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**Results of Cognitive Testing  
of the  
Other Living Quarters Validation Questionnaire (OLQVQ)**

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## **Results of Cognitive Testing of the Other Living Quarters Validation Questionnaire (OLQVQ)**

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KEY WORDS: Group Quarters, Group Quarters Validation, OLQVQ, Facility

### ABSTRACT

This report documents the results of cognitive testing of the Other Living Quarters Validation Questionnaire (OLQVQ) and its facility type flashcard, conducted in the spring of 2006. The OLQVQ is used in the decennial census Group Quarters Validation (GQV) operation to follow up at addresses identified in Address Canvassing as potentially having "other living quarters" (OLQs) to determine if they should be classified and included in the census as group quarters or housing units, or classified as nonresidential places and excluded from the census. Twenty cognitive interviews were conducted in six types of group quarters (GQs) in the Washington, DC/Baltimore area: assisted living facilities, college/university residence halls/dorms, residential treatment centers, group homes, hospitals, and shelters for people experiencing homelessness and motels.

The overall aims were to assess the performance of the flashcard and seven targeted sections of the OLQVQ and to evaluate newly-revised GQ definitions. Other objectives included: 1) probing the meaning of key terms (e.g., "facility," and "group housing for staff"); 2) assessing the difficulty of identifying multiple G.Q.s within hospitals; 3) assessing the difficulty of differentiating assisted living and skilled nursing units in the same facility; and 4) assessing the difficulty in distinguishing similar facility types: independent living/assisted living; group home/residential treatment center; and skilled nursing facility/nursing facility/hospital.

Results include the following: 1) in general, the introductory screening questions were understood by most respondents and, in most cases, resulted in classifications of GQs consistent with revised 2006 Census Test GQ definitions/classifications; improvements in wording were recommended for several questions, including the key "facility type" question; 2) the flashcard format worked well; 3) respondents had difficulty in correctly identifying multiple GQs within hospitals because a) they identified GQ units in other buildings of the hospital rather than in the target building and b) the phrase "persons with no disposition or exit plan" intended to identify those with no usual home elsewhere was interpreted to include a much wider set of persons; 4) most respondents understood the word "facility" and applied it correctly to their own GQs; 5) most respondents understood "private residence" to apply to a house or apartment where a family or small number of people live, as intended; and 6) "long-term care" in a mental or psychiatric unit or floor was vague and open to a wide subjective range of time periods. GQ contact respondents clearly distinguished independent living units from assisted living units, but there was ambiguity in distinguishing skilled nursing and nursing units, because the term "skilled nursing" can refer to at least two different types of treatment. Question rewording, reordering, dropping questions, and finding another concept to identify those with no usual residences elsewhere were recommended.

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# Results of Cognitive Testing of the Other Living Quarters Validation Questionnaire

## Executive Summary

### INTRODUCTION

This report documents the results of cognitive testing of the Other Living Quarters Validation Questionnaire (OLQVQ) and its flashcard with facility types conducted in the spring of 2006. The questionnaire version used in this research had been restructured and redesigned from the Census 2000 version, for use in the 2006 Census Test sites. The purpose of this cognitive testing research was to cognitively test the questionnaire and flashcard, elicit respondents' definitions of key terms, and probe on how respondents perceived differences between certain types of similar facilities in time to make recommendations for revisions to this questionnaire and its flashcard for the 2008 Census Dress Rehearsal.

The OLQVQ is used in the Group Quarters Validation (GQV) operation to follow up on addresses identified in the preceding Address Canvassing operation as potentially having "other living quarters" (OLQs) to determine if they should be classified as group quarters, housing units, or nonresidential places. It is also used to obtain further information on type of place and characteristics to determine if the place at this address should be included in the group quarters enumeration, in the housing unit enumeration, or not included in the decennial census.

The OLQVQ instrument is interviewer-administered. It starts with 25 initial screening questions that determine the type of place at this address and whether it is residential or not. The respondent is asked to select one of 11 general categories of facilities from the flashcard that best describes the place. Based on that answer and some additional screening questions, the respondent is skipped to one of 13 tabs for specific types of facilities and asked a series of questions on the characteristics of the place at that address. The questionnaire also includes a notes section, a housing unit listing tab, and an address status certification tab.

The Other Living Quarters Flashcard for the 2006 Census Test: Side 1 includes "Definitions of Places People Live or Stay and the Services Provided." It includes 11 categories that are boldfaced and numbered. Each category has a light-faced definition that has been condensed for respondent use from a longer definition in the "2006 Census Test Group Quarters Definitions and Code List" (Gore 2005).

We had the following specific objectives for this study:

1. Assess the extent to which the introductory screening questions for all respondents were
  - understood by respondents
  - result in GQ types consistent with revised 2006 Census Test GQ definitions and classifications
2. Identify any problems in the 6 tabs for specific types of group quarters included in our sample;
3. Assess how well the flashcard works
4. Probe the meaning of key terms, including
  - "Facility"
  - "Group housing for staff"

- “Long-term care” in a mental or psychiatric unit or floor
  - “Private residence”
5. Assess if it is difficult to identify multiple GQs within a hospital (mental or psychiatric unit for long-term care, in-patient hospice, skilled nursing unit, patients with no disposition or exit plan)
  6. Assess the difficulty of differentiating assisted living and skilled nursing units in the same facility
  7. Probe to learn if there is confusion in differentiating similar facility types:
    - independent living facility and assisted living facility
    - group home and residential treatment center
    - health care facility types: skilled nursing facility, nursing facility, and hospital

## METHODS

We conducted 20 cognitive interviews in six categories of group quarters pre-specified by our sponsors in the Washington DC metropolitan area. The types of facilities requested for this study, and actually included in it, were

1. 4 assisted living facilities (two with a skilled nursing facility or nursing facility component and two without);
2. 5 college or university residence halls or dorms both on and off campus, and owned and leased/managed by the college, university or seminary;
3. 2 residential treatment centers (one for adults and one for juveniles);
4. 2 group homes (one for adults and one for juveniles);
5. 3 hospitals, at least one of which had building/wing specific information;
6. 4 shelters/motels for people experiencing homelessness and for people living or staying there most of the time (three were shelters and one was a motel).

The selection of these types of facilities determined which sections of this complex questionnaire would be tested. These sections included the 25 initial screening questions, intended for all respondents, and 6 of the 13 specialized sets of questions in separate tabs. The tabs that we tested were:

1. Skilled nursing facility, nursing facility and independent or assisted living facility
2. Residence hall, dormitory, or fraternity/sorority house for students (college, university, seminary)
3. Religious group living quarters intended to house members living in a group situation, group home (non-correctional) for adults, residential treatment center (non-correctional) for adults, and other
6. Hospital (including mental or psychiatric hospital)
7. Hotel, motel, single room occupancy units, inn, resort, lodge or bed & breakfast
9. Group home (non-correctional) for juveniles, and residential treatment center (non-correctional) for juveniles
12. Shelter for people experiencing homelessness (emergency and transitional shelters)

We conducted in-person cognitive interviews with administrators at their facilities, reading the questions as a GQV lister would, with no probing until the completion of the interview. We then conducted a semi-structured debriefing and probed on problematic questions. We also asked respondents to tell us what key terms meant to them and how they would define types of similar facilities specified by our sponsors.

## SELECTED RESULTS AND SUMMARY OF RECOMMENDATIONS

### The Other Living Quarters Validation Questionnaire

The performance of the OLQVQ is covered in Sections D, E, and F of the report. In general, the OLQVQ worked fairly well. In this report, we make a number of recommendations and suggestions for improving this complex questionnaire. The most important recommendations include:

- Reword question 2, which consists of the interviewer’s introduction and the request to speak to an appropriate respondent, to be more efficient in cases where the initial contact does not become the respondent. Also change the wording of “live or stay overnight” to “stay overnight or live” to be more appropriate for respondents at hospitals, motels, and other places with very short lengths of stay who say they shouldn’t have to do the interview because no one “lives” in their place.
- Delete questions 5 to 9, a series of probes about general types of facilities that had been added to this version of the questionnaire with the intent to try to reduce the expected burden on respondents when seeing a long list of facility types on the flashcard. These questions did not work effectively and some were seen as inappropriate by both respondents and interviewers (e.g., asking a respondent in a well-furnished assisted living facility if this is a shelter for people experiencing homelessness, or a marina.) The same information is collected more appropriately, effectively, and efficiently in the facility type question with the flashcard.
- Revise wording in the facility type question (18a) to emphasize that just one facility type should be chosen in this question; some respondents in multi-purpose facilities want to select more than one. Add an interviewer instruction to reinforce this, and modify the wording in response category 5 for independent living facility or assisted living facility.
- Revise questions 22 and 23 and Tab 9 to change the word “juvenile” to “youth;” to some who run juvenile facilities for nonoffenders, the word “juvenile” carries the negative connotation of “juvenile delinquent,” and they can become upset with the implication that their children have been arrested for breaking laws. Negative connotations of the word “juvenile” have been documented in our previous research. As a result, the word “juvenile” was taken out of censuses and surveys of facilities for youth by the Office of Juvenile Justice and Delinquency Prevention.
- In Tab 2, emphasize “building” because “residence hall” sometimes refers to a complex with more than one building: there is not necessarily a one-to-one correspondence between address and building at facilities. As building at this address is our unit of data collection, emphasize the word.
- In Tab 6, change the current wording, “What is the maximum number of patients” to “What is the number of beds in this specific unit?” The current wording is vague, and was sometimes answered with the total count for the whole hospital, not for just the specific unit being asked about. The use of beds, rather than patients, also limits the answer to how many can stay overnight, clearly excluding out-patients who use the unit during the day only.
- In Tab 6, questions 3a4 and 3b4 ask if the hospital accepts “patients with no disposition or exit plan,” and if so, how many. The term “patients with no disposition or exit plan” was interpreted too broadly by two hospital respondents: Anyone who doesn’t yet have a clear place to go from the hospital. They included the uninsured and people experiencing homelessness and elderly adults who suffered a trauma who need to be considered for placement other than in their homes. One said that this covers about 30% of his hospital population. We don’t think the intent is to identify the uninsured per se. We thus recommend a complete rewording of this question, suggesting a focus on those “who have no fixed address or who are not returning home and are

awaiting long-term placement elsewhere.” We also reworded question b on the maximum number of these.

- Other recommendations and suggestions are included in the report.

### The flashcard

The flashcard worked well and respondents said they found the bolded, numbered list of facility type categories helpful and easy to use. They scanned down the bolded list and then focused on the categories that could fit. A substantial number then scanned the light-faced definitional text for that category. Based on how respondents used the card and what they told us about the light-faced definitions on the card, our major recommendations, discussed in Section A of the report, include:

- Category 5: Independent living or assisted living facility. Revise the flashcard definition to match respondents’ statements on the differences between independent living and assisted living. The current wording does not contain a separate definition for “independent living,” implying incorrectly that independent living involves 24-hour supervision and the coordination of personal services for activities of daily living; these are characteristics only of assisted living facilities. We have tried to modify the flashcard definition with the fewest possible changes to definitional wording by moving existing text and adding new text only when needed to improve the definition’s accuracy. We also changed the last sentence to indicate that these facilities may or may not also have skilled nursing units, but this flashcard wording revision doesn’t alter the instruction to choose just this one category for purposes of this data collection. Respondents at the two assisted living facilities that had skilled nursing or nursing units told us these types of places are actually called “Continuing Care Retirement Communities (CCRCs) and suggested we adopt that terminology. We do not recommend this, as CCRCs are often spread across multiple buildings on a campus and our focus is on a specific buildings at an address.
- Category 8: Recommend slightly modifying a few more words to the subheading for Residence hall, dormitory, or fraternity/sorority house for students, by deleting “for students” and adding “or other student housing.” We recommend this because of the increasing variety of places being used for student housing and because we understand changes have been made in the definition of student housing to include some private dormitories; this is generic “placeholder” wording.
- Category 10: Soup kitchen definition reads “Soup kitchens provide meals primarily to people experiencing homelessness.” This definition had two drawbacks: 1) It is too general, and respondents didn’t have guidance on whether this would include a food distribution program or a cafeteria within a shelter, and 2) In our experience, soup kitchens are open to people of low income, not just those experiencing homelessness; they do not typically try to screen users to be “primarily people experiencing homelessness.” This wording might discourage some respondents from classifying their places as soup kitchens. We recommend replacing this definition with a more descriptive one from the longer list of 2006 Census Test GQ Definitions (Gore 2005).
- Other recommendations and suggestions for revising the flashcard are in Section A of the report.

The wider objectives of this study are discussed in the body of the report and may be located by reference to the Table of Contents. Section B determines if there is confusion in differentiating similar facility types (Independent living facility and assisted living facility; group home and residential treatment facility; and types of health care facilities including skilled nursing, nursing, and/or hospitals). Section C assesses the difficulty of differentiating assisted living and skilled nursing units in the same facility. Cognitive meanings of key terms are embedded in sections of the report where they are salient.

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## **Results of Cognitive Testing of the Other Living Quarters Validation Questionnaire (OLQVQ)**

### **INTRODUCTION**

This report documents the results of cognitive testing of the Other Living Quarters Validation Questionnaire (OLQVQ) and its flashcard with facility types conducted in the spring of 2006. The questionnaire version we used in this research had been restructured and redesigned from the Census 2000 version, for use in the 2006 Census Test sites. The purpose of this cognitive testing research was to cognitively test the questionnaire and flashcard, elicit respondents' definitions of key terms, and probe on how respondents perceived differences between certain types of similar facilities in time to make recommendations for revisions to this questionnaire and its flashcard for the 2008 Census Dress Rehearsal.

The OLQVQ is used in the Group Quarters Validation (GQV) operation to follow up on addresses identified as potentially having "other living quarters" (OLQs) to determine if they should be classified as group quarters, housing units, or nonresidential places. It is also used to obtain further information on type of place and characteristics to determine if it should be included in the group quarters enumeration, in the housing unit enumeration, or not included in the census. This will be explained in more detail below.

The OLQVQ instrument is interviewer-administered. It is organized as follows. It starts with 25 initial screening questions that determine the type of place and whether it is residential or not. Question 18a and an accompanying flashcard (Side 1) ask the respondent to choose one of 11 general types of facilities. Depending on which of these 11 facility categories is selected, the interviewer may 1) ask a few more targeted screening questions (19 to 25); 2) go directly to a tab with questions about the facility's characteristics and counts of residents and live-in staff; or 3) be skipped out of the questionnaire because it is either a private residence or it is nonresidential. The questionnaire includes a notes section, a housing unit listing tab, and an address status certification tab.

The "Other Living Quarters Flashcard" for the 2006 Census Test has two sides. Side 1 includes "Definitions of Places People Live or Stay and the Services Provided." It includes 11 categories that are boldfaced and numbered. Each category has a light-faced definition that has been condensed for respondent use from a longer definition in the "2006 Census Test Group Quarters Definitions and Code List" (Gore: July 6, 2005). Side 2 of the flashcard presents a description of 5 types of correctional facilities for adults. Correctional facilities were not in scope for this project: we did not test Side 2.

### **OBJECTIVES OF THIS STUDY**

We had the following specific objectives for this study:

1. Assess the extent to which the introductory screening questions for all respondents were
  - understood by respondents, and
  - result in GQ types consistent with revised 2006 Census Test GQ definitions and classifications
2. Assess how well the flashcard works



3. Identify any problems in the 6 tabs for specific types of group quarters included in our sample
4. Probe the meaning of key terms, including
  - “Facility”
  - “Group housing for staff”
  - “Long-term care” in a mental or psychiatric unit or floor
  - “Private residence”
5. Assess if it is difficult to identify multiple GQs within a hospital (mental or psychiatric unit for long-term care, in-patient hospice, skilled nursing unit, patients with no disposition or exit plan)
6. Assess the difficulty of differentiating assisted living and skilled nursing units in the same facility
7. Probe to learn if there is confusion in differentiating similar facility types:
  - independent living facility and assisted living facility
  - group home and residential treatment center
  - health care facility types: skilled nursing facility, nursing facility, and hospital

## **BACKGROUND**

The OLQVQ is the interviewer-administered facility-level questionnaire that is used in the Group Quarters Validation (GQV) operation in preparation for group quarters (GQ) enumeration in a decennial census. Here is the 2006 Census Test GQ definition of group quarters:

A group quarters is a place where people live or stay that is normally owned or managed by an entity or organization providing housing and/or services for the residents. 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 group quarters 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.

Group Quarters Validation is the second in a series of four operations conducted to prepare for and conduct enumeration in group quarters in a census. It is conducted about eight months prior to Census Day. In GQV, addresses that have been identified as potentially having “other living quarters,” or OLQs, (those that may be other than housing units) in the preceding Address Canvassing operation are visited by listers. Using the OLQVQ, a Census Bureau lister interviews a knowledgeable respondent at each OLQ address to verify the address and geography, then determines if it should be classified as a group quarters, housing unit or nonresidential place. If it is classified as a group quarters, the instrument then is used to: identify the group quarters type; identify places within the GQ where residents live or stay; and collect information on the number of GQ residents and staff who can live or stay in the GQ and on other characteristics. This information is used to augment the frame of group quarters that will be included in the group quarters enumeration conducted in a decennial census over a six week period following Census Day. Some of the types of facilities included in the OLQVQ have units that are classified as housing units, such as are found in assisted living facilities and some types of nontraditional types of places used for student housing. Information on previously unidentified housing units in these places is collected during this interview and used to augment the frame of housing units to be included in the housing unit enumeration in the census.

## METHODOLOGY

We were asked to conduct up to 20 cognitive interviews in very specific types of group quarters in the Washington DC metropolitan area. The types of facilities requested for this study were

1. 4 assisted living facilities (two with a skilled nursing facility or nursing facility component and two without)
2. 5 college or university residence halls or dorms both on and off campus, and owned and leased/managed by the college, university, or seminary
3. 2 residential treatment centers (one for adults and one for juveniles);
4. 2 group homes (one for adults and one for juveniles)
5. 3 hospitals, at least one of which had building/wing specific information
6. 4 shelters/motels for people experiencing homelessness and for people living or staying there most of the time (three were shelters and one was a motel)

The selection of these types of facilities determined which sections of this complex questionnaire would be tested. These sections included the 25 initial screening questions, intended for all respondents, and 6 of the 13 specialized sets of questions in separate tabs. The tabs that we tested were:

1. Skilled nursing facility, nursing facility and independent or assisted living facility
2. Residence hall, dormitory, or fraternity/sorority house for students (college, university, seminary)
3. Religious group living quarters intended to house members living in a group situation, group home (non-correctional) for adults, residential treatment center (non-correctional) for adults, and other
6. Hospital (including mental or psychiatric hospital)
7. Hotel, motel, single room occupancy units, inn, resort, lodge or bed & breakfast
9. Group home (non-correctional) for juveniles, and residential treatment center (non-correctional) for juveniles
12. Shelter for people experiencing homelessness (emergency and transitional shelters)

We designed the protocol to simulate how actual listers would conduct the interviews, without any probes until after the interview had been completed. We did use guidelines for unobtrusive observation of respondents' reactions to the interview questions and to their use of the flashcard. We also developed a debriefing questionnaire with seven sections: one for the introductory screening questions and one for each of these six tabs. Because of the complexity of the branching instructions and the very wide variety of types of facilities, we conducted practice interviews, simulating answers we might get in each of the different types of places, based on knowledge from previous interviews in group quarters, in order to identify and fix problems with content, wording, and flow, before finalizing the questionnaire.

We succeeded in recruiting and conducting 20 interviews, reproducing the same distribution our sponsors had requested. To identify facilities, we used two methods. The first was to select facilities from the master list of facilities included in Census 2000 for the Washington DC area, including Virginia and Maryland. These lists included names and addresses of facilities, along with the names of contact people and their phone numbers. They also included counts from Census 2000, enabling us to select a mix of facility sizes and localities to include in our sample. In a substantial number of these facilities we contacted, we learned that the contact person from 2000 was no longer there and we asked for a new respondent. The other method we used to locate facilities was through the internet. This was used primarily to identify college housing off campus that might be leased or managed by a college, university

or seminary. It was also used to identify the motel and the residential treatment centers, which were not specifically identified as such with facility codes used in Census 2000.

The three authors of this report personally recruited respondents and conducted individual in-person interviews with respondents at their facilities. This gave us the opportunity to see at least part of the facilities, talk directly with facility respondents who might be likely to be the respondent in the upcoming 2010 census, and also sometimes see the residents and the living quarters.

While we wanted to simulate the methods used in an actual Group Quarters Validation Operation, there were some areas where we had to diverge from those methods. We were doing this cognitive testing in isolation from a real census environment, so we did not have the benefit of any recent listings showing specific addresses, names, and any listing of embedded housing units within the group quarters from the Address Canvassing, which would precede GQV in a real census. For example, when we went into the first assisted living facility, we did not know that there would be 400+ units for independent living and assisted living, and whether these would have been pre-identified for a GQV lister in a real census.

There was a second difference in how we conducted this study. In a real GQV operation, listers are instructed to go to the addresses on their list without a prior appointment and ask to interview someone. We briefly considered trying to simulate this, but we were under tight time constraints and this wasn't an effective use of our time. We thus contacted the facilities by phone, asked for an administrator, and set up scheduled appointments for our interviews. Arranging some of these appointments required a number of contacts and up to several weeks to firm up. We had several refusals.

During the interview itself, we did read the questionnaire text as a regular lister would be instructed to do, and did not ask any probes until the end of the interview. After completing the interview, we debriefed respondents with the debriefing questionnaire that we developed for this project. We also asked the respondents about any unexpected answers they had given during the interview in order to identify potential problems with the questionnaire.

## **RESULTS OF COGNITIVE TESTING**

Before going through the OLQVQ, we will discuss the flashcard and some of the wider objectives in this study—assessing whether there is confusion in differentiating similar facility types, difficulty in differentiating assisted living and skilled nursing units in the same facility, and assessing the difficulty of identifying multiple GQs within a hospital. This will provide background information for understanding responses to the OLQVQ instrument.

### **A. Flashcard**

We both observed respondents handling the flashcard during the interview, and also asked them debriefing questions on the flashcard at the end of it. Data from both methods indicate that the flashcard worked well in general, but that some changes should be made to improve it. When handed the card, most respondents started skimming just the bolded facility type subheadings to find one or more categories that might fit them. Some stopped skimming as soon as they found their category without reading the remaining categories, while others read through all of the categories just to make sure they picked the correct one. Some immediately read off the response category number and/or type, but most reported having at least skimmed the light-faced definition (and that was consistent with our

observational data). During the debriefing, most respondents said that they did find the flashcard both helpful and easy to use. One really liked the flashcard, saying “the facility types are broken down beautifully. Whoever designed this flashcard should be proud!”

Since getting facility type is a prime objective of this questionnaire, we asked respondents in the debriefing to read over the flashcard definition again for us and state whether they thought the definition fit their facility. We also asked them if we could improve any of the wording.

In the sections below, we present the current wording of each of the six flashcard bolded headers and light-faced definitions, followed by a summary of respondents’ comments, and finally, any recommendations for changes in wording.

**Flashcard category 2. Group home (non-correctional) or residential treatment center (non-correctional)**

Current wording of the definition:

Group living arrangements in the community providing room, board, and supportive services such as assistance with daily living skills, and social, psychological or behavioral programs. Or, residential facilities that provide treatment on-site in a highly structured live-in environment for the treatment of drug/alcohol abuse, mental illness, and emotional/behavioral disorders.

The respondent in the group home for juveniles had two issues. First, he originally picked “group home” for his home for mentally retarded youth, based on this flashcard description. During the debriefing, he saw category 9–School for people with disabilities (residential) e.g. blind, deaf, and the developmentally disabled—and felt that that category described the characteristics of his *residents* (developmentally disabled), but didn’t describe the type of *facility services*. He went back and forth and wanted us to combine these two categories, but finally settled on “group home.” His comment suggests that some of the definitions on the flashcard describe the type of place and services offered there, as the flashcard title promises, but others just identify the characteristics of types of people who would reside there. The GQ Definitions Group might want to revise the flashcard definitions to be consistent in defining type of services or type of people or both.

Second, while he did settle on “group home” for the address the interviewer gave him, he said this category didn’t quite fit his other juvenile facility for mentally retarded boys that has a higher level of supervision that falls in between a group home and a residential treatment center. He said the standard term for that higher level of supervision was “*intermediate care facility*.” That term had been in use in the past in licensing by jurisdictions, waned somewhat, but is known to professionals. He suggested adding it to this header and to the definition.

The respondents in the residential treatment center did not have problems with the wording of the definition.

**Recommendation to the GQ Definitions Group:** This group home respondent suggests the flashcard definitions may not be fully parallel. Some describe the type of place and services (this one) while others

seem to focus on the characteristics of persons who would reside there (e.g. category 9), so one could pick the 2 categories to get a unified description of his facility. It may be prudent to review flashcard definitions to give a consistent focus on type of facility and services (e.g., category 8 for “**Residence hall, dormitory, or fraternity/sorority house for students** has a very brief definition, “Group housing for colleges, universities and seminars.” This definition might be expanded).

Recommendation 2: Consider adding “**intermediate care facility**” to the light-faced definition text, “Group living arrangements and *intermediate care facilities* in the community...”

### **Flashcard category 3. Health care facility**

Current wording of the definition:

Skilled nursing facility or nursing home providing long-term 24-hour care with licensed nurses for non-acute medical care. Hospitals and free-standing hospice units.

All 3 respondents at hospitals scanned the list, saw category 3 for health care facility, but kept on looking to see if there were a separate category for hospital, because, in the words of one of them, “hospital” is clearly different from “skilled nursing facility.” To one, the header--“health care facility”--means nursing home and he didn’t think this applied to his hospital. He thought hospital should be in a separate category from skilled nursing home. The second respondent also found this category confusing, with skilled nursing or nursing in the first sentence and hospital near the very end. He didn’t suggest that hospital be made a separate category, but he did ask that “hospital” be moved up to the beginning of the first sentence under the heading of “health care facility.”

Additionally, the first of these warned that “skilled nursing” has several different meanings. It can mean skilled nursing according to the strict Medicare definition, or 24 hour care for one or more patients.

Finally, one other respondent from the sample juvenile residential treatment center, who surprised the interviewer by saying there was also a hospital for acute mental care in the same building, was strongly leaning toward selecting this “health care facility” category, as well as the one for residential treatment center. He said that the hospital component in the building did provide “skilled nursing...and 24 hour care” but that it was not “long term,” as people stay less than 14 days, usually 4-5. Then he saw the “long-term” phrase and said it was leaning toward assisted living and therefore didn’t fit. The word, “hospitals” in the second sentence is what made him think this category may fit.

The inclusion of both long-term skilled nursing care with acute hospital care in the same overall category of “health care facility” didn’t seem right to these respondents. According to one hospital administrator interviewed in this study, there are increasing numbers of long-term hospitals (e.g., for strokes, heart attacks), but they are still the minority at this time.

**Suggestion for flashcard regarding hospitals:** Consider separating hospital from response category 3 for “health care facility” and making it a stand-alone category. This makes sense, because there is already a stand-alone tab for hospital (tab 6). It also makes sense because we currently have an added screening question (24) to separate the category “health care facility” into skilled nursing or nursing, hospital, or free-standing hospice facility. Making hospital its own category on the flashcard would thus simplify question 24 by deleting one of three response categories and would not affect the division of the

tabs.

An alternative option would be to retain hospital in the “health care facility” category (3), but add it to the header: *Health care facility, including hospital.*

**Recommendation:** The flashcard entry for “health care facility” does not mention “mental or psychiatric hospital” though those types are included in the Tab 6 header for hospitals. Consider adding it after “hospital,” for consistency with the tab header and classification system. (See also Section B3 for more discussion of whether respondents had difficulty in differentiating health care facilities).

Alternative 1: Stand-alone header on flashcard: *Hospital (including mental or psychiatric hospital)*

Alternative 2: Modify current header: *Health care facility and hospital (including mental or psychiatric hospital)*

#### **Flashcard category 4. Hotel, motel, single room occupancy units, inn, resort, lodge or bed & breakfast.**

Current wording of the definition:

All types of lodging facilities that may include permanent housing for some clients and/or housing for people experiencing homelessness.

The motel respondent looked at the card just long enough to find “motel” and gave his answer, without reading the light-faced definition. When read the definition, he said his place is not for people experiencing homelessness.

Recommendation: no change

#### **Flashcard category 5. Independent living facilities and assisted living facilities**

Current wording of the definition

Facilities that provide housing for the elderly and coordinates personal support services, 24 hour supervision and assistance to meet needs in a way that promotes maximum dignity and independence of each resident. These facilities are designed for people who need regular help with the activities of daily living but do not necessarily require skilled medical care. These facilities may contain a skilled nursing unit or nursing home.

Two assisted living facility respondents felt that the definition wording on the flashcard is correct for assisted living facilities, but incorrect for independent living facilities. The first sentence implies that “24 hour supervision” is a characteristic of both independent living and assisted living, while the second sentence implies independent living and assisted living are “for people who require regular help with activities of daily living.” These respondents say that these two features—“24 hour supervision” and regular help with 2 “activities of daily living”—are what distinguish independent living from assisted

living. Each one said this wording was inaccurate and that we should reword the definition to correct the errors. This is important to do, because some facility addresses have either independent living or assisted living, but not both.

The other two assisted living respondents both said that the last sentence in the definition, “These facilities may contain a skilled nursing unit or nursing home” is wrong and should be removed from the definition. One explained that if there is a nursing home in conjunction with assisted and/or independent living, that is what would define the facility type: it would be a “nursing home with assisted living,” not vice versa. Both of these respondents said that the proper term for facilities that include independent living and/or assisted living facilities as well as a skilled nursing unit or nursing home would be a CCRC (Continuing Care Retirement Community). Each suggested that “CCRC” should be the header for category 5.

We know from this and other research that CCRCs often are spread out over several buildings on a campus that may or may not have the same address; and we are focused on identifying the type of facility at the one building at the address. While that term is more appropriate to the industry itself, it would be very likely to cause problems for us in defining the target unit as the facility in the one building at the specific address. We thus recommend revising the wording of the third sentence to clarify that these places may or may not have skilled nursing and to give an instruction on which one flashcard category respondents should select.

Recommended wording revisions for flashcard definition 5 to specify differences between independent living and assisted living by mostly reordering existing text: *Independent living and assisted living facilities provide housing for the elderly and assistance to meet needs in a way that promotes maximum dignity and independence for each resident. Assisted living facilities are designed to provide 24 hour supervision, coordinate personal support services, and provide assistance and care for people who need regular help with the activities of daily living but do not necessarily require skilled medical care. For independent or assisted living facilities that also have, in the same building, a skilled nursing unit or nursing home, choose just this one facility code for independent or assisted living.*

#### **Flashcard category 8. Residence hall, dormitory, or fraternity/sorority house for students**

Current wording of the definition:

Group housing for colleges, universities and seminaries.

The respondent for the off-campus apartment building had difficulty with the flashcard because she could not find the category that she fit under. She wanted to say the facility was an apartment building and it did not appear on the flashcard. Because of this problem we suggest augmenting the wording on the flashcard for #8 to include some wording on property that is owned, leased or managed by the university and considered student housing by that institution.

One respondent at a university said that nowadays college housing is getting blurred: they do some leasing of buildings and lease property to builders, as public-private partnerships. When students stay at those places, they have to apply through the university housing office, but sign the lease with the company that manages it. Those types of place are considered student housing and will appear on counts of student housing provided by colleges.

Recommended revision for flashcard header: ***Residence hall, dormitory, fraternity/sorority house, or other student housing.***

Comment: We understand this category has recently been under discussion by the GQ Definitions Group, particularly in regard to private dorms used for student housing. If this discussion includes discussion about ownership, management or lease arrangements, perhaps you want to consider adding more text, at the end of the definition that might include, but not be limited to:

***Residence hall, dormitory, fraternity/sorority house, or other student housing that is owned, leased or managed by the college, university, seminary [or private entity?].***

#### **Flashcard category 10. Shelter or soup kitchen for people experiencing homelessness**

Current wording of the definition:

Emergency and transitional shelters are places where people experiencing homelessness stay at least overnight. Examples are missions, shelters for runaway children, and locations run by private groups or local governments. These are not shelters that operate only in the event of a natural disaster.

*Soup kitchens provide meals primarily to people experiencing homelessness*

The three respondents did okay with the flashcard, but found the definition of soup kitchen somewhat vague. Two of them weren't sure if we were restricting "soup kitchen" to places providing sit-down meals at the soup kitchen to those off the street. One wondered if we consider cafeteria services for those staying in an associated shelter to be a soup kitchen, while the other wondered if we consider food distribution programs or pantries to be a type of soup kitchen.

One respondent asked if there is a separate category for domestic violence shelters, since he didn't see it on the flashcard. (We presume this category will be differentiated somehow in Census 2010, perhaps not on the flashcard, and done in a separate operation).

Recommendation for category 10: The definition of soup kitchen on the card can be made more specific to help respondents know what we mean by "soup kitchen." Including in the flashcard definition that soup kitchens are "primarily" for the homeless may lead some soup kitchens with a wider clientele of poor, but housed people, to not choose the category, when we might want them to. In our past experience in soup kitchens, they don't generally ask people if they are homeless or not, so there may be no way to determine if the place is "primarily" for people experiencing homelessness.

Recommendation to revise wording on soup kitchen with more descriptive text from the longer 2006 Census Test GQ definitions document and to remove the word "primarily": ***A soup kitchen is defined as "a place that offers meals organized as food service lines or bag or box lunches" for people experiencing homelessness and others.***

In the following sections, we address the research questions: B) Is there confusion in differentiating similar facility types?; C) Is there difficulty in differentiating assisted living and skilled nursing units in the same facility?; D) Is there difficulty of identifying multiple GQs within a hospital?



## **B. Is there confusion in differentiating similar facility types?**

- Independent living facility and assisted living facility
- Group home and residential treatment facility
- Types of health care facilities: skilled nursing, nursing, and/or hospital

### **1. Any confusion in differentiating: Independent living facility and assisted living facility**

In selecting our four assisted living facilities for this study, we followed the sponsors' request that 2 include a skilled nursing unit or nursing unit and the other two not include skilled nursing or nursing. We added three criteria of our own: that some of them have independent living and some not, that the assisted living facilities range in size from large to small and that they be in different states. This would give us a better cross-section of respondents in a variety of assisted living facilities in different jurisdictions.

Here we present a brief description of these facilities and their services, then present a summary of the criteria that define the differences between an independent living facility and an assisted living facility. Assisted living facility 1 was very large with over 500 residents. There was one floor for assisted living, one floor for skilled nursing, and the rest of the facility was for independent living. Eighty of the residents were on the skilled nursing floor.

Assisted living facility 2 was a medium-sized facility with 49 nursing unit beds on one floor and 32 assisted living beds on the first floor (independent living was offered in another building on this campus). A tour of this building indicated that the differences between the nursing unit and assisted living area were quite noticeable. This facility does take some short-term patients of two types. One type is a person who was discharged from the hospital but needs to stay here for some weeks, say for a broken bone or hip, but who will return home. The other temporary type is for one to two week stays for "respite care." These are people who are being cared for either at their own home or at a relative's home, who come here for a defined short period while the caretakers are on vacation or if everyone needs a break, then return home.

Assisted living facility 3 was also a medium-sized facility. The respondent told us it did not have a skilled nursing unit or nursing unit. She also said there are three levels of gradation of care in assisted living, from needing help with 2 activities of daily living all the way through needing help with all seven of them. There was also a separate Alzheimer/dementia unit. This place also had short-term respite care placements.

Assisted living facility 4 was in a typical home on a suburban residential street, with just 7 clients and no skilled nursing or nursing unit.

The two respondents who did have independent living either in the sample building or on the campus said that the independent living people come and go as they want, are not under anyone's direct care, and have little, if any, supervision by the facility staff. One said they can go days and days without having to see any staff member. They may or may not have a meal provided for them, and may or may not use housekeeping services.

From our discussions with these respondents, we conclude that the key factors in separating independent and assisted living units are the amount of assistance and service that the client needs or wants with “activities of daily living” (ADLs) and the amount of supervision. Activities of daily living include: bathing, dressing, grooming, meal preparation, taking medication, transferring (moving around), and incontinence.

The respondents told us that assisted living is defined as a place that provides care to persons who need regular assistance with at least 2 ADLs. Level of cognitive function is a somewhat different factor that cross-cuts the ADLs. In three of our four places, the respondents told us that there were separate, special units for assisted living patients who also had Alzheimer’s/dementia, because they needed a higher level of care. In facility 1, this was a special unit on the skilled nursing floor, in facility 2, it was in a separate building from “cognitively well” assisted living patients, and in facility 3, it was on a separate floor.

Thus, all four respondents clearly differentiated independent living and assisted living to us and these definitions were consistent across respondents. We saw no confusion among respondents in assisted living facilities in telling us where these different types of units were located within their own facilities.

These results support our recommendation on rewording the flashcard definition for independent living or assisted living facility, as shown in the flashcard section on page 8.

## **2. Any confusion in differentiating: Group Home and Residential Treatment Center**

In our sample, we included one group home for adults with substance abuse problems and one for juveniles who are mentally retarded and wards of the state. We also included one residential treatment center for adults and one for juveniles with mental health problems. All four of the respondents chose the facility type that was consistent with how we selected them for the sample.

We asked these respondents to define “group home” and “residential treatment center” (RTC). Here is an overview of their definitions. A group home is a place where a small group of people live. Respondents who gave size estimates said that group homes usually housed under 20 people and in most cases between 4 and 10 people. Some mentioned that their size would be defined by their license. Group homes have varying levels of services and supervision and are usually organized around a specific characteristic or ailment of the population living in them. They can be temporary or permanent, getting people on their feet or providing long term housing. They may be public or private. According to one respondent, group homes, unlike RTCs, are designed to meld into the surrounding community (although one RTC in our study did meld into the surrounding community). RTCs are facilities separate from the surrounding community and definitely have services.

Respondents thus seemed to have little, if any confusion, in differentiating group home and residential treatment center. Recommendation: no change to flashcard definitions.

## **3. Any confusion in differentiating health care facilities: skilled nursing, nursing, and/or hospital**

Our sample included three hospitals (one medium and two large). It also included one large-sized assisted living facility with skilled nursing and one medium-sized assisted living facility with nursing (described in the independent living/assisted living facility category above).

Differences between hospitals and skilled nursing/nursing facilities were quite clear to respondents. In fact, the differences were so clear that the respondents in hospitals thought that hospital did not fit into our general category, “health care facilities,” and suggested we take “hospital” out of that category and make it a stand-alone category, as noted earlier.

Respondents explained that hospitals are very short-term and are for care of acute injuries or illnesses. Skilled nursing/nursing facilities are for a less intensive level of care, with a longer length of stay.

Respondents told us that the term “skilled nursing” has different meanings. “Skilled nursing” is used to refer to a nursing unit that provides Medicare-certified services under Title 20. This has very specific requirements. Alternatively, the phrase, “skilled nursing,” refers to “patients that are highly complex and that require 24 hour nursing care entailing skilled services delivered by an RN or a therapist or another health care professional within 24 hours.” This respondent says that his facility had Medicare-certified skilled nursing during Census 2000, but that in the interim period, they stopped taking any Medicare patients and now refer to their unit as a “nursing unit.” When probed, he agreed reluctantly that a “nursing unit” is basically the same as a “nursing home,” but the term “nursing home” carries bad connotations; he doesn’t like to use this term.

He explained that the new term for nursing homes is “health care centers.” “Health care centers” is very close to our category “health care facilities.” The closeness of these terms may explain why respondents for hospitals felt they didn’t fit into our category, “health care facilities.”

Another respondent simply defines skilled nursing as 24 hour care by licensed medical staff. A third respondent said she differentiates between a nursing home and a skilled nursing unit, which is also referred to as “sub-acute” care and is one step down from being in a hospital. Medicare limits the number of days one can be in this sub-acute care, so most people are there temporarily, then moved into the more custodial part of the nursing home.

In summary, respondents told us that “hospital” doesn’t fit well under the “health care facility” rubric. They have no difficulty in distinguishing hospitals from skilled nursing/nursing facilities; they either wanted a separate category for hospitals or wanted “hospitals” made more prominent in the existing category definition. Respondents did tell us that “skilled nursing” does have different meanings that we should be aware of—as to whether it is certified by Medicare or not, or whether it is based solely on the amount of care that certain patients need. Some facilities may have some skilled nursing beds and also some nursing beds and trying to differentiate those might be very difficult. We know the GQ Definitions Group looked into separating these two categories in the past and we support their decision to treat skilled nursing and nursing as one GQ category.

In the flashcard section on pages 6 and 7, we offer two suggestions for either separating “hospital” from the “health care facility” category or making it more prominent within that category. Please see the full suggestions there.

### **C. Assess difficulty in differentiating assisted living and skilled nursing units in the same facility**

Respondents in the two facilities with skilled nursing units knew exactly which units were for skilled nursing or nursing and which were for assisted living. One of these said he had to have a separate license

for each. The license for skilled nursing is from the state health department and stipulates 49 beds, while the license for assisted living is from the state's Department of Social Services and stipulates 32 beds. They are clearly separate. As noted above, differences in the level of care and in the characteristics of the patients were obvious during the tour of this facility.

#### **D. The OLQVQ instrument, part 1: screening questions 1-25**

In this section, we go through the OLQVQ chronologically, identifying questions where problems were identified or that were of special interest. The current question wording is presented in **bold text**, followed by an explanation of problems or issues that were encountered. Recommendations for revising the question are then presented in *bolded italics* before we move to the next question. Results on the flashcard that accompanies question 18a are found on pages 4-9.

##### OLQVQ screening question 2

**Hello. My name is (*Your name*). I'm from the U.S. Census Bureau (*Show your identification badge*). We are updating our list of addresses as an important part of the 2006 Census Test. This will help ensure that the 2010 Census is as accurate as possible. We estimate that it will take approximately 15 minutes to conduct this interview. This notice (*Provide a copy of the Privacy Act statement to the respondent and allow time to read it.*) explains that your answers are confidential.**

**I'd like to speak with someone who knows where people live, could live, or stay at this address or about the people that use the services provided here. Would that be you, or should I speak with someone else? (*Continue or re-read introduction if referred to another respondent*).**

In trying to identify a knowledgeable person to interview, the repetition of the first paragraph for more than one potential respondent in a facility proved to be cumbersome. It is more efficient to identify the knowledgeable respondent, then explain the purpose and length of the interview, and provide the confidentiality notice, rather than identify the knowledgeable respondent last, only to learn the person won't be able or willing to do it and a new respondent will have to be found and everything have to be reread. We propose to revise text and reorder "live, could live, or stay at this address" to "*people who stay overnight, live, or use the services provided at this address.*" The reason is that many GQ respondents (especially in hospitals, the motel, the RTCs) reacted adversely to the "live" part of the question and quickly concluded the questionnaire did not apply to them, even though the more relevant verb "stay" was also in the question. We had to persuade some of these that the questionnaire did apply to them. The proposed change is the following:

Recommended wording for Q2. ***Hello, My name is (your name). I'm from the U.S. Census Bureau. (Show your identification badge). I'd like to speak with someone who can answer questions about the people who stay overnight, live, or use the services provided at this address. Would that be you, or should I speak with someone else? (Continue, or re-read introduction if referred to another respondent).***

***We are updating our list of address as an important part of the 2008 Dress Rehearsal. This will help ensure that the 2010 Census is as accurate as possible. We estimate that it will take approximately 15 minutes to conduct this interview. This notice (Provide a copy of the Privacy Act statement to the respondent and allow time to read it.) explains that your answers are confidential.***

OLQVO screening question 5

**Is this a soup kitchen or shelter for people experiencing homelessness?**

Yes

No

The 3 homeless shelter respondents answered yes correctly and were skipped to Q 15 (phone number).

In the other non-shelter facilities, all 17 respondents quickly answered “no.” It would seem from these results that the question worked. However, during our interviews within well-furnished assisted living facilities, hospitals, etc., the fact that they were not shelters for those experiencing homelessness was so patently evident to us and the respondents that we felt embarrassed to ask this question with such an obvious answer. Sometimes respondents laughed when they heard this question. We almost expected a respondent to ask, “Does this *look* like a homeless shelter to you?”

We don’t need to ask this question—the same information about whether this is a shelter or a soup kitchen is collected in the facility type question (18a) more effectively and efficiently with the use of a flashcard. The respondent can read the categories and pick the correct response, obviating the need for an interviewer to ask questions that may be perceived as irrelevant, unneeded and time-consuming.

Recommendation: Delete this question.

OLQVO screening question 6

**Is this some type of facility, student housing, or group home?**

Yes

No

Seventeen respondents were asked this question (the 3 respondents from homeless shelters and soup kitchens were skipped over it).

This was the most problematic question in the OLQVO. Of the 17, 9 answered it correctly and 8 incorrectly. The question did work for the types of facilities specifically mentioned in the question, eliciting “yes” answers for: group homes (2 of 2) and student housing (4 of 5), as well as for 3 of the 4 assisted living facilities. These people were skipped out of the facility type probe questions (5-9).

The question incorrectly elicited “no” answers in all 3 of the hospitals, both of the residential treatment centers, the only motel, 1 of 4 assisted living facilities, and 1 of 5 places identified as student housing. The respondent for the off-campus apartment building answered both yes and no. “Yes” it was student housing and “no” there are people who live there who are not students (the general public).

What is it about this question that caused problems for nearly half of the respondents? Some colleagues participating in the debriefing session in Austin on the actual use of this questionnaire in the 2006 Census Test said they thought the word “facility” was too vague. Perhaps some other word should be used.

We therefore included a probe in the debriefing protocol asking respondents what the word “facility”

meant to them. Here are the results of that probing.

**Cognitive meaning of “facility.”** The majority of respondents thought that a “facility” was a physical structure or building where people live. Some mentioned that a facility was not a private home and that it was a place that provides shelter and service. Two respondents said that a facility is a place that facilitates. All but 2 respondents thought that the word “facility” applied to their place. Respondents from one group home and an apartment building, which ended up dropping out of the GQ universe, thought that the word “facility” did not apply. Other respondents in assisted living and group homes facilities thought it sounded too “institutional,” “cold and impersonal,” and “too sterile.” With the trend toward making assisted living facilities and group homes more homelike and community centered, the desire was expressed to try get away from referring to themselves as a facility. However, they did go along with answering the question.

Thus, the majority of places defined themselves as facilities, but nonetheless answered “no” to Q6. The problem, therefore, is not with the word “facility” per se, but rather with the construction of the sentence. The wording seems to imply that we were asking about a subset of facilities that were like student housing or group homes, rather than all facilities. In other words, the examples—student housing and group homes—defined “facility” more narrowly for respondents than we wanted.

The result of answering “no” to this question had a cascade effect. It sent these respondents through a path of three more questions (7-9) that both the interviewer and respondent knew were clearly inappropriate for all but one of them.

Recommendation: Delete this question. It is redundant, and asked more effectively in Q18a with a flashcard. Respondents can read the card and pick the category, without the interviewer asking this.

#### OLOVO screening question 7

##### **Is this a hotel, motel, RV park, campground, marina or racetrack?**

The 8 respondents who answered “no” to question 6 were asked this question. It worked for the respondent from the motel, skipping him out of this sequence to question 15 (that may have been a typo on the form—the skip probably should have been to question 12 to ask “Does anyone live or stay here?”).

For the other 7 respondents being interviewed in hospitals, residential treatment centers, assisted living, and an apartment building, this question about whether their places were hotels and marinas was obviously inappropriate. Some of these respondents either laughed or grimaced while the interviewers were embarrassed to be asking this.

Recommendation: Delete this question. It is inappropriate for some respondents and it is redundant. Question 18a (facility type) and the flashcard collect this information effectively and efficiently.

#### OLOVO screening questions 8 and 9

**Question 8: Is this housing for people with a religious affiliation, such as a convent, monastery, or abbey?**

**Question 9: Is this housing for workers such as construction, migratory, or farm workers, or Job**

## **Corps centers?**

These questions were also clearly inappropriate for the 7 respondents who were asked this question. They all answered “no” and some were getting restless at being asked questions that didn’t apply to them.

Recommendation: Delete these questions. They are inappropriate for some respondents and are redundant. Question 18a (facility type) and the flashcard collect these data effectively and efficiently.

## OLQVQ screening question 10

### **Is this a private residence?**

Of the 7 asked this, 6 said no. The one respondent who answered “yes” was from an assisted living facility. When asked later why she felt this very large facility was a private residence, she said she was thinking not of the overall facility, but how each resident would regard his/her unit in this place. To her, “private residence” meant “a place where a person had some sort of buy-in to the unit, including paying bills and perhaps mowing the lawn.” She explained that her clients pay a lump sum to buy into an apartment in her Continuing Care Retirement Community, and live there for the rest of their lives, moving into the assisted living and then the skilled nursing units if and when their health deteriorated. Her interpretation of this as a subjective question about feeling at home, rather than as a question about the objective type of place, was unique.

However, her answer of yes skipped the interviewer to Q11, which ended the interview. This was not the right outcome for this place. The interviewer improvised by ignoring the instructions and going to Q 12.

Was hers an isolated interpretation? We asked respondents what “private residence” meant to them.

**Cognitive meaning of “private residence.”** Most respondents interpreted “private residence” consistent with our concept of “housing unit.” All but one of the eleven respondents who offered their interpretation of this phrase indicated this term referred to a house or apartment that a person or family owns or rents and resides in. The respondent in the very small assisted living facility in a single family house said that it is operated as a “private residence” or a home, and indeed, our interviewer conducted this interview with the respondent while sitting at the kitchen table in this ranch style house, drinking a cup of freshly brewed tea, and talking over the sound of the dishwasher.

Recommendation: Delete this question here, but keep it in 18c, to identify any regular housing units that happened to be included in the Group Quarters Validation operation.

## OLQVQ screening question 12

### **Does anyone live or stay here?**

Most respondents simply answered yes. However, all 3 respondents from hospitals qualified their statements to emphasize the word “stay.” One said “Hopefully they stay no longer than 3 days,” another said, “They stay for short periods of time” and the third said, “They stay here, they don’t live here.” One respondent in a residential treatment center who reported an unexpected hospital within this center also qualified the statement: “They stay here; this is a hospital.”

This evidence supports what we learned with the introduction, that hospitals and some other types of short-term places do not think anyone “lives” in their places, and will then assert they shouldn’t be included in the census. However, they will go along with the word “stay.”

Also, those answering yes to questions 5 (soup kitchen or shelter) were not asked this question. This is probably because both shelter and soup kitchen (often nonresidential) were included in the same screener and it wasn’t seen as appropriate to ask those answering yes to question 5 about whether anyone lives or stays here. However, that means we don’t get the key information about whether anyone is living or staying here for shelters, which we think would be desirable, since some may have no residents at present. If question 5 stays in, a way should be found to ascertain if anyone is living or staying here. Likewise, those answering yes to question 7 (hotel, motel, campground, RV park, marina, or racetrack) are skipped over this question, and it would seem question 12 should be asked of these places.

Recommendation for this question and all subsequent uses in screeners and tabs: Reverse the order of the verbs, then modify “stay” to “stay overnight.” This will reinforce to respondents that we are asking if people are here overnight and excluding people who “stay” just during the day:

**Recommended wording: *Does anyone stay overnight or live here?***

NOTE: If this recommendation is accepted for questions 2 and 12, the same change should be made globally, throughout the questionnaire:

Q2; Q12; Q 13; Tab 1, Q 6; Tab 2, Q4; Tab 3, Q2; Tab 6, 3b4; Tab 7, Q3 and Q5, Tab 9, Q2; Tab 12 Q 2, Tab 13, Q 2. See also Section E for global changes. It should also be made in the rest of the tabs that were not included in this cognitive testing.

#### OLQVQ screening question 13

##### **Could anyone live or stay here?**

At least two respondent said no, not “anyone” can live or stay here, only specific types of people can live or stay here. They thought we wanted to know who could live or stay here, rather than if this place has any sleeping quarters. We recommend taking out the question word, “anyone” and substituting “people.”

##### **Recommendation to Q 13 *Could people stay overnight or live here?***

#### OLQVQ screening question 15

##### **What is the telephone number here?**

Three respondents gave the main number for the facility or agency, one gave the service desk number and one said there is no specific phone number. The rest gave phone numbers without any comment, so we are not sure if they are main numbers or the respondents’ direct numbers.

We suggest that this be modified to ask for a main number for this facility. In the 2006 Census Test GQ Enumeration briefing, it was learned that about 25% of the names of GQ contact people and/or their



phone numbers changed in the 6 month period between address canvassing and enumeration (statement made at the 2006 Census Test GQE Debriefing Session of enumerators in Austin held on June 1, 2006). Specifying that we want the main phone number would likely reduce the frequency of listers and enumerators in subsequent operations finding that the phone numbers are no longer in service.

**Recommendation 2: Reword this question: *What is the main telephone number here?***

OLQVQ screening question 18a

**Next, I am going to show you a list (Show respondent flashcard Side 1). Which of these BEST describes this place? Mark (x) one box.**

Most respondents picked the facility type consistent with their type for sampling (e.g., facility selected as shelter or soup kitchen did pick that category in this question.) Two did not. One of these did not find an appropriate category and went to 18b for other facility type; the other went back and forth between type 2 group home (what we sampled that facility as) and type 9 for School for people with disabilities (residential) e.g. blind, deaf, and the developmentally disabled. (See also 18b and flashcard discussions).

The other issue with this question was whether respondents chose one category or two; if two, were they willing to settle on just one (the OLQVQ question permits just one answer). Sixteen respondents picked one type. One said no category applied, and answered 18b as “apartment building;” this is not a GQ.

The remaining four respondents picked 2 types from the list, although only one answer is allowed. Two of these were no surprise—we were specifically asked by our sponsor to include 2 assisted living facilities that provided skilled nursing; the respondents in both of these places selected both category 3 (health care facility) and category 5 (independent living or assisted living facility). One was willing to select just category 5 for the whole place, since about 84% of the residents are in independent or assisted living.

The other respondent, however, said that he had to select two types in this question—in his two story building at one address, there is nursing on the second floor and assisted living on the first floor, each of them licensed under different licensing criteria with different licensing agencies. The maximum number of nursing patients is 49. The maximum number of assisted living persons is 32, but 23 is the practical maximum, due to room configurations.

There is currently no instruction in 18a on what to do if a respondent insists on choosing more than one facility type in this question. (In these 2 assisted living facilities, the interviewer knew that the skip patterns for both categories 3 and 5 went to Tab 1, but category 3 took an interim skip to screening Q 24, so the interviewer went there.)

Since we have been told that the decision has been made that only one GQ type will be assigned to each address in this question in the census, we need some way to request the GQ type that best categorizes the place. One way to do this is to instruct the respondent that only one type can be chosen in this question, and that they should classify the whole facility building in terms of the type that has the majority of beds.

For example, applying this strategy to the facility with 49 skilled nursing beds and 32 assisted living beds would receive the overall type “nursing home” because the majority of beds are devoted to nursing home patients. However, this case is special, because Tab 1 collects information on both the GQ part (the

nursing home floor) and the housing units on the assisted living floor, in the housing unit tab. In this case, the respondent just has to settle on one category (or the interviewer has to mark just one in question 18a), and both the nursing unit and the housing units will be recorded later in Tab 1 on the form. The nursing unit floor would go into the GQ universe and the assisted living floor would go into the housing unit mailout universe, if we understand the procedures correctly.

However, there were two other cases where a respondent chose more than one facility type in this question and both were GQ types. One of these was a shelter that provided beds for about 82 people for 2 weeks in and 2 weeks out, that also included a long-term residential treatment program of 18 months for about 50 people on another floor in the same building. The respondent chose shelter (10) and residential treatment center (2). The respondent said this is not a case of “either/or.”

In the final case, while reviewing the flashcard during the debriefing, a respondent changed his answer from just one type to 2: residential treatment center and also health care facility. He said he just picked category 2 from the card quickly, and didn’t read 3. Now that he had read it, he says, “The challenge for me, when it’s all said and done, is that we truly are two of these definitions that are here. We are both a health care facility, as to what I see here, and we are a residential treatment center (non-correctional)”...”Frankly, we have more beds on the health care facility definition side (90) than we do on the RTC side (32), to be totally honest with you.” Average length of stay for the health care side is 4-5 days, but for the residential treatment center, it’s about 12 months.

Discussion: We don’t know how big of a problem it is to find more than one type of program or service within the same building, such as happened in these four cases. We have encountered other cases like these in earlier research, such as Schwede and Ott 1995; Schwede and Moyer 1996; Schwede 1998; and in the GQ Pretest of the American Community Survey, in which more than one GQ type can be selected (Garrett 2005). We have recently been told that the problem of multiple GQ types within one building at one address should not occur often in the GQV operation where the OLQVQ is used: if we understand this correctly, this should be taken care of during the preceding Address Canvassing phase of GQ operations and the enumerator should receive separate OLQVQ forms for the different GQs at the address. Thus, during the administration of the OLQVQ in the context of a real census, we would be asking about a specific GQ at that address identified ahead of time in Address Canvassing.

However, if for some reason (such as perhaps the facility adding a new GQ type of service in the interim period between Address Canvassing and GQV, or some other reason), at some time in administering the OLQVQ a lister should discover more than one GQ type at an address that was only identified as one GQ in this question, the intent of question 18a may be to identify the GQ type for which the largest number of people are represented at the address. If there are multiple GQs for the address on the form, asking which type “Best” describes this place can cause conflict for some respondents, as they are forced to choose what type of facility best describes the address when it is actually composed of two or more very different types. In previous research on the Children in Custody project to restructure a census of juvenile facilities, some respondents got upset when we asked them to select just one to categorize a multi-purpose place.

In the case of the facility with more beds for the nursing floor than the assisted living floor, this rule would dictate that the whole building (both nursing home and assisted living) be enumerated in the GQ operation as a nursing home. However, in the particular case of nursing home and assisted living, both of these response categories go to the same Tab and it is part of the design to get information on both the

nursing unit and the housing units in the assisted living units. In this particular case, the nursing unit information would be routed to the GQ universe, while the housing unit information would be sent to the housing unit universe.

However, there is a potential problem in the case of the facility with one address including a hospital with 90 beds as well as a juvenile residential treatment center with 30 beds. If the building is classified on the basis of the majority of beds, it would be as a hospital for psychiatric care and the interviewer would go to Tab 6, for hospital. However, since the average stay is 4-5 days, it is not considered a “long-term” psychiatric unit and technically should not be listed by the interviewer. The hospital tab has no questions asking about the presence of a possible juvenile residential treatment facility, with the result that the 32 beds in this facility for long-term juvenile residential treatment would not be identified and would be missed in the census. What should be done with this case?

It is important to note here that there is another place in the hospital tab where more than one type of GQ within the facility can and should be identified. In the hospital tab, 3 different types of G.Q.s can be differentiated: a mental or psychiatric unit or floor for long-term care; an in-patient hospice unit; and a skilled nursing unit. In addition, this tab collects information on the number of “patients with no disposition or exit plan.”

Since the decision is to assign only one GQ type to each address in question 18a specifically, we need stronger wording to reflect this policy. Some ways to try to do this include 1) tightening the question wording, 2) adding an interviewer instruction, and adding 3) additional wording to the flashcard (for respondents) and 4) additional wording to the response categories in 18a (for the interviewer).

Recommendations to 18a (modified from question wording memo to Annetta Clark Smith on August 29, 2006): *Next, I am going to show you a list (Show respondent flashcard Side 1). Which ONE of these best describes the building at this address? (If respondent wants to choose more than one answer below, instruct him/her to pick the facility category with the largest number of beds in the building).*

Recommendation to add more text to OLQVQ 18a, response category 5:

**“Independent or assisted living facility, add the following: ...with or without a skilled nursing unit or nursing home Go to Tab 1.**

Recommendation to flashcard response category 5: Since assisted living facilities with skilled nursing or nursing units are quite likely to want to pick 2 facility type codes (health care facility and independent living or assisted living facility), modify the language in the last sentence to be:

*For independent or assisted living facilities that have, in the same building, a skilled nursing unit or nursing home, choose just this one code for independent or assisted living.*

OLQVQ screening question 18b

**Is this some other type of facility?**

Yes - Specify (if needed go to notes tab), then go to tab 3

No - Go to 18c.

The respondent who said none of the categories in 18a and the flashcard applied was asked this question. She answered that this was an off-campus apartment building with less than half of the apartments in this building being leased by students through application to and approval by the university housing office. So it was used partially, not wholly for students. This was an unexpected answer; the interviewer asked the next question, 18c, "Is this a private residence?" and the answer was no, leading to terminating the interview.

This case perplexes us, because in screening question 6 asking whether it was a facility, student housing or a group home, the respondent had answered "There is not a yes or no to it. It is partially student housing, partially public leased apartment building." Because this building was at least partially owned, leased or managed by the college (Tab 2, question 1), we weren't sure if we should have continued into tab 2 for student housing or not, to see how she would have answered.

This case was selected because our sponsors wanted to include housing for students off-campus that was owned, leased or managed by the university. This one fit the sampling criteria because it is at least partially leased by the university. However, the majority of units in the building are not set aside for students. During conversations on this case with our sponsor and GQ working group members, we were told that the intent with tab 2 is to get residence halls, dorms and fraternity/sorority houses that were definitely intended for students almost exclusively, not places that had a mix of students and the general public, with open access for the general public. So this apartment building should not go on to tab 2.

There is no clear path in the questionnaire now for how to handle the answer of "apartment building" in 18b. If the respondent says yes to 18b, agreeing it is a facility, the current instruction calls for the type to be written in and skips this to Tab 3 as an "other." However, Tab 3 is for other GQ types and this is an apartment building consisting of housing units--so the current instruction to go to Tab 3 doesn't seem appropriate. If the respondent says "no" when asked if this is a facility in 18b, he/she goes to 18c asking for "private residence" and that is clearly a no (because "private residence" most often refers to one solitary housing unit as documented on page 16). That leads to terminating the interview and marking "housing unit," which seems only to be done if this is a private residence.

An apartment building is a type of "other living quarter" but there is no instruction in the OLQVQ on how to label and process it.

**Suggestions:** Add a category to 18a and the flashcard: **Apartment building used partially or wholly for student housing by a college, university or seminary**, then add a new question 26 to determine if it is partially or wholly used for students. "Wholly" might skip to tab 2, while "Partially" might either terminate the interview in a new question 27, or else skip to an instruction to list the addresses of all of the units at this address on the housing unit page (there is such an instruction in Tab 2, question 11.)

**Suggestion for a new question 26: Is this apartment building used wholly or partially for student housing, and also owned, leased or managed by a school (college, university, or seminary)?**

**Wholly - Go to Tab 2 (?)**

**Partially - Go to Q 27 - which would thank them and terminate the interview (unless you decide you want to go to the housing unit list page and write down the apartment numbers).**

OLOVO screening question 21

**21. Which of the following BEST describes this facility? Is this a (read list)?**

**Group home (non-correctional)? Go to question 22**

**Residential treatment center (non-correctional)? Go to question 23**

Four respondents were skipped here because they chose flashcard category 2. This question did elicit the answers we'd hoped to get. The respondents at the two facilities selected as group homes from the Census 2000 files did choose "group home." The respondents at both facilities selected as "residential treatment centers" chose that category in this question. However, during the interview one of the latter continued to refer to his place as a "hospital" and when he was given another chance to look at the flashcard during the debriefing, he decided he should also mark the "health care facility option." For more discussion of that, see the writeup in Section A, flashcard response category 2.

The only recommendation for this question concerns punctuation: delete the question marks after group home and residential treatment center, because they suggest the interviewer should read the first response category and wait for the answer before proceeding to the next question. This contradicts the instruction at the end of the question stem that says "read list," which implies that all response categories should be read before the respondent is asked to answer the question.

Recommendation: Delete question marks after each of the response categories, so that lister reads both categories before eliciting the answer from the respondent.

**21. Which of the following BEST describes this facility? Is this a (read list)**

**Group home (non-correctional)**

**Go to question 22**

**Residential treatment center (non-correctional)**

**Go to question 23**

OLOVO screening questions 22 and 23

**22. Is this group home intended for adults or juveniles?**

**Adults**

**Juveniles**

**23. Is this residential treatment center intended for adults or juveniles?**

**Adults**

**Juveniles**

The respondent in the facility selected for the sample as "group home for juveniles" became upset when he heard the word "juvenile" in the question and says this word does not apply to the youth in his facility. To him, "juvenile" connotes "juvenile delinquent" and none of the residents in his home are under the Department of Corrections; they are mentally retarded wards of the state who have not committed any offenses. Each time the word "juvenile" was used in a question, he got upset. He strongly advised us to change this word to "youth" or something else.

This respondent's interpretation of the meaning of "juvenile" is not at all unusual. In fact, this interpretation was also held by a substantial number of administrators at juvenile facilities whom we interviewed in more than 20 states as part of our multi-year project to restructure the Census of Juvenile Correctional, Detention, and Shelter Facilities for the Office of Juvenile Justice and Delinquency Prevention at the Department of Justice (see, for example, Schwede and Ott 1995). The word "juvenile"

was enough of a problem in that census that we did cognitive testing of alternative wording and ended up with “young persons under age 18” as a replacement for “juvenile” in the text of the final instrument, although we kept “juvenile” in the new census name, “Census of Juveniles in Residential Facilities.” Westat went further and used the word “youth,” instead of “juvenile,” in the Survey of Youth in Residential Placement.

Recommendation: Substitute the word “youth” for “juvenile” in questions 22 and 23 and everywhere else it appears in this questionnaire and on the flashcard, and in training materials.

**22. Is this group home intended for adults or youth?**

*Adults*

*Youth*

**23. Is this residential treatment center intended for adults or youth?**

*Adults*

*Youth*

OLQVO screening question 24

**24. Which of the following BEST describes this facility? Is this a (read list)**

**Skilled nursing facility or nursing facility? [Type Code 301] Go to Tab 1**

**Hospital, including mental or psychiatric hospital? Go to Tab 6**

**In-patient, free-standing hospice facility? [Type code 403] Go to Tab 5**

Five respondents answered this question. Two were from assisted living facilities that also had skilled nursing or nursing units, and they had mentioned “health care facility” as well as “independent or assisted living facility” in 18a. They both picked “skilled nursing facility or nursing facility” here, but one specified it was a skilled nursing *floor* and that she also had an assisted living *floor*. The other three were from hospitals and they all picked “hospital.”

As with Q 21, the question marks at the end of each of the three response categories are inconsistent with the instruction after the question to *read list*. The question marks indicate the interviewer should stop reading after each question mark to get a yes or no answer to that category, while the “read list” instruction suggests that all categories should be read before one answer is requested. In a question that allows just one answer, it is important that respondents hear all three possible response categories before they choose the best answer.

Recommendation 1: Delete question marks from the ends of each response category, to encourage interviewers to read the whole list at once before requesting the final answer.

Recommendation 2: If, as suggested in the flashcard section, the decision is to take hospital out of the “health care facility” category and making it its own stand-alone category on the flashcard and in 18a, then “hospital” should be deleted from the response categories in this question. That would make this question easier to read and administer, and also reduce the number of skip instructions.

**24. Which of the following BEST describes this facility? Is this a (read list)**

*skilled nursing facility or nursing facility,  
hospital, including mental or psychiatric hospital,  
in-patient, free-standing hospice facility?*

*[Type code 301] Go to Tab 1  
Go to Tab 6  
[Type Code 403] Go to Tab 5*

OLQVQ screening question 25

**25. Is this facility a soup kitchen, shelter or both? Mark (X) one box.**

**Shelter (emergency or transitional)**

**Soup kitchen**

**Both**

Two respondents have trouble deciding whether they should pick just shelter or both, because they are not sure whether their food programs would be included in our category of “soup kitchen.” One says they feed people and the other says they serve and distribute food. The flashcard definition did not help to answer their questions, as it simply says “*Soup kitchens provide meals primarily to people experiencing homelessness*.” This was discussed in the flashcard section above and will be discussed again in Tab 12.

Recommendation: If soup kitchen can be defined more clearly on the flashcard, this question may be easier for respondents at shelters and soup kitchens to answer. No change recommended to this question.

**E. The OLQVQ instrument, Tabs part 1: Global Changes Across Tabs**

We now turn to discussion of cognitive testing of questions in the tabs for specific types of facilities. Some questions, such as the maximum number of residents, appear across many tabs. In this document we identify changes to the 6 tabs included in our cognitive testing.

Section E presents global changes to very similar questions across more than one tab. Global changes recommended here are likely to apply to some or all of the other 7 tabs that we didn’t test; we don’t identify them here.

Section F presents specific changes to specific tabs. For those who are doing question wording changes, please consult both Section E and Section F.

Global changes:

- Change “**live or stay**” to “**stay overnight or live**” whenever this appears in the screening questions and tabs.
  - Tab 1, question 6;
  - Tab 2, question 4;
  - Tab 3, question 2
  - Tab 7, questions 3 and 5
  - Tab 9, question 2
  - Tab 12, question 2

- Have the same lead-in statement precede the question on maximum number of people:  
*“Next, I have a question about the building at the address we just verified.”*
  - Tab 3, question 2
  - Tab 9, question 2
  - Tab 12, question 2
- There is inconsistency in the tabs as to whether the set of questions on group housing for staff are asked or not. For example, Tabs 1, 6, 9 do ask these questions, but Tabs 2, 3, 7, and 12 do not ask them. If this is by design, that is alright. If this is an oversight for one or more of the latter tabs, then we suggest the questions be added to those tabs.
- Make wording consistent across tabs for “maximum number of staff housing” question. Standardize on “live.”

#### **F. The OLOVQ instrument, Tabs, part 2: Specific Questions in Specific Tabs**

##### **TAB 1: SKILLED NURSING FACILITY, NURSING FACILITY AND INDEPENDENT OR ASSISTED LIVING FACILITY**

###### Tab 1, question 2

**Next, I have some questions about the building at the address we just verified. At this address is there:**

- A. A skilled nursing unit or nursing unit?**
- B. Group housing for staff**
- C. Independent or assisted living units**

Following sponsor sampling guidelines, we selected 2 assisted living facilities with a skilled nursing unit or nursing unit (cases 1 and 2), and 2 assisted living facilities without nursing units (cases 3 and 4). All 4 answered this question consistent with their sample type: the first 2 answered yes to A and C, the last 2 said no to A and yes to C. Respondent 4, who runs a small assisted living facility without any nursing unit in a neighborhood home, said yes to assisted living and also yes to group housing for staff; she has staff housing in the basement.

We thus had: two who answered yes to A and C; one who answered yes to B and C; and one to C alone, enabling us to go through the three paths (for A, B, and/or C) at least once in this study. Although the skip instructions were complicated (sometimes requiring three consecutive skips to get to a question), this section worked okay. We document some global changes here resulting from earlier recommendations.

###### Tab 1, question 6

**What is the maximum number of residents who can live or stay here in the skilled nursing unit or nursing unit at this address?**



The administrators in these facilities actually convert this question about the number of residents to the number of beds they are licensed to have and readily provide that number of beds. We did not see any problem in their doing this. This lays the groundwork for a question revision we propose in Tab 6.

Make the global change to “stay overnight or live here” discussed in screening question 12 on page 16.

**6. What is the maximum number of residents who can stay overnight or live here in the skilled nursing unit or nursing unit at this address?**

Tab 1, question 8

**Is the group housing for staff in a separate area for staff members to use as their usual residence?**

Yes - Go to Q 9

No - Go to Q 10

One respondent for an assisted living facility answered yes to this.

What are the cognitive meanings of group staff housing among all of our respondents?

**Cognitive meaning of “group housing for staff.”** Group housing in general was understood by respondents to mean people living together who share some affinity either by occupation or medical condition. There was some variation about what group staff housing refers to. Such variations range from something like a dormitory or even housing for staff to housing that was only used during emergency situations such as inclement weather. So, there is a sense that group housing for staff is not a permanent type of housing and only used for brief stretches of time and that at least within hospitals is not meant to be long term. One respondent mentioned that some hospitals own actual housing that is temporary mostly for foreign nurses. The emphasis in almost all cases where we probed for group housing for staff was on the transitional nature of this form of housing as opposed to “out in the community”—as one respondent mentioned—where it is likely to be more permanent. The one group home-like assisted living facility discussed here does have permanent quarters for at least one staff member.

Tab 1, question 9

**What is the maximum number of staff who can live at this address?**

Respondent 4 said there are rooms for up to two staffers in the basement of this house; it is separate from the clients’ rooms upstairs. One staffer lives there now; it is her usual residence. There is a county licensing cap of 8 on the number of unrelated people who can live there. She has 7 clients now, so can only have one staffer live in at this time. She might go to 2 staffers, but more than that does not make economic sense. So the number of staff who can live here is a matter of economics, not of facility size.

## **TAB 2 RESIDENCE HALL, DORMITORY, OR FRATERNITY/SORORITY HOUSE FOR STUDENTS**

What does student housing mean to respondents? Respondents focused upon the academic nature of

student housing in offering up definitions of what student housing is. It is also interesting to note that usually there are staff including chaplains at some institutions who also reside within residence halls. We probed, asking respondents to define student housing and residence halls. We also asked if they felt there was a difference between the terms dormitory and residence hall. Our results indicate that respondents did not like the term dormitory to define/describe student housing at their institutions. “Residence halls” are considered to be “homes away from home” and the term “dormitory” is somewhat distant from what the facilities included in this study are trying to convey. Overall residence hall seems to be the favored term in referring to student housing. Dormitory seems to have a negative association with it and these academic institutions are trying to develop a sense of community outside the classroom that the term dormitory does not address. One respondent mentioned that dormitory seems to have a temporary connotation to it, and a term such as residence hall implies something more “pointed.” Another respondent mentioned that they considered student housing to be basically an on-campus apartment. Some variations of this terminology were: residence hall, student residence, student dwelling.

#### Tab 2, question 1

#### **Is this building owned, leased, or managed for students by a college, university, or seminary?**

We found that there is not a one-to-one correspondence between building and address in college housing. An issue that emerged during debriefing of the residence hall respondents – all university officials – was that there is some variation in terms of how addresses are listed. Specifically, there was found to be a mismatch between what was listed on the Census 2000 listing we used for sampling and what the university official mentioned as being at that specific address. Of the five addresses selected for this study, one was obtained from the university’s web site and this was the apartment building that was found to be problematic during the interview. The remaining four addresses came from the Census 2000 listing and the interviews were conducted with university officials based on that one specific address. During the interview it was learned there are cases where there was more than one building using a specific address.

At three of the five universities, the address we were interviewing about was actually a collection of buildings. In one case it was a complex of several buildings divided into blocks a-f. Another mentioned that the address labeled “Village A” on our Census list was actually a series of buildings identified with unique 3-digit building numbers, and yet another said the address was actually nine buildings each of which is listed on the Census 2000 listing as being a separate address. The Village A residence hall and the residence hall listed as being divided into several buildings each had one address on the Census 2000 list. The third one listed 9 separate addresses for each building in Census 2000, but the respondent mentioned that all of the residence halls on that campus have one *mailing address* for all of the mail.

The problem here is that the OLQVQ will have to list all of the separate addresses of each building in order to fall under guidelines of enumerating each building separately. The issue to consider here is how does this play out during listing and enumeration? Note that the issue of multiple buildings and addresses came up only during the debriefing, not during the questionnaire itself. The variation in listing was discovered upon asking the question:

Please describe the layout of your facility for me. (Part of one building, all of one building, several buildings, etc.; any embedded housing units or other types of G.Q.s?)

In sum, if administrative lists of residence hall and dorm addresses are solicited from officials at the college for use by the Census Bureau, it should be kept in mind that in some cases, one “residence hall” may actually consist of a number of buildings having one or multiple street addresses. The enumeration may find multiple buildings at one specific address if the operation is to involve knocking on doors for the OLQVQ, or one named “residence hall” having multiple street addresses. And as was shown in one case the enumeration may find multiple listings of buildings identified under one street address.

Recommendation: Emphasize the word “building” to try to get respondents to report for the same unit of enumeration.

*Is this BUILDING owned, leased, or managed for students by a college, university, or seminary?*

Tab 2, question 4

**What is the maximum number of people (including staff) who can live or stay here at this address?**

In most cases, there is often a university staffer who lives in the residence hall or dorm. To make sure the staffer is included in the count, a parenthetical statement (including staff) could be added to the question.

Recommendation for question: **4. *What is the maximum number of people (including staff) who can stay overnight or live here at this address?***

### **TAB 3. GROUP HOMES AND RESIDENTIAL TREATMENT CENTERS FOR ADULTS**

Tab 3, question 2

See section E, global changes.

### **TAB 6: HOSPITAL (including mental or psychiatric hospital)**

Tab 6, question 2

**Is the name of this building exactly the same as the facility name?**

One hospital respondent explained that the entire building complex has the full facility name, but there are names for the different buildings. This is the South Building. There is a North Building and a West Building. (The Census 2000 listing only had one entry for this overall facility—no building names were mentioned. This suggests the counts were for the overall facility with 20+ buildings, not for one specific building). The other two respondents said the overall name was the name of this building, too.

This issue of the respondent answering for the whole facility, rather than just the one building, illustrates the complex problem in GQ enumeration of distinguishing the special place (the overall hospital) from the group quarters (the specific hospital unit in a specific building that is our unit of data collection).

This issue may be resolved in a real census in the Address Canvassing operation, which precedes the GQ operation we are discussing here, and focuses on specific buildings. If we understand that operation correctly, there should be separate OLQVQ questionnaires for each of the other buildings.

Tab 6, questions 3, 3a, 3a1

**3. Now I have some questions about the building at the address we just verified.**

**3a. At this building is there:**

**3a1.... a mental or psychiatric unit or floor for long-term care?**

Respondents 6 and 7 each answer yes, that there is a psychiatric/mental hospital within their facilities. But both also quickly point out that these are for short-term, not long-term stays.

This is a compound question, essentially asking 2 questions: first, if it's a psychiatric or mental hospital, and second, if it is long-term. Should this question be marked yes because there is a psych unit, or no, because the psych unit is not long-term? Another problem is that long-term is not defined here, so it is ambiguous how to proceed and could lead to inconsistent recording by different listers.

**Cognitive meaning of "long-term care in psychiatric or mental units":** We did build a probe into the debriefing questions to ask respondents in hospitals what long-term meant to them in this question about psychiatric or mental units. In one hospital, the average length of stay in the psychiatric unit is 5.1 days, but people can stay up to 30 days, if needed. She mentioned that so many beds elsewhere have been closed that it sometimes takes awhile to place people for mental health care, especially children, who have an average stay of 9-10 days. In another hospital, the usual stay in the psychiatric unit is 5-10 days, but he said short-term care could go up to 15 days. In the third hospital, the respondent said that long-term care in a psychiatric unit would be more than a 2-3 week period. Based on these few respondents, we find that all three would agree that long-term psychiatric care would average 21 or more days.

The current question just uses the vague quantifier, "long term." Without any clarification from us, respondents (and interviewers) will come up with their own interpretations of what this means and the answers we get about whether hospitals do or do not include "a mental or psychiatric unit or floor for long-term care will be inconsistent and constitute a source of error.

Recommendation: Revise to delete the vague quantifier, "long term" and then include a specific number of days that we consider to be long term, to improve clarity and response consistency:

Recommended wording: *At this building is there a mental or psychiatric unit or floor that has an average length of stay of at least [X] nights?*

We suggest 21 days as a possible length of time from this study, but this is based on just three cases and there could be much variation in this universe; a literature review and information from more hospitals would be useful in making a policy decision on the appropriate number of days to insert.

Tab 6, question 3b1

**What is the maximum number of these patients?**

We asked this question immediately after the preceding one, despite the ambiguity of “long term” expressed by respondents. One respondent said the capacity was 676 (the interviewer probed later and learned this was the capacity of the whole hospital. When he asked specifically about the psych unit, he learned there were 90 beds). In another hospital, the respondent interpreted the question correctly as targeted to the psych unit and answered, “16 beds.”

Recommendation: Change the wording here to ask for the number of beds in this unit or on this floor, so respondents don’t misunderstand and give the capacity for the entire hospital, as one did. Also, changing the wording to the number of beds avoids the problem of asking about the number of patients, without specifying just patients who stay overnight (omitting out-patients coming in during the day only).

Recommended wording for Q 3b1 to Q 3b3: *What is the maximum number of beds in this specific unit or on this floor?*

Tab 6, question 3a2

**3a2. ....is there an in-patient hospice unit?**

Two respondents answered no, while one said he had 3-4 beds dedicated to hospice patients, but it was not a separate unit necessarily. Respondents in assisted living facilities in Tab 1 (not hospitals) said that they offered “hospice services,” provided at patient’s request by outside contractors who come into the facility to provide them.

Comment. This question is formatted as a subquestion of the 3a lead-in: “Is this building”.... We don’t expect that 100% of all listers will read this 3 word lead-in before each of the 3 subquestions; not reading the lead-in specifying “this building” could lead to some to answer for units that are part of the hospital, but in other buildings.

Recommendation: Reformat this section, so that each subquestion from 1 to 4 includes the initial 3 words, “At this building.” Not only would this help to keep the focus on subunits and their counts within the specific building being discussed, but it would also simplify the question numbering system, which now includes 3a2 and 3b2 and is hard to figure out.

Recommended wording: *At this building, is there an in-patient hospice unit?*

Tab 6, question 3a3

**3a3. ...is there a skilled nursing unit?**

One respondent says yes, “In health care, there are different definitions.” The other two say no.

Suggestion: We suggest the GQ Definitions Group might want to consider adding some more detail about what is meant by “skilled nursing” since it is subject to different definitions.

Recommendation as in 3a2 above: *At this building, is there a skilled nursing unit?*

Tab 6, question 3b3

**3b3. What is the maximum number of these patients?**

For consistency with the wording of preceding questions, and to get the respondents to focus on each unit separately, revise the wording.

Recommended wording as for 3b1: *What is the maximum number of beds in this specific unit or on this floor?*

Tab 6, question 3a4

3a4...do you accept patients with no disposition or exit plan?

On respondent said “Yes” and laughed, another said “Yes, much to my dismay,” and the third hesitated and sighed, and finally said “Yes, because they come in from the emergency department.”

Who do hospital respondents think is included as having “no disposition or exit plan?” We asked them this question to see how they apply this term to their hospital patients.

**Cognitive meaning of “patients with no disposition or exit plan.”** The three hospital administrators all use this term, but were not consistent in whom they included. One said that “no disposition or exit plan” refers to two categories of people that you need to refer to another place: the homeless and those who need long-term skilled care that need to be referred to and moved to another facility.

One respondent said that “no disposition or exit plan” includes “the uninsured and a lot of categories that would fall under there. The large categories are: the homeless, the uninsured, and a lot of elderly who need a placement and their kids won’t take them in.” He added “At least 30% of our people end up going to rehabilitation facilities, nursing homes, group homes, or assisted living. Finding places for these people involves talking to the families and giving them choices, making the referrals, telling the insurance companies to please pay for it and negotiating with them to pay for it.” The 30% is just a ballpark figure. “I think, our hospital is for 30% medical assistance, 30% Medicare, the rest probably private insurance,...and there’s a maybe 10% self-pay. So...combine the self pay and a portion of the medical assistance and a portion of the Medicare patients....For the biggest part I know, in trauma, almost every person I see over there that is of Medicare age will need a nursing home before they end up going home.”

This paragraph suggests that at least some of the persons he would include in his estimate of those “with no disposition or exit plan” are elderly people who may have their own usual residence, but because of some trauma, will not be able to go directly home, but to some facility for some length of time. For

some, that stay would be temporary. Some of those he classifies as “no disposition or exit plan” who are only temporarily in a facility may have a usual residence where they might be counted for the census.

Another respondent explained that in the Emergency Department, this phrase “no disposition or exit plan” refers to the homeless, to the uninsured, and to those cases where they have to arrange for someone on the outside to take over treatment when the patient leaves here. According to him, a disposition plan, by itself, is basically a decision about where each incoming patient is to go next: admitted to another part of the hospital and unit, to some other facility, or sent home, with or without a referral to his/her own doctor. At the time of admission to the emergency department, the hospital staff are focused on treating the acute health problem, so no one has an exit plan at that time. It is usually not until the next day that they start to determine whether someone has a clear exit plan or not.

We’ve gone into detail here to show that the phrase used on this form, “no disposition or exit plan” is definitely a phrase that is used in the 3 hospitals in this study. However, in hospital parlance in at least some hospitals, it may include categories of people, such as the uninsured, or elderly persons suffering a trauma who need placement that may be temporary, that may have a usual residence of their own and might properly be counted on census forms at those places, particularly if the collection of names at the hospital is done more than a week after Census Day (GQ enumeration takes place over 6 weeks following Census Day.) Because of this ambiguity and the possibility of getting a much larger number of people in hospitals identified as “having no disposition or exit plan” we recommend substituting wording that states more clearly the type of people we would be counting in the census at the hospital. We have been told that previous attempts were made to see if respondents understood our terms, so we propose a different way of wording it:

***Suggested revision: At this building, do you accept patients who do not have a fixed address or who are not returning home and are awaiting long-term placement elsewhere?***

(This could be split into two questions to make each clearer).

Tab 6, question 3b4

**3b4 What is the maximum number of these patients?**

Respondents used different time reference periods, as there was none stated in the question. One asked if we meant for today? When told whatever she thought it meant, she says “Probably 3.” Another answered that about 30% (162) of the average 540 patients per day fell into this category. A third estimated that about 5-15% of the yearly population (about 1400 to 3000) would be without a disposition or exit plan due to being homeless. When the interviewer asks what this is per day, he does a rough estimate from his yearly estimate, and answers, “About 5-10 per day” (he is only estimating for the homeless, not for the uninsured or those needing another placement). He said this hospital doesn’t get a lot of homeless patients, but other hospitals might have a much bigger proportion of homeless in their emergency rooms.

In addition to answering for different reference periods, there was also the issue of seasonal fluctuations. A respondent for a large urban hospital noted that the number of persons coming in with no disposition or exit plan varies over the year. Because of this, it would be prudent to consider asking for the estimated number of persons with no disposition plan around April 1 of the year.

This question is different from the others and shouldn't be included in the same grid format.

**Recommended wording:** *What is the maximum number of these people with no fixed address and those awaiting long-term placement elsewhere, who could stay overnight or live at this address?*

#### **TAB 7: MOTELS**

##### Tab 7, question 2

#### **2. Does this building or part of this building provide shelter for people experiencing homelessness?**

The motel owner didn't have a way of identifying if the people there were homeless, but assumed that they had a usual residence elsewhere, even when they were living there for 1-2 years. He also said he wouldn't identify what rooms homeless people were living in even if he did know they were homeless.

Recommendation: No change, but we do want to note here that this question might be difficult for motel owners to answer, unless occupants were identified as homeless and certain rooms are designated for homeless clients.

##### Tab 7, questions 3 and 5

#### **3. What is the maximum number of people experiencing homelessness who can stay overnight or live here?**

#### **5. Are there any rooms occupied by people who stay overnight or live here most of the time?**

See section E, global changes.

#### **TAB 9: GROUP HOME / RESIDENTIAL TREATMENT CENTER FOR JUVENILES**

##### Tab 9, questions 1 and 3:

#### **1. What is the full name of this juvenile facility?**

#### **3. At this address, in addition to housing for juveniles, is there also group housing for staff?**

Recommendation: Make global change from "juvenile" to "youth" as discussed in screening questions 22 and 23.

#### **1. What is the full name of this facility for youth?**

#### **2. At this address, in addition to housing for youth, is there also group housing for staff?**

##### Tab 9, question 2

#### **What is the maximum number of juveniles who can live or stay at this address?**

Recommendation: Make the global change from "juveniles" to "youth" discussed in screening questions 22 and 23 above.



Tab 9, question 5

**What is the maximum number of staff who can live at this address?**

See Section E, global changes.

**TAB 12. SHELTERS AND SOUP KITCHENS**

Tab 12, question 2

**2. What is the maximum number of people who can live or stay here?**

One respondent at a family shelter gave the maximum number that had ever been in the shelter in one night, as capacity is determined by a combination of number of rooms and family size, not the number of beds in the facility.

See Section E, for global changes.

Recommendation for Q 2: *“Next, I have a question about the building at the address we just verified. What is the maximum number of people who can stay overnight or live here at this address?”*

Tab 12, question 3

**In addition to providing housing, do you also operate a soup kitchen here for people experiencing homelessness? Yes/No**

Two shelter respondents were unsure about whether they had a soup kitchen on site. Both said in the introductory questions that they had a soup kitchen. In the tab, one said it didn't have a soup kitchen, but did have a cafeteria where they fed residents at the shelter. At the other shelter, the respondent said in the tab that they had a soup kitchen, but actually had a cafeteria for residents and a food distribution center. We suggest revising the definition on the flashcard to clarify what is included as a “soup kitchen.”

Soup kitchens were defined by respondents as distinct from cafeterias within shelters and food distribution locations (food pantries). Both of these provide meals primarily to people experiencing homelessness, but are not soup kitchens. To respondents, soup kitchens are places where people come in off the street, have a bowl of soup and bread and move on. Soup kitchens were also not necessarily associated with people who were homeless, but with people who were poor, who may or may not be homeless. If we are concerned with just soup kitchens that primarily serve persons experiencing homelessness, soup kitchens may not be able to answer if their clients are experiencing homelessness.

In the GQ facility type definitions, a soup kitchen is defined as a place that offers meals organized as food service lines or bag or box lunches.

Recommendation: Delete the current definition of soup kitchen on the flashcard and substitute the following clearer definition taken from the 2006 Census Test GQ definitions (2005), and a new clause that mentions “people experiencing homelessness and others”:

*A soup kitchen is a place that offers meals organized as food service lines or bag or box lunches, for people experiencing homelessness and others.*

#### Tab 12, question 5

#### **What is the maximum number of people who can be served at a meal here?**

One respondent at a homeless shelter underreported the number of people that could be served at a meal there because he was interpreting the question to mean “the number of people who could sit down at one time for a meal.” Since during a given meal, people sat in shifts, he reported the number of people who could be served in one shift, not the number of people served in the whole meal.

Recommendation: Change Tab 12 Question 5 to *“What is the maximum number of people who can be served during an entire mealtime here?”*

Was the lack of a group housing for staff question deliberate or an oversight? If these data are needed, the question should be consistent with that in other sections. Rationale provided in Section E.

Suggestion: If these data are needed, add question here: *“At this building, is there group housing for staff?”* Also add the followup questions.

#### **Tab 13: SOUP KITCHENS**

Recommendation: This tab was not tested, but make question 2 consistent with Tab 12 question 2:

*2. Next, I have a question about the building at the address we just verified. What is the maximum number of people who can stay overnight or live here at this address?”*

5. Reword for consistency with Tab 12, Q 5 *What is the maximum number of people who can be served during an entire meal time here?*

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**APPENDIX 1:**

**OTHER LIVING QUARTERS VALIDATION**

**QUESTIONNAIRE (OLQVQ):**

**SECTIONS INCLUDED IN COGNITIVE TESTING**







**21. Which of the following BEST describes this facility? Is this a (read list)?**  
**Mark (X) one box.**

- 1  Group home (non-correctional)? → [Go to Question 22](#)
- 2  Residential treatment center (non-correctional)? → [Go to Question 23](#)

**22. Is this group home intended for adults or juveniles? Mark (X) one box.**

- 1  Adults [Type Code 801] → [Go to Tab 3](#)
- 2  Juveniles [Type Code 201] → [Go to Tab 9](#)

**23. Is this residential treatment center intended for adults or juveniles? Mark (X) one box.**

- 1  Adults [Type Code 802] → [Go to Tab 3](#)
- 2  Juveniles [Type Code 202] → [Go to Tab 9](#)

**24. Which of the following BEST describes this facility? Is this a (read list)?**  
**Mark (X) one box.**

- 1  Skilled nursing facility or nursing facility? [Type Code 301] → [Go to Tab 1](#)
- 2  Hospital including mental or psychiatric hospital? → [Go to Tab 6](#)
- 3  In-patient, free-standing hospice facility? [Type Code 403] → [Go to Tab 5](#)

**25. Is this facility a soup kitchen, shelter or both? Mark (X) one box.**

- 1  Shelter (emergency or transitional) [Type Code 701] → [Go to Tab 12](#)
- 2  Soup kitchen [Type Code 702] → [Go to Tab 13](#)
- 3  Both → [Go to Tab 12](#)





- 12. Now I'd like to read a list of addresses and ask you to tell me whether they are independent or assisted living units here at this address. (Read addresses from Questionnaires/list and mark each address confirmed as a HU and, then go to Question 13.)**
- 13. Other than the addresses we just talked about, are there any other independent or assisted living units at this address?**  
1  Yes → [Go to Question 14](#)  
2  No → [Go to Question 16](#)
- 14. What are the addresses of all these other independent or assisted living units at this address? Go to the HU listing tab and list each of these units, and then go to Question 16.**
- 15. Earlier you mentioned there are independent or assisted living units at this address. What are the addresses of all these assisted or independent living units at this address? Go to the HU listing tab and list each of these units, and then go to Question 16.**
- 16. Thank you very much for answering these questions. Now, I need to gather some additional information about your facility. This will only take a few moments of your time. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section. Begin the Advance Visit Presentation, DD-1098.**

**For facility with ONLY independent or assisted living units**

- 17. Do you have additional Questionnaires or a DD-322(GQV) Multiple Questionnaires List for this address?**  
1  Yes → [Go to Question 18](#)  
2  No → [Go to Question 21](#)
- 18. Now I'd like to read a list of addresses and ask you if they are independent or assisted living units here at this address. (Read addresses from Questionnaires/list and mark each unit identified as a HU, and then go to Question 19.)**
- 19. Other than the addresses we just talked about, are there any other independent or assisted living units at this address?**  
1  Yes → [Go to Question 20](#)  
2  No → [Go to Question 22](#)
- 20. What are the addresses of all these other independent or assisted living units at this address? Go to the HU listing tab and list each of these units, and then go to Question 22.**
- 21. Earlier you mentioned there are independent or assisted living units at this address. What are the addresses of all these assisted or independent living units at this address? Go to the HU listing tab and list each of these units, and then go to Question 22.**
- 22. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "D3" box in the Address Status section.**



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### HU LISTING TAB

**Is this HU listed in the address register?**

1  Yes – Specify → ID in register AA Line No. Page No.  
 2  No

a. House No. b. Street name, Rural route, and Box No. c. Unit designation d. ZIP Code

e. Physical Description/Location

**Is this HU listed in the address register?**

1  Yes – Specify → ID in register AA Line No. Page No.  
 2  No

a. House No. b. Street name, Rural route, and Box No. c. Unit designation d. ZIP Code

e. Physical Description/Location

**Is this HU listed in the address register?**

1  Yes – Specify → ID in register AA Line No. Page No.  
 2  No

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a. House No. b. Street name, Rural route, and Box No. c. Unit designation d. ZIP Code

e. Physical Description/Location

**Is this HU listed in the address register?**

1  Yes – Specify → ID in register AA Line No. Page No.  
 2  No

a. House No. b. Street name, Rural route, and Box No. c. Unit designation d. ZIP Code

e. Physical Description/Location

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**APPENDIX 2:**  
**OLQVQ FLASHCARD**

## OTHER LIVING QUARTERS FLASHCARD 2006 Census Test

### Side 1 – DEFINITIONS OF PLACES PEOPLE LIVE OR STAY AND THE SERVICES PROVIDED

**1. Correctional facility for adults or juveniles**

Prisons, jails, detention centers, halfway houses operated for correctional purposes, residential training schools and farms, reception and diagnostic centers, group homes operated by or for correctional authorities, and boot camps for juvenile delinquents.

**2. Group home (non-correctional) or residential treatment center (non-correctional)**

Group living arrangements in the community providing room, board, and supportive services, such as assistance with daily living skills, and social, psychological or behavioral programs. Or, residential facilities that provide treatment on-site in a highly structured live-in environment for the treatment of drug/alcohol abuse, mental illness, and emotional/behavioral disorders.

**3. Health care facility**

Skilled nursing facility or nursing home providing long-term 24 hour care with licensed nurses for non-acute medical care. Hospitals and free standing hospice units.

**4. Hotel, motel, single room occupancy units, inn, resort, lodge or bed & breakfast**

All types of lodging facilities that may include permanent housing for some clients and/or housing for people experiencing homelessness.

**5. Independent living or assisted living facility**

Facilities that provide housing for the elderly and coordinates personal support services, 24 hour supervision and assistance to meet needs in a way that promotes maximum dignity and independence for each resident. These facilities are designed for people who need regular help with the activities of daily living but do not necessarily require skilled medical care. These facilities may contain a skilled nursing unit or nursing home.

**6. Recreational Vehicle (RV) park, campground, marina or racetrack**

Includes both commercial and private

**7. Religious group living quarters**

Facilities owned or operated by religious organizations that are intended to house their members in a group living situation such as convents, monasteries or abbeys. (Seminary students living in group quarters are classified as college student housing not religious group quarters.)

**8. Residence hall, dormitory, or fraternity/sorority house for students**

Group housing for colleges, universities and seminaries.

**9. School for people with disabilities (residential) e.g. blind, deaf and the developmentally disabled**

Group housing for students at schools for students with disabilities.

**10. Shelter or soup kitchen for people experiencing homelessness**

Emergency and transitional shelters are places where people experiencing homelessness stay at least overnight. Examples are missions, shelters for runaway children, and locations run by private groups or local governments. These are not shelters that operate only in the event of a natural disaster.

*Soup Kitchens provide meals primarily to people experiencing homelessness*

**11. Worker's Group Living Quarters or Job Corps centers**

Migratory farm worker camps, ranch workers housing, vocational training facilities, and all group housing for staff in separate buildings or wings.

## **Side 2 – DESCRIPTION OF CORRECTIONAL FACILITIES FOR ADULTS**

**1. Federal detention center**

(also include Metropolitan detention center, Metropolitan Correctional Center, Bureau of Indian Affairs detention center, Immigration and Customs Enforcement Service Processing Centers and contract detention facilities)

**2. Federal prison**

**3. State prison**

**4. Local or county jail**

or a correctional facility operated by the American Indian and Alaska Native (AIAN) tribal governments (also included are work farms and camps holding people awaiting trial or serving short sentences)

**5. Correctional residential facility**

(including a halfway house, restitution center, prerelease center and work release center)