

Assessment of the Underage Drinking Prevention: Town Hall Meetings Initiative

Supporting Statement

A. Justification

A.1 CIRCUMSTANCES OF INFORMATION COLLECTION

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Substance Abuse Prevention (CSAP), is requesting approval from OMB on the information collection regarding the Underage Drinking Prevention: Town Hall Meetings (THMs) Initiative. This initiative focuses on underage alcohol use, which is a significant problem across the country:

\$ According to the 2005 Monitoring the Future Survey, alcohol beverages have been among the most widely used substances by American young people for a very long time. In 2005, the proportions of 8th, 10th and 12th graders who admitted drinking an alcoholic beverage in the 30-day period prior to the survey were 17 percent, 33 percent, and 47 percent respectively (Johnston, O'Malley, Bachman, and Schulenberg, 2006).

- In 2005, rates of current alcohol use were 4.2 percent among persons aged 12-13, 15.1 percent of persons aged 14-15, 30.1 percent of 16-17 year olds, and 51.1 percent of those aged 18-20 (SAMHSA, 2006).
- In 1996, the total cost of alcohol use by individuals under the age of 21 was \$52.8 billion (Office of Juvenile Justice and Delinquency Prevention, 1999).

Although the rates of alcohol use for the age group targeted for this initiative are relatively low, the years between the ages of 10 and 12 mark an extremely important time in a young person's life. Research has consistently shown that in elementary school, youth attitudes towards drinking are negative, but by the time children reach middle school their attitudes have changed and those who associate with friends who drink are more likely do so themselves (Simons-Morton et al., 2001).

Youth are extremely vulnerable during these transitional years, and the messages they receive about alcohol use from parents, other adults, and the media are often contradictory. Because alcohol is a legal drug, many adults believe that alcohol use by adolescents is a rite of passage. Many parents breathe a sigh of relief when they find out their child is "only using alcohol," not knowing that alcohol can harm a growing body and interfere with normal development and growth (American Academy of Pediatrics, 2002). Although many adults underestimate the negative consequences associated with underage alcohol use, most support efforts to curb it (Latimer et al., 2001).

CSAP is responsible for improving accessibility to and the quality of substance abuse prevention services. CSAP provides national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, underage alcohol and tobacco use, and to reduce the negative consequences of using these substances. Under Section 515(b) of the Public Health Service Act (42 USC 290bb-21), CSAP is directed to develop effective alcohol abuse prevention literature and to assure the widespread dissemination of prevention materials among States, political subdivisions, and school systems. As part of a national effort to prevent underage alcohol use and to help educate young people and caring adults about the risks associated with underage alcohol use, the Interagency Coordinating Committee for the Prevention of Underage Drinking (ICCPUD) supported a series of town hall-style meetings which took place in communities across America on or around March 28, 2006, in conjunction with Alcohol Awareness Month. The THMs were part of a national effort to increase understanding and awareness of underage drinking and its consequences, and to encourage individuals, families, and communities to address the problem. The THMs were designed to give local communities the opportunity to come together to learn more about the latest research on underage drinking, hear about its impact on both underage drinking individuals and the community at large, and to discuss evidence-based community strategies to prevent underage alcohol use.

In 2006, approximately 1510 THMs were held by 1262 community-based organizations through the nation. Each of the THMs conducted strived to increase understanding and awareness of underage alcohol use and its consequences, and to encourage individuals, families, and communities to address the problem. The local THMs gave local communities the opportunity to come together to learn more about the new research on underage alcohol use and its impact on both individuals and the community, and to discuss how their communities can best prevent underage alcohol use. These events provided opportunities to alert and empower the community as well as to generate interest from the media.

While the format and style of the THMs reflected that of the individual communities and their levels of readiness to address the issue, each THM adopted the same theme: “Start Talking Before They Start Drinking.” The Start Talking Before They Start Drinking Campaign is a partnership between SAMHSA and the Ad Council as another effort to combat underage drinking and to educate parents, youth, and others on the issue of alcohol abuse. This campaign encourages parents to protect your children from the risks associated with drinking by maintaining open communication and expressing a clear, consistent message about alcohol. Building a close relationship with your kids will make it easier for them to come to you for help in making decisions that impact their health and well-being.

Most communities brought together public officials, parents and youth, as well as community leaders and organizations in health, education, law enforcement, highway safety, and alcohol control to learn more about the science and consequences of underage alcohol use and to discuss how their communities could best prevent underage alcohol use by reducing demand, availability, and access. Some THMs spent time educating participants with facts, others moved to forming task forces and coalitions, while others took the time to expand and enhance their current efforts.

Each THM also sought to offer parents and other concerned adults the knowledge and tools to connect with today's youth about underage alcohol use.

To help guide decision making and planning for future THMs, SAMHSA/CSAP plans to conduct a process assessment of the THMs. Organizations that agree to participate in this initiative will be asked to provide feedback about the implementation and results of the THMs in their community. This information collection is being implemented under authority of Section 501(d) (4) of the Public Health Service Act (42 USC 290aa).

A.2 PURPOSE AND USE OF INFORMATION

The Town Hall Meetings will enhance communities capacity to meet the Surgeon General's Call to Action To Prevent and Reduce Underage Drinking 2007. There are six goals that the Surgeon General proposed for the Nation. The second goal is particularly related to the Town Hall Meetings:

“Engage parents and other caregivers, schools, communities, all levels of government, all social systems that interface with youth, and youth themselves in a coordinated national effort to prevent and reduce underage drinking and its consequences”. (p. 37).

SAMHSA/CSAP intends to support annual THMs. The information collected will be used by SAMHSA/CSAP to help plan for those annual events and to provide technical assistance and training to organizations that sponsor the events. The information will provide a descriptive picture of the nation-wide initiative, and it will indicate how the THMs were received and some factors that may be associated with well-received events.

This information collection will distribute a brief feedback form to all participating organizations. A copy of the feedback form is presented in Attachment 1. The form includes 14 items about the THM including:

- Where, when, and who conducted the meeting;
- Number of attendees;
- Format of the meeting;
- Participants in the presentations;
- Actions planned;
- Media coverage;
- Composition of the audience;
- Responses of the attendees;
- Materials provided;
- Indications of increased awareness; and
- Indications of increased involvement.

In addition to distributing the feedback form, the contractor will be responsible for collecting, compiling, analyzing, and reporting on information requested through this feedback form.

A.3 USE OF INFORMATION TECHNOLOGY

Automated technology will not be used in the collection of the data. The information will be collected using a paper-and-pencil method. There are several reasons for selecting a non-automated data collection method:

- \$ The limited amount of information to be collected;
- \$ An intent by SAMHSA/CSAP to limit the cost of information collection.

A.4 EFFORTS TO IDENTIFY DUPLICATION

The information is collected only for the purposes of this initiative and is not available elsewhere.

A.5 INVOLVEMENT OF SMALL ENTITIES

No small businesses will be involved, but nearly all of the organizations participating in the THMs will be small community-based organizations (CBOs). To minimize burden on these organizations, the feedback form was designed to be short (14-items) and to be completed by one individual who attended the local THMs. The questions on the form require little or no checking with other documents. The form can be easily completed within a few minutes. The items on the form are considered the minimum necessary to obtain the feedback needed by SAMHSA/CSAP to assess the THMs and help plan for future annual THMs.

A.6 CONSEQUENCES OF INFORMATION COLLECTED LESS FREQUENTLY

Information will be obtained once for each meeting yearly. Without this information SAMHSA/CSAP will not be able to assess each event and plan for future events.

A.7 CONSISTENCY WITH THE GUIDELINES IN 5 CFR 1320.5(d) (2)

This information collection fully complies with 5 CFR 1320.5(d) (2).

A.8 CONSULTATION OUTSIDE THE AGENCY

The 60-day *Federal Register Notice* was published on February 28, 2007 (Vol. 72, No. 39 pg. 9013-9014). One set of comments were received in response to the notice. CSAP was consulted and the comments were addressed (see Attachment 2).

Consultations were conducted with individuals in several organizations that participated in the 2006 THMs. These consultations focused on the burden of completing the feedback form and how the organizations might use the findings should SAMHSA/CSAP decide to share those findings with participating organizations. Consultations were held with the following individuals:

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Mr. Michael Dozier
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Ms. Catherine Brunson, Executive Director
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A.9 PAYMENT TO RESPONDENTS

The respondents will not receive any incentive or payment for completing the feedback form.

A.10 ASSURANCE OF CONFIDENTIALITY

No data will be collected on human research subjects. Data will be collected that identify the coordinating organizations only. Data are not associated with individual names but rather organization names. Collection of organization names is necessary to track duplicate submissions of THM information.

A unique identification code will be assigned to each coordinating organization to track the submission of the feedback form and allow the contractor to conduct a follow-up mailing to maximize the response rate. Organizations that do not return the feedback form by the initial deadline will be sent a second mailing requesting them to complete and return the form by another defined date. The identification code will be printed on the pre-addressed postage-paid return envelope, but not the feedback form. Once a feedback form has been submitted, the coded envelope will be separated from the form and destroyed. Data will be reported in aggregate numbers only.

A.11 QUESTIONS OF A SENSITIVE NATURE

No sensitive questions will be asked of respondents. The questions pertain to characteristics of the THMs only.

A.12 ESTIMATES OF ANNUALIZED HOUR BURDEN

The feedback form will be completed by an estimated 1200 respondents and will require only one response per respondent. It will take an average of 10 minutes (.167 hours) to review instructions, complete the form, and mail it in a self-addressed, stamped envelope. This burden estimate is based on comments from several potential respondents who reviewed the form and provided comments on how long it would take them to complete it. The respondents will be employees of

a CBO. For the burden estimate, an hourly wage of \$28.85 is used based on an average annual salary of \$60,000 for respondents who work 2080 hours per year. The total hourly cost is \$980.90.

Form Name	No. of Respondents	Responses per Respondent	Hours per Response	Total Hour Burden	Hourly Wage Cost	Total Hour Cost (\$)
Feedback Form	1200	1	.167	200	\$28.85	\$5781

A.13 ESTIMATES OF ANNUALIZED COST BURDEN TO RESPONDENTS

The information collection does not entail any annual cost burden to respondents or record keepers resulting from the collection of information. No capital or start-up costs will be incurred.

A.14 ESTIMATES OF ANNUALIZED COST TO THE GOVERNMENT

Costs for this data collection include personnel for designing and conducting the data collection, which includes analyzing the data, and preparing a summary report. Total annual contractor costs for this data collection are approximately \$16,500. In addition, there are government staff costs of approximately 2 percent of a GS-13 project manager (approximately \$1,545, assuming a Step 6).

A.15 CHANGES IN BURDEN

This is a new data collection.

A.16 TIME SCHEDULE, PUBLICATION AND ANALYSIS PLANS

Time Schedule -- The THMs will be held in the month of April, Alcohol Awareness Month. The following table lists the project activities and the dates those activities are projected to be completed in 2008. A similar schedule will apply to subsequent years 2009-2012.

Activity	Completion Date
Conduct first mailing of the feedback form and cover letter	March 24, 2008
Conduct second mailing of the feedback form and follow-up cover letter	May 5, 2008
Process and enter data into database	May 27,2008
Verify entered data	June 16, 2008
Conduct analysis	June 30, 2008
Prepare draft report	July 21, 2008

Activity	Completion Date
Submit draft report to SAMHSA/CSAP	August 14, 2008
Receive comments from SAMHSA/CSAP	August 21, 2008
Submit final report to SAMHSA/CSAP	August 28, 2008

Analysis Plan -- Only descriptive statistical procedures will be used, including frequency counts and percentages. Some cross-tabulations will be used to help identify patterns within the responses. The following are sample shells for the data analysis.

State or Territory Where THM Took Place	% (N=)
A	
B	
C	
D	
E	
Total	

Action Taken as a Result of the Town Hall Meeting	N	Total %
Started a coalition		
Held follow-up meetings		
Held discussion groups		
Plan to conduct more THMs		
Plan legislation		
Other		

Response of Attendees to THM (in percentages)			
Very positive	Somewhat positive	Neutral	Negative

The qualitative information reported in item 14 of the feedback form will be used to highlight important response patterns in the quantitative data. Also, those comments could suggest other relevant questions to ask during the evaluation of future THMs.

Findings Report -- A report summarizing the findings will be prepared and submitted to SAMHSA/CSAP for internal use. No other reports or publications are planned.

A.17 DISPLAY OF EXPIRATION DATE

The expiration date for OMB approval will be displayed.

A.18 EXCEPTIONS TO CERTIFICATION STATEMENT

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions.

B. STATISTICAL METHODS

B.1 RESPONDENT UNIVERSE AND SAMPLING METHODS

The respondent sample is all organizations participating in the annual THMs. The sample size is estimated to be N = 1200. This is based on the sampling methodology used in previous years which included asking State SSAs and NPNs to recommend a CBO in addition to using the Drug Free Community Grantees to develop the sampling frame. Given the size of the sampling frame and the diversity of THMs sponsors and represented communities, it is essential to survey all members of the sampling frame.

B.2 INFORMATION COLLECTION PROCEDURES

The feedback form will be mailed to an identified individual in each organization participating in the THMs. The respondent will be asked to complete and return the feedback form to the contractor. One follow-up mailing will be conducted to non-responding organizations. An 80 percent response rate is expected.

B.3 METHODS TO MAXIMIZE RESPONSE RATES

Several methods will be used to maximize response rates:

- \$ Individuals who sign the THM CBO verification letter agree to provide information to the evaluation contractor (see Attachment 3). Those individuals will be sent the initial letter requesting completion and return of the feedback form (see Attachment 4).
- \$ Each respondent will be provided with a self-addressed, stamped envelope to return the completed feedback form.
- \$ Each return envelope will be printed with a unique code to identify organizations that return a completed feedback form.
- \$ A follow-up letter, copy of the feedback form, and another coded self-addressed, stamped return envelope will be sent to the individuals in the coordinating organizations that do not return a completed form within one week after the initial deadline to receive feedback has past (see Attachment 5).

B.4 TESTS OF PROCEDURES

A draft feedback form was shown to several individuals in participating organizations. These individuals were asked to identify any questions that they did not understand or thought they would not be able to answer. All of the questions were easily understood by those individuals and no questions were identified as being difficult to answer. Based upon the review comments, no changes were made to the draft instrument.

B.5 STATISTICAL CONSULTANTS

The following individuals provided statistical consultation in development of the Feedback Form and data collection methodology:

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- U.S. Department of Health and Human Services. *The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking*. U.S. Department of Health and Human Services, Office of the Surgeon General, 2007.

List of Attachments

1. Town Hall Meeting Feedback Form
2. Comment Received to FRN and Response
3. CBO Verification Letter
4. Initial Mailing Letter
5. Follow-up Mailing Letter