National Datasets including Variables on Disability

1. Behavioral Risk Factor Surveillance System Survey – National and State (ongoing).
2. CDC's National Health and Nutrition Examination Survey (1960 – ongoing).
3. Centers for Medicare & Medicaid Services (CMS)
4. Child abuse data sets
5. Early Childhood Longitudinal Study (1998 – 2011).
6. Employment State Data - Bureau of Labor Statistics (ongoing).
7. Health Resources and Services Administration (HRSA) Health Professions Shortage Areas
8. Kids Count
9. Medical Expenditures Panel Survey (MEPS)
10. National Center for Health Statistics - all of the data sets (ongoing)
11. National Children's Health Survey (April 2007 – July 2008).
12. National Core Indicators (ongoing).
13. National Longitudinal Transition Study 2 (NLTS2) (2000 - 2010).
14. National Residential Information Systems Project (RTC on Community Living)
15. National Survey of Adoptive Parents of Children with Special Health Care Needs
16. National Survey of Children with Special Health Care Needs (2005 – 2006).
17. OASIS – Medicare, Medicaid database
18. Pregnancy Risk Assessment Monitoring System PRAMS
19. Rehabilitation Services Administration (RSA) 911
20. State and Local Area Integrated Telephone Survey (SLAITS) from CDC **(ongoing).**
21. State and Metro Area Employment, Hours, & Earnings
22. State of the States (Coleman Institute) (2008).
23. US Census
24. US Census Data Sets

1. Behavioral Risk Factor Surveillance System Survey – National and State (ongoing).

Purpose:
The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.

Data:
Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.

State information:
- List of State Coordinators and State Web Sites
- State-by-State Listing of How Data Are Used
- State Publications Search

2. CDC's National Health and Nutrition Examination Survey (1960 – ongoing).

Purpose:
The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations.

Data Collection:
Some NCHS data systems and surveys are ongoing annual systems while others are conducted periodically. NCHS has two major types of data systems: systems based on populations, containing data collected through personal interviews or examinations; and systems based on records, containing data collected from vital and medical records

Sample:
The survey examines a nationally representative sample of about 5,000 persons each year. These persons are located in counties across the country, 15 of which are visited each year. The NHANES interview includes demographic, socioeconomic, dietary, and health-related questions. The examination component consists of medical, dental, and physiological measurements, as well as laboratory tests administered by highly trained medical personnel.

3. Centers for Medicare & Medicaid Services CMS

Purpose:
CMS offers researchers and other health care professionals a broad range of quantitative information on our programs, from estimates of future Medicare and Medicaid spending to enrollment, spending, and claims data, and a broad range of consumer research to help its partners and staff. CMS also conducts demonstration projects to explore alternative policies of health care coverage and delivery. These demonstration projects typically cover a limited timeframe, geographic area, and scope of coverage.

Data Compendium:
For years, the Centers for Medicare & Medicaid Services (CMS) has printed an annual Data Compendium giving key statistics about CMS programs and health care spending. Now this Data Compendium is available online as a service to researchers, policymakers, legislators, economists, and statisticians in health care. The tables are fairly rich in format (meaning the download time may also seem long for the Adobe Portable Document Files), yet provide expert analysis of the data CMS collects each year about its programs and the nation's health care system.

The Data Compendium contains historic, current, and projected data on Medicare enrollment and Medicaid recipients, expenditures, and utilization. Data pertaining to budget, administrative and operating costs, individual income, financing, and health care providers and suppliers are also

included. National data not specific to the Medicare or Medicaid programs may be found throughout the publications.

Survey Indicators:
- Budget
- Expenditures
- Administrative/Operating
- Populations
- Utilization
- Providers and Suppliers
- State Data
- Financing

4. Child abuse data sets

Purpose:
These resources provide State, national and international data and statistics on the incidence of child abuse and neglect and fatalities due to child abuse and neglect. Information on data sources and estimated costs of abuse and neglect is also included.

Because time is needed to compile, analyze, and publish data, statistical publications often are released 2 or more years after the time period being analyzed. Information Gateway makes every effort to ensure the resources provided are the most current statistics available.
- State and national data
- International data
- Data sources
- Estimated costs of abuse and neglect

Data sources:
Federal & State Reporting Systems
Children's Bureau, U.S. Department of Health and Human Services
Overview of the Federal and State reporting systems that provide data to monitor and improve child welfare outcomes: Adoption and Foster Care Analysis and Reporting System (AFCARS), National Child Abuse and Neglect Data Systems (NCANDS), and Statewide Automated Child Welfare Information System (SACWIS).

National Data Analysis System (NDAS)
Child Welfare League of America
Searchable online database that provides access to State data on child abuse and neglect, child abuse and neglect fatalities, adoption, childcare services, children's health, juvenile justice, out-of-home care, and population.

National Data Archive on Child Abuse and Neglect
Facilitates secondary analysis of research data relevant to the study of child abuse and neglect by making data available to researchers.

[Using AFCARS, NCANDS, and Census Data to Obtain Demographic Data for Your State/City/County](#) (PDF - 118 KB)
National Data Analysis System (2005)
Provides information for researchers on obtaining State and local child welfare data.

5. Early Childhood Longitudinal Study (1998 – 2011).

Purpose:
The Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011) will be an ongoing study sponsored by the National Center for Education Statistics (NCES) within the Institute of Education Sciences (IES) of the U.S. Department of Education. In addition, the study will benefit from its partnership with and sponsorship by several additional federal agencies. The study is also endorsed by many professional organizations in the area of education.
Broad in its scope and coverage of child development, early learning, and school progress, the ECLS-K:2011 will draw together information from multiple sources to provide rich data on children's early school experiences beginning with kindergarten and following children through fifth grade.

Indicators:
The ECLS-K:2011 will provide descriptive information on children's status at entry to school, their transition into school, and their progression through the elementary grades.

The longitudinal nature of the ECLS-K:2011 data will enable researchers to study how a wide range of family, school, community, and individual factors are associated with school performance over time.

Sample:
The children in the ECLS-K:2011 will comprise a nationally representative sample selected from both public and private schools attending both full-day and part-day kindergarten in 2010-2011. They will come from diverse socioeconomic and racial/ethnic backgrounds.

Variables:
The ECLS-K allows researchers to examine the relationships among a wide range of child, family, teacher, classroom, and school variables and children's development and performance in elementary and middle school.

From this web site, users may download data documentation, data files, and setup files for SAS, SPSS, and STATA.

6. Employment State Data - Bureau of Labor Statistics (ongoing).

Purpose:
Provides information concerning inflation and prices, spending and time use, unemployment, employment, pay and benefits, productivity, workplace injuries, for the U.S. and international economies at national and state levels.

Data Collection State:
Each month the **Current Employment Statistics** (CES) program surveys about 150,000 businesses and government agencies, representing approximately 390,000 individual worksites, in order to provide detailed industry data on employment, hours, and earnings of workers on nonfarm payrolls for all 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, and over 300 metropolitan areas and divisions.

7. [Health Resources and Services Administration (HRSA) Health Professions Shortage Areas](#) (ongoing).

Purpose:
The Health Resources and Services Administration Shortage Designation Branch develops shortage designation criteria and uses them to decide whether or not a geographic area, population group or facility is a Health Professional Shortage Area or a Medically Underserved Area or Population. HPSAs may be designated as having a shortage of primary medical care, dental or mental health providers. They may be urban or rural areas, population groups or medical or other public facilities.

Medically Underserved Areas (MUA) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.

Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care.

Data:
Demographic Data
U.S. Census 2000 Data
Claritas, Inc. population estimates for 2004, calculated using proprietary algorithms and based on data from the 2000 Census. National Center for Health Statistics Births and Infant Deaths, including low birth weight rates and infant mortality rates, aggregated by county and by State, representing five years of data in each aggregation. Refer to the Data Suppression Rules for a complete description.

Spatial Data
Congressional Districts identifies the U.S. House and Senate districts and provides information on the representative/Senator. Primary Care Service Areas identifies clusters of people receiving primary care within a ZIP code. HRSA-specific spatial data available within the data warehouse are fully described in the spatial metadata.

Health Systems Information
Provider of Service File, Online Survey and Certification Reporting System (OSCAR) database, Centers for Medicare & Medicaid Services (CMS). Includes provider number, name, address, and characteristics for Medicare- approved hospitals, skilled nursing facilities, home health agencies, and other types of facilities.

HRSA Program Data

The HRSA Program data consists of awarded grant data, Medically Underserved Area/Population (MUA/P) data, Health Professional Shortage Areas (HPSA) data, National Health Service Corps (NHSC) Providers data, and NHSC Site data. The awarded grant data consists of grants and grantee information obtained from the HRSA Electronic Handbooks (EHB). The MUA/P data includes designations intended to identify areas and population groups with a shortage of primary health care services. The HPSA dataset consists of information on the designations are intended to identify areas that have a shortage of primary health care professionals. The NHSC Providers data consists of information on NHSC Scholars and NHSC Loan Repayment Recipients who are providing service and include primary care physicians, nurse practitioners, physician assistants, certified nurse-midwives, dentists, dental hygienists, clinical or counseling psychologists, clinical social workers, marriage and family therapists, psychiatric nurse specialists, and licensed professional counselors. The NHSC Sites data includes information on public organizations, private organizations, and academic institutions in a wide range of settings-at community and migrant health centers, health care for the homeless clinics, and other public and private primary care delivery sites-in inner city and rural communities nationwide.

8. Kids Count some current as 2010

Purpose:

The Annie E. Casey Foundation is a private charitable organization, dedicated to helping build better futures for disadvantaged children in the United States. The primary mission of the Foundation is to foster public policies, human-service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. In pursuit of this goal, the Foundation makes grants that help states, cities and neighborhoods fashion more innovative, cost-effective responses to these needs.

Data:

Kids Count Data Center

Access hundreds of measures of child well-being by state or across state.

National KIDS COUNT Key Indicators:
*   KIDS COUNT overall rank
*   Low-birthweight babies
*   Infant mortality
*   Child deaths
*   Teen deaths from all causes
*   Teen births by age group
*   Teens who are high school dropouts
*   Teens not attending school and not working
*   Children living in families where no parent has full-time, year-round employment
*   Children in poverty
*   Children in single-parent families

9. [Medical Expenditures Panel Survey (MEPS)](#) – Agency for health care quality XXXX

Purpose:
The Medical Expenditure Panel Survey (MEPS) is a set of large-scale surveys of families and individuals, their medical providers, and employers across the United States. MEPS is the most complete source of data on the cost and use of health care and health insurance coverage.

Data:
MEPS currently has two major components: the [Household Component](#) (HC) and the [Insurance Component](#) (IC).

The Household Component collects data from a sample of families and individuals in selected communities across the United States, drawn from a nationally representative sub sample of households that participated in the prior year's [National Health Interview Survey](#) (conducted by the National Center for Health Statistics). During the household interviews, MEPS collects detailed information for each person in the household on the following: demographic characteristics, health conditions, health status, use of medical services, charges and source of payments, access to care, satisfaction with care, health insurance coverage, income, and employment. The panel design of the survey, which features several rounds of interviewing covering two full calendar years, makes it possible to determine how changes in respondents' health status, income, employment, eligibility for public and private insurance coverage, use of services, and payment for care are related.

The Insurance Component collects data from a sample of private and public sector employers on the health insurance plans they offer their employees. The survey is also known as the Health Insurance Cost Study. The collected data include the number and types of private insurance plans offered (if any), premiums, contributions by employers and employees, eligibility requirements, benefits associated with these plans, and employer characteristics.

MEPS also includes a Medical Provider Component (MPC), which covers hospitals, physicians, home health care providers, and pharmacies identified by MEPS-HC respondents. Its purpose is to supplement and/or replace information received from the MEPS-HC respondents.
Data files containing only this supplemental respondent information are not available, but the information is incorporated into the MEPS-HC data files.

10. [National Center for Health Statistics - all of the data sets](#) (ongoing)

Purpose:
The National Center for Health Statistics provides US public health statistics including diseases, pregnancies, births, aging, and mortality. The National Center for Health Statistics' website is a rich source of information about America's health. It compiles statistical information to guide actions and policies to improve the health of people.

Statistics:
• document the health status of the population and of important subgroups

- identify disparities in health status and use of health care by race or ethnicity, socioeconomic status, region, and other population characteristics
- describe our experiences with the health care system
- monitor trends in health status and health care delivery
- identify health problems
- support biomedical and health services research
- provide information for making changes in public policies and programs
- evaluate the impact of health policies and programs

Public use data files are available for download.

Available Surveys and Data Collection
Some NCHS data systems and surveys are ongoing annual systems while others are conducted periodically. NCHS has two major types of data systems: systems based on populations, containing data collected through personal interviews or examinations; and systems based on records, containing data collected from vital and medical records.

Includes FastStats A to Z
The FastStats site provides quick access to statistics on topics of public health importance and is organized alphabetically. Links are provided to publications that include the statistics presented, to sources of more data, and to related web pages. Includes State and Territorial Data.

11. National Children's Health Survey (April 2007 – July 2008). (National Survey of Children's Health, CDC)

Purpose:
This survey, sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration, examines the physical and emotional health of children ages 0-17 years of age. Special emphasis is placed on factors that may relate to well-being of children, including medical homes, family interactions, parental health, school and after-school experiences, and safe neighborhoods.

Sponsor(s):
Funding for this project is provided by the Department of Health and Human Services, Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA)

Sample:
Sample Size: 91,642 completed child-level interviews. Sampling Frame: Children ages 0-17 years old.

Data Collection:
April 2007 to July 2008. Data are collected over the household landline telephone. SLAITS data collection is conducted under contract with the Center at the University of Chicago (NORC). Strict confidentiality and privacy regulations apply to all contract and federal project staff for all data. For more information, see the NCHS confidentiality policy.

Data Resource Center for Child and Adolescent Health: Easy to use, interactive data query tool to view and compare tables and charts of state, national, and regional survey findings including profiles on key performance indicators.

Center for Disease Control and Prevention (Child Health, FastStats)
Purpose: Provides quick stats on Health status, Access to health care, Mortality, National Indicators of Well-Being, and more.

12. National Core Indicators (ongoing).

Purpose:
In January 1997, the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute launched the Core Indicators Project. The name of the data collection collaborative was changed to National Core Indicators (NCI) in 2002. The aim of the initiative is to develop nationally recognized performance and outcome indicators that will enable developmental disabilities policy makers to benchmark the performance of their state against the performance of other states. National Core Indicators also enables each participating state developmental disabilities agency to track system performance and outcomes from year to year on a consistent basis. The NCI Steering Committee, composed of participating state coordinators, determines the overall direction of the initiative.

Survey Indicators:
The core indicators are the foundation for the project. The current set of performance indicators includes approximately 100 consumer, family, systemic, cost, and health and safety outcomes - outcomes that are important to understanding the overall health of public developmental disabilities agencies. Associated with each indicator is a source from which the data is collected. Sources of information include consumer survey (e.g., empowerment and choice issues) family surveys (e.g., satisfaction with supports), provider survey (e.g., staff turnover), and state systems data (e.g., expenditures, mortality, etc.).

Access:
Login data required for parts of site.

13. National Longitudinal Transition Study 2 (NLTS2) (2000 - 2010).

Purpose:
This study documents the experiences of a national sample of students with disabilities who were 13 to 16 years of age in 2000 *as they move from secondary school into adult roles.* Reports and fact sheets summarize information of interest to many audiences, including state and local education agencies, the U.S. Congress, the U.S. Department of Education, parents, teachers, researchers, advocates, and policy-makers. NLTS2 is the second project designed to study the transition experiences of youth with disabilities. The first study, the National Longitudinal Transition Survey of Youth 1997 (NLSY97)—documented the experiences of young men and women who were born in the years 1980-84; respondents were ages 12-17 when first interviewed in 1997.

Survey Indicators:
- High school coursework
- Extracurricular activities
- Academic performance
- Postsecondary education and training outcomes
- Employment outcomes
- Independent living and community participation

The NLTS2 conceptual framework and research questions are designed to allow analyses of the relationships between NLTS2 data and data generated by OSEP's Special Education Elementary Longitudinal Study (SEELS). This 6-year study, following a group of students in special education (6 to 12 years old as of September 1, 1999), assessed the experiences and achievements of students as they transitioned from elementary to middle and middle to high school.

Sample:
NLTS2 involves a large, nationally representative sample of students receiving special education who were ages 13 through 16 and in at least 7th grade on December 1, 2000. The oldest youth will be 26 at the time of final data collection. Statistical summaries generated from NLTS2 will generalize to students receiving special education nationally in this age group, to each of the 12 federal special education disability categories, and to each single-year age cohort. Click to view the NLTS2 Sampling Plan.

Data Collection and Instruments:
Information about youth will be collected repeatedly as they transition from secondary school to early adulthood. Given the broad range of topics that the conceptual framework encompasses, information for NLTS2 will be collected from a variety of sources, including parents/guardians, teachers, principals, school records, and students themselves. Click here to view the NLTS2 Study Design, Timeline, and Data Collection.

Variables:
- Geographic region
- District size
- Proportion of minorities

All NLTS2 Waves 1 - 4 data are available on the web, including parent/youth interview, school survey, and student assessment data! Users can download and view the data in cross-tabular format http://www.nlts2.org/data_tables/index.html

14. National Residential Information Systems Project (RTC on Community Living)

Purpose:
The Research and Training Center on Community Living provides research, evaluation, training, technical assistance and dissemination to support the aspirations of persons with developmental disabilities to live full, productive and integrated lives in their communities. 2008 is most current year included. The RTC also conducts specialized analyses upon request.

Disability Statistics:
RTC analyzes various data sets to learn about the status and characteristics of individuals with disabilities in the United States. Highlights in this area include annual surveys of states to assess residential services, analysis of the National Health Interview Survey findings to learn about people with disabilities living in their own or family homes, and periodic specialized analysis of other data sets. Questions about who, how many and where can be found in the published reports posted on this part of the RTC web site.

15. National Survey of Adoptive Parents of Children with Special Health Care Needs (NSAP-SN) (January – June 2008).

Purpose:
This survey provides nationally representative estimates on the characteristics, pre-adoption experiences, and post-adoption support experiences of families of adopted children with special health care needs ages 0 to 15 years. These children were identified in other SLAITS surveys as being adopted through the US foster care system, domestic private adoption agencies, or international adoption.

Sponsor(s):
Two components of the Department of Health and Human Services (DHHS):
Office of the Assistant Secretary for Planning and Evaluation (ASPE)
Administration for Children & Families (ACF)
Period of Data Collection: January - June 2008

Sample:
Sample Size: 1,003 completed interviews with an adoptive parent of a child with special health care needs who was 0 to 15 years of age in 2005-2006.
Sampling Frame: Parents who have adopted a child with special health care needs 0 to 15 years old through the US foster care system, domestic private adoption agencies, or internationally, who was identified as adopted in the 2005 - 2006 National Survey of Children with Special Health Care Needs (NSCSHCN).

Data:
Data are collected over the telephone. SLAITS data collection is conducted under contract with the National Opinion Research Center at the University of Chicago (NORC). Strict confidentiality and privacy regulations apply to all contract and federal project staff for all data.

16. National Survey of Children with Special Health Care Needs (2005 – 2006).

Purpose:
The National Survey of Children with Special Health Care Needs (NS-CSHCN) provides a consistent source of both National- and State-level data on the size and characteristics of the population of Children with special health care needs (CSHCN). Children with special health care

needs (CSHCN) are defined by the Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB) as:

> *"...those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."*

Survey indicators:
- Children's access to needed health and support services
- Their conditions, such as reliance on medications or therapies, special educational services, or assistive devices or equipment
- Family-centered care
- The impact of a CSHCN on the family's time, finances, and employment status
- The final set of indicators is the HRSA's MCHB six Core Outcomes.

Sample:
The State Data section presents the survey's findings that include indicators of the prevalence of special needs among children for each of the 50 States and the District of Columbia. All indicators are displayed for each State, except in cases where the sample size would compromise the respondents' confidentiality.

The full set of findings for each indicator is available at the HRSA's MCHB Data Resource Center for Child and Adolescent Health (HRSA Grantee Web site).

Publication: available online at the National Center for Health Statistics or at the Maternal and Child Health Bureau.

17. OASIS – Medicare, Medicaid database

Purpose:
The purpose of this site is to store and disseminate policy and technical information related to OASIS (the Outcome and Assessment Information Set) data set for use in home health agencies (HHAs), State agencies, software vendors, professional associations and other Federal agencies in implementing and maintaining OASIS.

Data:
OASIS is a group of data items developed, tested, and refined over the past decade. The OASIS items were designed for the purpose of enabling the rigorous and systematic measurement of patient home health care outcomes, with appropriate adjustment for patient risk factors affecting those outcomes. Outcomes have been defined in many ways, but those derived from OASIS items have a very specific definition: they measure changes in a patient's health status between two or more time points. The OASIS was designed to provide the necessary data items to measure both outcomes and patient risk factors. The OASIS is thus key to outcome measurement and performance improvement using outcomes.
OASIS data items address:
- sociodemographic,

- environmental,
- support system,
- health status,
- functional status, and
- health service utilization characteristics of the patient.

The data are collected at start of care, 60-day follow-ups, and discharge (and surrounding an inpatient facility stay). See below for the link to the currently used OASIS data sets.

18. Pregnancy Risk Assessment Monitoring System PRAMS

Purpose:
PRAMS, the Pregnancy Risk Assessment Monitoring System, is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. The goal of the PRAMS project is to improve the health of mothers and infants by reducing adverse outcomes such as low birth weight, infant mortality and morbidity, and maternal morbidity. PRAMS provides state-specific data for planning and assessing health programs and for describing maternal experiences that may contribute to maternal and infant health.

Sample:
The PRAMS sample of women who have had a recent live birth is drawn from the state's birth certificate file. Each participating state samples between 1,300 and 3,400 women per year. Women from some groups are sampled at a higher rate to ensure adequate data are available in smaller but higher risk populations. Selected women are first contacted by mail. If there is no response to repeated mailings, women are contacted and interviewed by telephone. Data collection procedures and instruments are standardized to allow comparisons between states.

PRAMS data is available to outside researchers:
Requests for PRAMS data from multiple states are reviewed on an individual basis by CDC and the participating PRAMS states using a standard proposal format. Please find proposal guidelines, a table listing states and years of available data for analysis, and a list of core variables below.
- Mini-Proposal Guidelines (DOC 73KB)
- Data Availability, by State and Year (DOC 186KB)
- Summary of Variables included in PRAMS dataset (DOC 25KB)

Requests for PRAMS data for a single state should be directed to that state's PRAMS coordinator (see PRAMS map and click on the state of interest for contact information).
For more information about the request/proposal process, please send an inquiry to cdcinfo@cdc.gov.

19. Rehabilitation Services Administration (RSA) 911

Purpose:
The Rehabilitation Services Administration (RSA) oversees grant programs that help individuals with physical or mental disabilities to obtain employment and live more independently through the provision of such supports as counseling, medical and psychological services, job training and other individualized services. RSA's major Title I formula grant program provides funds to state

vocational rehabilitation (VR) agencies to provide employment-related services for individuals with disabilities, giving priority to individuals who are significantly disabled.

RSA, Programs, and Projects:
RSA administers and supports a comprehensive array of formula and discretionary grant programs and projects that serve and assist individuals with disabilities. To learn more about any of these programs, please click on the program title below.

- American Indian Vocational Rehabilitation Services (AIVRS)
- Assistive Technology (AT) State Grant Program
- Basic Vocational Rehabilitation State Grants
- Centers for Independent Living
- Client Assistance Program (CAP)
- Demonstration and Training Programs
- Helen Keller National Center
- Independent Living Services for Older Individuals Who Are Blind
- Independent Living State Grants
- Migrant and Seasonal Farm workers
- Program Improvement
- Projects With Industry (PWI)
- Protection and Advocacy for Assistive Technology
- Protection and Advocacy of Individual Rights (PAIR)
- Randolph Sheppard Vending Facility Program
- Recreation Programs
- Rehabilitation Act Program Evaluation
- Rehabilitation Act Program Improvement
- Rehabilitation Training
- Supported Employment State Grants

Data:
For the purposes of improving program management and effectiveness, RSA evaluates all programs authorized by the *Rehabilitation Act of 1973*, as amended. For example, to assess linkages between vocational rehabilitation (VR) services and economic and non-economic outcomes, RSA is conducting a longitudinal study of a national sample of VR consumers. RSA may also disseminate information on exemplary practices concerning vocational rehabilitation. You may find many of those studies and projects and their results below. In this section readers will also find summary data and statistics describing the outcomes of various programs funded by RSA and, in particular, data on individuals with disabilities served and rehabilitated (including caseload data and client characteristics) through the Title I Basic Support Program. Program evaluation studies are also listed under Publications and Products.

- Program Data and Statistics - Access to view and/or download summary data and statistics describing the outcomes of various programs funded by RSA and, in particular, data on individuals with disabilities served and rehabilitated (including caseload data and client characteristics) through the Title I Basic Support Program (2005).
- Data Collection and Reporting Systems - RSA has a number of on-line systems to collect and, in some cases, view information about rehabilitative services (2008).

- [Standards and Indicators](#) - Section 106 of the *Rehabilitation Act*, as amended, requires the establishment and implementation of evaluation standards and performance indicators for the vocational rehabilitation program that measure the extent to which states are in compliance with relevant performance factors (2008).
- [Evaluation Studies](#) - RSA conducts evaluation studies pursuant of Section 14 of the *Rehabilitation Act*.
- [Supporting Information for the RSA 911 Data](#) - RSA provides information to assist state VR agencies in meeting the submission requirements for annual individual level data.

20. [State and Local Area Integrated Telephone Survey (SLAITS) from CDC](#) **(ongoing).**

Purpose:
The [State and Local Area Integrated Telephone Survey (SLAITS)](#) collects important health care data at State and local levels. This data collection mechanism was developed by the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDC). It supplements current national data collection strategies by providing in-depth State and local area data to meet various program and policy needs in an ever-changing health care system. Its list provides a mechanism for dissemination of information regarding SLAITS activities and its products. SLAITS, which is funded through sponsorship of specific questionnaire modules, offers a way of collecting important health care data at State and local levels. This new data collection tool was developed to supplement current national data collection strategies by providing in-depth State and local area data to meet various program and policy needs in an ever-changing health care system.

Data Collection:
Some NCHS data systems and surveys are ongoing annual systems while others are conducted periodically. NCHS has two major types of data systems: systems based on populations, containing data collected through personal interviews or examinations; and systems based on records, containing data collected from vital and medical records.

SLAITS uses the same Random-Digit-Dial (RDD) telephone design approach and sampling frame as the ongoing [National Immunization Survey](#) (NIS) conducted by CDC. Data are collected at telephone centers in different parts of the United States by our current contracting agency, [NORC](#). Whereas the initial 3 years of pilot testing of this survey mechanism were funded by the [Assistant Secretary for Planning and Evaluation, Department of Health and Human Services](#), SLAITS is now available to other government and nonprofit agencies that require high quality data at State and local levels. Staff from the SLAITS program are available to meet with organizations to help identify how SLAITS can provide specific data.

Sample:
- Uses the sampling frame from the NIS, an ongoing telephone survey that screens nearly one million households per year to produce estimates of vaccination coverage levels among children age 19-35 months.
- Uses standardized questions to produce comparative data across States and for the Nation.
- Addresses State-specific data needs with customized questions and specific domains of interest.

- Targets population subgroups such as persons with specific health conditions or from low-income households.
- Provides estimates adjusted for non-coverage of households without telephones.

Provides for rapid implementation and quick turnaround of data, permitting the tracking of changes in health and welfare-related programs.

21. State and Metro Area Employment, Hours, & Earnings – Employment, Hours, and Earnings from the Current Employment Statistics survey (State and Metro Area)

Purpose:
In brief, The Current Employment Statistics (CES) Survey is a monthly survey of business establishments which provides estimates of employment, hours, and earnings data by industry for the nation as a whole, all States, and most major metropolitan areas since 1939. This section focuses on the State and Area data. The CES survey is a Federal-State cooperative endeavor in which State employment security agencies prepare the data using concepts, definitions, and technical procedures prescribed by the Bureau of Labor Statistics.

Demographics: This page contains information about labor force statistics with demographic characteristics available from the Current Population Survey (CPS). Data on the labor force characteristics of employed and unemployed persons, including persons with disabilities.

22. State of the States (Coleman Institute) (2008).

Purpose:
Established in 1982 to investigate the determinants of public spending for intellectual/developmental disabilities (I/DD) services in the United States, the project maintains a 28-year longitudinal record of revenue, spending, and programmatic trends in the 50 states, the District of Columbia, and the United States as a whole. Analysis of the rich detail of the data base reveals the impact over time of federal and state fiscal policy, and illustrates important service delivery trends in the states in community living, public and private residential institutions, family support, supported employment, supported living, Medicaid Waivers, demographics, and related areas.

23. US Census (ongoing).

Purpose:
Public resources from the *US Census* Bureau includes population, economic, industry, and geography studies.

Interactive Internet Tools
- Censtats - Applications available include: Census Tract Street Locator, County Business Patterns, Zip Business Patterns, International Trade Data, and more.

- [QuickFacts](#) - State and County QuickFacts provides frequently requested Census Bureau information at the national, state, county, and city level.
- [Online Mapping Tools](#) - using TIGER and the American FactFinder
- [US Gazetteer](#) - Place name, and ZIP code search engine.
- [DataFerrett](#) is a tool and data librarian that searches and retrieves data across federal, state, and local surveys, executes customized variable recoding, creates complex tabulations and business graphics. Current Population Survey, Survey of Income and Program Participation, American Community Survey, American Housing Survey, Small Area Income Poverty Estimates, Population Estimates, Economic Census Areawide Statistics, National Center for Health Statistics data, Centers for Disease Control data, and more.
  DataFerrett's newest tool, the [Community Economic Development HotReport](#) provides community and business leaders speedy access to information on counties and the Employment & Training Administration's Workforce Innovation in Regional Economic Development (WIRED) areas across the U.S.
- [Research Program from the Center for Economic Studies](#) - The Center for Economic Studies (CES) and its network of Census Research Data Centers (RDCs) support and encourage research activity using Census Bureau microdata to improve Census Bureau programs. CES and the RDCs provide access to researchers, federal agencies, and other institutions to non-publicly available Census Bureau data files.
- The [Local Employment Dynamics](#) partnership offers a variety of [data tools](#) including the following:
  - [QWI Online](#): Select and find out about NAICS-based or SIC-based Quarterly Workforce Indicators by state, geographic grouping, industry, year and quarter, sex, age group, and ownership.
  - [OnTheMap V2](#): This mapping and reporting application describes the characteristics and geographical distribution of workers and employers in particular area of town, county, or region. Currently, 42 states provide mapping data.
  - [Industry Focus](#): This tool lets you determine the top industries for your local area and your local workers, focus on a particular industry to see how it ranks among top industries, and also look at the characteristics of those who work in that industry.

24. [US Census Data Sets](#) (ongoing)

Purpose:
The Decennial Census occurs every 10 years, in years ending in zero, to count the population and housing units for the entire United States. Its primary purpose is to provide the population counts that determine how seats in the U.S. House of Representatives are apportioned.

Sample characteristics (short form)
- Age
- Hispanic or Latino origin
- Household relationship
- Race
- Sex
- Tenure (whether the home is owned or rented)
- Vacancy characteristics

Sample characteristics (long form)

Population
- Ancestry
- Disability
- Grandparents as caregivers
- Income in 1999
- Labor force status
- Language spoken at home and ability to speak English
- Marital status
- Migration (residence in 1995)
- Occupation, industry, and class of worker
- Place of birth, citizenship, and year of entry
- Place of work and journey to work
- School enrollment and educational attainment
- Veteran status
- Work status

Housing
- Farm residence
- Heating fuel
- Number of rooms and number of bedrooms
- Plumbing and kitchen facilities
- Telephone service
- Units in structure
- Utilities, mortgage, taxes, insurance, and fuel costs
- Value of home or monthly rent paid
- Vehicles available
- Year moved into residence
- Year structure built

Data:
The Census Bureau collects income data from several surveys. Depending on your needs, one survey may be more suitable than another. The following is a list of Census Bureau surveys:
- The Annual Social and Economic Supplement (ASEC) to the Current Population Survey (CPS)
- The American Community Survey (ACS)
- Survey of Income and Program Participation (SIPP).
- Decennial Census

These surveys differ in length and detail of the questionnaire, the number of addresses interviewed, the methodology used to collect and process the data, and, consequently, in the income estimates produced. As a result, it is important to understand that different surveys and collection methods produce different results, and it is important to know when it is appropriate to use each survey or method.