbors. Because, I don't know about you, but I don't always like my business to be discussed by my child or by my neighbor. I have a certain sense of privacy. And so we get translators if we don't have a language capacity, and we use a language line. We do materials in translation. We have materials in Spanish, in Chinese, in Korean, and a little bit in some other languages as well. But we need to do more and we're constantly working on what kinds of materials should we be translating? Which pieces of information are most in need of translation? And we have materials about us. We have materials about people's rights and responsibilities and their civil rights.

Next slide.

We have advertised since 2002 in local papers. Meng Pao is a local newspaper that reaches Chinese‑Americans and we work with TV stations and radio stations and we have invited reporters from the Chinese language press to talk with our bilingual staff at public events that are focus on community needs and access for people with disabilities. For example, in our campaign on making the city come into compliance with the Americans with Disabilities Act on curb cuts, we wanted to be sure that we were reaching the Asian‑American community and the Chinese‑American community. And so we made particular efforts to reach out to language‑specific media.

We also visit elected officials in their offices and we've shared our resources with them and with their constituent workers. And we've shared the information that we have language capacity and that we can help people from just about every of the top 12 top language groups. So they know they can refer to us.

We always go to coalition meetings, and we listen, and we join in, and when it's appropriate, we share information about available with disabilities, but we try to learn, learn, learn.

We also have fun. It's always good to have fun. And we have celebrated the lunar new year here at CIDNY with local advocates a with our own staff and with the people who come to us to work with us.

Next slide.

So what happened next? In 2005 to 2007 we didn't know where to turn. We were in kind of a data desert. We knew we needed data but we didn't know how to get comprehensive data about our local communities. We could see there was national data and we could certainly see there was state data, and people who were publishing these things, but we really didn't know how to drill down to New York City as a unit and then to specific counties and then even specific zip codes or districts, and that was really important to us.

In 2008 we got extremely lucky and an expert on disability and employment, and someone who has a deep knowledge and appreciation of disability statistics, joined our Board of Directors. We were thrilled. He began to introduce us to people who could help us with our research needs.

In 2009, for example, we wanted to educate elected officials about the intersection of race and ethnicity and disability and certain critical issues such as housing employment, reliance on food stamps, for example for access to food. And we needed to get the data to look at the population as a whole in the city and breaking it down by county and district, but also breaking it out by race and ethnicity because we have a very diverse group of elected officials and we wanted to be able to relate in every community that we want to work with.

Then in 2010 our board member introduced us to UNH, and you've heard a little bit from Andrew and from Megan, and it has been one of the great pleasures of my working life to work with them and other people at UNH, and I have to tell you, they helped us for free, which is fantastic and makes all the difference in the world when you have to pay rent in New York City. Trust me.

Next slide.

What happened next is that we worked with them to figure out what data source to use, what data to collect so that we could do some snapshots of the lives of people with disabilities in New York City. Again, for policymakers, for our own community organizing, for our outreach work, for all of our work related to individual advocacy, systems advocacy, our work with the media, our work with elected officials, our work with funders. And so in 2011 after working with them for a while, we were able to publish a monograph on disability matters that talked about the unequal treatment of people with disabilities in New York City and New York state and the impact of that on the lives of people with disabilities, the differences between the lives of people with disabilities and no disability and the differences by race and ethnicity which we considered to be very striking. We then in 2014 and '15 decided that for the 25th anniversary of the ADA we would publish a snapshot called the ADA at 25, and we included data and we included policy recommendations. These documents are available on our website and you'll see our contact information later and we'll make sure you have it. But these documents were then distributed to policymakers. We shared our data about people with disabilities around the state, with our statewide association, and with our SILC, and we shared it with particular Independent Living Centers that were really interested in their county‑based data. We are now in the process of, moving slowly, in developing a new report, and the last couple of years have gone into its thinking and its preparation. We don't have a title yet. I am going to ask you in Q&A to provide me with your title that you think is best for our report, but we're going to be reporting again on key indicators of well‑being in my terms, like education, employment, outcomes for people, income, poverty level, access to private health coverage, public health coverage, all kinds of things.

Next slide.

We look at data now, thanks to the help of people who know how to GIS map things and Google map things, and when we get data for federal, state, city, county and Zip code, we look at it by disability, type of disability, by age group, by gender, by race and ethnicity, and we look at key indicators of well‑being that I have described to you before, and we use maps, Google Maps, geographic information, mapping systems to show the data so that we can present both words and images to the media, to policymakers, to the wider community, and we can use it internally for planning purposes, for outreach, for work on organizing and systems advocacy.

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This is one of the many, many maps in our publication, the ADA at 25, and it shows just a single slide of the breakout by county in New York City of people with disabilities by race and ethnicity, and you will see that people with disabilities of some races and ethnicities have a higher prevalence rate, meaning they are more common in some BURROOUGLS, some county other than others. I think when you have a chance you might want to sit down and take a look at the monograph and some of the questions that it raises about where people are living and how they are living.

Next slide. Also, we use this data, we use the American community survey data. We break it down by county, Zip code, city, and we look at it on maps in order to do targeted advocacy for some communities that are at higher risk of being left behind. So, for example, when Hurricane Sandy struck in New York City, we experienced, thanks to our knowledge of the data, that we had high concentrations of people with disabilities who are living in poverty in hurricane zones in Queens, which is the most racially, ethnically diverse borough in New York City, and we found that there were just a lot of people in that borough on SSI and DI, and we used zip codes, the names of neighborhoods, Social Security population data in those neighborhoods and languages spoken in those communities, and we took that information to the disaster response planners because we wanted them to target neighborhoods ‑‑ and target a group of people, people with disabilities, that were at risk of being left out of the disaster food stamp program because of where they lived, because of their race and ethnicity, living in greater concentrations in some communities like the rockaways, for example, in Queens, and because of languages spoken that people are at risk of not being reached. So we suggested that they targeted these neighborhoods and translate materials and resources, and then we partnered with other community groups that saw the same issues that we did, and we got materials translated about disaster food stamps, and we got them to people with disabilities of all races and ethnicities in the hurricane zones that were affected.

Next slide.

This is another example. We use Zip code data, and we look at the city and each of its counties or boroughs, we call them, in terms of where do people live in greater concentrations. If we're going into communities, we want to know everything about the community in order to understand who lives there, of what race/ethnicity, what are the key issues people are facing, what are the key inequalities people are experiencing so that when we're coming in we not only can listen but we've actually done some thinking ourselves and some studying and reflection about what some of the issues might be and how we might work together and who we might see. So this is a map of people in the Bronx that we wanted to reach after Hurricane Sandy, and so we did mapping of where people lived in greater concentrations, and the map on the left has graded by different colors a map of where people with disabilities live at 11. ‑‑ 11 to 12% prevalence rate all the way up to 17 to 19% rev lens rate, and then the map on the right‑hand side is of every Zip code but broken out for people who have disabilities and are living in poverty. Because we were especially concerned about people who were not getting their food stamps, for example, as one instance, but many others as well, and who are living in specific ‑‑ high concentrations in certain neighborhoods in each of the boroughs where there were areas we wanted to go in and educate and learn.

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We have a program called New York Connects, and it is citywide, and it is to help people who need long‑term care resources and other kinds of community resources to enable people to live independently in the community. We have an outreach program for New York Connects, and our outreach specialists are using Zip code lists and maps to show areas where we have the highest number of people with disabilities and broken out by different kinds of indicators, including race and ethnicity. So we use Google Maps to search for community organizations using the nearby function. So what we've identified ‑‑ when we've identified a Zip code where there is a high concentration of Latinx, Hispanics in that neighborhood and we want to work with people in that neighborhood in a respectful way and we want to think about the issues for that community and who to work with in that community, we do some mapping and we look at organizations that might be partners. Maybe in your area it's a church. Maybe it's a Laundromat. Maybe it's the local whatever that's in that community that is helping people. And we reach out. An example of what we did is we reached out to a local AME church that was very, very important in a black community that we serve, and it operates a soup kitchen and a food pantry, and we thought that would be a really great place to reach out to people who have disabilities and who are black with assistance with food stamps to augment their incomes and their resources. We presented to that organization and now they refer to us for people to get help of all kinds with community living in mind. The numbers of the referral we get when we use this method has shown us it's a very effective method to use. The more you know about where you want to do outreach and who you want to try to reach the better.

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We use data in everything we do, every day, in every way. My understanding is data is getting better and better, because we use it in our litigation. We bring cases around federal, state and local civil rights law violations, and we use data about people with disabilities and, for example, the rate at which we use the subways in New York City which are largely inaccessible. We use it in settlement talks to help with the planning for what the agreement will look like at the end of the litigation, what will happen next. And we are particularly interested in monitoring issues that affect all people with disabilities, but especially because people with disabilities who are Black, who are Hispanic, who are Latinx or Asian‑American can be disproportionately disadvantaged. We want to look at that data in all of the litigation that we do. And examples of where we're using this now and have used it recently is around subway accessibility, around homeless shelter accessibility, because our homeless shelters are inaccessible, and around housing discrimination.

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Another example is that we are currently suing the metropolitan transit authority together with other disability organizations and individuals because the subway system in New York City is perhaps on a good day 24% accessible for people with disabilities, and the rate of utilization of the subway system to get around by people with disabilities is tiny. It's a fraction. It's less than 10%. For those who have ambulatory disabilities. So we wanted to show owe a map particularly where people with disabilities are living in poverty in higher proportions, and also these are neighborhoods where people who are Black or Latinx or Hispanic are living in higher proportions as well. And so we pointed out, by putting tots on the map, green for accessible and red for not accessible that there was a mismatch between where there were accessible subways and where there were heavy concentrations of people with disabilities, including people who are Black, Hispanic, Latinx, Asian‑American living. So that we could point out to policymakers the different kinds of discrimination that occur.

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It really ‑‑ using this data and working with UNH has really transformed our relationship with policymakers, with our Board of Directors, with the media, with funders. It really has enabled us to better meet our mission, I think and to move towards meeting our mission better because it's always a growing and learning process, and it's sort of like you're on a road trip and you're not there yet, and that's sort of where we are in the process, is we're not there yet. So we're looking to continue to remove barriers that result in discrimination, and it's helping us a lot. It has helped us with better methods for outreach to communities, better methods of engagement with local groups, better focusing of our resources. There's no point in going into a community where the top issue is housing and talking about something that isn't really relevant to that perhaps. So we're trying to focus our resources to grow and better mirror the communities that we're serving and who we serve, how effective we are, what we bring on board.

Our data studies are used always, always, always in combination with individual stories, because I believe strongly as people with disabilities that we must tell our own stories. And we must tell each other's stories together and help people understand these are case studies and that they speak to the inequalities that we experience as people with disabilities. And in combination with data, though, it can be very effective ‑‑ I go to visit elected officials all the time, and they always, always, always want to know, yeah, but how common is this? And what does that look like in my borough, in my area? And we want to be able to tell them, because it's much more persuasive to them to combine the individual instance of the person coming and meeting with them from their district with information about how everyone with a disability is faring. We also have an extremely diverse racial/ethnic group of elected officials, and so we want to help them understand data that's relevant to them.

Next slide.

>> TIM FUCHS: Thank you so much, Susan.

>> SUSAN DOOHA: Thank you for listening.

>> TIM FUCHS: Of course. This is wonderful.

I want to see just quickly ‑‑ I see it's just about 4:30, but I want to see if he have with a any questions. I would like to pose a few if we have the time for it. So a remind that you can type your question out in the Q&A tab, and I'm watching the chat just in case. So, again, I want to make sure we have gotten through a lot of content today and I want to make sure to leave time.

While we're waiting to see if we have any questions come in, I want to remind you that we're more than happy to take your questions in the future as well. So not only does UNH provide ongoing technical assistance, but don't forget that for us working on the IL‑NET project at NCIL and ILRU, that's our job, too. So 365 day as year we are here. So if you have questions that come up after today's call, we would love to help you figure them out and point you to the right direction and get you answers.

So I don't see any questions that came in. Let me remind that you that when I close the webinar today in just a few moments the evaluation form will come up on your screen, and I really do hope that you'll take a minute to fill that out and let us know what you thought, let us know what we can improve for the future.

Let me see if I can sneak this in. Brooke has a question. Brooke asks: Are there certain datasets or types of data known to help predict or plan for changes in your area? So any kinds of data that might help us predict or plan changes in our areas. Megan or Andrew, do you want to take a stab at that.

>> MEGAN HENLY: I think that's a great question. I think it depends on the issues that are important to your area. So Susan's issues, she shared some that focused on transportation, access to subway systems, people who are at risk as a result of the flooding and natural disasters. So the answer to that will really depend on what's relevant to you in your own area. Susan can speak ‑‑

>> SUSAN DOOHA: I think you start with who lives in your area and what are the experiences of people living in the area and then you look at where there are issues that you can have an impact on and you look at the disparities that exist and you get planners to use that data in their planning programs ‑‑ when they are planning programs so that the program will be responsive to who is in that community. We often find that planners don't know where people live or how they live or what their issues are and so make very unwise choices about how to deploy resources or what resources to deploy. So we try and intervene with data showing who lives in a community, what are their key concerns, what are the top inequalities that need to be addressed in terms of the particular issue that they're planning around, and we've used this on healthcare, on transportation, on food access, a whole wide array of things, and we use the American community survey, because that really lets us drill down in a really wonderful way to very local pictures.

>> ANDREW HOUTENVILLE: This is Andrew. In terms of forecasting, forecasting is one of the most difficult things to do. None of the data has been around long enough to allow us to do forecasting because you need lots of years and months and days. One thing to keep in mind, though, and you've heard it with some of the things that Megan and Susan said, you know, if you have an idea of the economic prospects in the area or a city, town, jurisdiction, poverty and, you know, if it's a city or an area in decline, economic decline, poverty and disability are highly related. There's housing trends. So housing trends usually go in two ways. One is urban sprawl, right, or high commercial development. High commercial development will would the people out, right? Usually people with disabilities. Urban sprawl will cause other problems that are accessory late as well. There's a great document, I don't know if it's being produced anymore, by ‑‑ gosh, who are the folks down in Boston. Oh, goodness. They were priced out and it shows how people are priced out of the housing market.

So housing trends is one way of keeping track of kind of future ‑‑ forecasting future issues, but also aging trends. Right? So an area is becoming more highly concentrated with aging populations due to assisted living homes, there are a lot of needs around emergency preparedness and other things that that will signal. So ‑‑ I can't tell you that your population is going to increase by 10% in the next five years, but you will foreshadow issues related ‑‑ important issues related to disability, poverty, economic development, housing and aging trends.

>> TIM FUCHS: Great. Great advice. We're going to move to close, but, please, I hope to hear from many of you that are on the call. Let us know how we can help with this work. I want to thank Andrew and Megan for excellent presentations and answers and also for their offer for ongoing support. That's really outstanding. Susan, I can't thank you enough for giving us kind of the really practical applications for how this works. You know, being at community organizations and not being experts in data, it is so daunting to think about this stuff and you guys have taken the mystery out of that today. And, Stan, thank you so much for being with us talking about the DDI project and the larger foundation here. So to all of you, I hope to hear from all of you. Have a wonderful afternoon. Please let us know what you thought in the evaluation form. We'll talk to you soon. Bye‑bye.