

# IS THIS A MOBILE HOME OR A MONASTERY?: DIFFERENTIATING GROUP QUARTERS FROM HOUSING UNITS WITH A VALIDATION QUESTIONNAIRE

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## Abstract

In Census 2000, 7.8 million persons, or 2.8 percent of the U.S. population, were counted in Group Quarters (GQs). While small, the GQ population includes important segments of the U.S. population, including people living or staying in college or university residence halls, prisons, shelters for people experiencing homelessness, and monasteries. In 2006, researchers at the U.S. Census Bureau conducted cognitive interviews to evaluate changes made to the validation questionnaire used to identify and categorize GQs. Respondent selection issues, access issues, and GQ type selection issues were examined. Major findings from the research are presented.

KEY WORDS: group quarters, establishment surveys, cognitive interviewing

## 1. Introduction

Prior to the Census, facilities are identified as Group Quarters and categorized into different GQ types using a questionnaire named the Other Living Quarters Validation Questionnaire, or OLQVQ. The OLQVQ is a survey of residential establishments.

In 2004-2005, the OLQVQ used in the 2004 Census Test was revised for the 2006 Census Test. The 2006 Census Test was conducted to test Decennial Census questions and operations in preparation for the 2008 Census Dress Rehearsal, and, ultimately, the 2010 Decennial Census. Our study (Schwede, Carter, and Jocuns 2007) was conducted to evaluate changes made to the OLQVQ and suggest revisions to the instrument for use in the 2008 Census Dress Rehearsal. The instrument was renamed the Group Quarters Validation Questionnaire, or GQVQ, for the 2008 Census Dress Rehearsal.

The OLQVQ is a survey of residential establishments. Establishment surveys differ from household surveys, and crucial issues must be addressed to conduct them successfully. Previous research has shown that in

establishment surveys it is important to determine the bounds of the organizational entity within which the facility is contained and to determine how the facility is organized (Schwede 1998). One must find where the unit of interest within the organizational entity is located and how facilities vary in structure and organization. Part of the challenge of residential establishment surveys is the identification of an appropriate knowledgeable respondent and the navigation of gatekeepers who may provide barriers to interviewing the respondent (Groves et al. 1997). In addition to targeting knowledgeable respondents, establishment surveys must address how respondents store and retrieve the information we seek from them. It is important to examine if respondents need to consult records and if their records contain information needed to adequately answer our questions (Dillman 2000, Forsyth et al. 1999).

In this paper, we examine the following questions that were explored in our OLQVQ study: (1) what challenges are encountered in respondent selection? (2) what barriers are encountered in accessing GQ respondents (3) were respondents at GQs able to identify a GQ type that matched their facility and calculate the capacity of their facility? Major findings are discussed and are followed by findings for selected GQ types.

## 2. Background

Every ten years the U.S. Census Bureau conducts a census, or count, of everyone living or staying in the United States. People are counted at their usual residence, the place where they live and sleep most of the time. For most people, their usual residence is a housing unit. For a smaller segment of the population, their usual residence is a group quarters (GQ). People in certain types of GQs on Census Day, April 1, should always be counted at the GQ at which they were enumerated. These GQs include correctional facilities for adults, juvenile correctional or non-correctional facilities, health care facilities, and residential school-related facilities. People who do not have a usual residence or cannot determine a usual residence, and who are not in one of these types of GQs, should be counted where they are on Census

Day. In the 2008 Census Dress Rehearsal and the 2010 Census, a separate operation called the Enumeration at Transitory Locations (ETL) will enumerate occupants at RV parks, campgrounds, and hotels who indicate that they have no other usual residence.

Due to differences in their size and organization structure, housing units and group quarters are enumerated in separate operations. Group quarters (GQs) tend to be more organizationally complex and larger than housing units, and thus, more difficult to enumerate. To ease the enumeration process, GQ type and size are determined in a validation operation prior to enumeration.

Housing units (HUs) are defined as houses, townhouses, apartments, mobile homes, groups of rooms, or single rooms that are occupied as a separate living quarters or, if vacant, intended for occupancy as a separate living quarters. Separate living quarters are those in which the occupants live separately from any other persons in the building and which have direct access from the outside or a common hall (U.S. Census Bureau 2007). In contrast to housing units, a group quarters (GQ) is a place where people live or stay in a group living arrangement that is normally owned or managed by an entity or organization providing housing and/or services for the residents. This is not a typical household-type living arrangement. These services may include custodial or medical care as well as other types of assistance, and residency is commonly restricted to those receiving these services. People living in GQs are usually not related to each other. Group quarters include such places as college residence halls, residential treatment centers, skilled nursing facilities, group homes, military barracks, correctional facilities, workers' dormitories, and facilities for people experiencing homelessness. (U.S. Census Bureau 2005).

GQs are identified and classified in a two stage process conducted prior to enumeration in the Decennial Census. In the first stage, called address canvassing, addresses are identified as housing units, other living quarters (OLQs), or nonresidential places. Other living quarters (OLQs) are places that are potentially group quarters, but need to undergo further validation before they are classified as GQs. In the second stage of the process, OLQs are visited by a field representative, who administers the Other Living Quarters Validation Questionnaire (OLQVQ) to resident managers and administrators of OLQs. The OLQVQ is a screener questionnaire that identifies whether an OLQ is a GQ, a housing unit (HU), a transitory location (TL), or a nonresidential place. If it is determined that the OLQ is a GQ, the OLQVQ collects information on both GQ type and the maximum number of people who can live or stay at the GQ and/or use the

services provided there.

Once identified as a GQ, the facility is contacted during the GQ Advance Visit Operation (GQAV) to provide information about the enumeration and verify the GQ name, address, and collect information on the expected population size of the GQ, and during the GQ Enumeration Operation (GQE) to count the people in the GQs. Any housing units identified with the OLQVQ are sent to the housing unit universe for enumeration. Facilities identified as non-residential are excluded from the Census altogether. The information collected with the OLQVQ is used in the GQE to help plan the number of forms and enumerators that need to be sent to each GQ to most efficiently count persons living or staying in GQs.

### 3. Methodology

Data for this study came from 20 cognitive interviews conducted in 20 facilities in the Baltimore-Washington DC metropolitan area. GQs were selected representing 6 specific GQ types. These types included (1) 4 assisted living facilities [2 with skilled nursing units and 2 without skilled nursing units<sup>1</sup>]; (2) 5 college or university residence halls or dormitories; (3) 2 residential treatment centers (1 adult and 1 juvenile); (4) 2 group homes (1 adult and 1 juvenile); (5) 3 hospitals; (6) 3 shelters; and (7) 1 motel. Retrospective probes and concurrent unobtrusive observations were used to explore respondent understanding of questions and retrieval strategies. GQ facility locations were chosen using GQ addresses identified during Census 2000 supplemented by local knowledge and internet searches.

### 4. Major Findings

In the actual Census, the OLQVQ is conducted via in-person "cold call" interviews at addresses identified in address canvassing as OLQs. In our study, in-person interview appointments were set up over the telephone with facility administrators in known GQ facilities matching the GQ types identified for inclusion in the study. The introduction on the OLQVQ was used to identify knowledgeable respondents over the telephone. Once facility administrators were identified, interviews were

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<sup>1</sup> Skilled nursing units within assisted living facilities are enumerated in the GQ enumeration, whereas assisted living housing units within assisted living facilities are enumerated in the HU enumeration.

conducted with them at their facilities. Even though our in-person interviews were not “cold calls,” numerous gatekeepers were encountered and had to be navigated in order to find knowledgeable respondents.

At health care and education-related GQs, we encountered apprehension and resistance to participation due to HIPAA and FERPA privacy regulations. HIPAA is the Health Insurance Portability and Accountability Act of 1996 that safeguards patient privacy. FERPA is the Family Educational Rights and Privacy Act that safeguards student privacy.

At several different types of GQs, inclusion issues were encountered. The OLQVQ introduction begins with a request to speak with someone who knows where people live, could live, or stay at the address, or about the people who use the services provided at the address. For respondents at hospitals, residence halls, shelters for people experiencing homelessness, and motels, starting the introduction with a request to talk with someone who knew about people who “lived” there caused some confusion. While respondents from these GQs thought people “stayed” there, they didn’t think anyone “lived” there.

During the interview, respondents are given a flashcard listing the definitions of GQ types and are asked to choose the GQ type that best describes their facility. For the most part, respondents were able to find a GQ category that fit their facility. However, problems were encountered in GQs where respondents could not pick one GQ type that best fit their facility. Except for hospitals and shelters for people experiencing homelessness combined with soup kitchens, the OLQVQ requires a respondent to pick one GQ type for the building at the address listed on the questionnaire. Some respondents with multiple GQ types at their facility were able to pick one GQ type and calculated capacity based upon that type alone, but other respondents refused to pick one GQ type. For instance, one respondent said that they were not a shelter or a residential treatment center. They were both.

## 5. Findings by GQ Type

At college and university residence halls, “cold calls” were discouraged and numerous gatekeepers were encountered in respondent recruitment. FERPA privacy concerns were voiced by respondents and it was expressed that security guards may stop enumerators during the actual enumeration if the university was not

notified of their presence beforehand. We suggest that the first contact be used to either secure an interview or set up an appointment with a residential director or housing office. Difficulties were encountered with addresses that spanned multiple buildings. Listers should emphasize that they are collecting information about the specific building at the address on the questionnaire.

We found GQ type selection difficulties to be experienced in mixed GQ facilities. In these cases, it is important to stress the importance of picking the GQ where the larger number of people sleep or receive services. HIPAA privacy concerns were also expressed at Residential Treatment Centers (RTCs). A respondent at an RTC was interviewed at a central administrative office. Resident managers working in GQs may have less time to answer questions than administrators in centralized office locations managing multiple GQ locations. Central office administrators may have more time to be interviewed, but may lack the hands-on knowledge of managers who work in the GQ.

The hospitals included in our study were large organizations with many gatekeepers. We contacted concierge desks, admitting units, social work units, and case management units to locate knowledgeable respondents. “Cold calls” were found to be acceptable at the mid-size hospital in our study, but respondents expressed that appointments would be required at the larger hospitals. HIPAA privacy concerns were expressed and inclusion issues were encountered. Hospital administrators thought that patients stayed, but did not live in the hospital, and thus, the survey was inapplicable to them.

Hospital Administrators were asked about patients with “no disposition or exit plan” to determine the number of patients who had nowhere else to go after discharge. Administrators included patients with no insurance in this category, thus overestimating its size. Respondents are also asked to identify the maximum number of patients who can live or stay in long term psychiatric units, in-patient hospice units, and skilled nursing units. Respondents encountered no difficulty classifying skilled nursing units. In most cases, long term psychiatric care and in-patient hospice care was done through referral to facilities outside of the hospital. Some respondents erroneously gave the total hospital capacity when answering questions about specific hospital units. Some hospitals used administrative records to estimate their capacity, but not all. Further research could examine the implications of using records on the quality of capacity estimates. Hospitals were

sometimes spread over multiple addresses or multiple buildings at a single address. Listers must emphasize listing the building at the address on the questionnaire and collecting data pertaining to that building, and possibly unit, alone.

At Shelters for people experiencing homelessness, we found respondents to have varying levels of knowledge about whether their residents were experiencing homelessness. Some shelters required proof that people are experiencing homelessness while others assumed that any person using a shelter is experiencing homelessness. Shelters respondents suggested that an appointment would be necessary for the interview. At shelters for individuals experiencing homelessness, capacity was based upon bed capacity. At family shelters, capacity was calculated from number of rooms and average family size.

Shelter administrators were also asked about the presence of a soup kitchen for people experiencing homelessness at the address. Soup kitchens were not perceived to serve only people experiencing homelessness. There was also some confusion over whether cafeterias and food distribution centers were to be classified as soup kitchens. Soup kitchen administrators were asked the maximum number of people they could serve at a meal. This was interpreted by one respondent to mean those who could sit at a meal at a single sitting. Since each meal consisted on multiple sittings, capacity was underestimated in this case. We suggest asking how many people could be served during an entire meal at the largest meal served in a day to address this problem.

Hotels and motels proved difficult to recruit to the study, because managers did not interpret people as “living” there. The motel manager we interviewed had no way of identifying people experiencing homelessness unless they were referred to the motel by a social service agency. Managers also may be apprehensive about identifying persons living or staying in motel rooms long term. The motel was spread across multiple buildings at one address. A way is needed to distinguish among buildings when they share the same address.

## 6. Summary

As in establishment surveys more generally, access issues and respondent selection posed challenges that were shaped by organizational structure and gatekeepers. Access issues were exacerbated by concerns over HIPAA and FERPA regulations in health care and education environments. Respondents in hospitals, motels, residence halls, and shelters for people experiencing homelessness thought residents did not “live” in their

facility, initially thought that the survey was inapplicable to them, and had to be convinced to participate. Respondents at mixed-use facilities had difficulty picking one GQ type that fit their facility. At complexes with multiple buildings at a single address, the need to list individual buildings should be stressed. Question rewording and interviewer instructions were recommended to address this problem.

## 7. Future Research

Future administrations of the GQ Advance Visit (GQAV), conducted between the Group Quarters Validation (GQV) and the Group Quarters Enumeration (GQE), will include letters to GQ administrators addressing HIPAA and FERPA concerns. Future research could examine whether these letters allay concerns expressed in health and education-related GQs about participating in the Group Quarters enumeration. More research could be conducted on identifying the most appropriate “knowledgeable respondent” to recruit within different types of GQs, and the effects of picking respondents placed at different locations in the GQ’s organizational structure. Finally, future research could evaluate if respondent selection should be standardized across differently organized GQs, or should be tailored to organizational structure.

## Note

This report is released to inform interested parties of ongoing research to encourage discussion of work in progress. The views expressed on methodological, technical, or operational issues are those of the authors and not necessarily those of the U.S. Census Bureau.

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