

July 20, 2011

NOTE TO THE
REVIEWER OF:

OMB CLEARANCE #1220-0141
“Cognitive and Psychological Research”

FROM:

Jennifer Edgar
Research Psychologist
Office of Survey Methods Research

SUBJECT:

Submission of Materials for *CPS Disability
Supplement Cognitive Testing – Round 2*

Please accept the enclosed materials for approval under the OMB clearance package #1220-0141 “Cognitive and Psychological Research.” In accordance with our agreement with OMB, I am submitting a brief description of the study.

The total estimated respondent burden hours for this study are 20 hours.

If there are any questions regarding this project, please direct them to Jennifer Edgar (202-691-7528).

I. Introduction and Purpose

The Office of Disability Employment Policy (ODEP) has worked with the Bureau of Labor Statistics (BLS) to develop a supplement to the Current Population Survey (CPS), which is tentatively scheduled for May 2012. The overarching goal of the CPS Disability Supplement is to collect data that will increase our understanding of the labor market challenges facing persons with a disability. Such data are necessary to improve policies and programs designed to help those with a disability.

The CPS Disability Supplement is being conducted to address the following issues:

- A. Learn more about the low labor force participation rates for people with disabilities
- B. Better understand the use and effectiveness of current programs designed to prepare people with disabilities for employment
- C. Learn more about the work history of people with disabilities
- D. Identify the different types of barriers to employment people with disabilities experience
- E. Determine the types of workplace accommodations that assist people with disabilities; such accommodations include assistive technologies, transportation assistance, flexible work schedules, and alternative work arrangements
- F. Measure the use of financial assistance programs among those with disabilities and whether these programs affect the likelihood of working

The purpose of the current study is to build on the first round of cognitive testing for the questions in the CPS Disability Supplement. Based on the results of the first round of testing, changes were made to the proposed questions. The changes to be evaluated are highlighted in Attachment C. This study will focus on the revised questions to evaluate participant comprehension of the intended question meaning.

II. Research Design

The OSMR will conduct 20 cognitive interviews. All participants will either have a disability or live with a person with a disability and be able to provide proxy reports.

Interviews will be conducted either in-person at the cognitive lab at BLS or, for people with a disability, at their home, place of business, or other location convenient for them. The interviews will be administered by OSMR staff. Each session will follow the cognitive interview protocol outlined in Attachment A. Sessions will be audio taped with the consent of the participant.

III. Procedures

Interviewers will follow the protocol outlined in Attachment A. After introductions, gaining informed consent, and a short explanation of the procedures for the cognitive interview, the interviewer will administer the survey (Attachment C). The survey involves skip patterns based on labor force status, disability status and responses to previous questions. Participants will only receive questions for which they are eligible.

Following the administration of the survey the interviewer will debrief the participant (Attachment D). The debriefing will be semi-structured and the interviewer will probe as necessary to obtain additional information.

IV. Participants and Burden Hours

Up to twenty participants will be interviewed for this cognitive interviewing study. For the first round of this testing participants were recruited by asking groups with members who have disabilities to distribute or post fliers. Participants for this study will be recruited from people who responded to those initial recruitment efforts.

We anticipate that each session will average less than 60 minutes (i.e., 5 minutes for front matter, 20 minutes for administration of the questionnaire, and 35 minutes for debriefing) though may last as long as 90 minutes depending on the needs of the participant. For example, if a sign language interpreter is needed for someone who has difficulty hearing then time will be needed to conduct the translations. Therefore, we estimate that the total burden hours will be 20 hours.

V. Payment

For this study, we will be reimbursing participants \$40. Though participants with disabilities will be given the option to conduct the interview in their home, we believe the \$40 incentive is still necessary. Persons with disabilities are a relatively small group that can be difficult to reach and there is a short data collection period for this study.

VI. Data Confidentiality

Participants will be informed of the voluntary nature of the study. Participants also will be informed that the study will be used for internal purposes to improve the design of the Current Population Survey Disability Supplement. Participants will be given a consent form to read and sign (Appendix E) prior to beginning the test session. Alternative means of gaining informed consent will be used for participants who have difficulty reading the consent form (e.g., those with limited eyesight, dyslexia, etc.). This will be accomplished through one of several means. For participants with a screen reader, the consent form will be sent to them 48 hours in advance in a screen readable format (a Word document) so they can take the time to read and understand the form. Alternatively, interviews can be set up with the individual with a disability and a person who they trust to read the consent form to them. Information related to this study will not be released to the public in any way that would allow identification of individuals except as prescribed under the conditions of the Privacy Act Notice.

VII. Attachments

<u>Attachment A:</u>	Cognitive Testing Protocol
<u>Attachment B:</u>	Introductory Material
<u>Attachment C:</u>	Draft CPS Survey Questions
<u>Attachment D:</u>	Debriefing Items
<u>Attachment E:</u>	Consent Agreement Form and Privacy Act Statement

Attachment A: Cognitive Testing Protocol

1. Introduction
 - a. Study overview
 - b. Permission to audiotape
2. Questions
 - a. Household Roster
 - b. CPS Disability Questions
 - c. Workforce Questions
 - d. CPS Disability Supplement Questions
3. Debriefing
 - a. CPS Disability Supplement Questions Only
4. Closing

Attachment B: Introductory Material

- Hi! Thank you for coming in today.
- I am [This is my colleague () who will be taking notes for us today]
- Have you participated in any of our studies before? (if yes, Which ones?)
- Consent Form/Permission to audiotape
- Explanation:
 - We are going to be working with some questions from the Current Population Survey, an ongoing survey that provides a continuous flow of information about the characteristics of the American workforce.
 - What we are going to do today is go through a few questions from the survey and get your reactions to them.
 - The purpose of today's session is to help us find out more about how people respond to these questions. Basically, we're trying to find out what you think a question is asking and how hard it is to answer. We are not here to evaluate you, we are looking to improve the questions, so there are no wrong answers. All the information you give us will be kept completely confidential, and will be used to improve the survey questions.
- Any questions before we begin?

Attachment C: Draft CPS Disability Supplement Questions

Question Number	Questions	Response Options	Who Receives Question
Intro	This month we would like to learn more about how people in different circumstances deal with labor market challenges.		
1	Previously, you mentioned that (you/Name) had difficulty _____. How has this affected (your/his/her) ability to complete current work duties? Would you say this has caused no difficulty, a little difficulty, moderate difficulty, or severe difficulty?	<ol style="list-style-type: none"> 1. No difficulty 2. A little difficulty 3. Moderate difficulty 4. Severe difficulty 5. Don't Know 6. Refused 	Disability and Employed
2	[(Have you)/(Has Name)] EVER worked for pay at a job or business?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know 4. Refused 	Disability and Not in the Labor Force (& Unemployed for testing)
3	Earlier it was reported that (you/Name) had difficulty _____. Did (you/he/she) ever leave a job because of reasons related to (this difficulty/these difficulties)?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know 4. Refused 	1. Q2 = 1 OR Disability and Employed
4	The purpose of this next question is to identify barriers to employment faced by persons with difficulties. What would you say the main barriers to employment are for (you/Name)?	<ol style="list-style-type: none"> 1. Education or training 2. Job counseling 3. Transportation 4. Loss of government assistance 5. Need special features at the job 6. Employer and coworker attitudes 7. Other 8. Not interested in working 9. None 10. Don't Know 11. Refused 12. Own disability 	Disability and Not in Labor Force (& Unemployed for testing)
5	If (this barrier/these barriers) could be removed, would (you/Name) be able to work?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know 4. Refused 	Q4=1-6
6	The purpose of this next question is to find out if (you have/Name has) taken advantage of any of the following sources that help people prepare for work or advance on the	<ol style="list-style-type: none"> 1. Yes 2. No 3. Haven't heard of this program 4. Don't Know 	Disability

Question Number	Questions	Response Options	Who Receives Question
	<p>job. In the past 5 years, [(Have you)/(Has Name)] received assistance from:</p> <ol style="list-style-type: none"> 1. Vocational Rehabilitation Centers 2. One Stop Career Centers 3. Ticket to Work Program 4. Assistive Technology Act Program 5. Center for Independent Living for Individuals with Disabilities 6. Client Assistance Program 7. Any other employment assistance program 	<ol style="list-style-type: none"> 5. Refused 6. No Assistance 	
7	<p>How helpful was (this source)? Would you say it was not at all helpful, a little helpful, somewhat helpful, or very helpful?</p>	<ol style="list-style-type: none"> 1. Not at all helpful 2. A little helpful 3. Somewhat helpful 4. Very helpful 5. Don't Know 6. Refused 	Q6=1 for each option
8	<p>Have (you/NAME) ever requested any change in your current workplace to help you do your job better? ¹</p>	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know 4. Refused 	Employed
9	<p>What changes did (you/Name) request? (record all responses)</p>	<ol style="list-style-type: none"> 1. New or modified equipment 2. Physical changes to the workplace 3. Policy changes to the workplace 4. Changes in work tasks, job structure or schedule 5. Changes in communication or information sharing 6. Changes to comply with religious beliefs 7. Accommodations for family or personal obligations 8. Training 9. Other changes 10. Don't Know 11. Refused 	Q8=1

¹ Change involved deletion of a 'for example' clause

Question Number	Questions	Response Options	Who Receives Question
10	Was the change granted?	1. Yes 2. No 3. Partially 4. Don't Know 5. Refused	Q8=1
11	How [(do you)/(does Name)] typically commute to work? (record all responses)	1. Bus 2. Specialized bus or van service for people with disabilities 3. Train/subway 4. Taxi 5. Own vehicle 6. Passenger in a friend or family member's car 7. Carpool 8. Bicycle 9. Walk 10. Other 11. Work from home 12. Don't Know 13. Refused	Employed
12	(Do you/Does Name) do any work at home for (your/his/her) job or business?	1. Yes 2. No 3. Don't Know 4. Refused	Employed
13	[When (you/he/she) (work/works) at home, how/How] many hours per week (do/does) (you/he/she) usually work at home as part of this job?	1. Free Response ____ 2. Hours vary 3. Don't Know 4. Refused	Q12=1
14	Are those hours worked at home usually considered paid work hours?	1. Yes 2. No 3. Don't Know 4. Refused	Q12=1
15	(Do/Does) (you/he/she) have a formal arrangement with (your/his/her) employer to be paid for the work that (you/he/she) (do/does) at home, or (were/was) (you/he/she) just taking work home from the job?	1. Paid 2. Taking work home 3. Don't Know 4. Refused	Q12=1
16	What is the main reason why (you work/Name works) at home?	1. Less commuting 2. Reduce expenses for transportation, food, clothing, etc. 3. Coordinate work schedule with work and family needs	Q12=1

Question Number	Questions	Response Options	Who Receives Question
		4. More control over own life 5. Illness, disability, health reasons 6. Mandated by employer to reduce employer costs 7. Managed by employer to meet local transportation management and pollution abatement requirement 8. More productive 9. Self employed/Business at home 10. Other 11. Don't Know 12. Refused	
17	(Do/Does) (you/Name) have flexible work hours that allow (you/him/her) to vary or make changes in the time [(you begin and end)/(he begins and ends)/(she begins and ends)] work?	1. Yes 2. No 3. Don't Know 4. Refused	Employed
18	Some people are in temporary jobs that last only for a limited time or until the completion of a project. Is your job temporary?	1. Yes 2. No 3. Don't Know 4. Refused	Employed
19	There are a variety of programs designed to provide financial assistance to people. In the PAST YEAR did (you/Name) receive assistance from any of the following programs? 1. Workers Compensation 2. Social Security Disability Income 3. Supplemental Security Income 4. Veterans Disability compensation 5. Disability Insurance Payments 6. Other disability payments 7. Medicaid 8. Medicare 9. Other	1. Yes 2. No 3. Don't Know 4. Refused	All
20	Some financial assistance programs include limitations on the amount of work you can do. Did (this program/any of these programs) cause you to work less than you would otherwise?	1. Yes 2. No 3. Don't Know 4. Refused	Q19=1

Attachment D: Debriefing Items

Instructions/Transition: I'd like to begin by asking you about your general reactions to the survey.

1. What was it like for you to participate in this survey?
 - i. Were there any questions you found difficult or confusing?
 - ii. Were there any questions you found sensitive or personal?

Q4. Now I'd like to talk about some of the specific questions you answered. The first one asked about barriers to employment:

4	The purpose of this next question is to identify barriers to employment faced by persons with difficulties. What would you say the main barriers to employment are for (you/Name)?	<ol style="list-style-type: none">1. Education or training2. Job counseling3. Transportation4. Loss of government assistance5. Need special features at the job6. Employer and coworker attitudes7. Other8. Not interested in working9. None10. Don't Know11. Refused12. Own Disability
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1. What types of things did you think of when you heard the phrase "barriers to employment?"
2. What are some terms you would use other than "barriers to employment"?
3. **(if 1-6)** You answered _____. Can you tell me more about that?
4. **(if 8 or 9)** I am going to read you some categories of possible barriers to employment, please tell me if any have applied to (you/Name) in the past.

5. One of the barriers we identified is “employer and coworker attitudes.” What does this mean to you?
6. Do you consider discrimination a barrier to employment?
 - a. Do you think that discrimination is the same as ‘employer and coworker attitudes’?

Q6. Another question asked about sources that help people prepare for work or advance on the job:

6	<p>The purpose of this next question is to find out if (you have/Name has) taken advantage of any of the following sources that help people prepare for work or advance on the job. In the past 5 years, [(Have you)/(Has Name)] received assistance from:</p> <ol style="list-style-type: none"> 1. Vocational Rehabilitation Centers 2. One Stop Career Centers 3. Ticket to Work Program 4. Assistive Technology Act Program 5. Center for Independent Living for Individuals with Disabilities 6. Client Assistance Program 7. Any other employment assistance program 	<ol style="list-style-type: none"> 1. Yes 2. No 3. Haven’t heard of this program 4. Don't Know 5. Refused 6. No Assistance
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1. What does “received assistance from” mean to you? (*Probe if necessary: What things come to mind?*)
 - a. Are there any types of assistance you think the question is NOT referring to?
2. You said you have received assistance from _____. When was the last time you received assistance from (this/these) organization(s)?
3. The question listed six specific organizations which provide assistance. Are you familiar with each?
 - a. Vocational Rehabilitation Centers
 - b. One Stop Career Centers
 - c. Ticket to Work Program
 - d. Assistive Technology Act Program
 - e. Center for Independent Living for Individuals with Disabilities
 - f. Client Assistance Program

Q8 and Q9. Now I'd like to talk about the question which asked:

8	Have (you/NAME) ever requested any change in your current workplace to help you do your job better?	1. Yes 2. No 3. Don't Know 4. Refused
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1. This question asks about changes in your current workplace to help you do your job better. What types of changes did you think about when answering this question?

a. What types of changes do you think the question is NOT referring to?

2. **(if proxy report)** Would you know if (NAME) requested a change at work?

9	What change did (you/Name) request? (record all responses)	1. New or modified equipment 2. Physical changes to the workplace 3. Policy changes to the workplace 4. Changes in work tasks, job structure or schedule 5. Changes in communication or information sharing 6. Changes to comply with religious beliefs 7. Accommodations for family or personal obligations 8. Training 9. Other changes 10. Don't Know 11. Refused
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1. Could you describe this change/the changes in more detail (*Probe if necessary: How was that change made?*)

2. What do you think this question is asking for? (*Probe if necessary: most recent change?, all changes?, largest change?*)

Q16. Another question asked about working at home:

16	What is the main reason why (you work/Name works) at home?	<ol style="list-style-type: none"> 1. Less commuting 2. Reduce expenses for transportation, food, clothing, etc. 3. Coordinate work schedule with work and family needs 4. More control over own life 5. Illness, disability, health reasons 6. Mandated by employer to reduce employer costs 7. Managed by employer to meet local transportation management and pollution abatement requirement 8. More productive 9. Self employed/Business at home 10. Other 11. Don't Know 12. Refused
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1. Are there any other reasons why you work from home? Anything else?

2. **(if proxy report)** Do you feel you have a good sense of why (Name) works from home?

YES NO

a. Why is that?

Q19 and Q20. Finally, I want to talk about the questions which asked about financial assistance programs:

19	<p>There are a variety of programs designed to provide financial assistance to people. In the PAST YEAR did (you/Name) receive assistance from any of the following programs?</p> <ol style="list-style-type: none"> 1. Workers Compensation 2. Social Security Disability Income 3. Supplemental Security Income 4. Veterans Disability compensation 5. Disability Insurance Payments 6. Other disability payments 7. Medicaid 8. Medicare 9. Other 	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know 4. Refused
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1. Can you please tell me in your own words what this question is asking?
2. (for each yes) when did you last receive assistance from this program?
3. (for each yes) is this assistance program for people who cannot work?
4. (if no) are there limits on how much you can work or earn while still receiving assistance?
5. Do you think financial assistance is a sensitive topic? (*Probe if necessary: Do you think others would consider this a sensitive topic?*)

20	<p>Some financial assistance programs include limitations on the amount of work you can do. Did (this program/any of these programs) cause you to work less than you would otherwise?</p>	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know 4. Refused
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1. Could you explain what this question is asking?
2. (if yes) how did this program change the amount you worked?

3. (if yes) how much would you have worked if you did not receive financial assistance from this program?
4. (if yes) how much did you actually work?
5. (if no) did this program affect the amount you worked at all?

Do you have any other comments?

Attachment E: Consent agreement form and Privacy Act statement

Consent Form

The Bureau of Labor Statistics (BLS) is conducting research to improve the quality of BLS surveys. This study is intended to suggest ways to improve the procedures the BLS uses to collect survey data.

The BLS, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. The Privacy Act notice on the back of this form describes the conditions under which information related to this study will be used by BLS employees and agents.

During this research you may be audio and/or videotaped, or you may be observed. If you do not wish to be taped, you still may participate in this research.

We estimate it will take you an average of one hour to participate in this research.

Your participation in this research project is voluntary, and you have the right to stop at any time. If you agree to participate, please sign below.

I have read and understand the statements above. I consent to participate in this study.

Participant's signature

Date

Participant's printed name

Researcher's signature

OMB Control Number: 1220-0141

Expiration Date: 2/29/12

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that this study is sponsored by the U.S. Department of Labor, Bureau of Labor Statistics (BLS), under authority of 29 U.S.C. 2. Your voluntary participation is important to the success of this study and will enable the BLS to better understand the behavioral and psychological processes of individuals, as they reflect on the accuracy of BLS information collections. The BLS, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent.