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>> Good afternoon Ladies and Gentlemen and thank you for waiting. Welcome to the disabilities statistics conference call. All lines have been placed on listen only mode and the floor will be open for your questions and comments following the presentation. Without further do it is my pleasure to turn it over to the host Mr. Tim Fuchs. The floor is yours.

>> Thank you, Amanda. Good afternoon everyone I'm Tim Fuchs with the national council on independent living in Washington D.C. and I welcome you to SILC Nets. Teleconference and Webinar today is presented by SILC-NET program of IL net training and assistance program for sills and silks. It is operated for a partnership ILRU, nickel and April. With support provided by RSA at the U.S. Department of Education. Today's call is being recorded so we can archive is on our Web site and we'll be breaking several times during the presentation to take your questions. For our Webinar participants today you can ask questions in the public chat on the right side of the Webinar screen. And if are you on the phone, you'll be able to ask your questions live. And if you are participating on the CART captioning today you can type your questions in the chat there. I'm on, there I'll see those. And I'll voice those during the Q and A sessions.

And the materials for today's call including the PowerPoint presentation and evaluation form are located on the training web page. That web page was sentence you to in the confirmation e-mail and it's where the connection instructions were located if for any reason you didn't see that or you can't find it, let me know. You can e-mail me at Tim@NCIL.org. That's Tim@NCIL.org I'll respond right away. If you don't have the PowerPoint open please go ahead and open it up. If you're on the Webinar it will display automatically F you'reen the phone it's important to have the PowerPoint. It will make today's presentation a lot easier to follow on wx the word about the power point we will go through the whole PowerPoint but some of the slides will be sort of glossing over. It's a very, very comprehensive PowerPoint. This is true for Thursday's presentation as well. So, you know, go ahead and listen. We'll let you know which slide we're on. But, after the call, do take some time. We've got an excellent resource here in these two PowerPoint so take time and go back over and look at the whole thing in the package to keep it handy. I wanted to let you all know that.

So, without any further adieu I want to present our -- introduce presenters for today. All of whom wus from the University of knew ham sure institute for technology. Dr. Andrew hawtenville is research direct torz of the inscrew tought and Tony Ruiz is research institute and Eric hour is project research specialist at the insti tuxt they've done an excellent job putting this presentation together. I want to thank them for all their work. And lets go ahead and get started I'll turn to over to an drurks Andrew.

>> ANDREW HOUTENVILLE: All right. Thank you Tim and I appreciate this opportunity to do this series and the folks open the call. And I want to at first acknowledge my township presenters Eric hour and Tony Ruiz. We'll try mix up the conversation a little throughout. We'll also be asking you for your input. And you can e-mail us or Tim your input between the two presentations. So maybe we can respond to serious bodily injury of your input and some of your questions.

When with we come back Thursday. So today's if I have to think about today's presentation and Thursday's today we'll go over some of the rudimentary back ends bring everybody up to speed type information and then on Thursday we'll talk more specifically about data sources and so. Potential uses that Independent Living centers and statewide councils of Independent Living might use. Section one we have how many section, five or six for today's presentation. So first slide introduction. So, Tony, me, and Eric will be presenting throughout. We're at the University of New Hampshire institute on disability and so if you know a picture of New Hampshire there's a part that touches the Atlantic ocean. We're in the middle of that. Although Tony is in upstate New York right now. So, geographically that's where we sit. We're funded by the national institute on disability and revolttation research, NIDR sister organization to RSA. We're also doing this Webinar as part of the rehabilitation, research and training certainty so ROTC on disability demographics and stitics located at hunter college we're a subcontractor on that grant so.

We're anticipating the Webinar participants here today will be executive directtors of Independent Living centers, council, statewide Independent Living council members. Staff from the councils, and people who are looking to get information about people disabilities their state or their catchman area. Statistics have come a little bit of a -- have come along and but they're still kind of hard to find sometimes. So we'll talk much more about the access and how to gain access to disability statistics for local areas. So next slide. So statistics are valuable way to communicate. You know, they're valuable in many ways, for instance, they can help verify and support existing evidence. They can provide ways of framing the issues and characterizing things. And they can help clarify complex processes, and sometimes they can reveal unknown patterns and associations. So, you know, from classical rhetoric perspective they're a form of argumenttation.

But they can also sometimes uncover things that you don't know. So they can be used in a more scientific as opposed to framing the issues type way. And however, you know, with respect to disability statistics findsing them accessing them and using them effectively and documenting what you're doing can be a very frustrating exercise because there's no one agency involved or charged with collecting statistics on the population with disabilities and so next slide. A lot of impo tes for this workshop and also the work of the NIDR fund statistics Septemberer is to kind of bridge the gap teen the users of statistics and the sources of statistics. And so we also have ongoing dialogues with the people who are producing sticks and statistics and try to convey to the producers of statistics some of the changes that people in the field are asking for. And you know, so, bridging the gap between people without disbits. If I'm in a room how many have seen statistical abstract of the United States? I don't see any hands.

There's no way on this new Accuweath Forecast led stuff to raise hands and have a show hands. At least not that I'm aware of on the web link. And the new statistical abstract is a thick book you get at the reference library. And if you look at that book it's got something like you know, A thousand and to 1500 tables on every statistic the federal government checks but you won't find one single mention of the population with disabilities. Not even disability programs let alone population with disabilities.

So, I think that there's a lot of improvement in disability statistics over the years and there's still a long way to go. And let's go to the next slide. Right so some of the things we're hoping that you get out of this -- these two days of presentations, one is you know we're hoping that -- to explain the nature and importance of disability statistics and identify the strengths and weaknesses and how to locate statistics and describe methods for locating and analyzing dem the graphic data and develop effective processes for gathering relevant data and so, I want to under score that relevant is that you may have lots of ideas about what statistics might be available or what statistics you're looking for to make the points thought make or to help inform decisions that you're confronted with. But a lot of times, when they're not available, exactly as you conceive them in the data, kind of finessing it around to get the data that exists to be able to respond to the questions you have, is something. So finding relevant data, is often a challenge.

And also, we want to talk a bit about use data to assist you in developing your statewide Independent Living plan. We've worked with some states over the years and continue to refine how we provide data to sidewide Independent Living councils. Um, other things we want to talk -- go through is understanding the availability and quality of existing data sources that include information on people with disabilities. And understanding how other people have used them. All right?

>> Next slide.

>> Let me give you a little bit of a foreshadowing of some of the statistics you'll see. So this say breakdown of the working age population. With disbailts. So this is just to foreshadow some of the things you'll see. And you know, typically I'm economists by training to I'm always thinking of employment as the primary outcome that I'm looking at. And what you can do is look at say the working age population with disabilities. And break them down to working and non-working and then the working group you can break into with and without disability. And then disability you can breakdown according to the data that these statistics are drawn from knew know six different categories.

Hearing difficulty, vision, cognitive difficulty, ambulatory difficult, self-care and Independent Living difficulty. And Independent Living difficulty is actually the term the census Bureau uses and this is coming from the statistics are generated using data from the American community survey and we'll talk a great language length about the American community survey on Thursday and bit more today. And these are the terms that they use. When I look at this slide, you know, A couple things pop out. A couple questions start coming to mind. Is, all right, so 18 to 64 is that sometimes I might want 21 to 64. Sometimes I might want all people not just working age people. Sometimes people will throw around the term working age. It almost always was 18 to 64 but sometimes you see 21 to 6 4 and a couple other things you'll start raising questions when you see a chart like this is, all right, so, how much work? Is it work for benefits?

How is the salary? And when you look at disability what is the dive in addition of disability? You know, who does this include? And then when you look at disability types, you'll try to figure out, okay, well, what do they mean by hearing difficulty. And what are the survey questions that they ask? And so we'll talk about a lot during this web I under series about what questions should you ask as you're both consuming and thinking about consuming disability statistics. As you start working with disability statistics what are the lynch pin things you need to be concerned about. So next slide. That was a teaser. We'll go over more statistics lightser. I wanted to, before we start into the next section, is to kind of just reveal a little bit of the materials -- review a little bit about the materials. And we -- actually, I don't think we have the workshop outline anymore. But, you should have a copy of the PowerPoint slides.

Also, one thing you may want to check out when you have a chance, is the 2011 annual disability statistics Compendium that's another aspects of it and you may want to check that out. And also, A report we did for New Hampshire called facts and figures. There's a link here. And so you have all the active links.

Some work we did with Sidney near cities Independent Living center, there's a link to a report they did. It was a really good example of how to use statistics to kind of craft a story. Around Independent Living in your area. And another piece of work we did was with Chicago community trust. And this was a really nice you know, almost took a year of back and forth to get to the statistics that they wanted and how to craft their statistics.

And it really kind of sets goals. So it uses statistics not just to painlt a picture but to set goals. And so, I would encourage people to look at that document. So, you'll have the slides and then a bunch of -- you have links to documents that you may want to peruse either while we're talking or between the two web I under. Okay. Next slide.

So, I'm going to turn it over to Eric Lauer. Eric is research specialist here at the University of New Hampshire a PH student of ep deemology and public health out of Rutgers university and plans to finish -- when do you plan on finishing your dissertation? She -- here he is. Two years? Maybe a year. Okay. So, I'm going to turn it over to Eric and he'll go through section two and then after Eric, Tony will talk a bit about -- takeover section three. So thank you and Eric take it away.

>> ERIC LAUER: Good afternoon. This is Eric Lauer. The next section I'm presenting on is basic terminology. It's fairly brief and will function as a primer and to some degree and outline for the next couple sections. It's also brief so can I get back to work on my thesis and keep Andrew happy ch the acronyms you see on the left, VACS, CPS, those are national surveys that all collect data and result in disability estimate and on state and national levels. I know that we'll be going into more detail about the ACS and SIP and CPS. I don't think we ended up providing any statistics with the NHIS.

In a number of these types of discussions when explaining and trying to sort get the best return on disability statistics there are typical concepts and definitions that we come across, time and time again. One of the major areas that we end up talking about is the definition of disability. A lot of the broad areas and ways disability is defined include activity, limitations, work limitations, and depending on the survey, there are different definitions that are generated from data and the way questions are asked.

And then there are a number of broad conceptual definitions and I know Andrew will be going into those in the next section. Pop lace-based statistics are often what is generated using these national surveys. They come with their own set of limitations and strengths and weaknesses and oftentimes we'll talk about sampling and measurement error. So there's sort of a baseline amount of error generated that we know about, by the way a survey is conducted and there's a certain amount of error generated by the way a person responds to the survey aunt limitations of the questions and the limitations and ways people respond when answering over the phone versus an interview versus paper and pencil and who has reached by phone and who is reached by mail and who is reached by interview. Each of these surveys usually has an extensive literature on-line. And user guides. They're often not the most friendly, which having expertise then really streamlines that process because we're knowing where to go but they do have significant associated documentation. And the disability statistics come pend yum is a document produced by Andrew hawtenville and Tony Ruiz as part of their work with NIDR and it provides a whole series of tables using the surveys listed here on disability prevalence on a state and national level. Along with beneficiary data, insurance, health insurance data and health status for individuals with disabilities. You'll see that heavily referenced in parts of the slides. And I think that looking at these terms most of them will be expanded upon in later sections of the presentation. But that should give you a framework to understand when they first come up. Next slide.

This next section is going to be presented to you by Tony Ruiz. He is a researcher alongside myself and Andrew at UNH. Thanks.

>> TONY RUIZ: Thank you, Eric. And Andrew. This is Tony Ruiz. I just you know what I'm trying to do in this section is you know, give you a little -- get you a little closer to what we are presenting here and the sense you get a focus on how you or how I think you can think about this so that it's of most use to your institution and to yourself. Next slide please. So the question here how do you actually identify and use disability statistics for yourself? To do this you know, we have learned and in collaborating with different folks that a good idea is that you can not start with what you are doing in your work. So you try to figure out you know what statistics might assist or help you in your work. To do this, you know, you obviously need to kind of think as a stopping point about one of the problems or questions of your daily work situation.

And then, from, there once you have identified this, you kind of ask yourself what information and obviously in this case information statistical information, what is useful for you to kind of clarify the question or solve the problem. And then once you have an idea rough idea of what kind of information are you looking for, the question is where can you find this information? And perhaps you have some ideas about this and then actually you know the last stem is kind ever you know, how would you use that information? Next slide please. So what I've been doing here is actually and you will see this, referring back to what already Andrew introduced at the beginning, I will just give you an example I came up with of what kind of problem or question I mean when I say you know you start with something of your own work environment. So, A problem could be that you are interested for a specific group or state and what other percentage of employed or not employed for disability types. And if you kind of think back you know about five minutes that's one of these graphics which Andrew presented just a while ago. And it's simple what I'm doing and I want to make sure how you can think through a process like that. And then the information you need for something like this obviously each brup group, and/or discuss a little bit whether you are interested in everybody so the whole purple nation or certain people were certain age which might be limited by something like 60 or 65, you can you know you need to kind of think about this and define it for yourself. And then, another thing obviously if you are kind of presenting anything disability related you need some information about disability type and you need to kind ever think which disability type or types you're interested in and then the last question or one of the last questions I kind of gave, do you want to do this as representative as Andrew introduced it in the beginning.

Which you know, means data for the whole US or do you want a representative for a state or do you want it for regional data 1234 again, you know depending on what you kind of listed under information you need, you are kind of need to figure out where you find this information. Again, you know, let's start from the back F you're kind of looking for regional data likelihood is that you need to kind of find the data in your institution itself or from some local university or other institution which might collect this kind of data. Once you're kind of more interested in data which a representative for state or representative for old United States and then obviously the census Bureau is one of the places you can look at. Then you know there are other places you can find information about this too.

>> Finally, you know the question you know, how wow use the information? And again, you know this very much depends on their problem and what you're trying to show here and that will kind of modify how you would use it and again we'll get to this a little later. Next slide, please.

What I have prepared here is just you know the same thing which I've just gone over with -- and you know I think most of you have this as a PowerPoint. Otherwise it would be good if you could kind of note this down either today or in between the two sessions because this is stuff I really want you to give some examples and also if you are fast you can do it immediately or where you give examples which now come in line from your workplace so that we can interact with you and see what is possible if we kind of look at one or two of these cases.

>> Next slide.

>> Next slide please.

>> That's pretty much what Andrew showed and what I've been going over with with the only difference that this is example for one state in this case as you see highlighted there in red it's indian A and I think before I think there's a question answer coming up before we go to this. I kind of want you to look at this slide and tell me what you think new look at the graphic like that and in the question, answer, if you come up with that, what you think is immediately where you think this slide as a problem what is missing thon slide. So if you look at the slide and kind of think about using this for one of your booklets or whatever, you know, assuming you are interested in Indian awhat would you say immediately looking at the slide what is missing here? Next slide.

Here we go, Tim.

>> Tim: Okay I'll ask Amanda the operate to help us take questions from the audience.

>> Operate the floor is now open for questions. If you do have a question press the number 7 on your telephone key pad. Questions will be taken in the order they are received. If at any point your question has been answered you may press 7 again. To disable your request. If are you using a speaker phone, we do ask that while posing your questions you pick up your handset to provide favorably sound quality. And please hold while we wait fort first question. Again as a reminder if you do have a question please press the number 7 on your telephone key bad (or you can use the chat in the caption kaing).

>> It appears we have no questions at this time.

>> No problem I have questions on the web. Let's goodet to those and we'll go back tots phones to double check before we restart the presentation. Our first question comes from marking monts comery in Tennessee and Mark asks if there's a state by state breakdown of employment levels available in any idea where Mark could find those?

>> I guess I should unmute. So, yes, this is Andrew.

>> ANDREW HOUTENVILLE: The disability statistics Compendium if you put that in Google, the disability statistics Compendium has breakdowns for disability and no disability for employment and they're also available the census Bureau has quite a complex interactive page called American fact finder. American fact finder once you get used to it it's really quite powerful. It will give you lots of state breakdowns by disability type employment for people with disabilities by state, poverty rates, educational attainment, lots of different things. So it is not endless. I mean they are not -- you know they're kind of rudementry you know outcomes like employment and poverty. But, they're quite good. Next question.

>> Okay. Great. Thanks, Andrew. Next question comes from Karen Mckolski Kareny regarding two slides we just saw with the employment information and Karen asks what are the population breakdowns for Indiana same as they were shown on the nationwide slide for example, the working is shown as 6.9%?

>> Well, it's either put and paste mistake or Indiana is reflective of the national average. Let's see I flip back and forth to see. Eric is good at calculating things in his head, is 69.89 same for both of them -- 69.8 the same for both of them. It's either cut and paste mistake or they're truly -- I'm looking to make sure -- for Indiana should be 6.2. Okay. So Indiana one is a cut and paste mistake 68.2. Sorry about that.

>> Thanks for the explanation.

>> Tim let me just react to that question. You know, what I actually want everybody to see you know looking at either of the two breakdowns is you know there's no source of the data there and no year when it was taken. There so whenever you look at a table there's no year and there's no -- you can't really use that.

>> Was that the one thing wrong or --

>> What I was saying what you want to see if you look at a breakdown like this. Looking at a breakdown of data awe want to look for the source and in this case I think it's -- and the other thing is actually just -- should give a year where the data is collected. Whenever you use anything and you don't have these two, forget about it.

>> Hm, okay. Thanks. Okay. I'm going to take one more question since we dent have any from the phone and we'll check back again. This question is from Mark for you, Andrew, in your opening you mentioned a source large booklet of data that had no mention of disability anywhere in. There what was the name of that source again?

>> ANDREW HOUTENVILLE: It was the U.S. statistical abstract.

>> Tim: U.S. statistical abstract. Thank you so much. Let's go back to the phones and see if any questions came in here Amanda.

>> Aman daxt. We have a question from Tony Vria AC silk.

>> That was my answer. Thank you.

>> Disability is related to function. The definition of disability is. In any of these statistical databases can we find out numbers on functional capabilities? Such as people who can't walk more than three blocks? People who can't climb stairs?

>> Tim: So can I answer?

>> Yes.

>> Yes, many of them have functional-related definitions. One of the biggest things of jargon is the word disability itself. And it's used in lots of different ways and lots of different context. And so we'll talk a bit about that. Actually we'll talk quite a bit more about that in the next session -- section to quickly answer your question yes a number of them do. And in fact you would probably consider some of these questions, state hearing one and vision one, that define the breakdown that Tony gave and I gave earlier.

You had probably would call them more functional. And the census Bureau sometimes uses the word disability when it describes various measures and sometimes it will use the word difficulty and sometimes it will use the word limitation and typically what I do is I always try to use the term that the Agency uses. And that way, fell who are trying go backwards and find out what I'm talking about or where I got my statistic they can reference. It I'm not always happy about that. The same thing with the race, right?

You know, I'll always use what was in the survey as much as possible or what the Agency puts as a label. The word ambulatory is a new one for the census Bureau when they redesigned the questions a few years ago. And Independent Living used to be called go outside the home. But because they changed the questions, they changed the terms used when they describe the statistics. I hope that answers your question. We'll definitely talk more about that as things going on.

>> Thank you.

>> Operator: Our next question is from Zeniab Apjana of PA silk.

>> Question relates to which source of statistics would you find a breakdown like if you're doing mental health, intellectual disability, physical disability and where would autism knit here like trying to look at it from that answering.

>> Sure. So each source has a different way of collecting information. So there's survey surveys and surveys will ask it in a particular way and it's always good to try to get the survey questionnaire so you see what people are responding to. And particularly when the language changes like when the change from mental retardation to intellectual disability a lot of times they'll keep the old language in with the new language so that people can respond to either. And in terms of autism, autism you know and also other disability breakdowns, A lot of times you have to take the good and the bad. If you're looking for very local statistics you'll likely not find them by specific say conditions like autism. Right?

And you may have to live with national level statistics. And if you want to go to local level statistics you will probably vo to go with something that's you know may not fit your bill of you know this cognitive disability you see you know and you've seen talked about. That's really more of a functional definition of cognition and you know autism people with autism spectrum disorder will respond to that and sometimes they won't. And sometimes it's a proxy response. And so maybe the family member will or won't respond to that question. That's the real one of the achilles heel of survey data is you're really stuck with ow people interpret the questions. The great benefit you get the whole population being asked these questions. Program data say you wanted to do people with autism and the -- who is social security beneficiaries you may be able to get that very specifically but you won't have people with autism who are not social security beneficiaries. So program-based statistics may give you the breakdown you need. A lot of times it's really fines and going through the paces with regard to you know not going through the pieces, making tough choices with where you get your data or using multiple sources to spin a sorry is multiple sources. I hope that answers your question.

>> I was curious about it because I was looking at the breakdown nor you did for Indiana and I didn't see that and I was also curious on the listing of materials you provide, do any of those go that far into detail?

>> The less let's see survey program for participation is probably the best population-based source for -- for specific disability types. And so it will number one of these links you'll see a link to the most recent one, the most recent report from the census Bureau using that data. And you know, whether they give autism specifically or other kinds of really specific disability SIP is the one to go to but you vonl it at the national level right? Those surveys the survey that collect survey interpretation is a long survey and continued to do it on a huge national scale at the American survey is.

All right. Any other questions.

>> Operator: There are no questions at this time. Tim, any questions open on your end?

>> Tim: Sure, thanks, I'm going to take one more from the web here and we'll get back to the prebilitytation. If you did have a question you were waiting to ask, we will have two more Q&A breaks. So, we'll make sure to have time for you.

>> This question comes from paraquadriceper in St. Louis and they ask, are you aware of any khaivrmings in the works containing census legislation allowing greater inclusion of people with disabilities Paraquad.

>> Legislation, no, there was an effort and it came out of the aging add kas I have community. That pushed for disability related information to be selected on census short form so know this is what you fill out every teen years. There used to be a long form with the census Bureau that had disability questions and they've Donna way with the long form and American community survey done annually. They wouldn't have to wait every ten years. American survey is replacement for census long form. The legislation to have greater inclue of people with disabilities, there was Martinez from Florida was sponsoring a bill to have disability questions on the short form. All right? And so that would be asked of every person in the United States.

And people living in ininstitutions that bill went nor as far as I know. And I believe senator Martinez had some personal issues and I think he resigned. I'm not sure. I have not heard much about the census in particular. There is quite a bit of working zone on inclusion of people with disability with regard to how surveys are done. Right? So making sure that multiple approaches are used such that if a person is deaf it's not paper and pencil and not just the person or telephone that all methods are used to generate that information. And there is training for the people who do the telephone and for people who do the face to face interviews on disabilityet kit and also how to help respond accurately.

>> And so, there is attention to it. I can't say that it's a piece of legislation but there say tension paid to including people with' bit to minimize proxy responses toy hope that answers your question.

>> Okay. Great, thanks, Andrew, thanks to all of you. And let's resume with section four.

>> Okay. I want to define -- can I see the popup box. I'll define that institution. I'll respond to that institution question at one point. So the next section I'll present and basically this section we'll walk through definitions of disability that are out there some conceptual ones and legal ones and these are behind a lot of the work that say the federal agency folks do to try to -- there are committees that get together to try to form and create and test out the questions that are used in these major census Bureaus surveys and the like. So we're going to go through some definitions and this kind of starts getting at that question that was asked earlier about function. And when is function being used and when is disability being used and various other terms. And concepts.

So, next slide. All right. So what is a disability. It's a big question. To calculate the employment rate and any other statistic for the population with disabilities the first step is always defining disability. And a lot of times at any -- at some point in a PowerPoint presentation or a slide you know if I'm presenting a table for pamphlet I'll always try to put the questions that are used to solicit disability information. And you know because I always go straight back to the questions right? Because it's really important to understand what -- how those questions are being asked and we'll do a lot of that in Thursday's presentation and we'll present the specific questions that are being used by the census Bureau and others.

Each data set has a different sometimes radically Different and sometimes slightly different definition of disability. To capture different pieces of information each one of these surveys has their own goal. And there's -- there's starting to be a core set of questions asked about -- around disability the several questions you saw earlier the six categories you saw earlier are now a part of by mandate are going to be a part of any health survey wanted by the federal government and so you actually will see disability being more represented in statistics that come out of the federal government.

Although it probably will take a while. And you know so each data set has a different definition. You know, I am -- these categories that you see, pathology based, impairment based, activity limitation based and they're pretty old school. They're based on conceptual model we'll talk a little bit about nay minute. But really what they're doing is as the person talked about earlier about function versus disability, you know, they're kind of pathology based definition or you know sometimes it's pathology/injury is really at the basis of the person. And only addresses the person level condition. And a lot of people will want these when they do advocacy work because you know people with blindness, people with hearing impairment, impairment based definition is more on the systems level within a person's body. But it's still very person focused. Activity limitations starts becoming a little broader and it's in some conceptual organizations given you have a pathology or impairment to what degree are you limited to do certain activities and so it's kind of -- it will be a smaller population than say the impairment versus pathology based definition population.

>> Work limitation variable -- I'm kind of jump ago head. Work limitations variable will ask a specific big activity like working. As opposed to smaller activity like using a telephone. And you're going to get a lot of this is a lot of jargon but these terms are really important to kind of understand as you're consuming and reading things that come out of different disabilities data sets. So next slide.

Short there's lots of different models that are out there conceptually on how to define disability. There's no uniform definition. And so, that's one of the can be a great frustration if you have a statistic on the population from one source it will be radically quite different than definitions I'm sorry. Than estimate of the population size from a different data source. One of the first conceptual eye sdaitionz there's the medical approach and then the social approach to defining disability. The medical approach is just focused on medical condition, injury, very body focused. Social model allows for social aspects of disability to come in. Not just of the perception of disability but the social environment can make a disability occur if somebody has an impairment they may not be disabled in the social mod fell they're able to devrp accommodations or environment around them is accommodating.

Conceptual model so there are two that are frequently crieded one Noggy conceptual model the one I was raised on and that really has disability being the result of having underlying condition and also having environment affect capacity to do a major life task and ICF definition for world health organization started to develop there were pre curse ors To it but in 2001 they came out with ICF dissertation and the world U.S. institute of medicine also has a new definition relatively speaking new that came out around 2002 and 2000 and updated 2007. There's lots of legal definitions from the Americans with Disabilities Act and Americans with disabilities amendment act and social security act and you know social security definitions of disability and other programs. And the inner agency committee on disability statistics ICDR, they have produced officer the years compilations of all of the federal and state definitions of disability and it's upwards of 67 different definitions of disability that are out there. In both federal code and nrs federal data collection efforts. 67 different ways of defining disability. At least that's the last county had. I bet it's higher now.

>> Next slide.

>> All right. So, disability is a term -- disability defined in terms of medical problems that must be treated by medical professionals and this is standard older conceptualization of disability needing to be cured so a medical conceptualization and it seems that disability is intrinsic characteristics of the individual and usually results in practices that attempt to cure and you'll see terms like abnormality or defect used in the -- and it's surprising sometimes. I have gone back to the old census Bureaus data collection instruments from the 1800s and some of the words are phenominal that are used. And I have a -- I've never published it butit have a whole section on different terms used by the census Bureau used through the years andal of them are almost entirely medical model until you start getting into the 90s and 2000s. So next slide.

So the social model disability is viewed as interaction of the person and the health -- that person's health condition and the physical and social environments around them. Antefocus is on contribution of the physical and social environment to disability and disability as a function and part of society and removing barriers and reducing impact of health conditions is the goal to improve the ability of people all people to participate in major life activities. And so these end up having a very important aspect. I once sat in a room with people from with about ten MDs down at CDC, 10 MDs and a bunch of socialologys and scatter of of epidemiologists and it was really interesting to see that it's completely different mind sets. It was definitely all of the cure mind-set that we really need diagnostic information and then you had people disability focused and less medical focused who wanted functional information about people's about ability to function in current environment and addressing and collecting data on the barriers to participating and barriers to functioning.

So it was pretty interesting.

>> Next slide.

>> So Noggy definition I touched on all this Nogi there's three major terms, pathology and impairment information and/or I'm sorry, there's path ol sdwri and impairment, where a physical orn't Mental malfunction. A physical or mental -- a mental malfunction or interruption of normal processes or both. A physical logical or anatomical or mental loss or abnormality that limits a person's castty to capacity and level of function. So examples will be glaw coma and Tenitis a lot of medical terms will be used and the next one NOGI presents is of the people with path ol sdwris or impairments some will have functional limitations. So, limitations in performing tasks at the person level. So difficulty seeing, difficulty hearing, difficulty participating in very localized activities such as using a telephone. And then Nogi rachs it up in the environment and at each point it is funneling down and the environment will dictate with the functional limitations of that individual has the disability will occur with the inability to perform or limitation of performing socially expected roles or tasks so back in take the 70s and 80s you see the word work disability used a lot. Go outside the home disability. And so those were things that would form under the term biss difficult. So each one is a subset so pathology impairment is the biggest concept and they would have the biggest population estimate functional limitation would be a subset of those people and disability is a subset of those people with functional limitations so the environment played the role in transitioning between these three states. So next slide.

So I said some of this so work is socially expected role or task of working age. So disability is dynamic process that moves an individual from pathology to disability. It's important that disability does not include the you know disabilities does not include everybody that has pathology or limitation. There's some who have received various accommodations and have learned to do various things differently such that they can participate in socially expected tasks. All right. So next slide. All right. So this is a -- this is just a depiction of Nogi and so you see they're kind of subsets. The center point is disability. Disability is subset of people with functional limit tition and functional advertisement limitations is subset of people with disability and impairments. And NOGI was instrumental in introducing the environment as a key player in what some people will call the disablement Process the term the institute of medicine uses in their model. Next slide.

All right. So, another major concept is international classification of function disability and health, ICF. They actually just shortened the acronym. But the full name sinlt national classification of function and disability and health. ICF. And you know, it's ICF is really a Noamen later tour. It's not -- unlike NOGI it doesn't have directional arrows and things like that. Everything possible associated with everything else but it's really kind ever a schema Noamen later tour for collecting disability information. And so some of the terms he uses are absolutely the same terms but they have slightly different meaning. So impairment is problems in body function or structure such as significant deviation or loss then there's activity limitation, difficulties an individual may have executing activities and participation an individual may encounter in everyday life situations. As defined those really doyptd bring in the role of the environment. But the ICF does have an entire environmental factors list. In fact that's the next slide. So next slide.

So under ICF one of the cool things that it really upgraded, so if I was in a room I would say how many people here have ever heard of the ICD, ICD 9 and ICD 10 that they're usually used in billing codes for medical conditions. And so, the ICF is really the sister product of the ICD nine and ICD nine -- ICD 10. And some day you know, who knows the ICF is taken ul and there's billing codes for environmental modifications and you can get reimbursements for -- that's kind of the long term vision some day. Of the ICF is like ICD 9 it would be used for reimbursement and some people are using it for data collection. I have not heard about it yet used for reimbursement. Environmental factors ICF recognizes environment can affect disability and identify and has identified important factors. So they have these things called environmental factors. There's also another section of personal factors because personal factors may influence or be associated with disability and varying concepts. All right?

And one important note is it's really ICF is based upon and it's a little bit why ICD -- I'm sorry, ICD 9 even ICD 10 it's really integration of the social and medical model. And it doesn't limit disability to a person's health condition. But it's really it's still very much person centered. But it's -- it has that social and medical components. Next slide. All right. So, here's the ICF model in a snapshot. And again, this starts the matter -- to matter when people throw out the term disabilities is that under ICF disability is the union. It's impairment activity limitation and participation restriction.

All of them are considered a disability. So, A person with impairment say a person who is with paralysis, if they don't have a participation restriction under Nogi they would not be considered a person with a disability so. If they were working and performing even though accommodations may be being used, A person with paralysis who is working would not be considered disabled under that conceptualization wherein as ICF they would be. And so -- ICF presents a very different categoryization of disability. And the slides that I sent you earlier, those would probably be viewed more in a comment of ICF because we're including impairment in the population with disabilities. So the way the census Bureau moved over the years is more towards ICF model that disability is everything And actually ADA the move from ADA to ADA-A was a real direct reflection of defining disability within the legal community. We'll talk a little about that later.

So next slide.

All right this is where I jump over slides for brevity sake. There's quite a few programs that you can actually get some statistics from. So if somebody said I absolutely have to have zip code level statistics, the only thing I would be able to tell you is you can go it a semi-clunky Web site and find the number of social security beneficiaries by zip code. You can find it by zip code by ten or so aggregate conditions that social security generates this for. So that's really very specific. But that's if somebody had to have zip code data that would be my recommendation for them. So program statistics can provide great things. They all have their own definition of disability so. Social security is going to have you know it's basically based on inability to conduct substantial gainful activity. So the ability to work among a certain level of earnings and it's got to be grounded in a medically determinable mental or physical impairment. And next slide.

So the ADA has its own definition and it's really more of an activity limitation type thing. So again you have to have a physical or mental impairment at the basis. But then that must substantially limit one or more of major life activities. ADAA could be viewed as kind of trying to rewrite that to say that, all right, so if somebody has a medical or mental impairment and they use mitigating measures to continue major life activities then they're still considered protected under the ADA and are still considered to have a disability. And so that was really important because you know the concept is well you have -- so if I have a mental condition and I can take medication effectively, to remediate that -- the symptoms of that condition, then I'm no longer a person with disability? Well, so the ADAA kind of rewrote that and allowed for mitigating measures such as medication use or accommodations to be considered. And

Next slide.

So workers compensation, next slide. We get a little bit of information about workers compensation. Veterans definitions. Veteran is very different and it will have a disability rating for a veteran disable. There are sources, they're not VA but census Bureau sources but they started in 2008 to collect disability ratings for veterans with disabilities. Next slide.

And so the vocational rehabilitation program also has kind of a ADA type definition. It was actually viewed as the precursor to the ADA definition. So the work -- the movement and the disability movement that came out 60s and into the 0s really led to a redefining of disability within the rehab act to kind of envoke the social model. So N OGI was academic thinking on one side and then under the policy people had been thinking the same thing and had reworked the rehab act revoked the rehab act to inviewed more of a social perspective.

>> Next slide -- actually, wait let's stay on that slide for a second. So this web link had mentioned earlier that the ICDR, interagency committee on disability research, so WWW.ICDR.US that's the documentation that has all the definitions and legal code. So that's the place where I actually worked on one of the versions. I wouldn't per they updated it since I worked on. It and the next slide. And now we're going to attorney question and answers and I'm really glad, because -- going to turn to questions and answers and I'm glad. That was a bit of time. There we'll turn it over to questions and answers.

>> Okay. Let's start with telephone. Amanda you can help with that.

>> Aman daxt. Certainly again remind to all if you have a question press the number 7 on telephone key pad.

Again as a reminder if you have a question please press the number 7 on your telephone key pad.

>> Andrew, quickly, while we're waiting for the phone, if you could -- I'm sorry. I missed it if you could address Mark's question about a definition of institution.

>> Sure. So, maerks in the previous -- Mark in the previous Q&A section asked about institutions. So is there -- let me drol scroll back up to get. It can we get definition of institution incarcerated also. So, good and bad news. Bad news is there are very few sources of statistics on the population with disabilities who live in institutions. And the good news is there are at least some data sources that have populated. Or have information on population living institutions. There is a document old nickel employee Bonnie ODAY a policy research she was at Cornell while I was.

There Bonnie and others at Cornell put together a publication years ago that defined and looked at the population living in institutions. And looked at some very specific data sources that are collected on institutional population. And so, there are some statistics from very focal -- very specific surveys that are for institutions. The American community have a is probably right now the best source of information on people with disabilities living in institutions. They're not very good at they collect the data but don't necessarily publish it. And that's a real issue that we've H there's significant lag in the production of those statistics. When I get the statistics I get raw data files. Sometimes they gaiv give me institution marker or variable that defines institutions and sometimes they don't. When I have the you know a lot of times can I say oh, can I generate.

It but in this case I actually couldn't. They don't tell me the incarcerated versus not incarcerated institutional poll lation not the type of institution with the American survey. There can be considerable work done to kind of force the census Bureau to take reporting measures of the institutional populations more seriously. They're very shy about it. And if you ask them how they define institutions, they're pretty shy about it. And there's not a good sense that I get -- I don't get a good sense that they believe the sample is big enough for the institutional population and you know, they might push on we need more money to collect a bigger sample of people living in institutions but I don't know that for sure. I think there's some work that can be done to push on them to change their reporting. So, yes, there is information on the institutional population. But it's pretty scattered.

>> Okay. Thanks.

>> Let's go back to Amanda and see if we have anyone in the que.

>> Amanda: Question from Tony De Renas of AZ silk. Go ahead Tony.

>> The American community survey statistics are an sxaplation. What is the sampling size they use for that EX. It RAPULATION.

>> These are all estimate right wherever you get a survey unless dissential census that's the only population census we do in the U.S. They'll all be estimated off of population sizing. That's one of the big things that you know whenever you consume something that's the number one -- well after you ask the definition of disability probably next best thing to do is ask how big is the sample they're generated on. American community survey is about three million household -- I'm sorry.

About one and a half million household about 3 million -- no it's 3 million household, about 9 million individuals. And so it's very large. But it doesn't go a long way. And what they've started to do is what they do is pull years together so they take these 2008, 2009, 2010 American community Sure vaivz they're different people Sure vaivd and they lump those three years together get large sample sizes. Just because the American community if you start to break it down by disability type by age and county you get really small sample sizes. And I usually stick to I need at least 40 people to start pinning a statistic down. Of course, the larger the better. You know? So that's a really good question. Really good question. And it really depends. American community survey massive. The second you start cutting in by say county and disability you start cutting a really big concern.

>> So I'm going to jump in here Andrew. Because you're touching on a question we got on the Webinar and that's about Mike B. from Wisconsin says he has difficulty getting disability by county information. So do you have any tips, where would someone get reliable information if they wanted location specific something like zip code or county.

>> Yeah. So. Some of this will cover in much more detail on Thursday but the short answer is we just were working at this for New Hampshire themselves and we had friends that wanted to put a map of the prevalence rate of disabilities or size of the disability county in New Hampshire. Good thing New Hampshire has 11 counties and we can only get data on 7 of them. What was it Eric, 6 of them. Legislation do New England. Eric was maybe we can get a prettier picture because it's not great when you show a map and half of it is blank right? And Massachusetts looked wontd full. But, in Vermont only had one county. That had data on. It all the others were missing.

So it's really problematic. My response is always first go to population statistics and survey statistics out of the census Bureau and you know because when you site them you can cite the census Bureau that can be powerful when you want to make an argument. American fact finder you can dredge up countly level statistics and the American community survey in one year can only go so specific. There is you know more counties in the pulled three year sample of 2008, 2009, 2010 pulled years together. And if that does not provide it you're going to have to wait until they have data from 2008, 9, 10RBGS 11, 12, until they have five years. And between 2008 and 2007 the American community survey radically changed its questions about disabilities so they can't pull 2006, 7, 8, 9 and 10 to get five years of pulled data to get very specific county information.

>> Okay.

>> And so then, I go back to my old standby and that is the -- go back to my old standby, social security, and can I -- if it's not on the Web site -- if it's not in the PowerPoint already there's a Web site that has and is used for the ticket to work program to sigh the number of beneficiaries and local areas an you can get down to the zip code level and quite detailed impairment size. And they'll give you any cell that is you know, for people -- for you know conditions that have from one to four persons they're not going tell you how many people there are. But if there's five people they'll tell you how many people there are.

>> Okay. Thanks. I know we have some great questions and comments waiting. But, we've only got 15 minutes left.

>> What?

>> I want to make sure we get back to the presentation. And we will take a final Q&A at the end of the call. Let's move on to section five.

So serks five. Let me get back to my -- so section five, I thought that part of the presentation went a really long time. Eric are you doing -- no I'm starting section five. Section five help surveys identify population with surveys we touched on quite a bit already. And let me see if I can go through this pretty quickly. We're going to go -- while go through pretty quickly but we'll go into more detail late better these Sure vaivz. All right, so, how surveys identify next slide.

ar

Par next slide.

Tim, are you there?

>> Yeah, I'm right here. I show today switching over. Can you not see it?

>> Let me click on my session.

>> There it goes it just went.

>> Okay, great.

>> Okay. So, how do disability -- how do surveys identify the disability concepts. Well some we already talked B so you're always going to have to go to the questions. You look at the survey questions themselves you know. You should always have them in your back pocket. I have seen people get up and throw up a slide and then if somebody doesn't really you know agree with you or want to kind of stick you, they'll say oh, so what's the definition. So you -- I always keep it at the end of my slide, slides the actual question. One issue that Eric lrld mentioned was sampling error. And non-sampling error.

Sampling error what was talked about earlier the bigger sample size you have the better your guess is. If you have only five or six people responding to a question, your guess will not be as good. Right? And so the sampling error is the fact that you're only using a few people out of the population to generate the statistic. So the smaller the sample the larger the error willing. Other sources of measurement error are things like people don't understand the question. The 2000 census had this really bad. There were six questions. And basically they had to throw out the responses to two of the questions because people ended up not being able to understand the questions. When the census Bureau makes mistakes like that it's pretty serious. So, can I talk about that at length. So next slide.

All right. So, survey data. It is the primary source of pop laiption-based statistics. Typically the samples are used to be representative. So they're not random. They're never a random sample. And they're always stratfyed to make sure that certain populations are represented and then they for analysts they'll give something called a sample quhaiingt will kind of De nature and inflate people to make sure that we get the representative sample back. And sample size can be an issue as we mentioned earlier it gets pretty thin when you cut things apart. Next slide.

All right. You know, big thing is surveys are from self-response you know? And so you always have to keep that if mind. Proxy responses are sometimes used this gets really sensitive sometimes particularly if you look at sensitive outcomes like alcohol use and things like that.

But also gets sensitive in terms of what people say about activity limitations. And you know, over time, survey designers, I talked about this a little bit already. Survey designers changed the way the words that they used to reflect the changes that are used. -- in the culture. So next slide.

All right. So, questions, I'm going to do one question. A question. So how many people with disabilities are in the United States. I usually say raise your hands. And somebody says next slide, 54 million. So next slide. So one possible answer of the number of people with disabilities is 54 million and that corresponds to the prevalence rate of 2,000 so. I'm sure many people have already heard the 54 million number and probably you know if you've been around a while it has not changed. That's because it's based on 1994 version of the survey of income program participation. And I've given the web link.

It's a kitchen sink definition of disability. So everything from wheelchair use to use of cane or crutch for long term mobility conditions to receipt of federal disability benefits, A whole raft of about 60 questions are used. And that's really you know the survey of income program participation, sip is collaboration because it's not to be the most questions and the most questions the bigger population of disability will identify. Last week we had an update. So brand new hot off the presses there at a6.7 million. All right? 56.7 million and there's a link to that population that publication. And one of the problems they've had over the years is that census Bureau started to change the way it was collecting and defining disability.

And it actually went below 50. You know, 50 million? And you know, advocates were pretty you know what's going on. We see rise in the population of disability and we hear about the aging of population of disabilities and the number of people with disabilities that census Bureau is reporting it going down. What's the deal. And they were changing definition the questions they were using to identify the population with disabilities. And not really reporting it from year-to-year. And census Bureau is supposed to collect the accurate statistics this year and improve every year. They don't really make a claim to have you know continuous time trends. But, anyway, we have a new definition of disability. I'm sorry. A new population estimate for population disability, 67.56.7 million -- 56.7 million but it does not include people living in institutions. You can add 2 million to that estimate and maybe 2.5 million to that estimate to get higher. But that's just a rule of thumb I always use when the 54 million number rolls out. Next slide.

So, one of the problems you'll have is you know, American community survey because it's only using 6 as opposed to 60 questions. And the American community survey comes up with a population of 34 million. About 11% of the population. And that was for 2010. So census you go to census Bureau Web site you find two different estimate of the size of the population with disabilities. Current population survey used by the Bureau of labor statistics to generate the monthly employment and unemployment rates for people with disabilities they have 28 million. And but they limit theirs to 16 and older. And so that's some of. It but it's a far cry from 56 million. So, there's a link to that source. Show long story short, you know, what's the answer to the question? How many people with disabilities are in the United States? Well, the question is, it depends. Right. And why don't we just stop there and I'll turn it over to Tim and we'll finish up just taking questions.

>> Thanks Andrew like I said do go ahead before Thursday's call and review the next few slides. Let's go ahead and start with the phone with questions Amanda.

>> Amanda: As a remind to all if you have a question press the number 7 on your telephone key pad. Again as a reminder if you do have a question press the number 7 on your telephone key pad.

Appears we have no questions at this time. One just came through from ZENAD DRAMA of PA silk go ahead.

>> Question for our researchers, one, do you have any experience working with states on disabilities data, population collections and two, how accurate do you find those estimate to be? I'm thinking in terms of like in Pennsylvania for example we have department of public health. We have aging. We have our DSU. You have Department of Education. And similar types of entities. What is your experience, if any, with state-level organizations and data collections and you can trust them?

>> (Laughter) I don't trust any data collection. I always look for multiple sources you know? So just like I guess just like a reporter. I would go to census Bureau and put in social security and I would put in you know if I was doing kids I would go to O CEP and all different data sources. And I found that you know we have worked with agencies and we'll always try to get multiple. I found that you have to dig around to be sure you know I once published statistics out of New Hampshire of inclusion right in the regular Ed classroom. And you know there were advocates that said, no, no, no, no you can't publish that statistic. They changed data collection mechanism and schools don't know how to answer that question anymore. And they've been fighting to get that changed. But, the state ended up reporting that to congress or OCEP reported it to congress. So I thought it would be pretty good. Apparently it was not. So I think you have to have radar screen up when you do and ask those questions where did this data come from. What's the questions? And everything like that. So . . . I would not trust any data source. I would trust multiple data sources. And try to find confirm torey information.

>> Okay. Good. So I'll switch over to the Webinar now and we've got four questions and about five minutes. No pressure Andrew. Let's see if we can address this. First is carry over from the last session Mark SELZAR noticed NOGI and ICF definitions say they do not include people who have successfully integrated into society. Mark was wondering about your opinion on -- if you're aware of how they defined successful integration then?

>> Yes, so, you know this is similar to the ADA. You know, where people were saying interpreting the ADA as you know if a person has mitigating measures such that's they're not limited in their activities, you know they can work, go to work and everything else, then they're no longer a person with a disability. And so typically the dividing line, subject full integration is not probably not -- well, I've heard it used that way. And you know it's really about whether there are mitigating circumstances and environmental modifications and personal accommodations that allow a person to do major tasks such as going to work. That's typically what I call successful integration. But I'm happy to accept other people's definitions. I usually don't stick to any particular.

>> So those two groups have not provided -- they don't have a written definition of what that --

>> No, no. It's more nuance. It's more about -- it's more about okay, for NOGI it's okay who doesn't have a disability. For NOGI it would be a person that is working. Right?

>> Sure.

>> They -- a person who is activity working. Even though they may have you know, paralysis -- quad Pledge of Allegianceia or HEM apa leather although working -- it's not specifically defined but the concept is in terms of the way the model works.

>> In regards to people that are in institutions Mike B. suggested census includes group quarter. It's been broken down. Is that reliable?

>> Well, yeah, reliable is a weighty word.

>> Can it be used.

>> It can be used, certainly. What you have to do is -- in the dissential censuses they give you institution type they won't give you number of people with disabilities in an institution but will give you type of disability and some types are very specific to you know disability related groups. You won't get disabilities of people incarcerated because you can't tell that difference but you could get people in say there's one say school for the Deaf. Right? Or group homes for people with disabilities. And there's solve that stuxt you have to glean it out. There's a user guide on the Dissenial census produced years ago government that is pretty old. That may be helpful.

>> Okay. Picky from Georgia said she reviewed the sip and it sounds overwhelming she wants to know if there's interpretive dpid or sum.

>> I there's a user guide pros duss fort sip years ago when I was at Cornell. That may be helpful. But the report there was a link to the 56 now 56.7% or 56.7 million people with disabilities that report will give you kind of the results of the SIP. SIP itself is enormous survey just enormous and you'll get crazy stuff if you Google searches for the SIP. The user guide that is kind of dated now at Cornell may be helpful. But also the new report may be helpful to. I would start with the new report.

>> Okay. Good. One final thing before we check the phone one more time. Mike B. referring again to census and questions where people are asked about severe and non-severe disabilities under hearing and seeing and then about serious difficulty in regard to other disabilities. He says this seems to lead to some people with disabilities answering no and not being counted.

>> Yeah that's exactly right.

>> Okay.

>> You're not missing anything. There.

>> Okay.

>> They put in the word serious you know they test these questions out and they actually will ask people in person not quite as thoroughly as you might want but they do ask people to try to devine whether the word serious is appropriate to put in the question. So, they ask these questions in very specific ways but you're absolutely right if somebody doesn't pick up on the word serious maybe they misread it. They could get wrong. Or, you know, people have different perceptions of serious. So, That's why I always report the question and you know, social security had a big effort at one point to send out medical professionals to go do measurements on people. And that ended up not working. CDC does some of that stuff but it's not worth the field it's at. So --

>> All right.

>> Okay. Thank you. Let's check in on the phone and see if we can get in one or two more questions before we break.

>> Aman daxt. As a reminder if you have a question press the number 7 open your telephone key pad. -- on your telephone key pad.

Again as a reminder if you have a question press the number 7 on your telephone key pad.

It apoorz we have no questions at this time.

>> Okay. Thanks for checking --

>> It appears we have no questions that time.

>> I'm going breeze past slide 48 and our presenters have been generous enough to provide their contact information. And I'm now skipping to slide 49. This is our evaluation form. Now this is two-part series but there are separate evaluations. We've made sure that this evaluation is very, very short and easy to complete so please do take a minute to tell us what you thought of today's presentation. You'll have an opportunity to fill out another one on Thursday. This is a live link so. If you're on the Webinar you can click right on here and it will take you to the evaluation form. I thank you in advance for filling that out. And I want to thank you all for being here today. I want to thank our presenters. Andrew, Tony, Eric. And I really do appreciate. It this is a two-part series. So our part two will be this Thursday afternoon, same time, same connection information for the Webinar on the phone. So thank you all so much. Have a wonderful afternoon. And we'll talk you to Thursday. Bye-bye. Don't.

>> Operator: Thank you this concludes today's teleconversation. We thank you for your participation and you may disconnect your line at this time.

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