

Supporting Statement for the Evidence-Based Falls Prevention Program Standardized Data Collection OMB Control Number 0985-0039

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 Program cooperative agreements. Most recently through the 2023 Empowering Communities to Deliver and Sustain Falls Prevention Programs funding opportunity, ACL awarded 8 cooperative agreements for a 4-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) develop capacity to increase the number of older adults and adults with disabilities who participate in evidence-based falls prevention programs; and (2) implement strategies that will promote the sustainability of evidence-based falls prevention programs.

The most widely disseminated evidence-based falls prevention programs are: A Matter of Balance, Tai Chi for Arthritis, Bingocize, and Staying Active and Independent for Life (SAIL). 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 to provide technical assistance (TA) to ACL grantees as well as the broader network of organizations implementing evidence-based falls prevention programs. The Resource Center developed a database which grantees use to provide data on their workshops. This system allows AoA to regularly monitor grantee performance status, including data analysis, 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 is contained in the Older Americans Act, Title IV; and the Patient Protection and Affordable Care Act, 42 U.S.C. § 300u-11 Prevention and Public Health Fund (PPHF).

Grants funded 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 funding. AoA has outlined basic requirements for reporting in the Falls Prevention Program Notice of Funding Opportunity 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 available 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. The compiled information will be posted on the National Falls Prevention Resource Center's technical assistance website with links to the data also provided on ACL's website, both of which are available to the public.

AoA proposed 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:

- Program data collection tools are paper or electronic 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 (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.
- 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, Attendance Log, Participant Information Form and Post Program Survey into the National Falls Prevention database. The information forms have no Personally Identifiable Information.

Examples of products developed as a result of current and similar data collection efforts are available here:

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

<https://www.ncoa.org/professionals/health/center-for-healthy-aging/national-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 to enter data into the national falls prevention database as implemented previously. The National Falls Prevention Resource Center recently developed and launched a new updated national database 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 Resource 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 business will be involved in this study.

6. Consequences of Collecting the Information Less Frequently

ACL Falls Prevention grantees will submit:

- **Program Information Cover Sheet, Attendance Log,** 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 either 36 or 48 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 related to the Guidelines of 5 CFR 1320.5 apply.

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

As required by 5 CFR 1320.8(d), a 60-day Federal Register Notice (FRN) published in the Federal Register on December 14, 2023, Volume 88, No. 239, pages 86657-86658. A 30-day FRN published in the Federal Register on April 16, 2024, Volume 89, No. 74, pages 26895-26897.

ACL also encouraged current and former PPHF grantees to respond to the Federal Registrar 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:

- Public comments (during 60-day Federal Registrar period)
- Four grantee and program administrator focus groups
- National Falls Prevention Resource Center subject-matter experts

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
Several comments suggested incorporating inclusive sexual orientation and gender identity question(s).	<p>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.</p> <p>ACL has incorporated more inclusive questions and responses.</p>
Several comments suggested adding a question to ask if the participant was a caregiver.	ACL has adopted this suggestion.
<p>Suggestions were received to edit the question regarding chronic conditions:</p> <ul style="list-style-type: none"> • Include additional conditions (e.g., Hearing Loss and Vision Impairment among others) • Increase possible responses (including length of diagnosis, don't remember or not sure) 	<p>ACL reviewed the chronic condition question and:</p> <ul style="list-style-type: none"> • Adopted suggestions of certain conditions that most aligned to fall risk and the growing prevalence of these conditions in the aging population. • 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.
<p>Multiple comments made suggestions for the existing question 11 regarding falls:</p> <ul style="list-style-type: none"> • Change formatting for clarification. • Change Primary Care Physician to Health Care Provider. • Edit and reorder answers for 11 b and c. Add 'urgent care' and 'blank response'. • Distinguish the difference between telling family/friend verse telling a healthcare provider. 	<p>ACL adopted the following suggestions:</p> <ul style="list-style-type: none"> • Corrected formatting • Changed language from Primary Care Physician to Health Care Provider • Combined question b and c to reduce burden and added Urgent Care Center as a response option.
<p>Some comments suggested changing language in the existing question 13:</p> <ul style="list-style-type: none"> • Make language consistent with existing question 11, changing "During the last 4 weeks" to "In the past 3 months". 	<p>ACL adopted these suggestions by adjusting language:</p> <ul style="list-style-type: none"> • Changed "During the last 4 weeks" to "In the Past 3 months" for consistency across the collection. • Removed "to what extent" for

<ul style="list-style-type: none"> • Remove “to what extent” • Provide an example such as “avoiding a friend’s home that has steps to enter”, “avoiding areas with uneven ground,” etc.” 	<p>language simplification.</p> <ul style="list-style-type: none"> • Added clarifying example of “avoiding situations with stairs or uneven ground”
<p>There were several comments surrounding existing question 14:</p> <ul style="list-style-type: none"> • Rephrase language to clarify the question and produce more useful feedback. • Replace existing question 14 with a validated outcome measure using activities of daily living (ADLs) to rate confidence. • A physical function question would be a better fit to define level of independence more clearly. 	<p>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).</p>
<p>Many comments received made suggestions for existing question 15:</p> <ul style="list-style-type: none"> • Change language to lower reading level • Include descriptions for certain terms • Define ‘vigorously’ and ‘moderately’ more clearly and include examples in laymen’s terms. 	<p>ACL adopted some modifications to the question:</p> <ul style="list-style-type: none"> • Modified language to replicate wording from the Physical Activity Guidelines. • Added examples of activity from the Physical Activity Guidelines.
<p>Several comments suggested adding the following questions to the forms:</p> <ul style="list-style-type: none"> • Reason for taking the class • Collect name, date of birth, and insurance information • How did you hear about this class? • Use of a mobility aid to include cane, walker, wheelchair, crutches, prosthesis, orthosis, others. 	<p>ACL did not adopt these suggestions. These questions can be added as an optional question by grantees when appropriate.</p>
<p>For Participant Post Program Survey only. Many comments suggested changes to the existing question 8 and 9.</p> <ul style="list-style-type: none"> • Remove the redundancy of question 8 and 9. • Adjust questions to action-oriented responses rather than feelings or intent. • Suggest “I increased my activity level” rather than “I feel more 	<p>ACL adopted the suggestions by:</p> <ul style="list-style-type: none"> • Reviewing and removing the redundancy of question 8 and 9 • Combining the questions to reduce burden. • 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

<p>comfortable increasing my activity level.”</p> <ul style="list-style-type: none"> • Suggest moving some questions under a different heading. • Recategorize “recommend program to friend” • Remove questions that are not relevant to falls prevention programs that have a different focus area. 	<p>optional questions added by grantees when appropriate.</p> <ul style="list-style-type: none"> • Language was adjusted to be action oriented.
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Fall Prevention Coversheet

Comment	Response
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.
<p>Several comments suggested adding questions to capture:</p> <ul style="list-style-type: none"> • mode of delivery • program setting • whether facilitators are paid staff, volunteers or other • whether the program is an adaptation 	<p>ACL has adopted 2 of the suggestions:</p> <ul style="list-style-type: none"> • A question was added to indicate mode of delivery • A question was added clarifying if facilitators are paid staff, volunteers or other. <p>ACL did not adopt adding a question about adaptation.</p>

Fall Prevention Attendance Log

Comment	Response
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. 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 of each session and names of leaders/coaches.	ACL did not adopt this suggestion. The form can be 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
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.

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. Data will be kept private to the extent allowed by law. Personally identifiable information is not collected as part of this information collection; therefore, there are no assurances of confidentiality. However, individuals and organizations receive assurances for their responses under Section 934(c) of the Public Health Service Act, 42 USC 299c-3(c). Assurances under the PHSA provide respondents with the purposes for which the information is collected and that, in accordance with this statute, information about them is not used or disclosed for any other purpose. Using a standardized script, workshop leaders inform respondents that their responses on the Participant Information Survey will be kept private and used only for statistical purposes. Both the assurances and PRA public burden statement disclose that the survey participation is voluntary.

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 fully protected by using encrypted, password protected data files.

12. Estimates of Annualized Burden Hours and Costs

12A. Estimated Annualized Burden Hours

Program Leaders

The PPHF Falls Prevention grantees are expected to offer approximately 938 workshops/course series/programs annually, conducted by about 480 local agency leaders/coaches who average teaching about two programs per year. On average, each of the 32 funded grants will be expected to have 1.5 data entry persons for a total of 48.

The expected burden on 480 program leaders is .50 hour per program times two programs per year (with a total burden of 480 hours) to complete the Program Information Cover Sheet, record attendance on the Attendance Log, and explain and collect the Participant Information Forms and Post Program Surveys.

Data Entry Staff

The 48 ***data entry staff*** will be expected to enter data from approximately 938 programs, including the Program Information Forms, Attendance Logs, Participant Information Surveys, and Post Program Surveys with an average burden of 0.50 hour per workshop or a total annual burden of 469 hours.

Program Participants

It is anticipated that the ACL/AoA grantees will reach about 12,265 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 hour x 12,265 for a total burden of 1,226 hours. The estimated burden for the Post Program Survey is 0.10 hour x 7,359 (OMB-approved 60% random participant sample) for a total burden of approximately 735 hours.

Total Burden Hours

ACL/AoA estimates that the total number of burden hours for program leaders, data entry staff, and program participants is 2,910 hours. The burden hours per form and respondent are summarized in Exhibit 1.

Exhibit 1: Total Burden Hours

Respondent/Data collection activity	Number of respondents	Responses per respondent	Hours per response	Annual burden hours
Program leaders (Program Information Cover Sheet, Attendance Log)	480 leaders	Twice a year (one set per program)	.50	960 hours
Data entry staff (Program Information Cover Sheet, Attendance Log, Participant Information Survey, Participant Post Program Survey)	48 data entry staff	Once per program x 938 programs	.50	469 hours
Program participants (Participant Information Survey)	12,265	1	.10	1,226
Program participants (Participant Post Program Survey)	7,359	1	.10	735
		Total Burden Hours		3390

12B. Costs to Respondents

The annualized cost burden for respondents is estimated to be \$85,483. 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 program leaders and 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
Program Leaders	480	\$100.80 ¹	\$48,384.00

¹ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Medical and Health Services Managers. Hourly wage of \$50.40, plus a factor of 100% (\$50.40) to account for benefits and overhead. Hourly wage information available at: <https://www.bls.gov/ooH/management/medical-and-health-services-managers.htm> (retrieved on March 11, 2024).

Data Entry Staff	469	\$36.58 ²	\$17,156.02
Program Participants	1,961	\$10.17 ³	\$19,943.37
Rounded to the nearest dollar		Total Annual Costs: \$85,483	

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

Type of Respondent	Burden cost per respondent	Number of respondents	Annual Cost
Program Leaders	\$100.80	480	\$48,384.00
Data Entry Staff	\$357.41	48	\$17,156.02
Program Participants	\$1.02	19,624	\$19,943.37
Rounded to the nearest dollar		Total Annual Costs: \$85,483	

14. Annualized Cost to the Federal Government

AoA Project Officers will review individual and aggregate data to track grantee progress toward goals as well as identify both targeted and broad-based technical assistance. 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 \$53.67⁴ per hour for a total of \$8,050. In addition, ACL funds the management of the ACL National Falls Prevention Database through an agreement with the National Falls Prevention Resource Center.

² Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, General Office Clerk. Hourly wage of \$18.29 plus a factor of 100% (\$18.29) to account for benefits and overhead. Wage information available at: <https://www.bls.gov/ooh/office-and-administrative-support/general-office-clerks.htm> (retrieved on March 11, 2024)).

³ Social Security Administration, Social Security Monthly Statistical Snapshot, November 2023 (released February 2024). Accessed from: https://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/ (retrieved on March 11, 2024).

⁴ Federal staff costs based on 2023 hourly wage rate of \$53.67 for a Project Officer at the GS 13-1 level. A factor of 100%, or \$8,050, has been added to the base of \$8,050 to account for benefits. Accessed from: https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/23Tables/html/DCB_h.aspx (retrieved on March 11, 2024).

Federal staff oversight	\$16,100 ⁴
Annual Database Support	\$150,000
TOTAL:	\$166,100

15. Explanation for Program Changes or Adjustments

There is a program change increase of 2952 annual burden hours and an increase of 502 annual responses.

16. Plans for Tabulation and Publication and Project Time Schedule

Data will be due as programs are held locally and reviewed by AoA project officers and technical assistance liaisons at the National 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 National 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 Falls Prevention Resource Center website with a link provided on the AoA website, both of which are available to the public. The National 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.