Guidance for Administration for Community Living
Evidence-based Falls Prevention Program Grant Applicants:
Considerations for Estimating Program Participation Targets

This guidance is intended to aid applicants in applying for an Administration for Community Living Funding Opportunity Announcement focused on falls prevention.

This resource was developed by the National Council on Aging's National Falls Prevention Resource Center to support organizations in:

I.   Choosing the right falls prevention program(s);
II.   Reviewing existing infrastructure for program implementation;
III.   Developing a target number of participants;
IV.   Creating a quality assurance plan.

As noted in the Administration for Community Living Funding Opportunity Announcement, applicants must propose at least two pre-approved falls prevention programs. Applicants should consider multiple sources of information, highlighted throughout this resource, when identifying their proposed programs and participant targets.

I. Choosing the right program(s)

Grant applicants must choose **at least two** falls prevention programs from the list of pre-approved programs provided in the Funding Opportunity Announcement. See Appendix A in the Funding Opportunity Announcement for the list, risk continuum that the programs address, and more details about the pre-approved evidence-based falls prevention programs.

In the past, some grantees have opted to implement one falls prevention program, while others offer an array of programs. In addition, some applicants propose a "set" of programs to target a specific issue. For example:

- Matter of Balance + Otago to address older adults with moderate to high risk for a fall.
- Stay Active and Independent for Life + Stepping On + Otago to address older adults with low, moderate, and high risk for a fall, respectively, and to provide older adults the option to attend a program with an end date (i.e., Matter of Balance and Otago) and an ongoing program that older adults can participate in for as long as they choose (i.e., Stay Active and Independent for Life).

Questions to consider when choosing programs:

- Does your organization currently implement a falls prevention program? If yes, is your goal to expand that program, offer more options, or a combination of both?

- Thinking of the particular populations you're aiming to reach and the settings you're planning to utilize, are there specific types of programs to consider (see the *Evidence-Based Falls Prevention Program Risk Continuum Resource* in Appendix B). Are there certain programs that have worked well or haven't worked well in the past?
- What are the sustainability goals and strategies of your organization? Do particular programs align with those goals?
- How many programs do you have the resources and capacity to offer? If you choose to implement more than two programs, do you have resources to build staff support, manage volunteers, provide space, implement training, etc.?
- Is it necessary to find one or more programs translated into a specific language for one of your target populations?

Helpful resources:
- Evidence-Based Falls Prevention Programs
- Key Components of Offering Evidence-based Programs
- Conducting Community Needs Assessments
- Best Practices Toolkit: Resources from the Field
    - Strategic Partnerships
    - Delivery Infrastructure and Capacity
- Centers for Disease Control and Prevention: Older Adult Falls
- Administration for Community Living Falls Prevention Grant Awardees Grantee Profiles

II. Reviewing existing infrastructure for program implementation

Whether your organization has been implementing evidence-based programs for a long time or just starting, it's important to consider the infrastructure in place for implementation and what is needed to support the activities proposed for the grant. (See Key Components of Offering Evidence-based Programs.) Organizations that are new to implementing evidence-based programs will need to evaluate the number of leaders/facilitators needed to carry out the proposed activities and think about current partners that may be leveraged to achieve this work.

It's important to think strategically about building infrastructure and best practices for retaining leaders/facilitators and partners over time. Information about program planning and other key aspects of program infrastructure can be found here.

As you plan the grant proposal, keep in mind the end goal of creating a sustainable delivery system to reach your target number of participants and how the delivery infrastructure can be built to efficiently engage participants and partners. Take the following into consideration:

- *Cost per participant*: Each evidence-based falls prevention program has a different cost per participant based on training costs, licensing fees, equipment, etc. Use this cost calculator to estimate the cost per participant for your state or region.

- *Cost for training master/authorized trainers, workshop leaders, and/or lay leaders*: Review the scenarios below to consider different options for the number of personnel needed, based on the number of trainings and workshops led. Be sure to review program training requirements carefully and support leaders in fulfilling each step. Based on the experience of evidence-based community programs, volunteer leaders typically lead fewer workshops than paid staff. Consider the history of your leaders and estimate the number of workshops/programs each will offer during the grant period. Strategies for screening, supporting, and retaining leaders can be found in the Best Practices Toolkit: Resources from the field—Delivery Infrastructure and Capacity.

  - **Scenario 1 – Small Group Program:**
    - 10 master/authorized trainers pair off to offer 2 lay leader trainings per pair with 15 participants per training= 150 trained lay leaders
    - 150 lay leaders pair off to offer 2 fall prevention program workshops with 12 participants per workshop= 1800 workshop participants in 150 workshops

  - **Scenario 2—Small Group Program:**
    - 4 master/authorized trainers pair off to offer 3 lay leader trainings with 15 participants per training= 90 trained lay leaders
    - 90 lay leaders pair off to offer 4 fall prevention program workshops with 12 participants per workshop= 2160 workshop participants in 180 workshops

  - **Scenario 3—One-on-One Individualized Program (e.g., Otago Exercise Program):**
    - 15 physical therapists complete the online Otago Exercise Program (OEP) leader training. Each leader offers the one-on-one program to 8 older adults per year=120 OEP participants per year

If you have a history of program implementation, evaluate the current delivery infrastructure in your state/region:

Falls prevention program delivery infrastructure	Sample responses

How long has the falls prevention program(s) been offered in your state/region?	5 years
Which program(s) are being implemented?	Matter of Balance
Program license holder	Our organization holds a current license
Number of active master trainers/authorized trainers (Note: master trainers/authorized trainers are licensed to teach lay leaders how to facilitate a program workshop)	2 Matter of Balance Master Trainers
Number of active lay leaders (Note: Lay leaders are trained to facilitate program workshops)	26 lay leaders
Number of existing host organizations/ implementation sites	40 organizations that have conducted programs in the past
Number of participants in last 12 months	950 participants

If you do not have a history of program implementation, evaluate the current delivery infrastructure in your state/region:

Falls prevention program delivery infrastructure	Sample responses
Has the falls prevention program been implemented by other organizations in your state or region? Do your delivery regions overlap?	Yes, the Department on Aging has supported the program in metropolitan areas. Programs aren't offered in our region.
Is there potential to partner with those already offering programs?	Yes, for training or license. No, for program implementation sites.
Which programs are being implemented?	Stepping On
Program license	Department on Aging holds a license. Is it a statewide license that we can utilize?
Number of active master trainers	3 (would they be available to conduct training in our region?)
Number of active lay leaders	0 in our region
Number of partners that are committed to serving as host organizations/ implementation sites	- 3 local health departments - 2 area agencies on aging - 1 health clinic - 4 senior centers
How many workshops have your partners committed to offering in the next 12 months?	- 3 local health departments (2 workshops each= 6)

	- 2 area agencies on aging (3 workshops total) - 1 health clinic (2 workshops) - 4 senior centers (3 workshops each= 12) Total= 23

Questions to consider:

- Do you need to maintain or expand the current program delivery infrastructure? Are there gaps that need to be filled? For example, leaders who speak a specific language?
- If there are trained lay leaders, are there retention strategies proposed or in place?
- Are there any training opportunities available in your state or region within the first three months of the planned grant period? If not, will you need to plan a master trainer or lay leader training?
- Have you built time into your work plan to build the infrastructure to implement programs, like building partnerships or recruiting and training leaders?
- Are there plans in place to address potential staff turnover? How does this impact leader training? How will this be addressed with major partners?
- Does your grant proposal include plans to reach a new population, such as rural communities, veterans, caregivers, Tribal elders, etc.? If yes, consider whether it will take additional time to create partnerships to train leaders and reach participants in these target groups.

Helpful resources:

- Best Practices Toolkit: Resources from the Field
    - Delivery Infrastructure and Capacity
    - Strategic Partnerships

III. Developing a target number of participants

Applicants are required to identify a target number of participants and completers for the falls prevention programs chosen for the proposal. Target goals should be realistic and achievable for your community—whether that means reaching 300 participants or 2,000 participants. While developing your goal, think about how many participants have been engaged in evidence-based programs in the past (and what percentage have completed the program, on average) or how many individuals you reach in your community through other programs.

If you are awarded the grant, you will be expected to reach approximately 25% of your target participants by the end of Year 1, 50% of participants by the end of Year 2, and 100% of

participants by the end of Year 3. Consider whether it is feasible to meet these benchmarks with your target participation goal.

Example 1

Sample Grant Goal	Year 1 Target ≥25% of total goal	Year 2 Target ≥ 50% of total goal	Year 3 Target 100% of total goal
300 participants	≥ 75 participants	≥ 150 participants	≥ 300 participants

Planning question	Sample responses
What is your target number of participants for Year 1?	75
How many workshops do you need to reach the target number of participants?	5-6 workshops with 12-15 participants per workshop
When will the target number of workshops be scheduled to meet the grant goal?	Quarter 1 of grant Year 1 (May-Jul.): 0 workshops, use this time to develop contracts and train leaders Quarter 2 (Aug-Oct) and Quarter 3 (Nov – Jan) of Year 1: Leaders are trained, schedule, and hold at least 3 workshops (yielding approximately 36-45 participants). Ensure that you consider potential holiday season conflicts when scheduling. Quarter 4: (Feb.-April): Hold at least 3 workshops (yielding approximately 36-45 participants)

Example 2

Sample Grant Goal	Year 1 Target ≥25% of total goal	Year 2 Target ≥ 50% of total goal	Year 3 Target 100% of total goal
2,000 participants	≥ 500 participants	≥ 1,000 participants	≥ 2,000 participants

Planning question	Sample responses
What is your target number of participants for Year 1?	500
How many workshops do you need to reach the target number of participants?	34-42 workshops with 12-15 participants each= 500 participants in Year 1
When will the target number of workshops be scheduled to meet the grant goal?	Quarter 1 of grant Year 1 (May-Jul.): 0 workshops, use this time to develop contracts and train leaders

	Quarter 2 (Aug.-Oct.) and Quarter 3 (Nov.-Jan.): Hold at least 20 workshops (yielding approximately 240-300 participants). Ensure that you consider potential holiday season conflicts when scheduling. Quarter 4: (Feb.-April): Hold at least 22 workshops (yielding approximately 264-330 participants)

Questions to consider when developing a target participation goal:

- How many older adults live, work, or worship in your target community? What is your current reach to older adults? Will this change over the grant period?
- If you have a history of implementing programs, how many participants were reached over the last 12 months? Do you expect to continue to enroll participants at the same rate going forward? If not, what may impact participation in the future? Consider that you may saturate your current target participant population (e.g. reach all of the "low hanging fruit") and will need to engage additional partners to maintain enrollment in the falls prevention program(s).
- Do you have a marketing plan and materials for recruiting older adults to programs?
- How much time will be needed to build capacity to implement programs prior to beginning workshops? For example, finalizing contracts, establishing plans with partners, training leaders, etc.
- Do you have any participant referral systems in place from partners, health care providers, etc.? How many participants do they refer on a regular basis? Will this continue during the grant period?
- What commitments do you have from partners to meet goals? Are partners able to commit to conducting a certain number of workshops each grant year?
- Does your grant proposal include plans to reach a new population, such as rural communities, veterans, caregivers, tribal elders, etc.? If yes, consider whether it will take additional time to create partnerships to reach participants in these target populations.

Helpful resources:

- Best Practices Toolkit: Resources from the Field
  - Delivery Infrastructure and Capacity
  - Marketing and Recruitment
- Presentation- Planning Your Grant Deliverables: Secrets of Workshop Coordination

- [Delivery of Fall Prevention Interventions for At-Risk Older Adults in Rural Areas: Findings from a National Dissemination](#)
- [Tip Sheet: Engaging People with Disabilities in Evidence-Based Programs](#)
- [Tip Sheet: Engaging Veterans in Evidence-Based Programs](#)
- [Tip Sheet: Engaging American Indian/Alaska Native Elders in Falls Prevention Programs](#)

IV. Creating a quality assurance plan

Each evidence-based falls prevention program approved for the funding opportunity follows a format or curriculum that has been researched and proven to lead to specific falls prevention outcomes. It's important to develop a quality assurance and fidelity monitoring plan to ensure programs are implemented as intended, regardless of implementation site or program leader. Adhering to program fidelity ensures that participants receive researched benefits of the program and assures partners that programs meet high standards across your service area.

Find resources in our [Best Practices Toolkit: Resources from the Field](#) focused on [quality assurance](#), including sample plans and fidelity checklists.