**Attachment** **B.2**

Public Comment

CDC ID# 0920-13QQ

**From:** Jean Public [mailto:jeanpublic1@yahoo.com]
**Sent:** Wednesday, April 17, 2013 3:07 PM
**To:** OMB-Comments (CDC); americanvoices@mail.house.gov; president@whitehouse.gov; speakerboehner@mail.house.gov; letters@newsweek.com; today@nbc.com
**Subject:** Fwpubilc comment on federal register : too much spending

this isnot necessary.on the scale of priority this is not a priority item. taxpayers pay huge salaries to medical personnelin this agency to come up with cures for diseases. obviously, this agency is diong everything but coming up with any cures for anything. they get involved in half assed projects like this one. this information is already availaberl in enough detail. there is no need for harassment from the federal govt for this information.iti s out there in profusion. states are handling it. its clear that these employees want to putter away on crap nobody needs so that they dont have to work on REALLY HELPING THE HEALTH SITUATION IN AMERICA. IF THAT IS THE CASE AND IT CERTAINLY APPEAR TO BE SO, THIS AGENCY SHOULD BE SHUT DOWN ENTIRELY. THIS AGENCY IS THE CENTER OF HYSTERIA FOR CRAP DRUGS AND CRAP MEDICINE. WE NEED SOME NEW FOCUS ON SPENDING ALL OF YOUR TIME ON CURES FOR DISEASES. THIS COMMENT IS FOR THE PUBILC RECORD. JEAN PUBLIC

AND WE WANT PRIORITY LISTS OF WHAT TO SPEND OUR TAX DOLLARS ON. OBVIOUSLY THE EMPOLOYEES/MGT WANTS TO WASTE OUR TAX DOLLARS . AMERICAN TAXPAYTERS ARE BEING GOUGED TO THE MAX FOR CRAP WORK FROM THE CDC.

**Subject:** too much spending

needing mobility doesn't mean govt use that as excuse to question on everything else - too overpowering too expensive

[Federal Register Volume 78, Number 74 (Wednesday, April 17, 2013)]

[Notices]

[Pages 22884-22886]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-13-13QQ]

Proposed Data Collections Submitted for Public Comment and

Recommendations

    In compliance with the requirement of Section 3506(c)(2)(A) of the

Paperwork Reduction Act of 1995 for opportunity for public comment on

proposed data collection projects, the Centers for Disease Control and

Prevention (CDC) will publish periodic

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summaries of proposed projects. To request more information on the

proposed projects or to obtain a copy of the data collection plans and

instruments, call 404-639-7570 or send comments to Ron Otten, 1600

Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to

omb@cdc.gov.

    Comments are invited on: (a) Whether the proposed collection of

information is necessary for the proper performance of the functions of

the agency, including whether the information shall have practical

utility; (b) the accuracy of the agency's estimate of the burden of the

proposed collection of information; (c) ways to enhance the quality,

utility, and clarity of the information to be collected; and (d) ways

to minimize the burden of the collection of information on respondents,

including through the use of automated collection techniques or other

forms of information technology. Written comments should be received

within 60 days of this notice.

Proposed Project

    Older Adult Safe Mobility Assessment Tool--NEW--National Center for

Injury Prevention and Control (NCIPC), Centers for Disease Control and

Prevention (CDC).

Background and Brief Description

    In 2010, there were 40 million adults aged 65 or older in the U.S.,

representing 13% of the U.S. population. By 2030, this segment of the

population will increase to an estimated 72 million or 20%. People now

aged 65 are expected to live well into their 80s with the vast majority

preferring to ``age in place'' (i.e., grow old in their current homes).

With most adults aging in place, rather than in retirement or nursing

homes, it is absolutely critical to better prepare communities and

older Americans for what is on the horizon.

    There is widespread agreement that older adults in the U.S. do not

adequately plan for their future mobility needs, nor are most aware of

existing mobility resources in their communities. Thus, when an

individual's mobility becomes impaired they are ill prepared to adapt

their lifestyle to their changing needs. A process of mobility

assessment would begin to address this situation and aid older adults

in meeting their changing mobility needs.

    At present there are numerous mobility-related assessments actively

used throughout the U.S. Most are designed to collect information from

just one particular mobility silo, such as assessments that focus on

fall prevention. None of these existing tools cut across mobility silos

while focusing on older adults. None create a national picture of older

adult safe mobility that captures an individual's physical and

emotional health, their social network, or the ease of mobility in

their home, transportation, their neighborhood, their city, and beyond.

And no existing older adult tools are both mobility holistic and

empowerment driven self-administered assessments. The data collected in

this project will allow CDC to develop a tool that can help older

adults both assess and improve their complete mobility.

    This project involves developing, refining and validating a Safe

Mobility Assessment Tool that allows older adults to assess their

current mobility situation, learn about mobility challenges that may

affect them in the future, and receive actionable feedback on how to

improve and protect their mobility. The information collected in this

project will be used to refine and improve the tool, as well as to

conduct feasibility and audience acceptability analysis of the tool.

This information will allow CDC to create the most useful Safe Mobility

Assessment Tool possible for U.S. older adults.

    CDC requests OMB approval to collect both qualitative and

quantitative data. Qualitative data collection will include key

informant interviews, focus groups, and intercepts in urban and rural

communities. In brief, these methods will include key informant

interviews of community stakeholders (three stakeholder interviews in

two states for a total of six key informant interviews); older adult

consumer focus groups (two focus groups in two states with seven people

each for a total of fourteen participants); and older adult consumer

intercepts (thirty intercepts in two rural locations and ten intercepts

in two urban locations for a total of forty intercepts). The

qualitative data collection will be used to help inform a quantitative

stage of work to include a national sample of geographically and socio-

demographically diverse older adults (N = 1,000) who will be recruited

and interviewed by telephone. The key informant interviews, focus

groups, intercepts and telephone survey data collection will allow us

to gain information about the feasibility and usefulness of the Older

Adult Safe Mobility Tool; about what impacts the tool may have on older

adults (e.g., motivation to change/behavior intent, and changes in

knowledge, attitudes, and awareness); about which mobility domains are

most valuable to include in the tool (e.g., which are of greatest

interest and can be improved by older adults); and about what other

areas of the tool could be refined and improved. This information will

allow us to create a final version of the Safe Mobility Assessment Tool

that can be used by older adults across the U.S. to protect and enhance

their mobility.

    CDC anticipates that data collection will begin in December 2013

and that all data collection will be completed by July 2014. CDC

estimates the following burden for one-time respondents: Key informant

interviews will take approximately 30 minutes to complete, focus groups

will each take up to 120 minutes, intercept interviews will take up to

20 minutes each, and the telephone survey will involve an on-your-own

review of materials (approximately 15 minutes) and a pre-scheduled

telephone survey (approximately 12 minutes). CDC plans for 6

individuals to complete the key informant interviews, 14 older adults

to participate in the focus groups, and 40 older adults to participate

in the intercepts. Additionally, CDC plans to collect information from

1,000 older adults for the telephone survey. Each respondent will only

provide information once. Key informant interviews and the quantitative

survey will be conducted by telephone. As telephone survey participants

are recruited, they may elect to receive stimulus material (i.e., a

draft version of the Tool) prior to the survey either by mail or

electronically via email, whichever they prefer. In addition, focus

group participants may receive communications (confirmation and

reminder notices) via email or mail. Email communication will be used

with key informant, focus group and telephone survey respondents,

however each will be given the option of mail rather than email as

their preferred communication method. Email will be provided not only

as a courtesy to respondents, for those respondents that prefer email

rather than mail, but also, it will allow more open and swift

communication between the data collectors and study participants.

Additionally, recruitment/screening for the focus groups and telephone

surveys, as well as administration of the telephone surveys will use

Computer Assisted Telephone Interview (CATI) systems for data

collection, which are designed to reduce the burden to respondents.

    There are no costs to respondents other than their time.

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                                        Estimate Annualized Burden Hours

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                                                                     Number of    Average burden

      Type of respondent            Form name        Number of     responses per   per response    Total burden

                                                    respondents     respondent      (in hours)      (in hours)

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Key informant interview         Interview guide.               6               1           30/60               3

 respondents.

Focus group respondents.......  Moderator guide.              14               1               2              28

Intercept respondents.........  Intercept script              40               1           30/60              20

Telephone survey respondents..  Survey..........           1,000               1           27/60             450

                                                 ---------------------------------------------------------------

    Total.....................  ................  ..............  ..............  ..............             501

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