REALTIME FILE

nTIDE – Lunch and Learn Webcast

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>>> Hi, everyone.

It's 12:00, I'll just wait a minute or two until the number of participants keeps clicking up.

We have a really good webcast for you today.

I'm going to present some numbers that I've never presented before, so it will be interesting to see what you all say.

I'm going to go ahead and get started.

>> Hello and welcome, everybody, to the national transit disability employment.

>> Or nTIDE.

>> Lunch and learn series.

>> Just a few housekeeping items before we begin.

>> This webinar is being recorded.

>> We will post an archive of each webinar each month on our website at WWW.researchondisability.org/nTIDE.

>> This will also provide copies of the presentations, the speakers bios, full transcripts, and other valuable resources.

>> As an attendee of this webinar, you are a viewer.

>> To ask questions of the speakers, click on the Q&A box on your webinar screen and type your questions into the box.

>> Speakers will review these questions and provide answers during the last section of the webinar.

>> Some questions may be answered directly in the Q&A box.

>> If you have any questions following this recording, please contact us at disability point statistics@UNH.edu.

>> Thanks for joining us.

>> Enjoy today's webinar.

>> Just two Zoom tips before we get started.

You can change your speakers if you will go and click on the audio settings, just to be sure you're hearing from the right set of speakers, if you have headphones and whatnot.

Also, you can see the closed captioning.

There's a closed caption button on your Zoom options and you can show subtitles.

You can also view the full transcript as it's happening.

All right.

So today, actually, this says February.

I think we've ‑‑ we're not going back in time.

These numbers will be ‑‑ so it's May, they'll be April numbers.

John O'Neill is unable to be with us, so you've only got me.

What I'm going to do is show some numbers that I haven't shown before.

And with this nice group we have today, I figured I'd launch some things that talk about disability type, but also have some new data and statistics on vaccine hesitancy among people with disabilities.

And so I wanted to share some of those results.

They're very preliminary results.

But it's data from mid to early April is the data for vaccine hesitancy among people with different types of disabilities.

So I'm excited to get your input on this.

All right.

So about the ‑‑ about nTIDE is a joint effort of the University of New Hampshire, Kessler Foundation, and the association of University centers on disability AUCD.

This is the lunch and learn series based on the unique circumstances and the response to the Covid pandemic.

Today I'll be talking about the numbers after this welcome.

We're using data from the micro ‑‑ the actual individual responses to the current population survey which is done.

Then I'll turn it over to a Q&A session.

So let's take a look at the employment trend.

I have changed up ‑‑ for those of you that have been on nTIDE before, I could get your input on this chart.

So this is a new chart.

So it's the same chart but I've split the ‑‑ I've split the ‑‑ I've put them on the same axis and then I've split that so we can see them more closely.

If this was zero to 100 it would be really flat.

So I've maximized the degree of which we can see the movements up and down, while keeping the dimensions the same between people with and without disabilities.

It may not appear that way, but I've checked these boxes a thousand times and they're the same size.

So what you can see here is people with disabilities on the green line at the bottom and people without disabilities, the blue line at the top.

And what we can see is the great recession, so we see the big decline in employment before and just after the great recession from 74.9 to 68.8% for people with disabilities ‑‑ without disability.

For people with disabilities it goes from around 32.7 down to 26.3%.

So only a quarter of the population was working in the beginning of 2014.

So you can see that there's a much more protracted decline for people with disabilities after the great recession.

We see improvement in the employment population ratio.

Again, it's the percentage who are employed.

Up until we actually see a narrowing of the gap in 2016 and '17, we see this narrowing.

So this is the slow drum beat up, returning from the great recession for people without disabilities.

We actually start seeing a little bit of a narrowing of the gap.

This is when the economy was in full employment.

We see that kind of level off, the economy's still in full employment, but it's not ‑‑ it's not a new state for the economy.

And then we, of course, see the pandemic.

For the pandemic we see this enormous decline for both people with and without disabilities.

And then we see a slow march up for people with disabilities and a slow march up for people without disabilities.

There's a bit ‑‑ for both populations there's a bit during the late fall, early winter with the holiday season and the Super Bowl, there was a bit of a decline in employment over those periods, some states, particularly California, had to re‑shut down operations.

To get us a sense of the size, you know, a decline for people with disabilities being already at a low point, you know, being around 30 ‑‑ in the 30s, the low 30s versus the mid‑70s, a decline for people with disability was actually larger percentagewise.

Not percentage point wise, but percentagewise.

And so the decline during the great ‑‑ during the great recession ‑‑ during the Covid recession, during the lockdown was 17.5% change for people without disabilities and a 17% change for people with disabilities.

So people with disabilities were slightly more than people without disabilities over that period of time.

Then during the recovery, the recovery, what we've got to date is people with disabilities have recovered from that bottom.

You know, so this is a 14.8% change in the employment population ratio from 26.3 to 30.2.

For people without disabilities, it's a slightly smaller percentage increase from its bottom to ‑‑ from 63.2% to 71.9%.

This is a decline.

This actually should be a plus sign, sorry, there should be a plus sign right here.

These are improvements in the employment population ratio for both people with and without disabilities.

If we think about it as a percentage from this peak, we see for with disabilities, this is almost a 6% change.

A 6% decline for ‑‑ whoa, hey.

For people without disabilities, it's about a 5% decline.

So people with disabilities are still behind picking up where they were before the pandemic.

All right.

People without disabilities are as well, but people with disabilities are a bit slower to recover.

Frankly, I'm happy they're this close, frankly.

Given the great recession and the longer protracted recovery from the great recession, I'm actually thinking these are good numbers, believe it or not.

So there's some evidence from the next slides that ‑‑ that kind of explains a little bit why this might be the case.

Let's go to unemployment.

So these are the ‑‑ these are the mountain charts that we developed with Kessler Foundation.

They're part of an infographic that we send out midway through the month in this Covid update.

So let's look.

I've changed how I've done these charts from when we did them ‑‑ we've been doing them the last several months, year?

Over a year.

And so this is the volume of unemployment.

So the number of people unemployed nearly doubled between March of 2020 and April of 2020.

And then you see a slow decline over time with the unemployment, the number unemployed.

But it's still been kind of flat over the last, you know, since September.

We have good news this month.

I mean, it's our second month of decline.

It's not as big as the decline before.

But it's certainly at its lowest point since ‑‑ since March.

And so that's a good sign.

You know, I'm starting to think, you know, it's been pretty flat for quite a few months.

Back in February when we saw this rise, you know, that really was scary.

This was just coming after the Super Bowl, which was a large spreader event at least here in New Hampshire.

And but I want to point out kind of the one thing that's going on.

So really the number of people ‑‑ so this bottom line, this is the number who are looking for work.

And these are the people who are layoff.

The light green top margin is people on layoff.

And so what appears to be happening is that the number of looking for work is relatively stable over time.

But where we're seeing improvement, when we're seeing improvement, we're seeing it in the reduction of the percentage ‑‑ the percent who are on temporary layoff.

And so temporary layoff is not a contractual obligation.

It's more of are you still in touch with your employer and are they interested in having you come back and work?

So that group has been smaller.

So it was 33% of the unemployed back in August.

Now it's 12% of the unemployed are on temporary layoff.

And so, you know, that's a good thing.

People are reconnecting with their ‑‑ with their prior employer and, you know, on average that's what this is suggesting.

And, you know, it really goes back to hopefully this isn't like the great recession, right?

From my view, the great recession, a lot of times when I think ‑‑ and we're still thinking how to study these kinds of things, during a recession people lose connection with their employers, right?

Temporary layoff is very rare.

It's not frequently used.

It's an old term when factories used to change over they would lay people off while they retool and then hire them back.

The idea that hopefully we're not like the great recession is that people stayed connected with their employers.

It wasn't due to an economic downturn, it was due to the lockdown.

And due to perhaps people's susceptibility to infection.

And so people have stayed in touch with their employer and are coming back.

This is ‑‑ these numbers are from early April.

As I look around the economy around me in Sea Coast, New Hampshire, you see a lot of buildings reopening.

So this could be people that couldn't work from home that are now able to work from ‑‑ from their employer ‑‑ from the location of the employer.

It could be everything from people, you know, you think about all the security staff and the janitorial staff and all the staff that really couldn't ‑‑ once the building shut down, there was no need for them.

So a lot of those individuals are likely these groups that are kind of were staying in touch with their employer and are going back to work.

Now, it is pretty concerning that the percent ‑‑ actually the volume, the number of people actively looking for work really hasn't changed much since, say, September, August and September.

If we kind of draw a line over, we're still not back to where we were before.

You know, even if ‑‑ even if all the laid off people went back to work, we're still behind.

Right?

And so this is a concern.

The story for people without disabilities is much the same.

A lot of progress early on.

And a diminishing of the percentage of people who are on temporary layoff, on furlough.

You know, not much movement in the number of people who are actively looking for work.

So, that said, these are snapshot data.

We don't follow people over time so it's hard to say what exactly is.

These are what's happening in the population.

All right.

So I'm going to show you some new data.

So many of you have seen these data before.

If you've come to nTIDE.

And now I want to throw some new information that I haven't presented before.

A big issue for me, whenever I think about disability employment policy and disability employment supports is that the type of disability typically matters a great deal.

There are different accommodations, different supports for people with different types of disability.

And there are different labor market implications for their underlying conditions.

And so what you're seeing here is ‑‑ I should have ‑‑ I should have hid it.

I can't hide it with my hand.

I should have led you all, you know ‑‑ I should have revealed this a little more systemically.

So what I'm doing is I'm taking a year of data, the year before Covid, and the year after the lockdown.

I can't say post Covid yet.

Someday maybe we'll have a period of one year post Covid.

But you see this ratio is the ratio ‑‑ it's the ratio of the employment population ratios.

So when it's at one, it's no change between the two periods.

If it was above one, the group would be improving employmentwise.

Every group is ‑‑ oh, don't do that.

Every group is statistically lower.

Every group has declined from this period to this period.

The reason I have to lump people ‑‑ these periods together is the samples are really small.

And you really need a lot more data to be able to do that.

Now, of course, my ability to say month to month to month to month goes away.

Decide to lose ability to make statements month to monthwise.

What we see here is that the lowest group, by far, are people with self‑care difficulties.

So do you have difficult bathing or dressing by yourself?

You know, it's really this ‑‑ the biggest loss of employment was among this group.

Now, if we compare the change in the change, so this is a ratio of ratios, this is a ratio, ratio of ratios.

Sorry.

It's employment to population ratio relative to pre versus post, and then relative to no disability.

So there's no number for no disability.

People with disabilities overall or people with hearing impairment, vision difficulty and cognitive difficulty, there really wasn't a big ‑‑ there's no substantial difference.

Where the difference comes in are people with ambulatory conditions and people with self‑care difficulty.

The self‑care difficulties and independent living difficulties, those being going outside alone do errands, it's really those groups that this is kind of a severe disabled.

Because of the emotional, mental, or physical condition do you have difficulty dressing and bathing or difficulty going outside home alone to run errands.

It's really this kind of severity marker that has shown to have the biggest decline in employment.

So these are tentative numbers.

But I think it shows that severity certainly matters and, you know, kind of your degree of independence as that marker for severity are the folks that were most likely impacted.

I think to some extent this is good news for ‑‑ for people with nonsevere disabilities that ‑‑ that have, in essence, either accommodated or found other sources of employment.

Now, this is a new one.

Again, I should have hid it all.

I shouldn't show you all.

I'm giving you guys too much information at once.

So now I'm going to change shape from Covid‑19 vaccine and vaccine hesitancy.

So there is a really cool data source out there, it's an experimental data source.

The Census Bureau household pulse survey.

It's a fast rapid response survey.

And they were able to add these numbers are for mid‑April.

And they were able to add disability questions in April.

And so they added the same ‑‑ similar questions that are used in the employment numbers.

So vision difficulty, hearing difficulty, ambulatory difficulty, and cognitive difficulty.

So they asked, you know, have you have received at least one shot?

And so for people with any vision difficulty, 71.6% have received the vaccine at least one dose.

79.7 have received a dose or are definitely getting, you know, they said they're definitely planning to get the vaccine.

Hesitancy, around 23% ‑‑ around 20% of people with no difficulty or people with difficulty, around 20% have said they're probably not going to get the vaccine.

They don't know if they're going to get that vaccine.

Or they're definitely not going to get the vaccine.

So they're either not just hesitant, in this group there are some that are like, no way, I'm not going to go.

I have that information.

I had to collapse these in order to simplify the information.

But in a larger report, we're going to report all those things.

And we also have, you know, the reason why you did, you know, you don't trust the government, you don't trust vaccines.

Unfortunately, we don't have much information on barriers, such as lack of transportation being the reason you're not planning to get the vaccine.

Most of the questions are based off of your kind of perceptions as opposed to economic constraints or kind of barriers in the ‑‑ in your area.

That's a shortcoming I'm hoping to get some open‑ended.

They asked open‑ended like other reasons why you're not planning to get the vaccine.

I'm thinking that's where these ‑‑ the barriers may have shown up.

Unfortunately, with the data that I have, doesn't include the text responses to the other ‑‑ other reasons why you're not planning to get the vaccine.

So you're probably wondering what the yellow highlight stars are.

What this suggests is so there's any difficulty, but there's also people with vision difficulties.

A lot of, quote unquote, vision difficulty or cannot ‑‑ cannot see, cannot see at all.

And so this is more severe vision difficulty.

And you can see the hesitancy is bigger.

So among ‑‑ among people with a lot of difficulty compared to people with no difficulty at all, the hesitancy is higher.

So it's actually statistically different.

So they're 1.34 times more likely to be hesitant.

I haven't ‑‑ I'm not able to get the raw data yet so I can't do age adjustment.

I'm thinking this may be, in part, due to age where some individuals with ‑‑ these are 18 and above, so there may somebody individuals that are hesitant and hesitancy is kind of concaved ‑‑ appears to be concaved with respect to age.

That younger people are getting it and older people are getting it, that middle group isn't.

So that's vaccine hesitancy.

I'm going to go through ‑‑ I hope this is interesting to folks.

Doesn't look like anybody's logged off.

Hearing difficulty.

So, again, a breakdown for ‑‑ let's go straight to the hesitancy.

Hesitancy is a bit less.

Statistically ‑‑ it's statistically significant, although not super strong.

There's less hesitancy with hearing difficulty versus no hearing difficulty.

Again, you go to that severe measure where they have a lot of difficulty with hearing or they can't hear at all, 23.9% are hesitant.

So almost a quarter of the population are hesitant.

And that's significantly different than the no difficulty one, right?

So it's above one.

So we're going to ‑‑ it's going to be a similar pattern for many of the other things.

So let's look at cognitive difficulty.

Cognitive difficulty, 20 ‑‑ you know, no cognitive difficulty is 20.2%.

A lot of cognitive difficulty is ‑‑ is here and there's a lot of hesitancy.

It's 1.42 times more likely to be hesitant among people with severe cognitive difficulty versus the no difficulty group.

Also note that this kind of appears in the ‑‑ in the percent received.

So no difficulty 73.1% receive the vaccine.

Cognitive difficulty, only about 60% have received the vaccine.

And so that's a ‑‑ they're 81 times less likely to have received the vaccine.

So there is some hesitancy there.

In other research that we're in the process of getting published, we did see early on in the period for Social Security beneficiaries of working age, we saw a narrowing of the vaccine gap.

You know, once the vaccine gaps kind of went away and people have been focusing on hesitancy, I wish I could focus on the barriers, because the barriers could still there to getting the vaccine.

And so for people with ambulatory difficulty, again, we see with people who cannot ‑‑ cannot ‑‑ this is climbing stairs.

It's basically climbing stairs, walking, difficulty walking, 26%, almost a quarter, are vaccine hesitant.

And it's statistically different than the population without difficulty.

So, you know, I think that these are ‑‑ I really am concerned that, you know, people ‑‑ it seems to be people with the most severe difficulty are where we see the most vaccine hesitancy.

And some of the bigger gaps between lack of vaccination.

And my big concern is, as I said, that this could be the barriers, not necessarily attitudes.

When you're asked are you planning to get a vaccine?

When you answer that question, no, I'm not planning, I can't get there.

I don't have transportation.

I don't have a support network that can help me get to that vaccine.

And that's not really asked about.

And may be able to infer it by looking at some economic indicators, you know, poverty or, you know, kind of family resources.

But, again, I don't have the raw data yet to look at people with disabilities specifically.

And I can't look at combinations of disability.

And with this data I can't look at the total population of disabilities based on these four questions.

So I'm going to stop talking now.

I'm going to go take a look at the question-and-answer period.

Allison likes the graph much better.

Thank you, Allison, that's good to know.

Which one, Allison?

The mountain graph or the time trend ‑‑ the time trend back to ‑‑ or both?

So which one?

Yeah, so ‑‑ so the restaurant, music industry certainly office job‑type industries people are going back to offices.

All those industries are going, you know, back slower and slower.

And, you know, this idea of temporary layoff, it's really, you know, are you still in contact with your employer and are you still, you know, going back?

And so I'm happy that there's still a lot of people left that are still in contact with their employer.

But the idea that there are still so many people looking for work is still pretty troublesome.

There is no direct link to the slide.

The link you provided is broken.

All right.

So we'll try to fix that.

The ‑‑ Karen, are they posted?

Karen or Toni, are the slides posted yet to the website?

>> I don't think they're posted yet.

But they will be soon.

>> Okay.

>> And I will repost that link.

>> Okay.

Thank you.

Any other questions out there about vaccine hesitancy, about any of this stuff?

So Allison comes in, the initial time trend is what I meant, but I also like the mountain graph.

Yeah, the mountain graph, that went through so many iterations, we went back and forth on that.

I think it's better than the bar charts I was presenting.

The time trend, it's just easier.

There's no overlap and that's usually ‑‑ you know, I think that's helpful.

And I'm hoping that it will be used more because of that when we create its own infographic that we distribute.

Right now that time trend only appears on this webcast and our annual monthly webcast.

Any other questions or thoughts?

Well, if you're interested in this vaccination data, please give us a shout, you know.

Unfortunately, I can't do it by state.

I really wish I could do it by state or by region even.

Right now I don't have access to the data.

The underlying raw data, which I would need to do in order to do that.

So I'm hoping ‑‑ I'm hoping they release the raw data.

I'd also like to do, you know, control for ‑‑ because a lot of these indicators ‑‑ people with disabilities are very different.

There are people who acquire their disabilities early in life and there are people who acquire their disabilities late in life.

And when you group those two folks, groups of folks together, it changes things quite a bit.

For instance, people with disabilities are very high homeowners.

Well that's because some people acquire their disability with age.

They've already obtained their house.

And so there are lots of things that need to be done with these statistics to kind of adjust for age.

That will probably be my first analysis to do.

There aren't any data on the long‑term consequences yet of Covid.

The physical and mental health-oriented aspects of Covid.

One question that I have is whether we'll be seeing a lot of that in the future, that people have long‑term consequences of Covid.

We had a fifth of the population affected at one point.

It will be really interesting.

So someone ‑‑ Diane says I know in Tennessee they're running mobile units to shots to individuals in the community that can't get out to various ‑‑ yeah, so I've talked to folks in New York and in the city, New York City, and those idea of mobile units, I think that those are going to be really the ‑‑ the way to address a lot.

I think that that approach, making it ‑‑ reducing the cost either by enticement, you know.

Right now they're trying all these enticements, right, to try to get people out.

But if you don't have the right supports, you might ‑‑ you might have ‑‑ you don't have the right supports ‑‑ I'm trying to do too much at once.

If you don't have the right supports, you may not ‑‑ you're not planning to get the vaccine because you can't get out to have it.

I wish there were data on people with chronic illness or disabilities that don't fit into difficulties.

Oh, you bet.

Me too.

One of the things that ‑‑ there used to be these big checklists back in the '80s and '90s.

The CDC, national health interview survey had these big checklists where you would, you know, six different checklists.

You'd randomly be assigned a checklist and it had all these chronic health conditions listed.

That mechanism, that way of asking about condition didn't seem to work very well.

People ‑‑ people didn't respond well to that kind of volume of material.

But now with web‑based ‑‑ web‑based options, it might be easier to ‑‑ to ask such big checklist of questions.

And so I'm hoping that someday we would get that specific health information.

Because I don't find difficulty a good thing to start with.

Because there could be people with ‑‑ just like the ADAA amendments act recognizes there could be people with disabilities that through accommodation or, you know, with mental health and me it's medication.

With medication, you can ‑‑ you don't have difficulty.

Although I still have an underlying health condition.

I don't have a disability because I'm medicated.

So, you know, that's what the ADA amendments act.

And same thing happens with surveys.

We don't get people with vision difficulty who have remediated.

We don't get people with cognitive difficulty that have remediate.

We don't have cognitive people with the mitigating measures.

So the surveys are really ‑‑ the surveys are pretty limited with this difficulty‑type question.

Diane says think we will, but I also think some people who have the shot are also going to have some possible long‑term effects.

Well, I hope not.

I haven't heard of any long‑term effects coming out of the ‑‑ out of the ‑‑ out of the clinical trials.

You know, except for the blood clot that was coming out, that wasn't found in the clinical trials but was found once it went large scale.

Hopefully the possible long‑term effects are not from the shot itself.

But also there could be long‑term effects either with or without the shot from contracting Covid.

So I hope it doesn't happen either.

Surprised to see that the difficulties of getting a vaccine are almost the same regardless of disability type.

Yeah.

That's right.

So the same pattern is really showing.

And, you know, that's why I wish I could really dig down into the data a little bit more by age.

But it's very similar across the disability types.

You know what that suggests?

It suggests because the barriers are different for the different disability types, although mobility can be difficult for both people with vision and the ambulatory difficulty and severe cognitive difficulty, it suggests that it could be age that's driving this, right?

So this could be masked by age.

Some early stuff I had done a lot of vaccine hesitancy, once you control for education level, things related to disability went away.

But I still haven't completed that analysis.

It is surprising.

And it does ‑‑ it does point to people who have a lot of difficulty or it's a severity measure.

And ‑‑ and I'm hoping some time to get data on the other reasons why people report not planning to get the vaccine.

Well, I hope you enjoyed the webcast today.

It's a little bit different, just being solo.

I could show you some other preliminary analysis, but then I'd have to flip through the other screens.

I was able to paste these in at the last minute.

So I would be able to share with you.

It would be interested in hearing everyone's thoughts about these charts, both the disability type, the employment numbers by disability type, and the vaccine hesitancy by disability type.

Again, in other analysis that I had, I showed that there was a real gap in the ‑‑ in the vaccine rates.

And the percentage who had received vaccines.

And that closed over time.

That was working‑age people.

This is all ages.

I'd love to see this for working age.

Because some of these differences could be simply due to older people with, perhaps, not the most severe difficulty, you know, getting the shots early.

All right.

We had another question come in.

Great information and presentation.

Thank you, Carrie.

All right.

Well, I'm going to call it a day.

I'm going to start babbling and I'll start talking politics when I start ‑‑ start babbling and I don't want to talk politics.

Try to be apolitical.

Statistics are ‑‑ well, that's not true.

But anyway, all right.

Well thank you, everybody, for ‑‑ for sticking with us today.

I know John and Denise aren't here.

It would be interesting what's happening with Denise and the people, what's going on in D.C.

Denise always has the latest on what's going on in D.C.

Our next webcast is Friday ‑‑ Friday ‑‑ Friday the 4th of June.

Not 4th of July, 4th of June.

All right.

Thank you, everybody.

Have a good afternoon.

Bye‑bye.