

Older Adult Safe Mobility Assessment Tool

SUPPORTING STATEMENT: PART B

OMB No. 0920-XXXX

Submitted by:

Gwen Bergen
Behavioral Scientist

Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Division of Unintentional Injury Prevention
4770 Buford Highway, NE MS F-62
Atlanta, GA 30341-3717
Phone: 770-488-1394; Fax: 770-488-1317
E-mail: GBergen@cdc.gov

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B. Collections of Information Employing Statistical Methods

B.1. Respondent Universe and Sampling Methods

This project will involve a variety of qualitative and quantitative methods over two primary data collection stages. First, qualitative data collection will include key informant interviews, focus groups and intercepts in urban and rural communities:

- Key informant interviews of community stakeholders in 2 states with 3 people each- California and Illinois- for a total of 6 key informant interviews
- Two older adult consumer in-person focus groups in urban locales with 7 older adults each, one in California (San Diego) and one in Illinois (Chicago)- for a total of 14 older adults.
- 40 older adult consumer in-person intercepts in 2 rural locations (Alpine, CA and Kankakee, Illinois) with 15 older adults in each and 2 urban locations (San Diego, CA and Chicago, Illinois) with 5 older adults each.

The respondent universe for the key informant interviews will include community stakeholders and service providers who are knowledgeable, local experts on older adult mobility issues and can help inform the Strategic e-Business Solutions, Inc. (SeBS)/ ResearchWorks, Inc. (RWI) team of localized environmental and socio-economic assets and concerns, as well as advise on intercept locations. Key informants will be located in the metropolitan areas of Chicago, Illinois, and San Diego, California. They will be identified via nominations by the Expert Panelists used in prior work on this project (see Supporting Statement A; Section A.8.B.).

The respondent universe for the focus groups, intercepts, and survey will be adults, between the ages of 60-74 who have limited or no existing mobility concerns. The qualitative research (focus groups and intercepts) is not intended to be generalized to the entire older adult population, and therefore we do not intend to have hard quotas to meet criteria for a nationally representative sample. For the focus groups, the contractor will recruit through local older adult service providers and community agencies with appropriate screening criteria to seat 14 respondents total (see **Attachment E**). For the intercepts, locations will be selected based upon key informant interview input and will be high-traffic areas for our older adult target population. We will recruit a convenience sample, and we will balance intercept respondents to ensure a mix of gender and race (see **Attachment F**).

Upon completion of the qualitative data collection, and revisions to the Tool based on that research, we will engage in a second stage of research: a quantitative telephone survey with a nationwide sample of 1,000 older adults.

For the telephone survey, the contractor will use professional recruiting services to recruit and randomly select potential respondents from a national list of phone numbers provided by a leading provider of phone sample lists. The total number of completed surveys will not be less than 1,000 and the sample will be designed to achieve a margin of error (MOE) of +/-4% at the 95% confidence interval. As the survey administration includes several stages, sufficient over-recruiting will be implemented to ensure an end sample of N=1,000. To achieve a representative

end sample, there will be soft quotas (see screener in **Attachment G**) to ensure audiences with higher than average response rates are not oversampled while populations with lower than average response rates are not underrepresented. If that becomes unduly challenging for the project, weights will be introduced to compensate for this.

Our response rate estimates in the table below are conservative. Similar nationally representative telephone surveys of older adults have achieved response rates in the range of 23%-38% (Foley et al., 2004; Kostyniuk et al, 2000). Additionally, since we plan to offer incentives for participation, we should receive higher response rates. While we will likely be able to sample less than that presented below, our conservative estimates provide what we believe to be an upper limit of the maximum number of people we may need to sample to ensure that we are able to receive the necessary number of completions.

Respondent	Instrument	Respondent Universe	Expected Response Rate	Expected Completed Instruments
Community service providers (key informants)	Key Informant Interviews	12	50%	6
Older Adults (60-74 years of age)	Intercept Interviews	400	10%	40
	Focus Groups	35	40%	14
	Phone Survey	3,333	30%	1000

Exclusion Criteria	Rationale
Non-English speaking	In this developmental stage, it would be cost prohibitive, and a Tool in English would not be appropriate for older adults who are not fluent given the nature of the safe mobility topic.
High degree of mobility limitations	Older adults who have a high degree of mobility limitations are likely already aware of their limitations and seek and/or receive support for their mobility. The focus of this project is to develop a Tool for individuals who have limited or no existing mobility concerns because the goal of the Tool is to raise awareness of how they can protect their mobility.

B.2. Procedures for the Collection of Information

We are conducting formative research using qualitative methods and quantitative methods to pilot the Tool. This is an appropriate design that explores the effectiveness of empowering older adults to think about their mobility with this specific type of resource. We are attempting to use

the self-assessment as an entrée into raising consumers' awareness and preparedness for mobility challenges as they age in order to prevent needless injury and protect mobility. We will build on intelligence gathered from key informants to help us best recruit local participants and to best interpret and understand the qualitative feedback gathered from the intercepts and focus groups we conduct in their community.

Key informant interviews and intercepts will have information collected via person-to-person conversations with the interviewer taking notes. SeBS does not intend to record the key informant interviews, but we will audio record when possible the intercepts for a record for reporting purposes. Professional interviewers will track the information through note taking and worksheets to be used with participants. The information collected will be aggregated in reports and no personal identifiers will be put in reports nor on worksheets and notes.

For focus groups, the data will be collected via note taking, videotaping, and audiotaping of the groups. No personal identifiers will be used on recordings or notes; only first names will be apparent. The information collected will be aggregated in reports and no personal identifiers will be put in reports.

For the telephone survey, potential respondents will be contacted by phone for recruiting, which involves getting informed consent, screening the participants to see if they qualify for the study, and then scheduling them into their appointment. Respondents who qualify based on the screening criteria and respondent mix (see screener in **Attachment G**) will be invited to participate in the main survey. The Tool will be mailed or emailed immediately after a respondent is recruited. At the time of recruiting, the follow-up call to conduct the survey interview will be scheduled for a time and date approximately 2 weeks later. The respondent is instructed to watch out for the Tool in the mail/email and that it will be needed for the subsequent interview. The recruiters will contact the respondent to ensure they have received the Tool, and confirm their interview time. At the time of the scheduled interview, respondents will be contacted by phone and the survey interview will be conducted over the phone. No personal identifiers will be collected during the survey, and names will be kept separate from the phone survey data files. The information collected will be aggregated in reports and no personal identifiers will be put in reports.

Statistical method for stratification and sample selection

The total number of completed surveys will not be less than 1,000 achieving a margin of error (MOE) of +/-4% at the 95% confidence interval. As the survey administration includes several stages, sufficient over-recruiting will be implemented to ensure an end sample of N=1,000. To achieve a representative end sample, there will be soft quotas for age, race, education, and income variables proportionate to the population to ensure audiences with higher than average response rates are not oversampled while populations with lower than average response rates are not underrepresented. If that becomes unduly challenging for the project, weighting will be used to compensate for this.

For qualitative data collection, stratification is not applicable as a representative sample is not expected, desired, or needed for this stage of the project.

Estimation procedure

This study does not have an experimental design. Power estimation does not apply to any of the qualitative data collection that we will be doing. For the large quantitative survey component, we will ask several questions and the survey will involve a number of hypotheses about the perceived knowledge gain, attitude change, and behavior change intent related to completing the Older Adult Safe Mobility Assessment; therefore, it can be difficult to perform power and sample size analyses, as we are trying to detect more than just one specific change or difference (Brown, 2002; Peel, 2005). However, based on other surveys of older adults, we believe a sample of size of 1,000 will provide us with an adequate sample to conduct meaningful analyses. The survey sampling frame has been designed so that we can achieve an overall margin error of about +/-4%. Additionally, we plan to over-recruit to ensure that we obtain at least 1,000 completed surveys.

Degree of accuracy needed for the purpose described in the justification

We have determined the degree of accuracy in order to allow the CDC to confidently publish results in peer-reviewed journals. The CDC team and the contractors have several years of experience in creating and published peer-reviewed journal articles and have deemed the accuracy outlined above as suitable for publishing purposes.

Any use of periodic (less frequent than annual) data collection cycles to reduce burden.

This is a one-time study with one-time data collections; no participants will be included in the study more than one time.

Statistical concerns

Data analysis for the study will involve (1) descriptive analyses of qualitative information to examine thoughts and perceptions of the draft Tool's feasibility and usefulness to participants with varied mobility and socio-demographic characteristics; and (2) quantitative analysis of the telephone survey will include examining the relationships between specific mobility and socio-demographic characteristics with perceived knowledge gain, attitude change, and behavior change intent related to completing the draft Older Adult Safe Mobility Assessment. Multivariable analysis and modeling will be used to further disentangle the associations between mobility characteristics, accounting for potentially confounding variables. The contractor will be responsible for coding of the open-ended questions included in the quantitative survey instrument. This will allow for the results to be included in the quantitative statistical analyses, as well as provide more detailed data to be analyzed from a qualitative perspective.

As with any survey, there exists the potential for bias caused by non-responders being different than responders in their reported behaviors and attitudes. To account for this, we plan to repeatedly attempt to make contact with those randomly selected to participate in the survey to increase our response rate and decrease the effects of this bias. Further information on this is described in Section B.3. below.

B.3. Methods to Maximize Response Rates and Deal with Nonresponse

The data collection will entail several steps and procedures designed to maximize response rate, minimize burden, and reduce non-response bias to increase data validity. Highly trained and seasoned professional interviewers will conduct the screening process and subsequent interviews. RWI will conduct all qualitative data collection via a subcontract through SeBS. SeBS will conduct all quantitative data collection. SeBS and RWI employs and contracts with professional and highly trained staff, contractors and vendor firms. All associated data collectors will have professional experience in national-scale market research and evaluation. Interviewers are skilled in engaging with the target population, with several projects completed with the Centers for Medicare/Medicaid Services, AARP, and other clients, ensuring a professional and pleasant experience for the respondents, enhancing response and completion rates, and reducing refusals (Fyock, 2001). All data collectors will be thoroughly screened and their interviewing abilities tested prior to their being employed by the research team. For this study, data collectors will receive approximately 1-2 hours of project-specific training. The content of training will include: eligibility determination, recruitment, informed assent, enrollment, and survey administration.

Intercepts and recruitment calls for the focus groups and the telephone survey will be done during the week and on weekends. Focus groups will be held after work hours to accommodate working older adults. Additionally, respondents will be contacted during different times of a day to avoid exclusion of respondents who may work or be more busy at certain times of the day. Survey interviews are prescheduled to ensure the respondent is available to participate during the survey timeframe.

Incentives will be offered to all participants to increase response rates and optimize participation. It is standard practice to provide remuneration to respondents in order to maximize response rates. We have worked on numerous projects with populations similar to that in the proposed research, for which financial incentives were necessary to obtain the desired number of respondents. These include studies conducted with AARP on physical activity and other health behaviors (proprietary report), CMS /HCFA on health plan choices (Fyock, 2001), and currently the ACA's Health Insurance Exchanges (in progress).

The following procedures will be used to maximize cooperation and to achieve the desired high response rates and to protect respondents, which can offer them peace of mind and increase response rates:

- Recruitment calls to contacts will be made up to 3 times to increase response rates but will not exceed 3 attempts, so as to not unduly bother them.
- Participants will have their names, phone number, and mail addresses obtained by RWI, and no personally identifiable information will be collected during the interviews.
- Names, phone numbers, and addresses will not be stored with the data collected.
- Data that is stored will be de-identified and remain anonymous.
- CDC ultimately owns all data collected and the data received by CDC will not include personally identifiable information.

- All respondents will be assured that the information they provide will be treated in a secure manner and will be used only for the purpose of this evaluation and validation study.
- RWI, SeBS, and hired data collectors will use best practices in developing relationships of trust and cooperation with study participants.
- All participants will undergo active consenting so they are fully advised of their rights.
- Participants will receive cash thank you gift for their participation, which typically increases response rates
 - Focus group participant= \$125 for 1.5-2 hours in-person involvement
 - Intercept participant= \$10 gift card or nonprofit donation for 30 minutes in-person
 - Survey participant= Up to \$50 for review of stimulus materials (15 minutes) and telephone interview (~12 minutes)

B.4. Test of Procedures or Methods to be Undertaken

The research instruments will undergo pretesting involving a small convenience sample of no more than 9 older adults 60-74 with good mobility with a balance of gender, race, and socio-economic status and will mimic the administration techniques planned (i.e., phone, in-person discussion). Only minor revisions are expected because we are using methods that have been used with this population and by this research team for the purpose of developing a consumer-acceptable tool. Revisions may include rewording of questions to optimize respondents' understanding and to maximize the quality of the data collected. We will inform OMB of any changes to the survey procedures or data collection instruments that we make as quickly as possible and before receiving OMB approval.

B.5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

All instruments and procedures have been reviewed extensively by CDC, specifically:

Rebecca Naumman, MSPH, National Center for Injury Prevention and Control, CDC

Phone: 770-488-3922

Email: RNaumann@cdc.gov

The following individuals have worked closely in developing the instrument and procedures that will be used, and will be responsible for data analysis:

Les Barnett, SeBS (responsible for data collection and analysis)

Teresa Sanchez, M.A., Vice President, ResearchWorks (designed the data collection, will collect data, and will analyze data)

Moshe Engelberg, M.P.H, Ph.D., President, ResearchWorks (designed the data collection, will analyze data)

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