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**Estimating the Size and
Characteristics of the SSI
Child Population: A
Comparison Between the
NSCF and Three National
Surveys**

Final Report

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EXECUTIVE SUMMARY

To monitor and evaluate programs for children receiving Supplemental Security Income (SSI), policymakers need reliable information on the children's health and health care. The Social Security Administration (SSA) is responsible for providing information on child SSI recipients, including information on their characteristics, experiences, and needs. In addition to publishing routine reports on SSI recipients using SSI administrative data, SSA occasionally develops a special survey of children receiving SSI to permit more comprehensive and detailed analyses of critical policy issues. The National Survey of SSI Children and Families (NSCF), fielded between August 2001 and July 2002, is the most recent SSA-sponsored survey to focus specifically on child SSI recipients.

SSA researchers and researchers in other agencies and institutions have substantial interest in using data from the NSCF to address policy questions related to children who are receiving SSI payments. The introduction of a new data set, however, usually raises questions about the quality of its data relative to more well-known, established sources. Therefore, SSA is providing researchers with information on the characteristics and quality of the NSCF data set.

One method for assessing the quality of NSCF data is to compare estimates based on these data with estimates based on data from other sources. These comparisons provide insights into how estimates from the NSCF align with estimates from other data sources and can assist in the interpretation of results from analyses using NSCF data. Three recent surveys include samples of SSI children and are good candidates for a comparative analysis: the National Survey of Children with Special Health Care Needs (CSHCN), the Survey of Income and Program Participation (SIPP), and the National Health Interview Survey (NHIS). The NSCF incorporated a number of questions that were included in one or more of these surveys, and, consequently, it is possible to compare results from the NSCF with results from these surveys. The Office of Research, Evaluation, and Statistics in SSA asked Mathematica Policy Research (MPR) to undertake these comparative analyses.¹ In this report, we present the results of our analyses.

Overall, results indicate that the NSCF provides comprehensive and accurate data for examining policy issues affecting children receiving SSI payments. The NSCF data are particularly useful because of the following characteristics associated with the data set:

- ***Coverage of the Target Population.*** The NSCF was designed specifically to sample the population of children and young adults who applied for and were receiving SSI payments. The sampling frame for the survey was the SSA administrative records list of SSI applicants and recipients. In many cases, it is difficult identifying SSI recipients through a survey questionnaire, largely because of measurement error and

¹MPR developed and implemented the NSCF for SSA, and has prepared public use data files that are available from the SSA project officer, Ms. Michele Adler (michele.c.adler@ssa.gov or 410-965-5519).

response error; however, using SSA administrative records ensures representation of all individuals having a tangible connection to the SSI program. As a consequence, the population for which data are required can be identified and represented in the sample. Other surveys had broader goals and did not focus specifically on the SSI population, resulting in less complete coverage of the SSI population.

- **Large Sample Size.** The NSCF was designed to yield precise estimates of the characteristics of the national population of children receiving SSI payments. Interviews were completed with the parents or guardians of 3,203 children. This sample is slightly larger than the sample of child SSI recipients in the CSHCN survey (3,042) and substantially larger than the samples in the SIPP (293) and the NHIS (274). The NSCF's large sample size allows for better precision (smaller variance) in estimating population characteristics compared with the SIPP and NHIS and a capacity to conduct subgroup analyses.
- **High Response Rate.** The NSCF weighted response rate for the group of children receiving SSI payments was about 85 percent. Although it is not possible to calculate response rates for the group of children receiving SSI payments in the other surveys, the NSCF response rate meets acceptable standards for national surveys.
- **Breadth of Information.** The NSCF includes questions on a broad array of topics, including extensive demographic characteristics, functional status, family income and assets, SSI payments, participation in government programs, insurance coverage, service use, education, and unmet needs. This breadth of data allows researchers to address a wide range of policy questions and to examine relationships among many critical variables. Compared with the NSCF, no other survey covers as broad a range of topics that pertain to child SSI recipients. For example, the NSCF provides more information on assets and income compared with the CSHCN survey and includes questions on functional status and the effect of the child's condition on parental employment, which the SIPP and the NHIS do not.

Our analyses indicate that NSCF data yield accurate but somewhat different estimates of the characteristics of the child SSI population when compared with estimates from other survey data. For example, policymakers may wish to know whether all or most child SSI recipients are covered by Medicaid. The NSCF data indicate that over 90 percent of these children have Medicaid coverage. In contrast, estimates of Medicaid coverage for these children are lower based on CSHCN, SIPP, and NHIS data (which provide estimates of 74, 81, and 61 percent, respectively). Further analysis suggested that specific factors (for example, differences in sample design and size) contributed to these differences.

Examples of other differences between the NSCF and the other surveys include the following:

- The NSCF data yield significantly higher estimates of the percentage of child SSI recipients who are black and who live in single parent households.

- NSCF data indicate that about 10 percent of child SSI recipients are not identified in the CSHCN through the use of a set of screening items designed to identify children who have a special health care need, resulting in reduced coverage of the child SSI recipient population in the CSHCN.
- Compared with SIPP data, the NSCF data suggest that (1) SSI payments are higher, (2) a greater percentage of families of child SSI recipients receive welfare, food stamps, and other SSA benefits, and (3) a greater percentage of child SSI recipients are enrolled in State Children’s Health Insurance Programs (SCHIP).
- In general, compared with the SIPP or NHIS data, the NSCF data suggest that families of child SSI recipients are somewhat more dependent on government benefits.

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I. INTRODUCTION

The National Survey of SSI Children and Families (NSCF) collected data on children with special health care needs and their families who received or applied for Supplemental Security Income (SSI). The Social Security Administration (SSA) awarded Mathematica Policy Research (MPR) a contract to conduct this survey to (1) provide information on the characteristics, experiences, and needs of SSI child applicants, recipients, and their families, and (2) evaluate the effects of welfare reform on children who received or applied for SSI. As the first national survey of SSI children since 1978, the NSCF provides information of substantial interest to SSA and policy analysts in other agencies and research institutions.

Other sources of information on child SSI recipients are available, but the NSCF was designed to provide more detailed and a substantially greater breadth of information about this population. As a result, the NSCF data offer valuable opportunities to study policy issues affecting children receiving SSI payments. To provide researchers with insights into NSCF survey data, we compare NSCF estimates with estimates from other national surveys as well as SSA administrative data.

Three recent national surveys on health care, health insurance, and employment include SSI children in their samples, although none of the surveys were designed to focus specifically on this population. The National Survey of Children with Special Health Care Needs (CSHCN), the Survey of Income and Program Participation (SIPP), and the National Health Interview Survey (NHIS) all contain items that allow researchers to identify children receiving SSI payments. The NSCF and these surveys also share similar questions on demographic characteristics, health status, parental assets and income, and health insurance coverage.

Although conducted for different purposes and with different sampling strategies, all four surveys provide national estimates of children receiving SSI benefits; and because of the overlap in questionnaire content, we can compare survey estimates across the four surveys.¹ Where possible, we also compare estimates obtained from the NSCF with SSA program data as found in its December 2000 report on children receiving SSI.² Specifically, the goals of this report are to:

1. Compare survey estimates based on NSCF data with estimates based on data from three other national surveys and SSA administrative data; and
2. Identify the possible reasons for observed differences in survey estimates.

In this report, we present findings from our comparative analyses of survey estimates. Chapter II compares the goals of the four surveys and discusses several key methodological issues, including the specific steps taken to develop the analysis groups for this study, data comparability issues across the surveys, the content areas in which survey estimates were compared, and the analytic methods used to compare and assess differences between the NSCF estimates and estimates from the other surveys.

¹In addition to including child SSI recipients, the NSCF sample also included children who (1) applied for but did not receive SSI, (2) had lost SSI benefits by the time of the survey, or (3) were young adults (aged 18-24). We did not use these groups in our comparative analyses because the other surveys either did not sample these populations or had data limitations that prevented us from accurately identifying the comparable populations.

²Pickett, Clark. "Children Receiving SSI, December 2000." Baltimore, MD: Social Security Administration, 2001. (Available at <http://ssa.gov/policy/programs/ssipub.html>) We are using data from this report because the NSCF sample was poststratified to December 2000 administrative counts provided by SSA to MPR (Potter and Diaz-Tena 2003). The files used to produce the poststratification controls were used originally to develop the sample frame and sample for the survey (Potter 2000). We also used December 2000 data files for poststratification because they were the most complete files available to us. Further analyses using other SSA administrative data files would be needed to poststratify population estimates to a point in time closer to the actual survey administration (for example, to December 2001, the approximate mid-point of the survey period).

Chapter III describes our findings on the estimates of the population size and demographic characteristics of children receiving SSI payments, based on data from the NSCF and the three other surveys. Chapters IV-VI present comparisons in the following content areas:

- Disability and impairment status (Chapter IV)
- Assets, income, and benefits (Chapter V)
- Health insurance, service use, and unmet needs (Chapter VI)

In each chapter, we highlight key findings, identify statistical differences between survey estimates, and discuss potential reasons for these differences. Finally, Chapter VII summarizes our findings and discusses their implications for interpreting national survey data on children receiving SSI payments.

The Appendix includes the list of items from each survey used for the comparative analyses. Further information on the NSCF database may be found in Gillcrist et al. (2003).

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II. METHODOLOGICAL ISSUES

The primary goal of the NSCF was to gather accurate and comprehensive information on children who applied for and received SSI payments. The sampling frame and interviewing procedures, therefore, were designed specifically to serve this purpose. NSCF data may yield somewhat different results compared with the other national surveys because of differing goals and sampling strategy. Design differences among the surveys have implications for the nature and extent of possible comparisons and for interpreting the results of our analyses.

In this chapter, we address key differences across the surveys and suggest how these differences may affect our analyses. We then address the following topics:

- The items used to identify child SSI recipients in each survey
- Procedures used to select specific items for comparison
- The approach used to determine whether differences are statistically significant
- Rates of missing data

A. DIFFERENCES IN PURPOSE AND METHODS AFFECTING COMPARABILITY OF DATA ACROSS SURVEYS

Three critical differences are especially germane to comparisons between the NSCF and the other three surveys. First, the surveys vary in their purpose (Table II.1). Although national estimates of the size and characteristics of the population of children receiving SSI payments can be developed from the four surveys, national estimates from the NSCF probably will be more accurate because the sample was designed to meet the specific precision requirements for estimates of the SSI population as specified by SSA. Specifically, the NSCF was developed to provide information on the characteristics, experiences, and needs of SSI child recipients and their families and to evaluate the effects of welfare reform on SSI children. In contrast, the other

surveys had broader goals, more expansive definitions of the target population, and used different sampling strategies.

TABLE II.1

PURPOSE OF FOUR NATIONAL SURVEYS WITH SAMPLES OF CHILD SSI RECIPIENTS

Survey	Purpose
NSCF	To provide information on the characteristics, experiences, and needs of a cross-section of SSI child recipients and their families and to evaluate the effects of welfare reform on SSI children
CSHCN	To gather information on health status, access to care, insurance status, care coordination, and availability of a medical home for a sample of children with special health care needs (CSHCN) in each state, as identified through a special CSHCN screener
SIPP	To provide accurate estimates of earned and unearned income, assets, government transfer programs, and health insurance of a nationally representative sample of the non-institutionalized U.S. civilian population
NHIS	To gather information on health and health care from a nationally representative sample of the noninstitutionalized U.S. civilian population

Second, the surveys differ in sampling procedures. The NSCF sample was drawn from a list of child SSI recipients and applicants provided by SSA.³ The CSHCN sample was based on results from screening of households contacted using random-digit-dialing (RDD) methods. SIPP and NHIS use addresses sampled in selected geographic areas and enumerate individuals at the sampled addresses. In general, the latter designs can result in underestimates of the populations of interest because individuals in the household must identify themselves or other individuals in the household as program participants. The sampling weights for these household

³The NSCF sample included only child SSI recipients and applicants because SSA wanted to focus specifically on this population. Consequently, the NSCF sample did not include children who were similar to SSI child recipients and applicants in terms of economic status or functional impairments who did not apply for SSI benefits. The other survey samples did include some of these children.

surveys are post-stratified to population counts for the general population and not specifically to the population of SSI recipients and applicants.

Furthermore, the CSHCN survey gathered information on children with special health care needs who were identified as SSI recipients through a special set of screening questions. As we describe in Chapter IV, the screening questions appear to have missed certain children receiving SSI payments, and as a result, national estimates of the population size of child SSI recipients will be biased downward. In addition, because the CSHCN survey is an RDD telephone survey, it could be administered to only persons with telephone access; persons in households without a telephone (or who use a cell phone for all calls) could not be reached and would be excluded from the survey.

For information on specific sampling strategies of each survey, see Potter and Diaz-Tena (2003) for the NSCF; Blumberg, Olson, Frankel, et al. (2003) for the CSHCN; U.S. Census Bureau (2001) for the SIPP; and the National Center for Health Statistics (2000) for the NHIS.

The third important difference among surveys is the size of the sample of child SSI recipients available for analysis. NSCF interviews were completed with the parents or guardians of 3,203 child SSI recipients. This sample is slightly larger than the sample of child SSI recipients in the CSHCN survey (3,042) and substantially larger than the samples in the SIPP (293) and the NHIS (274). The NSCF's sample size allows greater precision in estimating characteristics of the child SSI recipient population and facilitates analyses of subgroups of child SSI recipients. As expected, our analyses show that standard errors of the NSCF estimates are consistently smaller when compared with the standard errors of the estimates based on SIPP and NHIS data.

These factors are important because they suggest that *a priori* the NSCF data will be of higher quality and utility when compared with data from the other surveys. The fact that the

NSCF was designed specifically to gather information from the child SSI recipient population, using sufficiently large sample for highly precise estimates lends immediate credibility to the NSCF data.

Several other factors are important to consider in the interpretation of cross-survey comparisons. Estimates may differ across surveys because of the following factors:

- ***Differences in response rates.*** The NSCF response rate for children receiving SSI payments was about 85 percent. Response rates for this specific group of children are not available for the other surveys. However, the CSHCN survey reported a national special-needs interview response rate of 61.0 percent and a completion rate (i.e., the proportion of age-eligible households in which special-needs screening was completed) of 76.2 percent. For more information on response rates for each survey, see Potter and Diaz-Tena (2003) for the NSCF; Blumberg, Olson, Frankel, et al. (2003) for the CSHCN; U.S. Census Bureau (2001) for the SIPP; and the National Center for Health Statistics (2000) for the NHIS.
- ***Differences in data collection time periods.*** The NSCF was fielded during a period of time (July 2001 to August 2002) that overlapped with but was not identical to the other surveys. The CSHCN survey was fielded earlier (October 2000 to April 2002). The NHIS and SIPP are ongoing surveys; and, for our purposes, we used calendar year 2001 data from both of these surveys.
- ***Item differences.*** The NSCF developed questionnaire items specifically to provide SSA with information on the characteristics, experiences, and needs of SSI child recipients. Although the NSCF used items from other surveys in their original form when practical, some modifications were made. Items can vary across surveys with respect to wording, reference period (e.g., currently, last month, over the last year), response categories, and placement in the questionnaire. The net effect of these differences across surveys is not known and may vary from item to item. In particular, questions on income vary across surveys on time period for which data are reported.
- ***Differences in survey administration methods.*** All four surveys used computer-assisted interviewing procedures, but the NSCF combined telephone interviews of parents or guardians with in-person interviewing of telephone nonrespondents. In contrast, the CSHCN survey used only telephone interviewing of parents or guardians; the SIPP used a combination of telephone and in-person interviewing of any household member 15 years or older; and the NHIS used only in-person interviewing of an adult in the selected household.
- ***Respondent differences.*** The NSCF, CSHCN survey, and NHIS require a designated respondent for all persons less than 18 years old; the SIPP attempts to interview everyone in a household who is 15 years old or older and, as a result, there

are multiple types of respondents for children. About 75 percent of the respondents to the NSCF, CSHCN survey, and NHIS were mothers of the SSI children. The father was the respondent 5.5 percent of the time on NSCF, 11.8 percent of the time on the CSHCN survey, and 9.8 percent of the time on the NHIS. Grandparents and other guardians were other respondents. Different respondents may have more or less knowledge about the SSI child recipient.

- ***Imputation differences.*** Each survey team approached the use of imputation methods somewhat differently; for example, the NSCF team used four methods of imputation (deductive, unweighted hot-deck, weighted hot-deck, and regression-based) to compensate for missing data in the process of constructing income-related variables. The other teams may have used somewhat different methods (or different combinations of these methods) not only for constructed income-related variables, but for other variables as well. These different imputation methods may contribute to cross-survey variation in survey estimates.

B. IDENTIFYING CHILDREN RECEIVING SSI

Our comparative analyses depend on the accurate identification of all child SSI recipients in each survey sample. Therefore, we first defined children as individuals who were younger than 18 years old at the time the survey was conducted. We then used the following items to identify child SSI recipients:

- ***NSCF:*** Did you receive an SSI benefit for (CHILD) in (LAST MONTH)?
- ***CSHCN:*** Does (CHILD) receive SSI, that is Supplemental Security Income?
- ***SIPP:*** In [REFERENCE MONTH], did you receive any Supplemental Security Income (SSI) on behalf of (CHILD)?
- ***NHIS:*** [In the last year] did (CHILD) receive Supplemental Security Income (SSI)?

Although these items ask for essentially the same information, they vary in their use of a reference period. In the first three surveys, the reference period is a single month (last month, current month, or some specific recent month). In each of these surveys, the information collected yields point-in-time estimates for the population of child SSI recipients.

The NHIS item is somewhat different because it refers to receiving SSI at any time during the past year. On the one hand, this item could lead to a higher count than an item based on the

current or past month because more children are on SSI in a year than in a single month. On the other hand, it is possible that some respondents could interpret this item as asking whether the child was receiving SSI for the full year, rather than at any time in the past year. If some respondents interpreted the question in this way, then the NHIS may undercount the SSI child population. Overall, differences in questions that tap SSI program participation contribute to differences in the population estimates derived from each survey.

For the SIPP, sample cases are interviewed more than one time; consequently, we can calculate the number of children in the sample who were SSI recipients at the first interview (the point-in-time estimate) and then add to that estimate the number of children in the sample who became SSI recipients during the course of the subsequent 12 months (a yearly “ever-enrolled” estimate). For the analyses reported in this study, we use data from the first interview of the 2001 SIPP sample (the point-in-time estimate) because the time period covered by the first interview of SIPP corresponds most closely to the point in time when the NSCF sample was drawn.⁴

⁴SIPP’s sample of 35,100 living quarters or households is divided into four subsamples called rotation groups. One rotation group is interviewed each month over the course of four months. Most of SIPP’s survey items collect data on the four months preceding the interview month. Those four months are collectively called the survey reference months or reference period. A “wave” is one cycle of four interviews administered to the entire sample using the same questionnaire. For example, the first interview for wave 1, rotation group 1, was fielded in February 2001 and, therefore, the reference period for rotation group 1 was October 2000 through January 2001. The 2001 SIPP will have 12 waves.

This report uses data collected from the wave 1 core questionnaire. Like all the other waves in SIPP, wave 1 was fielded in a four-month period. In one of these months, information was obtained on the four rotation groups for a “common month.” The common month in wave 1 is January 2001. In order to obtain cross-sectional estimates of our population at a point in time (January 2001), we selected the respondents who were interviewed during that common month as our study sample. It is also possible to identify children in the SIPP sample who became SSI recipients during a 12- month period. This strategy increases the number of child SSI recipients

C. SELECTING ITEMS FOR COMPARISON

For the purposes of this study, we selected only questionnaire items that were the same or essentially similar in wording across the surveys. For example, to develop comparative estimates of how many families of child SSI recipients participated in the Food Stamp program, we used items from the NSCF and SIPP that varied slightly in wording, but were not fundamentally different. These items were:

- *NSCF*: Did anybody in your household receive any Food Stamps?
- *SIPP*: Were you authorized to receive Food Stamps?

If the items addressed the same concept, but differed substantially in their wording, we excluded them from our analyses. For example, the NSCF and the CSHCN surveys both include items that assess the impact of the child's condition on parental employment. One NSCF item asks whether "anyone in the household ever changed work hours to a different time of day" for reasons related to the child's condition; the most similar item on the CSHCN survey asks the respondent whether "you or other family members cut down on the hours you work" to care for the child. We judged these items to be too different to compare, even though they both address the effect of the child's condition on parental employment.

Some surveys we used for comparisons did not include items related to topics of interest. For example, the SIPP does not include items on disability and impairment status. Therefore,

(continued)

in the sample, but the sample still remains small (384) compared with the number of individuals in the NSCF sample. Also, this strategy yields estimates of the number of children who *ever* received SSI payments in a year, a concept different from the point-in-time estimates provided by the other surveys. Hence, to be consistent with the other surveys, we only studied children identified as receiving SSI payments in the common month of wave 1. Future studies could address the question of whether SIPP data are useful in estimating the number and characteristics of children who ever received an SSI payment in a given 12-month period.

tables in the following chapters occasionally present results from only two or three surveys, rather than all four.

D. DETERMINING STATISTICAL SIGNIFICANCE OF DIFFERENCES BETWEEN ESTIMATES FROM DIFFERENT SURVEYS

After identifying child SSI recipients in the samples of the individual surveys and selecting items for comparison purposes, we:

- Developed weighted national estimates using procedures recommended in the documentation for each survey
- Estimated standard errors using procedures recommended in the documentation for each survey
- Developed tables showing weighted population totals and percentages for selected items for each survey.

We then determined whether estimates derived from the NSCF were statistically different from estimates derived from the other three surveys. We did this by first generating overall weighted counts of SSI recipients in the total population and in selected groups defined by the variables of interest (for example, males and females, age groups, and income levels). Because of the complex nature of the sample designs, SAS-callable SUDAAN was used to generate frequencies and the corresponding standard errors (RTI 2001). For the NSCF, CSHCN, and NHIS, person-level weights, analysis strata, and primary sampling unit information were used to generate estimates and standard errors using the Taylor series linearization variance estimation procedure. For SIPP, person-level weights and replicate weights were used to generate estimates and standard errors using the balanced repeated replication variance estimation procedure. (See Wolter 1985 for descriptions of these variance estimation methods.)

Standard errors were calculated for the estimated population totals and for each of the selected groups. We also calculated relative standard errors (RSE, defined as the standard error

divided by the estimate and expressed as a percent) and eliminated from further comparisons all estimates with an RSE of 30 percent or more because these estimates would not have sufficient reliability. To determine whether NSCF estimates of percentages of individuals in each of the selected groups were different from the estimates based on the other surveys, we computed chi-square statistics. The chi-square statistics were the square of the *z*-score, and the *z*-score is the difference in the percentages divided by the square root of the sum of the variances of the two percentages. We then compared the value of these statistics with the criterion value of the chi-square distribution for $\alpha = .05$ with one degree of freedom. If the calculated statistic exceeded the criterion value, we considered the difference between the percentages to be statistically significant (that is, the probability is less than .05 that the observed differences are due to chance.)⁵

For the purposes of determining the number of statistical comparisons, we counted only one of the comparisons when the variable had two levels (e.g., yes/no, male/female). For example, we counted the comparison of the percentage of males in the NSCF and SIPP, but did not count the comparison of females because if one comparison is significant, the other will be as well. Similarly, if the variable had three levels, we counted two comparisons, etc. We also did not count a comparison if any of the relative standard errors of the percentage estimates exceeded 30 percent because in these cases we considered the survey estimate and comparisons to be unreliable.⁶

⁵We do not show other levels of significance (i.e., .01 or .001) because doing so would complicate the tables excessively.

⁶We examined an alternative approach to conducting statistical tests on each comparison. This alternative approach involved summing the chi-square statistics across multiple comparisons and comparing the resulting sum to the criterion value for the appropriate degrees of freedom (two or three, depending on whether the NSCF was being compared to two or three

Overall, we made 100 two-way statistical comparisons between NSCF estimates and estimates from the three other surveys. By chance, we expect that five percent of these comparisons would be significant. In fact, we found that 45 of the comparisons were statistically significant, suggesting that certain factors are systematically affecting the estimates from the different surveys.

E. RATES OF MISSING DATA

Missing data can result from several factors, including “don’t know” answers, refusals, interviewer error, and programming mistakes. Data not available for analysis also can result from questions skipped deliberately as part of the interview (that is, certain questions about school are not asked for children who are home schooled). These data are referred to as “legitimate missing” data.

Rates of missing data (excluding the legitimate missing) were under one-half of one percent for all items used from all surveys, with two exceptions. First, items that asked for recall of numbers of school days missed or visits to the doctor had more “don’t know” responses than other items. For example, on the NSCF, 2.9 percent of respondents indicated they did not know how many days of school the child missed in the past 12 months. On the CSHCN survey, 2.7 percent of the respondents responded “don’t know.” Second, some respondents appeared to have difficulty answering questions about enrollment in health insurance plans. For example, on the

(continued)

surveys). This approach indicates whether the NSCF estimate was significantly different from *any* of the other surveys used in the comparison. If we found a significant difference, we then examined the individual, two-way comparisons to determine *which* survey was different from the NSCF. The advantage of this two-step approach is that it reduces the probability of finding a significant difference by chance because fewer comparisons are made. However, both approaches yield essentially similar findings. We report findings only from two-way comparisons because they are easier to present and interpret.

NSCF, 4.6 percent of the respondents said that they did not know if the child was enrolled in SCHIP.

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III. ESTIMATES OF THE SIZE AND DEMOGRAPHIC CHARACTERISTICS OF CHILDREN RECEIVING SSI

Our analyses indicate that NSCF data yield estimates of the size and demographic characteristics of the population of child SSI recipients that are quite consistent with SSA's program data but differ systematically from estimates based on data from the other three surveys.

Specific findings include the following:

- After making appropriate sample adjustments, analyses of NSCF data indicate that the total population of child SSI recipients was 844,983 in December 2000, which is about two-tenths of one percent above the SSA-reported number of 843,000; demographic differences between the NSCF sample and SSA administrative data are minor and probably the result of survey administration procedures.
- The total SSI child population estimate from the NSCF was statistically similar to the total population estimates derived from the CSHCN survey and SIPP, but not the NHIS.
- Compared with the other surveys, the NSCF yielded significantly higher estimates of the percentage of child SSI recipients who were black and significantly lower estimates of the percentage of child SSI recipients who lived in two parent households.

A. COMPARISON OF DEMOGRAPHIC DATA FROM THE NSCF AND SSA ADMINISTRATIVE RECORDS

Using NSCF data, we estimate that the total population of child SSI recipients is 844,983. This estimate is obtained by adding the weighted estimate of the population (813,711) to the weighted estimate of sampled children who were not interviewed (31,272) because they were determined to be ineligible for the survey. These children were not administered a survey because, during the period of survey administration, they were found to be deceased, living in Medicaid institutions or outside of the continental United States, or wards of the state and therefore had no identifiable adult who could be interviewed. The total adjusted estimate of the

child SSI population based on the NSCF data is essentially similar to the SSA-reported figure of 843,000 children who received SSI payments in December 2000 (Table III.1).

TABLE III.1
COMPARISON OF NSCF ESTIMATES WITH SSA
ADMINISTRATIVE DATA FROM DECEMBER 2000

	NSCF Weighted Estimates		SSA Administrative Data
	Number or Percent	95 Percent Confidence Interval	
Total Population Size	813,711 ^a	793,803 - 833,619	843,000
Percent Male	63.3	62.3 - 64.3	63.8
Percent in Age Groups			
0 – 4	12.6	12.0 - 13.2	15.5
5 – 12	48.4	47.3 - 49.5	50.2
13 – 17	39.0	38.0 - 40.0	34.2
Percent in Households with:			
0 Parents	11.0	10.2 - 11.8	13.4
1 Parent	60.3	58.8 - 61.8	62.5
2 Parents	27.8	26.4 - 29.2	24.1

SOURCE: Social Security Administration. “Children Receiving SSI, December 2000,” Tables 5, 7, and 12. Available at www.ssa.gov/policy/programs/ssipub.html.

NOTE: According to SSA, the total population count is derived from a 10-percent sample file, which represents recipients who received federally administered SSI payments (including federally administered state supplementation payments) in December 2000 (footnote to Table 5 in source document). The NSCF percents for number of parents in household does not sum to 100 because “don’t know” and “other” responses are not included.

^aExcludes weighted estimate of 31,272 children ineligible for the survey because at the time of the interview they were deceased, living in Medicaid institutions or outside of the United States, or wards of the state and therefore had no identifiable adult who could be interviewed

Table III.1 also shows percentages of SSI children in gender, age, and household groupings as estimated from the NSCF data and as reported by SSA. The NSCF estimate of the percentage of males in the population of children receiving SSI is not significantly different from the SSA data (that is, the SSA figure is not outside of the 95 percent confidence intervals for the NSCF

estimates). The other NSCF estimates are statistically different from the SSA percentage (that is, the SSA figure lies outside of the 95 percent confidence intervals for the NSCF estimates) but the differences are relatively minor and probably result from survey administration procedures. For example, the older age of the NSCF sample is likely a result of the 18-month period between the time of sample selection (December 2000) and the time participants were interviewed (July 2001 to August 2002), during which the sample would have aged. Compared with the NSCF estimate, there are significantly more children in the SSA database who are in households where no parent is present (13.4 compared with 11.0 percent) but this finding may result from the fact that children known to be in Medicaid institutions were not included in the NSCF sample.

B. TOTAL POPULATION SIZE

Table III.2 shows total population estimates from the four surveys. The difference between the CSHCN survey estimate (771,325) and the NSCF estimate (813,711) is not statistically significant. We note, however, that the point estimate for the CSHCN survey may have been affected by the CSHCN screener questionnaire that was intended to identify children having a special health care need. As we show in Chapter IV, about 10 percent of child SSI recipients are not identified by this screener as having a special health care need (and, therefore, would not be included in the CSHCN survey sample). Because of these missing cases, the CSHCN survey is likely to underestimate the number of child SSI recipients. In addition, the CSHCN survey, as noted previously, is limited to persons in households with access to a telephone. While statistical procedures are used by NCHS to compensate for the undercoverage of persons in households without telephones, the statistical adjustments may not fully achieve coverage for the child SSI recipient population.

The SIPP estimate (804,262) is similar to the NSCF estimate (about one percent lower than the NSCF estimate, and not significantly different). Conversely, the NHIS estimate (640,692) is lower than the NSCF estimate by more than 20 percent, and the confidence intervals of the two estimates do not overlap. The reasons for this finding may involve differences in item wording and field procedures, including the survey respondent, reference periods, and sample design (as discussed in Chapter II).

TABLE III.2

WEIGHTED TOTALS, STANDARD ERRORS, RELATIVE STANDARD ERRORS AND 95 PERCENT CONFIDENCE INTERVALS FOR THE NSCF AND THREE COMPARISON SURVEYS

	NSCF	CSHCN	SIPP	NHIS
Weighted Estimate of Total Population Size	813,711	771,325	804,262	640,692
Weighted Standard Error	19,908	24,470	59,036	54,756
Relative Standard Error	2.4	3.2	7.3	8.6
95% Confidence Interval				
Upper limit	852,732	819,287	919,973	748,015
Lower limit	774,691	723,364	688,552	533,369

C. DEMOGRAPHIC CHARACTERISTICS OF CHILD SSI RECIPIENTS

Table III.3 shows the estimates of child SSI recipients across gender, age groups, racial and ethnic backgrounds, and selected household variables for the four surveys. The table includes the estimated total number of children in each selected group, the standard error of the population estimate, the estimate of the percentage of the total population for each group, and the standard error of the percentage estimate. We also identify the NSCF estimates that are significantly different from the other surveys and relative standard errors of the percentage estimates that exceed 30 percent. As the table shows, the surveys yield similar estimates for

TABLE III.3

COMPARISONS OF ESTIMATES OF DEMOGRAPHIC CHARACTERISTICS OF CHILD SSI RECIPIENTS IN FOUR NATIONAL SURVEYS

Item/Variable	NSCF				CSHCN				SIPP				NHIS			
	Estimated Number	SE of Number	Percent	SE of Percent	Estimated Number	SE of Number	Percent	SE of Percent	Estimated Number	SE of Number	Percent	SE of Percent	Estimated Number	SE of Number	Percent	SE of Percent
Child's gender																
Female	298,339	12,647	36.7	1.0	312,701	16,403	40.5	1.6	303,279	32,284	37.7	2.8	231,208	31,116	36.1	3.5
Male	515,372	12,323	63.3	1.0	458,476	18,568	59.4	1.6	500,983	42,682	62.3	2.8	409,484	40,198	63.9	3.5
Child's age																
0-4	102,501	5,447	12.6	0.6	108,232	10,041	14.0	1.2	76,532	15,908	9.5	2.0	99,289	18,308	15.5	2.5
5-12	393,978	12,879	48.4	1.1	393,849	17,832	51.1	1.6	396,353	39,818	49.3	3.1	323,571	32,760	50.5	3.6
13-17	317,231	11,128	39.0	1.0	268,611	14,093	34.9	1.5	331,377	36,947	41.2	3.3	217,832	31,136	34.0	3.5
Child's ethnicity																
Hispanic	131,081	18,393	16.1	2.1	114,651	10,685	14.9	1.3	147,162	28,852	18.3	3.2	108,578	15,536	16.9	2.5
Non-Hispanic	682,631	19,050	83.9	2.1	652,618	22,146	84.7	1.3	657,101	52,308	81.7	3.2	532,114	53,022	83.1	2.5
Child's race																
Black/African American	372,685	26,265	45.8 ^{a,c}	2.8	221,712	14,130	28.7	1.5	314,553	34,578	39.1	3.5	228,092	28,025	35.6	3.7
White	383,179	21,923	47.1 ^{a,b,c}	2.7	454,115	18,060	58.9	1.6	460,194	45,151	57.2	3.3	371,947	44,602	58.1	3.9
Other	57,847	5,591	7.1 ^a	0.7	91,091	9,340	11.8	1.1	29,516	11,769	3.7	1.5 ^d	40,653	10,428	6.3	1.6
Maternal Education																
< HS	238,679	10,681	35.2	1.1	225,441	15,233	31.6	1.7	254,749	34,213	38.5	3.9	190,722	23,895	33.6	3.9
HS	275,014	9,449	40.6 ^{b,c}	1.2	242,606	12,117	34.0	1.5	171,391	26,521	25.9	3.7	185,318	26,848	32.6	3.8
Some college	138,135	8,268	20.4 ^a	1.1	175,417	12,378	24.6	1.5	173,465	28,019	26.2	3.8	146,165	29,700	25.7	4.2
College grad.	23,367	4,236	3.5 ^{a,b}	0.6	70,816	5,346	9.9	0.8	62,305	17,452	9.4	2.4	30,893	10,229	5.4	1.8 ^d
People in household																
2	99,077	7,615	12.2 ^{a,b,c}	0.8	59,240	4,723	7.7	0.6	67,167	16,438	8.4	2.0	53,351	13,445	8.3	2.1
3-5	556,353	15,060	68.4	1.1	547,435	20,291	71.5	1.5	596,861	55,671	74.2	3.5	425,837	46,035	66.5	4.1
6-8	141,249	8,022	17.4	0.9	148,499	12,339	19.4	1.4	136,960	25,859	17.0	3.0	152,480	28,111	23.8	3.8
9+	17,032	2,970	2.1	0.4	10,253	4,472	1.3	0.6 ^d	3,274	3,287	0.4	0.4 ^d	7,020	4,087	1.1	0.6 ^d
Number of parents in household																
None	89,730	7,247	11.0	0.8	NA				110,300	23,293	13.7	2.7	49,332	12,515	7.7	1.9
One	491,031	18,954	60.3 ^b	1.5	NA				407,555	41,136	50.7	3.5	351,355	39,897	54.8	4.0
Two	226,218	11,389	27.8 ^{b,c}	1.4	NA				286,407	33,930	35.6	3.4	240,005	33,287	37.5	4.0

^aSignificantly different from CSHCN ^bSignificantly different from SIPP ^cSignificantly different from NHIS ^dRelative standard error over 30 percent

Note: SE means standard error. Alpha level for the statistical tests is .05. Shaded area signifies that the survey did not include any comparable item; as a result, estimates are not available (NA). Percentages for some group do not sum to 100 because "don't know" and "other" responses are not included.

several population characteristics. Specifically, the NSCF estimates are not significantly different from any of the other three surveys with respect to gender, age, and ethnicity.

However, the NSCF data yield estimates of the race of SSI children that are significantly different from the other three surveys. According to NSCF data, 45.8 percent of children receiving SSI are black, whereas estimates range from 28.7 to 39.1 percent in the other surveys. NSCF data also indicate that a smaller proportion of SSI children have “other” racial backgrounds (neither Black nor White), compared with the CSHCN data (7.1 percent versus 11.8 percent).

Estimates of maternal education levels vary across surveys. The NSCF data indicate that 3.5 percent of mothers of children receiving SSI graduated from college, a significantly lower estimate compared with CSHCN and SIPP (9.9 and 9.4 percent, respectively). Table III.3 also shows that, compared with the other surveys, the NSCF yields higher estimates of the proportion of children living in households with just two people. The NSCF estimate is 12.2 percent, whereas the percentage estimates from the other surveys range from 7.7 to 8.4. Another difference is evident in the estimated percentage of SSI child recipients who live in two-parent households. Based on NSCF data, we estimate that 27.8 percent of SSI children live with two parents; the percentage estimates from the other surveys are 35.6 (SIPP) and 37.5 (NHIS).

Taken together, the differences between the NSCF and the other surveys suggest that, compared with the other surveys, the NSCF estimates a larger proportion of black children and children living with one parent or guardian who had low levels of educational attainment. Compared with the SIPP and the NHIS, the NSCF sample size is much larger and, therefore, will yield greater precision in the estimates of population characteristics. With respect to differences in estimates between the NSCF and the CSHCN survey, methodological and procedural differences may play a role. The CSHCN used only telephone interviewing; therefore, the

survey may have missed a larger share of low-income and minority families, who are represented disproportionately among households without telephones. Wording differences in the questions about race are relatively minor (see Appendix), and are not likely to explain the differences observed between the NSCF estimate and the other survey estimates.

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IV. DISABILITY AND IMPAIRMENT STATUS OF SSI CHILD RECIPIENTS

Analyses of data on disability and impairment status of SSI child recipients reveal important differences between the NSCF and CSHCN survey. Our findings include the following:

- About 10 percent of child SSI recipients are missed through the use of a special set of screener items in the CSHCN to identify children with special health care needs.
- Response patterns on the screener (that is, which items on the screener identified children as having a special health care need) differ markedly between the NSCF and the CSHCN survey.
- Compared to the NSCF data, CSHCN data indicate that family members are providing more hours of help to their SSI children.

Analyses of data from items related to children's functional status reveal few differences between the NSCF and the NHIS.

In the first section of this chapter, we compare findings between the NSCF and the CSHCN surveys using data from a screener developed by the Foundation for Accountability (FACCT). The second section of this chapter includes results of data analyses from the functional status items used in the NSCF, the CSHCN survey, and the NHIS.

A. COMPARISONS OF RESPONSES TO THE FACCT SCREENER

The FACCT screener was developed to provide researchers and managed care organizations with a short survey instrument that identifies children with special health care needs (Table IV.1). The screener questions include five item sets, each of which has three questions that ask whether, compared with children of a similar age, a child has increased use of services, needs more medications, requires extra assistance, or has limitations that result from an ongoing medical, behavioral, or other health condition.

In order for a child to be identified as having a special health care need (that is, to be screened in), all three questions in one of the item sets must be answered in the affirmative. To use item set 1 in Table IV.1, for example, the child must use more services than most children of the same age; this heightened service use must result from a medical, behavioral, or other health condition; and this condition must have lasted or be expected to last at least 12 months. A child may be screened in by one or more than one item set and children with more complex conditions are likely to be screened in by multiple items. (For further information on the FACCT screener, see Bethell et al. 2002.)

TABLE IV.1
ITEM SETS IN THE FACCT SCREENER

-
1. Does child need or use more medial care, mental health or educational services than is usual for most children of the same age?
If yes, is this need because of any medical, behavioral, or other health condition?
If yes, is this a condition that has lasted/is expected to last 12 months or longer?
 2. Does child currently need or use medicine prescribed by a doctor, other than vitamins?
If yes, is this need because of any medical, behavioral, or other health condition?
If yes, is this a condition that has lasted/is expected to last 12 months or longer?
 3. Is child limited or prevented in any way in his/her ability to do the things most children of the same age can do?
If yes, is this need because of any medical, behavioral, or other health condition?
If yes, is this a condition that has lasted/is expected to last 12 months or longer?
 4. Does child need or get special therapy, such as physical, occupational, or speech therapy?
If yes, is this need because of any medical, behavioral, or other health condition?
If yes, is this a condition that has lasted/is expected to last 12 months or longer?
 5. Does child need or get treatment or counseling for any kind of emotional, developmental, or behavioral problem?
If yes, has this lasted/is expected to last 12 months or longer?

The FACCT screener was used in the CSHCN survey as part of the sample selection process. Only those children identified as having a special health care need were administered the CSHCN survey. The FACCT screener was included in the NSCF to allow respondents who

did not report that their child had a health condition to skip certain questions, and to permit comparisons between the NSCF and the CSHCN survey data.

In theory, all children receiving SSI payments should be identified by the screener as having a special health care need; however, our analyses indicate that 10.1 percent of child SSI recipients in the NSCF sample are not identified as having a special health care need by the FACCT screener. Even though the disability determination process qualified these children for SSI payments, their parents or guardians did not answer “yes” to all three items in *any* of the five item sets in the FACCT screener.

To begin examining the characteristics of the NSCF children not identified by the FACCT screener as having a special health care need, we determined their diagnoses using SSA data. Of the children in the NSCF sample who were missed by the FACCT screener, 52.5 percent had mental retardation, 8.3 percent had speech disturbances, 3.7 percent had other specific learning difficulties, 3.7 percent had ADD/ADHD, and the remaining had a wide range of other physical, cognitive, or behavioral conditions. This finding is consistent with other research (Bethell et al. 2002) suggesting that the FACCT screener may not identify some children with cognitive problems or mild learning disabilities because (1) despite being diagnosed as having a cognitive disorder, these children do not use services more frequently, do not need more medication or require extra therapy, and have no activity limitations; or (2) some respondents may not define a child with certain limitations as qualitatively different from other children and therefore would not answer the screening questions in the affirmative. It would be useful to examine this issue further because of its implications for the process of determining SSI eligibility.

Table IV.2 shows the percentage of children in the NSCF and CSHCN surveys identified as having a special health care need by each item set in the FACCT screener. The percent of child SSI recipients identified by each item set is significantly different across the two surveys. For all

but one of the item sets, a greater percent of SSI child recipients are identified using NSCF data than using CSHCN data. The one exception involves the use of prescription medication; this item identifies a larger percent of child SSI recipients as having a special need in the CSHCN survey than in the NSCF. The reasons for these differences are not entirely clear. Further analyses of the demographic characteristics and diagnoses of the children identified by each item set in the two surveys may help clarify these differences.

TABLE IV.2

COMPARISON OF NSCF AND CSHCN SURVEY ESTIMATES OF THE PERCENT OF CHILD SSI RECIPIENTS IDENTIFIED AS HAVING A SPECIAL HEALTH CARE NEED BY ITEMS ON THE FACCT SCREENER

Item Set	NSCF		CSHCN	
	Percent Identified	Standard Error	Percent Identified	Standard Error
1. Child use more services compared with children of same age	74.9 ^a	1.3	66.4	1.5
2. Child needs or uses medicine prescribed by a doctor	55.1 ^a	1.2	63.9	1.6
3. Child limited in ability to do things like most children his/her age	64.4 ^a	1.0	47.7	1.6
4. Child needs or gets special therapy	52.3 ^a	1.6	44.3	1.6
5. Child needs or gets mental health treatment or counseling	48.3 ^a	1.0	44.0	1.6

^aNSCF estimate is significantly different from that based on the CSHCN survey at the alpha =.05 level.

B. FUNCTIONAL STATUS

The NSCF and the CSHCN survey include two similar items related to the child’s functional status. Table IV.3 shows the estimates derived from these items. The first item involves days of school missed. In general, estimates of the percent of child SSI recipients in the various categories of school days missed are similar for the two surveys; however, the NSCF estimate of

the percent of children with 11 or more school days missed is larger than the CSHCN survey estimate (27.1 compared with 23.1 percent).

TABLE IV.3
COMPARISON OF NSCF AND CSHCN SURVEY ESTIMATES
OF FUNCTIONAL IMPAIRMENT OF CHILD SSI RECIPEINTS

Item/Variable	NSCF		CSHCN	
	Percent	Standard Error	Percent	Standard Error
Days of school missed in past 12 months				
None	19.9	0.9	22.0	1.5
1-5	32.5	1.4	34.1	1.6
6-10	17.0	0.8	15.2	1.3
11+	27.1 ^a	1.2	23.1	1.5
Other	NA	NA	2.1	0.5
Don't Know	2.9	0.5	3.1	0.8
Amount of health care provided by family				
1-10 hrs/wk	75.3 ^a	0.9	57.9	2.1
11-20 hrs/wk	4.0 ^a	0.4	7.0	1.0
20+ hrs/wk	15.7 ^a	0.8	31.3	2.0
Family never provided care	56.7 ^a	1.4	41.0	1.6

NOTE: The “other” category in the CSHCN survey includes children not in school or home-schooled. In the NSCF, children not in school or home-schooled were not asked this question. Therefore, we indicate that data are not available (NA). Some percentages do not sum to 100 because “don’t know” responses are excluded.

^aThe NSCF estimate is significantly different at the alpha =.05 level from the CSHCN estimate.

The second item involves the extent of health care provided by family members. On this index, estimates differ markedly for each of the categories. According to the NSCF data, 19.7 percent of families of SSI children report providing more than 11 hours of help per week (4.0 added to 15.7 percent). According to the CSHCN survey data, 38.3 percent of families report providing this amount of health care (7.0 added to 31.3 percent). The observed difference is not likely to result from item differences because both surveys use exactly the same phrasing for this item; however, context effects or the placement of the item within the questionnaire may account

in part for this difference. Further research could provide insight into factors that affect reporting of family care-giving.

The NSCF and the NHIS also share an index of child functional status. This index describes the extent to which the child needs extra assistance in activities of daily living. Table IV.4 shows the distribution of responses to this item in both surveys. Differences in estimates between the two surveys are not statistically different. The NHIS estimates are all numerically larger, but because of the large standard errors are not statistically significant.

TABLE IV.4

COMPARISON OF NSCF AND NHIS ESTIMATES OF THE EXTENT TO WHICH SSI CHILD RECIPIENTS NEED EXTRA ASSISTANCE IN ACTIVITIES OF DAILY LIVING

Item/Variable	NSCF		NHIS	
	Percent	Standard Error	Percent	Standard Error
Child needs extra assistance with:				
Bathing	84.3	1.2	87.2	6.5
Dressing	82.6	1.5	85.2	6.8
Eating	35.2	1.7	50.0	9.3
Getting into/out of bed	24.8	1.5	27.5	8.0
Getting around in house	22.3	1.3	30.2	8.3

NOTE: Chi-square tests found no significant differences at the alpha=.05 level.

V. ASSETS, INCOME, AND BENEFITS

Our analyses identify consistent differences between the NSCF and the other surveys with respect to data on income and assets of families of SSI children and their enrollment in various benefit programs. Also, compared with SSA administrative data, respondents to the NSCF appear to underreport SSI payments but the underreporting is even greater in the SIPP. Other findings include:

- For some household income categories, NSCF estimates are significantly different from SIPP estimates, but the general pattern of results is quite similar across these two surveys.
- NSCF data indicate SSI payments are higher and that a larger percentage of families of child SSI recipients are receiving welfare, food stamps, and other SSA benefits when compared with SIPP data.
- The NSCF estimates proportionally fewer parents quitting work compared with the CSHCN survey.

In this chapter, we first compare estimates of income and monthly SSI payments and then estimates of enrollment in other public programs. In addition, we examine how the NSCF estimate of SSI payments compares to SSA's administrative data.

A. INCOME ESTIMATES

NSCF estimates are significantly different from SIPP estimates for two total household income categories (Table V.1). NSCF data indicate 73.2 percent of families of SSI children have a total monthly household income above \$1,000; SIPP data indicate 84.5 percent. Observed differences in estimates between the two surveys may be due to a number of factors, including different question wording, timing of the data collection, questionnaire context effects, and survey administration and processing procedures, including imputation methods. Although differences are statistically significant, the general pattern of results is quite similar for both

surveys. Unearned income estimates from the two surveys are not significantly different from each other.⁷

TABLE V.1
COMPARISONS OF NSCF AND SIPP ESTIMATES OF MONTHLY
HOUSEHOLD INCOME OF FAMILIES OF SSI CHILDREN

Item/Variable	NSCF		SIPP	
	Percent	Standard Error	Percent	Standard Error
Total Monthly Income				
None	1.4	0.5	0.0	0.0
<\$200	1.8	0.6	0.0	0.0
\$200-399	0.8	0.2	1.8	1.2 ^b
\$400-599	7.9	0.5	5.2	1.7 ^b
\$600-999	16.3 ^a	0.8	8.5	2.0
\$1,000+	73.2 ^a	1.3	84.5	2.8
Unearned Income				
None	0.5	0.2	0.0	0.0
<\$200	3.8	0.5	5.4	1.5
\$200-399	6.2	0.5	5.7	1.7
\$400-599	22.6	0.9	23.3	2.5
\$600-999	24.6	1.0	20.1	2.5
\$1,000+	42.8	1.2	45.5	3.3

NOTE: As the table shows, using the NSCF data, one-half of one percent of the children on SSI are estimated to have no unearned income, which appears inconsistent with their status as SSI recipients. For individuals who refused to answer this question or who did not know their monthly income, payment information was obtained from SSA administrative data. In some cases, the SSA data showed that a zero amount was paid for the reference month. These individuals may have been in suspended status or did not receive a payment in the reference month for some other reason, even though they were still considered SSI recipients. The sample explicitly included individuals in suspended pay status. Some percentages do not sum to 100 because of rounding error.

^aSignificantly different from SIPP at the alpha =.05 level.

^bRelative standard error exceeds 30 percent

⁷We did not examine differences in estimates of earned income because the NSCF data set does not include this variable.

B. MONTHLY SSI PAYMENTS

Analyses of the NSCF and SIPP estimates of monthly payments for child SSI beneficiaries indicate different distributions for the two surveys (Table V.2). In general, data from the NSCF suggest that payments are higher compared with data from the SIPP. For example, using NSCF data, we estimate that 40.6 percent of children receive the maximum federal payment (at the time of the survey) of \$531 per month; using data from SIPP, we estimate that 22.9 percent do so. (In both surveys, some respondents reported receiving more than the maximum payment. We have no definitive explanation for this, except that misreporting of income amounts is typical in sample surveys.) Some of the difference in the proportions receiving the maximum federal payment may be explained by differences in item wording. The SIPP asks about federal SSI payments only while the NSCF asks about total SSI payments, which may include non-federally administered state supplements.

It is not clear why there is a spike in the SIPP estimate of the number of families reporting SSI payments between \$100 and \$199, when there is no such spike in the NSCF data. Further examination of the data, focusing on reference period, respondent, and imputation procedures, is needed to identify potential reasons for these differences.

C. COMPARISON OF NSCF ESTIMATES OF SSI PAYMENTS WITH SSA ADMINISTRATIVE DATA

In contrast to the comparison with SIPP, respondents to the NSCF tend to underreport monthly SSI payments compared with SSA administrative data (Table V.3). For example, using the NSCF data, we estimate that 40.6 percent of the children receive the maximum federal payment of \$531 per month, whereas SSA administrative data from December 2001 (the approximate mid-point of data collection) indicate that 64.3 percent do so.

TABLE V.2

COMPARISONS OF NSCF AND SIPP ESTIMATES
OF MONTHLY SSI BENEFITS FOR CHILDREN

Item/Variable	NSCF		SIPP	
	Percent	Standard Error	Percent	Standard Error
Monthly benefit				
None	0.9	0.3	0.0	0.0
<\$50	2.1	0.5	1.9	0.9 ^b
\$50-99	1.5 ^a	0.4	6.8	2.0
\$100-199	3.6 ^a	0.5	16.1	3.3
\$200-299	5.2	0.6	8.1	2.0
\$300-399	10.3	0.8	8.9	2.0
\$400-499	17.0 ^a	0.9	11.5	2.1
\$500-530	18.6	0.9	23.7	3.3
\$531+	40.6 ^a	1.5	22.9	2.8

NOTE: As the table shows, slightly less than one percent of the NSCF sample reported having no monthly SSI payment, which appears inconsistent with their status as SSI recipients. For individuals who refused to answer this question or who said they did not know their SSI payment amount, relevant information was obtained from SSA administrative data. In some cases, the SSA data showed that a zero amount was paid for the reference month. These individuals may have been in suspended status or did not receive a payment in the reference month for some other reason, even though they were still considered SSI recipients. The sample explicitly included individuals in suspended pay status. Percentages do not sum to 100 due to rounding.

^aSignificantly different from SIPP at the alpha = .05 level.

^bRelative standard error exceeds 30 percent

The underreporting is even more pronounced if state SSI supplemental payments are considered. The SSA administrative data include only federal SSI payments and federally administered state supplements; in contrast, the NCSF data include total SSI payments reported by respondents, which may include both state and federal dollars. If the state portion of the total SSI payments was removed, the underreporting would be even greater than indicated in Table V.3.

Comparisons of Tables V.2 and V.3 suggest that SIPP data show even greater underreporting than NSCF data when compared with SSA administrative data. For example, using the SIPP data we estimate that only 22.9 percent of SSI children receive the maximum

federal payment, compared with 64.3 percent in the SSA administrative data. This discrepancy is particularly noteworthy because, unlike NSCF, the SIPP asks respondents to report only the amount of the federal SSI benefit, which is also the amount reported in the SSA administrative data. Furthermore, the administrative data show no spike in the amount of SSI received at \$100-\$199, suggesting possible measurement and reporting problems with the SIPP data.

TABLE V.3
COMPARISON OF NSCF ESTIMATES OF
SSI MONTHLY PAYMENTS WITH SSA ADMINISTRATIVE DATA

	NSCF Estimates		SSA Administrative Data
	Percent	95 Percent Confidence Interval	
None	0.9	.6-.12	0.3
<\$50	2.1	2.6-2.6	2.5
\$50-99	1.5	1.1-1.9	1.1
\$100-199	3.6	3.1-4.1	3.1
\$200-299	5.2	4.6-5.8	4.3
\$300-399	10.3	9.5-11.1	9.8
\$400-499	17.0	16.1-17.9	11.0
\$500-530	18.6	17.7-19.5	3.6
\$531	40.6	39.1-42.1	64.3

SOURCE: Social Security Administration. *Children Receiving SSI, December 2001*, Table 6. <http://www.ssa.gov/policy/programs/ssipub.html>

NOTE: SSA data include children receiving federal SSI payments and federally administered state supplements. According to SSA, the 0.3 percent of children who are reported to have no payments are individuals who received only a state supplementation payment as of December 1, 2001. The maximum payment possible during the survey period was \$531. However, the 40.6 percent of the NSCF sample indicating that they received the maximum includes some individuals who reported that they received more than \$531. Percentages do not sum to 100 because of rounding error.

D. ENROLLMENT IN BENEFIT PROGRAMS

Comparisons of estimates of the percentage of SSI children and their families who were receiving benefits through the welfare, food stamp, and school lunch programs show that NSCF data indicate a higher percentage of families of SSI children are receiving welfare, food stamps, and other SSA benefits compared with SIPP estimates (Table V.4). There are no differences

between survey estimates for the percentage of families participating in the school lunch program. The NSCF data also indicate that proportionally more families of SSI child recipients receive welfare and food stamps compared with the NHIS data.

TABLE V.4
COMPARISON OF NSCF, SIPP, AND NHIS ESTIMATES OF PROGRAM PARTICIPATION

	NSCF		SIPP		NHIS	
	Percent	Standard Error	Percent	Standard Error	Percent	Standard Error
Welfare Recipient						
Yes	16.3 ^a	1.1	7.4	2.3 ^c	10.3	2.9
No	83.7 ^b	1.1	92.6	2.3	88.8	3.1
Food Stamps						
Yes	35.0 ^{a,b}	1.5	22.5	2.8	19.2	3.2
No	65.0 ^{a,b}	1.5	77.5	2.8	78.7	3.4
School Lunch						
Yes	78.3	1.1	78.8	2.9	NA	
No	20.1	1.0	21.2	2.9		
Other SSA Benefits						
Yes	16.6 ^b	1.0	9.3	1.9		
No	83.4 ^b	1.0	90.7	1.9		

NOTE: Shaded area signifies that the survey did not include any comparable items; as a result, estimates are not available (NA). Other SSA benefits include retirement benefits, survivor benefits, or disability insurance. Some percentages do not sum to 100 because “don’t know” responses are excluded or due to rounding.

^aSignificantly different from NHIS at the alpha = .05 level.

^bSignificantly different from SIPP at the alpha = .05 level.

^cRelative standard error exceeds 30 percent

Overall, compared with the SIPP or NHIS data, the NSCF data suggest that families of child SSI recipients are somewhat more dependent on government benefits.

E. EFFECT OF CHILD’S HEALTH CONDITION ON PARENTAL EMPLOYMENT

As Table V.5 shows, proportionally fewer parents are estimated by the NSCF to have quit work because of the child’s health condition compared with the CSHCN survey (24.3 versus 29.4 percent). This finding may result from either or both of two factors. First, as noted in

Chapter IV, more respondents in the NSCF sample may have children with relatively mild conditions compared with respondents in the CSHCN survey sample, and therefore may not need to stop working or may need only to reduce their hours to care for their children. Second, as noted in Table II.3, the NSCF sample may have fewer resources and therefore may not be able to afford to quit working.

TABLE V.5
COMPARISON OF ESTIMATES OF THE IMPACT OF THE CHILD'S
CONDITION ON PARENTAL EMPLOYMENT

	NSCF		CSHCN	
	Percent	Standard Error	Percent	Standard Error
Any family members quit working because of child's condition?				
Yes	24.3 ^a	1.1	29.4	1.5
No	75.3 ^a	1.1	70.2	1.5

^aSignificantly different from CSHCN at the alpha =.05 level. Percentages do not sum to 100 because "don't know" responses are not included.

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VI. HEALTH CARE INSURANCE, SERVICE USE, AND UNMET NEEDS

Comparisons of estimates of health insurance coverage, service use, and unmet needs of child SSI recipients reveal that NSCF estimates are frequently different from the other surveys. Overall, compared with data from the other surveys, the NSCF data indicate that proportionally more child SSI recipients are on Medicaid and SCHIP, and are in greater need of outpatient medical services. Specifically, major findings include the following:

- Compared with all three surveys, the NSCF finds a larger percentage of SSI children on Medicaid.
- Compared with the CSHCN data, NSCF data indicate a larger percent of SSI children have no yearly physician visits.
- Compared with the SIPP data, NSCF data indicate a greater percentage of children who are recipients of SSI are enrolled in SCHIP.
- Compared with the NHIS data, NSCF data indicate a greater percentage of SSI children are hospitalized during a year.

In this chapter, we compare estimates of health insurance coverage, service use, and unmet needs of child SSI recipients, using data from all four surveys. In the first section, we compare estimates of enrollment in Medicaid, SCHIP, and military health insurance plans, as well as estimates of the number of children who lacked coverage for some portion of the year.⁸ The second section includes estimates of physician visits and hospital admissions and the third provides estimates of the percentages of child SSI recipients who did not receive needed medical, dental, or pharmaceutical services.

⁸We do not present estimates of the amount of private insurance coverage for SSI children because the surveys differed substantially in the way this information was gathered or coded. In addition, there is evidence that some respondents confuse private health insurance with certain government programs; for example, some respondents indicate that they are enrolled in both Medicaid and SCHIP.

A. ENROLLMENT IN MEDICAID, SCHIP, AND MILITARY HEALTH PLANS

Based on the NSCF data, we estimate that 90.6 percent of child SSI recipients are enrolled in Medicaid (Table VI.1). This estimate is significantly larger than the estimates from the other three surveys. We found similar results for enrollment in SCHIP. Using NSCF data, we estimate that 14.4 percent of SSI child recipients are enrolled in SCHIP, significantly higher than the estimates from SIPP and NHIS (but not significantly different from the CSHCN survey estimate).

TABLE VI.1

ESTIMATES FROM FOUR NATIONAL SURVEYS OF ENROLLMENT BY CHILD SSI RECIPIENTS IN SELECTED HEALTH INSURANCE PROGRAMS

	NSCF		CSHCN		SIPP		NHIS	
	Percent	Standard Error	Percent	Standard Error	Percent	Standard Error	Percent	Standard Error
Medicaid								
Yes	90.6 ^{a,b,c}	1.1	73.9	1.4	81.1	3.0	61.1	4.0
No	8.6 ^{a,b,c}	1.1	26.1	1.4	18.9	3.0	38.4	4.0
SCHIP								
Yes	14.4 ^a	1.5	12.9	1.2	4.9	2.1 ^d	6.0	2.6 ^d
No	81.1 ^{a,b,c}	1.6	87.1	1.2	95.1	2.1	93.5	2.6
Military Plan								
Yes	0.8	0.2	2.1	0.3 ^d	4.2	2.0 ^d	0.8	0.6 ^d
No	98.8 ^a	0.3	97.9	0.3	95.8	2.0	99.2	0.6
Ever Not Covered								
Yes	4.0 ^a	0.6	8.2	0.8	NA		4.6	1.6 ^d
No	95.4 ^a	0.6	91.7	0.8	NA		94.6	1.7

NOTE: Shaded area signifies that the survey did not include any comparable items; as a result, estimates are not available (NA). Some percentages do not sum to 100 percent because “don’t know” responses are excluded or because of rounding errors.

^aSignificantly different from CSHCN at the alpha =.05 level.

^bSignificantly different from SIPP at the alpha =.05 level.

^cSignificantly different from NHIS at the alpha =.05 level.

^dRelative standard error exceeds 30 percent

In general, the four surveys estimated that a small percentage of SSI children were enrolled in military plans. Relative standard errors of the estimates for the percentage of child SSI recipients enrolled in military plans were over 30 percent, and therefore we did conduct tests of significance.

B. PHYSICIAN VISITS AND HOSPITALIZATIONS

In comparison to the CSHCN survey data, the NSCF data suggest a greater percentage of SSI children have no yearly physician visits (Table VI.2); the CSHCN data indicate a slightly larger percentage of SSI children have four or more physician visits. In comparison to NHIS data, the NSCF data also suggest that a smaller percentage of SSI children have no hospitalizations during a year.

TABLE VI.2
COMPARISON OF NSCF, CSHCN, AND NHIS ESTIMATES
OF PHYSICIAN VISITS AND HOSPITALIZATIONS

	NSCF		CSHCN		NHIS	
	Percent	Standard Error	Percent	Standard Error	Percent	Standard Error
Physician visits in last year						
None	6.3 ^a	0.6	4.6	0.6	NA	
1-3	31.8 ^a	1.1	25.7	1.4		
4-6	24.4 ^a	0.8	27.9	1.5		
7-9	7.2	0.6	8.5	0.9		
10+	27.0 ^a	1.1	30.9	1.5		
Hospital admissions						
0	81.5 ^b	0.9	NA		85.4	2.6
1-2	12.0	0.6			10.1	2.2
3-4	2.6	0.3			1.9	1.0 ^c
5+	3.5	0.5			2.6	1.1 ^c

NOTE: Shaded area signifies that the survey did not include any comparable items; as a result, estimates are not available (NA). Some percentages do not sum to 100 because “don’t know” responses are excluded or because of rounding errors.

^aSignificantly different from CSHCN at the alpha =.05 level.

^bSignificantly different from NHIS at the alpha =.05 level.

^cRelative standard error exceeds 30 percent

C. UNMET NEEDS

Both the NSCF and CSHCN survey data indicate that the majority of child SSI recipients have not gone without needed medical care (Table VI.3). Although the difference between the NSCF and CSHCN estimates is statistically significant (93.6 versus 89.7 percent), the overall magnitude of the difference is minor.

TABLE VI.3

UNMET SERVICE NEEDS OF CHILD SSI RECIPIENTS IN SELECTED SURVEYS

Item/Variable	NSCF		CSHCN	
	Percent	Standard Error	Percent	Standard Error
Gone without needed health care?				
Yes	6.3 ^a	0.7	10.1	1.1
No	93.6 ^a	0.7	89.7	1.1
Received needed dental care?				
Yes	84.5	0.8	87.0	1.3
No	15.3	0.8	12.8	1.2
Received needed medications?				
Yes	94.6 ^a	0.5	98.0	0.7
No	5.2 ^a	0.5	2.0	0.7

^a Significantly different from CSHCN at the alpha = .05 level. Some percentages do not sum to 100 because of rounding errors.

In terms of unmet dental needs, estimates from the two surveys are not significantly different at the alpha = .05 level; however, the difference in the percent of children who do not obtain needed medication is significantly different. Based on NSCF data, 5.2 percent of children do not get needed medication; based on the CSHCN survey data, 2.0 percent do not. Additional analyses are required to examine the reasons for these differences.

VII. SUMMARY

A. OVERVIEW

The NSCF was designed specifically to obtain comprehensive and accurate data on child SSI recipients to address key policy questions. Information on these children is available from a number of other surveys, but our analyses indicate that data from these surveys may lead researchers to somewhat different conclusions compared with results based on NSCF data. For example, policymakers may wish to know whether all or most child SSI recipients are covered by Medicaid. As seen in Chapter VI (Table VI.1), the NSCF data indicate that over 90 percent of these children have Medicaid coverage. Estimates of Medicaid coverage for these children are significantly lower when based on CSHCN, SIPP, and NHIS data (which provide estimates of 74, 81, and 61 percent, respectively). This example illustrates how the NSCF tells a somewhat different “story” than the other surveys and could lead researchers and policymakers to different conclusions.

There are several reasons why researchers should use the NSCF data to study the child SSI recipient population. First, the design of the NSCF provides a strong foundation for accurate survey estimates. Compared with the other surveys, the NSCF focused its sample and its content on the target population of child SSI recipients. The NSCF used a list of child SSI recipients as its sampling frame and devoted substantial resources to obtaining responses from about 85 percent of the target sample. Furthermore, our analyses suggest that because of the sampling frame’s representation of the target population and the survey’s large sample size, the NSCF sample provides enough cases to represent certain subgroups of child SSI recipients who are not well-represented in the CSHCN, SIPP, or NHIS samples. These subgroups may include some of the most vulnerable families and children (for example, children in single-parent families where

the mother may have few educational or financial resources.) Because NSCF's large targeted sample includes a broad range of child SSI recipients compared with the samples of other surveys, it is able to provide a more complete picture of the characteristics and needs of this population and important subgroups.

Second, we found numerous differences between estimates based on NSCF data and estimates based on data from other surveys, but these differences were internally consistent and presented a coherent picture when examined as a whole. For example, we found that children in the NSCF sample were more likely to be enrolled in government programs compared with child SSI recipients in the other survey samples. This finding was consistent across comparisons with all three surveys and for different government programs, such as Medicaid, SCHIP, and other benefit programs. The internal consistency of our results suggests our findings are not random, but instead result from systematic factors probably related to sampling and procedural differences between NSCF and the other surveys.

The NSCF data provide the most comprehensive and accurate information available on child SSI recipients. Researchers can confidently use the NSCF dataset to develop national estimates and conduct studies of disability status, functional limitations, use of health services, educational status, the impact of the disabling condition on the family, employment status, and the SSI experience itself for child SSI recipients. Although they will be useful for purposes of refining current policies affecting SSI child recipients and applicants, the NSCF data are limited for other uses. For example, they will be less useful for developing estimates of employment among all adolescents with disabilities or of program participation of children who are potential SSI recipients but have never applied. The other surveys, which include samples of these children, may be more useful for these purposes.

B. SUMMARY OF FINDINGS FROM CROSS-SURVEY COMPARISONS

On many items we investigated, NSCF estimates differed systematically from other survey estimates. Some of the most important differences include the following:

- Compared with data from the other three surveys, NSCF data yield higher estimates of the percentage of child SSI recipients who were (1) black, (2) living in single-parent households, and (3) on Medicaid.
- NSCF data indicate about 10 percent of child SSI recipients are not identified by the FACCT screener as having a special health care need, suggesting undercoverage of the SSI target population when the screener is used.
- Compared with CSHCN data, the NSCF data suggest (1) the average amount of care provided by family members is lower, (2) proportionally fewer parents are estimated by the NSCF to have quit work to care for their child, (3) a larger percentage of SSI children go without needed medical care, and (4) a larger percentage have no yearly physician visits.
- Compared with SIPP data, the NSCF data suggest (1) SSI payments are higher, (2) a larger percentage of families of child SSI recipients receive welfare, food stamps, and other SSA benefits, and (3) a larger percentage of child SSI recipients are enrolled in SCHIP.
- Compared with NHIS data, the NSCF data suggest (1) a larger percentage of SSI children are enrolled in SCHIP and (2) a lower percentage have no hospitalizations during a year.

The surveys are quite different from each other in terms of survey objectives, sampling frame, sample design, sample size, and procedural and operational issues. The NSCF offers the distinct advantage of using a sampling frame—the SSI program files—that offers excellent representation of the survey’s target population. In contrast, the CSHCN relies on sets of screening items designed to identify children having a special health care need and these screening items lead to undercoverage of the SSI child population. Compared with the SIPP and the NHIS, the NSCF offers a larger sample of the child SSI recipient population, which permits detailed subgroup analysis with high levels of precision.

C. SUMMARY OF COMPARISONS WITH SSA ADMINISTRATIVE DATA

The NSCF estimates compare favorably with SSA program data on several variables. For example, we found that:

- The NSCF estimate of the total population of child SSI recipients was very close to the number of SSI child recipients reported by SSA, after accounting for children not eligible for the survey.
- The distribution of the NSCF estimates across selected demographic variables was consistent with distributions reported by SSA. The differences that exist are relatively minor and probably result from survey administration procedures.
- Respondents to the NSCF tended to underreport monthly SSI payments compared with SSA administrative data, but less underreporting is observed in the NSCF when compared with the SIPP.

The essential similarity between the NSCF estimates and the SSA administrative data on key variables suggests that comparability between the NSCF data and SSA administrative data was achieved, and that NSCF estimates accurately represent the target population. Parents' underreporting SSI payments when compared with administrative data is consistent with the literature on self-reported income data. (See Mathiowetz, Brown, and Bound (2002) for a discussion of measurement error in surveys of low-income populations.)

D. IMPLICATIONS FOR THE FUTURE

Sample surveys are designed and implemented for a number of reasons; oftentimes the survey has multiple purposes resulting in a variety of descriptive statistics of a target survey population, other times the survey is designed exclusively to test a specific set of hypotheses. Although the comparison of critical estimates across two or more data sets is an established method for ascertaining the usefulness of a new data set, the method itself can be difficult to implement and the results difficult to interpret. Future survey programs must recognize that despite the implementation of good survey practices, nonsampling error will exist in survey

estimates. Furthermore, a repeated survey has the obligation to review the design and implementation of previously conducted surveys to identify areas that could be improved and determine whether the survey design is consistent with the current survey objectives.

It is important that a critical review of survey methods and practices be conducted of similar surveys as well as the most recently implemented survey, and when appropriate, to consider how improved methods and practices can be implemented in the current round of the survey. As part of this review, identifying the major sources of nonsampling error in the survey and taking steps to minimize the error is essential. Ideally, this means survey resources must be allocated directly to areas where nonsampling error may be especially problematic. This resource allocation, for example, could mean that a selected number of questionnaire items need to be reviewed, improved, and tested again, or in an interviewer-conducted survey that the interviewer training program be evaluated and revised if the goals of the training are not met. Surveys of participants of transfer programs have the added advantage that administrative data associated with the program are available and can be used in editing, imputation, and weighting to reduce some components of nonsampling error and, thereby, improve the survey estimates. As a general practice, repeated surveys ought to develop programs in which important components of nonsampling error can be measured; for example, steps in this direction include the development of reinterview programs to quantify the response bias or response variance properties of questionnaire items and concepts or the analysis of the potential bias in estimates as a result of unit nonresponse. Finally, the comparative results suggest SSA should identify and “stay in touch” with its microdata user community, following their analyses, understanding the data limitations and idiosyncrasies, and communicating such information within the NSCF data user community. Extensive involvement and communication with users produces an informed user

community that analyzes data with a full understanding their limitations, and an informed survey sponsor who can take steps to reduce survey error in the future.

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APPENDIX

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APPENDIX

ITEMS FROM FOUR SURVEYS

Table 1: Demographic Items

Table 2: Functional Impairment Items

Table 3: Asset, Income, and Benefit Items

Table 4: Health Insurance, Service Use, and Unmet Need Items

NOTES: NSCF: National Survey of Children and Families
CSHCN: Children with Special Health Care Needs Survey
SIPP: Survey of Income and Program Participation
NHIS: National Health Interview Survey

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TABLE 1
DEMOGRAPHIC ITEMS

Item	NCSF	CSHCN	SIPP	NHIS
Child's Gender	First, I would like to verify some information about (NAME). Is (NAME) male or female?	Is child male or female	Sex of this person	(Is/Are) (Person) male or female?
Child's Age	What is (NAME)'s date of birth?	You have previously given the name(s) and birth date(s) of [READ NAMES IN GRID]. Now would you please tell me the date(s) of birth for your other (child/children) under the age of 18?	Age as of last birthday	What is (your/name)age and date of birth? Please give month, day, and year for the date of birth.
Child's Ethnicity	Now I'd like to ask some background questions about (NAME). What is (NAME'S) ethnic background? Is (HE/SHE): Hispanic or Latino or not Hispanic or Latino	First, is (CHILD 1) of Spanish, Hispanic, or Latino origin, that is Mexican, Mexican-American, Central American, South American, Chicano, or Puerto Rican, Cuban, or other Spanish-Caribbean?	Which of the categories on this card best describes your origin or descent? Canadian; Scotch-Irish; Dominican Republic; Dutch; Scottish; Other Hispanic; English; Slovak; African-American or French; Welsh Afro-American; French-Canadian; Other European; American Indian; German; Mexican Eskimo or Aleut; Hungarian; Mexican-American; Arab; Irish; Chicano; Asian; Italian; Puerto Rican; Pacific Islander; Polish; Cuban; West Indian; Russian; Central American; Another group not listed Scandinavian; South American; American	Do you consider (NAME) to be Hispanic or Latino? (Where did (your/name's) ancestors come from?) READ IF NECESSARY: Puerto Rican Cuban/Cuban American Dominican (Republic) Mexican Mexican American Central or South American Other Latin American/Other Other Hispanic/Latino

TABLE 1 (continued)

Item	NCSF	CSHCN	SIPP	NHIS
Child's Race	<p>What is [NAME's] race? Is NAME: (Read list, code all that apply)</p> <p>Alaska Native or American Indian Asian Black or African American Native Hawaiian or Other Pacific Islander White Don't know Refused</p>	<p>Now, I'm going to read a list of categories. Please choose one or more of the following categories to describe (CHILD 1)'s race. Is (CHILD 1) White, Black or African American, American Indian, Alaska Native, Asian, or Native Hawaiian or other Pacific Islander? [MARK ALL THAT APPLY WITH "X"]</p>	<p>Which of the categories on this card best describes your race?</p> <p>White Black American Indian, Aleut, or Eskimo Asian or Pacific Islander Other Race</p>	<p>What race do you consider (NAME) to be? Please select one or more of these categories.</p> <p>White; Black/African American; Indian (American); Alaska Native; Native Hawaiian; Guamanian; Samoan; Other Pacific Islander; Asian Indian; Chinese; Filipino; Japanese; Korean; Vietnamese; Other Asian; Some other race</p>
Maternal Education	<p>Now I'd like to ask some background questions about you and your family. What is the highest year or grade (YOU/NAME'S MOTHER) finished in school?</p>	<p>What is the highest grade or level of school that you have completed?</p>	<p>What is the highest level of school [NAME] has completed or the highest degree he/she has received?</p>	<p>What is the HIGHEST level of school (you/NAME) completed or the highest degree (you/NAME) received? Please tell me the number from the card.</p>
People in Household	<p>Next, I'd like to ask you some questions about the people who live in your household at the present time. This includes both children and adults and may include individuals who are not related to you. How many people all together live in this household, including yourself? PROBE: This includes everyone who usually lives there, even those who may be temporarily away on business, vacation, in a hospital, or away at school.</p>	<p>Now I have some questions about your household. Please tell me how many people live in this household, including all children and anyone who normally lives here even if they are not here now, like someone who is away traveling or in a hospital.</p>	<p>Total number of persons in household this month (Constructed Variable: EHHNUMPP)</p>	<p>Number of persons in family (Constructed Variable: FM_SIZE)</p>
Number of Parents in Household	<p>(Constructed Variable: C_LIVING_ARRANGEMENTS)</p>		<p>Kind of family (or pseudo-family) (Constructed Variable: ESFKIND)</p>	<p>Parents present in family (Constructed Variable: PARENTS)</p>

TABLE 2

FUNCTIONAL IMPAIRMENT ITEMS

Item/Variable	NCSF	CSHCN	NHIS
School days missed	During the past 12 months, that is, since (FILL LAST MONTH, LAST YEAR), about how many days did (NAME) miss work or school because of illness or injury?	During the past 12 months, that is since (1 YEAR AGO TODAY), about how many days did ("N" CHILD) miss school because of illness or injury?	
Amount of health care provided by family	How many hours per week do family members spend providing this kind of health care for (NAME) PROBE: By this kind of care we mean: changing bandages, taking care of medical equipment, giving medications, and things like that. Do not include routine care for (NAME).	How many hours per week do you or other family members spend providing this kind of care?	
Extra assistance needed	Does (NAME) need the help of other persons with personal care needs, such as eating, bathing, dressing, getting into our out of bed, or getting around inside the home?		Does (NAME) name) need the help of other persons with? Bathing or showering? Dressing? Eating? Getting in or out of bed or chairs? Getting around inside the home?

TABLE 3

ASSETS, INCOME AND BENEFIT ITEMS

Item/Variable	NCSF	CSHCN	SIPP	NHIS
Total Monthly Household Income	For the purpose of this survey, it is important to learn the total income received by all members of your household in (LAST MONTH). This includes money from jobs, and from the sources we just talked about. What was your household's total income last month before taxes and deductions? (IF K11 = 01, RECEIVING FOOD STAMPS, FILL "DO NOT INCLUDE THE VALUE OF YOUR FOOD STAMPS".) PROBE: Include money from all sources and for all members of your household.		Reaggregated total household income for relevant month of the reference period (Constructed Variable: THTOTINC)	
Unearned Income	(Constructed Variable: SUM OF C_UNEARNED_INCOME_1 TO C_UNEARNED_INCOME_15)		Total monthly income less total monthly earned income (Constructed Variable: THTOTINC-THEARN)	
Amount of monthly SSI benefit	What was the amount of the SSI benefit you received for (NAME) in (LAST MONTH, YEAR)?		Amount received in separate Federal SSI payments for children in this month. (Constructed Variable: T03AMTK)	

TABLE 3 (continued)

Item/Variable	NCSF	CSHCN	SIPP	NHIS
Welfare recipient	In (LAST MONTH) did anybody in your household receive any other kind of welfare assistance, such as help with getting a job, placement in education or training programs, or help with transportation or child care? PROBE: Please include only assistance received through welfare.		Did you receive any cash or other assistance from a state or county welfare program?	At any time during (last year), even for one month, did (you/any family member living here) receive any CASH assistance from a state or county welfare program such as (specific program name)?
Food Stamps	In (LAST MONTH) did anybody in your household receive any Food Stamps?		Were you authorized to receive food stamps?	(Were/Was) (you/anyone in the family) authorized to receive food stamps (which includes a food stamp card or voucher, or cash grants from the state for food) at anytime during (last year)?
School Lunch	In the past 12 months, did any of the children living with you receive free or reduced price school lunches because they qualified for the Federal School Lunch Program?		From the first day of the first reference month to the end of the fourth reference month, did any of the children in this household usually get a lunch offered at school?	
Other SSA Benefits	In last month did (ANYBODY IN NAME'S HOUSEHOLD) receive any other social security payments? These include retirement benefits, survivor's benefits, or social security disability insurance, also known as SSDI?		Social security coverage (Constructed Variable: RCUTYPO1)	
Quit because of child's condition?	For reasons related to (NAME'S) health, has anyone in the household ever quit working other than normal maternity leave?	Have you or other family members stopped working because of (CHILD)'s health conditions?		

TABLE 4

HEALTH INSURANCE, SERVICE USE, AND UNMET NEED ITEMS

Item/Variable	NCSF	CSHCN	SIPP	NHIS
Has Medicaid	<p>The next questions are about all types of health insurance and health care coverage that (NAME) may have. (NAME) covered by Medicaid, a health insurance program for persons with certain income levels and persons with disabilities? In this state, the program is sometimes called (FILL STATE MEDICAID NAME). PROBE: Medicaid is a medical assistance program. It serves low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay no part of the costs for covered medical expenses. It is run by state and local governments within federal guidelines.</p>	<p>At this time, is (CHILD) covered by Medicaid, a health insurance program for persons with certain income levels and persons with disabilities? [INSERT IF APPLICABLE: In this state, the program is sometimes called [STATE MEDICAID NAME]</p>	<p>Were NAME(S) covered by Medicaid at any time between [reference month 1] 1st and today?</p>	<p>FHI.070 What kind of health insurance or health care coverage (do/does) (you/subject name) have? include those that pay for only one type of service (nursing home care, accidents, or dental care), exclude private plans that only provide extra cash while hospitalized. Private health insurance plan from employer; Private health insurance plan purchased directly; Private health insurance plan through a state or local government or community program; Medicare; Medi-Gap; Medicaid; SCHIP; Military healthcare/VA; TRICARE/CHAMPUS/CHAMP-VA ; Indian Health Service; State-Sponsored health plan; Other government program; Single service plan (e.g., dental, vision, prescriptions); No coverage of any kind</p>

TABLE 4 (continued)

Item/Variable	NCSF	CSHCN	SIPP	NHIS
Has SCHIP	(NAME) covered by the State Children’s Health Insurance Program, or S-CHIP? (FILL IF S-CHIP NAME IS DIFFERENT THAN STATE MEDICAID NAME) In this state, the program is sometimes called (FILL S-CHIP NAME). PROBE: The State Children’s Health Insurance Program (S-CHIP) expands health coverage to uninsured children whose families earn too much for Medicaid but too little to afford private health insurance.	At this time, is (CHILD) covered by the State Children’s Health Insurance Program or S-CHIP? In this state, the program is sometimes called [INSERT S-CHIP NAME].	At any time between (reference month 1) 1st and today were you covered by (state program name), the State Children's Health Insurance Program that helps families get health insurance for children?	See above
Has military insurance	Is (NAME) covered by military health care, TRICARE, CHAMPUS, OR CHAMP-VA?	At this time, is (CHILD) covered by military health care, TRICARE, CHAMPUS, or CHAMP-VA?	(Constructed variable: RPHRVH1 (types of health insurance) and EHEMPY (source of health insurance))	See above
Ever time not covered in past 12 months?	In the past 12 months, that is since (FILL THIS MONTH, LAST YEAR), was there any time when (FILL NAME WAS IF RTYPE = 01, 03; YOU WERE IF RTYPE = 02) not covered by any health insurance?	In the past 12 months, was there any time when (CHILD) was not covered by ANY health insurance?		In the past 12 months, was there any time when (NAME) did NOT have ANY health insurance or coverage?
Times seen physician in last 12 months	In the past 12 months, about how many months was (NAME) without coverage?	In the past 12 months, about how many months was (CHILD) without any health insurance or coverage?		In the past 12 months, about how many months was (NAME) without coverage?
Hospital admissions	During the past 12 months, how many different times, if any, did (NAME) stay overnight or longer in a hospital? Do not include an overnight stay in the emergency room.			How many different times did (NAME) stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?

TABLE 4 (continued)

Item/Variable	NCSF	CSHCN	SIPP	NHIS
Gone without needed health care?	People often delay or do not get needed healthcare. In the past 12 months, have you delayed or gone without health care for (NAME)?	People often delay or do not get needed health care. By health care I mean medical care as well as other kinds of care like dental care, mental health services, physical, occupational, or speech therapies, and special education services. In the past 12 months, have you delayed or gone without health care for (CHILD)?		
Received needed dental care in last 12 months?	During the past 12 months, was there any time when (NAME) needed dental care, including check-ups, but didn't get it?	(During the past 12 months was there any time when (CHILD) needed) dental care including check-ups?		
Received needed medications in last 12 months?	During the past 12 months, was there any time when (NAME) needed prescription medicines but didn't get them?	(During the past 12 months, was there any time when (CHILD) needed) prescription medications?		