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Disability, Diversity and Intersectionality  
in Centers for Independent Living

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Data Mining and Community Mapping to Address Diversity  
Presenter: Susan Dooha

SUSAN DOOHA: So you already know that I'm Susan Dooha, and I'm the Executive Director of Center for Independence and Disabled New York, and I want to show you but not linger over just some basic facts about CIDNY. We were founded in 1978 as the first Independent Living Center in the state of New York, and we helped to found others.

We currently have 76 staff and a budget of $7.5 million. When I came to CIDNY in 2002, we had a budget of about a million, and maybe 15 staff. We have offices in New York and Queens County, but we also have sub offices in Brooklyn and in the Bronx, and in Staten Island.

Our staff are 75% Black, Latinx, Asian‑American. 58% are bilingual and bicultural, and our staff speak 26 languages, with ‑‑

AUDIENCE: Woo hoo.

SUSAN DOOHA: -- with a particular emphasis on Spanish, which is a required language at the state level. And at the city level we have 12 required languages and our staff speak 10 of them.

I'm going to talk about statistics. We're going to get real nitty gritty. And I hope that this is very helpful. I want to talk about why statistics are so important to our work. And it took me a while to discover this, so I confess that I wasn't born knowing how to do statistics. And in fact, when I took statistics at the University of Michigan, I squeaked by, by a hair. It was not pretty. But they're critical, because they help us intentionally change our leadership, staff planning, outreach, recruitment, hiring, program selection, organizational policies and practices to support our goals in the community.

And to support our desire to reflect the community in every possible way. We are very interested in disparities between people with disabilities and people without disabilities. Also, disparities among people with disabilities based on type of disability, and also based on race, ethnicity, gender, age, because all of these can help guide us in the work that we do.

We are looking for where we are finding the greatest kinds of discrimination that we want to address. We want to identify and address.

We join coalitions, we join other stakeholder groups, to create systemic change, and when we do this, we bring to that environment, we bring to the coalition, that includes organizations that do not think of themselves as serving people with disabilities, information about why it's so critical to the mission of the coalition, the mission of the group, that they address disability as part of their mission. We join anti‑hunger coalitions. We join housing coalitions. We join coalitions that are working on addressing poverty, because these are top issues for us. And we bring with us data to help illustrate for our partners in the community why you cannot address poverty without talking about and planning for people with disabilities to be part of creating the solutions, and to be benefited by the solutions.

We use data to communicate with policymakers, with the public. We talk to the media all the time, and we use statistics, as well as individuals telling their stories, and their direct experiences in their own voices. Because it's important to help to support these sentinel cases, they call them in research or case studies, these examples of people's struggles with showing this isn't just Joe. This is 35% of us.

So, we want to be able to be effective with people who value data. And who will not believe you if you only talk about individual stories, sadly.

I don't know whether any of you have used statistics, and I'd like to see a wag, a show of some kind, a "hear, hear" or whatever you'd like to signify with. Have you used statistics at all in your work?

Okay, so there's a fair representation across the board, but not all of us. And so, we're going to talk back to basics. We use statistics a lot in advocacy particularly. What kinds of statistics have you used?

Anybody got the microphone to carry around?

LIZ SHERWIN: We apply for various money sources in our communities to do different things, so if we're applying for money for maybe specific groups like people who are blind, then we have to provide statistics on the numbers of the people and the impact the funds can be utilized.

SUSAN DOOHA: That's an excellent point. Where did you get those statistics? What source were they from?

LIZ SHERWIN: We got those statistics from the Department of the Blind in Illinois. They're the ones that manage most of the federal dollars that come in, so they had information down to the county level on how many people approximately that lived in the three counties we serve that could benefit from those dollars.

SUSAN DOOHA: That's marvelous, because what you're leading to is something that we absolutely must discuss, which is that there are many, many resources all around you, in your locale, in your county, at the state level, to help with statistics. Very often they're at the State level. Sometimes they're at the county level. And sometimes if you have a municipality, you can get them from a city planning department, something like that. Very often state agencies have data.

I think I've heard a little bit about the statistics helping you. You were using statistics to fund‑raise. Did you identify any gaps, anybody, when you were working with statistics? Yes? Mic over here. Okay, over here first.

AUDIENCE MEMBER: You're always going to have a problem having me sit next to the person that's holding the microphone. We got our statistics right from ‑‑ in Massachusetts -- right from the state. And what we were specifically looking for was how we could ‑‑ we identified a gap to be able to start the mobile food pantries. And what we found out by looking at the statistics, which was shocking to us, on Cape Cod, which is considered a rural market, there were ‑‑ there are over 10,000 people with a disability that also have food insecurities.

SUSAN DOOHA: Right.

AUDIENCE MEMBER: So, if you're a senior citizen on Cape Cod, so are as sound as a pound. You have meals on wheels showing up. If you're 54 years old and you can't make it to a food pantry, you're screwed. And Coreen is actually the one that identified that sliver, that what we thought was a sliver was actually a big chunk of pie that was not being served, not being discussed. And those statistics for us were too glaring to not dig in and start creating that change and attacking it head‑on.

SUSAN DOOHA: Yeah. You see, they can really concentrate your attention and I have to validate what you're saying. Even when working, people with disabilities are more reliant on food assistance than other populations. There was a question over here, statement.

AUDIENCE MEMBER: Yes, this is Maureen. Actually, the gap was in trying to find the statistics themselves, because we used the census data or the Social Security data, the groupings of people, types of disabilities and ‑‑ aren't really real anymore. And it doesn't take into account our brothers and sisters in the institutions, which is who we're really concerned about. So, just the gaps with getting the statistics, let alone trying to identify gaps based on the statistics.

SUSAN DOOHA: Excellent observation. I'm going to take one more question or statement.

JESSE BETHKE GOMEZ: This is Jesse. I'll be very quick. I was asked, or Minnesota's Olmstead Commission, a sub-cabinet of the Governor, requested that the state produce a report for direct care work force shortage gaps and we worked on that as a Committee member for two years and I was asked to come in as a technical writer. The four of us actually wrote the plan that was approved by Minnesota's Olmstead commission. The statistics are very concerning about the PCA worker shortage. MCIL recognized there was an area of opportunity to build upon that work, and we wrote a grant to the Bush Foundation and we received a community innovation grant for $208,000 to look at how do we actually solve the PCA crisis in Minnesota? So, it's a great example of where we can add value in terms of the technical skills, then utilize it also to where we can bring value to Minnesota using statistics.

SUSAN DOOHA: Excellent observation. So, there are many uses for the data that can help you in myriad ways, and yet there are gaps, and there are differences among data sources. I can go on taking questions now, but I don't want to jeopardize getting you other information.

AUDIENCE MEMBER: I'll be quick.

SUSAN DOOHA: Okay.

AUDIENCE MEMBER: So one interesting way we used statistics was to prove how our two separately state- and federally-funded CILs were being deprived of the rightful money that we were getting and we did that mostly by showing racial demographics in our area, the communities that we served, how the money was stolen on the state level. How the State DSE talked the federal government into lessening our award, which they're not supposed to be able to do that, but they did it, and how this is still ongoing and how it directly relates to the gross racist, classist, ethnocentric underserving that is happening in our communities not just with Independent Living. We actually did a comparative survey to how the transit agencies have also been grossly underfunded in the same exact communities.

Did the statistics help us? We ain't got our money back yet. The debt is well over a million by this point and we ain't got it back yet, so we do what we can. The gaps is in equity and justice I would say and racism and classism and ableism. So yes.

SUSAN DOOHA: An important statement. Yes?

LIZ SHERWIN: We have a program strategy team of the board and staff and every year, they look at what we're doing and one of things they identified in the 704 report was that we were not serving young adults, and this ‑‑ and so they started questioning us about why this was not happening. And when we looked further, we found that once a lot of the young people left high school, they just vegetated at home or they ended up in places like Arc and those kinds of places so that prompted us to seek out state funding for transition for youth and we were able to obtain a grant from the State of Illinois to support our activities in this area.

SUSAN DOOHA: Right.

LIZ SHERWIN: So that was one of the things that at least the board identified from our 704 report.

SUSAN DOOHA: That's a key point, and always, always, always come back to how you can use data for bidding on contracts, for fund development, for education of the public.

And now I want to move on to kinds of data sources, and where to find data. First, I want to commend you to universities that receive funding specifically to work with Independent Living Centers on data. I want to refer to the Universities of Montana, Kansas, and New Hampshire. We work with New Hampshire. Also, there's a university in every state that is part of the UCEDD network for you to use as a resource. We find that in many states, there are disability statistics compendiums. You can get disability statistics from University of New Hampshire, from Cornell University in New York, from a lot of different places, or you can go to other sources.

You can go to the American Community Survey of the U.S. census, and put in the words "disability guidance for data users," and it will offer you options about access to microdata. It will offer you options about using their data ferret or using their data phone‑in number for help.

And you can use that to get one‑year data or five‑year data from the American Community Survey. I'm emphasizing the American Community Survey today although there are a million different definitions of disabilities in a million different data sources.

There's the ‑‑ there is the Social Security definition, the Workers' Comp definition, the Americans with Disabilities Act definition, the SIPP definition, the Behavioral Risk Factor Surveillance System, and I can go on. These are just a few of the different kinds of data sources about people with disabilities in each community, and there are more of them.

Now, they are not all created equal. They were created at different times. Some models' definition have been tested more than others and some are more universal across the country, and within communities, they let you drill down, drill down to ZIP Code level, drill down to census tract, drill down to legislative district.

And I strongly encourage you to look at your legislators, and who is in their districts.

Some of them are medical models, some of them are based on employment. Some don't have local data. But I favor the American Community Survey and I've worked with the University of New Hampshire. They helped us for free and you can get free help with all of this. You don't have to be a data maven, okay?

You, doubtless, can all figure it out. I am not a technology genius. My background is in law and public policy and not in technology and definitely not in statistics. So, I've given you some sources. If you just put them in your search engine, they will take you right there and they have data help and they will lead you through to state data, to county data, and then you have to do a little work to get to ZIP Code level data, and to do the kinds of comparisons that you may want to do.

I've borrowed a couple of slides from the University of New Hampshire to describe what the American Community Survey covers. They cover the rate of disability in your community by age, gender, race, ethnicity, specific disability, and they capture data on each group for indicators that I think are key, which are education, employment, income, poverty, food, housing, transportation, family status and health coverage. To me, those are all key indicators of well‑being or lack of well‑being for people with disabilities.

This makes it possible to do all kinds of comparison. People with disabilities, without disabilities, and the comparisons that I mentioned earlier among disabilities, among age groups, among races and ethnicities, and you're going to see some very striking things.

They use 6 standard questions ‑‑ whoops ‑‑ this is what happens to me.

They use 6 standardized questions to identify people with disabilities in the American Community Survey and the questions are not ideal. Don't let me confuse you. They are really underinclusive in some ways and overinclusive in others. I'm not going to go into detail about it.

But here are some examples: Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Similarly: Are you deaf or do you have serious difficulty hearing?

Do you have serious difficulty walking or climbing steps? Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, making decisions? And that's ‑‑ then do you have difficulty dressing or bathing? That's really an indicator of severity in the eyes of the American Community Survey, and Independent Living, which is because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?

The defects in this database are significant, but it is the most universal. Allows you to really drill down.

I think that it's important to know that when you're looking at the American Community Survey, you can get really current data, and you can get 12 months of data. That's good for very large geographies. If you're looking at a state, you're looking at more than 65,000 people, you can use really current data, that's one year, right?

It's not as precise as 5‑year data, and yet it is the most current. There are also 5‑year estimates, and those estimates pool 60 months of data so you have much, much more data and you get much more stable numbers, and you can drill down to blocks. You can drill down to census tracts, ZIP Code areas and state and legislative districts. This is the most precise, but the least current. You use it if you have small geographic areas you want to look at. What do you want to do? What do you need to know? We've talked about some purposes. We've talked about fund development.

We've talked about legislation. We've talked about looking at equities and inequalities. There are plenty of people you can target with this research. And there is plenty of data out there for you to get in terms of diversity, in terms of educational attainment, employment, all of the things that I've previously mentioned that give you a kind of a status report on people with disabilities in your area.

There are statistics on disability, race, and poverty that have been helping us tremendously with policymakers. There's a little map there that is color coded. I apologize. And it shows different races and ethnicities and their prevalence in each borough of the city of New York. That's each county in the city of New York and it points out also a very striking fact, which is that in New York City 35% of people with disabilities live below 100% of the federal poverty level. The poverty rate is higher for people in some racial ethnic groups. I would love to make you guess which ones, but I think it's so obvious by now that I shouldn't do that to you.

[ Laughter ]

It is particularly true among people who are Black. It is particularly true among people who are Latinx. In some counties, the poverty rate is significantly higher, and this data has been extremely helpful to us in reaching lawmakers to talk about why you have to fund Independent Living Centers. We're working with people who have tremendous needs related to even being stable in the community and not becoming homeless, not being institutionalized.

Now, how do we use the data? We use the data particularly in litigation. Because when all else fails, when we have negotiated up the wazoo, when we've testified, when we've asked nicely, when we've demonstrated, when we have done all of that, talking to the media and everything else, and nothing moves, then we might turn to Civil Rights litigation. And the data is really instrumental in doing that. And in settlement talks, when you're trying to drill down to very specific solutions, the data helps.

Examples of how we've used it, in subway litigation, we're suing the Metropolitan Transit Authority over the failure to make the subways compliant with the Americans with Disabilities Act, and New York State and New York City human rights law.

We used it in our legislative campaign at the city level for what we call right to counsel legislation, which is legislation that helps people who are low‑income, who are facing eviction, including people with disabilities, because of our data. And it means that you're guaranteed a lawyer if you are facing eviction. And that lawyer will go into court with you and stand up there with you because the landlord is going to be standing there with his lawyer. So, this is rolling out ZIP Code by ZIP Code and we were able to show the poverty rates among people with disabilities, and we were able to show high concentrations and I'm going to show you that next.

We also used it and I'm going to give you an example of this to target disaster relief to the needs of people with disabilities who spoke a language other than English. So those are the examples we're going to talk about today.

In litigation, we got ZIP Code level data, again from the American Community Survey disability guidance for data users, and we mapped that data, getting somebody at a university who has GIS software, to assist us with mapping where did people with disabilities live in the highest concentrations of poverty? Because the people with disabilities in the highest concentrations of poverty are also where you find concentrations of people who are Black and Latinx in New York City, and they are also areas that are underserved by the subway system.

So there is a systematic lack of subway access for people with disabilities in low‑income, high‑disability prevalence, high racially/ethnically diverse communities in New York City and we were able to show that. And "The New York Times" did their own map based on ours and it's been very helpful in our campaign in drawing public attention to the problems.

We also used it in creating a right to counsel for people facing eviction and targeting people with disabilities of color who are in the greatest needs. And we did this by pulling ZIP Code data for people with disabilities by county, by ZIP Code, and showing poverty rates, and we also drilled down to showing high concentrations of people who have disabilities based on race and ethnicity. You can do complex analysis.

We also used the data to target resources during disasters to the people who needed them most. We know there's bad weather all over the country. It's getting worse. I am a firm believer that we are experiencing climate change, and we know it because Hurricane Sandy hit New York following Hurricane Irene, and the data allowed us ‑‑ this data about population allowed us to talk to the USDA, the USDA, about directing disaster food resources to people with disabilities in hurricane zones in Queens where there's a high concentration of people with disabilities living in poverty who speak specific languages other than English.

And so, we wanted them to drill down to those affected communities, and we partnered with immigration groups like the New York Immigration Coalition. Make the Road by Walking, other groups and legal services group, Legal Aid, to get translated information about disaster Food Stamps to people in the community who needed it.

And I'm showing you here the breakdown of Queens by neighborhood, disability, and language that made our point to the federal government, and it shows ZIP Code, neighborhood, population receiving Social Security, language: Chinese, Spanish, Indo‑European, Russian, Tagalog, Urdu, Bengali, are some of the languages that we drilled down into. Knowing the community very much helps to identify appropriate community partners who are interested in the kinds of changes that we want to see. And we have been able to find coalition members and community advocates and join them together for our fight over elevators, subway elevators, where we are ‑‑ we're currently in court on three cases right now -- so stay tuned. And the picture is one of our demonstrations with many of our coalition members present.

Now, I think we might have, like, a smidge of minutes left. A smidge. And so, I really want to hear from you. I know this was like a lightning round and I'm so sorry, but I really want to hear ‑‑ let me start first with people who haven't spoken so I will get around. Yes?

AUDIENCE MEMBER: I just wanted to make you aware, everyone actually, aware of another data resource that would be helpful. This was put together by the ADA National Network. The website is ADAPARC.org. And it has information about community living, community participation, work in economics, and we are continuing to expand that, and we'll be adding transportation to that resource within the next year. So, I wanted to make you aware that that's another excellent resource especially for those of you that are working to transition people out of institutions.

SUSAN DOOHA: And how far can you drill down with that?

AUDIENCE MEMBER: So you can go to the State level for most of the data, and in some cases you can drill down as far as city, but most of it goes to the state level.

SUSAN DOOHA: Let me tell you why I like ‑‑ I'm sorry to sound like such a booster and that's a great resource and thank you for sharing it.

I use the American Community Survey data because I can get down really tight to census tract, to block, to ZIP Code, and it's been really helpful to us when looking at people with disabilities, youth with disabilities, who are out of school, out of work youth, who are Black and Latino. And being able to drill down, and name the neighborhoods, name the languages in the neighborhoods, examine what are the organizational resources in the neighborhoods, block by block is really helpful.

But I encourage you to check out all of these sources because there's something beneficial about all of them, and there are also reports called American Community Survey Briefs from the U.S. census, and you can go through those and see if there's data in those that meets your need.

We also use BRFSS data, which describes health disparities. Obviously, people with disabilities, because of lack of access to health care, have worse health outcomes on common, preventable, treatable conditions. And this is key when looking at how to reform the health care system.

So, we love these other data sources, as well, and don't let me give them short shrift. They're all lovely. Other questions or comments?

I know it's the end of the day. I don't want to lull you into sleep. So, I want you to get active with me. Yes?

SUSAN DOOHA: Yes.

AUDIENCE MEMBER: Me? Okay. Who did the data computation of the level map of the boroughs? An orangish, brownish map.

SUSAN DOOHA: Okay, we got ZIP Code level data from… The University of New Hampshire tracked it down for us and I can try and go back to that one. There we go. I can go back to the map, so we had ZIP Code level data. We knew exactly how many people specific numbers ‑‑ 9 people, 12 people, 500 people, 6,000 people ‑‑ lived in specific zip codes, and then we went to a university where there is somebody who knows how to use what's called GIS …

AUDIENCE MEMBER: Yeah.

SUSAN DOOHA: … mapping, and they took our data, and they made it appear on a map. And we asked them a specific ‑‑ we asked them specific questions. We said, we want you to show high poverty areas. We want you to show low‑income communities of color. And so that is the data that we used, and they were able to map it for us.

I wish I could tell you more about GIS mapping, but that's the extent of my knowledge. Yes, over here.

AUDIENCE MEMBER: Just a quick note on GIS: If you have in your area a metropolitan planning commission, regional planning commissions, people who do traffic studies, most of them can do GIS mapping, and we've partnered with our regional transit planners and they've done some great GIS mapping for us.

SUSAN DOOHA: That's a fantastic resource.

AUDIENCE MEMBER: Somebody just asked me what does GIS stand for? Geographical Information Systems.

SUSAN DOOHA: Thank you so much. Now back here.

LIZ SHERWIN: I know we're talking about data, but one of the things I wanted to ask: We've been involved with the Census count. As you know, the new Census is coming up and we had one of our Senators, Tammy Duckworth, come to our office and work with other organizations to ensure that everybody was counted. And one of the things that she talked about was the possibility that many people with disabilities were not being counted, children under a certain age, and she asked us to partner with the people that were doing this in our area to make sure our people were counted and that's how we get accurate numbers.

Are any of the others here working with these groups in their counties to make sure they're counted?

SUSAN DOOHA: We are. And there's even funding out there in some places for that.

LIZ SHERWIN: Exactly.

SUSAN DOOHA: I'm glad to see others are doing it too.

LIZ SHERWIN: That's really good.

SUSAN DOOHA: Because it's really critical. If we don't get counted, we don't get resources and that makes a huge difference.

AUDIENCE MEMBER: Hi, I have just a quick question on the definitions and you indicated definitions are somewhat less than perfect in terms of categories. Have you found a way to disaggregate or identify individuals whose primary disability is mental health?

SUSAN DOOHA: No. That's one of the major problems. It is ‑‑ that is a problem, multiple is a problem. MS and other neurological disorders don't show up well. I have letters written by researchers to the U.S. government saying, you need to add questions specifically, because these 6 questions are not getting at everything we need to know and let us test out, let us research, new questions so that we know they will be valid and then we can incorporate them.

And I think that's a really excellent idea. There are a lot of reasons to use different databases. They all have different pluses and minuses. And maybe at some point we can go that route in greater depth. But it's worth looking at the benefits of different ones and thinking clearly about what you're getting and what you're not getting. Thank you.

Yes?

AUDIENCE MEMBER: So another thing about the data is looking at it to figure out your composition of board and staff that represent your area. So one of the issues around this is the populations that we want to include but they're so small. But it takes a whole person, right, to be on your board. So, if you start choosing your 5, 6, 7, 8, 9 that you want to be on your board, I'm assuming most people have gone to increasing the size of their board. Because how else do you get all the people that you need on your board without having a really large board?

And then my other point is: Your board would be easier than staff. Staff takes money to add representation of all of your area and then when you add all the populations, it's not going to be representational because you have differences in the percentages so I wonder if you had any advice on that.

SUSAN DOOHA: Thank you. We do use the data, and we measure ourselves constantly against the data. On our board, among our senior staff, among all managers, among all front‑line staff, we measure, measure, measure. We measure: Who are we serving in different programs? We're trying to get at are we equally effective in working with different groups of people?

In terms of our board, our board is between 15 and 22, generally, and we don't mind adding people. We are ‑‑ our goal is representation, and if we need to add people to get it, great. It gives us more people for committees, and we have a number of committees that guide me and guide the staff on the work that we do. So that can be really helpful.

Flip that scenario and look at it as a positive. In terms of staff, yes, it does take resources but there are often vacancies, and there are often new contracts to bid on, and there are often enough opportunities to bring people along through stipends, through job training experiences, through youth job training experiences. There are all kinds of ways of adding people to your staff.

And it's lovely when you're growing, but it's something we have to do irrespective of whether we've got bucks or not. I've been in both situations. We have a million people with disabilities in New York City and we had a budget of $1 million when I arrived. That's not a lot, right? Even 7.5 is like a drop in the ocean. Okay?

Yes?

AUDIENCE MEMBER: I wanted to kind of bring back a question that was asked yesterday about getting people prepared to be on a board that might have never thought of themselves as someone who could be on a board. I know, like, my first mental image of a board is a bunch of large white men in business suits. That's, like, my immediate image is a bunch of very like ‑‑ .

[ Laughter ]

That's just ‑‑ .

SUSAN DOOHA: Okay.

AUDIENCE MEMBER: If we've got, like, a young person who graduated from college that might have a lot of expertise that could bring, how do you induce them?

SUSAN DOOHA: Let me talk with you about the people who are on our board because they'll give you the best examples. Not everyone who is committed to diversity, intersectionality is young or has no training, or isn't smart enough to figure things out. And we give a massive amount of support. So, we have Sunita Dutta on our Board of Directors, who is South Asian, and she's a former attorney, and she is heavily involved in advocacy.

We have Dustin Jones, who until very, very recently was homeless. He was homeless for the last two years. But he's a very smart guy, and he's a fine advocate, and a real media hound. So, he does incredible, incredible education of the media, of the public. He's a Black guy who's been homeless, and before that, living very marginally and very low‑income in the community.

Those are just two examples of people on our board. The kind of support we give them, we give to everybody, everybody. We give them an in‑depth orientation. We include all of our basic documents, our certificate of incorporation, our Bylaws, every policy of the organization, and when it was revised. And we give them the duties of boards of directors, duty of loyalty, duty of care, and duty of ‑‑ I'm getting a conflict of interest, but I just blanked on the name. And we also talk about the duty to raise resources for the organization, and that every contribution counts, but that we expect a give and a get, and we get that from everybody on our board.

We talk about board meetings. We provide 6 months’ worth of board minutes and we go through them. These are the discussions we've been having at the board level. These are the critical issues that we've been working our way through. We give them all ‑‑ a list of all of our programs and a description of each of the programs, because we've got, like, 24 different programs. IL funding is a drop in the bucket for us, and we couldn't survive on it. So ‑‑ sadly.

But we describe what all of the programs are. We describe all of our committees. We have a calendar of when the board meets, what happens at those board meetings, when different things will happen, when will the audit be presented to the board? When will the annual report be presented to the board? When will the board hire the auditor? When will the board approve the donation campaigns, the funding campaigns?

We really try and get down, and we talk about what each of our committees is doing, and when they're meeting, and we answer any and all questions, and that is just the beginning. We talk about IL history. We talk about the status of people with disabilities. We talk about race, ethnicity, gender, LGBTQ. We go through all of this. I mean, it's like ‑‑ we pack people up to here, and that's just the beginning, because then we constantly go through things, and we have board members who are willing to mentor other board members.

And we think it's very important to have representation not only of demographic groups, but people with different skill sets, and people with different resource abilities, who can help us with our fiduciary obligation, so finance people, funding people, but it doesn't have to be mutually exclusive. I mean, a black man was on our board from Citibank who is now since off our board because he took a job at the Metropolitan Transit Authority and we were suing them, so he could no longer be on our board, but he had the ability to get, and he also had tremendous knowledge in other areas. Yes?

LIZ SHERWIN: Well, one of the things I think we all are at different levels here in terms of our board development, and when we found out, when we looked around at our board a number of years ago, what we did was ‑‑ and anybody can do that ‑‑ we came up with a simple grid of what the things that we needed on our board.

SUSAN DOOHA: Yes.

LIZ SHERWIN: The types of people, the types of ethnicities, the skill level and that sort of thing, and it was just like a simple chart.

SUSAN DOOHA: Right.

LIZ SHERWIN: And as we revised our board and developed it, we used that to replace our board members, and improve the board.

SUSAN DOOHA: I love that.

LIZ SHERWIN: Anyone can do that. But we just developed ourselves a grid of the different types of people that we want on our board to make sure we had what we needed on the board. So, anyone can do that. And if you're interested in the grid, I can share it with you guys and you guys could modify it to whatever you're doing.

SUSAN DOOHA: How many of you use an instrument to examine who needs to be on your board? Yes, yes, yes, yes, yes, yes, yes. We do, too!

We are not always instantly successful. We do not walk on water. We have controversies within our board just like everybody does. And yet we're trying to build the board that we need, and we've come quite a distance, because we now have a board that is somewhat diverse. It needs to be more diverse. And more intersectional, and we also have a board that can raise money for us, which we need in order to meet our mission. Yes?

AUDIENCE MEMBER: Okay, I think this could still apply to the conversation that we're having about the board, but I have an obsession with longitudinal data, so tracking data over time. And I think living in Houston, we're pretty fortunate. We have organizations like Rice University, the Kinder Institute, who they do that. They do a survey; they ask the same question year over year; and then they're able to look at how the demographics of the city are changing and make predictions. So, in the partnership that you have with University of New Hampshire, are they also getting predictive and saying: Hey, Susan, you might want to start looking at this certain ZIP Code?

SUSAN DOOHA: No, but I'm going to go after that next.

[ Laughter ]

You're brilliant, and after this I'm going to write those things down, so I don't forget. Because that would be very useful.

What we have done is we've done two reports, two sets of 5‑year data now. We're getting ready to publish the new one. And what I have to say to you is that there ‑‑ it's very frustrating to me -- but there is very little progress to be seen on any indicator of well‑being that we measure. Maybe it's too short a period of time, and we need to go back yet another period to see. But 1% variation is not a significant increase or decrease. 2%, not a significant change. We really like ‑‑ we want to do things that make the needle move, right? And that's very hard to do. Very hard to do, I find. But I love longitudinal data and I love the idea of predicting. That's fantastic. I like that a lot.

Other comments, questions? You've heard enough. You want to go get a drink. I know.

Tell me where you're at now.

AUDIENCE MEMBER: You hit it.

SUSAN DOOHA: I've exhausted you all. You all need a drink. I understand. Thank you.

[ Applause ]

[ End of session ]