



**The Americans with Disabilities Act
Participation Action Research Consortium (ADA-PARC):
Documenting & Targeting Participation Disparities
experienced by People with Disabilities**

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Collaborating ADA Centers: Southwest ADA Center, Great Lakes
ADA Center, Southeast ADA Center, Pacific ADA Center, Rocky
Mountain ADA Center, & Mid-Atlantic ADA Center

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The ADA Participation Action Research Consortium



Purpose of ADA-PARC

- **To collaboratively examine participation disparities** experienced by people with disabilities post ADA & Olmstead
- **To benchmark participation disparities and highlight promising practices** at state & city levels
- **To action-plan strategies for translating knowledge** to ADA Centers, policy makers, service delivers in community capacity building & systems change initiatives

Participation Disparities Experienced by People with Disabilities

http://centerondisability.org/ada_parcc/

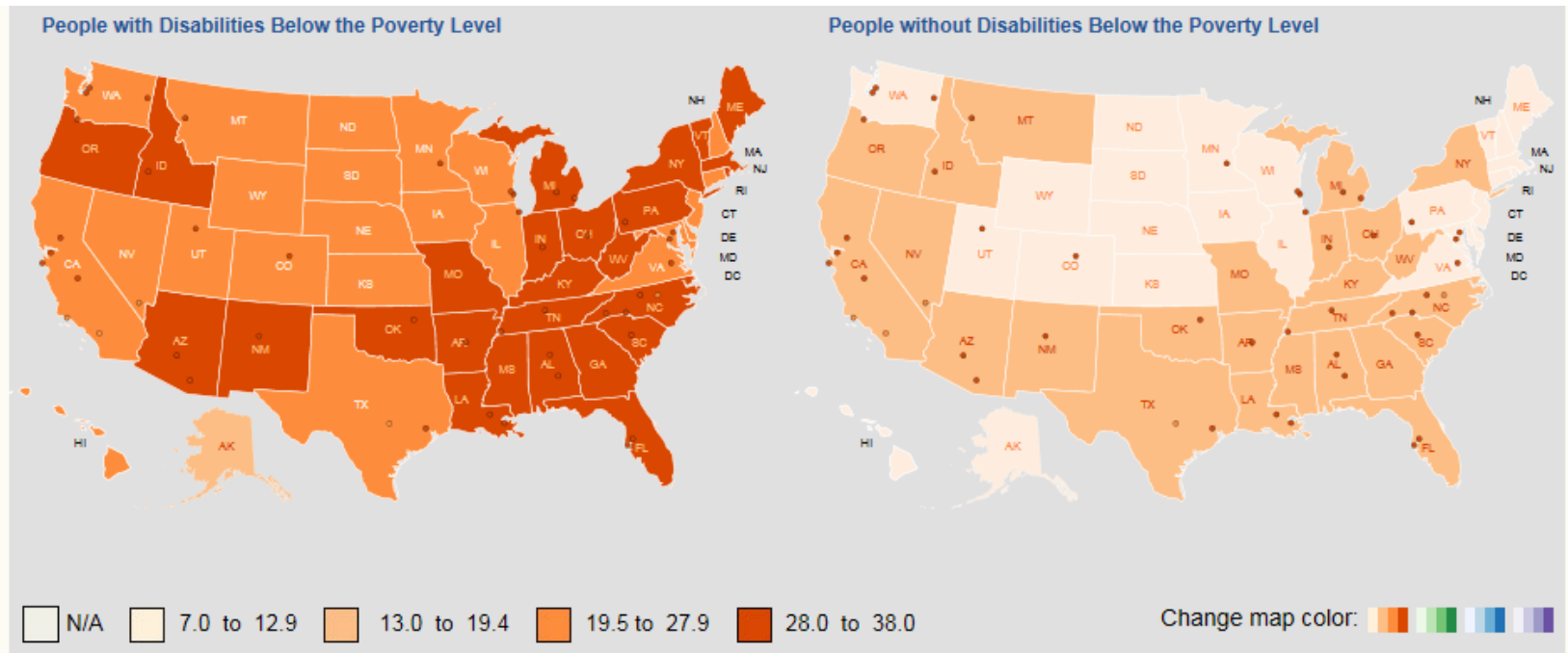
- **Community Living (CL)**
Community v. institution living choices and long term care spending, Olmstead systems
- **Community participation (CP)**
Health insurance, housing access, community resources, transportation, education
- **Work/economic participation (WE)**
Employment status, economic status, cost of living

Piloting in Representative Cities

ADA Center	States	Selected Cities		
Southwest (Region 6)	Arkansas, Louisiana, New Mexico, Oklahoma, Texas	Houston, TX Tulsa, OK Austin, TX	Albuquerque, NM Little Rock, AR Baton Rouge, LA	New Orleans, LA
Great Lakes (Region 5)	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	Chicago, IL Detroit, MI Indianapolis, IN	Lansing, MI Columbus, OH Milwaukee, WI	Minneapolis, MN
Southeast (Region 4)	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	Raleigh, NC Greensboro, NC Asheville, NC Gastonia, NC	Nashville, TN Memphis, TN Birmingham, AL Montgomery, AL	Tampa, FL St. Pete, FL Columbia, SC
Pacific (Region 9)	Arizona, California, Hawaii, Nevada, the Pacific Basin	Oakland, CA San Francisco, CA Riverside, CA Sacramento, CA	Fresno, CA Santa Barbara, CA Las Vegas, NV Phoenix, AZ	Tucson, AZ Honolulu, HI
Rocky Mountain (Region 8)	Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming	Denver, CO	Salt Lake City, UT	Missoula, MT
Mid-Atlantic (Region 3)	DC, Delaware, Maryland, Pennsylvania, Virginia, West Virginia	Baltimore, MD Washington, DC	Richmond, VA Pittsburgh, PA	
Northwest (Region 10)	Alaska, Idaho, Oregon, Washington	Seattle, WA Spokane, WA	Tacoma, WA Portland, OR	Boise, ID

Methodologies Used

1. GIS mapping (and accessible tables at: http://centerondisability.org/ada_parcs/)
 - Visualize and analyze data to understand relationships, patterns, and trends
 - Show how geography, proximity, access to resources, services & built environment affect participation
 - Compare participation for people with and without disabilities
 - Potentially available at national, state, city and census tract/neighborhood levels (depending on dataset, samples and margin of error)



Methodologies Used

2. Indexing and benchmarking (Einhorn & Dawes, 1974; Analytis, Kothiyal & Katsikopoulos, 2014)

- Compare, or benchmark, your state or city to others
- Process
 - Standardize indicators (to make them all equivalent)
 - Take mean of individual indices into composites indices
 - Transform the standard scores into a 1-100 metric
- Multiple studies have found indexing to be a valid method of making decisions and it is used extensively in health disparities research

Interpretation of the Scores



100: best opportunity

50: average

0: least opportunity (potential disparity)

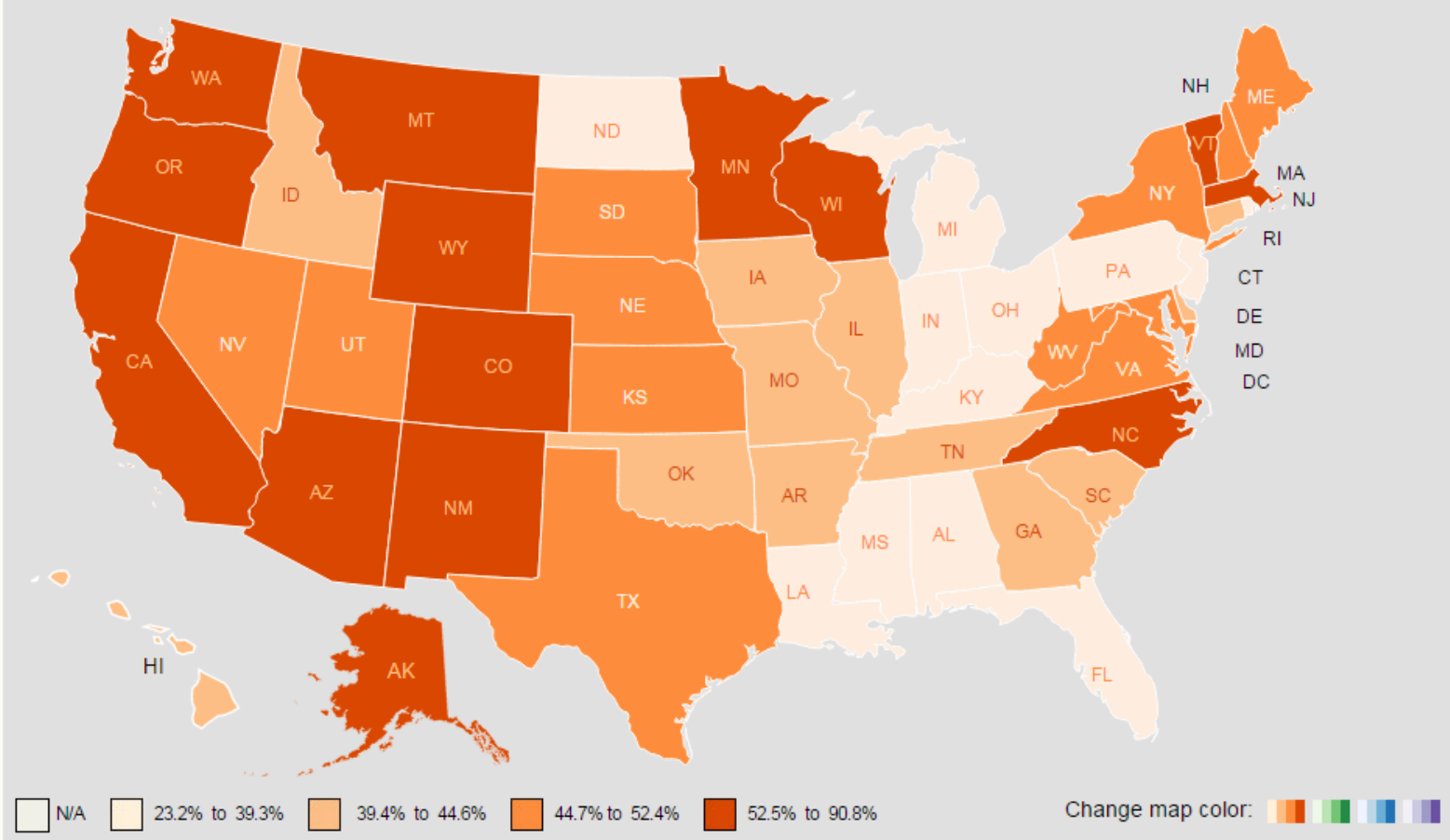
Methodologies Used

3. Risk Ratios

- Compare PWOD to PWD on likelihood of participation or disparity/difference in participation
 - Example Indicator: Likelihood of living in poverty for PWOD compared to PWD in a specific state or city
 - Risk ratio of 2.62 in Washington DC indicates that PWD in DC are 2.6 times (262%) more likely to live in poverty than PWOD

Participation Area 1: Community Living Findings

Indicator 5. Ratio of HCBS (Community-based) Expenditures to Total Long Term Care State Spending (LTSS), 2013



Data source. HCBS Participants & Expenditures from UCSF Annual Data Collection; Nursing Homes and ICF/DD participants from MSIS; Nursing Homes and ICF/DD Expenditures from Burwell et al. 2010.

Note. HCBS includes 1915(c) waivers, Home Health & State Pan PCS; Long Term Support & Services (LTSS) includes HCBS, nursing homes and ICF/DD. AZ, HI, RI & VT served most of their HHBS population within managed care programs.

Benchmarking Community Living at State Level

	Best States		Worst states	
1. Ratio of HCBS participants to total long term support services	79	Arizona	6	Rhode Island
	76	New Mexico	31	Mississippi
	73	Alaska	34	Alabama, Indiana
	66	California, Oregon	35	Georgia, Tennessee
2. Ratio of HCBS expenditures to total long term support services	93	New Mexico	26	Mississippi
	79	Oregon	31	New Jersey
	73	Minnesota	35	Indiana
	70	Arizona	36	Florida
	69	Alaska, Virginia	37	Michigan
3. Number of MFP transitions since inception	135	Utah	47	Alabama, Alaska, Arizona, Colorado, Delaware, DC, Florida, Hawaii, Idaho, Iowa, Maine, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, North Dakota, Oregon, Rhode Island, South Carolina, South Dakota, Vermont, Virginia, Wisconsin
	64	Texas		
	56	Ohio		
	54	West Virginia		
	51	Connecticut, Maryland		
Composite: Community living resources	79	<i>Utah</i>	31	<i>Rhode Island</i>
	72	<i>New Mexico</i>	35	<i>Mississippi</i>
	65	<i>Arizona</i>	39	<i>Indiana</i>
	64	<i>Oregon</i>	40	<i>Alabama</i>
	63	<i>Alaska</i>	41	<i>Florida, New Jersey, North Dakota</i>

ADA PARC Olmstead Interviews

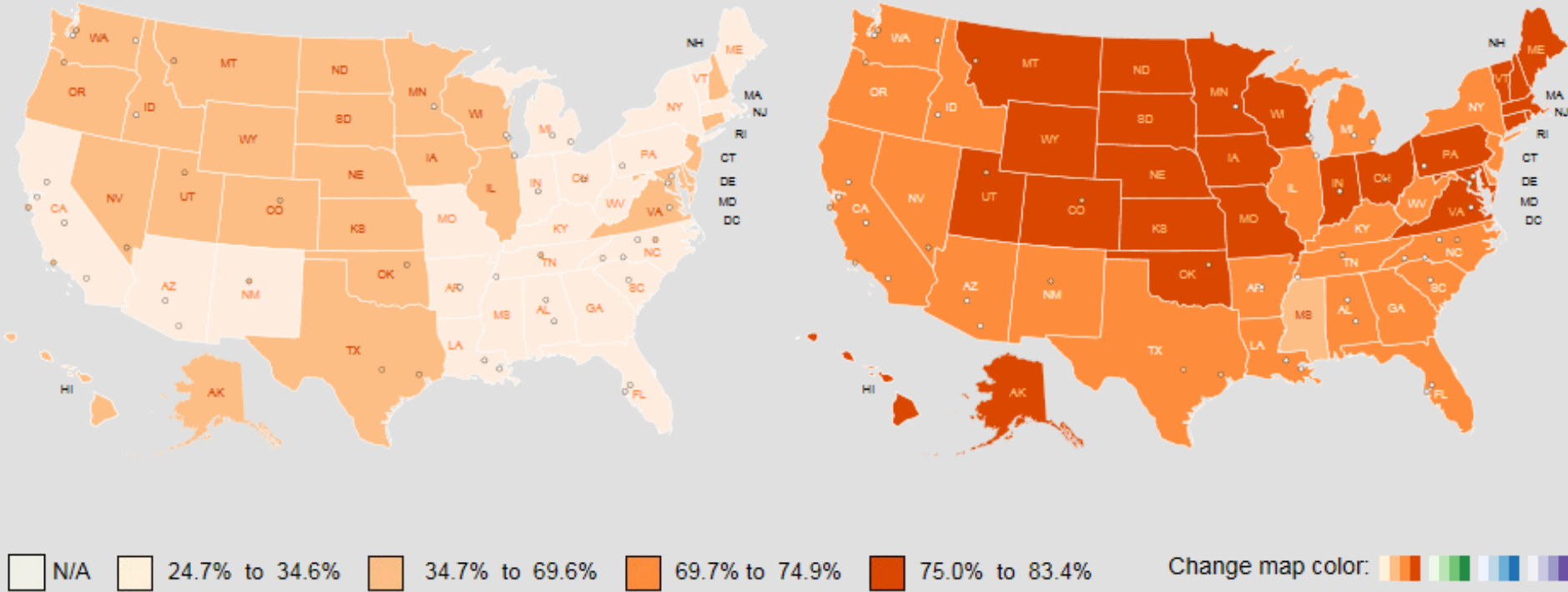
- Interviewing people with disabilities who are moving out of nursing homes/ institutions to the community (Olmstead sample)
 - N=300 across collaborating ADA regions
 - Learn about the community living, participation and work opportunities in nursing home as compared to in community long term with an underrepresented group
- **HAPPENING NOW!!**

Participation Area 2: Work & Economic Participation

Indicator 1. People with and without Disabilities That Are **Employed**: Age 18-64, 2013

With a Disability That Are Employed

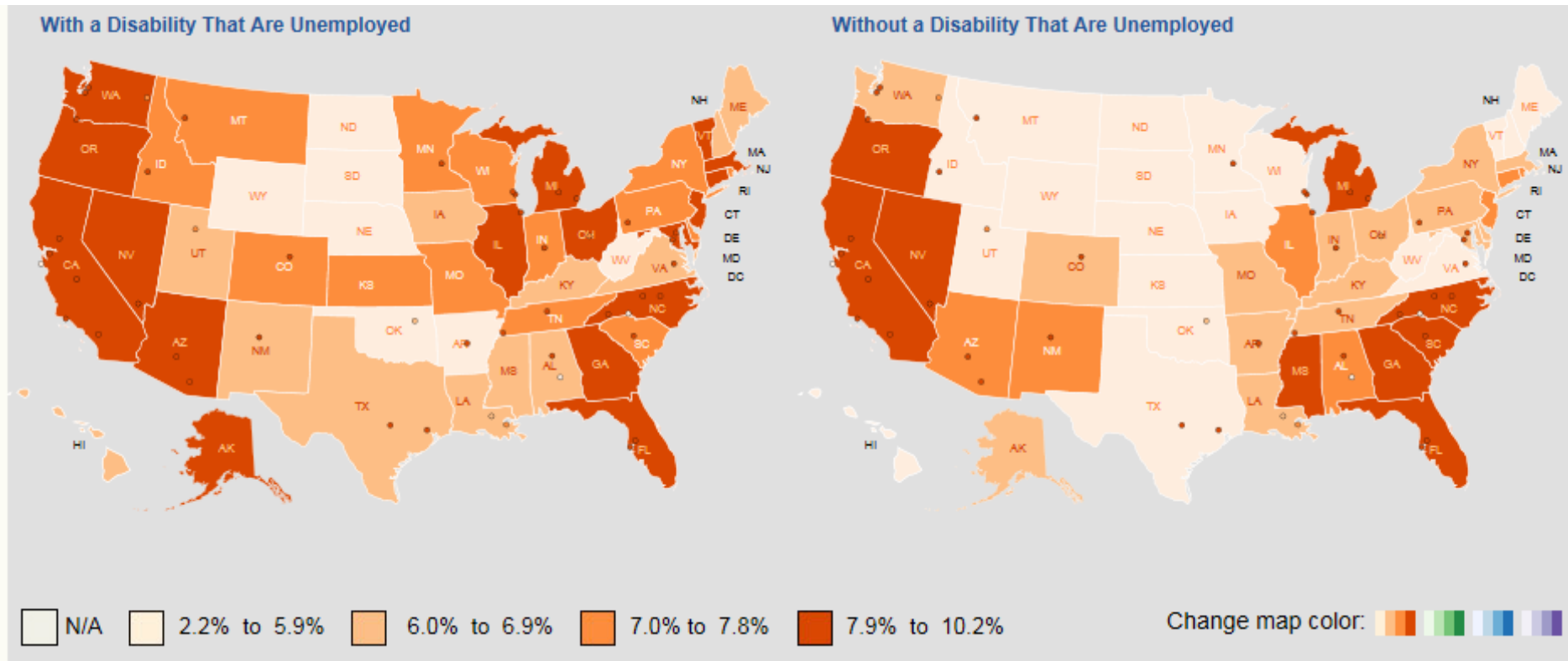
Without a Disability That Are Employed



Data source. 2013, American Community Survey, 3 Year Estimates, Table B18120

Calculation. This percentage is calculated by dividing the number in each group (people with disabilities or people without disabilities) who are currently employed by the total population of each group

Indicator 2. People with and without Disabilities That Are **Unemployed**: Age 18-64, 2013

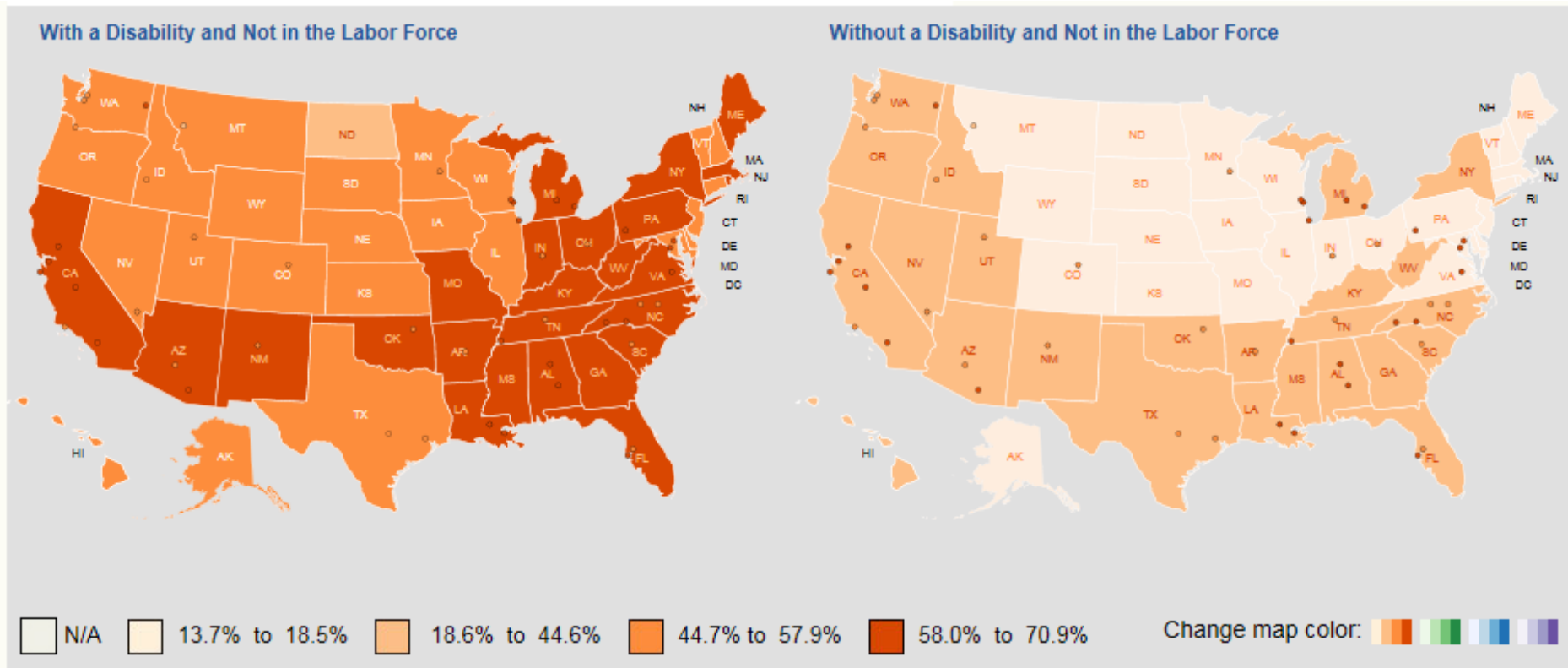


Data source. 2013 American Community Survey, 3 Year Estimates, Table B18120

Calculation. Number in each group (people with disabilities or people without disabilities) who are currently unemployed but are actively looking for work divided by the total number of persons in the labor force for each group

Note. Number in each group (people with disabilities or people without disabilities) who are currently unemployed but are actively looking for work divided by the total number of persons in the labor force for each group

Indicator 3. People with and without Disabilities Not in the Labor Force: Age 18-64, 2013

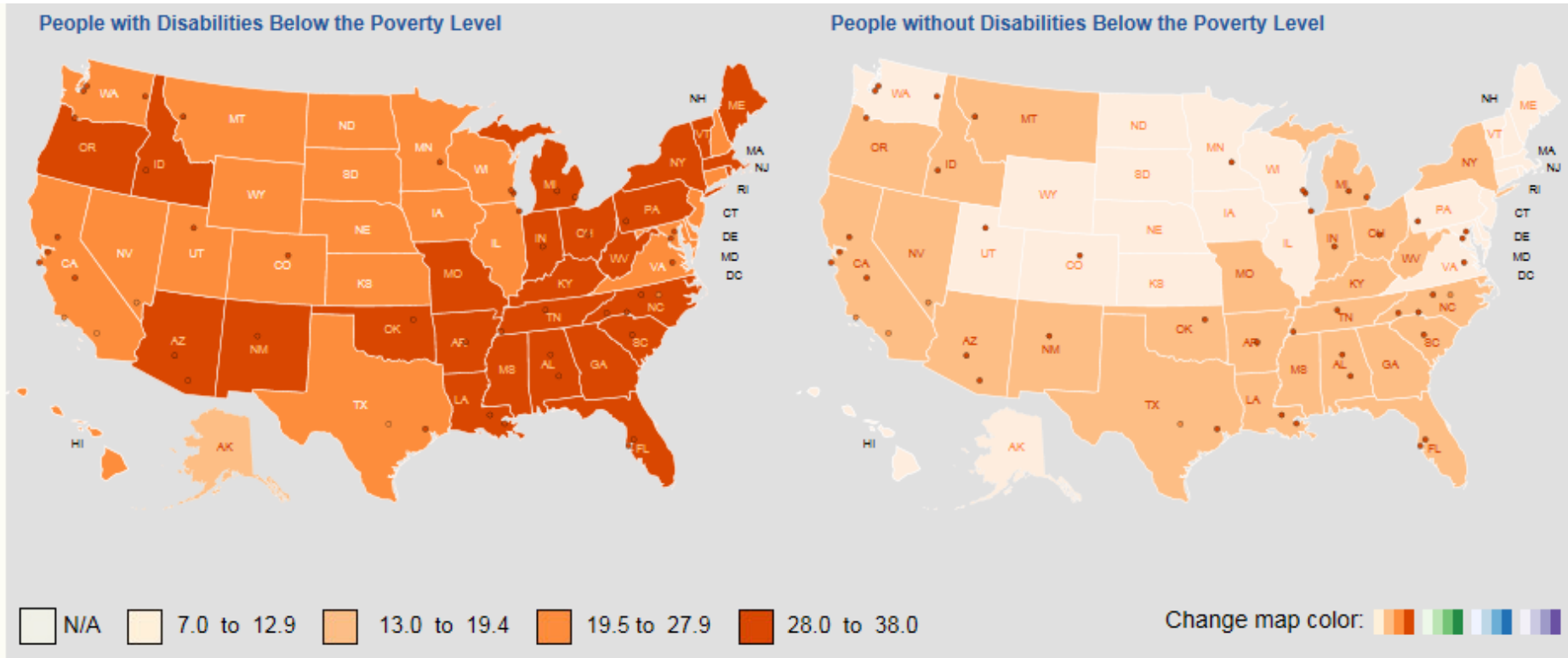


Data source. 2013 American Community Survey 3 Year Estimates, Table B18120

Calculation. Number in each group (people with disabilities or people without disabilities) who are not in the labor force divided by the total number of persons in each group.

Note. Individuals not in the labor force include students, homemakers, retired workers, seasonal workers interviewed in an off season who were not looking for work, institutionalized people, and people doing only incidental unpaid family work (less than 15 hours)

Indicator 12: Percentage of People with and without Disabilities Below the Poverty Level: Age 18 to 64, 2013



Data source. 2013 ACS, 3 year Estimates, Table B18130, *Age by Disability Status by Poverty Status*.

Calculation. Number in each group (people with disabilities or people without disabilities) who are below the poverty level divided by the total population of each group.

Note. The poverty level refers to income that is below a minimum threshold based on family size and composition.

Work/Economic Benchmarking at State Level

	Best States (least poverty, etc.)		Worst states (most poverty etc.)	
1. Percent of people below poverty level	81	Alaska	15	District of Columbia
	75	Wyoming	30	Kentucky
	71	Delaware	31	Mississippi
	70	New Hampshire	33	Maine
	68	New Jersey	35	West Virginia
2. Percent of people not in labor force	77	North Dakota,	20	West Virginia
	77	South Dakota	28	Kentucky
	72	Wyoming	29	Alabama
	68	Minnesota	31	Mississippi
	66	Alaska, Nebraska	34	South Carolina
3. Percent of people unemployed	81	North Dakota	22	District of Columbia
	79	West Virginia	26	Nevada
	70	South Dakota	27	Connecticut
	69	Oklahoma	34	Oregon
	69	Wyoming	35	Vermont
Composite: Not working and poor	73	<i>North Dakota</i>	28	<i>District of Columbia</i>
	72	<i>Wyoming</i>	39	<i>Michigan</i>
	68	<i>South Dakota</i>	40	<i>Kentucky, Mississippi</i>
	64	<i>Nebraska</i>	41	<i>Florida, North Carolina</i>

Work/Economic Benchmarking at City Level

	Best Cities (least poverty etc)		Worst Cities (most poverty etc)	
Percent of people below poverty level	91	Anchorage	20	Detroit
	71	Honolulu	26	Asheville
	69	Riverside	33	Birmingham
	67	Las Vegas	33	Minneapolis
	66	Austin, Raleigh	32	Milwaukee
Percent of people not in labor force	83	Missoula	19	Birmingham
	76	Austin	22	Detroit
	72	Raleigh	35	Montgomery
	71	Anchorage	35	St. Petersburg
	69	Santa Barbara	36	New Orleans
Percent of people unemployed	82	Gastonia	24	Santa Barbara
	76	Honolulu	25	Little Rock
	74	San Francisco	29	Columbia
	72	Montgomery	33	Minneapolis
	66	Tulsa	36	Baltimore
Composite: Not working and poor	73	<i>Anchorage</i>	26	<i>Detroit</i>
	67	<i>Honolulu</i>	36	<i>Birmingham</i>
	66	<i>Austin</i>	38	<i>Asheville</i>
	61	<i>Gastonia</i>	38	<i>Milwaukee</i>
	60	<i>Raleigh</i>	40	<i>Lansing, Minneapolis</i>

Work Economic Risk Ratio: Poverty Likelihood at City Level

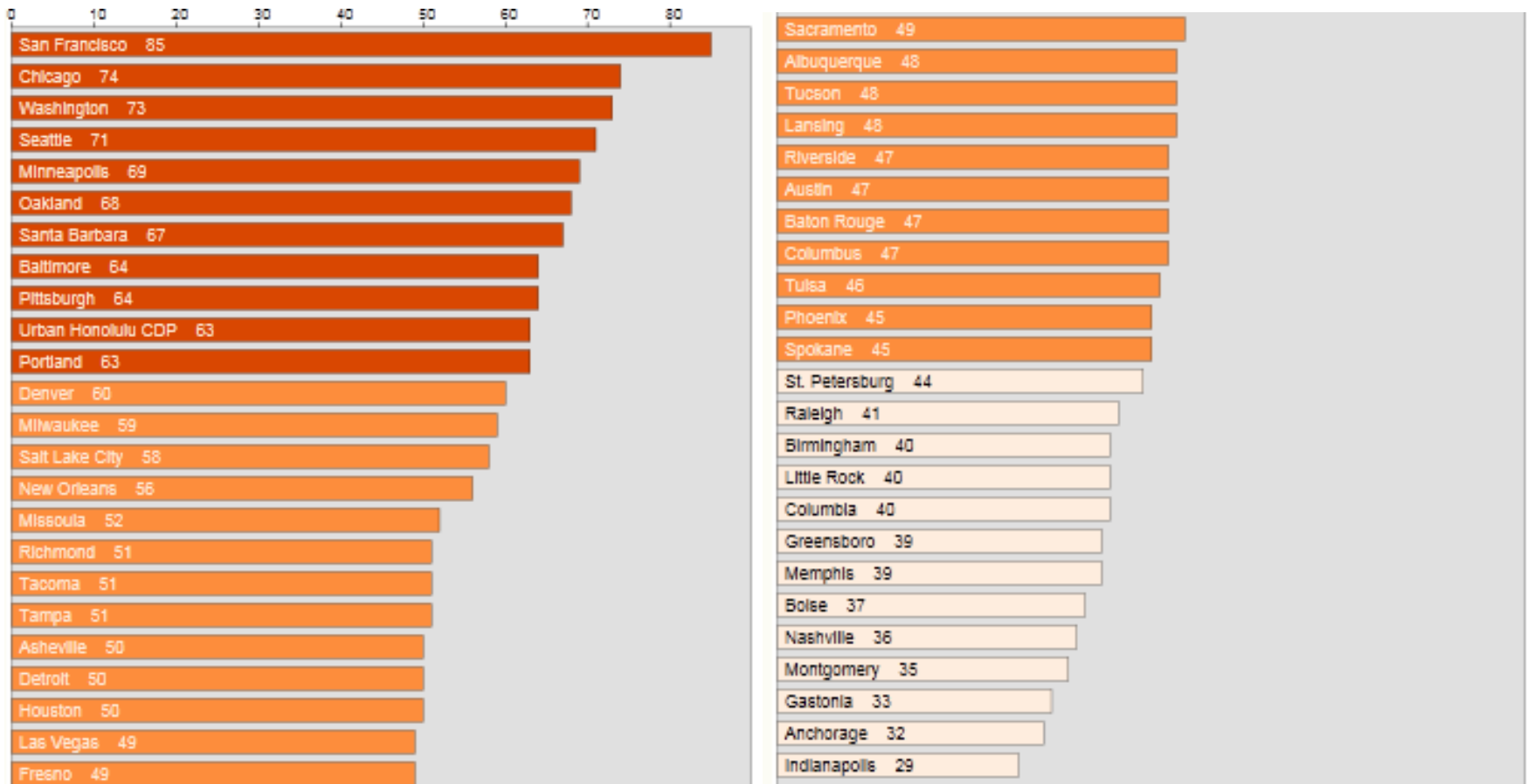
Risk Ratio	Top Cities		Bottom Cities	
Likelihood of having more PWD in poverty than PWOD	1.38	Detroit	2.81	Asheville
	1.48	Riverside	2.71	San Francisco
	1.49	Tucson	2.70	St. Petersburg
	1.53	Baton Rouge	2.65	Seattle
	1.55	Phoenix	2.62	Washington DC

- Risk ratio of 1.38 in Detroit indicates that PWD in Detroit are 1.38 times (138%) more likely to live in poverty than PWOD
- Risk ratio of 2.81 in Asheville indicates that PWD in Asheville are 2.8 times (281%) more likely to live in poverty than PWOD
- **What are we doing in rehabilitation to take this level of poverty into account? Are we seeing “surviving on very limited incomes”, “system management” & “accessing resources & information” as key functional skills we work on in rehabilitation?**

Participation Area 3: Community Participation

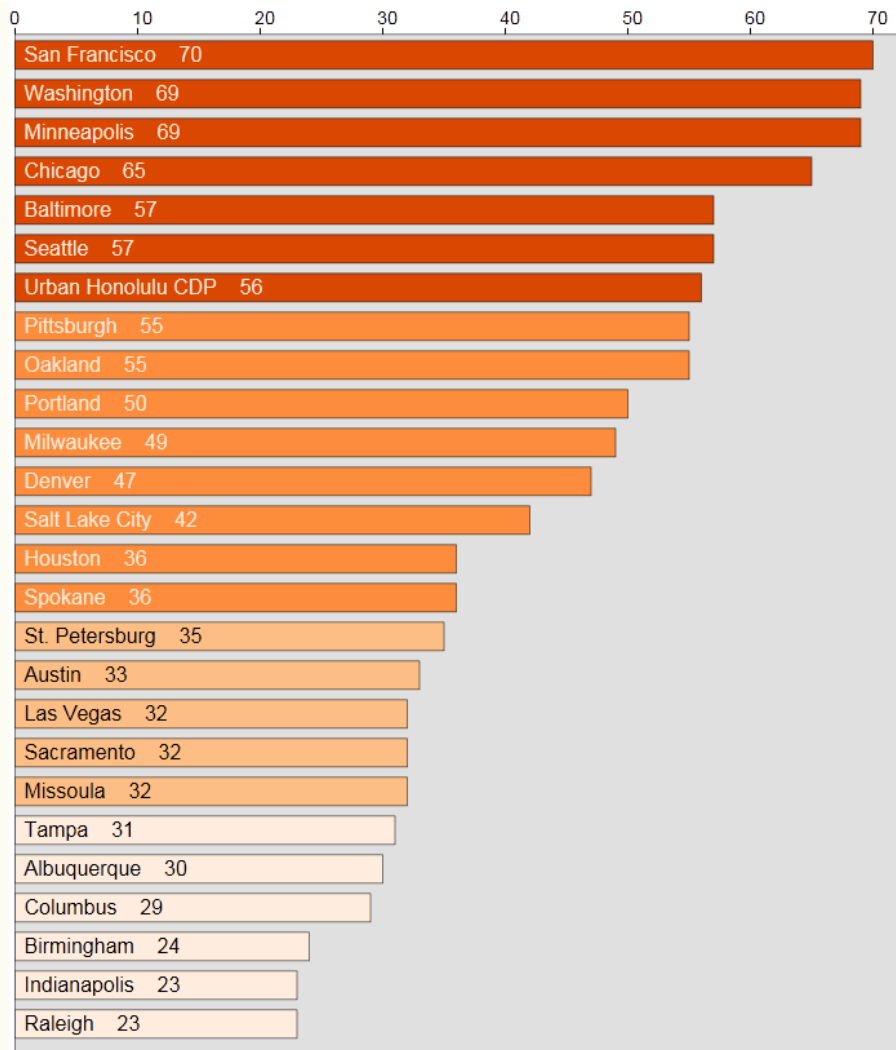
What key resources do PWD need access to to fully participate in the community?

Proximity to Community Resources (Walk Score)



Data source. www.walkscore.com

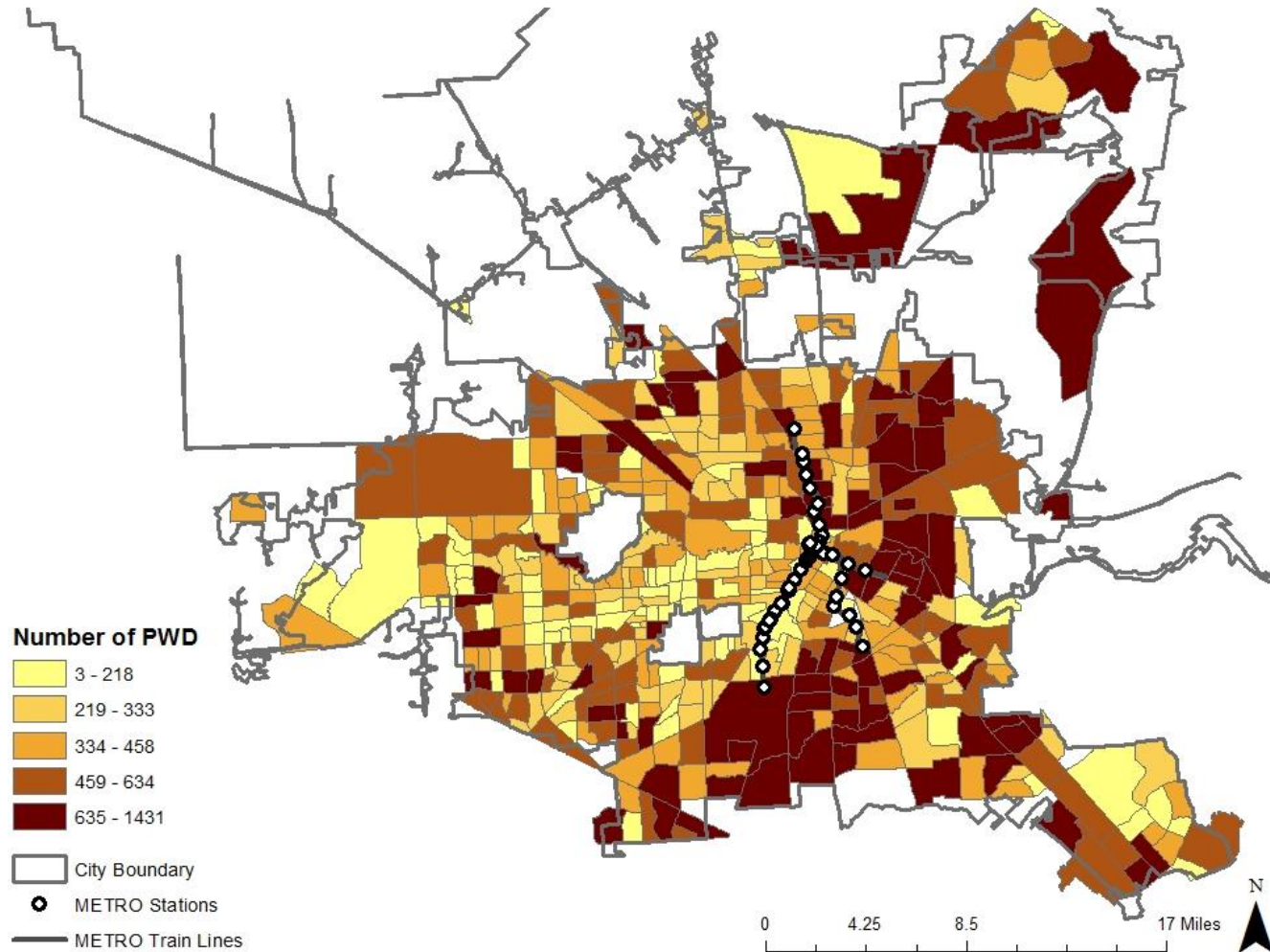
Access to Public Transit (Transit Score)



Data source. www.walkscore.com

Transportation Access

Houston, TX Train Lines

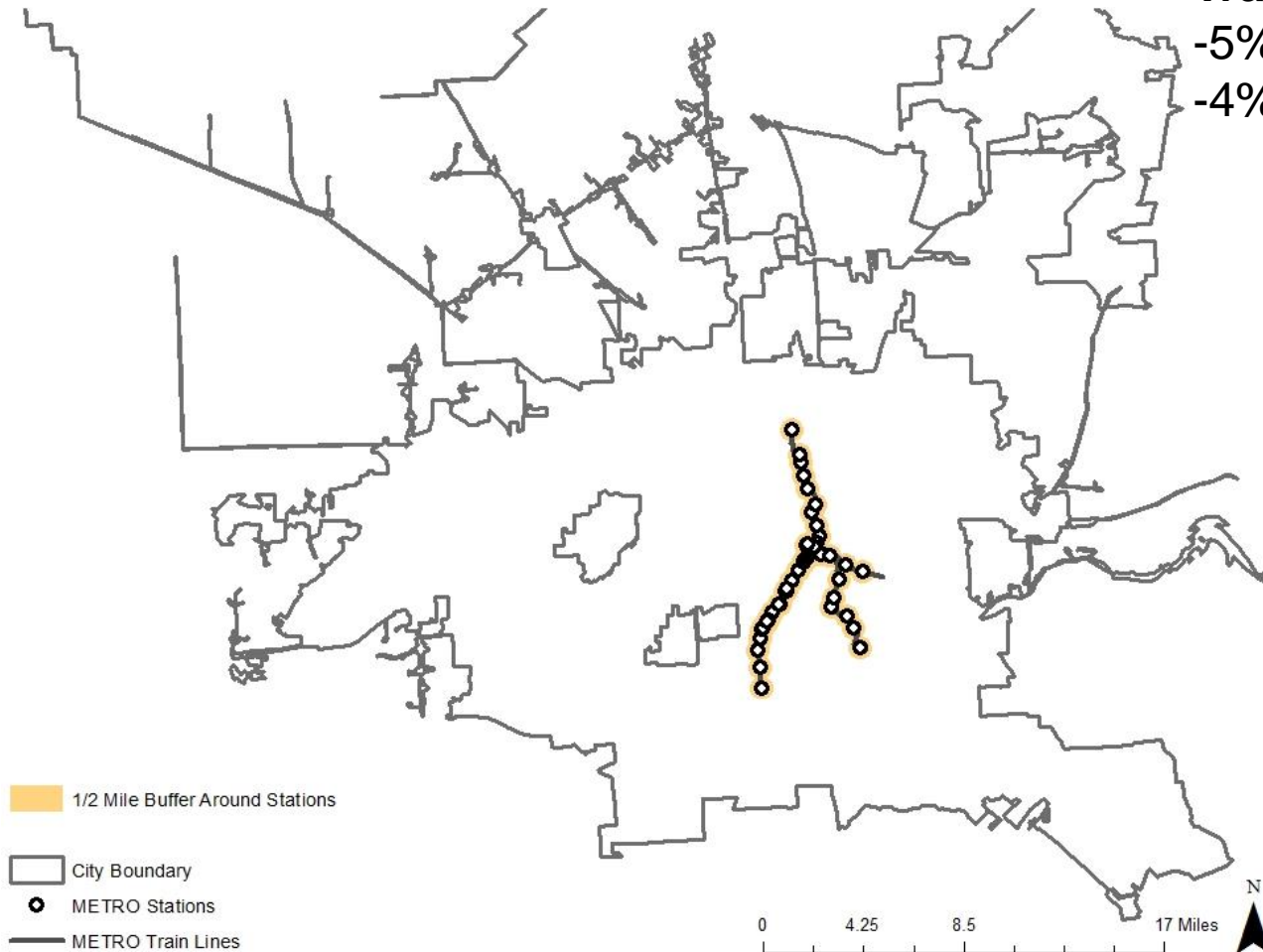


Transportation Access

Houston, TX Train Lines

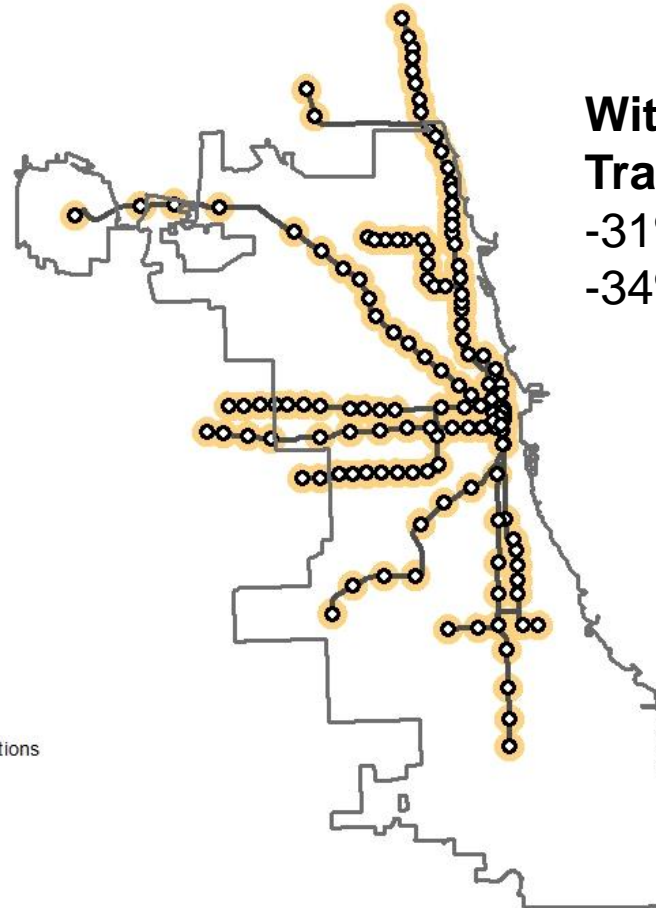
**Within ½ Mile of
Train Stop**

-5% of PWD
-4% of all persons



Transportation Access

Chicago, IL El Lines



**Within 1/2 Mile of
Train Stop**
-31% of PWD
-34% of all persons

1/2 Mile Buffer Around Stations

City Boundary

CTA Stations

CTA Train Lines

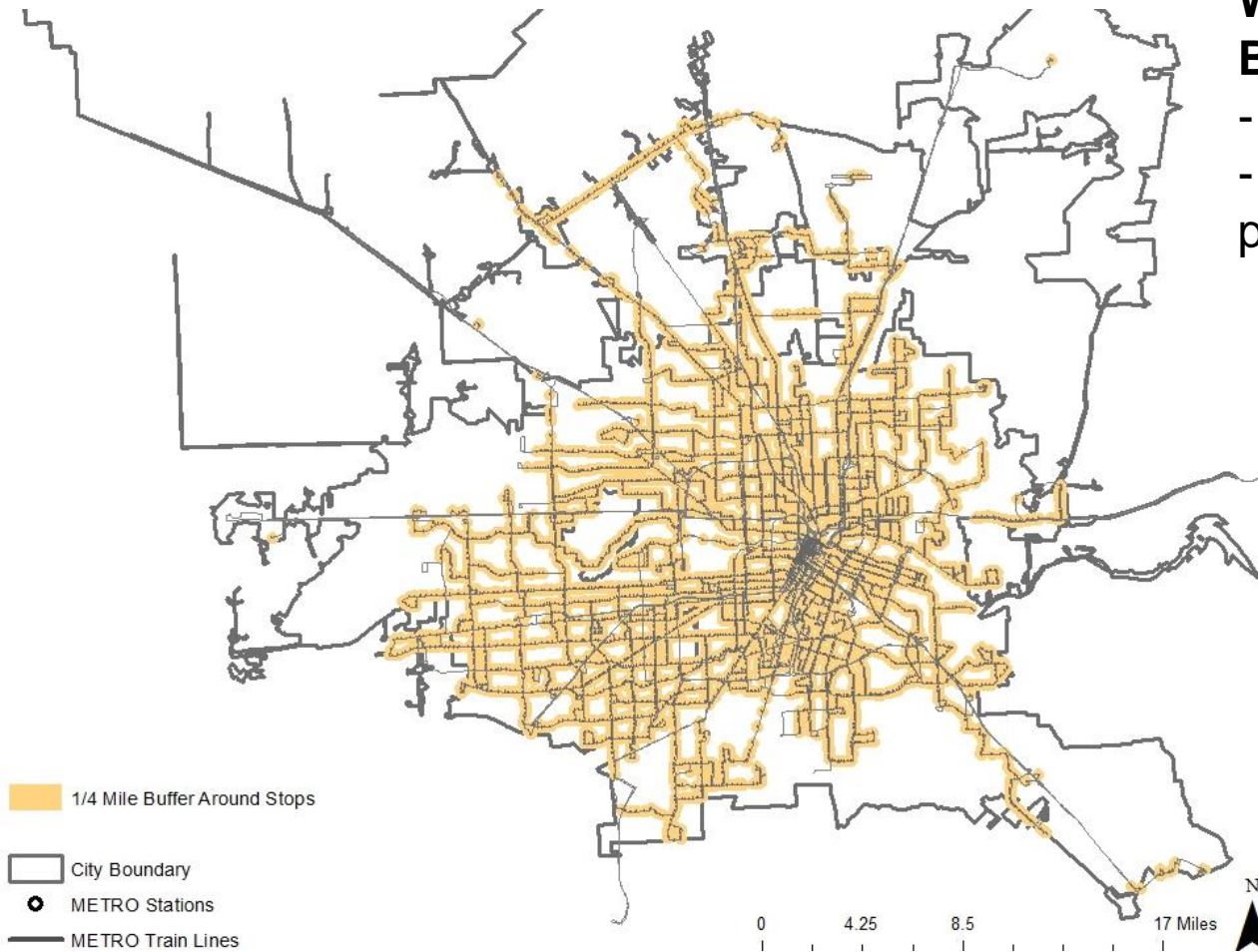
Data Source: 2009-2013 American Community Survey
Analysis: Voorhees Center, University of Illinois at Chicago

0 2.5 5 10 Miles



Transportation Access

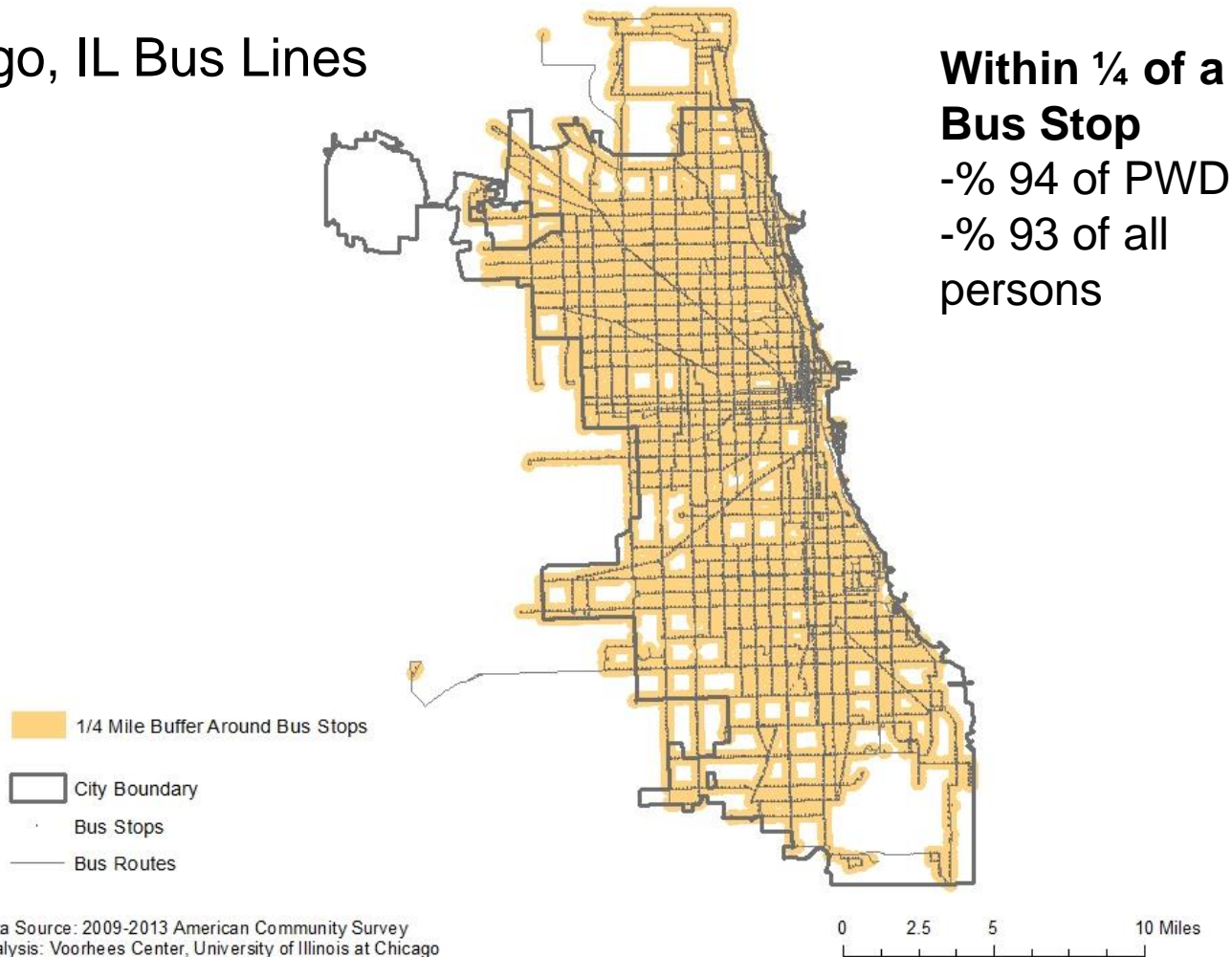
Houston, TX Bus Lines



Within 1/4 of a Bus Stop
- 52% of PWD
- 49% of all persons

Transportation Access

Chicago, IL Bus Lines



Transportation Survey

- Consumer self report survey of transportation access, accessibility, availability, use, and quality
 - **NOW OPEN FOR SECOND ROUND OF MORE DATA COLLECTION!!!**

Ongoing Research & Actions

- ✓ Update GIS maps, Indexes & Risk Ratios & add to website
- ✓ Add more transportation data (survey, access to less publicly available data)
- ✓ Interview people with disabilities moving out of nursing homes/institutions to community (Olmstead group) to document participation experiences, barriers & supports
- ✓ Share data with people with disabilities, ADA Centers, **Community Advisory Boards** & policy makers to assess value, accessibility & usability, and educate rehabilitation professionals about value/use of data
- ✓ Develop online resources to provide accompanying technical assistance, training & promising practice cases for use by communities to take action = Knowledge Translation



Thank you to the individuals & organizations collaborating on and contributing to the ADA PARC

For more information, visit:

http://centerondisability.org/ada_parcl

or email Joy Hammel: hammel@uic.edu