

Administration on Aging, Administration for Community Living
U.S. Department of Health and Human Services
January 21, 2021
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 renewal, with changes, of an existing Information Collection Request.

The Administration on Aging (AoA), part of the Administration for Community Living (ACL), will use the proposed set of data collection tools to monitor grantees receiving “Evidence-Based Falls Prevention Programs” cooperative agreements.” Most recently, through funding provided by 2017 Prevention and Public Health Funds (PPHF-2017), ACL awarded 7 cooperative agreements for a 3-year project period.

Grantee agencies through this program represent a variety of organization types, including state agencies, area agencies on aging, universities, nonprofit organizations, and tribes. Grantees are tasked with two primary goals: (1) significantly increase the number of older adults who participate in evidence-based falls prevention programs; and (2) develop a sustainable infrastructure for these proven interventions.

The most widely disseminated evidence-based falls prevention programs are A Matter of Balance, Tai Chi for Arthritis, Tai Chi: Moving for Better Balance, and Stepping On. These programs have been proven, through rigorous research, to decrease falls and/or falls risk among older adults.

ACL Falls Prevention grantees currently collect information at both the workshop and participant level. Specific to the workshop, information on workshop type, site type, location, start/end date, etc. is collected. At the participant level, de-identified demographic and health status information is collected prior to workshop participation. A sample of participants also completes a Post Program Survey to assess whether the program is achieving its intended outcomes, i.e., reducing falls risk factors and/or incidence.

AoA funds the National Council on Aging (NCOA) to serve as the National Falls Prevention Resource Center and provide technical assistance (TA) to grantees as well as the broader network of organizations implementing evidence-based falls prevention programs. NCOA developed a database which grantees and other program sites use to provide data on their workshops. This system allows AoA to regularly monitor grantee

performance status, including data analysis, maps, comparative charts, and identification of high- and low-performing grantees in order to identify and target TA needs.

Legal and Administrative Requirements

The statutory authority for cooperative agreements under the Prevention and Public Health Fund program announcement is contained in the Consolidated Appropriations Act, 2017, Pub. L. 115-31, Title II; Public Health Service Act, 42 U.S.C. §§ 300u-2 (Community Programs) and 300u-3 (Information Programs); and the Patient Protection and Affordable Care Act, 42 U.S.C. § 300u-11 (Prevention and Public Health Fund). This data collection is 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).

The Secretary shall establish a publicly accessible website to provide information regarding the uses of funds made available under section 4002 of Public Law 111-148; and 220b(5) Semi-annual reports from each entity awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more, summarizing the activities undertaken and identifying any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the recipient), to be posted not later than 30 days after the end of each 6-month period.

In addition, it is expected that any grants financed by the PPHF will be accompanied by a high level of transparency, oversight, and accountability. In April 2012, the U.S. Department of Health and Human Services (HHS) Division of Grants released an Action Transmittal: FY2012 Appropriations Act Guidance for the HHS Grants Community noting that all recipients of PPHF awards must follow HHS guidance related to the tracking, monitoring, and reporting on the use of PPHF financing. AoA has outlined basic requirements for reporting in the Falls Prevention Program Announcement and in the Standard Terms and Conditions of grantees' notice of awards. These notices require each grantee to prepare and submit progress reports to AoA that will enable the agency to monitor program performance. .

2. Purpose and Use of Information Collection

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

- 1) Comply with reporting requirements mandated 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 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 as well as 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 about PPHF Falls Prevention grantee progress.

Aggregate data from the PPHF Falls Prevention data collection tools will also be provided to: federal and state legislators; state agencies; national, state and local organizations with an interest in evidence-based falls prevention programs and healthy aging issues; current and future ACL Falls Prevention grantees; and private citizens who request it. Compiled information will be posted on ACL's website, as well as NCOA's technical assistance website.

AoA proposes to adapt the previously approved tools that have successfully been used to monitor the progress of ACL's prior cohorts of PPHF Falls Prevention grantees. The following types of tools included in the collection and purposes of each are:

- **Semi-Annual Performance Report Directions and Sample Template** will be provided to grantees to offer additional clarification regarding the performance reporting template and the type of information that grantees should include in the various sections of the report to ensure efficient, accurate, and comprehensive reporting.
- An **Organization Information Form** will be completed by a staff person at each new organization hosting and implementing workshops. Basic information, including the name, location, and type of agency will be obtained and then entered into a national Falls Prevention database. 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 are paper tools used to collect information at each workshop/ program series:
 - A **Program Information Cover Sheet** and an **Attendance Log** are completed by the workshop leaders/delivery personnel. This information documents the location of the workshop, type of program, and the number of workshop sessions completed (in order to monitor whether participants are getting the recommended intervention dose).
 - A **Participant Information Form** which is completed by each participant on a voluntary basis. This tool documents participants' demographic and health characteristics, such as falls history and falls risk. At the end of each program, local data entry staff or volunteers will enter information from the Program Information Cover Sheet and Participant Information Surveys into the National Falls Prevention database. The information form has no Personally Identifiable Information.
 - A **Post Program Survey** which is completed by a sample of participants. This tool assesses whether the program is achieving its intended outcomes, i.e., reducing falls risk factors and/or incidence among participants. At the end of each program, local data entry staff or volunteers will enter information from the Program Information Cover Sheet and Participant Information Surveys into the national Falls Prevention database. The information form has not Personally Identifiable Information.

Examples of products developed as a result of current and similar data collection efforts

are available at:

<https://www.ncoa.org/center-for-healthy-aging/falls-resource-center/>

<https://www.ncoa.org/center-for-healthy-aging/cdsme-resource-center/>

3. Use of Improved Information Technology and Burden Reduction

The proposed PPHF Falls Prevention data collection tools will use the same procedures and online data entry system utilized since 2015. The existing national database is maintained by NCOA through an AoA cooperative agreement. Feedback about this system has been very positive. It is considered very user-friendly. Grantees are not charged any licensing or usage fees to access the system. NCOA provides training and technical assistance regarding the use of the system when requested.

4. Efforts to Identify Duplication and Use of Similar Information

There is no similar data collection; all information in the proposed data tools is unique to the ACL Falls Prevention program grantees.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this study.

6. Consequences of Collecting the Information Less Frequently

ACL Falls Prevention grantees will submit:

- the **Semi-Annual Performance Report** semi-annually; and
- **Program Information Cover Sheets, Attendance Logs**, and non-personally identifiable participant data (i.e., **Participant Information Survey** and, for a sample, the **Post Program Survey**) on a rolling basis (i.e., as classes conclude).

To meet the statutory requirements for semi-annual reporting and execution of program management functions, availability of timely data is critical. The project period for current grantees is 36 months. If data was submitted less frequently throughout the project period, 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 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

No special circumstances apply related to the Guidelines of 5 CFR 1320.5 apply.

- **Requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;**

Not applicable.

- **Requiring respondents to submit more than an original and two copies of any document;**
Not applicable.
- **Requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;**
Not applicable.
- **In connection with a statistical survey, that is not designed to produce valid and reliable results than can be generalized to the universe of study;**
Not applicable.
- **Requiring the use of a statistical data classification that has not been reviewed and approved by OMB;**
Not applicable.
- **That includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or that unnecessarily impedes sharing of data with other agencies for compatible confidential use; or**
Not applicable.
- **Requiring respondents to submit proprietary trade secrets, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.**
Not applicable.

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

As required by 5 CFR 1320.8(d), a 60-day notice was published in the Federal Register on October 3, 2017, Volume 82, Number 190, page 46064. AoA also encouraged current and former PPHF grantees to respond to the Federal Register notice through a reminder sent out to grantee point of contacts. Several public comments were received, and are summarized and responded to below.

In addition to public comment, feedback on the current forms was sought from the following internal and external stakeholders:

- ACL Performance and Evaluation subject matter experts
- CDC Injury Prevention Center subject matter experts
- National Falls Prevention Resource Center and falls prevention subject-matter experts
- Two grantee focus groups (with fewer than 9 participants combined)

Summary of Public Comments

One commenter expressed concern about the cost and necessity of ACL's Falls Prevention Program.

ACL appreciates this comment. Since its inception, ACL's Falls Prevention Programs have shown their necessity and value by reaching older adults with programs proven to reduce falls and/or falls risks, thus improving the lives of older adults across the nation. As of December 2017, the programs have reached nearly 50,000 older adults. After taking part in the programs funded through these grants, 89 percent of participants report a reduced fear of falling. Furthermore, participants reported taking the following actions to reduce their chance of a fall:

- o 77 percent did exercises they learned in the program at home
- o 53 percent made changes in their home
- o 43 percent talked to a family member or friend about how they can reduce their fall risk
- o 27 percent had their vision checked
- o 26 percent had their medications reviewed by a health care provider or pharmacist
- o 21 percent talked to a health care provider or pharmacist

One commenter provided some specific recommendations with respect to the ACL National Falls Prevention Database; suggestions that may help streamline the entry of information to the website.

ACL appreciates and understands these suggestions, and they will be summarized and shared with the managers of the National Database, as they work to refine and improve the database user experience.

ACL received several comments on specific, proposed data collection forms, as noted in the table below:

| Data Collection Form | Comment | ACL Response |
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| <i>Participant Information Form</i> | Question #1: I would love to see a space for (if yes, who? (_____)). This way, perhaps coordinators could send a follow up letter to the physician, therapist, etc. thanking them for the referral. | ACL appreciates and understands this comment, but does not propose making any changes to this question. Although ACL recognizes that this may be useful information for program recruitment and/or marketing purposes, this information is not required to meet the statutory requirements for this program, and its addition would create additional burden for program participants. |
| <i>Participant Information Form</i> | Question #4: Only asks Male or Female designation and provides no option for those identifying as an alternate gender. | ACL appreciates and understands this comment, but does not propose adding an alternate gender option for the following reasons: <ul style="list-style-type: none"> 1. Having a Male and Female designation alone is consistent with other federal data surveys, and allows us to compare participant data collected over time through ACL’s Falls Prevention Program to nationally-representative populations of older adults. 2. Survey questions/tools related to gender identity are currently being developed and tested at the federal level, and ACL can consider modification to future iterations of this data collection tool, pending the availability of validated tools. |

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| <p><i>Participant Information Form</i></p> | <p>Question #8:</p> <p>Comment 1: Remove or reword option of “None (no chronic conditions) Yes No.” We note this is confusing since the question asks “Has a health care provider ever told you that you have any of the following...”</p> <p>Comment 2: In addition, we encourage the ACL to add a category (and definition) for unintentional weight loss to help identify people with probable loss of lean body mass, placing them at increased risk.</p> <p>Comment 3: Glad to see Parkinson's Disease is added as a condition. We also get a lot of write-ins for "Fibromyalgia."</p> | <p>Comment 1: Thank you for your comment. ACL understands the comment, and concurs. We have removed the “None (no chronic conditions) Yes No”. We have also removed the “Yes No” from “Other Chronic Condition (specify):” because this would be duplicative.</p> <p>Comment 2: Thank you for your comment. ACL understands the comment, but does not propose making this change for the following reasons:</p> <ol style="list-style-type: none"> 1. The currently approved Participant Information Form for this program includes an “Other” category, where a chronic condition can be entered if it is not on the list of chronic condition options. We analyzed participant data that has been reported to the National Falls Prevention Database (N= approximately 40,000 participants, as of June 2017) to examine responses to the “Other” category. We did not find any responses in the top 20 reported conditions related to unintentional weight loss or nutrition. So although unintentional weight loss may be related to fall risk, it appears that this is not a chronic condition that is frequently reported. 2. Information about unintentional weight loss is not required to meet the statutory requirements for this program. 3. None of the evidence-based falls prevention programs specifically address unintentional weight loss, so it is unclear what the utility of including this option in this list would be. <p>Comment 3: ACL appreciates this comment. Fibromyalgia was – as of June 2017 – the #6 most write-in condition among program participants to date. In the revised tool, ACL has proposed the addition of the top five conditions written in, but is not proposing</p> |
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| | | to add any others in order to avoid unnecessary participant burden. |
| <i>Participant Information Form</i> | Question #9: Reword to “Are you limited in any way in performing any activities...” | <p>ACL appreciates and understands this comment, but does not propose making this change for the following reasons:</p> <ol style="list-style-type: none"> 1. As currently worded, this question is a validated part of the Behavioral Risk Factor Surveillance Survey (BRFSS). This allows ACL and researchers utilizing this data to compare outcomes from the population we are reaching with ACL’s Falls Prevention Programs to a more broadly representative population of older adults. 2. As currently worded, this question is used in the research for A Matter of Balance Program, the most commonly implemented intervention through ACL’s Falls Prevention Program. This allows us to assess if we are achieving the same outcomes found in the original research. |
| <i>Participant Information Form</i> | Question #10: Reword question to read “In general, would you describe your health as:” | <p>ACL appreciates and understands this comment, but does not propose making this change.</p> <p>As currently worded, this question is validated and has been used for decades in research and national surveys, including the National Survey of Older Americans Act Participants. This allows ACL and researchers utilizing this data to compare outcomes from the population we are reaching with ACL’s Falls Prevention Programs to a more broadly representative population of older adults.</p> |

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| <p><i>Participant Information Form</i></p> | <p>Question #11:</p> <p>Comment 1: The ACL might want to get more detail about where indoors the falls are occurring to identify whether there may be a trend if more people are falling in the bathroom as opposed to the living room or somewhere else. A brief list of rooms (e.g., bathroom, kitchen, bedroom, living/dining room, stairs) could be added if they indicated falls happened indoors.</p> <p>Comment 2: According to our data administrator, we see a lot of confusion about injuries reported. People report injuries greater than the number of falls, meaning they are considering injuries beyond the 3 month period when they report their falls. If the national database is not seeing a trend where injuries are reported with a higher number than falls, perhaps we need to identify internal strategies to improve this. If the national database shows this similar pattern, perhaps the form needs to be modified.</p> <p>Comment 3: For clarity you might say “Did not seek medical care” instead of “other.” This change would apply to the</p> | <p>Comment 1: ACL appreciates and understands this comment, but does not propose making this change for the following reasons:</p> <ol style="list-style-type: none"> 1. The collection of <i>detailed</i> information about environmental modifications is not required to meet the statutory requirements for this program. 2. Greater detail about the location of injuries would not have any impact on the delivery of these evidence-based programs. <p>Comment 2:</p> <p>ACL appreciates and understands this comment, but does not propose making this change. Analysis of participant data in the National Falls Prevention Database does not show a trend of people reporting injuries greater than the number of falls.</p> <p>Comment 3:</p> <p>ACL appreciates and understands this comment. We agree with replacing “Other” with “Did not seek medical care.” This change would also negate the need of a “None” option, so we propose to remove that option as well.</p> |

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| | post program survey as well. | |
| <i>Participant Information Form</i> | Question #12: Change the word “fearful” to “concerned.” We are concerned that clients may not want to have to admit to being fearful as this indicates weakness, may be perceived as sounding demeaning, and may invite concerns of being removed from their home. | <p>ACL appreciates and understands this comment, but does not propose making this change for the following reasons:</p> <ol style="list-style-type: none"> 1. One of the goals of ACL’s evidence-based falls prevention program is to help reduce fear of falling, and changing this wording to “concerned” would hinder our ability to determine progress toward that goal. 2. Reducing fear of, not concern about, falling was a key outcome tested in the original research for multiple programs being implemented through ACL’s Falls Prevention Program. |
| <i>Participant Information Form</i> | Question #13: Add the word “independently” or other clarifying terms that better indicate whether or not they can perform these functions without assistance. | <p>ACL appreciates and understands this comment, but does not propose making this change. As written, these five items comprise the Falls Management Scale, a well-validated scale (see here for citations).</p> |
| <i>Participant Information Form</i> | Question #14: We question whether the text should read “past” 4 weeks rather than “last 4 weeks.” | <p>ACL appreciates and understands this comment, but does not propose making this change. Grantees have not reported any difficulties with the interpretation of “the last 4 weeks” and there is no evidence that we are aware of that the use of the word “past” increases the reliability or validity of this question.</p> |

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| <i>Participant Information Form</i> | <p>Question #15:</p> <p>Comment 1: Question should more clearly indicate safety modifications to the home so that the client does not mistakenly count minor home updates and standard home modifications. In addition, we recommend changing “at home” to “in my home” and adding “installing grab bars” as an example of modifications.</p> <p>Comment 2: We wonder about the relevance of this question prior to taking workshop. It is also asked in the Post Survey. We are more interested in the actions taken as a result of the class.</p> | <p>Comment 1: ACL appreciates and understands this comment, and proposes the following revision: “I have made safety modifications in my home, such as installing grab bars or securing loose rugs, to reduce my risk of falling.”</p> <p>Comment 2: ACL appreciates and understands this comment, but still proposes to ask the question in the Participant Information Form and Post Test to help us assess behavior change pre-post (i.e., whether an individual’s action with respect to safety modifications may be attributable to the program itself, not something that they would have been doing/done before the program).</p> |
| <i>Participant Information Form</i> | <p>Question #16: The ACL should make available definitions of Vigorously, Moderately and Seldom to reduce existing subjectivity.</p> | <p>ACL appreciates and understands the comment, but does not propose making this change. As written, this is a validated tool (see here).</p> |
| <i>Program Information Cover Sheet</i> | <p>Question #6: Change the name of “Session 0” to “Introductory Session,” as we believe “Session 0” to be confusing for participants.</p> | <p>ACL appreciates and understands the comment. We propose changing the name to “Session 0/Introductory Session” for clarity.</p> |
| <i>Program Information Cover Sheet</i> | <p>Question #7: Change wording to “Name of program offered.” We suggest that asking participants what type of program</p> | <p>ACL appreciates and understands this comment. We propose making this change.</p> |

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| | it is leads to confusion, and thus a better solution would be to ask for the name of the program. | |
| <i>Host Organization Information Form</i> | The Host Organization Information Form requires better explanation of who is to be indicated as being the host. For example, “A Matter of Balance” is provided by individuals. Is this individual the host, or is the senior center or library the host? Likewise, for “Stepping On,” the lead must be an organization, so is this organization the host, or again, is the host the senior center or library? We encourage the ACL to provide greater clarity. We have the same concerns here for “site”. We encourage greater clarity as to what the CLA wants to ascertain (i.e., is it the actual location of the program, the host agency, or the individual?). We note that, as written, the options do not naturally lend themselves to a clear answer. | ACL understands and appreciates this question, but is not proposing making this change. ACL provides technical assistance to grantees to help understand what a host organization is, as well as how and by whom this form should be filled out. The intention is that this form is filled out one time, then entered into the National Falls Prevention Database. We received no indication from the grantee focus groups that there was confusion around the Host Organization Form as currently approved. |
| <i>Host Organization Information Form</i> | Question #3: An individual who is a prevention and wellness professional by trade would coordinate several programs, but the certifications and licenses would be held by multiple sources. They would personally hold the license for A Matter of Balance, but would either be contracted through an aging unit to provide Stepping On, in which case the aging unit or other entity such as a local | ACL understands and appreciates this question, but is not proposing making this change. ACL provides technical assistance to grantees to help understand how and by whom this form should be filled out. The intention is that this form is filled out one time, then entered into the National Falls Prevention Database. We received no indication from the grantee focus groups that there was confusion around the Host Organization Form as currently approved. |

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| | non-profit organization would hold that license. Is the intention that they fill out multiple forms? | |
| <i>Post Program Survey</i> | Question #1: Reword question to ask participant to “Describe your health as:” | <p>ACL appreciates and understands this comment, but does not propose making this change.</p> <p>As currently worded, this question is validated and has been used for decades in research and national surveys, including the National Survey of Older Americans Act Participants. This allows ACL and researchers utilizing this data to compare outcomes from the population we are reaching with ACL’s Falls Prevention Programs to a more broadly representative population of older adults.</p> |
| <i>Post Program Survey</i> | Question #2: According to our data administrator, we see a lot of confusion about injuries reported. People report injuries greater than the number of falls, meaning they are considering injuries beyond the 3 month period when they report their falls. If the national database is not seeing a trend where injuries are reported with a higher number than falls, perhaps we need to identify internal strategies to improve this. If the national database shows this similar pattern, perhaps the form needs to be modified. | <p>ACL appreciates and understands this comment, but does not propose making this change. Analysis of participant data in the National Falls Prevention Database does not show a trend of people reporting injuries greater than the number of falls.</p> |

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| <i>Post Program Survey</i> | Question #3: Change the word “fearful” to “concerned.” We are concerned that clients may not want to have to admit to being fearful as this indicates weakness, may be perceived as sounding demeaning, and may invite concerns of being removed from their home. | <p>ACL appreciates and understands this comment, but does not propose making this change for the following reasons:</p> <ol style="list-style-type: none"> 1. One of the goals of ACL’s evidence-based falls prevention program is to help reduce fear of falling, and changing this wording to “concerned” would hinder our ability to determine progress toward that goal. 2. Reducing fear of, not concern about, falling was a key outcome tested in the original research for multiple programs being implemented through ACL’s Falls Prevention Program. |
| <i>Post Program Survey</i> | Question #4: Add the word “independently” to indicate whether or not they can perform these functions without assistance. | ACL appreciates and understands this comment, but does not propose making this change. As written, these five items comprise the Falls Management Scale, a well-validated scale (see here for citations). |
| <i>Post Program Survey</i> | Question #5: Replace “During the last 4 weeks...” with “Since completing the program...” Given that this is a post-program survey, time during the four weeks prior to receiving the survey could still have been during active session time. | ACL appreciates and understands this comment, but does not propose making this change. The length of the interventions being implemented under ACL’s Falls Prevention Programs varies widely; some are 6 weeks in duration, while others continue indefinitely. Therefore, having a defined time period that is recent enough for an individual to reliably report is necessary. |
| <i>Post Program Survey</i> | Question #6 a: Remove “...my medications and other...” There are multiple risks for falls, and we are concerned that focusing on medications may eliminate clients’ identification of other fall risks in the home. | ACL appreciates this comment, but does not propose making this change. Completion of these evidence-based falls prevention programs should result in increased knowledge of different factors/issues that increase fall risk, beyond just medications – which would help further define “...and other possible risks for falling.” |
| <i>Post Program</i> | Question #6 c: Define activity (e.g., Is | ACL appreciates this comment. Focus groups with current |

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| <i>Survey</i> | this activity outside the home? Is this physical activity? Is this increased social engagement?). | grantees did not indicate a need to further define “activity” within this question, which is a part of the current OMB approved dataset for this program. |
| <i>Post Program Survey</i> | Question #6 d: Add “generally speaking” regarding satisfaction with life, or indicate satisfaction as related to hopefully a decreased risk of falling. | ACL appreciates this comment. Focus groups with current grantees did not indicate a need for revisions to this question, which is a part of the current OMB approved dataset for this program. |
| <i>Post Program Survey</i> | <p>Question #8:</p> <p>Comment 1: Question should indicate safety modifications to the home so that the client does not mistakenly count minor home updates and standard home modifications. In addition, change “at home” to “in my home” and add “since this program began, I have made modifications. . .” and mirror same changes made to the PIF.</p> <p>Comment 2: Should read “True” and False”. False currently says "Falls."</p> | <p>Comment 1: ACL appreciates and understands this comment, and proposes the following revision: “I have made safety modifications in my home, such as installing grab bars or securing loose rugs, to reduce my risk of falling.”</p> <p>Comment #2: ACL appreciates and understands this comment, and will make the correction to “False” instead of “Falls”.</p> |
| <i>Post Program Survey</i> | Question #9: The ACL should make available definitions of Vigorously, Moderately and Seldom to reduce existing subjectivity. | ACL appreciates and understands the comment, but does not propose making this change. As written, this is a validated tool (see here). |

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| <i>Semi-Annual Performance Report Directions and Sample Template</i> | We note that this report seems lengthy and potentially cumbersome. The directions are helpful, although we note that the suggested limit of 15 pages (which may be appropriate for a program that received a very large amount of funding) would exceed that appropriate for a smaller grant award. It might be reassuring to indicate that for smaller grants (e.g., less than X amount), a different limit exists. | ACL appreciates this comment. Page 1 of the <i>Semi-Annual Performance Report Directions and Sample Template</i> states that “We suggest that you limit your report to no more than 10-15 pages.” To help grantees understand the minimum required information needed for ACL to monitor these grants, a sample template – with headings – has been included to assist report preparers. In our experiences with current ACL Falls Prevention Program grantees, many respondents have been able to address the necessary fields in reports fewer than 10 pages. |

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

Individuals and organizations' responses to this data collection will be kept private to the extent required under Section 934(c) of the Public Health Service Act, 42 USC 299c-3(c). This section provides that information may not be published or released if the person who supplied the information or who is described in it is identifiable, unless such person has consented to its publication or release. Participants will be told the purposes for which the information is collected and that, in accordance with this statute, any identifiable information about them will not be used or disclosed for any other purpose. Respondents will be informed by workshop leaders using a standardized script that their responses on the Participant Information Survey and Post Program Survey will be kept private and used only for statistical purposes and that participation in the survey is voluntary. Identifying information such as name, zip code, birth date, etc. is not being collected as part of this effort.

11. Justification for Sensitive Questions

This project includes questions that may be considered sensitive. The revised **Participant Information Survey** requests health status, type of chronic condition(s), and demographic characteristics, such as race. The **Post Program Survey** requests information related to health status and related changes in falls risk/and or incidence. These data are necessary to determine the extent to which grantees are serving the intended populations. All data will be protected to the fullest extent possible by using encrypted, password protected data files.

12. Estimates of Annualized Burden Hours and Costs

12A. Estimated Annualized Burden Hours

Grantee project staff

In FY2015 and FY2016, there were 18 PPHF Falls Prevention grants awarded. ACL estimates that 18 lead project staff (one from each funded grantee) will submit the required semi-annual progress reports. On average, the estimated burden is eight hours per semi-annual report or 16 hours annually, totaling about 288 annual burden hours for grantee staff.

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

The PPHF Falls Prevention grantees are expected to offer approximately 1400 workshops/course series/programs annually, conducted by about 700 local agency leaders/coaches who average teaching about two programs per year. These programs will be sponsored by approximately 700 host organizations. A local staff person at each new host organization will complete a host organization form. On average, each of the 18 funded states will be expected to have two data entry persons for a total of 36.

The expected burden on the 700 **local agency leaders** is 0.5 hours per program times two programs per year (with a total burden of 700 hours) to complete the Program Information Form, record attendance on the Attendance Log, and explain and collect the Participant Information Forms and Post Program Surveys.

The 36 **local data entry staff** will be expected to enter data from approximately 1400 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 700 hours.

Local organization staff will complete the Host Organization forms. Their expected burden is .05 hours per form x 700 organizations or a total annual burden of 35 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 (with the ACL National Falls Prevention Resource Center) and are therefore not included in the estimates of Total Burden Hours.

Participants

It is anticipated that the ACL/AoA grantees will reach about 16,390 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 a sample will be asked to complete the Post Program Survey on a voluntary basis at the end of the last session. The estimated burden on each participant for the Participant Information Survey is 0.10 hours x 16,390 for a total burden of 1,639. The estimated burden for the Post Program Survey is 0.10 hours x 9,834 (OMB-approved 60% random participant sample) for a total burden of approximately 983 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 4,345 hours. The burden hours per form and respondent are summarized in Exhibit 1.

| 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 | 18 | Twice a year | 8 | 288 hours |
| Local agency leaders | Program Information Cover Sheet / Participant Information Form/ Attendance Log/ | 700 leaders | Twice a year (one set per program) | .50 | 700 hours |

| | | | | | |
|---|------------------------------|---------------------|----------------------------------|-----|--------------|
| Local data entry staff | Post Program Survey | 36 data entry staff | Once per program x 1400 programs | .50 | 700 hours |
| Local organization staff and local database entry staff | Host Organization Data Form | 700 staff | 1 | .05 | 35 hours |
| Program participants | Participant Information Form | 16,390 | 1 | .10 | 1,639 |
| Program participants | Post Program Survey | 9,834 | 1 | .10 | 983 |
| | | | Total Burden Hours | | 4,345 |

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 is 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 | 288 | \$ 92.82 ¹ | \$26,732.16 |
| Local Leaders/ Staff | 735 | \$42.68 ² | \$31,369.80 |
| Local Data Entry | 700 | \$29.40 ³ | \$20,580 |

¹ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Medical and Health Services Managers. Hourly wage of \$46.41, plus a factor of 100% (\$46.41) to account for benefits and overhead. Wage information available at: <https://www.bls.gov/ooh/management/medical-and-health-services-managers.htm> (visited December 03, 2017).

² Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Health Educators and Community Health Workers. Hourly wage of \$21.34, plus a factor of 100% (\$21.34) to account for benefits and overhead. Wage information available at: <https://www.bls.gov/ooh/community-and-social-service/health-educators.htm> (visited December 02, 2017).

³ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, General Office Clerks, Hourly wage of \$14.70, plus a factor of 100% (\$17.70) to account for benefits and overhead. Wage information

| Type of Respondent | Total Burden Hours | Hourly Wage Rate | Annual Cost |
|---------------------------------------|--------------------|---------------------|--------------------------------------|
| Staff | | | |
| Participants | 2,622 | \$8.17 ⁴ | \$21,421.74 |
| <i>*Rounded to the nearest dollar</i> | | | <i>Total Annual Costs: \$100,104</i> |

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

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 150 hours annually at an average salary rate of \$51.48⁵ per hour for a total of \$ 7,722. The amount for salary has been increased by 100% in the following table to reflect the cost of overhead and benefits. In addition, ACL has a contract for the management of the ACL Falls Prevention Program Database.

| | |
|-------------------------|------------------|
| Federal Staff Oversight | \$15,444 |
| Annual Contract | <u>158,775</u> |
| TOTAL: | \$174,219 |

15. Explanation for Program Changes or Adjustments

Feedback on the current forms was sought from the following:

- ACL Performance and Evaluation subject matter experts
- CDC Injury Prevention Center subject matter experts
- National Falls Prevention Resource Center and falls prevention subject-matter experts
- Two grantee focus groups (with less than 9 participants combined)
- Public comments (during 60 day Federal Registrar period)

Based on this feedback, the following modifications are being proposed:

available at: <https://www.bls.gov/ooh/office-and-administrative-support/general-office-clerks.htm> (visited November 28, 2017).

⁴ Social Security Administration, Social Security Monthly Statistical Snapshot, November 2017, Accessed December 20th 2017 from http://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/.

⁵ Federal staff costs based on 2017 hourly wage rate of \$51.48 for a Project Officer at the GS 13-5 level. A factor of 100% or \$7,722, has been added to the base of \$7,722 to account for benefits. https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2017/DCB_h.pdf Accessed December 20, 2017.

- On the **Participant Information Form**:

1. Question #8 on currently approved and proposed **Participant Information Form**: additional chronic conditions have been added to the list of options: cancer; high blood pressure/hypertension; osteoporosis; and Parkinson's Disease.
2. Question #8 on currently approved and proposed **Participant Information Form**: None (no chronic conditions) has been removed from the list of options.
3. Question #11 on currently approved and proposed **Participant Information Form**: two sub-questions have been added to assess the:
 - Frequency of Falls (6b)
 - Impact of Falls (6c)
4. Question #15 on the **Participant Information Form** has been added to examine home modifications
5. Question #16 on the **Participant Information Form** has been added to examine activity level

On the **Post Program Survey**:

1. Question #2 on the currently approved and proposed **Post Program Survey**: two sub-questions have been added to assess the:
 - Frequency of Falls (6b)
 - Impact of Falls (6c)
2. Question #4 on the currently approved **Post Program Survey** ("Has this program reduced your fear of falling?") has been **removed**.
3. Question #7 on currently approved **Post Program Survey** and Question #6 on the proposed form: **removed** "I plan to continue exercising" from the list of options. Activity level is now addressed in Question #9.
4. Question #8 on currently approved **Post Program Survey** and Question #7 on the proposed form: **removed** "Did exercises I learned in this program at home" from the list of options. Activity level is now addressed in Question #9 on the revised form.
5. Question #8 on currently approved **Post Program Survey** and Question #7 on the proposed form: **removed** "Made changes in my home to reduce my risk of falling (for example, secured rugs or improved lighting)" from the list of options. Home modifications are now addressed in Question #8 in the revised form.

6. Question #8 on the **Participant Information Form** has been added to examine home modifications
7. Question #9 on the **Participant Information Form** has been added to examine activity level

On the **Program Information Cover Sheet:**

1. Question #6 has been revised to improve clarity to read “Session 0/Introductory Session”.
2. Question #7 has been revised to change wording to “Name of program offered.”

16. Plans for Tabulation and Publication and Project Time Schedule

Data will be due semi-annually and reviewed by AoA project officers and technical assistance liaisons at the Falls Prevention National Resource Center. If inconsistencies are noted, grantees will be asked to correct and resubmit their reports. Once all reports are verified, the data will be aggregated and analyzed by AoA and NCOA. Based on previous data collections, this process will take about one month after each progress report. When the national data is finalized, the aggregate information will be posted on the AoA and NCOA websites, both of which are available to the public. NCOA will provide AoA and grantees access to the data in charts, graphs, and other summaries depicting the national data and each grantee’s data.

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.