

of CPS respondents. Yet it is likely that such limited work loss could be due to an acute condition. So, although Wolfe is correct in saying that those with short-term, acute illnesses should be excluded from the disabled group, the data shortcomings and definitional problems make this difficult.

Wolfe indicates partial support for her method of identifying the disabled because her estimate of the disabled from the CPS—12.3 percent of the population age 20 to 64, is only “slightly below” that from the 1972 Survey of the Disabled—14.6 percent. (A similar estimate from the 1977 National Health Survey is about 15 percent.) But the real difference between the surveys may be even greater than this. About 1 in 8 of the disabled were included in the CPS count because they were thought to have participated in sheltered workshops. (These persons were identified by a combination of their very low earnings and occupation.) This translates to about 1.7 million persons; yet fewer than 250,000 persons actually work in such settings. Virtually all sheltered workshops must be granted an exclusion from the minimum wage requirements by the Employment Standards Administration of the U.S. Department of Labor and, thus, data on paid workshop employment are available from that agency. If this overcount of those identified, ostensibly by their participation in sheltered workshops, is removed from the estimated CPS disabled count, as is a small number of those who may be considered to have been only acutely ill, it is reasonable to estimate that the proportion of the population that can be identified from the CPS as disabled may be closer to 10 percent. Hence, fully a third of the disabled (or more accurately, the handicapped), quite likely many of those with the best job experience, cannot be identified from the CPS and are counted in the nondisabled group. The effect that this undercount of the disabled would have on intergroup comparisons is obvious; it would cause excessive discrepancy between the labor force status of the two groups.

THE AREA OF GREATEST CONCERN, clearly, is the inability of the CPS to identify a (probably) large group of people who are able to work full time, full year despite their physical or mental handicaps. These persons can only be classified from the CPS as nondisabled unless they also receive the transfer payments cited. Also, persons with physical limitations who work part time or part year for reasons other than ill health would be counted as nondisabled. Thus, when comparisons between the disabled and nondisabled are made in terms of their part-time and full-time work status, as was the case in Wolfe’s analysis, it is difficult to see how these results can be meaningful, because handicapped persons who are employed full time would generally end up classified as nondisabled. Moreover, income compari-

sons between the two groups are heavily influenced by the failure to include in the disabled group many of the most successful wage earners. While the labor market experience of disabled persons is undeniably inferior to that of the nondisabled, the method used to categorize workers into these groups may seriously overstate these differences.

Unfortunately, the entire analysis is presented as a comparison between the employment characteristics of the disabled and the nondisabled. But this cannot be done effectively using CPS data. Without the limitations discussed above, Wolfe’s work would have been an innovative approach to analyzing the relationship between disability and employment. In fact, had the study been more narrowly focused—on the characteristics of those persons whose disability prevented them from working full time full year—the results might have been very interesting. However, while the CPS does provide some useful data on the disabled, it is an inadequate data base for many of the intergroup comparisons presented in Wolfe’s analysis. The results could well lead to policy implications that are unwarranted. □

—FOOTNOTES—

<sup>1</sup> See Barbara L. Wolfe, “How the disabled fare in the labor market,” *Monthly Labor Review*, September 1980, pp. 48–52.

<sup>2</sup> Direct collection of data on disabilities within the current framework of the CPS would be quite difficult. First, the extensive battery of questions required to identify physical and mental conditions would compromise the quality of response to labor force questions and might increase nonresponse. Second, self-identification of disability would probably have to be restricted to “work-limiting” disability, a concept whose limitations are discussed in the text of this comment. The 1971–74 Health and Nutrition Examination Survey (HANES), conducted by the U.S. National Center for Health Statistics, provides data on 21,000 individuals from a household questionnaire, a general medical history questionnaire, and a series of extensive medical examinations. Because the household questionnaire includes a series of labor force status questions and because the actual determination of disability would be more objective than in a self-response methodology, the HANES data may be more appropriate for use in researching the relationship between labor force status and disability.

## The CPS, work, and disability: a reply

BARBARA L. WOLFE

There are several advantages in using the Current Population Survey to study disability and work: it is available annually without need for additional, expensive, special surveys; it is nationally weighted; and it is

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readily accessible, permitting updated analysis and comparison. Clearly then, CPS data can be effectively used in research of this kind, provided the definition of disability is clear.

Philip Rones questions my definition of disability. He draws attention to a difficult issue—how to appropriately define disability. Many definitions are used, from self-reported health, to capacity to work, to medical reports of conditions. All have problems. Thus, in a real sense, defining disability is an “open game.” Among the multitude of definitions, mine is yet another. For clarification, it may have been preferable to use an alternate term, say “individuals with work-limiting health conditions.” However, the group discussed is identifiable regardless of the term, and one for whom a number of public programs are targeted.

Given this definition, which is clearly laid out in the analysis, the intergroup comparisons are quite appropriate. Furthermore, because definitions of disabled persons differ, the counts among them will not be equal. Thus, not surprisingly, the number identified as disabled in my research is not the same as in a self-reported survey. And, as Rones suggests, the 1972 Survey of the Disabled and the 1977 National Health Survey differ. Indeed, as I pointed out, the number of persons identified by my approach was expected to be smaller than that estimated under other definitions (in part through lack of information on housewives), and it was.

In addition to this overriding issue, there are some others raised by Rones. First he suggests the need to identify people who have specific handicaps. In my view, this is not necessary in order to analyze work-limiting health conditions. Moreover, emotional and mental problems may also limit work.

Second, Rones argues that under my definition, two persons with the same health conditions may differ in terms of work effort. This is true. But, it is also true of other definitions of disability, such as self-reported disability or medical records.

Third, Rones states that the 1.7 million persons (1.5 percent of adults age 20–64) identified by low wages in combination with occupation is too large. Further tabulations reveal that 420,000 are also identified by one or

more of the other definitions of disability used in my analysis, leaving 1.3 million identified only by low wages and occupation. A more important point is that many of these individuals may work in jobs similar to those in sheltered workshops, such as informal work with unreported wage costs or employment by charitable groups. Thus, omission of individuals in such jobs would exclude a sizable group with work-limiting health conditions.

Fourth, Rones suggests that eliminating individuals who may be acutely ill, and the “overcount” of those in official sheltered workshops, would reduce the percentage I have defined as disabled to 10 percent. This is inaccurate. Excluding these two groups would leave 11.03 percent defined as disabled. Furthermore, according to Levitan and Taggart, there were 410,000 clients in sheltered workshops over the 1975 fiscal year, not 250,000 as Rones suggests.<sup>1</sup> This higher number would place the percentage at 11.2 percent.

Fifth, Rones suggests throughout that the bias implied by my definition is “a finding of excessive discrepancy between the labor force status of the two groups.” However, if Rones is correct that some individuals with acute but not chronic illnesses are included, there is a bias that works in the opposite way—nondisabled working persons would be included in the definition, making the labor force status of the groups more alike. As a result, the difference would be underestimated, not overestimated.

In conclusion, let me reiterate that defining the disabled is a difficult task. There are two difficulties: agreeing on the appropriate definition and finding accurate ways to measure disability as defined. For many policy purposes, the focus has been on the inability to perform any substantial gainful activity. The definition in my study is based on work-limiting health conditions. As long as the definition is clearly defined and understood, research and findings based on it are valid and of potential policy relevance. □

— FOOTNOTE —

<sup>1</sup> See Sar Levitan and Robert Taggart, *Jobs for the Disabled* (Baltimore, Md., The Johns Hopkins Press, 1977), p. 29.