# **Older Adult Safe Mobility Assessment Tool**

# (OMB no. 0920-1005 exp. date 10/31/2016)

# **Proposed Changes: Justification and Overview**

10/23/2016

# **Justification**

For project 201507-0920-013, Older Adult Safe Mobility Assessment Tool we would like to request minor changes to a few of the interview questions to improve clarity and update contact information.

This Non-Substantive change requests does not include changes to the currently approved burden and/or costs.

The small changes (outlined below and attached in documents D1 & D2) are for clarity and will help the interviewees better understand the questions the first time they hear them.

The contracting company has had a change of personnel, so that update of contact name and phone number may be needed for accuracy purposes.

# **Project Description**

* 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.

**Proposed Changes**

The proposed changes relate to minor changes in the language and structure of the Interviewer Guides for Attachments D1 and D2 to improve clarity. These changes are the result of corrected text for improved readability and flow and are listed below.

Language added for clarity is noted in *italics*; deletions are noted by ~~strikethrough~~.

Attachment D1 Screener and Baseline Interviewer Guide

* Section D: Consent (page 4)
	+ Control Group and Treatment Group statements have been separated.
		- The Treatment Group is informed by an additional sentence that, “*Within the next few days you will be receiving a brochure in the mail titled “MyMobility*”.
	+ Research study contact has been updated to *Jaime Dohack at 1-866-559-0924206.*
* Section F: Doctor Visit (page 5)
	+ How often do you see a doctor for a regular check-up? Would you say ~~at least~~ *more than* once a year, once a year, once every two years, less than once every two years?
	+ How often do you get your vision checked? Would you say ~~at least~~ *more than* once a year, once a year, once every two years, less than once every two years?
* Section H: Background (pages 6 & 7)
	+ How many adults, age 18 years or older, live in your home with you? *Do not include yourself in this count.*
	+ Last week were you working full time at least 35 hours, working part time less than 35 hours, retired, volunteering, going to school, keeping house, or doing something else? ~~[CHECK ALL THAT APPLY.]~~
	+ And, in a typical month, how often do you walk to get to a destination? [IF NECESSARY, SAY:] Would you say: Every day; more than once a week; once a week; 2-3 times a month; once a month; *less than once a month*; or, never? [RECORD ANSWER]
	+ And, in a typical month, how often do you ride a bicycle to get to a destination? [IF NECESSARY, SAY:] Would you say: Every day; more than once a week; once a week; 2-3 times a month; once a month; *less than once a month*; or, never? [RECORD ANSWER]
	+ Closing statements for Treatment Group separated out to include additional text in italics: TREATMENT GROUP ONLY: “Those are all the questions I have for you. Thank you very much for participating in the Thinking About My Future Study. *Within the next few days you will be receiving a brochure in the mail titled “MyMobility”. This brochure has different sections about planning for your continued good mobility in regard to your physical body, your home and in your community*. ”We will contact you again in about two weeks for the follow-up survey. Goodbye.

Attachment D2 Follow-up Interview Guide

* *SECTION B: CONSENT*
	+ Research study contact has been updated to *Jaime Dohack at 1-866-559-0924206* (page 2)
* SECTION D: BEHAVIORS IN THE PAST 2 WEEKS (page 4)
	+ Separated question 4 into two questions
	+ Question 10 added: *[The next activity is…] Looked up your medications to see how they may affect safe driving?*
* SECTION F: DISSEMINATION AND FEEDBACK ON USE OF MPT (page 5)
	+ Clarification text added for Interviewer: *[TREATMENT GROUP ONLY; CONTROL GROUP – SKIP TO SECTION G]*
	+ Description of tool added after finalization: *The brochure is called “MyMobility” and has different sections about planning for your continued good mobility in regard to your physical body, your home and in your community.*
	+ Each section of the tool is referred to by the updated title used in the final tool*:*
		- ~~Mobility Plan for Myself~~ *Myself- A Plan to Keep Me Healthy*
		- ~~Mobility Plan for Inside My Home~~ *My House – A Plan to Keep Me Safe Inside My Home*
		- ~~Mobility Plan for Outside My Home~~ *My Community – A Plan to Stay Mobile in My Community*
* SECTION G: END
	+ Text added: *Over the next few weeks you will be receiving a small gift in the mail in appreciation for the time you spent participating in this study. Thank you again.*

**Change to Burden and/or Cost**

This Non-Substantive change requests does not include changes to the currently approved burden and/or costs.