

**Underage Alcohol Use Prevention Media Campaign
Focus Groups, Phases 2 and 3**

Supporting Statement

A. JUSTIFICATION

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) seeks OMB approval to conduct focus groups in Phase 2 and 3 of their Underage Drinking Prevention National Media Campaign (the campaign). Phase 1 of the undertaking included focus groups conducted May through July, 2010, to assist in designing campaign messages. Once those groups concluded, SAMHSA and CSAP designed specific messages. SAMHSA proposes that Phases 2 and 3 qualitatively test these newly designed messages with audiences of interest. Specifically, SAMHSA proposes conducting in-person focus groups for parents and one-on-one, in-depth interviews with children between the ages of 9 and 15.

In 2003, Congress funded SAMHSA to address concerns about underage drinking after a study by the National Research Council drew attention to the alarming prevalence of alcohol consumption by our Nation's youth. In 2006, Congress confirmed its commitment by passing the "Sober Truth on Preventing Underage Drinking Act," or the "STOP Act." The legislation called for a "multi-faceted effort" to include prevention, intervention, treatment, enforcement, and research. Today, through the STOP Act, SAMHSA supports national, State, and local efforts to prevent and reduce underage drinking.

The SAMHSA Underage Drinking Prevention National Media Campaign began with public service advertisements (PSAs) created by the Ad Council, first released in October 2005, with additional PSAs released in the spring of 2010. The campaign has expanded to focus on broader marketing communications approaches, attempting to complement and build on all other SAMHSA underage drinking prevention efforts to create a unified, consistent voice.

Acknowledging that parents are the greatest influence on children, SAMHSA commissioned the campaign to reach parents of children ages 9-15 to engage them more fully in preventing underage drinking. The *Surgeon General's Call to Action to Prevent and Reduce Underage Drinking (2007)* states as one of its major goals "to engage parents," and offers specific strategies for building parent skills and facilitating parental interaction. The campaign will reach parents through traditional PSAs in TV, radio, and print venues, but will also incorporate other message dissemination tools such as social media, entertainment media, workplace communications, and work with intermediaries and partners. To create messages and materials that are meaningful and useful to parents, it is essential to gather information to better understand how these stakeholders think about underage drinking.

In addition, the media campaign that will be developed will emphasize a "call to action," including announcing specific ways for parents to respond to that call. It is not enough to raise awareness and understanding, to communicate facts and figures, or to alarm parents without providing assistance. The media campaign must be structured so that it will motivate parents and other adults to take action, and then increase their skills and comfort level through modeling and

expressions of support and empathy. To develop a call to action that is motivating, program planners need to understand the mindset of parents and messages need to focus on motivating factors.

During Phase 1, three ideas resonated most with respondents:

- Drinking at a young age is downright dangerous. (explaining the dangers and consequences of underage drinking)
- You make the difference. (an empowerment message)
- All in a day's parenting. (showing startling statistics about the problem of underage drinking)

Phases 2 and 3 focus on **concepts** from these three messages.

2. Purpose and Use of Information

The purpose of Phases 2 and 3 is to qualitatively test and retest the messages designed for the campaign. Phase 2 is designed for a first test of the messages with both parents (in-person focus groups) and children (in-depth interviews). Given the input from the Phase 2 groups, SAMHSA will revise and finalize messages. Phase 3 will test these final messages one last time with only parents.

The parent focus groups for both Phase 2 and Phase 3 will use the same moderator guide, as the message *testing* will be identical in nature. The groups will focus on:

- **Frame of Reference/Parenting Issues:** What are your biggest concerns for your children as a parent/caregiver?
- **Basic Knowledge and Attitudes:** These include their level of concern, prevention techniques, and conversational techniques that parents have used to figure out who sparked the conversation, what was discussed, how many discussions they had. Discussions will also focus on circumstances to start the conversations, how comfortable parents are with discussions, and what parents believe works best when having these discussions. There will also be a section on any interaction parents have had with other parents about their children drinking alcohol.
- **Language and Terminology:** What kind of language works best when talking with kids? A set of words and phrases will be proposed and discussed at length.
- **Message Testing (see Attachment 5: Message Testing—Adult and Children):** SAMHSA will administer concept testing with the five concept messages. Questions will probe understanding, concerns, and any additional information the respondents may feel is needed.
- **Communication Preferences:** The final section will discuss which communication modes people most like to receive their messages.

The children's one-on-one in-depth interviews will occur only during Phase 2, as the children's input will only be needed for this round of pre-finalizing the messages. These discussions will focus on:

- **Issues and Concerns:** As a warm-up for the children, CSAP will begin by asking them questions about school and what kinds of activities they do with their friends. From there, CSAP will discuss the kinds of problems they think about, and if they include their parents in their problem solving. This section will raise for the first time the topic of drinking

(whether it is raised by the children or introduced by the moderator), and the moderator will discuss the topic.

- **Message Testing (see Attachment 5: Message Testing—Adult and Children):** The children will be shown two messages that differ from the adult messages. The messages reflect the same ideas as the adult messages but are targeted toward children in their language.
- **Influence of Parents and Other Adults:** The final section will discuss if there are other adults in the lives of these children who are influential and, if so, who they are. Also, this section will try to identify what type of communication the children would like to use to get information about the topic of alcohol.

The work plan and locations for adults will be identical for both Phase 2 and Phase 3. It is as follows:

Table 1: Work Plan and Locations for Adults

	Central Region (Cleveland)	Northeast Region (New York)	Southeast Region (Raleigh)	Southwest Region (Omaha)	Western Region (Los Angeles)
9- to 12-year-old children	1 (Mothers)	1 (Fathers)	1 (Mothers)	1 (Fathers)	1 (Fathers)
13- to 15-year-old children	1 (Fathers)	1 (Mothers)	1 (Fathers)	1 (Mothers)	1 (Mothers)

The work plan and locations for children in Phase 2 will be as follows:

Table 2: Work Plan and Locations for Children

	Raleigh	Cleveland
9- to 11-year-olds	2 boys, 2 girls	2 boys, 2 girls
12- to 13-year-olds	2 boys, 2 girls	2 boys, 2 girls
14- to 15-year-olds	2 boys, 2 girls	2 boys, 2 girls

3. Use of Information Technology

There will be no use of information technology during these groups.

4. Efforts To Identify Duplication

The information needed is specific to the Campaign’s messages and materials and is not collected anywhere else.

5. Involvement of Small Business Entities

This project will not have a significant effect on small businesses or entities.

6. Consequences if the Information is Collected Less Frequently

This information will be collected only one time, to inform the development of the Campaign. There are no legal obstacles to reduce the burden.

7. Consistency with the Guidelines in 5 CFR 1320.5(D)(2)

The information collection effort will be in compliance with the guidelines set forth in 5 CFR 1320.5(D)(2).

8. Consultation Outside the Agency

There was no consultation outside the Agency for this phase of the work. During Phase 1, SAMHSA consulted William DeJong, Professor at Boston University School of Public Health.

9. Decision to Provide Payment to Respondents

OVERALL REASONS FOR INCENTIVES:

SAMHSA will provide incentives to the adults and the children for their help with collecting information. Specifically, SAMHSA will offer \$50 gift cards as tokens of thanks to the adults and \$25 gift cards to the children participating in Phase 2 and Phase 3 focus groups and interviews.

Two seminal pieces of literature describe the point of having incentives as part of the plan. Overall, incentives are used to encourage respondents' participation in time-consuming surveys, which can take upwards of 2 to 3 hours of a person's day.¹ Types of incentives vary by group, with monetary incentives being only one method. Alternative methods include product samples, chances to win prizes, food/snacks, childcare, transportation, and hotel accommodations. Money is the most common type of incentive, and its advantages include:

- o Value immediately recognized and understood
- o Being extremely portable
- o Fitting into small spaces
- o Being extremely effective in getting respondents to participate²

Previously conducted focus groups and interviews indicate the importance of the value of the incentive given; high amounts are often needed for specialized professions, while too little of an incentive could be construed as an insult. Overall, 66% of focus group and interview respondents identify the main reason they participated they participated for the money³.

¹ Stewart, D., Shamdansani, P., and Rook, D. (2007). Focus Groups: Theory and Practice.

² Krueger, R. and Casey, M.A. (2007) Focus groups: A practical guide for applied research.

³ Alice Rodgers. "Take the Money and Run?" Quirk's Marketing Research Review, May, 1990.

WHY USE \$50 GIFT CARDS?

At the request of OMB, SAMHSA created a white paper and developed accompanying analysis to answer the question: "Why not use \$30 gift cards instead of \$50 gift cards?" A three-part answer explains the reasoning in detail (*see Attachment 11: Summary of \$30 Gift Card Issue*):

1. Essentially, pre-existing gift cards are not available standard in \$30 increments and therefore would cost an additional \$3.50 to have them made especially for this purpose.
2. Vendors that conduct focus groups for a living warned that \$30 was too low of an incentive for attendance and expressed concern that participation would be below normal. A low response was exactly what happened, which resulted in much higher recruiting costs (more people had to be called to find someone who would participate for that low amount). When the groups occurred, the no-show rates were extraordinarily high.
3. High no-show rates: Out of 12 groups, four groups had to be cancelled due to no-shows and the contractor ended up conducting four groups with only three respondents.

In total, Gallup calculated the cost of using a \$30 gift card instead of a \$50 gift card to be almost \$40,000 (see attachment 11 outlining costs) which compares quite unfavorably to the incentive savings of \$1,920 [12 groups x 8 respondents x \$50 - 12 groups x 8 respondents x \$30 = \$1,920].

OTHERS USING INCENTIVES DURING FOCUS GROUPS:

Table 3 lists a selection of focus groups, conducted via telephone and in person, in which the Federal Government successfully utilized incentives.

Table 3: Selection of Focus Groups Utilizing Incentives

Agency	Center, Office, Program, Project or Topic, and Contact Person (if available)	Year	Contractor(s)	Type of Respondents	Type of Focus Group	Length of Groups	Incentive	Purpose of Groups and Other Notes
Centers for Disease Control and Prevention	National Center for Immunization and Respiratory Diseases Lauri Hicks, DO Medical Officer Auc3@cdc.gov 404-639-2204	2010	- Oak Ridge Institute for Science and Education (ORISE, a unit of the Department of Energy)(prime) - Balch Associates (subcontractor)	- Mothers of young children ages 2–12 with no chronic conditions (3 groups) - Healthy adults ages 25–55 (3 groups)	Telephone	90 minutes	\$75	Assessing the knowledge, attitudes, and behaviors of the public regarding antibiotic use for upper respiratory infections
Health and Human Services	National Vaccine Program Office Office of Public Health and Science Office of the Secretary Stephanie Marshall, Director of Communication stephanie.marshall@hhs.gov 202-205-4862	2009	- ORISE (prime) - Balch Associates (subcontractor)	- “Fully vaccinating” mothers of children ages 0–4 (3 groups) - “Partially vaccinating” mothers of children ages 0–4 (3 groups) - Female “health opinion influencers,” mix of aware and unaware of recent vaccine info in the	Telephone	90 minutes	\$75	Awareness and knowledge of vaccine benefits and dangers of non-vaccination, and reaction to message concepts

Agency	Center, Office, Program, Project or Topic, and Contact Person (if available)	Year	Contractor(s)	Type of Respondents	Type of Focus Group	Length of Groups	Incentive	Purpose of Groups and Other Notes
				news (3 groups)				
Veterans Administration	Keenya Mitchell Executive Assistant, Quality Management Officer Keenya.mitchell2@va.gov 410-691-7764	2009 - 2010	Gallup	Veterans of the Iraq and Afghanistan wars and their families	In-person	90 minutes	\$60	To determine satisfaction with and obstacles to obtaining care from Veterans Administration facilities
U.S. Navy	Capt. Rob Newell (Retired) Office of Chief of Information Director of NAVCO Robert.d.newell@navy.mil 703-614-1879	2010	Gallup	Parents, teenagers, minority teenagers, general population	In-person	90 minutes	\$100 for parents and \$75 for teenagers	To understand Navy image for recruiting purposes and for scheduling Navy Week activities

Agency	Center, Office, Program, Project or Topic, and Contact Person (if available)	Year	Contractor(s)	Type of Respondents	Type of Focus Group	Length of Groups	Incentive	Purpose of Groups and Other Notes
U.S. State Department	La Shawn Clark, Management and Program Analyst Office of Planning and Program Support, Passport Services Bureau of Consular Affairs U.S. Department of State 2100 Pennsylvania Avenue, NW, Room 3024 - CA/PPT/PPS/SP Washington, DC 20037 Tel: 202-736-9243 E-mail: ClarkLV2@state.gov	2008-2009	Gallup	General population who physically cross the land border	In-person groups	90 minutes	2008: \$60 2009: \$75 and \$100 (based on location)	To understand usage patterns of passports

10. Assurance of Privacy

As is standard with conducting focus groups, information collected will not identify individuals. It is not necessary for observers to know the identity of participants to benefit from their input. Moreover, to ensure that participants “open up” and speak freely, it is necessary to assure them that their comments will not be attributed to any specific individual in the focus group report but rather will be reported in the aggregate.

11. Questions of a Sensitive Nature

In these focus groups, the moderator will ask parents about their concerns for their children. One or two topics may emerge that include activities that are illegal, such as underage use of alcohol. Other topics considered sensitive may be poor performance in school or how best to speak with children. Topics of this sensitive nature are the crux of the investigation and the process could not proceed without asking these questions. These specific topics are not considered highly sensitive; a point confirmed in the results from Phase 1 that found that parents did not display angst or concern with answering these types of questions about their children.

Among the children, sensitive topics include the same expressed by adults: underage use of alcohol and performance in school. To mitigate any uncomfortable situation with the children, SAMHSA chose to complete one-on-one interviews so that other children are not in the room when respondents provide their input. The professional focus group moderator is experienced in ensuring that discussion topics are comfortable for all participants. The moderator will not push participants to speak about topics on which they wish to remain silent.

During the recruiting phase, all respondents (both adults and children) will be told that their participation is to assist in an underage drinking prevention campaign effort and that their opinions about this topic are the focus of the groups.

12. Estimates of Annualized Hour Burden

There will be 10 parental focus groups in Phase 2 (five all-women groups and five all-men groups), and another 10 parental focus groups in Phase 3 (five all-women groups and five all-men groups). Each focus group is expected to include 8 to 10 participants. In total, CSAP will conduct 24 in-depth interviews with children.

Table 4: Respondent Burden Hour and Cost Estimates

Type of Respondent	Number of Respondents per group++	Number of Groups	Total Number of Respondents	Number Responses per Respondent	Avg. Burden Per Respondent	Total Burden Hours	Total Annualized Cost to Respondents +
Men Focus Groups, Phase 2	8	5	40	1	1.5 hours	60	+
Women Focus Groups, Phase 2	8	5	40	1	1.5 hours	60	+
Men Focus Groups, Phase 3	8	5	40	1	1.5 hours	60	+
Women Focus Groups, Phase 3	8	5	40	1	1.5 hours	60	+
Children In-depth Interviews	1	24	24	1	.75 hours	18	Not applicable
TOTAL		44	184			258	\$891.60

++The total number of participants includes 24 children and 160 parents. Recruiting will include 12 participants for each parent group to assure 8 to show for each session (as noted in the IRB letter).

NOTE: For the recruiting process, people need only answer their phones and a few quick questions to determine if they qualify for participation in the focus group, and if they want to participate. This takes a maximum of 5 minutes and minimal effort; thus, SAMHSA assigned no hourly wage cost to this activity. Non-completed screeners take less than 3 minutes.

+Total annualized cost to respondents is calculated using the minimum wage. Because the minimum wage in California is \$8.00 and in Ohio is \$7.40, the calculation of cost is not given by category but rather provided as a total as follows:

NY, NC, NE: 6 groups x 8 respondents x 1.5 hours x \$7.25 = \$522.00
 CA: 2 groups x 8 respondents x 1.5 hours x \$8.00 = \$192.00
 OH: 2 groups x 8 respondents x 1.5 hours x \$7.40 = \$177.60
 TOTAL = \$891.60

13. Estimates of Annualized Cost Burden to Participants

There are no total start-up costs, capital costs, or operation or maintenance costs.

14. Estimates of Annualized Cost to the Government

The estimate annualized cost to the government is \$186,240 dollars. Use of the NOMs is part of the ongoing data collection and reporting activities SAMHSA/CSAP has planned and the Center has allocated sufficient resources for the efficient and effective management and use of the information to be collected. It is anticipated that the Government Project Officers who oversee the projects will expend time in assisting the DITIC and DACCC and grantees in appropriately responding to the measures. The GPO overseeing the DACCC will expend a portion of time overseeing the analysis of the NOMs data, as well as updating the measures as they are

developed. It is anticipated that cross-program analysis will be conducted by the DACCC. Data analysis activities include processing the data received from the various programs, as well as conducting statistical analysis. These costs are broken out in the table below. Annual hours are based on a 40-hour work week for 48 weeks per year.

Estimated Annualized Cost to the Government

POSITION	PERCENT FTE	ANNUAL HOURS	RATE	TOTAL ANNUAL COST
DACCC GPO	10%	192	\$40	\$7,680
DITIC GPO	5%	96	\$40	\$3,840
FASD GPO	2.50%	48	\$40	\$1,920
Older American GPO	2.50%	48	\$40	\$1,920
SPF SIG GPO	2.50%	48	\$40	\$1,920
HIV GPO	2.50%	48	\$40	\$1,920
PFS GPO	2.50%	48	\$40	\$1,920
PPC GPO	2.50%	48	\$40	\$1,920
DACCC Senior Analyst*	25%	480	\$80	\$38,400
DACCC Data Analyst*	50%	960	\$65	\$62,400
DACCC Data Manager*	50%	960	\$65	\$62,400
	Totals	2,976		\$186,240

* Rate for DACCC staff includes fringe and overhead.

The cost to CSAP of the contract task to collect this information is estimated at \$220,000, which includes:

- recruitment of all participants;
- focus group facility rentals;
- moderating, analysis, and report writing;
- transcription services;
- travel for moderators; and
- gift card incentives for participants.

15. Changes in Burden

This is a new project.

16. Time Schedule, Publication, and Analysis Plans

Table 5: Timeline

Activity	Date
Phase 2 recruiting—adult focus groups and children in-depth interviews: 4 weeks	May 2011
Phase 2 adult focus groups and children in-depth interviews: 5 weeks	June 2011
Phase 2 analysis and report: 4 weeks	July 2011
Rework final messages for Phase 3: 3 weeks	August 2011
Phase 3 recruiting—adult focus groups: 3 weeks	August 2011
Phase 3 focus groups: 4 weeks	September 2011
Phase 3 analysis and final report: 4 weeks	October 2011

17. Display of Expiration Date

SAMHSA does not request an exception to the OMB approval display.

18. Exceptions to Certification Statement

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

B. SURVEYS AND EVALUATIONS EMPLOYING STATISTICAL METHODS

B.1. Respondent Universe and Sampling Method

Focus group locations were selected to allow for representation across the five National Prevention regions of Central, Northeast, Southeast, Southwest and Western. The specific cities of Cleveland, New York, Raleigh, Omaha and Los Angeles were selected base on cost and access to the target population.

Table 1: Plan and Locations for Adults

	Central Region (Cleveland)	Northeast Region (New York)	Southeast Region (Raleigh)	Southwest Region (Omaha)	Western Region (Los Angeles)
9- to 12-year-old children	1 (Mothers)	1 (Fathers)	1 (Mothers)	1 (Fathers)	1 (Fathers)
13- to 15-year-old children	1 (Fathers)	1 (Mothers)	1 (Fathers)	1 (Mothers)	1 (Mothers)

Table 2: Plan and Locations for Children

	Raleigh	Cleveland
9- to 11-year-olds	2 boys, 2 girls	2 boys, 2 girls
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B.2. Information Collection Procedures

The work plan proposes to conduct focus groups and interviews with participants from different urban, rural and suburban locations across the country and various ethnic, racial and socioeconomic status levels. Attachment 1: Target Audience Plan outlines the complete information collection procedures. Information will be collected using a discussion forum according to Attachment 4: Adult Moderator Guide and Attachment 7: Interview Guide-Children.

B.3. Methods to Maximize Response Rate

Recruiting for participation in focus groups will include 12 participants for each group to assure 8 to show for each session. Incentives will be provided to adults and the children for their help with the focus groups and interviews. CSAP will offer \$50 gift cards as tokens of thanks to the adults and \$25 gift cards to the children participating in Phase 2 and 3 of this process. Additional focus groups and interviews will be conducted if necessary.

B.4. Tests of Procedures

From May 18 through July 8, 2010, the Contractor conducted an initial (Phase 1) focus group effort with 12 focus groups by telephone with a total of 59 parents of children ages 9 through 15. The Office of Management and Budget approved this focus group approach and methodology, including the screeners and moderator guide used, on April 13, 2010 (Gen IC 0930-0196). The main purpose of the focus groups was to gather reactions to broad message concepts that participants received by mail or email in advance of the groups. Other topics explored in the focus groups included knowledge, attitudes, and behaviors related to underage drinking, as well as participant preferences for receiving information about underage drinking prevention. Groups were segmented by mother/father, age of child (9 through 11,12 through 13, 14 through 15), race and ethnicity (African American, Hispanic, White), and military/non-military families. Recruiters strived to ensure groups included a mix of parents from urban, rural, and suburban locations across the country and various socioeconomic levels. Phase 2 and 3 follow the procedures utilized in Phase 1.

B.5. Statistical Consultants

<u>Name</u>	<u>Agency/Company/ Organization</u>	<u>Number Telephone</u>
Susan Conner, MS	Gallup Organization	202.715.3124
Meredith Williams, MPH	Gallup Organization	202.715.3105
Camille Lloyd	Gallup Organization	202.715.3188
Lamont Rooker	Gallup Organization	202.715.3064
Emily Novick, M.P.P.	SAMHSA/CSAP/DSD	240.276.1359

List of Attachments

Attachment 1: Target Audience Plan

Attachment 2: Male Parent Recruit/Screenener

Attachment 3: Female Parent Recruit/Screenener

Attachment 4: Adult Moderator Guide

Attachment 5: Message Concepts—Adult and Children

Attachment 6: Child Recruit Screener

Attachment 7: Interview Guide Children

Attachment 8: Parental Consent Form VI

Attachment 9: 9- to 11-Year-Old Interview Assent Form for IRB

Attachment 10: 12- to 15-Year-Old Interview Assent Form for IRB

Attachment 11: Summary of \$30 Gift Card Issues