nTIDE Deeper Dive: 4/19/2024

**Andrew Houtenville:** Hi everybody this is Andrew Houtenville from nTIDE. We'll start in a minute. We typically have our sound and our theme song, if that's what you can call it. However, the sound doesn't seem to be working today on the PowerPoint itself. I am going to read to you the slides. Welcome to nTIDE Lunch and Learn Webinar Series. It's a series that happens now twice a month, and it's put on by Kessler Foundation, UNH and the Association of University Centers of Excellence on Disability AUCD. the webinar is being recorded. We'll post archives along with the broadcast of our webinar each month on our website, www.researchondisability.org/nTIDE And this site will also have copies of presentations, the speakers bios, full transcripts, and other valuable resources. I went too fast. I'm not as fast as the readers. If you have any questions following this recording, please contact us at disability.statistics@UNH.edu or toll free at 866-538-9521 for more information. Thank you for joining us and enjoy today's webinar. That was my best impression. All right. Just some notes for the ASL interpreters. ASL interpretation and closed captioning are available to see the interpreters and the gallery of speakers at the same time, you're best off using a computer or a laptop rather than a phone or a tablet. Closed captioning is available. You can click on the closed caption button and select subtitles or view a running transcript. Okay. All right. Let's see. nTIDE occurs at noon time Eastern every two weeks or so. The midmonth occurs on I think it's the third Friday, two weeks after the first Friday, about two weeks after we do the first nTIDE report. It's a joint effort of University of Hampshire, Kesseler Foundation. and the Association of University Centers on Disability AUCD. Each month, the deeper dive focuses on specific sub populations within the population with disabilities, and we bring in guest speakers to provide greater context. This month, you'll be hearing all of me, and we have quite a lot to present. So please let me know if I need to slow down. All right. I hope to leave a lot for context. It's basically all me all the time. I'm going to I'm going to review the past weeks this past Friday. Actually, I wasn't here this past Friday, so these numbers are new to me. Then I'm going to go into the subgroups. Then I'm going to take the guest speaker spot and talk about the history of collecting statistics on the population with disabilities in the United States. It's a presentation I gave a month ago or so and wanted to do it again. So for February, there's past results for February, we were at 36.7% for people with disabilities, 74.6% for people without disabilities. In March, the population with disabilities ticked down a little bit. I had been hoping for a rise because after every big decline like we had in January to February, you would expect either a little uptick or a bounce back because some of this is just sampling variation. Well, however, there was a rise for people with disabilities without disabilities from 74.6 to 75.1, so about a half a percentage point. And for people with disabilities, it went down two tenths of a percentage point. So not a lot to, you know, this isn't an unheard of jump. Looking back at several months, the early part of the year typically is down a bit. And so this isn't too surprising. However, you know, I want to see things go up for people with disabilities and hopefully this will turn around very quickly. And maybe it's a bit of seasonality involved. So right. Next, we're going to do the deeper dive and the deeper dive investigates trends among sub populations. And because of that, so subpopulations like age, race, gender, ethnicity, metro status, veteran status, and disability type. Those are the primary ones we do, but we do lots of variations of these as well. We typically use the same statistic, but instead of having it month to month, we take the average over a 12 month period of the monthly employment to population ratio. And this is an approach that's taken by the Bureau of Labor Statistics when they report annual statistics. One thing I'm going to do is I'm going to go April to March. So I pick April to March is because The COVID lockdown occurred in April. And if I put that in the middle of the 12 month average, it would really wash out the view and the recovery since COVID. What you'll see are 12 month period starting at the lockdown and basically track the recovery as best we can without dampening it by keeping the 12 months have the 12 months have April in the middle of the 12 months. So this is actually a very big month, because I finally get the March data to put in March April 23 to March 24. This is the most up to date. And I kind spoil it because I don't have these automated as much as I do. But given what we saw earlier, we should still see a bit of an uptick for people with disabilities. If I go back to this, we should still see an uptick between I have a hard time April to Marches. We should see that April to March jump, maybe not as steep as previously, and for people without disabilities, it should be relatively flat. For different populations, what we've been seeing over the last since COVID is really a recovery for almost all groups that we've studied, we've seen a recovery when we can observe them with large enough sample sizes. We've seen this jump beyond historic highs. So if you look at this chart suggests that we're dealing with something quite new for people with disabilities, we haven't seen this kind of rise over previous highs before. So let's take a look at the COVID. Let's look at subpopulations. The first is for separated for men and women. And if you were part of an was last deeper dive or the one before where we presented the trend from above, the monthly trend we had for men and women and women really have been narrowing this gap. If you look at the difference between people with and without women and men without disabilities, the gap has been narrowing, particularly over the last two years. we do see for the overall population and for both men and women that this past year didn't represent as a big of an increase as we've seen in previous years the last two years post COVID. The third year, the way to look at this is third year past COVID third full year past COVID, we saw improvements for people with disabilities, men and women with disabilities. So it's really I mean I've been waiting to see this, and I'm hoping that for all populations that we see, they're participating in this strength, but we've seen a dampening of the strength of this kind of last three years has been dampening. All right. So age, we see tapering for both people 35 to 64 and 16 to 34. 16 to 34 saw bigger rises each year compared to people without sorry, compared to 35 year olds. And these are all people with disabilities. I didn't do I have the numbers, but I can compare this to people without disabilities. But we'd have Two, three, four, five six lines, if we put in people without disabilities. If we look at high school and high school diploma less than high school are high school diploma equivalent, both groups are again rising post COVID, a little slower in this past year. People with less in high school degree didn't after the first full 12 months passed the lockdown, still hadn't reached their pre COVID peak. So they were a little slower to recover. That's kind of a story to watch for is, you know, the first full 12 months passed the lockdown, did they obtain their previous peak? So some groups are slower to recover than others. We look at college, both groups recovered in the first 12 months and continue to recover although at a declining rate. Certainly, for people with disabilities with bachelor's degrees or more, decline was much more dampened. Race. So for the Black African American only. These are the terms used in the survey the Census Bureau uses. We see some really great progress post COVID but dampened as well in the past period, and that was true for white people with disabilities. I have Alaskan American Indian Alaskan natives. Their trend line is harder to observe because of the small sample. And so it really jumps around, and I don't think I can draw any conclusions necessarily from this very easily. I also break it down as much as possible, but again, these are relatively small samples, and so for Native Hawaiian Pacific Islander, for Asian, only for people with two or more races. Again, the trend is a little is muddled by the fact that the sample sizes are pretty small. I can tell you that sample sizes if people are interested, it's in a big spreadsheet. Hispanic non Hispanic. So certainly early back in the 2009, 2010, there was a relatively bigger gap between Hispanics and non Hispanics with disabilities. That gap narrowed Hispanics with disabilities were hit harder by the pandemic, but eventually came up in the last year for 12 months. The Hispanic and non Hispanic population started diving a bit. This story is quite a bit different if you start looking at subpopulations within the Hispanic population. So we did at nTIDE last year, and I'd like to do that again and break down the population a bit more and into basic different race and ethnicity subcategories. In terms of metro non Metro, we did a presentation with the folks at Montana, rural RTC. And basically, non metro folks with disabilities were slower to recover, eventually participated in cover. But again, for both groups, it's waned, maybe waning a little bit more for people in non metro areas. Okay. We have veteran non veteran. These are not service connected disability. This is any of the six questions that are used here. Veterans have tapered off as well, and so have non veterans in the last year. This is one of the groups, we can look at people who report deafness or hearing difficulty, serious hearing difficulty. This is a group that definitely I would say started to wane. This is one of the flatter lines in the last year. After being a bit slower to recover, still participating in the recovery going above historic highs but not a lot of movement in the last 12 months. Vision impairment also was a little bit slower to recover. A nice big jump, the second full year post COVID, first 12 months post COVID, and then has waned a little bit, similar to overall with people with disabilities. But the hearing is really the one is probably the most precipitous of the flat groups. We look at ambulatory ambulatory difficulty also has relatively flat, not quite as flat as the hearing difficulty. Cognitive difficulty has a nice still slower recovery. I'm sorry, a quick recovery, and it has tapered off as well. And so that's all the groups that I can present today. I will come back to this when we do Q&A. But I want to also talk about another big subject that was the one. Oh, boy, here's mine, my face. So there's a picture of me on the slides. But I'm going to quickly switch slides because I created who's face PowerPoint really drives me crazy because we have this template. But all of a sudden, the temp this is the wrong one. Oh, no, no. Yeah. The template we had two different templates, and I tried to paste the pages over, but the template changed too. And so I'm going to the nTIDE deeper dive. I'm going to talk about this is what we promoted in our promotional materials, talking about the history of defining disability and surveys. And you know, really, there's if you're not aware, you know, the purpose of this this presentation will be to really, discuss a big controversy that's in the field of disability statistics around how particularly the Census Bureau and others are measuring are proposing to change the questions that are used to define the population with disabilities and then do employment statistics like we do. There is a proposed change to the American Community Survey and beyond because the American Community Survey dictates what federal health surveys use. The National Health Interview Survey has already changed to these newer questions. but having the ACS change, it'll also mean the nTIDE changes because the Census Bureau conducts a lot of the surveys, even though those surveys may be paid for by other agencies like the Bureau of Labor Statistics. I want to provide some conceptual history and programmatic history around the operationalization of disability, the defining disability and then kind of describe the impact that we have on demographic and employment statistics. So this will affect nTIDE. We'll have this big line in the sand where they switch over and not so we'll have a big jump trump or decline depending on when they change it. So we'll have a big red line in the middle of our series. Many federal surveys are used and some are required to use the same six questions to identify the population with disabilities. These questions were first developed for the American Community Survey, and then propagated throughout the rest of the agencies and So it includes vision, hearing and this is what those statistics that I presented earlier were for. Vision. Are you blind or do you have serious difficulty seeing even when wearing glasses? Hearing, are you deaf or do you have serious difficulty hearing? Yes or no. Mobility, do you have serious difficulty walking or climbing stairs? Yes or no. Cognition. Because of a physical mental or emotional condition? Do you have serious difficulty concentrating, remembering or making decisions? Yes or no? Self care. Do you have difficulty dressing or bathing? Yes or no. Then independent living difficulty because of physical mental or emotional condition. Do you have difficulty doing errands alone such as visiting a doctor or shopping? Yes or no? Okay. So these are the standard questions that we've used in nTIDE. It's used in a lot of federal surveys. There is a proposed change to these questions. So the basic structure of the idea of the questions are there, but there's some pretty important changes. So they're adding a communication difficulty question, so difficulty being understood understanding or being understood in common in your usual language, which is great. That will really help. Still ignores mental health conditions, which is not so great. They're one of the most undercounted groups in terms of disability, and I have a paper with Rich Burkhauser years ago in 2012, I think that really shows that even beneficiaries Social Security disability beneficiaries that report being blind are having mental health conditions are missed by the American Community Survey questions. Changes, this is probably the biggest thing is that there's a change in the response from yes, no, to serious difficulties or difficulties to a scale that has no difficulty, some difficulty, a lot of difficulty or cannot do at all. For the American Community Survey and almost most of the surveys that I know the Census Bureau have used for the Census Bureau, this is the first time they're using a scale. Certainly, I think I'm pretty sure it's the first time they're using a scale in the ACS and perhaps the CPS and others because it's pretty rare that they deviate from the yes no. This will help allocate resources to those in the greatest need and that's one of the things that folks will point to that this will give us the ability to look at things where serious difficulty was harder to define here, we're asking people to put themselves on this scale, which has some issues as well. But it's really a big. It's a change. The census bureau has come out saying that they're primarily going to use cannot do it. Propose to use cannot do at all, and a lot of difficulty is the primary way to define the population with disability. They won't include people with some difficulty in that population. But they will probably post statistics for it. It's just the way the way I understand it is when they talk about disability population, it would be only the people who say a lot of difficulty or cannot do it all. However, however, these changes would likely change the size of the population with disabilities in the US. It would likely be reduced from the current 14% to about 8%. It's a pretty big cut in change. If you add in the sum difficulty, you'll get around 35%. Of people with disabilities, which might be considered too high. They would have much higher employment rates when adding that to the population. And there's been work on adding people who say some difficulty to at least two of the questions, and that boost the population back up to about 15 to to 16%. But this leads to huge concerns about affecting federal and state and local funding. The, I'm sorry, the American Community Survey, while it doesn't appear in a lot of direct allocation formulaic stuff. It is used a great deal across the country at state level and nationally to look at the distribution and characteristics of the population with disabilities and their outcomes. so it's a big concern that it could affect how people are able to make the case to say, pay attention to people disabilities during emergency preparedness. So it's a big deal. These questions are likely to go into all federal surveys, including the current population survey, which is the source of the nTIDE. we are still like the current questions, they're going to be based on limitation, which is likely to miss people for whom mitigating measures remove limitations, similar to the ADAA. And the decision was to start the five year process for testing was done without public comment or engagement of people with disabilities and advocacy organizations. And from the very beginning the design of these questions was actually started back in the 2000s, there was little engagement of people with disability in the general public, particularly, and advocacy groups, particularly in the United States. Underlying concepts. So this kind of goes into the the main meat of the presentation. The conceptual model of disability. There's several conceptual frameworks, the international classification of function. Disability and health is one that people the ICF people may be familiar with. This is a conglomeration of the various models that are out there of how to conceptually think about disability. The first part is mind body, and we're going left to right and grow in complexity. There's a mind body with I there's the mind body which starts with the cells, which could be considered diseases disordered in chronic conditions. Then there are structures and systems of the body, and that's the word impairment is usually to do that. I'll talk more about what impairment means. Then there's the body and the body structures and systems. Paralysis would be an impairment of the body system. These are compared to normal or expected function of the body or expected mind body I say parts, but yeah, so it's kind of a comparison to what is "normal." Then there's the uses of the body. So we can define disability not just in the medical terms and the box is showing right now on the mine body. That's really the medical model, if you might have heard that term as conceiving of disability in the mind body. The uses of the mind body start off with basic function, which is really close to impairment. In fact, sometimes I think there are more indicators of impairment than actually looking at function itself. So hearing, seeing cognition, ambulation, difficulty doing things, and we saw a couple of those kinds of questions. And there's basic activities like the ACS's difficulty dressing or bathing. Then there's limitations in preparing meals, shopping, or managing, and so the sixth question, the independent living difficulty question would be an example of that. Then there's participation questions around recreating, voting, working. Work limitation used to be the one question that we could count on to be it was kind of like the initial core question because it was also very relevant to programs serving people with disabilities with regard to employment. Work limitation was seen internationally and nationally for many, many years. Ops back wrong way. And then these are characterized by limitation or needs for support. And so a lot of folks are uncomfortable with being described by their limitation. With that in mind, there's this causal connection between all these things that something happens to say the cells and tissues, it affects the structures. It could affect functioning. It could affect basic activities, which could then affect instrumental activities and then could affect participation. So there's really this kind of flow from left to right, and all of this movement can be mitigated or aggravated by factors at the personal and environmental level, such as medication, functional restoration procedures, assisted devices, skill building, environmental modifications, workplace accommodations. That can shift a person around this scale. Now, in terms of the conceptually, what is disability? What does disability mean? There was the medical model and the medical model really was on this left side with cells, tissues, body structures and systems. The Nagi model of the 60s and into the 70s was really disability was at the end of the sequence. They Nagi had all the sequence, Nagi person's name, had all the basic all these concepts, but disability itself was the restriction of a major life role. Then the ICF comes around in the 70s 80s 90s, and it really includes it's by the World Health Organization, and it includes all of these and disability is if you have any one of these four five concepts, that's disability. Disability is everything. And so the ICF really comes in and kind captures it all. The disease cells and functions as part of the international classification of disease. So that cells and tissues and stuff was really relegated to very, very medical terms. But in legislation, legislation, we can see these concepts in our legislation. So if we have the disability programs for the United States, are really focused on participation, specifically work, not not recreating and voting, but the Social Security disability programs are really about work limitation, and I mean, SSDI is really an earnings replacement insurance, you know, so it's very explicitly focusing on work. the ADA comes in and we end up seeing the ADA really talking about functioning and basic activities. You know, certainly the employment provisions are more towards the participation, but the totality of the ADA is really talking about functional, basic activity, instrumental living, instrumental activities and participation. Then when companies started to say, Well, that person has mitigating measures, they're no longer disabled. Certainly in the Nagi sense, they wouldn't be considered to have a disability or a limitation in the major activity such as being work. The ADAA came around, and really started to encompass all of it, particularly because of mitigating measures. So I I experienced depression and anxiety. I'm well medicated. I've developed skills through therapy that have moved me from the participation restriction all the way over under the ADA, I would be considered to have a disability. Under the ADA, the way the employers wanted to code it up, I wouldn't have had a disability. Okay. So mitigating measures really plays a huge role in kind of the modern conceptions of disability as well. So what is disability in survey? So forewarned, there are going to be some rather poor language choices because we're going back in time. We're going to look at early censuses, the census long forms, the early versions of the ACS, the ACS was replace the long form of the census decenial census. Then we'll look at one specific one. There are lots of other surveys that do things a bit differently. But then we're going to look at one specifically, 1983 through 1996 National Health Interview Survey. We have the same structure and we're going to put these on that structure. For Okay, the 1830. So pre Civil War, 1830. We just that's like two decades after the War of 1812. It was really viewed. I put the photos of the things. I'm not intending for anybody to read those. I just wanted to illustrate. I was going to further gray them out. But for the decenial census, it was blind, deaf, deaf and dumb. For this is actually the 1940 census. Never fix that. Deaf and dumb, blind, they've added insane and Idiotic at the public charge, insane and idiotic at the private charge. And this is around the time of the almshouses that were run by primarily church organizations. In the 1950, 60, 70, 1860s 70s, three decades, people with disabilities were put in one question, one column that included whether the person was deaf and dumb blind, insane, idiotic pauper and convict. Pauper and convict were included together with disability, and this reflects policy because this is when the county poor farms were developed and then would eventually be replaced by institutions in part because they were electrification. County Poor farm started to burn down. And then in the 1880 decennial census, back to being separated out into categories, and there's one new category of insane and idiotic were separated. Maimed, crippled, bed ridden, and otherwise disabled was added. So this is really the biggest representation of physical disability being added. But again, you know, later on, they added acute and or chronic disease and whether defective in mind site, speech, crippled maimed deformed, and they'd actually write down the name of the condition in a margin. In 1910, it was back to whether blind in both eyes, whether deaf and dumb. So that really places the early censuses at this structure and body and impairment and to some degree, into the disease part of this cell of this chart. If we skip ahead to the 1970s, you can actually see words that appear in the Social Security disability determination process. So it's really focused on kind of amount of work you can do. Can you keep you from holding any job in the economy, and then how long has this limited you. This is, I can see the influence of the Social Security Administration because DI didn't come in Social Security disability insurance didn't come in until 1954 56, and then SI wasn't until 1974. That puts it really at this very narrow work limitation type question. If we go to the 1990, you still see jobs, but then we have the first going outside home alone and taking care of yourself. And so that really puts it expands it to basic activities and instrumental activities. And so you can think of this as looking at home boundedness in the old terms and healthcare needs support needs. If we jump ahead, this is really the American community comes along and takes the place of the census long form, and you start seeing some of the very similar things, seeing, walking, going outside, home alone and still the work limitation exists. You start seeing emotional learning and remembering when it hits the early 2000s. Not much difference 2004-2007, a few wording changes that were important. This place we're starting to see this function added in. Seeing, remembering, concentrating. It was really about your ability to do things. It wasn't something like blind or deaf. The current questions, which we talked about earlier, the big thing in 2008 when they came around was dropping work limitation. The proposed questions, as I mentioned, they have the response option, and they add this, Does this person, given their usual language have difficulty communicating with others being understood or understanding? That's a nice question to add, has its own limitations. But really, it still stays in this function. It got rid of the work limitation question, so it doesn't go all the way to participation. Doesn't really fit. Now, there was this one survey for a brief period of time, and other surveys have used a similar approach where they provide this huge checklist of characteristics, Blinded both eyes, deaf in both ears, paralysis of entire body, both legs, half your body, hemiplegia. You know, paralysis of extremities, cerebral palsy is mentioned. Cleft palate is mentioned. So it really was absence of limb is mentioned. And so it really was an extensive list of things. Now, my understanding, talking to the folks who were part of implementing and designing this back in the day, that it never really performed well, and they had a lot of non responses and people getting tired after having already taken a long survey. This measure really puts things in the impairment structure. And when we get calls for technical assistance, we get calls for a lot of these very specific ones. It actually has the old term mental retardation in it, speech stammering, stuttering. So it really gets down to it. But when we get a lot of calls for statistics, it's about a very specific group. A lot of specific groups are defined in terms that are more impairment than I have difficulty climbing stairs. People don't see themselves or their organizations in the current questions. Now, how does this stuff impact estimates? I'm going to try to wrap up really quick. I did a lot of work with that impairment checklist. Blind in both eyes about 0.15% of the population, not a big population. But 31% said they had no difficulty, no work limitation, right? And so this is, an early, that's a story early in my career where this was evident with two people I was talking to. If we look at employment, employment is at 34% for all those being blind in both eyes. If they had a work limitation, not surprisingly, it's much lower and if no work limitation much much higher at 81% versus 20%. And so, what was happening was a lot of questions back in the day would ask, do you have a condition, and the SIP module used to ask this question when it had, I think, 23 or 30 specific conditions. They would ask you, do you have an activity limitation, a work limitation or something like that, and then say, Okay, what was the cause? Well, if that's the approach, you're going to miss a ton of people. you'll miss, 31% of the population because if they don't report limitation, they're not asked the subsequent question about how it limits what the specific condition was. So, you know, in terms of the future of survey design, you know, there's a lot of, you know, the idea that the population with disabilities would be cut from 14% to 8%. That's a really big, big, big issue. And you know, trying to reconcile, it's always been frustrating and my friend Bill Erikson at Cornell. He and I still commiserate over the inability to satisfy a lot of the needs for statistics because we don't have that specifics, because a lot of people don't see themselves in the functional questions. While the functional questions may be good for program allocation, people don't really identify with them. And so there's this different expectation in what we can do in surveys between a lot of what was the past and what is very needs based versus identity based. And so reconciling identity and sources of discrimination like chronic health and impairment, the programmatic needs of having ability to direct resources needs more like function activity and participation. So, you know, reconciling these two different kind of needs for data is at issue. Okay. And so I will leave it there, and we have 15 minutes, 16 minutes, 13 minutes for Q&A. So I have been presenting for a long time, so I don't have, I have not looked at Zoom. There's only three questions. All that and there's only three questions. Could you speak about state labor force participation rates? No. Only if I use the ACS, it's really difficult to use, get state level estimates out of the current population survey. Jenny Line says, Is there discussion about a question that would touch on chronic health conditions, POTS, diabetes, I know posterio orthostatic tachycardia syndrome, I have family experience with POTS, Elders Danlos, and the big one is long COVID. Right? So long COVID. Currently, there are no plans to have a question that captures that, those conditions. It would have to limit someone, and then you couldn't tell who the POTS folks or diabetes folks would be. Now, there are other data sources, POTS, diabetes I know might appear in the National Health Interview Survey, but not POTS. So, Jenny, asked, again, is there any reason the ADA is not used as a basis for developing question? That's a fantastic question. And I didn't pay Jenny to ask that question. So one of the big issues that the Census Bureau and agencies that use the data, the Census Bureau, the ACS have to make a justification for adding questions or changing for adding questions there has to be a statutory reason. There are three types of statutory. There's a direct link. I forget the terms that are used, but there has to be a programmatic need. ACS is not really designed to identify people based on their identities, but identify people to create data that are useful to federal programs. And the needs assessment for the six, current six questions, the needs assessment was done in the early to mid 90s. Right? So when the ACS was being first developed. And it really followed the 1990 census, long form was kind of the rough draft for the ACS. And so there is a paper out there, 1999 paper in the Social Security bulletin that outlines the efforts of a committee to do the needs assessment. That needs assessment was not updated in part, I believe, because these new questions were not considered a big change. They weren't in addition. They were not considered a big conceptual change because it was just using going from yes/no to a scale. The ADA, so it's not just why wasn't the ADA considered, but there's also mental health parity. The thing that I was most disappointed in is not having the mental health related questions added. And so what really needs to happen is a new needs assessment for not just the ACS, that would be good to have one focused for the ACS because it is quite a unique program, and it's the biggest sample survey that the US has ever done. And annual sample survey. But where was I headed. But it would be even better, it would also be helpful to have an assessment of the range of needs to figure out how all the federal data sources piece together as well as administrative records can be pieced together to meet the needs of the programs and of people with disabilities themselves. There have been calls and nascent efforts to launch a national disability survey. The Canadians have a survey that they do of people with disabilities every five years or so, which has been very successful and talks about unmet need. I always struggle with disability specific surveys because many times you want to be able to compare it to people without disabilities. I always use the phrase if age statistics, if death statistics weren't, if death statistics weren't age adjusted, Florida would look like a very, very deadly place because of the different age composition that spread across the United States. So that's why we do age adjustment. You know, if I did employment rates across states, people with disabilities and states that struggle overall would still look, would still have lower employment rates. So I'd like to be able to compare with and without just so that we have a reference point to difference away kind of big things in economic terms. let me answer another question. Yes, the ADA. Yeah. There are alternative, David from Massachusetts asks about U1 through U6. Those are the unemployment measures. There are different employment, unemployment measures that the current population survey can be used to do. And we could estimate the U1 through U6 with the raw data that I used to do the breakdowns by demographic group. And it gets at, I forget which one it is, it might be U4, is discouraged workers. So workers if you are familiar with unemployment statistics, to be unemployed, you have to be actively looking for work. If you stopped looking for work, you're no longer unemployed, you're actually considered out of the labor force. because unemployment was designed as a statistic to look at the tightness or, you know, how tight the labor market is. But we could. And I think we have, we have a paper, Deb and I, and Nick I think, have a paper that looks at different measures. We stay away from the unemployment rate for that reason and focus on employment to population ratio and the labor force participation rate. The new survey is proposed, right? Is no decision yet? Are there ways we can submit comments on the topic? Yeah. So it's not a new survey. It's just adding changing the questions in the American Community Survey, and then that will be filtered through a lot of the other federal survey. So it's just redesigning the six questions. The proposal is out there. There was a one period of federal comment. I think there's a current federal comment period, but the current, the Census Bureau head, the director put out a blog post that said, indeed, based off of a lot of the comments they've received, there was a public comment period just before the holidays where they got around 12,000 comments related to disability. And most of those were to say, don't make this change. The Census Bureau put a pause on it. So these changes are not going to appear in the 2025 American Community Survey. However, the proposal is still out there, there is going to be a big conference, and we'll let people know about a big conference, the date keeps changing, it's going to be either in late May or in June, we'll let people know, in terms of when a new public comment period, I think there might be a comment period right now, but for the other changes that are being done to income questions and other questions on the survey. but there's no big letter writing campaign going on right now, but there have been a lot of letter writing campaigns, and we can certainly let people know about them. Denise Barnes, do you have data on the impact of technology on the increase? So what's causing the recent increase? And what's the effect of technology overall? What's the effect of the, what's causing this rise? And certainly technological change may have an influence. And It's really hard to do causal effects with survey data. That's secondary, we're just doing observations. We did do a lot of work in the Kessler Foundation and UNH put forth a survey and had 2017 and 2022 post COVID results, and it really pointed to job modification, particularly remote work as being a big contributor to the rise. It pointed to that being the rise also upgrades and accommodation policy driven by COVID could also have played a role. But attaching the slides will be available, but attaching causality to these things is very, very difficult. It can be done, but under only certain conditions. Can you say more about the ability to disentangle unemployment out of inability versus voluntary, i.e. not needing to work. Yeah, I haven't quite covered that nuance. You know, the idea of not needing to work, you know. So why is somebody out of the labor force? Why is somebody unemployed? Certain datasets are good at saying, and in the current population survey, I did some of this work during COVID lockdown, where you can get at why aren't you working? You were working why aren't you working now? And whether there was termination or they left their position or some reason. The cause for not being, not working, it's not really well understood. Not really well captured by the data. And I was able to do some work on how long they've been looking for work, do some estimates and to try to see the impact of the lockdown on the length people were out of the labor market or out of unemployment. but disentangling all those things can be quite difficult. The data doesn't follow individuals really well over time, and to be able to tell, are you unemployed because of your ability or because of your termination by a recession, right, a company closing. You know, ascribing and being able to break that down would be helpful. Although not needing to work or not wanting to work or I'll usually stick to employed or not employed because that's a little more definitive than people's preferences. It's hard to measure people's preferences. I changed the background. Can you share more about difficulties at the state level? Sure. So it's all around sample size. Small states are really hard. If you were around during the presentation, you know, there was, maybe I can switch to that. Slide switch slides up. When I got to really small groups. So when I got to really small populations such as Native Hawaiian Pacific Islanders. And this may make sense, actually. It may not be sample well, no, there's a lot of movement. I mean, certainly Hawaii and the tourist industry was hit by COVID, but the

**Offscreen:** We've lost audio. Andrew? I lost audio. He lost audio.

**Andrew Houtenville:** I lost audio. John, is that why you came in? Can you hear me now?

**John O'Neill:** Yes, we can, and that's why I popped in.

**Andrew Houtenville:** We lost audio. I didn't stop talking. That's for sure. But the American Community Survey is really what we need, but unfortunately, it's like a year and a half behind. We won't get 2003 data until December. November, December. Sometimes October, but there's a big lag in the generation of the data and the putting out of the data. And so the ACS will be doing 2003 at the end of the year. And so it's pretty far behind. And so we can do state estimates a lot better with the ACS and a lot better for small demographic groups. That's the big benefit. The sample size of the ACS is 20 times bigger than the CPS. So I think that's probably going to it. We're at 12:22. And let's see. Can you revisit why the percentage might go down? The percentage, so if you're talking about unemployment, the unemployment rate can go down, can go down if people re-enter the labor force, start looking for work. The biggest problem is during a recession, the unemployment rate will go up because people have stopped looking for work. And the denominator matters, how many people are in the bottom of the fraction, bottom of the percentage matter? why the percentage may go down currently in terms of the employment to population ratio of people with disabilities. The denominator is the population. So if population rises or falls, it can cause issues like that. But those are a lot more stable than the percentage looking for work. So I hope, Amy that I answered your question. That's one reason we don't look at the unemployment rate. It also, you end up having in the number of disabled people. Why would the percentage of people, from the ACS changes. Yeah. So it's going from that's the other slides. It's going from basically the same kind of setup. They take out the word serious and they're asking this gradient. No difficulty, some difficulty, a lot of difficulty, and cannot do at all. Well, compared to yes/no to serious difficulty, it just happens that when you only include a lot of difficulty and cannot do it all, you get an 8% number. If you add in people that say some difficulty, you get up to 32, so the population would go higher. Much higher. And so you know, going from the current 14% with yes/no to 8% depends on how you use the data, not necessarily the questions themselves, but how you use the data. We are adding communication, so you'd expect it to go up. If it even stated with, they remained with yes/no. I have done some testing with adding and others have done this Dan Mont for one, they have looked at the okay, well, let's not just add all of people with some difficulty but add in people who report some difficulty to at least two of the seven questions. And that performs pretty well. It actually matches up better. There's more agreement with that measure to the yes/no measure. And so that's why we're getting a drop in the percentage is the way they're using the data. And you know, there's some difficulty going up to 35 might not be helpful because you may lose credibility because a general policymaker might not say, Well, I don't see 30% or more one in three people having a disability. So does answer your question? Q and A. Okay. Yeah. Sorry. All right. So I think that's going to be it. Thank you all for, I didn't look at attendance, and so I'm not going to look at attendance and see how many people dropped out. But thank you for your patience with a rather long presentation. I didn't plan on putting all the charts up, but I just got them this morning. I wanted to stick with that. All right. Thank you, everybody. Have a good weekend and we'll see you next first Friday. Hopefully. All right. Bye bye.