

Administration on Aging, Administration for Community Living,
U.S. Department of Health and Human Services

~~September 9~~ January 23, 2014 ~~2015~~

Supporting Statement for the Evidence-Based Falls Prevention Program
Standardized Data Collection

A. Justification

1. Circumstances Making the Collection of Data Necessary

Background

This is a new Information Collection Request (ICR).

The Administration on Aging (AoA), Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS), proposes to use these data collection tools to monitor grantees receiving cooperative agreements in response to the funding opportunity: “PPHF - 2014 - Evidence-Based Falls Prevention Programs Financed Solely by 2014 Prevention and Public Health Funds (PPHF-2014).” ACL/AoA ~~is awarding~~ awardedgawarded ten “state” and four “tribal” cooperative agreements for a two-year project period beginning in September, 2014.

Eligible applicants for the state grants are domestic public or private non-profit entities including state and local governments, Indian tribal governments and organizations (American Indian/Alaskan Native/Native American), faith-based organizations, community-based organizations, hospitals, and institutions of higher education. Federally Recognized Tribes and Tribal organizations representing Federally Recognized Tribes are eligible to apply for the tribal grants.

This data collection is necessary for uniform monitoring of the Falls Prevention grantees and to improve reporting for new PPHF awards authorized under Section 411 of the Older Americans Act of 1965, as amended, and the Patient Protection and Affordable Care Act (ACA), Section 4002, 42 U.S.C. § 300u-11 (Prevention and Public Health Fund).

ACL/AoA has a long history of supporting health promotion and disease prevention programs, including falls prevention programs. Since 2006, ACL/AoA has provided grants and Older Americans Act funding that have helped build an infrastructure that supports falls prevention programs in 38 states. A few examples of evidence-based falls prevention programs being implemented in the aging network include: A Matter of Balance, Stepping

On, Stay Active and Independent for Life (SAIL), and various therapeutic Tai Chi programs such as Tai Chi: Moving for Better Balance, the YMCA Moving for Better Balance program, and the Arthritis Foundation Tai Chi Program.

Currently, ACL/AoA has 22 state cooperative agreements financed by the PPHF to increase access to Chronic Disease Self-Management Education (CDSME). In 2013, ACL/AoA received OMB approval for a CDSME Information Collection set of tools (OMB Approval Number: 0985-0036; expiration date July 31, 2016).

The proposed Falls Prevention information collection request is an adapted version of the CDSME set of tools. The approved CDSME participant data collection tool includes name, birth date and zip code. The proposed Falls Prevention participant form does not request these specific items, only the age of the participant.

Grants from the PPHF Falls Prevention funding opportunity are designed to achieve two major goals:

- Significantly increase the number of older adults and adults with disabilities at risk of falls who participate in evidence-based community programs to reduce falls and falls risks; and
- Build partnerships and/or secure contracts with the health care sector and identify innovative funding arrangements that can support these evidence-based falls prevention programs, while embedding the programs into an integrated, sustainable evidence-based prevention program network.

Legal and Administrative Requirements

The statutory authority for cooperative agreements under the PPHF Falls Prevention program announcement is contained in *Section 411 of the Older Americans Act of 1965, as amended*, and the *Patient Protection and Affordable Care Act (ACA), Section 4002, 42 U.S.C. § 300u-11 (Prevention and Public Health Fund)*.

This data collection is authorized *under Title II of the Older Americans Act (Public Law 109-365)*. The requirements stipulated under section 206(a, c) direct ACL to “...measure and evaluate the impact of all programs authorized by this Act, their effectiveness in achieving stated goals in general, and in relation to their cost, their impact on related programs, their effectiveness in targeting for services under this Act unserved older individuals with greatest economic need (including low-income minority individuals and older individuals residing in rural areas) and unserved older individuals with greatest social need (including low-income minority individuals and older individuals residing in rural areas), and their structure and mechanisms for delivery of services.”

This data collection is also consistent with the PPHF reporting requirements included in the *Consolidated Appropriations Act, Section 218 of the Consolidated Appropriations Act of 2014 (P.L. 113-76)* to provide information on the uses of funds made available under *Section 4002 of the Patient Protection and Affordable Care Act* including planned uses of the funds and activities undertaken.

In addition, it is expected that any grants financed by the PPHF will be accompanied by a high level of transparency, oversight, and accountability. The U.S. Health and Human Services (HHS) Division of Grants has provided guidance for the HHS Grants Community, noting that all recipients of PPHF must follow HHS guidance related to the tracking, monitoring and reporting on the use of PPHF financing. ACL/AoA has outlined basic requirements for reporting in the Falls Funding Opportunity Announcement and will provide additional detail in the Standard Terms and Conditions of grantees' notice of awards. These notices require each grantee to prepare and submit progress reports to ACL/AoA that will enable the agency to monitor program performance.

2. Purpose and Use of the Information Collection

ACL/AoA will use the information from the PPHF Falls Prevention data collection tools to:

- 1) Comply with reporting requirements required by the authorizing statutes,
- 2) Collect data for performance measures used in the justification of the budget to Congress and by program, state and national decision makers,
- 3) Effectively manage the PPHF Falls Prevention program at the federal, state, and local levels,
- 4) Identify program implementation issues and pinpoint areas for technical assistance activities,
- 5) Identify best practices in program implementation and building sustainable program delivery systems and to develop resources to enable current and future grantees to learn from and replicate these practices; and
- 6) Provide information for reports to Congress, other governmental agencies, stakeholders and to the public upon request about PPHF Falls Prevention grantee progress.

Information from the PPHF Falls Prevention data collection tools will also be provided upon request to: federal and state legislators; state agencies on aging and state health departments; national, state and local organizations with an interest in evidence-based falls prevention programs and healthy aging issues; grantees; and private citizens. Compiled information will be posted on ACL's website, as well as a National Resource Center website.

Similar information obtained from the PPHF CDSME grantees is shared on a monthly basis in ACL Dashboard Reports. Periodic reports have also been provided in response to the U.S.

Health and Human Services Multiple Chronic Conditions Strategic Framework Initiative and Healthy People 2020 Initiative. It is anticipated that similar types of reports will be requested for the Falls Prevention grants financed through the Prevention and Public Health Fund.

ACL/AoA proposes to adapt tools successfully used to monitor the progress of ACL/AoA's PPHF CDSME grantees. The types of tools and purposes of each include:

- **Semi-annual Performance Report** will be completed by the grantee project director and submitted to ACL/AoA online into GrantSolutions.gov. These reports enable ACL/AoA to monitor grantee performance, identify program implementation issues and possible technical assistance needs, as well as successes and best practices. The standardized format will facilitate uniform data collection and easier compilation of reports. The proposed report uses a similar format as that described in the *“Guidelines for Preparing Performance Reports for Discretionary Grants Supported by the U.S. Administration for Community Living”* which has OMB Approval No. 0985-0006 (Expiration: 12/31/2015). Based on these guidelines, we have prepared a set of instructions to provide sample responses on a slightly modified version of the approved template.
- **A Host Organization Information Form** will be completed by a staff person at each new organization sponsoring classes. Basic information, including the name, location, and type of agency, will be obtained and then emailed to a contractor who will enter this information into a national online Falls database. ACL/AoA will use this data on program locations to map the delivery infrastructure, identify types of agencies involved in program delivery, and to monitor changes in delivery capacity.
- Program Data Collection Tools will be paper tools used to collect information at each workshop:
 - A **Program Information Cover Sheet** and an **Attendance Log** will be completed by the leaders/coaches. This information documents the location of the program, type of program, and the number of participants who completed the program.
 - A **Participant Information Form** and a **Post Program Survey**¹ will be completed by each participant on a voluntary basis. The Participant Information Form documents demographic and health characteristics, including age, gender, race/ethnicity, types of chronic condition(s), disability status, and education level. It also assesses some key outcome variables, which will be re-assessed in the Post Program Survey, including falls self-efficacy, falls and injury rates, fear of falling, and interference with social activities.

¹ [The Post Program Survey is not included in this current review request and will be submitted as part of a non-substantive change request at a later date.-----](#)

The core set of questions on the participant tools are the same as those used to monitor the Matter of Balance falls program. Other questions were obtained from other validated sets of instruments. For instance, the questions about falls frequency and injury in the Participant Information Form use the same wording as the 2010 CDC Behavioral Risk Factor and Surveillance System, allowing us to determine if the people taking the programs reported more or fewer falls, compared to the national average.

To be able to link the pre and post information and the attendance log, the same "Participant I.D." will be used on each form, consisting of the first two letters of the participant's first name, first two letters of the last name, and last two numbers of the birth year. No names are collected or entered into the database.

At the end of each program, local data entry staff/ survey coordinators will manually key information from the paper forms: Program Information Cover Sheet, and Participant Information Forms, Post Program Surveys and Attendance Log into a national online database. All paper forms will be securely destroyed after data is keyed in to the database.

Examples of products developed as a result of similar data collection efforts are available at:

www.ncoa.org/improve-health/center-for-healthy-aging/capping-reports.html

http://aoa.gov/AoARoot/Program_Results/Program_Evaluation.aspx

3. Use of Improved Information Technology and Burden Reduction

The proposed PPHF Falls data collection tools will utilize the same procedures and a similar online data entry system utilized by the PPHF CDSME grantees. The existing national CDSME database is maintained by a National Resource Center funded by ACL/AoA. Feedback about this system has been very positive. It is considered very user-friendly and secure. The Resource Center provides training regarding the use of the system when requested. ACL will be implementing a similar process with a new National Falls Resource Center and a Federal database contractor. The selected contractor will provide and maintain appropriate IT Security for the database.

4. Efforts to Identify Duplication and Use of Similar Information

No other sources collect this or similar information. The purpose of this data collection is to obtain performance information for this particular grant program.

5. Impact on Small Businesses or Other Small Entities

ACL/AoA will request information from grantees and their partners which may include area agencies on aging, tribal agencies and various types of community-based organizations. Information being requested or required has been intentionally held to the minimum required for the intended use.

6. Consequences of Collecting the Information Less Frequently

The Falls Prevention grantees will submit data semi-annually. To meet the statutory requirements and execute program management functions, availability of timely data is critical. The project period for the new grantees will be 24 months. If data were only submitted annually or once throughout the project period, ACL/AoA would be unable to promptly identify grantees in need of technical assistance to reach their goals (numbers served, numbers of underserved populations reached, extent to which they are building sustainable systems, etc.). In addition, it is anticipated that ACL/AoA will need to respond to frequent status reports about the use of Prevention and Public Health Funds.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d) (2). No special circumstances apply.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

Federal Register Notice

We received four sets of comments in response to the 60-day Federal Register Paperwork Reduction Act (PRA) Notice, published on June 27, 2014 from two state units on aging, one state public health department, and a falls program developer. In addition, we received one non-germane comment discussing concerns about government spending. As it was not related to the content of the Paperwork Reduction Act (PRA) notice, we elected not to address the commenter's concerns. One set of comments expressed concern about the need for some of the questions and for pre and post test data. We believe that the selected questions and pre and post data are essential to monitor short-term impact and for budget justification and other performance monitoring reporting.

Most of the other comments were minor suggestions for improving the ease of use and acceptability of the data collection tools. In response, we:

- Made slight changes in the wording on the Participant Information Form, Post Program Survey, Host Organization Information Form, Program Information Form, and Performance Report.

- Created a Group Leader/Coach Script to inform participants about the purposes of the data collection tools and that their completion of the tools is voluntary.

The revised data collection tools and a document detailing all of the received comments and ACL responses are included on the ACL website:

http://www.aoa.gov/AoARoot/AoA_Programs/Tools_Resources/collection_tools.aspx

Outside Consultations

The development of the Falls Prevention data collection tools and methods has involved extensive consultation with an advisory workgroup consisting of representatives of ACL's Office of Performance and Evaluation, the Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control, the Falls Free Coalition; researchers from the University of Georgia and Texas A&M involved in a CDC funded falls prevention outcome study; falls prevention program developers; and the existing falls prevention database staff. This group helped to ensure that the questions on the data collection tools are consistent with other existing falls program monitoring tools and/or were obtained from other validated sets of instruments. The group also assisted in selecting the questions that were the most appropriate to use to assess short-term impact, with minimal burden on local agencies.

9. Explanation of any Payment or Gift to Respondents

Not applicable. There will be no payments or gifts to the respondents.

10. Assurance of Confidentiality Provided to Respondents

We will comply with *Section 934(c) of the Public Health Service Act, 42 USC 299c-3(c)*. All participants will be told the purposes for which the information is collected and that, in accordance with this statute, any information about them will not be used or disclosed for any other purpose. Respondents will also be informed (by program leaders using a standardized script written in Plain Language) that their responses on the Participant Information Form and Post Program Survey will be kept private, and that participation and completion of these forms is voluntary, without compensation.

ACL/AoA is committed to protecting the security of all data and, in particular, the confidentiality of any personal information that respondents provide. All data will be protected to the fullest extent possible by using personnel trained in confidentiality procedures and by following strict procedures for transmitting and storing the data in secure, locked offices and using encrypted, password protected data files.

11. Justification for Personal Questions

This project includes questions that may be considered personal. The *Participant Information Form* requests participants' disability status and type of chronic condition(s). These data will be used to determine the extent to which grantees are serving the intended populations. The respondents will be informed that the data collection is voluntary and they are free to decline to answer any question(s) in the survey. Likewise, they will be informed that all data will be protected to the fullest extent possible by using encrypted, password protected data files. No names or other elements of Personally Identifiable Information (PII) are collected or entered into the database for the purposes of this data collection.

12. Estimates of Annualized Burden Hours and Costs

12A. Estimated Annualized Burden Hours

Project staff level

ACL/AoA estimates that approximately 14 project staff (one from each funded state organization or tribe) will submit the required Semi-annual Performance Report. On average, the estimated burden is 8 hours per semi-annual report times 2 reports per year, for a total of 224 annual burden hours for project staff.

Leaders, Local Data Entry, and National Database Data Entry staff

The PPHF Falls Prevention grantees are expected to offer approximately 800 workshops/course series/programs annually, conducted by about 400 local agency leaders/coaches who average teaching about two programs per year. These programs will be sponsored by approximately 400 host organizations. A local staff person at each new host organization will complete a host organization form. On average, each of the ten funded states will be expected to have 3 data entry persons and each of the four funded tribes will have one data entry person for a total of 34.

The expected burden on the 400 ***local agency leaders*** is 0.5 hours per program times two programs per year (with a total burden of 400 hours) to complete the Program Information Form, record attendance on the Attendance Log, explain and collect the Participant Information Forms and Post Program Surveys.

The 34 ***local data entry staff*** will be expected to enter data from approximately 800 programs, including the Program Information Forms, Participant Information Surveys, and Post Program Surveys with an average burden of 0.50 hours per workshop or a total annual burden of 400 hours.

Local organization staff will complete the Host Organization forms. Their expected burden is .05 hours per form x 400 organizations or a total annual burden of 20 hours. A **database entry staff person** at the national database will enter data from the Host Organization forms. The costs of this person's time are included in the Federal contract cost and are therefore not included in the estimates of Total Burden Hours.

Participants

It is anticipated that the ACL/AoA grantees will reach about 10,000 program participants annually. Each participant will be asked to complete the Participant Information Survey on a voluntary basis before or at the beginning of the first program session and also to complete the Post Program Survey at the end of the last session. The estimated burden on each participant is 0.10 hours x two forms for a total participant burden of 2000 hours.

Total Burden Hours

ACL/AoA estimates that the total number of burden hours for project staff, local staff and volunteers, data entry personnel and program participants is 3,044 hours. The burden hours per form and respondent are summarized in Exhibit 1.

Exhibit 1: Estimated annualized burden hours

Type of Respondent	Form Name	Estimated Number of Respondents	Number of Responses Per Respondent	Average Time per Response (in hours)	Total Burden Hours (Annual)
Project staff	Semi-annual Performance Report	14	Twice a year	8	224 hours
<i>Total project staff burden hours: 224</i>					
Local agency leaders	Program Information Cover Sheet / Participant Information Form/ Attendance Log/ Post Program Survey Host Organization Data Form	400 leaders	Twice a year (one set per program)	.50	400 hours
Local data entry staff		34 data entry staff	Once per program x 800 programs	.50	400 hours
Local organization staff		400 staff	1	.05	20 hours
Database data entry staff		1 Federal contract data entry staff*	400 forms*	.05*	20 hours*
<p><i>Total local personnel burden hours: 420 leader/ local staff reporting hours + 400 data entry hours = 820</i></p> <p><i>*The 20 hours for the database data entry staff is included in the Federal contract and is not included in the Total Burden Hours</i></p>					
Program participants	Participant Information Form and Post Program Survey	10,000	Two (once per form x two forms)	.10	2000

Total burden hours for all state and local respondents: 3,044 (plus 20 hours for Federal contract staff)
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12B. Costs to Respondents

The annualized cost burden for respondents is estimated to be \$39,074. Exhibit 2 shows the estimated annual cost burden to each type of respondent, based on their time to complete the data collection tools. The hourly rate for the project staff, local leaders, and local data entry staff, was based upon the average wages of similar professions published by the Department of Labor, Bureau of Labor Statistics. The hourly rate for the participants was based on average Social Security monthly benefits.

Exhibit 2: Estimated annualized cost burden

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Annual Cost*
Project Staff	224	\$42.59 ²	\$9,540
Local Leaders/ Staff	420	\$20.11 ³	\$8,446
Local Data Entry Staff	400	\$14.27 ⁴	\$5,708
Participants	2000	\$7.69 ⁵	\$15,380
*Rounded to the nearest dollar			Total Annual Costs: \$39,074

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There are no other costs to respondents or record-keepers or capital costs.

14. Annualized Cost to the Federal Government

ACL/AoA Project Officers will review the semi-annual reports and national compiled data. The total Federal staff burden hours spent reviewing and analyzing the program data are estimated to be 175 hours annually at an average salary rate of \$48.83 per hour for a total of \$8,545.⁶ In addition, ACL/AoA will be funding a contractor to manage the database at an annual cost of \$107,553⁷ for a total annualized cost of \$116,098.

² Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2014-15 Edition*, Medical and Health Services Managers, Accessed June 11th, 2014 from <http://www.bls.gov/ooh/management/medical-and-health-services-managers.htm>

³ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2014-15 Edition*, Health Educators and Community Health Workers, Accessed on June 11th, 2014 at: <http://www.bls.gov/ooh/community-and-social-service/health-educators.htm>.

⁴ Bureau of Labor Statistics, US Department of Labor, *Occupational Employment Statistics, Occupational Employment and Wages, Data Entry Keyers*, Accessed June 11th, 2014 from <http://www.bls.gov/oes/current/oes439021.htm#nat>

⁵ Social Security Administration, *Social Security Monthly Statistical Snapshot*, April 2014, Accessed June 11th, 2014 from http://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/.

⁶ Federal staff costs based on 2014 hourly wage rate of \$48.83 for a Project Officer at the GS 13, Step 5 (rounded to the nearest dollar) Accessed June 14th, 2014 at http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2014/DCB_h.pdf.

⁷ The contractor provided this estimate, which includes database costs, licenses, training, and reports.

15. Explanation for Program Changes or Adjustments

Not applicable—this is a new information collection request.

16. Plans for Tabulation and Publication and Project Time Schedule

Data will be due semi-annually and reviewed by the ACL/AoA project officers, the national database contractor and National Resource Center staff. If inconsistencies are noted, grantees will be asked to correct and resubmit their reports.

Once all reports are in and verified, the data will be aggregated and analyzed by the national database contractor and ACL/AoA. Based on previous data collections, this process will take about two months after each progress report.

When the national data is finalized, the aggregate information will be posted on the Resource Center and ACL/AoA websites, both of which are available to the public. The Resource Center will provide ACL/AoA and state grantees access to the data in charts, graphs and other summaries depicting the national data and each state's data. A report, summarizing the findings and lessons learned, will be prepared no later than 6 months after each data submission.

OMB approval for three (3) years is requested.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

Not applicable. The OMB expiration date will be displayed on all data collection instruments.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.