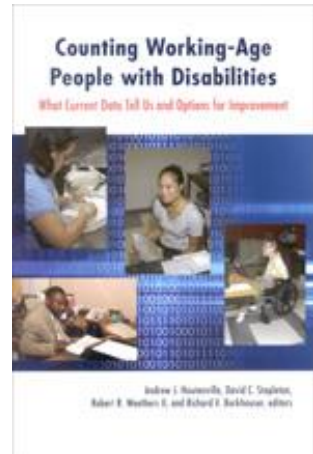

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10

The Group Quarters Population

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Little is known about the disability status of residents of institutional group quarters (GQ), noninstitutional GQ, and the homeless population as compared to residents of households, especially for those of working age. The National Health Interview Survey (NHIS), the Survey of Income and Program Participation (SIPP), the Current Population Survey (CPS), and recently, the American Community Survey (ACS) are used by researchers and others to produce disability statistics for what is often termed the household population. At the time of writing, none of them included the GQ or homeless population. The ACS added the GQ population in 2006. Instead, research has relied on various surveys of populations in certain institutions such as nursing home residents, the incarcerated, and those obtaining services from homeless shelters. Some surveys, such as the National Long Term Care Survey (NLTCS) and the Medicare Current Beneficiary Survey (MCBS), gather nationally representative data for the elderly population, regardless of where they reside, but no comparable surveys are available for the working-age population or the child population.¹

As of 2005, the U.S. Decennial Census long form was the only survey to collect disability data for the entire population, with the exception of some who are homeless.² Census 2000 was also the first Decennial Census to collect information on major disability types, making it an important source of information for documenting disability status for the population not living in households. These data, however, have not been adequately explored. The 2006 ACS data were not available for this study, but they will soon replace the Decennial Census

as the most important data source for studying disability status for the entire population, including the nonhousehold population.

The very limited availability of comparable disability data for the nonhousehold population is problematic for at least three reasons. First, compared to people without disabilities, a much larger share of people with disabilities is in the nonhousehold population. This statement applies to the working-age population as well as the elderly and child populations. Second, variations in how household surveys sample, find, and interview individuals residing in noninstitutional GQ or homeless individuals might be a major source of variation in disability statistics across household surveys. Third, significant trends in the extent to which various groups live in GQ probably affect trends in the prevalence of disability in the household population, as well as the distributions of their demographic and socioeconomic characteristics.

The two most significant, documented trends in residence type are rapid increases in the share of the population, especially young men, residing in correctional facilities, and a slow decline in the share of the population residing in nursing homes (She and Stapleton 2006). These trends might affect statistics (e.g., the employment rate) for people with disabilities in the household population because those people with disabilities on the fringes of the household population might be quite different than those clearly within the household population. The extent of the effect will depend, to some degree, on the extent to which household surveys include people residing in noninstitutional GQ as well as homeless people. This issue is particularly important because of well-documented persistent declines in employment and household income for working-age people with disabilities in the household population (see Weathers and Wittenburg 2009; Burkhauser, Rovba, and Weathers 2009). It is also important because changes in public policy—most notably efforts to help people with disabilities move from institutional settings to community settings and tougher sentencing laws for certain types of crimes—have probably contributed to trends in disability statistics for both the nonhousehold and household populations. Without comparable data for all populations, it is difficult to evaluate how public policy changes such as these affect disability statistics.

In this chapter we describe the gap in knowledge about the disability status of the nonhousehold population and discuss the implica-

tions for disability statistics and research. We find that as of 2000, the incarcerated population has become the largest institutional population, surpassing the nursing home population, and that the increase in the institutional population between 1990 and 2000 occurred because incarceration rates for working-age people increased—mostly for young men, especially among those from minority groups. We also find that disability prevalence for the incarcerated population is about two to three times as high as that in the household working-age population.

These findings have important implications for disability research and data collection. They suggest that the prevalence of disability for young men in the household population should have declined relative to that for other groups, perhaps especially for those from minority groups. They also suggest that the change in prevalence might have had an impact on other statistics for young men with disabilities living in the noninstitutional population—including statistics on the nature of their health conditions, disabilities, employment rate, job characteristics, household income, and other characteristics, but given the current data, the direction of the effect is difficult to determine.

We first describe the main data sources available for the working-age institutional population and present estimates derived from these data sources, including the size and distribution of the institutional population; size, proportion, and characteristics of people with disabilities living in institutions; disability prevalence for people living in correctional institutions; and trends in incarceration rates.³ We also summarize the extent to which existing surveys fill in the gaps left by household surveys with respect to disability statistics. We conclude with a discussion of the implications for data collection and research.

DATA

Census Data

Currently, the only data source on disability for the entire population—with the exception of some homeless people—is the Decennial Census. The 1990 and 2000 Census long-form questionnaires included

disability questions. We focus on the 2000 survey because the disability questions are richer and because it gathers more information on social, economic, and housing characteristics of each individual. In the 2000 Census, a nationally representative sample of about one-sixth of the total population participated in the long-form survey. Several special questionnaires for this census were created for the GQ population—questions in the household unit forms were not adequate to capture data for households with substantial numbers of unrelated people. The long-form disability questions, however, are the same for the GQ population as for the household population (U.S. Census Bureau 2005).

The Census 2000 long-form data provide estimates for six domains of disability: sensory, physical, mental, self-care, going-outside-home, and employment.⁴ The Census Bureau found evidence of misinterpretation of the questions related to two of these domains—going-outside-home and employment—by those who mailed in the long form (for detailed discussions, see Stern 2003; Stern and Brault 2005; U.S. Census Bureau 2004). The result is that an unknown number of respondents who were able to leave their home without assistance, or who were not limited in their ability to work, were mistakenly identified as having such limitations. For this reason, we do not include these disability domains in the statistics presented later in the chapter.⁵

The disability questions in Census 2000 are significantly different from those in Census 1990; the latter do not cover sensory, physical, and mental disabilities (U.S. Census Bureau 1992, 2001). These changes prevent us from directly measuring how disability prevalence and the characteristics of people with disabilities across the entire population, including the nonhousehold population, changed over the 10-year period.

Surveys for the Incarcerated Population

Disability data for the incarcerated population come from a series of surveys of prison and jail inmates, conducted periodically by the U.S. Census Bureau on behalf of the Bureau of Justice Statistics (BJS). These surveys consist of three separate, but related, surveys: one for jails (the Survey of Inmates of Local Jails, SILJ), a second for state prisons (the Survey of Inmates of State Correctional Facilities, SISCF),

and a third for federal prisons (the Survey of Inmates of Federal Correctional Facilities, SIFCF). The jail surveys provide data on persons held in local jails, including those held prior to trial and convicted offenders serving sentences in local jails or awaiting transfer to prison. The two prison surveys provide data on persons held in state and federal prisons. Two-stage, stratified samples were drawn to obtain nationally representative data for each population. The SILJ was conducted in 1989, 1996, and 2002; the SISCF in 1991, 1997, and 2002; and the SIFCF in 1991, 1997, and 2004.

The surveys conducted in the 1996–1997 period were the first to collect detailed disability data, in which inmates were asked a series of questions related to work, sensory, physical, learning, and mental disabilities.⁶ This series of questions supports disability prevalence estimates for inmates, although the accuracy of these estimates depends on the ability and willingness of inmates to report such problems. Inmate self-reported data may underestimate the prevalence of some conditions, especially those that require more sophisticated diagnoses or are more personal in nature. Conversely, it is also possible that inmates exaggerate their conditions.

The 2002–2004 jail and prison surveys included comparable questions about learning and sensory disabilities, but they also included new questions about use of a cane, wheelchair, walker, hearing aid, or other aids used for daily activity, as well as about self-perception of having a disability. Moreover, the surveys include a modified structured clinical interview for the symptoms of the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (DSM-IV), which captures information on experiences in the past 12 months that would indicate symptoms of major depression, mania, or psychotic disorders. Detailed information and data contained in the 2002–2004 surveys have not yet been fully released for public use, but in the near future, it should be possible to examine the change in disability prevalence for inmates from 1996–1997 to 2002–2004.

RESULTS

The Group Quarters Population

According to the Census Bureau, all people not living in housing units are classified as living in GQ, but not all GQ are considered to be institutions (U.S. Census Bureau 2005). Institutional GQ include correctional institutions, nursing homes, and other institutions, many of which exclusively house people with disabilities (Table 10.1). Only those people living in these institutions under formally authorized, supervised care or custody at the time of the survey are included in the institutional population; staff residing in the same institutions are included in the noninstitutional population. All persons living in other GQ are also in the noninstitutional population (Table 10.1).

We first present estimates of the changes in the size of basic components of the institutional population based on data from the 1990 and 2000 Census (Table 10.2). The institutional population is a small share of the entire population, but it increased from 1.3 percent of the population in 1990 (3.3 million people) to 1.4 percent in 2000 (4.0 million people). The increase was not uniform across institutional types, however. Nursing home residents, the largest institutional population in 1990, decreased from 0.7 percent of the total population to 0.6 percent, while the incarcerated population increased from 0.5 percent to 0.7 percent, surpassing the nursing home population in size. Close to half of the institutional population resided in correctional institutions in 2000, compared to just one-third in 1990. Mirroring this change, nursing home residents dropped from more than half (53 percent) of the institutional population in 1990 to 42 percent in 2000. The population residing in institutions other than nursing homes and correctional institutions is comparatively small, and its size declined both absolutely and relative to the entire population from 1990 (0.2 percent of the population) to 2000 (0.1 percent).

The distribution of the institutional population across major institutional types varies greatly by age group (Table 10.3). In 2000, a large majority of the institutionalized working-age population (86 percent) resided in correctional institutions, and the remaining 14 percent were almost evenly split between nursing homes and other institutions. In contrast, 95 percent of the institutionalized elderly population resided

Table 10.1 Types of GQ, 2000 Census Definition

Type of GQ	Subcategory
Institutional GQ	
Correctional institutions	Prisons, federal detention centers, military disciplinary barracks and jails, local jails and other confinement facilities, halfway houses, and other types of correctional institutions.
Nursing homes	Skilled-nursing facilities, intermediate-care facilities, long-term care rooms in wards or buildings on the grounds of hospitals, or long-term care rooms/nursing wings in congregate housing facilities.
Other institutions	Mental (psychiatric) hospitals; hospitals or wards for people with chronic illnesses; residential schools, hospitals, or wards for people with mental retardation; residential schools, hospitals, or wards for the physically handicapped; hospitals and wards for drug/alcohol abuse treatment; wards in general hospitals for patients who have no usual home elsewhere; and juvenile institutions.
Noninstitutional GQ	
Group homes	Homes for people with mental illness or retardation, or halfway houses for drug/alcohol abuse treatment, and other group homes.
Other GQ	Religious group quarters, college quarters off campus, college dormitories, military quarters, agriculture workers' dormitories, other workers' dormitories, dormitories for nurses and interns in hospitals, and job corps and vocational training facilities. Emergency and transitional shelters, shelters for children who are runaways, neglected, or without conventional housing, shelters for abused women, soup kitchens, regularly scheduled mobile food vans, and targeted nonsheltered outdoor locations. Crews of maritime vessels, residential facilities providing protective oversight, staff residents of institutions, other nonhousehold living situations, and living quarters for victims of natural disasters.

SOURCE: U.S. Census Bureau (2005).

Table 10.2 Number, Distribution, and Institutionalization Rate by Type of Institution

Measure by year	All institutions	Nursing homes	Correctional institutions	Other institutions
2000 Census				
Number (000s)	4,059	1,721	1,976	363
% of Inst. pop.	100	42.4	48.7	8.9
% of Total pop.	1.4	0.6	0.7	0.1
1990 Census				
Number (000s)	3,334	1,772	1,115	447
% of Inst. pop.	100	53.2	33.4	13.4
% of Total pop.	1.3	0.7	0.5	0.2

SOURCE: Authors' calculations based on detailed tables (P1, P37, and P38) from 2000 Census Summary File 1 (SF 1) 100 Percent data and tables (P001, P015, and P028) from Census 1990 Summary Tape File 1 (STF 1) 100 Percent data.

in nursing homes, and 87 percent of institutionalized persons under age 18 resided in institutions other than nursing homes and correctional institutions.

Working-age people accounted for a much larger proportion of the institutional population in 2000 (56 percent) than in 1990 (46 percent). This change in the age distribution of the institutional population reflects the increase in the share of the incarcerated population and the decline in the share of nursing home residents, as is evident from substantial variation in the age distribution across institution types in 2000. Strikingly, the incarcerated population is predominantly nonelderly adults—98 percent are between the ages of 18 and 64. As expected, the nursing home population is largely elderly persons (90.5 percent are 65 and older); essentially all others (9.5 percent) are of working age. The age distribution for people residing in other institutions (as defined in Table 10.1) is less extreme—38 percent are under the age of 18, 44 percent are between 18 and 64 years old, and 19 percent are 65 and older. Correspondingly, the change in the percentage of the population that is institutionalized from 1990 to 2000 varies greatly by age. The rate of institutionalization increased from 1.0 percent in 1990 to 1.3 percent in 2000 for working-age people, whereas it decreased from 5.4 percent to 4.7 percent for the elderly and was essentially unchanged for those under the age of 18, at 0.2 percent.

Table 10.3 Number, Institutionalization Rate, and Distribution of People by Institutional Type and Age

Age and measure	2000				1990
	All institutions	Nursing homes	Correctional institutions	Other institutions	All institutions
Under 18					
Number (000s)	158	a	21	137	142
% of Inst. pop.	100.0	0.0	13.4	86.6	100.0
% of Age-group pop.	0.2	0.0	0.0	0.2	0.2
% of Pop. in inst. type	3.9	0.0	1.1	37.8	4.3
18-64					
Number (000s)	2,260	163	1,939	158	1,516
% of Inst. pop.	100.0	7.2	85.8	7.0	100.0
% of Age-group pop.	1.3	0.1	1.1	0.1	1.0
% of Pop. in inst. type	55.7	9.5	98.1	43.6	45.5
65 and over					
Number (000s)	1,641	1,558	16	67	1,676
% of Institutional pop.	100.0	94.9	1.0	4.1	100.0
% of Age-group pop.	4.7	4.5	0.1	0.2	5.4
% of Pop. in inst. type	40.4	90.5	0.8	18.6	50.3

^aLess than 1,000.

SOURCE: Authors' calculations based on detailed tables (P12 and P38) from 2000 Census Summary File 1 (SF 1) 100 Percent data, and tables (P013 and P041) from 1990 Census Summary Tape File 3 (STF 3).

As described above, substantial changes in residential status occurred from 1990 to 2000, most notably the increased incarceration of working-age people. Because of the nature of these changes, it is very likely that there were substantial changes in both the share and composition of the working-age population with disabilities that resides in institutions, especially for some demographic subgroups. As mentioned earlier, however, the lack of disability data in the 1990 Census makes it impossible to examine such changes. Below we examine disability statistics for the institutional population from the Census 2000 data.

Residence Type and Disability Status

When disability is defined as having self-care, mental, physical, or sensory disabilities, 12 percent of the population have disabilities, in-

cluding 11 percent of those living in households, 54 percent of those living in institutions, and 22 percent of those living in noninstitutional GQ (2000 Census, Table 10.4). Thus, disability prevalence for the GQ population, especially the institutional population, is much higher than it is for the household population. Even so, the vast majority of people with disabilities live in households; just 6.4 percent (2.2 million out of 34.4 million) live in institutions and 2.3 percent (0.8 million) in noninstitutional GQ.

The distribution of residence type differs markedly by disability status, age, and sex (Table 10.5). With the exception of those aged 18–49, negligible percentages of those without disabilities reside in GQ. For people with disabilities, substantial shares of those aged 18–49 and of those aged 65 and over reside in GQ. For those aged 18–49, the share of males living in institutional GQ is much larger than the share of females (7.7 percent versus 1.7 percent), mostly reflecting the fact that over 9 out of 10 inmates in correctional institutions are male. In contrast, for those age 65 and over, the proportion of females living in institutions, mostly in nursing homes, is larger than that of males (12.8 percent versus 7.3 percent).

Working-age people with disabilities residing in institutions are disproportionately African American—39 percent of those aged 18–49 and 22 percent of those aged 50–64, compared to just 16 percent and 14

Table 10.4 Size and Distribution of the Total Population and the Population with and without Disabilities by Residence Type, 2000 Census

Population (000s)	Total	Households	GQ	
			Institutional	Noninstitutional
Total population ^a	281,422 (100.0%)	273,643 (100.0%)	4,059 (100.0%)	3,719 (100.0%)
Population with disabilities ^b	34,409 (12.2%)	31,409 (11.5%)	2,196 (54.1%)	804 (21.6%)
Population without disabilities	247,013 (87.8%)	242,234 (88.5%)	1,863 (45.9%)	2,915 (78.4%)

NOTE: Population with disabilities consists of persons with self-care, mental, physical, or sensory disabilities.

^a2000 Census Summary File 1 (SF 1) 100 Percent Data.

^b2000 Census PUMS data.

percent, respectively, in the household population (Table 10.6). Most are inmates of correctional facilities, as can be inferred from the age distribution by residence type presented earlier. Unfortunately, the Census 2000 Public Use Microdata Samples (PUMS) do not allow us to generate disability statistics by type of GQ. This does not imply, however, that prevalence of disability is higher among aged 18–49 African-American inmates than among inmates of the same age from other races. In fact, the opposite is true, as implied by the fact that the percentage of African-Americans in the institutional population (aged 18–49) without disabilities (44 percent) is higher than that of African-Americans in the institutional population with disabilities (39 percent). Race distributions for residents of noninstitutional GQ by disability status are much more similar to those for the household population.

As a majority of working-age people not residing in households are incarcerated, and 98 percent of the incarcerated population is of working age, we next examine the disability status of the incarcerated population and the change in incarceration rates over time, based on other data sources.

Disability in the Incarcerated Population

Based on studies using data from the 1996 jail survey (Harlow 1998) and the 1997 state and federal prison surveys (Maruschak and Beck 2001), about 37 percent of jail inmates, 31 percent of state prison inmates, and 23 percent of federal prison inmates report a disability of some sort (Table 10.7). About one in five of jail and state prison inmates and one in six of federal prison inmates reported having some condition that limited their ability to work. Mental and learning disabilities are about twice as prevalent in the jail and state prison populations as they are in federal prison. Overall, the prevalence of disability is highest in local jails, second highest in state prisons, and lowest—but still remarkably high—in federal prisons. Disability prevalence for each of the three correctional facility populations appears to be two to three times as high as in the household working-age population.⁷ However, exact comparisons based on published data are problematic due to differing definitions of disability and methods of data collection, as well as differences in demographics.

Table 10.5 Population (% of total) by Residence Type, Disability Status, Age, and Sex, 2000 Census

Age and sex	With disabilities residing in			Without disabilities residing in		
	Households	GQ		Housing units	GQ	
		Inst.	Noninst.		Inst.	Noninst.
Males	91.7	5.9	2.4	97.2	1.4	1.4
Age 18–49	87.9	7.7	4.4	95.4	2.2	2.3
Age 50–64	95.0	3.3	1.8	99.2	0.5	0.3
Age 65+	91.3	7.3	1.4	99.2	0.5	0.3
Females	90.9	6.9	2.2	98.6	0.2	1.2
Age 18–49	94.8	1.7	3.5	97.8	0.2	2.0
Age 50–64	97.2	1.8	1.1	99.8	0.1	0.2
Age 65+	84.9	12.8	2.2	98.6	0.9	0.5

NOTE: Population with disabilities consists of persons with self-care, mental, physical, or sensory disabilities. Rows may not total 100 due to rounding.

SOURCE: 2000 Census PUMS data.

Table 10.6 Race and Age of the Working-Age Population (% of total) by Residence Type and Disability Status, 2000 Census

	With disabilities residing in			Without disabilities residing in		
	Households	GQ		Housing units	GQ	
		Institution	Noninst.		Institution	Noninst.
Ages 18–49						
Caucasian	71.5	50.8	70.4	74.0	44.5	72.0
African American	15.5	38.6	19.5	11.8	43.7	15.3
Native American	1.7	1.7	1.5	0.8	1.5	0.8
Asian	2.1	0.7	2.4	4.4	0.8	5.4
Other	5.7	5.4	3.3	6.6	7.5	3.9
Multiple races	3.5	2.7	2.9	2.4	1.9	2.6
Ages 50–64						
Caucasian	77.2	71.4	75.4	83.0	59.1	70.4
African American	13.8	22.4	17.8	8.9	33.0	18.7
Native American	1.3	1.0	1.4	0.6	1.3	1.0
Asian	2.0	0.9	1.4	3.6	0.9	3.8
Other	3.2	2.9	2.1	2.6	4.1	4.0
Multiple races	2.4	1.4	1.9	1.4	1.6	2.1
Ages 18–64						
Caucasian	72.7	78.1	77.1	77.3	49.4	71.7
African American	14.0	17.2	15.4	10.7	39.6	15.6
Native American	1.1	0.8	1.2	0.7	1.5	0.9
Asian	3.0	0.7	1.9	4.0	0.9	5.2
Other	6.0	2.1	2.4	5.2	6.8	3.9
Multiple races	3.2	1.1	2.1	2.1	1.9	2.6

NOTE: Population with disabilities consists of persons with self-care, mental, physical, or sensory disabilities. Columns may not total 100 due to rounding.

SOURCE: 2000 Census PUMS data.

Table 10.7 Disability Prevalence (%) for the Incarcerated Population, 1996–1997

Disability category	Inmates		
	Jail (1996)	State prison (1997)	Federal prison (1997)
Any condition	36.5	31.0	23.4
Learning	9.1	9.9	5.1
Speech	3.7	3.7	2.2
Hearing	6.1	5.7	5.6
Vision	9.2	8.3	7.6
Mental	10.4	10.0	4.8
Physical	10.2	11.9	11.1
Condition that limits ability to work	20.7	21.0	17.9

SOURCE: Tabulations from the 1996 SILF as reported by Harlow (1998); tabulations from the 1997 SISCF and SIFCF as reported by Maruschak and Beck (2001).

From 1996 to 2002, overall disability prevalence for jail inmates has been stable (at about 37 percent), according to findings from the SILJ (Harlow 1998; Maruschak 2006). Specifically, speech and hearing disabilities were about the same, vision disability increased from 9 percent to 11 percent, and learning disability rose rapidly from 9 percent to 22 percent. Moreover, based on a single survey question in the 2002 SILJ, 8 percent of jail inmates reported having a mental or emotional condition that kept them from participating fully in school, work, or other activities (Maruschak 2006). When a series of questions about prior diagnoses of mental health problems or symptoms of a mental disorder were used (as specified in the DSM-IV), an estimated 64 percent of jail inmates were found to have a mental health problem (James and Glaze 2006). James and Glaze also reported that 56 percent of state prisoners and 45 percent of federal prisoners had mental health problems. Mental health problems were defined by a recent history or symptoms of a mental health problem, based on clinical diagnosis, treatment, and symptoms specified in the DSM-IV. The 1996–1997 surveys do not have a comparable mental health measure. These findings suggest that mental illness might be substantially underreported when a single self-reported question is used, as in the 1996–1997 surveys.

The incarcerated population more than quadrupled from 1980 to 2003, from a half million to more than two million (Harrison and Beck 2004; U.S. Department of Justice 2000). Although this growth partly reflects population growth, the main reason for growth is increased incarceration rates. From 1989–1991 to 1996–1997, two periods for which we have data by age and sex, the incarceration rate for the working-age population grew by 35 percent (Table 10.8). The change and relative change are greatest among those between the ages of 35 and 44, although the rates are highest among those between the ages of 25 and 34. Further, the change in the incarceration rate is much greater for males than for females, although the relative change is somewhat larger for females.

Table 10.8 Change in Incarceration Rate^a by Age and Sex, 1989–1991 to 1996–1997

Age & sex	Total		Change	
	1989–91	1996–97	Number	Percent
Age				
18–24	1,113	1,474	361	32.4
25–34	1,262	1,690	428	33.9
35–44	669	1,110	441	65.9
45–54	297	476	179	60.3
55+	66	87	21	31.8
Sex				
Male	926	1,242	316	34.1
Female	66	97	31	47.0
Total	472	638	166	35.2

^a Incarceration rate is defined as the number of inmates per 100,000 of the total population.

SOURCE: Authors' calculations based on population estimates by age and sex from the Census Bureau (2008) and estimates of inmates by age and sex from the Bureau of Justice Statistics (U.S. Department of Justice n.d.).

SUMMARY OF GAPS IN SURVEY DATA FOR THE NONHOUSEHOLD POPULATION

Gaps in Survey Coverage

The SILJ, SIFCF, and SISCF provide information about the incarcerated population, and the National Nursing Home Survey (NNHS) offers information on nursing home residents. However, we found no surveys covering the population living in institutions other than these except the Decennial Census long-form survey and the 2006 ACS. As shown earlier, this component of the institutional population has declined from 1990 to 2000, but as of 2000, it still represents 8.9 percent of the institutional population as a whole and 7.0 percent of the working-age institutional population. Furthermore, some of these institutions are disability related.

Except for the Decennial Census and the ACS from 2006 forward, major household surveys all exclude the institutional population in their sampling frames and vary in their coverage of persons living in noninstitutional GQ.⁸ In addition, it is not always clear what specific types of GQ are included or excluded in these surveys, and users may not be able to identify the types of living quarters through public-use files. Some components of the population for which information is very limited are the homeless and military populations. Most national surveys focus on the civilian population—that is, those in the military, or at least those living in military barracks, are excluded. The homeless population is either not covered at all or covered to an unknown extent in major national surveys including the Census and the ACS. This gap in coverage has a larger impact for the working-age population than for the elderly, as previous research showed that 80 percent of homeless clients of service providers in 1996 were between the ages of 25 and 54 (Burt et al. 1999).⁹ Disability prevalence was found to be high among homeless clients; about 45 percent had mental health problems, and almost three-quarters reported an alcohol, drug, or mental health problem in the past year (Burt et al. 1999). There are no reliable data on the number of homeless persons, and there is no way to measure growth in that population.

Infrequent Collection

The one survey to collect data on the entire population, the Decennial Census, is conducted only once per decade, in contrast to the annual collection of data on the household population via major government surveys, including the ACS before 2006. The institutional surveys (e.g., SILJ or SISCF) are conducted less regularly than major household surveys. Surveys for the incarcerated population are available five to six years apart. The nursing home surveys were conducted two years apart from 1995 to 1999, and the most recent one was conducted five years later, in 2004. As shown in Table 10.9, two time periods—1996–1997 and 2000–2004—have more surveys than others, including surveys of the two largest institutional populations, nursing homes and correctional institutions. In addition, no longitudinal data are available for the institutional population.

Table 10.9 Survey Years, 1989–2006

Year	Census	ACS	NNHS	SILJ	SIFCF & SISCF
2006		X			
2005					
2004			X		X
2003					
2002				X	
2001					
2000	X	X			
1999			X		
1998					
1997			X		X
1996				X	
1995			X		
1994					
1993					
1992					
1991					X
1990	X				
1989				X	

Disability Definition

Both the Census and the ACS contain six common subcategories of disability: sensory disabilities, functional limitations, mental disabilities, limitations in activities of daily living (ADL), limitations in instrumental activities of daily living (IADL), and work disabilities. The Census Bureau will change the ACS definition in 2008; unless a careful analysis of the effect of the changes on the number and composition of respondents with disabilities is performed, we will not have reliable information on the changes in the prevalence of disability by residence type from 2000 to 2010—again making comparison of disability statistics across census years problematic, just as they are for 1990 and 2000.

Nursing home surveys have much more detailed disability information, except that work disability is not included; that might reflect an implicit assumption that all respondents either have work disabilities, or that almost all are too old for work to be considered a relevant topic. The surveys on inmates do not ask questions on ADL and IADL disabilities, but they do include questions on learning disabilities that are absent in most household surveys. Although conceptual definitions of disability in these surveys are similar, there are substantial operational differences in the collection of information for each of these definitions.

In sum, coverage for those not in the household population is far less extensive than coverage for those in that population. Data on the military population, people who are homeless, and people residing in institutions other than correctional facilities and nursing homes are especially limited; surveys covering other institutional populations are infrequent and irregular; and disability questions are limited (e.g., no data on ADL and IADL disabilities for inmates). These limitations pose significant problems for research on the entire population of people with disabilities, including those not residing in households.

DISCUSSION

It is apparent from the available data that the size and composition of the institutional population has changed substantially in the last few decades. The changes have been important for the population with disabilities, especially the relatively large number who live in institutions. Growth in incarceration and the high prevalence of disabilities among that population is particularly crucial for understanding trends in disability statistics for the working-age population. In fact, the increase in the size of the institutional population from 1990 to 2000 was caused by the increased incarceration rates for working-age people. The incarcerated population (which is almost all of working age) became the largest institutional population, surpassing the nursing home population (mostly elderly) in size.

As the size of the institutional population is small relative to the size of the household population, the growth in incarceration is not likely to have a substantial effect on the estimates of disability prevalence for the household population as a whole. It could, however, have a substantial impact for the demographic groups that are most likely to be incarcerated: young men, especially from minority populations. To our knowledge, no study has been conducted to examine the impact of incarceration growth on the disability status of young, working-age African-Americans in the household population.

Studies of the effect of higher incarceration on statistics for young black males are suggestive of what studies for young males with disabilities might reveal (Edelman, Holzer, and Offner 2006; Holzer, Raphael, and Stoll 2006). Edelman, Holzer, and Offner reported the proportions of “idleness or disconnection” (i.e., the percentage who are not in school and have been out of work for a substantial period, roughly a year or more) of youth and young adults aged 16–24 by race and ethnicity. Rates are much higher for African-American males than for whites. When including those who are incarcerated, the authors found that the gap in the rates of disconnection between blacks and whites was 5 percentage points larger than when only the noninstitutional population is included—19 percent versus 14 percent.¹⁰

Although complete trend statistics on disability prevalence for the incarcerated population are not yet available, it is likely that high growth in incarceration has had a significant negative effect on the prevalence of disability among young men in the household population—especially among low-income and some demographic minority groups. More modest declines in the proportion of working-age people living in other types of institutions probably had much smaller effects and for broader demographic groups. Overall, trends in statistics for the working-age household population with disabilities might misrepresent trends in statistics for the entire working-age population with disabilities, especially for some demographic groups. Horvath-Rose, Stapleton, and O’Day (2004) found that the prevalence of work limitations declined for non-institutionalized youth and young adult males from 1988 to 1999, while there was a modest increase for young females and little change for older working-age males. It is possible that growth in the incarceration of young adult males helps to substantially explain the decline in disability prevalence for young males, because the incarceration of young adults with disabilities removes them from noninstitutional survey sampling frames.

Disability information on the entire population is scarce, but the situation is changing. If the Census Bureau follows its current plan, the ACS will continuously and consistently provide annual data for the population living in most GQ, including the major institutional GQ, from 2006 forward.¹¹

The Census Bureau released the first disability statistics for the GQ population from the 2006 ACS as this chapter was being completed. Comparisons of these statistics (Table 10.10) to statistics presented earlier are problematic because of differences in disability definitions and the definition of the working-age population (aged 16–64 in the new Census tables). Nonetheless, the statistics confirm a number of key findings from earlier surveys. The share of all persons with disabilities who live in GQ is much higher than the corresponding share for those without disabilities—6.5% of those with disabilities live in GQ whereas only 2.6 percent of those without a disability live there. The percentage of inmates with disabilities is very high (28.8 percent), and inmates constitute the largest single residence group of persons with disabilities outside the household population. Disability prevalence in the wide ar-

Table 10.10 Initial Disability Statistics for All Residence Types from the 2006 ACS, Persons Aged 16–64

	Residence type						
	All	Households	GQ				Other
			All	Correctional facilities	Nursing homes	Coll./univ. housing	
All persons (millions)	197.1	191.0	6.1	2.0	0.2	2.3	1.5
% in residence type	100.0	96.9	3.1	1.0	0.1	1.2	0.8
Any disability (millions)	24.8	23.2	1.6	0.6	0.2	0.1	0.7
% in residence type	100.0	93.5	6.5	2.4	1.0	0.5	2.7
No disability (millions)	172.2	167.8	4.5	1.5	0.0	2.2	0.8
% in residence type	100.0	97.4	2.6	0.8	0.0	1.3	0.5
% with any disability	12.6	12.2	26.7	28.8	97.3	5.1	44.6

SOURCE: American Community Survey, 2006, from the Census Bureau American Factfinder Web site. (See U.S. Census Bureau 2006b.)

ray of “other GQ” combined is also very high (44.6 percent), as is the percentage of all persons with disabilities living in such GQ (2.7 percent). Residents of college/university housing constitute the only GQ group with low disability prevalence (5.1 percent).

Additional disability statistics for the working-age population in all residential groups from the 2006 ACS and later years will be particularly valuable for disability research and statistics given the large gaps in currently available information. For privacy and statistical reasons, research access to the ACS data for the GQ population is more restricted than access to data for the household population; sample sizes by GQ type and state are relatively small. Over time, it will be feasible to increase these sample sizes through pooling of data from multiple years. At some time in the future, the Census Bureau could potentially support research on GQ residents via production of a public-use file with pooled samples.

While the new ACS data on the GQ population are a welcome development, the ACS does not contain the wealth of information that can be found in other surveys of the household population. Hence, enhancements to periodic surveys of the GQ population, especially for those in the “other GQ” group, would substantially improve our knowledge about people with disabilities. Clarification and greater consistency of noninstitutional GQ populations included in the sampling frames of major household surveys would also make a significant contribution to the quality of disability statistics.

Notes

1. The Medicare population includes almost all legal residents aged 65 and over plus those under 65 who receive Social Security Disability Insurance (SSDI) and have completed the 24-month Medicare waiting period or have ALS or have end stage renal disease. The NLTCs and MCBS focus on Medicare enrollees and represent ongoing efforts. The NLTCs consist of a series of nationally representative surveys of Medicare beneficiaries aged 65 or over, with an emphasis on the elderly who are functionally impaired. The NLTCs began in 1982, and follow-up surveys were conducted in 1984, 1989, 1999, and 2004. The MCBS is a continuous survey of a representative national sample of the Medicare population, including enrollees under the age of 65. It began in 1991 as a continuous panel and started using a four-year rotating panel design in 1994. It is the only comprehensive source of

information on the health status, health care use and expenditures, health insurance coverage, and socioeconomic and demographic characteristics of the entire spectrum of Medicare beneficiaries.

2. Census 2000 includes persons without usual residence who use service facilities such as shelters, soup kitchens, and mobile food vans. Only people using the service facility on the interview day were enumerated. In addition, people in targeted nonsheltered outdoor locations and persons without usual residence were also enumerated. The total count, however, does not provide a complete count of the homeless population (U.S. Census Bureau 2005). The long-form survey also samples persons that use service facilities, but it is not a representative sample of the homeless population, and information about sample size is not available.
3. For more information about the nursing home data and the disabilities of residents, see She and Stapleton (2006).
4. The Census 2000 long-form survey includes the following two disability questions: 1) "Does this person have any of the listed long lasting conditions: Blindness, deafness, or a severe vision or hearing impairment; or a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?" and 2) "Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the listed activities: learning, remembering, or concentrating; dressing, bathing, or getting around inside the home; going outside the home alone to shop or visit a doctor's office; or working at a job or business?"
5. These questions were asked only for persons aged 16 and older, so the disability prevalence estimates for working-age and elderly adults are the most affected. Comparison of Census 2000 statistics to the 2003 ACS suggests that the percentage of the noninstitutional population with at least one of the six disabilities, including the domains of going-outside-home and employment, was about 1.5 to 2.0 percentage points higher in 2000 than the prevalence of the four disabilities (based on statistics presented in Erickson and Houtenville 2005 and Weathers 2005).
6. The 1996–1997 jail and prison surveys ask the same disability question: "Do you have: a physical, mental, or other health condition that limits the kind or amount of work you can do; difficulty seeing ordinary newsprint, even when wearing glasses; difficulty hearing a normal conversation, even when wearing a hearing aid; a learning disability, such as dyslexia or attention deficit disorder; a speech disability, such as a lisp or stutter; a physical disability; or a mental or emotional condition?"
7. Based on the 2003 ACS, disability prevalence among all persons aged 25–61 not living in GQ is as follows: 12 percent for any disability, 2.7 percent for sensory disability, 4.0 percent for mental disability, 7.5 percent for physical disability, and 6.9 percent for work disability (Weathers 2005).
8. Concerned about privacy issues, the Census Bureau has not included institution type in the PUMS data.
9. Burt et al. (1999) used data from the National Survey of Homeless Assistance Providers and Clients, which was conducted in 1996 by the Census Bureau and

provides information about the providers of homeless assistance services and the characteristics of homeless clients who use those services.

10. Based on data from the CPS and summary data on youth incarceration rates from the BJS, Edelman, Holzer, and Offner (2006, Table 2.1) reported that, in 1999, among noninstitutional youth aged 16–24, the proportions of disconnection were 8.7 percent for whites and 22.8 percent for blacks; when incarcerated youth were included, the shares increased to 9.6 percent for whites and 28.5 percent for blacks.
11. As of 2006, the ACS excludes the following GQ: domestic violence shelters, soup kitchens, regularly scheduled mobile food vans, targeted nonsheltered locations, natural disaster shelters, transient locations (such as RV campgrounds, marinas, and military hotels), dangerous encampments, and maritime vessels (U.S. Census Bureau 2006a).

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What Current Data Tell Us and Options for Improvement

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