Administration on Aging, Administration for Community Living

U.S. Department of Health and Human Services

March 11, 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 minor changes, to 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 the 2020 Falls Prevention Program funding opportunities, ACL awarded 8 cooperative agreements for a 3-year project period.

Grantee agencies through this program represent a variety of organization types, including state agencies, universities, and nonprofit organizations. 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, and Tai Ji Quan: Moving for Better Balance. 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 a National Falls Prevention Resource Center(the "Center") to provide technical assistance (TA) to ACL grantees as well as the broader network of organizations implementing evidence-based falls prevention programs. The Center developed a database, which grantees and other program sites use to provide data on their workshops.

This system allows AoA regular monitoring of 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 these cooperative agreements and data collection can be found in the Consolidated Appropriations Act, 2021, Older Americans Act (OAA) (Section 411); and the Patient Protection and Affordable Care Act, 42 U.S.C. § 300u-11 Prevention and Public Health Fund (PPHF).

Grants financed by the PPHF are 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 the National Fall Prevention Resource Center'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.
- A **Host/Implementation Organization 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 Form into the National Falls Prevention database. The information form has not 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 Form 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 the National Falls Prevention Resource Center 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. The Center 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 Form** 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 Federal Register Notice (FRN) published in the Federal Register on September 28, 2020, Volume 85, No. 188, page 60808. 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. A 30-day FRN published on March 11, 2021 Volume 86, No. 46, pages 13904-13907.

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

- National Falls Prevention Resource Center and falls prevention subject-matter experts
- A grantee focus group (with fewer than 9 participants combined)

Summary of Public Comments

In response to the Federal Registrar Notice, ACL received five emails with comments on the data collection tools.

A summary of the comments and the ACL response is provided below.

Participant Information Form and Post Survey

Comment	Response
A suggestion was made to add a purpose statement to the forms to better inform participants of why this specific data collection is pertinent.	ACL did not adopt this suggestion. The purpose of this data collection is multi-fold – with different benefits and potential uses of the data by federal, state, and local stakeholders.
Suggestions were made to make adjustments to the wording and/or response options for some of the demographic questions, such as those related to race, ethnicity, and gender.	ACL did not adopt these suggestions. The wording and response options for the demographic questions included are consistent with OMB-approved surveys for other ACL programs. Having this consistency allows ACL and researchers utilizing this data to compare outcomes from the population reached with ACL's Falls Prevention Programs to a more broadly representative population of older adults.

For some of the non-demographic questions, suggestions were made to use different response options, adjust the wording of the questions, or use different measurement scales.	ACL did not adopt these suggestions. ACL consulted with experts in the field to identify validated scales to capture the information needed to understand the impact of the programs on critical domains. Adjusting the wording of the questions would impact their validity.
Several suggestions were made with respect to the formatting of the forms. 1. Provide a small box on the bottom right hand corner of each sheet to identify participant ID. Should paperwork be separated, it provides another mechanism to keep forms complete. Also suggest adding more white space to the document, increasing the space between questions and answers, and increasing the font size. 2. There needs to be further consistency with bullet point sizes and format of questions. They seem to be inconsistent. 3. To better align the pre- and post-survey, it might make sense to move question number 9 on Participant Information Form closer to question 12. 4. In question 7, the word "agree," is misspelled under "Strongly disagree."	1. ACL did not adopt these suggestions in order to keep the Participant Information Form and Post-Survey to one sheet (front and back). ACL will be providing the surveys to grantees in a Word format so they can make any formatting edits they deem necessary, i.e., larger font size, more white space, etc. 2. ACL reviewed the bullet point sizes and format of questions to ensure consistency. 3. ACL revisited the ordering of the forms to ensure the questions align, to the greatest extent possible. 4. ACL made the spelling correction to question 7.
Some commenters suggested including definitions of certain terms on the form, for example, defining what is meant by "vigorous" or "moderate" exercise.	ACL did not adopt suggestions to provide detailed definition of terms within the questions. Including definitions would increase the length of the forms, resulting in greater participant burden. Local program coordinators are available to assist participants completing the forms, in the event any questions arise with any of the specific questions.

A suggestion was made to remove the proposed Question 19 from the Participant Information Form, with the comment that it is not relevant pre-program.	ACL adopted this suggestion.
A suggestion was made to adjust the wording of the existing Question 11 (and the response options) to align with the ACL Chronic Disease Self-Management Education data collection forms.	ACL did not adopt this suggestion. The ACL Falls Prevention and Chronic Disease Self-Management Education grant programs are two distinct grant programs, with two distinct lists of chronic conditions in their OMB-approved data collections.

A suggestion was made to expand the following question on the Participant Information Form:
 	
"Are you limited in any way in any activities because of physical, mental, or emotional problems?"
 	
Suggested replacement questions:
• "Because of a physical, mental, or emotional condition, do you:
    o Have serious difficulty concentrating, remembering, or making decisions? Yes, No
    o Have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes, No"
• "Do you have serious difficulty walking or climbing stairs? Yes, No"
• "Do you have difficulty dressing or bathing? Yes, No"
	ACL did not adopt this suggestion. This question was only included in the Participant Information Form, not the Post Survey. The Participant Information Form and Post Survey already include questions to assess limitations due to physical, mental, and/or emotional problems, so this question was deemed duplicative and removed from the Participant Information Form entirely to reduce participant burden.

A commenter suggested adding the following questions to the forms: • "Are you deaf or do you have serious difficulty hearing? Yes, No" • "Are you blind or do you have serious difficulty seeing, even when wearing glasses? Yes, No"	ACL did not adopt these suggestions to avoid increasing participant burden and the length of the forms beyond one sheet (front and back).

• "During the past year, did you provide regular care or assistance to a friend or family member who has a long-term health condition or disability?"	

Fall Prevention Coversheet

Comment	Response
Some commenters suggested not requiring a separate Program Information Coversheet – instead folding some of the questions in the coversheet into the Participant Information Form, Post-Survey, and/or the semi-annual grantee report.	ACL did not adopt this suggestion. The grantee focus group reported that this form was useful for organizing their data collection and program delivery. Adding questions to the Participant Information and Post-Survey would also increase their length beyond 1 sheet (front and back).
A commenter provided the following formatting-related comments: • The dotted lines dictating the start year appear to be missing – suggest adding these; and • suggest adjusting the bullet sizes to be consistent, specifically in question number 7, the bullet under indicating "other," is different from the previous bullet	ACL adopted these edits.
A commenter suggested adding a space to note host/implementation organization.	ACL did not adopt this suggestion.
A commenter suggested adding check boxes to note if the program was delivered in a remote format.	ACL did not adopt this suggestion due to variability in how remote programs are defined and delivery format.

Host/ Implementation Organization Form

Comment	Response
A commenter suggested adding to Question 2 the statement, "Please check only if you are a new _____ Host Organization _____ Implementation Site."	ACL did not adopt this suggestion. The purpose of this form is to document new host organizations and implementation sites, so these

	additional instructions were deemed unnecessary.

Fall Prevention Attendance Log

Comment	Response
One commenter suggested using an "X" (rather than fill in the box) to denote sessions attended.	ACL adopted this suggestion.
One commenter noted that "the last blank for 'end date' is not bolded".	ACL made this correction.
One commenter suggested changing the form to landscape to account for length of Tai Chi and Enhance Fitness programs.	ACL adopted this suggestion.

Comment relevant to all forms:

Comment	Response
One commenter suggested that ACL provide fillable PDF forms.	ACL will be providing the documents in Word format. If resources allow, we will also provide fillable PDFs for grantee use.

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

There are no assurances of confidentiality. Individuals and organizations' are told the purposes for which the information is collected and data is not used or disclosed for any other purpose. Using a standardized script, workshop leaders inform respondents responses on surveys are for statistical purposes only. There are no identifying information such as name, zip code, birth date, etc. as part of this information collection.

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 elements are necessary to determine the

extent to which grantees are serving the intended populations. ACL/AoA protects all data 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
An estimated 20 PPHF Falls Prevention grantees will enter data into the database. On a semi-annual basis, 20 lead project staff will submit progress reports. On average, the estimated burden is eight hours per semi-annual report or 16 hours annually, totaling about 320 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 872 workshops/course series/programs annually, conducted by about 436 local agency leaders/coaches who average teaching about two programs per year. These programs will be sponsored by approximately 436 host organizations. A local staff person at each new host organization will complete a host organization form. On average, each of the 20 funded states will be expected to have two data entry persons for a total of 40.

The expected burden on the 436 *local agency leaders* is 0.5 hours per program times two programs per year (with a total burden of 436 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 40 *local data entry staff* will be expected to enter data from approximately 872 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 436 hours.

Local organization staff will complete the Host/Implementation Organization forms. Their expected burden is .05 hours per form x 436 organizations or a total annual burden of approximately 22 hours. A *database entry staff person* at the national database will enter data from the Host/Implementation 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 10,455 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 10,455 for a total burden of 1,046 hours. The estimated burden for

the Post Program Survey is 0.10 hours x 6,273 (OMB-approved 60% random participant sample) for a total burden of approximately 628 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	20	Twice a year	8	320 hours
Local agency leaders	Program Information Cover Sheet / Participant Information Form/ Attendance Log/ Post Program Survey	436 leaders	Twice a year (one set per program)	.50	436 hours
Local data entry staff		40 data entry staff	Once per program x 872 programs	.50	436 hours
Local organization staff and local database entry staff	Host/Implementation Organization Form	436 staff	1	.05	22 hours
Program participants	Participant Information Form	10,455	1	.10	1,046 hours
Program participants	Post Program Survey	6,273	1	.10	628 hours
				Total Burden Hours	**2,888***

*Number rounded up to the nearest hour

12B. Costs to Respondents

The annualized cost burden for respondents is estimated to be $79,909. 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	320	$ 97.10[1]	$31,072
Local Agency Leaders	436	$45.10[2]	$19,663.60
Local Data Entry Staff	436	$32.74[3]	$14,274.64
Participants	1,674	$8.90[4]	$14,898.60
Rounded to the nearest dollar			*Total Annual Costs: $79,909**

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 $49.68[5] per hour for a total of $7,452. In addition, ACL funds the management of the ACL Falls Prevention Program Database through an agreement with the National Falls Prevention Resource Center.

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[1] Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Medical and Health Services Managers. Hourly wage of $48.55, plus a factor of 100% ($48.55) to account for benefits and overhead. Wage information available at: https://www.bls.gov/ooh/management/medical-and-health-services-managers.htm (visited February 18, 2021).

[2] Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Health Educators and Community Health Workers. Hourly wage of $22.55, plus a factor of 100% ($22.55) to account for benefits and overhead. Wage information available at: https://www.bls.gov/ooh/community-and-social-service/health-educators.htm (visited February 18, 2021).

[3] Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, General Office Clerks, Hourly wage of $16.37 plus a factor of 100% ($16.37) to account for benefits and overhead. Wage information available at: https://www.bls.gov/ooh/office-and-administrative-support/general-office-clerks.htm (visited *February 18, 2021*).

[4] Social Security Administration, Social Security Monthly Statistical Snapshot, February 2021, Accessed February 18, 2021 from http://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/.

[5] Federal staff costs based on 2021 hourly wage rate of $49.68 for a Project Officer at the GS 13-1 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/2021/DCB_h.pdf. Accessed February 18, 2021.

Federal staff oversight $14,904[5]
Annual Database Support $150,000

TOTAL: $164,904

15. Explanation for Program Changes or Adjustments
There is a program change annual burden decrease of -1456 annual hours.

ACL/AoA received the following feedback on the information collection:

- National Falls Prevention Resource Center subject-matter experts
- A grantee focus group (with less than 9 participants combined)
- Public comments (during 60-day Federal Registrar period)

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 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 the Falls Prevention Resource Center liaison. Based on previous data collections, this process will take about one month after each progress report. When the data is finalized, aggregate information will be posted on the AoA and Falls Prevention Resource Center websites, both of which are available to the public. The Falls Prevention Resource Center 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.