

## Help us improve Our Program Survey

**OMB Control Number: 1225-0093**

**Expiration Date: 02/29/2024**

Thank you for agreeing to take our survey. Your feedback will allow us to improve our system and better serve our claimants. The OMB control number for this collection is 1225-0093 and expires on February 29, 2024. According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless such collection displays a valid OMB control number. Collection of this information is authorized by OMB. The obligation to respond to this collection is voluntary. We estimate it takes about 5 minutes to complete.

This survey appears after “Help Us Improve Our Program”.

### **POP UP #1**

#### **Be Counted or Be Invisible – Provide Feedback on Your Experience**

The Longshore program is committed to identifying any barriers that exist for workers who have been injured on the job and need to file a claim for workers’ compensation. To help us achieve this goal, click “Take Survey” to answer a short 3 question survey. Click “Skip Survey” if you do not wish to provide feedback.

If they click “Skip Survey” – message says “Thank you for your consideration.”

If they click “Take Survey” – they get this:

### **SURVEY POP UP**

The Longshore program is committed to identifying any barriers that exist for injured workers covered under the Longshore and Harbor Workers’ Compensation Act and its extensions (Defense Base Act, Non-appropriated Funds Instrumentality Act, Outer-Continental Shelf Lands Act) seeking benefits for their on-the-job injury. This includes finding ways to focus on equity for all, including people who have been historically marginalized or adversely affected by inequality. We strive for fair, just, and impartial treatment of all, including racial and ethnic minorities, persons with disabilities, the LGBTQ+ community, rural communities, and other underserved populations. We want to improve program accessibility and inclusion, so please respond to the questions below.

1. How was your claim filed?
  - a. I reported my injury to my employer.
  - b. I (or my attorney) filed my claim with OWCP.
  
2. Did you encounter any barriers or problems when reporting/filing your injury claim? Yes or No

If No: move on to questions 3

If Yes:

Was the barrier(s) related to any of the following demographic characteristics? (check all that apply)

- Ability or disability status
- Racial or ethnic identity
- Age
- Sex/gender identity
- Sexual orientation
- Veteran status
- Religion
- Social Class/Income Level

- Geographic location (rural/remote)
- Preferred Language
- Education
- Citizenship/Immigration Status
- The barrier(s) was not related to these characteristics

Was the barrier(s) related to any of the following issues? (check all that apply)

- I do not have internet access at home
- I do not have internet access at work
- I used a mobile device and obtaining forms and submitting on SEAPortal was harder without a mobile app
- I did not know how to file a claim when I was injured at work
- My employer did not inform me how to file and pursue a claim
- I was discouraged from filing a claim by a coworker or my employer
- I did not know how to find an attorney
- I was afraid to hire an attorney because I thought I would be responsible for the fees
- I could not find helpful information on the OWCP/Longshore/ECOMP website
- Other / None of these specific barriers (add 100 character text box)

3. How would you rate the ease of your experience requesting assistance from OWCP (e.g. submitting an intervention request, requesting help resolving an issue with your employer, etc.)? (1 star very difficult; 5 stars very easy; N/A I have not had to seek intervention for a disputed issue)

If N/A – survey ends. Message says “Thank you for your participation in our survey.”

If they don’t answer N/A, then the following appears.

Did you encounter any barriers or problems when requesting assistance? Yes or No

If No: message says “Thank you for your participation in our survey.”

If Yes:

Was the barrier(s) related to any of the following demographic characteristics? (check all that apply)

- Ability or disability status
- Racial or ethnic identity
- Age
- Sex/gender identity
- Sexual orientation
- Veteran status
- Religion
- Social Class/Income Level
- Geographic location (rural/remote)
- Preferred Language
- Education
- Citizenship/Immigration Status
- The barrier(s) was not related to these characteristics

Was the barrier(s) related to any of the following issues? (check all that apply)

- I do not have internet access at home
- I do not have internet access at work
- I used a mobile device and obtaining forms and submitting on SEAPortal was harder without a mobile app
- I did not know how to request assistance from OWCP when my employer did not pay me

- I was unable to obtain information from my employer regarding how to request assistance from OWCP
- I was discouraged from contacting OWCP by a coworker or my employer
- I did not know how to find an attorney
- I was afraid to hire an attorney because I thought I would be responsible for the fees
- I could not find helpful information on the OWCP/Longshore/ECOMP website
- Other / None of these specific barriers (add 100 character text box)