Welcome to the next module of the disability statistics training on operationalization of disability in surveys. This is Shreya Paul from the University of New Hampshire Institute on Disability. When interpreting, calculating, are analyzing statistics on any topic, the researcher should give attention to how concepts are measured. This is particularly true of the concept of disability, and it's the focus of this module. Agenda. In this video, we will introduce several large-scale survey data sources that are useful for disability researchers. We will show how disability is operationalized on these surveys, who is included in the target populations of these studies. and discuss what that means for researchers. We will wrap up by discussing the effect of mode of survey data collection and how it may impact disability statistics. If you are interested in studying the population with disability, you should understand the various ways that disability is generally measured on most national data sources. There are several ways to operationalize disability. I have listed five major surveys here. The American Community Survey, or ACS, the Current Population Survey or CPS, the National Health Interview Survey, or NHIS, the Behavioral Risk Factor Surveillance Survey, or BRFSS, and the Survey of Income and Program Participation, SIPP. These are all large scale nationally representative Federal surveys that include disability among the characteristics captured. In this video, I'll describe the ways each of these measure disability. Why does it matter how disability is measured on surveys? Having disability identifiers that are standardized across different studies makes it possible to make comparisons across sources. And these standardized measures allow us to understand the inequities. People with disabilities experience, make disability related data more available. Make disability-related research and surveillance compatible include standardized questions to identify people with disabilities and population-based data systems. There are several prominent standardized disability measures that are common in national surveys. I will discuss three of them now. The first method of operationalization of disability is known as the six question sequence. We have supplementary readings that describe the background of these questions, which have been used since 2008 on major federal surveys such as the ACS, CPS BRFSS and SIPP. As the name implies, this is a sequence of yes or no questions that ask individuals to self-report disability in six different areas. This summary table is a useful reference on the origins of the six questions. We offer some supplementary reading on this for those who are interested, but for brevity, I'll just describe what the six questions capture. The six question sequence asks two questions for household members of all ages. Deafness or serious difficulty hearing, blindness, or serious difficulty seeing. Three additional questions are asked of household members ages five and older. An item on cognitive difficulty an item on ambulatory difficulty. And an item on self-care difficulty. One final item, assessing independent living disability is asked only of household members ages 15 and older. In general, anyone who responds yes to any of these six questions is counted as having a disability. Second mode of operationalizing disability is known as the Washington Group Short Set a series of five questions where respondents report the difficulty, they experience on a four-point scale. This question series is named for the working group of experts who developed it. It is currently in use on the NHIS among other national surveys. Again, supplementary readings on the research done to create this question set are available. I'll focus on what is included in the question wording. Similar to the six questions the WGSS ask about difficulty with hearing, seeing, cognition, ambulation, and self-care, using the same age restrictions as the six questions. There are two main differences. One is that the WGSS does not capture independent living. Instead, it asks about difficulty with communication, asking, using your usual language. Do you have difficulty communicating, for example, understanding or being understood? The second difference is that rather than answering yes or no, respondents are given the options of responding no difficulty, some difficulty, a lot of difficulty, and cannot do at all. Typically those who respond that they have a lot of difficulty or cannot do it all to any one of these questions is counted as a person with a disability. Analysts may also examine severity of disability because of the variation in response available. This table summarizes the primary differences between these two different ways of measuring disability in surveys. It may serve as a useful reference. V have highlighted in red the primary differences that the six questions ask about independent living, In addition to vision, hearing, cognition, ambulation, and self-care whereas the WGSS asked about communication differences. In addition, the sixth question, ask about difficulty in these areas with binary yes or no response options. whereas the WGSS offers a four-point response scale. Think out loud. Do you think that differences in wording or differences in response options might result in different estimates of disability prevalence. Why or why not? I'll encourage you to pause the video and think about this question. You can find an answer at the end of the slide deck. While that are other ways of measuring disability, the majority of federal surveys use one of the two modes of operationalization I discussed the six questions or the WGSS. Even slightly different question wording can impact disability prevalence. So it is important to take stock of the tools you have before diving into data analysis, relying on question wording that focuses on functional limitations tends to result in higher reporting on disability. For researchers interested in specific disability types such as intellectual and developmental disabilities, may find that these questions don't perfectly suit their interests. One final consideration is the mode of survey administration. Print and mail surveys versus telephone surveys versus online surveys. Each of these approaches have accessibility challenges that may bias estimates if they exclude people in one disability category. I'll talk about this briefly. I'd like to wrap up this module by considering other methodological issues that may relate to the study of disability. One concentration is the mode of administration. Whether the survey is administered through a person or telephone interviews or pen and paper or online self-administered surveys. can impact measurement. Internet surveys are an increasingly common mode of data collection. There are a number of benefits to collecting data online. Namely, internet surveys do not require interviewers to be present and busy people often educated and well off who systematically ignore taking part in a telephone survey, are willing to answer questions posted on their computer screens. This mode can also be useful for targeting people with specific characteristics, such as disabilities or health conditions. It tends to have a higher response rate than phone surveys, at least when a response rate can be calculated. However, there are some disadvantages. Disadvantages. Note that relying on such modes, which require initiative from respondents will likely lead to selective samples. Raising concerns about non-response bias. Samples used for large, national, and international face-to-face and telephone surveys are considered representative of the general population, while most online samples out often not representative. Also, researchers should ensure that the online survey meets basic accessibility requirements. If you are analyzing secondary data collected online, you may not be able to determine the extent to which the study was accessible to people with vision difficulty who use screen readers. Self-administered mail surveys that are traditional data collection method used by many federal surveys. One of the benefits is that for some large studies such as ACS, the samples in smaller geographic areas are also representative creating an opportunity for analysis at a more local level. Secondly, self-administered surveys are also generally result in less biased reports when asking about sensitive or socially desirable behavior compared to in-person interviews. Also mail surveys are more convenient for recipients allowing an opportunity for them to complete at a time convenient for them rather than on the spot at the interviewers availability. In terms of weaknesses, the questionnaire design must be carefully tested and evaluated for success in self-administration and interpretation. Survey design may not take into account people with visual or cognitive difficulties which may impact results for researchers interested in the topic of disability. Also, without an interviewer present during completion, there's no opportunity for following up on issues misunderstood. or skipped on the survey creating item missing and data cleaning challenges. Phone surveys use random digit dialing or method of random sampling, have been declining in popularity over the last decade or so, largely due to lowered response rates. When it's employed with relatively high response telephone surveys can offer good geographic coverage without the cost of sending interviewers out into the field or mailing materials. This also creates a lower cost per interview compared to in-person surveys. However, interviewers themselves may introduce bias into estimates, and this method may exclude the deaf and hard of hearing populations who may be less likely to be accommodated and/or participate. Finally, in-person surveys are useful particularly when there's a need to take health assessments as part of the survey data. This can be beneficial to disability researchers. However, like telephone surveys, this mode introduces interviewer bias. This approach also generally requires higher cost per respondent. In this topic, we discuss the two methods of operationalization of disability in national surveys. We also discussed how disability prevalence and other statistics can vary significantly depending on how the question is asked. Finally, different methods of conducting surveys have, may have different strengths and weaknesses. And statistics may value depending on which method of data collection was used. After completing this video, please see the additional resources where you'll find an assignment directing you to look up some statistics and summarize them. Once a week for this module is completed. Proceed to the next topic. Thank you, and I'll see you there.