

## **Occupational Information Development Advisory Panel Quarterly Meeting Minutes**

Social Security Administration  
Radisson Plaza Lord Baltimore Hotel  
Baltimore, MD  
December 8, 2010

This document contains the minutes for the quarterly meeting of the Occupational Information Development Advisory Panel (the “Panel”). This discretionary Panel, established under the Federal Advisory Committee Act of 1972, as amended (hereinafter referred to as “the FACA”), will report to the Commissioner of Social Security (“Commissioner”). The Panel provides independent advice and recommendations on plans and activities to create an occupational information system (OIS) tailored specifically for the adjudicative needs of SSA’s disability programs.

### **Panel Members Present:**

Mary Barros-Bailey, Ph.D. (*Chair*)  
Robert T. Fraser, Ph.D.  
Shanan Gwaltney Gibson, Ph.D.  
Thomas A. Hardy, J.D.  
Janine S. Holloman  
H. Allan Hunt, Ph.D.  
Sylvia E. Karman  
Deborah E. Lechner  
Abigail T. Panter, Ph.D.  
David J. Schretlen, Ph.D.

### **Call to Order:**

Debra Tidwell-Peters, the Designated Federal Officer, called the meeting to order and recognized the Panel’s Interim Chair, Dr. Mary Barros-Bailey.

### ***Review of Agenda***

#### **Mary Barros-Bailey, Chair**

Dr. Barros-Bailey greeted attendees and noted that SSA chartered the Panel two years earlier, on December 9, 2008, to provide SSA with independent advice and recommendations for the development of an Occupational Information System (OIS) to replace the Dictionary of Occupational Titles (DOT) in SSA’s disability processes.

Dr. Barros-Bailey provided an overview of the day’s events, noting Panel discussion and deliberations, an opportunity for public comment, and comments from Commissioner Astrue.

***Project Director's Report--Status of SSA Occupational Information Development Project (Project) Work Plan and Integration with Panel Activities***

**Sylvia Karman, Project Director and OIDAP Panel Member**

*Office of Vocational Resources Development*

On October 1, 2010, SSA's Office of Program Development and Research established a new office dedicated to the development of the OIS. The Occupational Information Development Project team became the Office of Vocational Resources Development (OVRD), consisting of two branches--one dedicated to research design, scientific standards, testing, data collection, and data analysis and the other to program integration to ensure the OIS meets SSA's legal, program, and operational needs. SSA will not gather the data, but will have oversight of data collection activities.

*Occupational Medical Vocational Study*

OVRD staff presented early results of the Occupational Medical Vocational study at the September 2010 meeting. The object of this study is to identify the primary occupational, functional, and vocational characteristics of Title II and Title 16 disability applicants for whom SSA approved or denied at steps four or five of the sequential evaluation process. The quality review of those initial level cases is now complete. OVRD is developing a data collection instrument (DCI) with a slightly different study protocol for decisions made at the hearings level. Pretesting of that DCI will begin shortly with case review scheduled to begin in January.

*OIS Investigations*

OVRD is investigating existing national and international occupational classification systems to determine if their design decisions and the methods of classification can be helpful in the development of our OIS. Staff will combine information from the international investigation with that from other Federal classification systems, including those used by the Department of Defense and the Office of Personnel Management.

In the afternoon, researchers from the National Institutes of Health (NIH) and Boston University (BU) who are currently collaborating with SSA's Office of Disability Programs (ODP) will discuss methods used to identify content from various sources and to develop questionnaire items. ODP's exploratory project with NIH and BU is investigating better and more effective ways to obtain information about claimants' function from information provided by claimants and medical sources.

OVRD will focus on developing a data source to provide adjudicators with better occupational information, including the physical and mental-cognitive requirements of work. Adjudicators must be able to associate information about claimants' function with information about work. The subject matter nexus of these both the OIS and NIH/BU projects may inform SSA regarding ways to develop and obtain better information from claimants and about work.

### *OISD Workgroup*

Meetings of the OISD development workgroup resumed. Members are establishing a formal charter.

### *OIS Research and Development Plan and Business Process*

OVRD is preparing a comprehensive OIS research and development plan (OIS R&D plan). The plan will include:

- sections on the scope of research and development for the OIS and a business process for conducting OIS activities;
- a section devoted to research design that will list objectives, research questions, and evaluation criteria for each major activity; and,
- actual tasks and activities that must be accomplished and methods that will be used to address the questions.

One of the first activities under research design requires the establishment of legal, usability, and scientific standards for the development of the OIS. OVRD is in the preliminary development phase of the content model (work taxonomy) and is drafting methodology under the new business process.

### *Job Analyst Process--Blanket Purchase Agreement (BPA)*

SSA awarded a Blanket Purchase Agreement in September 2010 to ICF International (ICF) to establish a business process for recruiting, training, and certifying job analysts. ICF will also conduct focus groups and literature reviews to identify and benchmark a variety of job analysis methodologies. They will document current trends in recruitment, training, and certification of individuals who conduct job analyses. ICF will deliver a draft report on training and certification recruitment in April 2011 and a final report on job analysis methodologies in June 2011. (Note: OVRD staff made note that references to "ICF" should not be confused with the ICF, the World Health Organization International Classification of Function referenced throughout the NIH and BU presentations.)

In summary, the Project Director stated that the next steps for OVRD in 2011 are:

- completion of the OIS R&D Plan;
- development of the job analyst recruitment, training, and certification plans; and,
- the preparation and implementation of a study design for the content model/work taxonomy.

OVRD will continue to examine methods for other occupational information systems and continue to meet with other Federal agencies to determine best practices and potential uses in the OIS development. The Project Director cited the American Community Survey, conducted by

the Census Bureau, as an example of how SSA may determine to what extent information reported about work in the survey might help identify certain kinds of jobs in the economy.

Dr. Barros-Bailey reminded the public that the Panel formed an ad hoc group for job analysts, composed of three members with experience in job analysis using different methodologies. They are a physical therapist, an industrial occupational psychologist, and a member with a vocational rehabilitation and rehabilitation psychology background. This group conducted a job analysis experiential exercise last August to help the Panel identify the lessons learned that might be helpful as the OIDAP provides advice and recommendations on SSA's data collection plans.

#### *Ad Hoc Group for Job Analysis*

Deborah Lechner, chair of the Ad Hoc Group, stated the purpose of the ad hoc demonstration project was to demonstrate two examples of job analysis protocol but it was in no way a formal research project. She used a familiar protocol, and Drs. Gibson and Fraser used a different protocol that Dr. Fraser helped to develop. The team members did not advocate the use of either protocol for SSA's purposes. The team had three specific goals: to illustrate that protocols are different when performed by three different types of professionals; to compare and contrast methodologies and approaches; and to compare findings. Ms. Lechner described the administrative set-up for the job analyses (which is instructive about the kind of arrangements needed); explained the different protocols; compared approaches, including those that the participants anticipate SSA will need.

Ms. Lechner used a process called quantitative job demands analysis (QJDA), which she developed to perform job analysis for post-offer/pre-hire and return-to-work functional testing. The process focuses exclusively on the physical, sensory, and environmental demands of work and results are typically used to develop functional testing. Drs. Gibson and Fraser used a process developed by King County to provide a basic understanding of job requirements, to perform job matching, and to provide information for job accommodation. It has a broader focus that includes physical, cognitive, behavioral, and sensory demands, and the information from that type of analysis is often used in worker reassignment.

OVRD staff arranged for the demonstration project with help from a stakeholder in the Boston area who identified grocery store chains willing to have a Panel member perform an analysis of the cashier job. The stakeholder reached out to store executives to explain the job analysis process, project goals and to request job descriptions.

Ms. Lechner, Dr. Gibson, and Dr. Fraser each explained the process they used to do the job analysis. On site, Ms. Lechner videotaped all of the identified tasks and job functions, measured the maximum forces exerted by employees, measured distances and heights, and documented the environmental conditions, personal protective equipment, tools used and operated, and manual finger dexterity and coordination requirements. Off site, she reviewed the videotape and measures, entered the data into software, and calculated the percent of day each of the tasks was performed.

Drs. Gibson and Fraser used the scales and measures in the King County instrument. Dr. Gibson observed the cashier for over an hour and completed the form. There were additional tasks on the form that she did not observe the cashier and she asked the cashier about those tasks. At the conclusion, she reviewed the form with the cashier to see if the cashier agreed with the ratings. Dr. Fraser reviewed the position with the manager and then observed the cashier, looking for discrepancies between what he saw and the manager's input. After he completed the ratings, he confirmed them with the cashier and asked if he missed anything.

*Commissioner Michael Astrue*

At this point in the meeting, Commissioner Astrue arrived and the Ad Hoc group report was suspended. In welcoming the Commissioner, Dr. Barros-Bailey restated that for the development of an OIS to meet SSA's needs, SSA identified three criteria: the databases must be: representative of work in the national economy; based on physical and mental-cognitive human function; and, forensically defensible. What underlies the last criteria, forensic defensibility, is scientific rigor. Panel members are unanimous in their belief that ensuring scientific rigor means making sure that the skill set, process and plans are in place to deliver that essential criteria. The DOT is not defensible and the O\*NET is neither usable, nor defensible. There are no other existing systems to meet SSA's needs. A recent report from the Office of the Inspector General reiterated these themes.

The Panel felt the creation of OVRD signaled SSA's commitment to the Project. The business process will lay the foundation for the Panel and the programmatic and scientific staff within OVRD and the agency. Finally, Dr. Barros-Bailey noted that the Panel's recommendation number eight--regarding the need for an overarching plan--is essential.

*Michael J. Astrue, Commissioner of Social Security*

Commissioner Astrue thanked the Panel for the meeting the previous day and the gift of the original copy of the 1939 Dictionary of Occupational Titles. The 1939 DOT is an extraordinary document representing an enormous amount of work and the best thinking of the time, but things have changed. What the Panel is doing to help move from the best thinking of 1939 to the best thinking of the twenty-first century is extraordinarily important for the agency and for others watching the project.

The Commissioner said not to look at the project in isolation. It is part of a broader effort to overhaul SSA's disability process to have it be entirely state of the art. SSA has examined its disability process thoroughly with a long-range perspective in mind. Commissioner Astrue noted that while OVRD will not complete the OIS project during his tenure, it is nonetheless critical for the agency to do this work. He discussed some of the other efforts to overhaul SSA's disability process: development of a beta version of a new disability system and updating the medical listings.

The Commissioner acknowledged that the most neglected part of the disability process is the occupational portion. The Department of Labor officially stopped updating the DOT in 1991 and the last substantial update was in 1979. Even in 1979, DOT based the changes on a paradigm that

really does not fit the current economy. Commissioner Astrue stressed that it is tremendously important for SSA to figure out how to do this right. He noted that the Panel is an important part of that process, as are the Department of Labor, NIH, and the Census Bureau. SSA has substantial expertise in many areas related to the OIS project but the senior executives in the agency are not under the illusion that it currently has the full knowledge base to make all decisions.

The Commissioner stated that it is important for the quality and credibility of the OIS that this continues to be a very open process where SSA seeks the very best thinking. The Panel's efforts have already been extraordinarily helpful in that regard. For a number of the key policy makers in Washington, particularly in Congress, the Panel's 2009 recommendations and its findings on the NAS review of O\*NET got people to pay attention. We cannot rely on the old classification and there is no other easy solution out there. There has been some facile discussion that the agency is making a poor decision by not shifting to O\*NET. The Panel has not only provided SSA with an independent opinion, but it has also assisted SSA in evaluating what others have said and in laying a framework for moving forward.

At this two-year anniversary, a shift of priorities is starting. SSA needed to go through a process of thinking conceptually about what it needs to do, how to do it, and what the options are. The pull now is to actually get on with the job and figure out the important details of the process. SSA must determine how to continue to build a process that continues to get the highest quality input and defines the task in an efficient way.

The Commissioner further stated that it would be good if SSA could start using some of the material from the new OIS before it is completed. It is also important that we are not held bound in subtle ways by the old paradigm. One of the enormous achievements of the original classification (DOT) was delivering the details of what was a blue-collar or industrial economy. When SSA started the disability program in the 1950's, it was set up to deal with the types of injuries resulting from industrial occupations, so a natural marriage occurred between the original Title II disability program and the DOT. However, the economy has changed enormously. When we consider today's work, the taxonomy of the DOT just does not fit well. We have to think about different ways of describing the jobs in the economy.

Our notion of disability generally has radically changed and expanded. Although we have a more limited statutorily specific definition of disability in Title II and Title XVI, even within that narrower framework, the notion of who we serve has changed dramatically. We are serving children now and we see an increasing number of people with developmental or other intellectual limitations. A number of conditions not considered disabling in 1957 are now common. Outside input is tremendously important. It can help us make sure that, in addition to getting state of the art information, data, and evidence, SSA is not bound by the old paradigm in developing a new structure and a new way of thinking. The Commissioner thanked the Panel for their service and dedication. The Panel has done a very nice job and he is appreciative of their sacrifices.

The Commissioner expanded on his statement about conducting the OIS project work in an efficient way, saying that he expects that from the point where we are now, e.g. creation, to when we are finished, e.g., regular maintenance, will be a very long time. He has asked the staff and

Panel to think about the possibility that discrete parts could be segregated out and used earlier. It would be a great benefit to the agency and the people served. It is the type of question the Panel should try to answer.

*Ad Hoc Group (continued)*

Deb Lechner continued the ad hoc discussion by stating that because the Panel comes from different disciplines and does job analysis with different approaches, terminology differences cause some confusion. The ad hoc group looked at how terminology is different between the two job analyses processes but found it is very similar because the terminology was developed using the DOT.

Panel members performing the job analyses felt strongly that operational definitions would play an important role in whatever job analysis process is developed. They suggest listing those definitions in procedure manuals and emphasizing them in training. Certified analysts must be competent in recognizing that terminology.

The QJDA only includes tasks that have physical or psychophysical demands; the King County process includes tasks with cognitive, behavioral, physical, and sensory demands. There are different data collection methodologies. Subcommittee members concluded neither of these processes would likely meet all SSA's needs. Subcommittee members believe the level of detail needed for SSA's adjudicative process will drive the process used to develop an instrument for job analysis. SSA will need to ensure that the initial high quality standards of the training and certification process are upheld in the future.

The ad hoc group discussed the benefits of using videotaping, which adds time and expense but also provides validation and legal defensibility if the purpose is to develop functional testing or ergonomic countermeasures; neither will be the real purpose of SSA's job analysis. Observation alone is problematic for tasks that involve machine pulling. For example, it might only take 30 to 40 pounds of force to push 200 pounds on a rolling cart. The amount of force depends on the friction between the surface and the cart being pushed. Neither of the reports had operational definitions that were embedded in the reports, which SSA may want to consider.

In summary, the ad hoc job analysis exercise provided some insight into similarities and differences between several different approaches to job analysis. There were more similarities than differences and many aspects of either approach provide information important to SSA. There may be issues important to SSA that are not covered by those two processes. SSA needs to determine the content model of a new OIS before a formal job analysis system can be developed. The rating system for the OIS items will largely dictate the job analysis process.

Dr. Gibson stated that job analysis varies with the technique, and the forms you use vary based on your purpose. There are dozens of commercially available instruments. The OIAP report presented a list of empirically derived work dimensions or associated work analysis instruments.

Ms. Karman said the ad hoc subcommittee's experience doing the job analyses is really about the process entailed in conducting job analysis. The instrument is a feature of the protocol: when you show up on site, who you talk with, what you ask them, and how long that may take.

Dr. Gibson said they must resolve differences between what the worker said and observations by several analysts. When faced with disagreement, they consider multiple sources of data and rely more heavily on the combined wisdom of the trained analysts. Dr. Schretlen said the truth may emerge when you have multiple observations and you identify the central tendency. Ms. Lechner said the videotaping approach gives more objective, concrete information. Ms. Karman stated that the manner in which we decide how to resolve these issues should come from our scientific and legal standards.

Dr. Barros-Bailey introduced a presentation by the collaborative exploratory research project between SSA and NIH. This project may provide ideas or data elements, scaling, or research methodologies that might be helpful to OIS development. Presenters include Art Spencer, the Associate Commissioner of the Office of Disability Programs, in the Office of Retirement and Disability Policy; Dr. Beth Rasch, Chief of the Epidemiology and Biostatistics section within Rehab Medicine, NIH Clinical Research Center; Dr. Stephen Haley, the Associate Director of Health and Disability Research Institute at Boston University, School of Public Health, and Beth Barfield, a Pre-Doctoral research fellow at the Health and Disability Research Institute.

#### *NIH/BU Collaboration with SSA*

Mr. Spencer stated that in August 2007, SSA sought advice from NIH on new technologies, diagnostic tools, and models that might help inform the disability evaluation process. This led to an inter-Agency agreement with the NIH Rehabilitation Medicine Department. NIH is exploring the feasibility of developing computer adaptive testing (CAT) instruments that SSA might integrate into its disability evaluation process. SSA needs information about function to assess many of our medical listings and to develop residual functional capacity.

Dr. Beth Rasch stated that they have attended every Panel meeting, because of the relation of their work to that of OIADP. NIH and BU are exploring ways that claimants and their health care providers can quickly, and easily, provide information about function, but SSA has not adopted or endorsed this approach. The SSA paradigm is diagnosis or impairment relating to disability, but NIH suggests examining the capabilities of individuals within the context of workplace demands. SSA and NIH entered into an inter-Agency agreement in February of 2008 and signed a new five-year agreement this past February of 2010 to go through 2015.

Boston University is leading the effort to develop computer adaptive tools, which are intelligent software applied in educational settings, and more recently used to assess function. Steve Haley is a leader in this area of applying CAT methodology based on item response theory in order to measure functioning. Early models, often termed the medical model, attributed disability to an individual as a personal trait similar to hair color. On the other extreme is the social model, which indicates that disability is a socially created problem. For example, if a person in a wheelchair encounters a flight of stairs, is the problem that they cannot go up and down the stairs, or that the stairs exist? The social models say it is because the stairs exist. There are



architectural barriers and socially created problems that prevent people with disabilities from fully participating in everyday life. Contemporary models integrate both of these perspectives, and they view disability as the outcome of the interaction of the capabilities of individuals in the context of environmental demands. In this case, it would be the context of workplace demands. There has been a long history of development of these iterative models, which build on the work of previous models.

The most recent model is the World Health Organization International Classification of Functioning, Disability, and Health. That is the full title of what is termed the ICF. There are several major domains. A health condition could be, for instance, a stroke or a spinal cord injury that occurs at the cellular or tissue level. The negative aspect of that would be termed impairment. It occurs at the body system level, and it would be things like weakness, cognitive problems, and blindness.

At the activity level, an individual conducts tasks or actions--like standing, bending, stooping, walking, reaching, and lifting. How those activities combine with environmental factors and personal factors yields participation. That is how the person operates at a societal level, working, running a household, and performing other roles in society. The SSA paradigm has primarily been to measure health conditions, body functions, and structures to make determinations about whether or not people can work. NIH has proposed that the measurements should take place at the level of the whole person measuring activities in the context of workplace demands to understand capability to work. Diagnosis alone is not a good predictor of disability. An exception is SSA's compassionate allowance program.

Based on contemporary definitions, in supportive environments, people who have profound impairments may have no disability. In a less supportive environment, they can be disabled. Disability can also change over time. To operationalize the concept, we need to measure both individual attributes and environmental features. Because the current operationalization is focused on physical and mental impairments, it harkens back to the old medical model, while contemporary models depict disability as the gap between what individuals are able to do and what their environmental demands. We suggest that the operationalization of SSA statutory definition of disability should change. Diagnosis and impairment may be poor predictors of work disability.

NIH and BU prioritized two domains for CAT development: interpersonal interactions (and relationships) and mobility. SSA has already collected a substantial amount of information about mobility; NIH and BU were able to build on that. There has also been substantial work on CAT development in the mobility or the physical demand domain. There has been far less work done in the interpersonal interaction domain but it is of great value to SSA, because they have had difficulty adjudicating cases where people have mental health problems, and the applicant constituency has changed so that more and more people with mental health problems are applying for benefits. NIH and BU choose to start with these two domains, although they plan to develop CATs for all six domains.

If it would be possible to collect comprehensive, uniform information about functioning early in the process, that would allow SSA to make more informed decisions early in the process. Even

small improvements in the process may lead to reduced processing times, improved accuracy, uniformity of decisions, and reduced backlogs.

Dr. Haley discussed the functional domains, some of the subdomains within interpersonal interactions, and the physical domains. Dr. Haley explained that each area of the components of physical demands and interpersonal interactions were examined by content experts who built items. BU has also done a series of focus groups with claimants and providers. When they have an item pool of about a hundred that they are going to test, claimants and providers will respond to the items as part of the calibration phase, in which they obtain data to understand how these items fit together. He also explained how CAT works and interpretation of individual scores. BU plans to do a small pilot study at the end of CAT development, just to make sure it can be used in the SSA system. Dr. Rasch said that the Panel and OPDR will have access to all of the NIH and BU deliverables to date.

Some of the items that are in the physical demands ask: can you lift a 20-pound object from table height to a high shelf; how far are you able to walk without stopping; how quickly are you able to walk, and are you able to work overhead for 20 minutes, like organizing a shelf in a closet? Sample items in the interpersonal interaction state: I feel good about myself; I am so tired when I wake up, it's hard to get going; I get back on track when I am distracted; I cannot stop myself from doing the same thing over and over; I have difficulty calming down; and, I get in conflict with others.

BU found the Panel report recommendations to be very helpful. The Panel indicated that there ought to be an assessment of repetitive items, varying force requirements, duration of typical day, how many hours a day, balance items, reaching levels, and unilateral, bilateral items. The content experts had to figure out what would be unilateral lift of something that was common to somebody, from one height to another. An example of a repetitive item would be if you drop cards on the floor, and they were spread out, and you had to pick them up. It would involve not just one bend, but multiple bends. Some people told them that they could bend once and pick something up, but if they had to bend repeatedly to pick things up, that was a real struggle. The items have to be common items that people would be able to answer even if they were not in the workplace for a long time.

Dr. Rasch said that they are also trying to get a better understanding of how well providers are able to answer questions about a claimant's functioning. Their premise is that therapists and other types of health care professionals might know more about function than primary care providers. They view this as a decision making aid for SSA. It is simply a tool that would help augment decision-making that is already being performed by SSA.

Ms. Karman repeated that this project is exploratory. SSA needs to explore ways to obtain better functional information from claimants in a way that is not so onerous to the claimant, and is not so onerous for the adjudicator to examine. It may be something that the agency can use to augment, for example, getting information about activities of daily living.

Dr. Rasch stated that a successful CAT would require only three to four items per major area. It would not take too many items to get at the estimate for each of the major areas. They do not

know how many CATs they will have but if they develop the proposed six CATs, it might take 18 minutes for the claimant to cover all the domains, because it would take two to three minutes per CAT. It is very efficient, and it really offloads the respondent and providers in terms of the number of items they have to answer.

### *Q&A*

Dr. Panter asked if there is a way to identify job types within the large groups of jobs in the samples, so that it would be possible to evaluate the kind of scores and information across groups. Dr. Haley said there will be a way to group conditions that people say are disabling. They have not planned to include information on occupations but they certainly can.

### *Public Comment*

Two organizations signed up for public comment. Mr. Rick Wickstrom represents the Occupational Health Special Interest Group of the orthopedic section of the American Physical Therapy Association and told the Panel that he is in private practice in Cincinnati, Ohio as a physical therapist, certified ergonomist, and certified disability management specialist.

Mr. Wickstrom commented that this new taxonomy will be an opportunity to make sure that the scaling and the content are more functionally relevant and consistent with science and to introduce other factors that will help us better identify a combination potential for individuals applying for disability benefits.

He stated that we need to have a taxonomy that is periodically updated and has factors showing how the work is changing as our technology is changing and we are doing things differently. Another key point from his perspective is the issue of risk management modeling. This is an opportunity not only to identify what the job demands are, but also to identify jobs that are outliers within an industry and to adjust scaling to reflect more reasonable levels of capacity. CAT is an opportunity to apply some of those methodologies to each of the individual content factors that come out of the content model.

Mr. Wickstrom told the Panel that the Occupational Health Special Interest Group looks forward to the opportunity to see how the initial list of content factors in the September 2009 report has changed. He also suggested that it would be a good opportunity to survey their members for their perspective.

Ms. Karman reminded everyone that the initial content model elements will be for testing. Dr. Barros-Bailey noted that SSA will not be considering the issue of accommodation. Mr. Wickstrom said that capturing one-handed work options that exist will provide better insight in terms of matching or identifying opportunities for individuals that have specific kinds of disabilities.

Angie Heitzman and Ann Newlicht from the International Association of Rehabilitation Professionals (IARP) provided public comment. Ms. Heitzman told the Panel that she is a vocational rehabilitation consultant representing IARP and that three IARP vocational experts

participated in focus groups that ICF International is running. They found the process and questions to be very thoughtful and they appreciated the time taken. There were concerns about how the focus group was developed. In the future, they recommend contacting the professional associations to identify and retain good people for the focus groups.

Dr. Newlicht commented on the job analysis demonstration project. The Panel brought up the need for scientific rigor and they concur. IARP is glad to see that there were differences in analysis of the same job. This supports the need for multiple measures, and multiple layers, and multiple sources of information. The importance of operational definitions cannot be overemphasized. Dr. Newlicht stated that SSA needs to consider relying on vocational expertise to provide clinical judgment when there are unanswered questions.

She continued by stating that they agree with Dr. Rasch's comments on the need for better methods to collect claimant data earlier on in the process, when it would be most useful in decision-making. They are concerned that the CAT system, although it is sufficient, does not always give all the data points that SSA may want to access; and the ability to see the full range of a person's abilities.

Dr. Gibson suggested to the Panel that during content model development, they could focus on development of scales.

Ms. Karman saw that as a possibility. She asked if Panel members wanted to discuss this in roundtables or subcommittees. Dr. Barros-Bailey said the Panel could have preliminary discussions during subcommittee meetings to see if it could be handled by an existing subcommittee or by another ad hoc. Mr. Hardy suggested using an ad hoc committee to focus on something very narrowly, establish a process, and figure out what is the best way of setting it up. Dr. Gibson said if it were an ad hoc group, it would be charged to work closely with the research group within OVRD and to follow the business protocol. The Panel would not actually develop them, but be an integral, collaborative part of helping SSA research. They could focus on scales that measure work activity and measuring work activities for those items which are most likely to be the ones that are most concrete, and therefore, quickly useful.

Ms. Lechner suggested there could be some strategic ways or divisions of labor so that things occur simultaneously using smaller groups.

Dr. Barros-Bailey said the Panel may need to take it to subcommittee and come back with ideas.

#### *Administrative Business Meeting*

The Panel identified three dates and proposed locations: March 15 through 17 in San Francisco; June 21 through 23 in Seattle; and September 20 through 22 in Denver.

Ms. Karman indicated that OVRD may be in a position to provide the results for the Occupational Medical Vocational study at the next meeting.

Dr. Schretlen would appreciate the opportunity to learn more about the demonstration study findings, to see other instruments, and to learn about the instruments' weaknesses.

The meeting was adjourned 4:30 p.m. (EDT).

**Certification:**

I, Deborah Tidwell-Peters, Designated Federal Officer for the Occupational Development Advisory Panel, hereby certify that the above minutes accurately describe the Quarterly Meeting of the Panel held on December 8, 2011 at the Radisson Plaza Lord Baltimore Hotel, Baltimore, MD.



---

Deborah Tidwell-Peters  
Designated Federal Officer