

Concept Testing. “Talk. They Hear You” Public Service Announcement (PSAs) for Military Parents

A. Product Activity to be Assessed

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention, is requesting OMB approval for one new focus group tool consisting of the following:

- Focus Group Protocol (Attachment A)
- Focus Group Discussions (FGD) Recruitment and Screening (Attachment B)
- Release and Consent Form (Attachment C)
- FGD Facilitator Guide (Attachment D)

The last decade has seen an increased focus on preventing underage drinking in national and local policy, law enforcement efforts, and through campaigns, including the Substance Abuse and Mental Health Administration’s (SAMHSA’s) “Talk. They Hear You.” Launched in 2013, this campaign helps raise awareness about the dangers of underage drinking, specifically engaging parents and caregivers of children ages 9-15 to take action (“talk to your children about the dangers of underage drinking”) and increase their skills with modeling and support resources. This is a national campaign conducting ongoing implementation.

The “Talk. They Hear You.” campaign hinges on the insight that a parent or caregiver talking to his/her children about the dangers of alcohol is an important factor in deterring underage alcohol consumption. Studies have shown that parents and other influencers have a significant influence on young people’s decisions about alcohol consumption,¹ especially when supportive and nurturing environments are created in which children can make their own decisions.² In fact, about 80 percent of children feel that parents should have a say in whether they drink alcohol.^{3,4}

Current “Talk. They Hear You.” promotion channels and resources consist of public service announcements (PSAs); the Campaign’s website, www.underagedrinking.samhsa.gov; tip sheets; social media; partnership networks; direct outreach; and a mobile application. These materials show parents using everyday opportunities to talk with their children about alcohol,

¹ Nash, S. G., McQueen, A., & Bray, J. H. (2005). Pathways to adolescent alcohol use: Family environment, peer influence, and parental expectations. *Journal of Adolescent Health, 37*(1), 19–28.

² Barnes, G. M., Reifman, A. S., Farrell, M. P., & Dintcheff, B. A. (2000). The effects of parenting on the development of adolescent alcohol misuse: A six-wave latent growth model. *Journal of Marriage and Family, 62*(1), 175–186.

³ Jackson, C. (2002). Perceived legitimacy of parental authority and tobacco and alcohol use during early adolescence. *Journal of Adolescent Health, 31*(5), 425–432.

⁴ Nash, S. G., McQueen, A., and Bray, J. H. (2005). Pathways to adolescent alcohol use: Family environment, peer influence, and parental expectations. *Journal of Adolescent Health, 37*(1), 19–28.

to help reinforce the importance of starting the conversation about alcohol at an early age. Materials have been created and provided to local organizations and partners to share with parents and community members, and using their feedback materials continue to be adapted for other partner needs including pre-crafted social media messages for account managers, blog posts, infographics, and newsletter articles.

“Talk. They Hear You.” PSAs include print, radio, and video formats, with many materials available in both English and Spanish. Since launching in 2013, the campaign has garnered 6.36 billion PSA impressions and more than 6,489 mobile application downloads.

While some reductions in underage drinking rates have been observed in the last decade⁵, underage drinking remains a serious problem. Ten percent of 9- to 10-year-olds have already started drinking,⁶ and more than 20 percent of underage drinkers begin drinking before age 13.⁷ Studies have shown that underage drinkers tend to drink less often than adults, but they drink more heavily when they do drink: on average, underage drinkers consume 5 drinks per occasion, 5 times a month.⁸ Underage drinking cost the citizens of the United States \$56.9 billion in 2013, including include medical care, work loss, and pain and suffering associated with the multiple problems resulting from the use of alcohol by youth.⁹

Given the ongoing opioid epidemic and widespread changes in state policies on marijuana, SAMHSA will expand its “Talk. They Hear You. ®” efforts to include other substances in addition to alcohol this year. The 2018 efforts will focus on parents who serve in the United States military, either as active duty or reserve personnel. This military-focused theme will concentrate on alcohol and substance use among youths aged 9 to 15 and is intended to reach parents serving in all branches of the military. Campaign materials to be developed for this target audience may include public service announcements to help these parents prepare for and have conversations with their children about underage drinking and substance use prevention. Our team proposes hosting focus groups to test concepts for a new PSA to be promoted to these military parents of 9- to 15-year-olds.

B. Brief Statement of Objectives

⁵ Substance Abuse and Mental Health Services Administration. (2013). Results from the 2012 National Survey on Drug Use and Health: Special Data Analysis. Center for Behavioral Health and Statistics and Quality. Rockville, MD: Substance Abuse and Mental Health Services Administration.

⁶ Donovan, J. E. (2007). Really underage drinkers: The epidemiology of children's alcohol use in the United States. *Prevention Science*, 8(3),192-205.

⁷ Centers for Disease Control and Prevention. (2012). Youth risk behavior surveillance—United States, 2011. *Surveillance Summaries. Morbidity and Mortality Weekly Report*, 61, SS-4, 1-162.3

⁸ Substance Abuse and Mental Health Services Administration. (2013c). Results from the 2012 National Survey on Drug Use and Health: Special Data Analysis. Center for Behavioral Health and Statistics and Quality. Rockville, MD: Substance Abuse and Mental Health Services Administration.

⁹ Taylor DM, Miller TR. (2015). Methodology: Underage Drinking Fact Sheets. Calverton, MD: PIRE, <http://www.udetc.org/documents/Underage-Cost-Methods-082807.pdf>

The overall objective of the focus groups is to test two newly developed concepts for PSAs that target military parents and caregivers of children ages 9-15 for the “Talk. They Hear You.” Campaign. The focus groups will help inform SAMHSA on which concept best resonates with the target population. Concept testing among parents will determine whether concepts are effective at conveying the importance of talking to kids about underage drinking and substance use, and how parents can have these tough conversations with their children. The information derived from the focus groups will help improve the concepts and guide developers in making them more memorable, understandable, relevant, and appealing to parents. Focus group results will provide a solid foundation on which to develop the Campaign’s new public service announcement and accompanying materials. Input from the target audience is a critical part of the PSA and materials development process and will inform the refinement of messaging and development of a more relevant “Talk. They Hear You.” Campaign.

C. Overview of Methods to Collect Information

Data Collection Method

SAMHSA is seeking to conduct four focus groups in four geographic locations with high concentrations of military families with children of 9 to 15 years of age. The locations for the focus groups will aim to recruit parents from diverse socio-economic, cultural, educational, and demographic backgrounds. Diversity in participants’ backgrounds yields a comprehensive set of opinions, experiences, and feedback of the “Talk. They Hear You.” campaign materials and products.

The four proposed markets in which the focus groups will take place are: Norfolk, VA; Federal Way, WA; Colorado Springs, CO; Columbia, SC.

Each focus group will be 90 minutes long. The time breakdown for each focus group is the following:

- 5 minutes to pre-screen potential participants
- 90 minutes to read and sign consent forms and participate in introduction, guidelines, and group discussion

SAMHSA will provide recruitment and screening questionnaires to vendors to use in recruiting the focus group participants. This ensures the individuals participating in each group will meet the needs of the study. SAMHSA will also provide guidance on timing and set up for the groups and work with its vendors to meet or adjust the logistical requirements as needed.

Identifying respondents and providing incentives

SAMHSA is looking to have a total of forty-eight (48) potential participants that will be pre-screened prior to the focus groups (12 potential participants per focus group). Out of the 48 pre-screened potential participants, forty (40) will be recruited and divided into four (4) groups of ten (10), to participate in the 90-minute focus group sessions. One session will take place on each of the following cities: Norfolk, VA; Federal Way, WA; Colorado Springs, CO; Columbia, SC.

- Participant recruitment will be based on the results of a screening questionnaire to be applied by: Eureka Facts
- Focus groups will be conducted preferably after work hours, based on potential participant's availability.
- At the beginning of each session, participants will complete a release/consent form of use of the information provided.
- To gain participants and reduce recruiting time and cost, SAMHSA will offer participants a \$50 gift card.

Participant's recruitment and session dates will be determined based on receipt of clearance and approval from OMB to proceed.

Frequency of Data Collection

SAMHSA is seeking to conduct the proposed four focus groups only one time. Each focus group will be 90 minutes long and each respondent will be asked to provide feedback as part of the overall conversation as well as to inform future efforts regarding targeting parents for the purposes of reducing and preventing underage drinking. The moderator will ensure all participants have an equal amount of time to participate.

Methods for Identifying Duplication

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

D. Annualized Response Burden Estimate

Participant	No. of Respondents	Responses per respondent	Total Number of Responses	Hours per Response	Total hour burden	Wage per hour	Total hour cost
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Individuals (Screening call to participate)	48	1	48	.08	3.84	0	0
Individuals (Focus Group participation)	40	1	40	1.5	60	\$35.00	\$2100.00
Totals	48		88		63.84		\$2100.00

The estimated annualized cost to respondents for the proposed data collection activities is \$2,100.00. For the purposes of estimating annual cost, it is assumed that the participants will participate once. The average burden was estimated based on independent review of the focus groups by the contractor and Federal staff.

Estimates of Annualized Cost to the Government

The estimated annualized cost to the government for the proposed data collection activities is \$25,376 and includes the cost to the contract as well as the GPO cost.

Position	Percent FTE	Annual Hours	Rate	Total Annual Cost
CSAP GPO		40	\$59.40/hr	\$2,376
Contractor(s) - Underage Drinking Prevention National Media Campaign for STOP Act		n/a	n/a	\$23,000
Totals	<i>varies</i>	<i>varies</i>	<i>varies</i>	\$25,376

E. Methods used to develop the questions

Questions similar to those in the moderator's guide have been asked to participants from focus groups for concept testing, to assess relevance and effectiveness of the campaign materials.

F. Consultants within SAMHSA and outside the Agency

The common measures here for OMB approval are the result of lengthy consultation and discussion among SAMHSA personnel, and contract representatives. The final selection of these measures was made by SAMHSA senior officials.

Project Officer

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List of Attachments:

- Attachment A: Focus Group Protocol
- Attachment B: FGD Recruitment and Screening
- Attachment C: Release and Consent Form
- Attachment D: FGD Facilitator Guide