

# Assessment of the Town Hall Meetings on Underage Drinking Prevention

## Supporting Statement

### A. Justification

#### A.1 CIRCUMSTANCES OF INFORMATION COLLECTION

The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Prevention (SAMHSA/CSAP) is requesting a revision from the Office of Management and Budget (OMB) on the information collection regarding the Assessment of the Town Hall Meetings (THMs) on Underage Drinking Prevention. The current data collection has approval under OMB #0930-0288, which expires on January 31, 2011. Revisions were made to the Town Hall Meeting Feedback Form, now being referred to as the Organizer Survey (see Attachment 1); the data collection method; and the number of respondents. Additionally, CSAP is adding a new data collection component titled the Participant Form (see Attachment 2), which is the data collection instrument for the participants (or attendees) of the THM events.

This initiative focuses on underage drinking (UAD), which is a significant problem across the country:

- In 2008, slightly more than half (51.6 percent) of persons age 12 or older reported being current drinkers of alcohol. This percentage translates into 129.0 million people, which is similar to the 2007 estimate of 126.8 million people (51.1 percent) (National Survey on Drug Use and Health [NSDUH], 2009).
- In 2008, rates of current alcohol use were 3.4 percent among persons age 12–13, 13.1 percent of persons age 14–15, 26.2 percent of persons age 16–17, 48.7 percent of persons age 18–20, and 69.5 percent of persons age 21–25. These estimates showed significant declines from 2007 for persons age 14–15 (from 14.7 to 13.1 percent) and for persons age 16–17 (from 29.0 to 26.2 percent) (NSDUH, 2009).
- The rate of current alcohol use among youth age 12–17 was 14.6 percent in 2008, which is lower than it was in 2007, at 15.9 percent (NSDUH, 2009).
- Nearly three quarters of students (72.0 percent) have consumed alcohol (more than just a few sips) by the end of high school; about two fifths (39.0 percent) have done so by eighth grade. In fact, more than half (55.0 percent) of the 12th graders and nearly one fifth (18.0 percent) of the 8th graders in 2007 reported having been drunk at least once in their life (Johnston, O'Malley, Bachman, and Schulenberg, 2008).

In 2007, the Surgeon General issued a *Call to Action To Prevent and Reduce Underage Drinking* to highlight the nature and extent of UAD. The *Call to Action* focused the attention of the public on this enduring problem and on new disturbing research indicating that the developing adolescent brain may be particularly susceptible to long-term consequences from alcohol use

(U.S. Department of Health and Human Services [HHS], 2007). Recent studies show that alcohol consumption has the potential to trigger long-term biological changes that may have detrimental effects on the developing adolescent brain, including neurocognitive impairment (HHS, 2007).

To help mobilize communities to address the problems of UAD, SAMHSA/CSAP, in collaboration with the Interagency Coordinating Committee on the Prevention of Underage Drinking, has supported community-based organizations (CBOs) in hosting more than 3,000 THM events since 2006. These events, which took place in communities across America in and around April—Alcohol Awareness Month, provided communities with the opportunity to come together to learn more about UAD and its effect on individuals, families, and the community. Importantly, the THM events provided a forum for communities to discuss ways they can best prevent UAD by reducing demand, availability, and access.

In 2008, 1,604 CBOs hosted 1,811 THM events, compared with 1,230 CBOs and 1,510 THM events in 2006, the first year of the initiative. Details provided by CBOs on THM events held in their respective communities in 2008 indicate the following:

- Nearly all CBOs perceived that attendees increased their awareness of the negative effect of underage alcohol use and that attendees will become more involved in decreasing UAD in their community;
- There was extensive media support of the THM events from newspapers, radio, and local television stations;
- There was diverse community support and wide-ranging participation from adults and youth in the THM events;
- A broad number of resources were successfully used in the THM events, such as local and national statistics on underage alcohol use, the Surgeon General's *Call to Action*, and planning materials that were provided by SAMHSA/CSAP; and
- Numerous CBOs took action to follow up on the momentum gained during the THM events by planning to host future events, forming SAFE HOMES Parents Networks and other action groups, implementing social host ordinances, and developing strategic plans to reduce and prevent UAD.

To help guide decisionmaking and planning for future THM events, SAMHSA/CSAP plans to conduct an assessment of the THM events. CBOs that agree to participate in this initiative will be asked to complete the Web-based Organizer Survey to capture the implementation and planned follow-up activities of the THM events in their community. Additionally, at the conclusion of the THM events, participants will be asked to complete the paper-and-pencil Participant Form to determine how THM events may result in community action to prevent and reduce UAD.

CSAP is responsible for improving the accessibility to and the quality of substance abuse prevention services. It provides national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, as well as 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 ensure the widespread dissemination of prevention materials among States, political subdivisions, and school systems. 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 THM events will enhance the communities’ capacity to meet the Surgeon General’s *Call to Action*. The Surgeon General proposed six goals for the nation. The second goal is particularly relevant to the THM events:

*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 THM events every other year. The information collected will be used by SAMHSA/CSAP to document the implementation efforts of this nationwide initiative, determine if the THM events lead to additional activities within the community that are aimed at preventing and reducing UAD, identify what these activities may possibly include, and help plan for future THMs.

Additionally, the information collected will support performance measurement for SAMHSA programs under the Government Performance Results Act. Data specifically related to training, technical assistance, and information dissemination will be collected and submitted for the Science and Service budget line item of the Congressional Justification report. The table below provides a crosswalk of the questions on the instruments to the measures in which the Science and Service contracts are being asked to gather and report collectively.

Organizer Survey

<b>Measure: Training</b>	
Number of persons provided training services	<p><b>q18-Did you participate in a THM-related Webinar?</b>  <i>Response options: Yes, No</i></p> <p><b>q20-Did you view online training at <a href="http://www.stopalcoholabuse.gov">www.stopalcoholabuse.gov</a>?</b>  <i>Response options: Yes, No</i></p>
Percentage of training recipients who reported that they are very satisfied with the training received	<p><b>q22-Overall, how satisfied are you with the training you received?</b>  <i>Response options: Very satisfied, Somewhat satisfied, Somewhat dissatisfied, Very dissatisfied</i></p>
Percentage of training recipients who reported that their ability to provide effective prevention services improved a great deal as a result of the	<p><b>q23-To what extent has the training you have received improved your capacity to provide effective (underage drinking)</b></p>

services they received	<b>prevention services?</b> <i>Response options: A great deal, Somewhat, Not very much, Not at all, Not applicable</i>
Percentage of training recipients who reported that the training recommendations have been fully implemented	<b>q24-To what extent have the training recommendations you received most recently been fully implemented?</b> <i>Response options: Fully, Partially, Not yet begun</i>
<b>Measure: Technical Assistance (TA)</b>	
Number of persons provided TA services	<b>q25-Did you receive technical assistance (TA) in planning this THM event?</b> <i>Response options: Yes, No</i>
Percentage of TA recipients who reported that they are very satisfied with the TA received	<b>q27-Overall, how satisfied are you with the TA you received?</b> <i>Response options: Very satisfied, Somewhat satisfied, Somewhat dissatisfied, Very dissatisfied</i>
Percentage of TA recipients who reported that their ability to provide effective prevention services improved a great deal as a result of the services they received	<b>q28-To what extent has the TA you have received improved your capacity to provide effective (underage drinking) prevention services?</b> <i>Response options: A great deal, Somewhat, Not very much, Not at all, Not applicable</i>
Percentage of TA recipients who reported that the TA recommendations have been fully implemented	<b>q29-To what extent have the TA recommendations you received most recently been fully implemented?</b> <i>Response options: Fully, Partially, Not yet begun</i>
<b>Measure: Information Dissemination</b>	
Number of persons receiving prevention information directly	<b>q10-What was the total number of THM event attendees? (Estimates are okay.)</b> <i>Response options: # of physical attendees, # of virtual attendees</i>
Length of services/event	<b>q4-How long did the THM event last?</b> <i>Response options: # hours, # minutes</i>

*Participant Form*

<b>Measure: Information Dissemination</b>	
Demographics of number served/reached <i>(estimates for numbers served and demographics if actual counts are not available)</i>	<b>q10-What is your gender?</b> <i>Response options: Male, Female</i>  <b>q11-How old are you?</b> <i>Response options: 13 years old or younger, 14 to 18 years old, 19 to 24 years old, 25 to 39 years old, 40 to 55 years old, 56 years old</i>

	<p><i>or older</i></p> <p><b>q12-Are you of Hispanic or Latino ethnicity?</b>  <i>Response options: Yes, No</i></p> <p><b>q13-What is your race? (Select one or more.)</b>  <i>Response options: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White</i></p>
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Changes

Under the current approval, SAMHSA/CSAP distributes a brief Town Hall Meeting Feedback Form (see Attachment 3) to all CBOs participating in THM events. The form includes 14 items about the THM event, among which are—

- 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.

Under this revision, organizers of THM events will be sent an email (see Attachment 4) within 1 week following their THM event; this email will contain password-protected login information to access the Organizer Survey (see Attachment 1). The coded login will be used to track the submission of the survey and allow SAMHSA/CSAP to send a reminder email (see Attachment 5) to maximize the response rate. Organizers who do not complete the survey more than 30 days following their THM event will be sent the reminder email, which requests that organizers complete the survey by a defined date. The Organizer Survey includes 32 items about the THM event. Listed below is a summary of the revisions that were made—

<b>Reworded Topics/Questions</b>	<b>New Topics/Questions</b>
<ul style="list-style-type: none"> <li>• Date of the THM event</li> <li>• Location of the THM event</li> <li>• Promotion of the THM event</li> <li>• Participants in the THM event presentations</li> </ul>	<ul style="list-style-type: none"> <li>• Characterization of the THM event location</li> <li>• Duration of the THM event (in hours and minutes)</li> <li>• Collaboration with other organizations to</li> </ul>

<ul style="list-style-type: none"> <li>• Major actions planned as a result of the THM event</li> <li>• Overall satisfaction with the THM event</li> <li>• Sharing of any other important features of reactions to the THM event</li> <li>• Number/composition of THM attendees</li> </ul>	<ul style="list-style-type: none"> <li>• coordinate the THM event</li> <li>• Youth involvement in the THM event</li> <li>• Topic of the THM event, if other than UAD</li> <li>• Language of the THM event</li> <li>• Discussion topics at the THM event</li> <li>• Use of materials from the <a href="http://www.stopalcoholabuse.gov">http://www.stopalcoholabuse.gov</a> Web site</li> <li>• Participation in THM-related Webinars</li> <li>• Viewing of online training and requests for technical assistance (TA)</li> <li>• Satisfaction with training and/or TA received</li> <li>• Improved capacity to provide effective UAD prevention services due to training and/or TA received</li> <li>• Implementation of training and/or TA recommendations</li> <li>• Indication of whether data were collected about the THM event and willingness to share those data with SAMHSA</li> </ul>
<b>Deleted Topics/Questions</b>	
<ul style="list-style-type: none"> <li>• Description of meeting</li> <li>• Organization affiliation</li> <li>• Name of organization coordinating THM</li> <li>• Format/Features of the THM event</li> <li>• Overall response of THM event attendees</li> <li>• Use of materials from the THM resource kit</li> <li>• Indications of increased awareness</li> <li>• Indications of increased involvement</li> </ul>	

New Data Collection Component

CBOs that confirm their participation in the THMs on the UAD initiative will be asked to obtain feedback at the conclusion of their THM from event attendees using a Participant Form (see Attachment 2). This form will allow SAMHSA/CSAP to provide feedback to the organizers on their THM event and to better understand if the THM event will lead to additional community action and identify what those actions may consist of. The Participant Form includes 16 items about the THM event, among which are—

- When and where the THM event was held;
- Perception of increased awareness;
- Indication of reach of the UAD prevention messages from the THM event;
- Perception of increased involvement;
- Indication of the most important UAD issues facing the community;

- Perception of how well the THM event addressed those issues;
- Overall assessment of the THM event presenters; and
- Demographics of the participants.

SAMHSA/CSAP will be responsible for collecting, compiling, analyzing, and reporting on information requested through these instruments.

### **A.3 USE OF INFORMATION TECHNOLOGY**

Automated technology will be used in the collection of these data. This method is a change from the current approval process, which consists of a paper-and-pencil data collection method only. For this revision request, data will be collected via both a Web-based (see Organizer Survey, Attachment 1) method and paper-and-pencil (see Participant Form, Attachment 2) data collection method. There are several reasons for using a dual data collection approach:

- The efficiency of tracking adherence to the data submission requirement;
- Immediate availability of a captured audience;
- The limited amount of information to be collected;
- The limited amount of time in which to collect the information; and
- Maximization of response rates.

The Web-based application will comply with the requirements of Section 508 of the Rehabilitation Act to permit accessibility to people with disabilities.

### **A.4 EFFORTS TO IDENTIFY DUPLICATION**

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

### **A.5 INVOLVEMENT OF SMALL ENTITIES**

No small businesses will be involved, but nearly all of the organizers of the THM events will be small CBOs. To minimize burden on these CBOs, the Organizer Survey (see Attachment 1) was designed to contain mostly closed-ended questions and to be completed by only one member of the CBO that was involved in planning the local THM event. The questions on the Organizer Survey require little or no checking of other documents. The survey can be easily completed within a few minutes.

In addition to completing the Organizer Survey, a sample of CBOs (n=400) will be asked to collect feedback at the conclusion of their THM event from event attendees using the Participant Form (see Attachment 2). CBOs that already have a mechanism in place to collect feedback from event attendees will be given the option to incorporate questions from the Participant Form into their instrument. To further minimize burden on the CBOs, organizers will be provided preaddressed postage-paid FedEx airbills to submit Participant Forms to the study evaluators within 30 days of their event. They may, at their own discretion, also submit the data electronically to a designated email address.

The items on these instruments are considered the minimum necessary to obtain the feedback needed by SAMHSA/CSAP to assess and help plan for future THM events.

**A.6 CONSEQUENCES OF INFORMATION COLLECTED LESS FREQUENTLY**

Information on THM events will be obtained once every other year. 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 March 22, 2010 (Vol. 75, No. 54, pg. 13545–13547). No comments were received in response to the notice.



Consultations were conducted with individuals in CBOs who had participated in the 2006 and/or 2008 THM events. These consultations focused on the burden of completing the Organizer Survey and how the organizations might use the findings should SAMHSA/CSAP decide to share those findings with participating CBOs. Consultations were held with the following individuals:

Ms. Colleen Lyon  
Grand Futures Prevention  
Coalition  
P.O. Box 774923  
Steamboat Springs, CO 80477  
Phone: (970) 879-6188

Ms. Nicole Holt  
Texans Standing Tall  
P.O. Box 40365  
Austin, TX 78704  
Phone: (512) 442-7501

Ms. Becky Carlson  
Center for Prevention and  
Counseling  
61 Spring Street, Third Floor  
Newton, NJ 07860  
Phone: (973) 383-4787

Consultations were also conducted with three local community members to determine the clarity and burden of completing the Participant Form.

#### **A.9 PAYMENT TO RESPONDENTS**

Pending the availability of funds, SAMHSA/CSAP will provide CBOs with a stipend to conduct THM events. However, Organizer Survey and Participant Form respondents will not receive any incentive or payment from SAMHSA/CSAP for completing the data collection instruments.

#### **A.10 ASSURANCE OF CONFIDENTIALITY**

For the Organizer Survey (see Attachment 1), data will not be associated with individual names but rather with organization names through a coded login. Additionally, the IP address used to complete the survey is captured and is associated with the coded login. The coded login is used to track whether a THM event organizer has responded to the request to complete the survey. Once **Done** is clicked, the survey data will be stripped of its association to the THM event organizer's username, password, and the IP address used to complete the survey. A new ID code will be assigned to the data and will be used as a running tally of the number of surveys received.

For the Participant Form (see Attachment 2), no personal identifiers are collected on the form; therefore, it is anonymous. If personal identifiers that are collected for the local evaluation are accidentally submitted, SAMHSA will 1) immediately remind organizations to not submit personal identifiers, and 2) strip the data of these identifiers prior to working with any forms/data files. The Participant Form will be associated only with the THM for which the data were collected. This will allow the study evaluators to provide a summarized report of the feedback received to the THM organizer. Each form will be assigned an ID code that will be used as a running tally of the number of forms received.

All data will be reported in aggregate. The Institutional Review Board (IRB) of ICF Macro provided approval to conduct this assessment on September 14, 2010. The IRB approved revisions to the original submission on October 15, 2010 (see Attachment 6). The study will be reviewed annually by the IRB.

#### **A.11 QUESTIONS OF A SENSITIVE NATURE**

Most SAMHSA data collections gather sensitive information on substance abuse and mental health. The purpose of this data collection is to gather information about the THM events on UAD prevention, an important topic that could be considered sensitive. Demographic information is requested from THM event participants, which could also be considered sensitive. It is expected that the vast majority of persons completing the Participant Form (which is anonymous) will be over the age of 18; however, because of the possibility that persons under the age of 18 had participated in the THM events, SAMHSA/CSAP did not want to lose out on useful data about their perceptions of the THM event held in their community. No data are collected about individual use of alcohol or other substances.

The informed consent statement for the Organizer Survey, located on the opening page, will—

- Congratulate organizers for participating in the THMs on UAD prevention initiative;
- Remind organizers that, as a participant in the THMs initiative, they agreed to participate in the survey;
- Reference how the information from the survey will be used;
- Provide how long it will take to complete the survey;
- Describe the risks for participating in the survey;
- Indicate that information provided on the survey will be kept private to the extent of the law;
- State that responses will not be associated with the respondent's or organization's name in any reports to SAMHSA;
- Mention that findings given to SAMHSA will be in group form;
- Provide an email address and phone number to call if respondents have questions or concerns about their participation in the survey; and
- State that by continuing, respondents are consenting to participate in the survey on behalf of their organization.

The brief paragraph provided on the first page of the Participant Form will—

- Provide the purpose of the form;
- Describe how long it will take to complete the form;
- Mention that participation is voluntary;
- State that respondents can answer some or all of the questions;
- Note that the answers are very important to us;
- Ask respondents to not write their name anywhere on the form; and
- Thank respondents.

## **A.12 ESTIMATES OF ANNUALIZED HOUR BURDEN**

The Organizer Survey will be completed by an estimated 3,400 THM event organizers and will require only one response per respondent. It will take an average of 30 minutes (0.500 hours) to review the instructions and complete the survey. This burden estimate is based on comments from several potential respondents who reviewed the survey and provided comments on how long it would take them to complete it. The respondents will be the employees of a CBO. For the burden estimate, an hourly wage of \$28.85 is used; it is based on an average annual salary of \$60,000 for respondents who work 2,080 hours per year. The total hourly cost is \$49,045.00.

The Participant Form will be completed by an average of 30 participants per sampled CBO (n=400) and will require only one response per respondent. It will take an average of 5 minutes (0.083 hours) to

review the instructions and complete the form. 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 the persons who attended the THM event. For the burden estimate, an hourly wage of \$7.25 is used; it is based on the current Federal minimum wage. The total hourly cost is \$7,221.50.

<b>Form Name</b>	<b>No. of Respondents</b>	<b>Responses per Respondent</b>	<b>Total Responses</b>	<b>Hours per Response</b>	<b>Total Hour Burden</b>	<b>Hourly Wage Cost</b>	<b>Total Hour Cost (\$)</b>
Organizer Survey	3,400	1	3,400	0.500	1,700.00	\$28.85	\$49,045.00
Participant Form	12,000	1	12,000	0.083	996.00	\$7.25	\$7,221.00
Total	15,400	—	15,400	—	2,696.00	\$36.10	\$56,266.50

### **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 startup costs will be incurred.

### **A.14 ESTIMATES OF ANNUALIZED COST TO THE GOVERNMENT**

Costs for this data collection include personnel for designing the Web-based survey and conducting the data collection, which includes analyzing the data and preparing summary reports. Total annual contractor cost for this data collection is approximately \$37,190. In addition, there are Government staff costs of approximately 2 percent of a GS-13 project manager (approximately \$1,648, assuming a Step 6).

### **A.15 CHANGES IN BURDEN**

Currently, there are 200 burden hours in the OMB inventory. SAMHSA/CSAP is requesting 2,696.00 hours. The 2,496.00 increase in hours is due to a program change. The program change affects the following aspects of the data collection:

- The Town Hall Meeting Feedback Form—add, delete, and/or revise questions. Additionally, refer to the revised instrument as the Organizer Survey;
- The data collection method—change the method from paper-and-pencil to Web-based to collect data from THM event organizers;
- The number of THM event organizer respondents—increase sample from 1,200 to 3,400; and
- Add a new data collection component—survey participants (attendees) of the THM events using a Participant Form. An average of 30 participants from each sampled CBO (n=400) will participate in this data collection effort.

### **A.16 TIME SCHEDULE, PUBLICATION, AND ANALYSIS PLANS**

Time Schedule—The THM events will be held in and around April—Alcohol Awareness Month. The following table lists the project activities and the dates those activities are projected to be completed beginning in 2010. A similar schedule will apply to subsequent years (2011–2014).

<b>Activity</b>	<b>Date</b>
Obtain OMB clearance of revision	Fall 2010
Send the registration/confirmation of participation email to potential THM event organizers	Fall 2011
Send an initial survey email to THM event organizers	Spring 2012
Send a reminder survey email to THM event organizers	Spring 2012
Verify entered data	Summer 2012
Conduct data analysis	Summer 2012
Prepare and submit draft summary report to SAMHSA/CSAP	Summer 2012
Prepare and submit finalized summary report to SAMHSA/CSAP	Fall 2012
Prepare and submit draft State-by-State profiles of THM events to SAMHSA/CSAP	Fall 2012
Prepare and submit finalized State-by-State profiles of THM events to SAMHSA/CSAP	Winter 2012
Submit THM event data to CSAP data analysis coordination and consolidation center	Nov. and May, during data collection phase
Resubmit OMB package	Fall 2013

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 of organizers’ and participants’ data.

<b>State or Territory Where the THM Event Took Place</b>	<b>% (N=)</b>
A	
B	
C	
D	
Total	

<b>Major Actions Planned as a Result of the THM Event</b>	<b>N</b>	<b>Total %</b>
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Implementing social host ordinances		
Forming SAFE HOMES Parents Networks		
Creating UAD prevention action groups		
Starting a youth-led coalition on UAD prevention		
Developing strategic plans to reduce and prevent UAD		
Collaborating with other agencies or programs to reduce and prevent UAD		
Planning additional THM events on UAD prevention		
Planning other future events on UAD prevention		
Holding follow-up meetings or discussion groups on UAD prevention		
Applying for additional funding to sustain UAD prevention efforts		
Other		

<b>The THM Event Addressed the Most Important UAD Issues Facing the Community (Response of THM Event Participants in Percentages)</b>			
<b>A great deal</b>	<b>Somewhat</b>	<b>Not very much</b>	<b>Not at all</b>

The qualitative information reported on the surveys will be used to highlight important response patterns in the quantitative data. Those comments could also suggest other relevant questions to ask during the monitoring of future THM events.

Summary Reports—Reports summarizing the assessment will be prepared for the internal use of SAMHSA/CSAP. Data from the assessment may be presented at internal meetings and professional conferences, such as the National Prevention Network (NPN), American Public Health Association, and the Society for Prevention Research. A summarized report of participant feedback may be provided to the THM organizer for which the data were submitted. No other reports or publications are currently 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**

#### Organizers

The respondent universe consists of CBOs organizing the biennial THM events and THM event attendees. SAMHSA has collaborated with the NPN members of each State, U.S. territories, and the District of Columbia for the past three rounds of THMs. The role of the NPN is to recommend a specific number of CBOs, based on State size, in its State/territory to conduct at least one THM. Once the recommendations are received by SAMHSA, the CBOs can then register online and confirm their participation in the THMs initiative. The CBOs agree to conduct at least one event in their respective communities, and it is solely up to the CBO as to whether it will conduct multiple THMs, since this is often based upon resources and funding. THM organizers are analogous to traditional grantees. A census is needed of all CBOs holding THM events (N=3400) because the organizations receive a stipend from SAMHSA to plan the events. Organizations that agree to host THM events are expected to document their events and planned follow-up activities by completing the Web-based Organizer Survey.

#### Participants

We will design and select a two-stage stratified random sample of CBOs (events) and participants in the town hall events. The sample is designed to address the main objectives of the study. The design is focused on determining the intended or potential actions of community members following the event.

At the first-stage, we will select a random sample of CBOs with equal probabilities. We will identify whether the CBO has an on-line or in-person event, and restrict the sampling frame to the latter mode of implementation (in person). At the second stage, we will select all participants from each sample CBO to simplify operations. The first-stage (CBO) sampling frame will be compiled using the event details submitted on-line by every CBO in the target population. The frame can then be subset to those CBOs planning in-person events, information that will also be collected in the event details. We anticipate an average of n=40 sample participants for this stage of sampling. For an anticipated response rate of approximately 75 percent, the total number of responding participants will be 30 per CBO on average.

The expected precision depends on the anticipated intra-cluster correlation within CBOs (the homogeneity of clusters); i.e., on how similar participants within a same CBO are along the key survey variables. As discussed in the brief precision analysis below, we anticipate substantial clustering effects. For the 400 sample CBOs, and an average 30 responding participants per sample CBO, the anticipated total number of completed surveys is 12,000. Effective sample sizes that take into account design effects (DEFFs), however, range from 3,000 (DEFF=4) to 6,000 (DEFF=2).

The precision calculations are focused on estimated percentages, or proportions, that apply to the key survey variables of dichotomous form. Examples include

- Did you learn anything about underage drinking and its associated problems that you didn't know before attending the THM event?
- Do you plan to share any material(s) or lessons learned from the THM event with others?

- Did you learn of specific ways in which you, as an individual, can help to prevent underage drinking?

The table below shows the standard error of estimated percentages for a range of design effects (DEFFs) Design effect is defined as the variance under the actual design divided by the variance under simple random sampling. To be conservative, we use percentages of 50%, where standard errors are the largest possible. The design effect reflects clustering effects that tend to inflate variances.

**Standard error of estimated percentages (n=6,000)**

Design Effect (DEFF)	Standard Error
2.0	0.65%
3.0	0.79%
4.0	0.91%

The table shows that estimated percentages will be within +/-2% for 95% confidence intervals even if design effects are as large as 4.0.

**B.2 INFORMATION COLLECTION PROCEDURES**

The identified individual at each organizing CBO will be emailed, within 1 week following his or her THM event, instructions on how to access the Organizer Survey. As respondents complete each page of the survey and click **Next**, data entered will be automatically saved. The respondents will be allowed to return to the survey until they click **Done**. Once the survey is submitted (i.e., **Done** is clicked), CBOs will not be allowed to go back into the survey to make changes. Organizers who do not complete the Organizer Survey more than 30 days following their THM event will be sent a reminder email requesting them to complete the survey by a defined date.

Sampled CBOs will be asked to obtain feedback at the conclusion of their THM from event attendees using the Participant Form. At least 2 weeks prior to the scheduled THM, CBOs will be provided copies of the Participant Form and instructions for handling the form. The instructions will include information on, but not limited to, distributing the forms to attendees; performing visual quality control checks on the forms (e.g., reviewing the form to ensure that the date and location of the THM event is recorded); methods to increase response rates (e.g., entering persons into door prize drawings for completing and submitting the form); and how and where to send the completed forms.

CBOs that already have a mechanism in place to collect feedback from event attendees will be given the option to incorporate questions from the Participant Form into their instrument. Organizers will be provided preaddressed postage-paid FedEx airbills to submit Participant Forms to the study evaluators within 30 days of their event. Data entry will be performed by the study evaluators. CBOs may, at their own discretion, also submit the data electronically to a designated email address.

### **B.3 METHODS TO MAXIMIZE RESPONSE RATES**

Several methods will be used to maximize response rates:

- Contacts at formerly and newly participating CBOs will be sent a Registration/Confirmation of Participation Email (see Attachment 7), which highlights key expectations for agreeing to host THM events. One of the key expectations is that CBOs will document their THM events and planned follow-up activities by completing the Organizer Survey. An additional key expectation is that CBOs will obtain feedback at the conclusion of their THM from event attendees using the Participant Form.
- Organizers of THM events will be sent an email, within 1 week following their THM event, containing password-protected login information to access the Organizer Survey. The coded login will be used to track the submission of the survey.
- Organizers who do not complete the survey more than 30 days following their THM event will be sent a reminder email requesting them to complete the survey by a defined date.

A response rate of more than 75 percent is expected for the Organizer Survey and approximately 75 percent is expected for the Participant Form. Although SAMHSA/CSAP anticipates strong enthusiasm by the THM organizers and event participants, it is projected that some event organizers may not be able to obtain feedback from all attendees.

### **B.4 TESTS OF PROCEDURES**

A draft of the Organizer Survey was sent to individuals in CBOs who had participated in the 2006 and/or 2008 THM events. Additionally, a draft of the Participant Form was sent to a few local community members. These individuals were asked to identify any question that they did not understand or thought they would not be able to answer. They were also asked to report the amount of time it took them to complete the instruments. All of the questions were easily understood by those individuals, and no questions were identified as being difficult to answer. Based on the review of comments, no changes were made to the draft instruments. In light of this input and the simple, straightforward nature of the testing procedures, pretesting is not necessary.



## B.5 STATISTICAL CONSULTANTS

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- U.S. Department of Health and Human Services. (2007). *The Surgeon General's call to action to prevent and reduce underage drinking*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General.

## **List of Attachments**

1. Organizer Survey
2. Participant Form
3. Town Hall Meeting Feedback Form
4. Initial Email to Organizers—Survey
5. Reminder Email to Organizers—Survey
6. ICF Macro IRB Review Findings Form
7. Registration/Confirmation of Participation Email