Assessment of *Communities Talk to Prevent Underage Drinking* Initiative

<u>Supporting Statement</u>

A. Justification

A.1 CIRCUMSTANCES OF INFORMATION COLLECTION

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting reinstatement from the Office of Management and Budget (OMB) of the information collection regarding the Assessment of *Communities Talk to Prevent Underage Drinking* initiative, which is implemented via CSAP's Underage Drinking Prevention Education Initiatives (UADPEI) contract. The most recent data collection was approved under OMB No. 0930-0288, Assessment of the Town Hall Meetings on Underage Drinking Prevention, which expired on May 31, 2020. Revisions were made to an existing data collection instrument: the Organizer Survey (Attachment 1); it can be completed twice, namely after a round of *Communities Talk* events and activities (activities) from February 2022 to April 2022, and as a follow-up one year later from February 2023 to April 2023. The data collection method for this instrument remains unchanged. SAMHSA is discontinuing two data collection instruments: the Organizer Survey–6-month Follow-Up, and the Participant Form.

As described in the *U.S. Surgeon General's Call to Action to Prevent and Reduce Underage Drinking,* "Underage alcohol consumption in the United States is a widespread and persistent public health and safety problem that creates serious personal, social, and economic consequences for adolescents, their families, communities, and the Nation as a whole" (U.S. Department of Health and Human Services, 2007).

- In 2019, about 7.0 million persons ages 12 to 20 (18.5 percent of this age group) reported drinking alcohol in the past month. Approximately 4.2 million (11.1 percent) were binge drinkers, and 825,000 (2.2 percent) were heavy drinkers (Substance Abuse and Mental Health Services Administration, Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health).

- In 2019, 4.4 million adolescents aged 12 to 17 (9.4 percent) used alcohol in the past month; 1.2 million adolescents (4.9 percent) were past month binge alcohol users. Additionally, 18.3 million young adults aged 18 to 25 (54.3 percent) used alcohol in the past month; 11.6 million young adults (34.3 percent) were past month binge alcohol users (Substance Abuse and Mental Health Services Administration, Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health).

- The developing brain is particularly vulnerable to effects of alcohol. Misuse of alcohol during adolescence and early adulthood can alter the trajectory of brain development, resulting in long-lasting changes in brain structure and function (Lees et al., 2020).

- In 2019, among U.S. high school students who drove, 5.4% had driven after drinking alcohol

(Centers for Disease Control and Prevention, Youth Risk Behavior Survey, 2019).

- In 2018, of the 1,719 drivers ages 15–20 who were killed in motor vehicle traffic crashes, 404 (24 percent) had a blood alcohol concentration (BAC) of 0.01 or higher; 331 (19 percent) had a BAC of 0.08 or higher; and 73 (4 percent) had a BAC of 0.01 to 0.07 (2020 Report to Congress on the Prevention and Reduction of Underage Drinking: National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2019).

- In 2018, an estimated 2,095 youth ages 12-20 died from unintentional injuries caused by events other than motor vehicle crashes, such as poisoning (which includes alcohol and drug overdoses), drowning, falls, and fire/burns related to drinking (2020 Report to Congress on the Prevention and Reduction of Underage Drinking: Centers for Disease Control and Prevention, 2020b, Welcome to WISQARS, 2020).

- Alcohol is a factor in the deaths of thousands of people younger than age 21 in the U.S. each year, including 1,000 from homicides; 208 from alcohol overdose, falls, burns, and drowning; and 596 from suicides (Centers for Disease Control and Prevention, Alcohol and Public Health: Alcohol-Related Disease Impact (ARDI) public-use data file, 2018).

To help address the problem of underage drinking (UAD) and its consequences, SAMHSA sponsors nationwide *Communities Talk* activities approximately every 2 years. These activities are intended to work at the grassroots level to raise awareness of the public health dangers of UAD and to engage communities in evidence-based prevention. Notably, *Communities Talk* activities provide a forum for communities to discuss ways they can best prevent UAD by reducing the availability of alcohol and by creating community norms that discourage demand.

By the end of 2019 community-based organizations (CBOs) and institutions of higher education (IHE) recruited by SAMHSA initiated approximately 11,000 Communities Talk activities in every state, the District of Columbia, and most U.S. territories. SAMHSA evaluated these activities, including conducting an online survey with 148 staff of CBOs and IHEs that received a planning stipend to organize *Communities Talk* activities (i.e., organizers) from January to June 2019. Data analysis suggested that *Communities Talk* activities can be a positive catalyst for change. For example, most organizers reported that they were very or somewhat likely to develop strategic plans to reduce and prevent UAD (97 percent), build coalitions with other agencies or programs to reduce and prevent UAD (92 percent), or advocate for changes to existing laws and policies (91 percent).

SAMHSA 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), SAMHSA is directed to develop effective alcohol use 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

SAMHSA supports nationwide *Communities Talk* activities every other year. Collecting data on each round of *Communities Talk* and using this information to inform policy and measure impact connects with SAMHSA's Strategic Plan FY2019-FY2023, specifically "Objective 3.2: Expand community engagement around substance use prevention, treatment, and recovery" (SAMHSA, 2018).

SAMHSA will use the information collected to document the implementation efforts of this nationwide initiative, determine if the federally sponsored activities 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 rounds of *Communities Talk*. SAMHSA intends to post online a summary document of each round of *Communities Talk* activities. The findings will also be presented at national conferences attended by CBOs and IHEs that have hosted these activities and might host future prevention-focused activities through the initiative. Similarly, SAMHSA plans to share findings with the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD). Agencies within this committee encourage their grantees to participate as activity hosts.

Additionally, the information collected will support performance measurement for SAMHSA programs under the Government Performance Results Act (GPRA). Data specifically related to training 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 Organizer Survey instrument to the measures in which the Science and Service contracts are being asked to gather and report collectively.

Organizer Survey for Initial and Follow-Up

Measure: Training	
Number of persons provided training services	**q5-Have you used any material(s) from the Communities Talk website (www.stopalcoholabuse.gov/communities talk)?** *Response options: Yes, No*
Measure: Information Dissemination	
Number of persons receiving prevention information directly	**q3-What was the total number of attendees at the most recent Communities Talk activity? (Estimates are okay.)** *Response options: # of physical (in-person) attendees, # of virtual (not in-person) attendees*

Changes

Organizer Survey—Initial

Under the most recent approval, the Organizer Survey consisted of 20 items. Under this revision, the Organizer Survey includes 14 items about *Communities Talk* activities and how communities might be carrying out evidence-based strategies addressing UAD. The following table provides a summary of the changes that were made to the instrument.

Current question/item	**Changes made**
Burden statement	Updated with language provided by SAMHSA: 'This information is being collected to assist the Substance Abuse and Mental Health Services Administration (SAMHSA) for the purpose of program monitoring of the *Communities Talk to Prevent Underage Drinking* initiative. This voluntary information collected will be used at an aggregate level to determine experiences with the events and underage drinking prevention activities. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0930-0288. Public reporting burden for this collection of information is estimated to average 10 minutes per encounter, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Ln, Room 15 E57B, Rockville, MD 20857.'

Current question/item	Changes made
Informed consent	Updated to include verbiage now typically required in informed consent statements: 'The Substance Abuse and Mental Health Services Administration (SAMHSA) invites prevention specialists working individually or as part of a coalition to fill out this survey. A coalition refers to any group of individuals or organizations working together. This survey asks about your possible experiences with *Communities Talk to Prevent Underage Drinking* and how your community might be carrying out evidence-based strategies addressing underage drinking. Evidence-based strategies have been evaluated and found to have positive effects on the people being targeted. The survey will last no more than 10 minutes. Your participation is completely voluntary. You can stop at any time. Refusal to participate will not affect your employment, funding for your work, or result in any other penalty or loss of benefit. The research team will keep your survey answers in a password-protected computer folder. It will be accessed only by the research team. The research team will summarize everyone's answers in a report. The research team will keep your name and contact information separate from your answers. The report will not identify you. Your thoughts are very important. They will help SAMHSA improve how it supports community-based prevention efforts. If you have any questions, please contact Dr. Genevieve Martinez-Garcia, Study Administrator, at info@stopalcoholabuse.net. By continuing, you are consenting to participate in this survey on behalf of your coalition or you.'
q1-Date of the Communities Talk event	Question deleted
q2-Enter the location of the Communities Talk event	Question deleted

Current question/item	Changes made
q3-How long did the Communities Talk event last (e.g., 45 minutes, 1.5 hours)?	Question deleted
q4-How would you characterize the location where the Communities Talk event was held?	New q12
q5-What influenced your organization's decision to host a Communities Talk event? (Mark all that apply.)	Question deleted
q6- Did any other community-based organization (e.g., business, school) collaborate with your organization in hosting this event?	Question deleted
q7- Were youth involved in organizing and/or hosting the Communities Talk event?	Question deleted
q8- How was the Communities Talk event promoted? (Mark all that apply.)	Question deleted
q9-What was the total number of attendees at the Communities Talk event? (Estimates are okay.)	New q3
q10-In what language was the Communities Talk event conducted? (Mark all that apply.)	Question deleted
q11-Which of the following best represents key speakers at the Communities Talk event? (Mark all that apply.)	Question deleted
q12- Was underage drinking the only topic addressed by the Communities Talk event?	Question deleted
q13- Which of the following alcohol-related topics were discussed at the Communities Talk event? (Mark all that apply.)	Question deleted
q14-In your opinion, how important is underage drinking, and its consequences, to the residents of your community?	New q1

Current question/item	Changes made
q15- In the future, how likely is it that you or your organization will plan or collaborate with others on the following activities to prevent underage drinking in your community?	Added the following introductory sentence: 'A community's needs and its resources may change over time.' (new q9)
q16- Thinking about you and your organization, please rate your agreement with the following statements.	Deleted the following statements: (a) 'The Communities Talk event has increased my ability to share information about the importance of preventing underage drinking'; (b) 'As a result of this Communities Talk event, I feel more motivated to continue to address underage drinking in my community'; (c) 'As a result of this Communities Talk event, I feel more confident hosting another Communities Talk or other underage drinking prevention event in the future'; (d) 'As a result of this Communities Talk event, I am more likely to host another underage drinking prevention event in my community' (new q6)
q17- Did you use any material(s) from www.stopalcoholabuse.gov/townhallmeetings for the Communities Talk event? <**If yes**> What material(s) did you use?	In first sentence, replaced 'Did you use' with 'Have you used' and added 'the *Communities Talk* website (www.stopalcoholabuse.gov/communitiestalk)' In first sentence, deleted 'for the Communities Talk event' (new Q5)

Added a second question (new Q5A) to replace '<**If yes**> What material(s) did you use?' with response options. New question reads: 'Q5A <If Q5=Yes> What material(s) from the Communities Talk website (www.stopalcoholabuse.gov/communitiestalk) have you used?

o   Quick Start Planning Guide
o   Registration Tutorial Video
o   Tips & Tools for Hosting a Virtual Activity (e.g., virtual activity starters and ideas)
o   Using Social Media guides
o   Social Media Images/Graphics |

Current question/item	Changes made
	o Customizable Resources for Communities Talk Promotion and Implementation (e.g., PowerPoint template, flyer, logo, web badge) o Other (please specify) _____ ,
SAMHSA provides periodic webinars and online training at for organizations hosting Communities Talk events. SAMHSA also provides technical assistance to organizations through www.stopalcoholabuse.gov/townhallmeetings/contact-us.aspx , info@stopalcoholabuse.net, eval@stopalcoholabuse.net, and by telephone at (866) 419–2514. q18-Please rate your agreement with the following statements regarding any training or technical assistance (TA) that you or your organization received.	Explanation and question deleted
q19- Please share any other important features or reactions to the Communities Talk event.	Question deleted
q20- Did your organization develop a report, or does it plan to, that includes underage drinking data at the community level (e.g., incidences of use; activities or actions employed to prevent and combat underage drinking)? <**If yes**> Would you be willing to share the report with SAMHSA? <**If yes** > Please send the report to the following address: eval@stopalcoholabuse.net [or] ICF Attn.: Communities Talk on UAD—Rená A. Agee 530 Gaither Rd, Suite 500, Rockville, MD 20857	In first sentence, replaced 'Did your organization develop a report, or does it plan to,' with 'Do you have a report or something else (e.g., tables) '; In third sentence, replaced 'eval@stopalcoholabuse.net' with 'info@stopalcoholabuse.net'; In third sentence, replaced 'Communities Talk on UAD—Rená A. Agee' with 'Communities Talk—Genevieve Martinez-Garcia' (new q11).

Current question/item	Changes made
<ALL ENDING> SAMHSA would like to contact you in about 6 months to follow up on any actions that were taken as a result of the Communities Talk event that was hosted in your community. Are you willing to be contacted in about 6 months to complete an online follow-up survey?	In first sentence, replaced '6 months' with '1 year'; In first sentence, replaced 'follow up on any actions that were taken as a result of the Communities Talk activity that was hosted' with 'get an update on prevention activities taking place'; In second sentence, replaced '6 months' with '1 year.'
<**Exit screen 1 (Yes to recontact)**> Thank you again for sharing this important information about the Communities Talk: Town Hall Meetings to Prevent Underage Drinking event that was held in your community! We will contact your organization in about 6 months to follow up on any actions that were taken as a result of the Communities Talk event that was held in your community. **REDIRECT TO www.stopalcoholabuse.gov/ townhallmeetings**	In first sentence, replaced 'the Communities Talk: Town Hall Meetings to Prevent Underage Drinking event that was held in your community' with 'your experience with Communities Talk and underage drinking prevention activities'; At end, replaced '**REDIRECT TO www.stopalcoholabuse.gov/townhallmeetings**' with 'Visit www.stopalcoholabuse.gov/ communitiestalk/ for the most current updates.'
<**Exit screen 2 (No to recontact)**> Thank you again for sharing this important information about the Communities Talk: Town Hall Meetings to Prevent Underage Drinking event that was held in your community! > **REDIRECT TO www.stopalcoholabuse.gov/townhallmeetings/**	In first sentence, replaced 'the Communities Talk: Town Hall Meetings to Prevent Underage Drinking event that was held' with 'your experience with *Communities Talk* and underage drinking prevention activities'; At end, replaced '**REDIRECT TO '** with 'Visit www.stopalcoholabuse.gov/ communitiestalk/ for the most current updates.'

Seven new questions were added pertaining to number of *Communities Talk* activities that have ever taken place in the community (q2), preparation (tied or not tied to *Communities Talk*) completed to help organizers carry out evidence-based strategies to prevent UAD in their community (q4), confidence to carry out tasks related to evidence-based prevention (q7), current work to carry out evidence-based strategies (q8), perceived efficacy of *Communities Talk* to enhance UAD prevention in the community (q10), type of organization represented by respondent (q13), and audiences targeted by respondent's organization (q14). Some of these items (i.e., q4, q7, and q8) are modified versions of instruments validated by Chinman et al. (2008).

The revisions were necessary to better align the data gathered to the short-term and long-term outcomes of the *Communities Talk* activities for organizers, specifically:

<u>Short-term</u>
- Increase staff's perceived threat of UAD to residents of the communities;
- Increase staff's knowledge related to using evidence-based approaches to carry out future UAD drinking prevention activities;
- Increase staff's perceived efficacy of *Communities Talk* to enhance UAD prevention in the community;
- Increase staff's skills related to using evidence-based approaches to carry out future UAD prevention activities, specifically share information about UAD with others host meetings or discussion groups; create committees, task forces, advisory boards, or other action groups; build coalitions; develop strategic plans; and advocate for policies;
- Increase staff's self-efficacy related to using evidence-based approaches to carry out future UAD prevention activities; and
- Increase staff's intention related to using evidence-based approaches to carry out future UAD prevention activities.

<u>Long-term</u>
- Increase staff's use of evidence-based approaches to carry out future UAD prevention activities.

Organizer Survey—Follow-Up

While completing the initial Organizer Survey, staff of CBOs and IHEs can opt in to be contacted 1 year later. If they do so, they will receive an invitation to complete the same online questionnaire 1 year later. This will enable SAMHSA to determine how organizers might have progressed toward the aforementioned short- and long-term outcomes. Note that the Organizer Survey (see Attachment 1) has replaced the Organizer Survey—6 month Follow-Up. This change enables SAMHSA to compare responses between the initial and follow-up time periods (e.g., and thus determine whether the same skills have increased or decreased over time).

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

Participant Survey

The Participant Survey has been discontinued in alignment with SAMHSA's focus on organizers as the target audience of *Communities Talk* activities.

A.3 USE OF INFORMATION TECHNOLOGY

Automated technology will be used in the collection of these data. Data will be collected using a web-based data collection method. There are several reasons for using this 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 *Communities Talk* activities will represent small CBOs, and some of the IHEs may be small. A stratified random sample of 500 CBOs and IHEs will be selected for the Organizer Survey (Attachment 1) in the expectation of achieving 400 completed surveys during an initial data collection period. Staff of CBOs and IHEs will opt in to complete the Organizer Survey a year later (Attachment 1) through a question on the Organizer Survey. To minimize burden on these staff, the Organizer Survey was designed to contain mostly closed-ended questions and to be completed by only one member of the organization that was involved in planning the local activity. The questions on the survey require little or no checking of other documents and can be easily completed within 10 minutes. The items on the instrument are considered the minimum necessary to obtain the feedback needed by SAMHSA to assess and help plan for future *Communities Talk* activities.

A.6 Consequences of Information Collected Less Frequently

Information on the *Communities Talk* activities will be obtained once every year over two years, namely after a round of *Communities Talk* from February 2022 to April 2022, and one year later from February 2023 to April 2023. Without this information, SAMHSA will not be able to assess each event and improve planning for future activities or gauge the impact these activities are having to help prevent underage and harmful drinking in communities across the country.

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 January 19, 2022 (87 FR 2882). No comments were received.

Consultations were conducted with a representative within CBOs and IHEs that organized a 2019 *Communities Talk* activity. These consultations focused on the burden of completing the Organizer Survey after a Communities Talk activity and one year later; and how the organizations might use the findings should SAMHSA decide to share those findings with participating CBOs and IHEs. Consultations were held with the following individuals:

Rev. Walter Jones	Dr. M. Dolores Cimini
Founder and Executive Director	Assistant Director
Fathers Who Care	University at Albany
4540 W. Washington Blvd	400 Patroon Creek Blvd
Chicago, IL 60624	Suite 104
Email: walteramirjones@gmail.com	Albany, NY 12206
	Email: dcimini@albany.edu

A.9   PAYMENT TO RESPONDENTS

Respondents will not receive any incentive or payment from SAMHSA for completing the data collection instruments.

A.10   ASSURANCE OF CONFIDENTIALITY

For the Organizer Survey, data will be associated not with individual names but rather organization names through a customized ID code. The ID code is used to track whether a *Communities Talk* activity organizer has responded to the request to complete the survey.

This assessment has been under continuous review of the Institutional Review Board (IRB) at ICF since September 14, 2010. The most recent review granted exemption on September 14, 2021 (see Attachment 2). The study will continue to be reviewed annually by an IRB.

A.11   QUESTIONS OF A SENSITIVE NATURE

Most SAMHSA data collections gather sensitive information on substance use and mental health. Instead, the purpose of this data collection is to gather information about the *Communities Talk* activities, an important topic that could be considered sensitive. Demographic information is requested from organizers, which could also be considered sensitive. No data are collected about individual use of alcohol or other substances or individual experiences with mental health

The informed consent statement for the Organizer Survey for Initial and Follow-Up, located on the opening page of the web-survey, will:

- Invite prevention specialists working individually or as part of a coalition to fill out the survey;

- Explain that the survey asks about possible experiences with *Communities Talk to Prevent Underage Drinking* and how the community might be carrying out evidence-based strategies addressing UAD;

- Provide how long it will take to complete the survey;

- Emphasize that starting or stopping participation in the survey is completely voluntary;

- Review that the research team will keep answers in a password-protected computer folder that can be accessed only by the research team;

- State that responses will not be associated with the respondent's or organization's name in any

reports;

- Reference how the information from the survey will be used;

- Provide an e-mail address 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 coalition or themselves.

A.12   ESTIMATES OF ANNUALIZED HOUR BURDEN

From February 2022 to April 2022, the Organizer Survey—Initial will be completed by an estimated 500 Communities Talk activity organizers and will require only one response per respondent. It will take an average of 10 minutes (0.167 hours) to review the instructions and complete the survey. Similarly, from February 2023 to April 2023, the Organizer Survey–Follow-up will be completed by an estimated 500 Communities Talk activity organizers and will require only one response per respondent. It will take an average of 10 minutes (0.167 hours) to review the instructions and complete the survey. This burden estimate is based on comments from three 2019 Communities Talk activity organizers who reviewed the survey and provided comments on how long it would take them to complete it.

Organizer Survey respondents will be the employees of a CBO or IHE. For the burden estimate, an hourly wage of $36.13 is used; it is based on an average annual salary of $75,140 for respondents who work 2,080 hours per year (2020 Occupational Employment and Wages; Management Occupations; Social and Community Service Managers [11-9150] occupation). The estimated annual cost is $3,016.86 for the Organizer Survey—Initial and $3,016.86 for the Organizer Survey—Follow-Up.

Estimated Annualized Burden Table

Form Name	No. of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Hour Burden	Hourly Wage Cost	Total Hour Cost ($)
Organizer Survey— Initial	500	1	500	0.167	83.50	$36.13	$3,016.86
Organizer Survey— Follow-Up	500	1	500	0.167	83.50	$36.13	$3,016.86
Total	500	—	1,000	—	167.00	—	$6,033.72

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 $41,100. In addition, there are annual government staffing costs of approximately 2 percent of a GS-13 project manager (approximately $2,419, assuming a Step 6) (Salary Table 2021-DCB, Office of Personnel Management, 2021). Overall, the estimated average annual cost of this assessment is $43,519 ($41,100 contractor cost + $2,419 government staff cost).

A.15   CHANGES IN BURDEN

Currently there are 583 total burden hours in the OMB inventory. SAMHSA is requesting 167 hours. Thus, SAMHSA/CSAP is requesting a decrease of 416 hours due to the following:

- **Adjustment of -42 hours** due to the reduction in the amount of time it will take respondents to complete the Organizer Survey—Follow-Up (from 15 to 10 minutes; based on comments from consultations outside the agency); and

- **Adjustment of -374 hours** due to the elimination of the Participant Survey (from 4,500 to 0 participants and 374 hours to 0; due to initiative funding clarifications).

A.16   TIME SCHEDULE, PUBLICATION, AND ANALYSIS PLAN

Time Schedule—*Communities Talk* activities are held biennially, with a large percentage held in the month of April, which is Alcohol Awareness Month. A 2-year clearance extension is requested to encompass the initial Organizer Survey from February 2022 to July 2022, and follow-up Organizer Survey one year later from February 2023 to July 2023. The following table lists the project activities and the dates of activities proposed.

Activity	Date
Obtain OMB clearance extension	February 2022
Send email invitation for initial Organizer Survey	Rolling basis from February 2022 to April 2022 (in accordance with date of *Communities Talk* activity)
Send email reminder for initial Organizer Survey	March-April 2022
Verify entered data for initial Organizer Survey	April-May 2022
Conduct data analysis for initial Organizer Survey	May 2022
Prepare and submit draft summary report for initial Organizer Survey to SAMHSA/CSAP	June 2022
Prepare and submit finalized summary report for initial Organizer Survey to SAMHSA/CSAP	July 2022
Send email invitation for follow-up Organizer Survey	Rolling basis from February 2023 to April 2023 (in accordance with date of

Activity	Date
	Communities Talk activity)
Send email reminder for follow-up Organizer Survey	March-April 2023
Verify entered data for follow-up Organizer Survey	April-May 2023
Conduct data analysis for follow-up Organizer Survey	May 2023
Prepare and submit draft summary report for follow-up Organizer Survey to SAMHSA/CSAP	June 2023
Prepare and submit finalized summary report for follow-up Organizer Survey to SAMHSA/CSAP	July 2023
Resubmit OMB package	Spring 2023

Analysis Plan—Descriptive statistical procedures will be used, including frequency counts and percentages. Some cross-tabulations will be used to help identify patterns within the responses (e.g., according to those in rural/suburban/urban areas). The following are sample shells for the data analysis of organizers' data from the initial and follow-up surveys.

Activity that Hosts Are 'Very Likely' to Plan or Collaborate with Others on to Prevent UAD in Community	Initial N	Total %	Follow-Up N	Total %
Hold follow-up meetings or discussion groups on underage drinking prevention				
Create underage drinking prevention action groups (e.g., committees, task forces, and advisory boards)				
Start a youth-led coalition on underage drinking prevention				
Develop strategic plans to reduce and prevent underage drinking				
Build coalitions with other agencies or programs to reduce and prevent underage drinking				
Enforce compliance checks to reduce youth access to alcohol				
Encourage responsible beverage server training				
Reduce or limit alcohol outlet density				
Increase taxes on alcohol sales				
Increase sobriety and traffic safety checkpoints				
Limit alcohol sales at public events where youth are present				
Reduce the number of hours for possible happy hours				
Implement social host ordinances				

Activity that Hosts Are 'Very Likely' to Plan or Collaborate with Others on to Prevent UAD in Community	Initial N	Total %	Follow-Up N	Total %
Draft policy changes for my community that focus on underage drinking prevention				
Work with my local legislators or policymakers to advocate for changes to, or recommend enforcement of, existing laws and policies				

Summary Reports—Reports summarizing the assessment will be prepared for the internal use of SAMHSA. Data from the assessment may be presented at internal meetings. The data also may be shared at professional conferences, such as the National Prevention Network (NPN) Conference; the American Public Health Association (APHA) Annual Meeting and Expo; SAMHSA's Prevention Day; National Conference on Health Communications, Marketing, and Media; and National Association of Student Personnel Administrators (NASPA) Annual Conference. In addition, the data may be presented at the Alcohol Policy meeting. SAMHSA may also post a summary report of the *Communities Talk* activities online. 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.