

# Prevention and Public Health Fund Evidence-Based Falls Prevention Program Semi-Annual Performance Report Directions and Sample Template

## Purpose of Semi-Annual Reports:

Briefly describe major or significant activities related to grantee goals, including key steps towards (1) achieving target numbers of individuals that participate in the proposed falls prevention programs, (2) establishing sustainable funding to provide the proposed falls prevention programs, and 3) embedding the programs into an integrated, sustainable evidence-based prevention program network.

## Directions:

- Use the format outlined in the “[Guidelines for Preparing Performance Reports for Discretionary Grants Supported by the U.S. Administration for Community Living](#)”:
  - Double-space with 1-inch margins
  - Use a font size of 12, preferably Times New Roman.
  - Organize your report by the following headers: Title Page, Activities and Accomplishments, and Appendices.
  - Under the Activities and Accomplishments section, list the first question included on the template, followed by your response to that question. Repeat for all 3 questions.
- See the next section for bulleted examples of what you may want to consider including under each question in the Activities and Accomplishments section.
- Please be thorough about any major or significant activities, but provide succinct information, using either a bulleted-list format or short sentences to convey your responses. We suggest that you limit your report to no more than 10-15 pages.
- Only include information that pertains to the specified period, not cumulative to date unless such cumulative information is necessary for context.
- Include a quantitative report of your up-to-date participant data from the Falls Prevention National Database as Appendix A of the report. To download a pre-populated report, navigate to the Reports area, select the name of report, i.e., ‘Semi-Annual Performance Report’ and select the appropriate reporting period.
- Include a copy of each project product as additional Appendices and identify each by capital letters in sequence (i.e., Appendix B, C, etc.).
- Upload your completed report within 30 days after each six-month reporting period into [Grant Solutions](#) and email a copy to your AoA Project Officer. For additional resources about using Grants Solutions go to:  
[http://acl.gov/Funding\\_Opportunities/Grantee\\_Info/Grantee\\_Resources.aspx](http://acl.gov/Funding_Opportunities/Grantee_Info/Grantee_Resources.aspx)

If you have any questions, please contact your AoA Project Officer.

## Example Responses for Activities and Accomplishments Section:

**1. *What did you accomplish during this reporting period and how did these accomplishments help you reach the project goal(s) and objective(s), tasks and measurable outcomes identified in your project proposal narrative and work plan?***

Please describe any relevant activities that occurred during this period related to the following:

**Sustainability Strategies:** (Describe any business planning efforts; policy changes; contracts or partnerships to secure sustainable funding; external funding received; activities such as developing a value proposition, analyzing program costs, pricing or return on investment; or other activities related to helping to sustain your falls prevention programs beyond the grant period).

Example Responses:

- Met with the board of X organization on [date] to discuss entering into a contract to provide X program. Next meeting scheduled on [date]
- Signed a contract with X partner on [date] to provide reimbursement for x falls prevention program.
- Received X amount of funding from (name of foundation, corporation, etc.) on [date] to be used for [purpose]
- Established X program as a covered service under the state's Medicaid waiver.
- Established X program as a covered service through the Indian Health Service or other Tribal entity.

**Program Management/ Leadership Activities:** (Describe statewide/ tribal coalition building or other new management/ leadership structures; new staff and their roles and responsibilities, etc.).

Example Responses:

- Hired project manager X who will be responsible for [key roles, e.g. state-wide coordination of training and data entry].
- Established/ convened statewide/ tribal Falls Coalition [or steering committee or other key planning/ advisory group] with X number of agencies. Held kickoff meeting on [date].

**Partnership Development:** (Note any significant project partners and their role in project activities. Describe activities to build effective partnerships to embed falls programs into statewide/ tribal health and long-term services and supports systems including partnership-building activities between public health, aging, Medicaid, Indian Health Service or other state or tribal agencies, the State Coalition on Falls Prevention, and other strategic delivery system and community/ tribal partners).

Example Responses:

- Established memorandum of understanding effective on [date] with X organization that has agreed to embed the X program and offer it on a quarterly basis through its X number of sites.
- Established partnership with the Tribe's Senior Program to offer X program to tribal elders starting on [date].

**Infrastructure Development:** (Describe how you are expanding delivery infrastructure/ capacity to provide falls prevention programs throughout your targeted geographic area including workforce development/ recruitment/ training or retention activities and new host organizations and implementation sites).

Example Responses:

- Obtained multi-site license for the X program.
- Conducted leader training for X program in [location] on [dates]. X individuals completed the training.

**Coordinated Public Awareness, Education, Marketing and Recruitment Processes:** (Describe any new, innovative strategies to identify those at risk for falls and to make it easier for potential participants to learn about and access programs and to improve overall program efficiencies).

Example Responses:

- In collaboration with the State or Tribal Coalition on Falls Prevention, implemented Falls Prevention Day activities including: [conducted program demonstrations, obtained Governor's proclamation, conducted falls risk screenings, etc.]
- Established procedure for clients/members [from Aging and Disability Resource Center, Medicaid, Tobacco Quit Line, State Health Insurance Program, Indian Health Service, X health care entity, X large employer group, other agencies, etc.] to be referred to X program.
- In collaboration with X partner, established state marketing campaign and launched website on [date] that includes falls prevention program information and calendar of classes.

**Quality Assurance/Fidelity:** (Include activities related to monitoring whether the proposed falls prevention programs are being implemented appropriately and grant objectives are being met).

Example Responses:

- Completed the following fidelity monitoring/ quality assurance activities during this period: [X trainers conducted X program site visits].
- Established mechanism to monitor BRFSS falls injury rate data in X counties.

**2. *What, if any, challenges did you face during this reporting period and what actions did you take to address these challenges?***

Describe key challenges related to sustainability, partnerships, infrastructure and delivery system, coordinated marketing and recruitment processes, program fidelity/quality assurance, need for cultural adaptations, etc. and describe how you tried to address each challenge.

Example Responses:

- Had to cancel X number of programs due to insufficient registration. Rescheduled the program at a different date/time and successfully filled the class.
- Experienced high rate of non-completers in X program. Called drop outs and discovered primary reason for dropouts was health problems.
- Experienced [X problems] in negotiating contract with X agency; are working on X (e.g., a value proposition, pricing or return on investment calculations, business plan, etc.).

**3. *What was produced during the reporting period and how have these products been disseminated?***

Products may include articles, issue briefs, fact sheets, business plans, market analysis, how-to manuals, promotional materials, newsletters, survey instruments and reports, conference and workshop presentations, websites, audiovisuals, and other informational resources.

Example Responses:

- Developed new culturally-relevant promotional brochure and distributed it at tribal meetings. (See Appendix X.)
- Established new website [give URL]
- Created new listserv for instructors/ trainers which went live on [date]
- Gave presentation at X conference; copy of PowerPoint is in Appendix X.
- Completed the X report (e.g., summaries of program satisfaction or outcome data, etc.) contained in Appendix X and disseminated to X audience.

**Prevention and Public Health Fund  
Evidence-Based Falls Prevention Program  
Semi-Annual Performance Report Template**

**Title Page**

- 1. Grant Award Number:**
- 2. Project Title:**
- 3. Grantee Agency Name:**  
**Address:**
- 4. Project Director/Principle Investigator Name:**  
**Telephone #:**  
**Email:**
- 5. Report Author Name(s):**
- 6. Total Project Period:**
- 7. Reporting Period:**
- 8. Date of Report:**
- 9. ACL Program Officer:**
- 10. ACL Grants Management Specialist:**

Prevention and Public Health Fund  
Evidence-Based Falls Prevention Program  
Semi-Annual Performance Report for [Organization Name]

**Activities and Accomplishments**

4. *What did you accomplish during this reporting period and how did these accomplishments help you reach the project goal(s) and objective(s), tasks and measurable outcomes identified in your project proposal narrative and work plan?*

*Sustainability Strategies*

*Program Management/ Leadership Activities*

*Partnership Development*

*Infrastructure Development*

*Coordinated Public Awareness, Education, Marketing and Recruitment Processes*

*Quality Assurance/Fidelity Activities*

5. *What, if any, challenges did you face during this reporting period and what actions did you take to address these challenges?*
6. *What was produced during the reporting period and how have these products been disseminated?*

Prevention and Public Health Fund  
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**Appendix A: Quantitative Report**

**Include a report generated by the National Falls Database System. The report will include all data entered on programs completed by the report due date and will provide information about programs offered, number of participants, average number of sessions completed, number of completers (if applicable), and monthly, period, and cumulative totals**

**PAPERWORK REDUCTION ACT STATEMENT**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0985-0036. The time required to complete this information collection is estimated to average 8 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Administration for Community Living, 330 C Street SW, Washington DC 20201, Attention: PRA Reports Clearance Officer