## Summary of Public Comments

In response to the Federal Registrar Notice, ACL received fifty-four comments from the public on the data collection tools.

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

**Participant Information Form and Participant Post Program Survey**

| Comment | Response |
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| Several comments suggested incorporating inclusive sexual orientation and gender identity question(s). | HHS, and ACL as an operating division of HHS, recognize the importance of collecting Sexual Orientation and Gender Identity (SOGI) data to better assess diversity and equity in evidence-based program scaling and participation.<br>ACL has incorporated more inclusive questions and responses. |
| Several comments suggested adding a question to ask if the participant was a caregiver. | ACL has adopted this suggestion. |
| Suggestions were received to edit the question regarding chronic conditions:<br><br>• Include additional conditions (e.g., Hearing Loss and Vision Impairment among others)<br><br>• Increase possible responses (including length of diagnosis, don't remember or not sure) | ACL reviewed the chronic condition question and:<br><br>• Adopted suggestions of certain conditions that most aligned to fall risk and the growing prevalence of these conditions in the aging population.<br><br>• Additional responses were not adopted at this time. |
| Several comments received suggested revising the social isolation and loneliness question as it combines two different conditions. | ACL has adopted the suggestion to separate the single question into two questions in efforts to better analyze and report the information collected. |
| Multiple comments made suggestions for the existing question 11 regarding falls:<br><br>• Change formatting for clarification.<br><br>• Change Primary Care Physician to Health Care Provider.<br><br>• Edit and reorder answers for 11 b and c. Add 'urgent care' and 'blank response'.<br><br>• Distinguish the difference between telling family/friend verse telling a healthcare provider. | ACL adopted the following suggestions:<br><br>• Corrected formatting<br><br>• Changed language from Primary Care Physician to Health Care Provider<br><br>• Combined question b and c to reduce burden and added Urgent Care Center as a response option. |
| Some comments suggested changing language in the existing question 13: | ACL adopted these suggestions by adjusting language: |

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| • Make language consistent with existing question 11, changing "During the last 4 weeks" to "In the past 3 months". <br><br> • Remove "to what extent" <br><br> • Provide an example such as "avoiding a friend's home that has steps to enter", "avoiding areas with uneven ground," etc." | • Changed "During the last 4 weeks" to "In the Past 3 months" for consistency across the collection. <br><br> • Removed "to what extent" for language simplification. <br><br> • Added clarifying example of "avoiding situations with stairs or uneven ground" |
| There were several comments surrounding existing question 14: <br><br> • Rephrase language to clarify the question and produce more useful feedback. <br><br> • Replace existing question 14 with a validated outcome measure using activities of daily living (ADLs) to rate confidence. <br><br> • A physical function question would be a better fit to define level of independence more clearly. | ACL adopted the suggestions by replacing the existing question 12 and 14 with questions that rate falls confidence level surrounding activities of daily living (ADLs). |
| Many comments received made suggestions for existing question 15: <br><br> • Change language to lower reading level <br><br> • Include descriptions for certain terms <br><br> • Define 'vigorously' and 'moderately' more clearly and include examples in laymen's terms. | ACL adopted some modifications to the question: <br><br> • Modified language to replicate wording from the Physical Activity Guidelines. <br><br> • Added examples of activity from the Physical Activity Guidelines. |
| Several comments suggested adding the following questions to the forms: <br><br> • Reason for taking the class <br><br> • Collect name, date of birth, and insurance information <br><br> • How did you hear about this class? <br><br> • Use of a mobility aid to include cane, walker, wheelchair, crutches, prosthesis, orthosis, others. | ACL did not adopt these suggestions. These questions can be added as an optional question by grantees when appropriate. |
| **For Participant Post Program Survey only.** <br><br> Many comments suggested changes to the existing question 8 and 9. | ACL adopted the suggestions by: <br><br> • Reviewing and removing the redundancy of question 8 and 9 |

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| • Remove the redundancy of question 8 and 9.<br><br>• Adjust questions to action-oriented responses rather than feelings or intent.<br><br>• Suggest "I increased my activity level" rather than "I feel more comfortable increasing my activity level."<br><br>• Suggest moving some questions under a different heading.<br><br>• Recategorize "recommend program to friend"<br><br>• Remove questions that are not relevant to falls prevention programs that have a different focus area. | • Combining the questions to reduce burden.<br><br>• Removing any questions that were not core questions that spanned all program areas. Removed questions like "I have made safety modifications in my home…". These can be optional questions added by grantees when appropriate.<br><br>• Language was adjusted to be action oriented. |

## Fall Prevention Coversheet

| Comment | Response |
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| A few comments suggested that program leaders do not know the funding source. | ACL added language to clarify that the form should be adapted by the grantee to only include applicable funding sources. |
| Several comments suggested adding questions to capture:<br><br>• mode of delivery<br><br>• program setting<br><br>• whether facilitators are paid staff, volunteers or other<br><br>• whether the program is an adaptation | ACL has adopted 2 of the suggestions:<br><br>• A question was added to indicate mode of delivery<br><br>• A question was added clarifying if facilitators are paid staff, volunteers or other.<br><br>ACL did not adopt adding a question about adaptation. |

## Fall Prevention Attendance Log

| Comment | Response |
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| A suggestion was submitted to add a column for the total number of classes attended and a check box if the participant was considered a completer. | ACL adopted the suggestion add a column for the total number of classes attended.<br><br>ACL did not adopt adding a box to check if a participant was a completer due to the variability of definition of a completer across programs. |
| A suggestion was submitted to add space for the date | ACL did not adopt this suggestion. The form can be |

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| of each session and names of leaders/coaches. | modified by the grantee. |
| Some comments suggested that for ease of data entry, the participant identification number is too long. | ACL acknowledges these comments. |

## Comments relevant to all forms

| Comment | Response |
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| Some commenters suggested changes to the collection of data, i.e., prefilled forms and positive remarks to prevent falls. | ACL will provide the documents in Word format. If resources allow, we will provide fillable PDFs for grantee use. |
| One respondent commented that the burden of data entry falls on the program coordinators taking hours to enter different forms. | ACL acknowledges the comment. |