Supporting Statement
For OMB Information Collection Request

SUPPORTING STATEMENT: PART A

OMB# 0920-1005

October 2, 2015

Older Adult Safe Mobility Assessment Tool
Impact Evaluation and Developing a Dissemination Plan

Submitted by:

Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Division of Unintentional Injury Prevention

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SUMMARY TABLE

- The goals of this study are to evaluate 1) whether the *Mobility Planning Tool (MPT)* is effective for promoting readiness to adopt mobility-protective behaviors in older adults and 2) assess potential strategies for dissemination of the MPT.
- The data collected from this study will help CDC identify what further revisions to the MPT might be necessary before it is disseminated publicly. Selected study findings may eventually be presented in oral and poster presentations and published in a peer-reviewed journal.
- Study data will be collected using telephone interviews. Prospective respondents will answer a series of screening questions. Individuals who meet the screening criteria and are willing to participate will complete a baseline and follow-up interview each lasting approximately 10 minutes.
- The study population is community-living older adults ages 60-74 with no known mobility limitations. A total of 1,000 individuals will participate in the study.
- Data will be analyzed using descriptive statistics and a series of t-tests, chi-square analyses, and Mann-Whitney U-tests. Multivariate analyses will include a series of repeated measures Analysis of Variance (ANOVA), and logistic regressions.

A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

CDC's National Center for Injury Prevention and Control (NCIPC) requests approval for one (1) year, for a reinstatement with change of the previously approved OMB No. 0920-1005 (Exp. Date: 12-31-2014), to evaluate whether the *Mobility Planning Tool (MPT)* is effective for promoting readiness to adopt mobility-protective behaviors in older adults and assess potential strategies for dissemination of the MPT. The initial data collection gathered older adults' impressions on the original *Older Adult Mobility Planning Tool (OAMAT)*. Based on their feedback, the tool was redesigned and oriented toward mobility planning rather than mobility assessment. This reinstatement request is to conduct a randomized controlled trial on the revised tool – the MPT- to determine if the tool promotes readiness in older adults to adopt mobility-protective behaviors, and appropriate ways to disseminate the tool.

Motor vehicle injury is a priority for the CDC and is one of the CDC's seven winnable battles. Within the Injury Center, preventing falls and ensuring safe transportation for older adults are strategic priorities. The injury center's research agenda for these two areas includes developing a tool that older adults may use to plan to safely adapt to changes in their mobility that occur with age. The current data collection is needed to determine how usable the proposed tool will be to older adults and if use of the tool promotes readiness to adopt mobility-protective behaviors. The data collected from this study will provide CDC with critical information about what further revisions to the MPT might be necessary before it is disseminated publicly.

Background

The population of older adults in the U.S. is growing rapidly. In 2014, there were more than 46 million adults aged 65 or older in the U.S., representing approximately 14.5% of the population (Index Mundi, 2014). By 2030, this segment of the population will increase to an estimated 72 million (20% of the population; U.S. Census Bureau, 2012). A critical public health issue for the older adult population is *mobility* – how well people are able to get to places they need to go. 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 individuals' mobility becomes impaired, they are often poorly prepared to adapt their lifestyle to their changing needs (Liddle, 2014).

Between 2012 and 2013, the National Center for Injury Prevention and Control (NCIPC), CDC developed the *Older Adult Mobility Assessment Tool (OAMAT)*, a 4-page written tool designed to help older adults assess their current mobility situation, learn about mobility challenges that may affect them in the future, and provide actionable feedback on how to improve and protect their mobility. NCIPC requested the initial data collection [OMB No. 0920-1005 Exp. Date: 12-31-2014] to conduct a feasibility assessment of the OAMAT which was conducted between December 2013 and July 2014, by a telephone survey of 1,000 older adults ages 60-74. The purpose of the feasibility assessment was to gather information about respondents' impressions of the tool, including its appearance, comprehensibility, and the likelihood that they would share the tool with others. Survey respondents were also asked whether it was likely they would take action based on the information provided in the OAMAT. Findings from the survey indicated that, although the OAMAT was generally well received, approximately one-fourth of respondents said they would not be likely to share the tool with others because they felt it was not applicable to their life situation, did not provide new information, and/or did not provide value. Based on the feasibility study findings, NCIPC decided that substantial revisions to the tool were necessary to a) provide recommendations applicable across multiple modes of transportation -- including modes commonly used in non-urban areas, b) provide recommendations based on scientific evidence, and c) make the steps for protecting mobility more concrete for users. CDC revised the OAMAT to create the *Mobility Planning Tool (MPT) (Attachment D3).*

The purpose of reinstating OMB No. 0920-1005 is to 1) evaluate whether the *MPT (*Attachment D3*)* is effective for promoting readiness to adopt mobility-protective behaviors in older adults and 2) assess potential strategies for dissemination of the MPT. Study findings will help CDC identify what revisions to the MPT might be necessary before it is disseminated publicly and identify possible dissemination strategies to best reach the target audience.

The change in this request is to evaluate the revised mobility tool. The tool evaluated in this study is different from the tool used in the initial study for feasibility assessment. The proposed data collection study differs significantly from the original study (OMB No. 0920-1005; expiration date: 12/31/2014) conducted in 2013-2014 in three important ways 1) it involves evaluation of a substantially revised mobility tool (the MPT) whereas the focus of the feasibility study was the OAMAT, 2) the purpose of the proposed data collection is different (i.e., this study will evaluate tool effectiveness where the original study examined respondents' impressions of the tool); and 3) the study design is different (i.e., this study will compare interview data collected from two study groups at two points in time where the original study examined data collected from a single study group at one point in time).

This information collection is unique as there are no other efforts that CDC knows of to design a planning tool for older adult mobility. CDC has discussed the project with the National Highway Traffic Safety Administration and non-federal agencies in the older adult mobility field to confirm that this is an unique product and data collection.

Authority for CDC's NCIPC to collect these data is granted by Section 301 of the Public Health Service Act (42 U.S.C. 241). This act gives federal health agencies, such as CDC, broad authority to collect data and do other public health activities, including this type of study (Attachment A).

A.2. Purpose and Use of Information Collection

The purpose of this information collection is to evaluate whether the *Mobility Planning Tool (MPT*- Attachment D3*)* is effective for promoting readiness to adopt mobility-protective behaviors in older adults living independently and with good mobility and to assess potential strategies for dissemination of the MPT. Information will be collected by surveying English-speaking older adults, aged 60-74 years, who are living in the community (non-institutionalized), and have good mobility. An initial survey will be administered to 1000 adults, half (500) will be sent the MPT, and then the entire 1000 adults will be surveyed again. Battelle will be conducting the survey. Effectiveness of the tool will be assessed using two kinds of comparisons: 1) a comparison between individuals' attitudes and behaviors related to protecting their mobility as they age before and after receiving the MPT in the group that received the MPT and 2) a comparison of both mobility-related attitudes and behaviors and changes between the group that received the MPT and the group that did not receive the MPT (Comparison Group). Study findings will be used to identify areas of the MPT that may need revision before it is disseminated publicly.

Without this information collection, CDC will not be able to develop an effective mobility planning tool for older adults and will have limited information about what strategies are most likely to be effective for disseminating the MPT publicly to the target audience.

An effective mobility planning tool will result in older adults adopting behaviors to protect their mobility as they age. This increased mobility should result in decreases in injuries and deaths due to falls and motor vehicle crashes. Falls and motor vehicle crashes are the first and second leading causes of injury death in people aged 65 years and older so an effective mobility planning tool has the potential to have a significant effect on injury death. The initial data collection gathered older adults' impressions on the original OAMAT. Based on their feedback, the tool was redesigned and oriented toward mobility planning rather than mobility assessment. The reinstatement is to conduct a randomized controlled trial on the revised tool (MPT) to

determine if the tool promotes readiness in older adults to adopt mobility-protective behaviors, and appropriate ways to disseminate the tool.

A.3. Use of Improved Information Technology and Burden Reduction

This study will use information technology to reduce the burden on study respondents during the respondent screening and data collection processes.

Beginning with the screening phase, telephone interviewers will use CATI technology when they contact individuals. Use of CATI technology will reduce the burden on respondents because responses will be given verbally rather than by completing paper survey forms.

During the data collection process, the contractor, Battelle, will use a database to track each individual respondent that will include the contact information for each respondent. These data will be automatically populated from the telephone screening script. Upon survey completion, Battelle will update the tracking system so that no additional contact occurs. The system will reduce respondent burden by ensuring respondents are contacted at appropriate intervals and are not called more than needed. Implementing the survey by phone will allow us to screen respondents for study eligibility prior to administration of the survey, avoiding administration of the survey to ineligible participants.

The survey instruments were designed to collect the minimum amount of information necessary to achieve the goals of the project. The most important factors to measure with respect to the project goals were carefully considered and questions designed to measure those factors. The past survey, used in the original collection (OMB No. 0920-1005; expiration date: 12/31/2014), collected information on older adult's impressions of the tool; the current survey, used in the reinstatement, will collect information on older adults stage of readiness in planning for mobility changes and will use a pre-test/post-test design to determine if the half of respondents who received the tool show increased readiness to plan for mobility after receiving the tool, compared with the half of respondents who did not.

A.4. Efforts to Identify Duplication and Use of Similar Information

In a previous study, CDC commissioned an expert panel to survey the field of older adult mobility and to conduct a literature review to determine how CDC could advance older adult mobility. This project identified a need for an older adult mobility health risk appraisal. The panel recommendation was for CDC to create such a tool as it fell in line with the CDC mission and, no other agency was working on such a tool. In addition, CDC conducted phone calls with two older adult Subject Matter Experts from the National Highway Traffic Safety Administration (NHTSA) to discuss the project. NHTSA's older adult efforts are focused on providing information to the public on how to talk to older adults about transitioning to driving retirement. This type of information is most relevant to older adults aged 75 years and over as 75-80 are the ages when older adults increasingly relinquish their driver's license or stop driving. The CDC MPT focuses on younger older adults, aged 60-74 years who still have good mobility with the intent of encouraging them to plan and take steps to maintain optimal mobility as they age. Unlike NHTSA materials, which address only motor vehicle injury, the CDC tool addresses both falls and motor vehicles. Both CDC and NHTSA determined that there was no duplication in efforts. As the information gathered in this request is specific to evaluating the MPT, no one else is gathering this information.

A.5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

A.6. Consequences of Collecting the Information Less Frequently

This request is for a one-time study in which data will be collected from respondents twice – baseline and post-treatment.

The data are needed to inform CDC objectives related to encouraging older adults to assess their future mobility needs and protect their mobility as they age. Without this study, CDC 1) lacks adequate information to determine whether the MPT is effective for promoting readiness among older adults to adopt mobility-protective behaviors and 2) has limited information about the strategies most likely to be effective for disseminating the MPT.

There are no legal obstacles to reduce the burden.

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

This request fully complies with the regulation 5 CFR 1320.5.

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

A.8.a.) Federal Register Notice

A 60-day Federal Register Notice was published in the Federal Register on April 8, 2015, vol. 80 No. 67, pp. 18848-18850 (Attachment B). There were no comments.

A.8.b.) Efforts to Consult Outside the Agency

CDC made the following efforts to consult outside of the agency:

1. 2011- CDC commissioned an expert panel and report to determine how CDC could best address older adult mobility. The report recommended that CDC develop a mobility tool. The expert panel included :
    a. Basia Belza, Aljoya Endowed Professor in Aging, University of Washington, basiab@uw.edu, 206-685-2266
    b. Doug Farquhar, Program Director for Environmental Health, National Conference of State Legislators, doug.farquhar@ncsl.org, 303-856-1397
    c. Elinor Ginzler, Senior Vice President, Livable Communities Strategies, Office of Social Impact, American Association of Retired People, (no longer in position, no contact information found)
    d. Kimberly Hodgson, Manager, Planning and Community Health Research Center, American Planning Association, kim@chplaces.com,
    e. Kathryn Lawler, Program Director, Aging Atlanta, Atlanta Regional Commission, klawler@atlantaregional.com, 404-463-3100
    f. Mary Leary, Senior Director, Easter Seals Project Action, National Center on Senior Transportation & other Transportation Initiatives, mleary@easterseals.com, 800-659-6428

g. Barbara McCann, Executive Director, National Complete Streets Coalition, (no longer in position, no contact information found)
h. Sandra Rosenbloom, Professor of Planning, Adjunt Professor of Civil Engineering, University of Arizona, (retired, no contact information found)
i. Jim Rimmer, Professor, Department of Disability and Human Development, University of Illinois at Chicago, jrimmer@uab.edu
j. Jon Sanford, Associate Professor of Architecture, Georgia Institute of Technology, jon.sanford@coa.gatech.edu
k. Bill Satariano, Professor of Epidemiology and Community Health, University of California, Berkeley, bills@berkeley.edu, 510-642-6641

2. 2015- Phone call with Kathy Sifrit, Research Psychologist, National Highway Traffic Safety Administration, kathy.sifrit@dot.gov, 202-366-0868
3. 2015- Phone call with Brian Chodrow, Program Analyst, National Highway Traffic Safety Administration, brian.chorow@dot.gov, 202-366-9765

A.9. Explanation of Any Payment or Gift to Respondents

Respondents will be provided with a refrigerator magnet with a message relevant to the study as a token of appreciation for their participation. We feel strongly that a thank you gift be provided to survey respondents because there is clear and consistent evidence that gifts greatly improve survey response rates and survey methodology experts recommend their use (Dillman, 2000; Kasprzyk, et al., 2001; Messer & Dillman, 2011). Further, gifts have been found to reduce attrition in longitudinal surveys (Jackle & Lynn, 2008), and are very important in this study in assuring that we have sufficient participation on the follow-up survey to be able to conduct analyses with sufficient power to detect differences between respondent groups.

A.10. Assurance of Confidentiality Provided to Respondents

This submission has been reviewed by the NCIPC IRB/OMB officer, who has determined that the Privacy Act does apply. The proposed data collection will use the following SORN: 09-20-0160 "Records of Subjects in Health Promotion and Education Studies."

All procedures have been developed, in accordance with Federal, State, and local guidelines, to ensure that the rights and privacy of respondents are protected.

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 research, unless otherwise compelled by law. Statements describing procedures to maintain respondent privacy are included in the telephone screening guide (Attachment D1) and at the beginning of each of the two interview guides (Attachments D1 and D2). To ensure privacy, personal identifiable information will only be collected during the screener and maintained in the password-protected screener database on the Contractor's secure network server. A participant ID will be assigned to each subject. After the screener, only the ID and other (non-PII) categorical variables necessary for analysis will be available outside the screener database. Within 3 months of the end of the study period, Battelle will destroy the link between the ID code and the participant's personal identifiable information. No personal identifiable information (names, addresses, and telephone numbers) will be in the database delivered to CDC. All data containing identifying information about participants will be

destroyed within three months of the end of the study period. CDC will not have access to personal identifiable information.

IRB Approval

NCIPC IRB/OMB officer has determined that CDC will not be engaged in human subjects' research, therefore review by the CDC IRB is not required based on the NCIPC Research Determination Form. (Attachment C3d)

The study protocol has been reviewed and approved by Battelle's IRB. A copy of the Battelle IRB approval letter, the body of the IRB protocol, and relevant IRB protocol attachments are provided in Attachments C1-C3c.

A.11. Justification for Sensitive Questions

The baseline and follow-up interview guides are provided in Attachments D1 and D2. Although race and ethnicity data will be collected, along with self-assessments of respondent mobility behaviors and attitudes, there are no other personal questions on this survey that are generally considered to be personally sensitive, such as sexual behavior, religious beliefs, or alcohol or drug use. Some respondents could feel anxious about being asked about their attitudes and behaviors. These questions, however, are essential to the purposes of the data collection.

To reduce anxiety, we will note at the beginning of each interview that there are no right or wrong answers.

A.12. Estimates of Annualized Burden Hour and Costs

The estimated respondent burden (Table 1) consists of the burdens of (1) responding to a screening call by refusing to participate, (2) responding to a screening call by providing information, (3) participating in the first interview, (4) participating and reviewing the MPT, and (5) participating in the second interview. We estimate that, of the 10,000 telephone numbers we call, we will be able to get through to 4,000 households. Of the 4,000 households, we reach, we estimate that 2,500 individuals will refuse immediately resulting in a time burden of one minute, and the other 1,500 individuals we speak with will participate in a five minute screening call. We will interview 1,000 individuals at an estimated time of 10 minutes per interview. One-half of these individuals will receive the MPT; based upon the results of pre-testing, we estimate that it will take respondents 30 minutes to review and complete the MPT. We estimate that approximately 10% of individuals will drop out of the study prior to completing the follow up interview and therefore project that 900 will complete a follow up interview of 10 minutes. The estimated burden in hours is shown in Table 1.

Table 1. Estimated Annualized Burden Hours

Type of Respondents	Form Name	Number of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)

Individuals Responding to Initial Phone Call Who Refuse to be Screened	Screening Interview Guide - D	2,500	1	1/60	42
Individuals Responding to Initial Phone Call Responding to Screening Questions	Screening Interview Guide – D1	1,500	1	5/60	125
Study Participants	Baseline Interview Guide – D1	1000	1	10/60	167
Study Participants	MPT – D3	500	1	30/60	250
Study Participants	Follow-up Interview Guide – D2	900	1	10/60	150
				Total	734

A.12. (b) Annual Burden Cost

Participation in this study is voluntary, and there are no costs to respondents beyond the time spent completing the interviews and reviewing the MPT (MPT Group). However, the cost to respondents could be computed in terms of their hourly wage. The hourly wage used to calculate the Respondent Cost is $21.58, which was the average wage in 2013 according to the Social Security Administration, based upon an annual wage of $44,888.16 divided by 2,080 hours (the number of hours a full time worker would be expected to work in one year).

As shown in Table 2, based on mean per capita wage for all occupations, the maximum total input cost, if all respondents completed questionnaires while on the job, is estimated at $15,840.

Table. 2. Estimated Annualized Burden Costs

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (hours)	Average Hourly Wage Rate (in dollars)	Total Respondent Cost
Individuals Responding to Initial Phone Call Who Refuse to be Screened	Screening Interview Guide	2,500	1	42	$21.58	$906
Individuals Responding to Initial Phone Call Responding to Screening Questions	Screening Interview Guide	1,500	1	125	$21.58	$2,698
Study Participants	Baseline Interview Guide	1000	1	167	$21.58	$3,603
Study Participants	MPT	500	1	250	$21.58	$5,395
Study Participants	Follow-up Interview Guide	900	1	150	$21.58	$3,238
					Total	$15,840

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

There is no direct cost to respondents.

A.14. Annualized Cost to the Government

It will take one year to conduct this project. The total cost to the government will be $303,931, which includes $293,531 in contract costs to Battelle and $10,400 in other costs to the Federal government. The other federal costs include salary, fringe, travel, and supply expenses related to the involvement of two federal employees: Gwendolyn Bergen and Bethany West. Dr. Bergen and Ms. West will each devote 5% FTE to the project.

As shown in Table 3, the resulting annualized cost to the government is $303,931, which includes costs for survey planning and the 10 month period when the survey data will be collected, cleaned, and analyzed and the final report will be written.

Table 3. Estimated Annualized Cost to the Government

Type of Cost	Description of Services	Annual Cost
Contractor	Study design, data collection, data analysis	$293,531
Two technical monitors at 5% FTE each	Study planning and contractor oversight	$ 10,400
Total Annual Estimated Costs		$303,931

A.15. Explanation for Program Changes or Adjustments

This reinstatement with change involves new data collection instruments, and an increase in the number of respondents. The average burden per response is lower and results in a decrease in burden hours.

A.16. Plans for Tabulation and Publication and Project Time Schedule

After the survey data are cleaned, the data file will be prepared for statistical analysis. Data will be analyzed using descriptive statistics and a series of t-tests, chi-square analyses, and Mann-Whitney U-tests. Multivariate analyses will include a series of repeated measures Analysis of Variance (ANOVA) and logistic regressions. The plans for composite scale scoring and conducting the univariate, bivariate and multivariate analyses are described in detail in the Analytic Plan (Attachment C3c). Table shells illustrating the analyses to be performed are also included in Attachment C3c.

Findings from this study will be summarized in a final report. In addition, the study team will create a list of organizations that might be willing to serve as partners with CDC to promote dissemination of the MPT. The list of candidate partners could potentially include members of CDC's Healthy Aging Network, Federal agencies such as the Administration on Aging (AoA) and the Veteran's Administration (VA), state departments of public health and units on aging, the American Association of Retired Persons (AARP) and other aging advocacy groups, and local area agencies on aging. Ultimately, selected study findings may be published in a peer-reviewed journal.

The time schedule for the project activities is summarized in Table 4. Within the first month after receiving OMB approval, we will select the representative sample to be screened and surveyed. Once the telephone interviewers have been trained, we will begin making the telephone calls to screen and recruit prospective participants. Participants will then be randomized into the two study groups (MPT and Comparison Groups). Baseline interviews will be conducted by telephone, and the MPT mailed to individuals assigned to the MPT Group in batches shortly after the baseline calls are made. Respondents will complete a second telephone interview two weeks after their first interview. Data collection will be completed within approximately six months of receiving OMB approval.

An analytic dataset and codebook will be developed after data collection is complete. Data analysis and report writing will be conducted seven months after receiving OMB approval. A final project report will be completed within 10 months after OMB approval.

Table 4. Project Time Schedule

Activity	Schedule (month(s) after OMB clearance)
Select study sample	Month 1
Screen and recruit prospective participants by telephone	Months 1-5
Conduct baseline interviews with all participants (MPT and Comparison Groups)	Months 1-5
Mail MPT to individuals assigned to the MPT Group	Months 1-5
Conduct follow up interviews with all participants (MPT and Comparison Groups)	Months 1-12
Create analytic data set and codebook	Month 6
Analyze data and develop draft evaluation report	Month 7
Revise MPT	Month 8
Complete final report	Months 9-12

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

The display of the OMB expiration date is not inappropriate.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exemptions to the certification.

REFERENCES

Church, A.H. (1993). Estimating the effect of incentives on mail survey response rates: A meta-analysis" Public Opinion Quarterly, Vol 57, p 62-79.

Dillman, D.A. (2000). Mail and Internet Surveys: The Tailored Design. New York, NY: John Wiley & Sons.

Index Mundi (2014). United States demographic profile. Available from: http://www.indexmundi.com/united_states/demographics_profile.html. Accessed 1/20/15.

Jackle A, Lynn P. (2008). Respondent Incentives in a Multi-Mode Panel Survey: Cumulative Effects on Non-Response and Bias. Survey Methodology. 34:1:105-117.

Kasprzyk, D., Montaño, D.E., St. Lawrence, J., & Phillips, W.R. (2001). The effects of variations in mode of delivery and monetary incentive on physicians' responses to a mailed survey assessing STD practice and patterns. Evaluation and the Health Professions, 24(1):3-17.

Liddle J, Reaston T, Pachana N, Mitchell G, Gustafsson L. (2014) Is planning for driving cessation critical for the well-being and lifestyle of older drivers? International Psychogeriatrics. 26:7:1111-1120.

Messer, B. L., and Dillman, D. A. (2011). Surveying the general public over the internet using addressed-based sampling and mail contact procedures. *Public Opinion Quarterly*, 75(3), 429-457.

Social Security Administration (2013). National Average Wage Index. Available from http://www.ssa.gov/OACT/COLA/AWI.html; website accessed 1/26/15.

U.S. Census Bureau (2012). National population projections (based on Census 2010). Washington, DC: U.S. Census Bureau, 2013. Available from: http://www.census.gov/population/projections/data/national/2012/summarytables.html