

# Assessment of Communities Talk to Prevent Alcohol and Other Drug Misuse Initiative

## Supporting Statement

### Check off which applies:

- New
- Revision
- Reinstatement with Change
- Reinstatement without Change
- Extension
- Emergency
- Existing

### 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 an revision from the Office of Management and Budget (OMB) of the information collection regarding the Assessment of *Communities Talk to Prevent Alcohol and Other Drug Misuse* initiative, which is implemented via CSAP’s Substance Use Disorder Prevention Education Initiatives (SUDPEI) contract. The most recent data collection had approval under OMB No. 0930-0288, Assessment of the Town Hall Meetings on Underage Drinking Prevention, which expires on May 31, 2025. The data collection method for this instrument remains unchanged from the reinstatement in 2022. SAMHSA is updating one data collection instrument: the Organizer Survey–Initial (Attachment A). In addition, the Organizer Survey–Follow-Up is being removed from the OMB package. A revision is being requested at this time to reflect changes to the name of the initiative and its focus that occurred when the contract supporting the initiative was re-awarded in July 2022. At that time, the name changed from *Communities Talk to Prevent Underage Drinking* to *Communities Talk to Prevent Alcohol and Other Drug Misuse*, reflecting that the focus of the initiative was broadened to be reflective of substance misuse—not just underage drinking.

As described by U.S. Surgeon General Dr. Vivek Murthyin, “Alcohol and drug addiction take an enormous toll on individuals, families, and communities. Most Americans know someone who has been touched by an alcohol or a drug use disorder. Yet 90 percent of people with a substance use disorder are not getting treatment. That has to change... Although substance misuse problems and use disorders may occur at any age, adolescence and young adulthood are particularly critical at-risk periods,”<sup>a</sup>

- In the 2021 National Survey on Drug Use and Health (NSDUH), the presence of a substance use disorder in the past year was assessed based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). Respondents were asked substance use disorder (SUD) questions for any alcohol or drugs they used in the 12 months

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a National Institute on Alcohol Abuse and Alcoholism. (2016, November 17). *Surgeon General Issues Landmark Report on Alcohol, Drugs and Health* [Press release]. <https://www.niaaa.nih.gov/news-events/news-noteworthy/surgeon-general-issues-landmark-report-alcohol-drugs-and-health>

prior to the survey. Drugs included marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, and any use of prescription stimulants, tranquilizers or sedatives (e.g., benzodiazepines), and pain relievers.<sup>b</sup> Additional supporting data points from the 2021 NSDUH appear below.

- Alcohol Use

- Among the 133.1 million current alcohol users aged 12 or older in 2021, 60.0 million people (or 45.1%) were past month binge drinkers. The percentage of people who were past month binge drinkers was highest among young adults aged 18 to 25 (29.2% or 9.8 million people), followed by adults aged 26 or older (22.4% or 49.3 million people), then by adolescents aged 12 to 17 (3.8% or 995,000 people).
- Among people aged 12 to 20 in 2021, 15.1% (or 5.9 million people) were past month alcohol users. Estimates of binge alcohol use and heavy alcohol use in the past month among underage people were 8.3% (or 3.2 million people) and 1.6% (or 613,000 people), respectively.

- Substance Use

- In 2021, the percentage of people aged 12 or older with an SUD was highest among young adults (25.6% or 8.6 million people), followed by adults aged 26 or older (16.1% or 35.5 million people), then by adolescents (8.5% or 2.2 million people).
- In 2021, 24.5 percent of 18- to 25-year-olds who were not attending college full-time had an SUD compared to 19.9 percent of young adults in that age group who were attending college full-time.
- Among people aged 12 or older in 2021, 57.8% (or 161.8 million people) used tobacco, alcohol, or an illicit drug in the past month (also defined as “current use”), including 47.5% (or 133.1 million people) who drank alcohol, 19.5% (or 54.7 million people) who used a tobacco product, and 14.3% (or 40.0 million people) who used an illicit drug.
- Among people aged 12 or older in 2021, 3.3% (or 9.2 million people) misused opioids (heroin or prescription pain relievers) in the past year. Among the 9.2 million people who misused opioids in the past year, 8.7 million people misused prescription pain relievers compared with 1.1 million people who used heroin. These numbers include 574,000 people who both misused prescription pain relievers and used heroin in the past year.

- Treatment

- People were classified as needing substance use treatment if they had an illicit drug or

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<sup>b</sup> Substance Abuse and Mental Health Services Administration. (2022). *Highlights for the 2021 National Survey on Drug Use and Health*.

<https://www.samhsa.gov/data/sites/default/files/2022-12/2021NSDUHFFRHighlights092722.pdf>

alcohol use disorder in the past year or if they received substance use treatment at a specialty facility in the past year. Among people aged 12 or older in 2021, 15.6% (or 43.7 million people) needed substance use treatment in the past year.

- o Among the 40.7 million people aged 12 or older in 2021 with an illicit drug or alcohol use disorder in the past year who did not receive treatment at a specialty facility, 96.8% (or 39.5 million people) did not feel that they needed treatment, 2.1% (or 837,000 people) felt that they needed treatment but did not make an effort to get treatment, and 1.1% (or 447,000 people) felt that they needed treatment and made an effort to get treatment.

According to the U.S. Surgeon General’s statement on November 17, 2016:<sup>c</sup>

- One in seven people in the U.S. are expected to develop an SUD at some point in their lives. Yet only 1 in 10 receive treatment. SUDs typically develop over time following repeated episodes of misuse that result in changes to the brain circuitry.
- In 2020, 14.9% of people aged 12 or older (or 41.1 million people) were classified as needing substance use treatment in the past year. These findings were consistent with the SUD data.
- Among people aged 12 or older in 2020 who needed substance use treatment but did not receive treatment at a specialty facility in the past year, 97.5% did not feel that they needed treatment.

To help address the problem of substance misuse and its consequences, SAMHSA sponsors nationwide *Communities Talk* activities every year. These grassroots activities raise awareness of the public health dangers of substance misuse and engage communities in evidence-based prevention.

Notably, *Communities Talk* events and activities provide a forum for communities to discuss ways they can best prevent substance use among individuals aged 12-25 years old by:

- Educating communities about the consequences of alcohol and other substance misuse.
- Empowering communities to use evidence-based approaches, to reduce alcohol and other substance misuse.
- Mobilizing communities around substance use prevention initiatives at the local, state, and national levels.

By the end of the 2021 stipend cycle, community-based organizations (CBOs) and institutions of higher education (IHE) recruited by SAMHSA had initiated over 11,000 *Communities Talk* activities since the initiative’s inception—in every state, the District of Columbia, and most U.S. territories. SAMHSA evaluated the activities of the 1,000 stipend recipients of the 2021 cycle by conducting an online survey in May and June of 2022 with staff of CBOs and IHEs that received a planning stipend. 110 organizations responded to the survey. Data analysis suggested that *Communities Talk* activities

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c National Institute on Alcohol Abuse and Alcoholism. (2016, November 17). *Surgeon General Issues Landmark Report on Alcohol, Drugs and Health* [Press release]. <https://www.niaaa.nih.gov/news-events/news-noteworthy/surgeon-general-issues-landmark-report-alcohol-drugs-and-health>

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 underage drinking (UAD) (95 percent), build coalitions with other agencies or programs to reduce and prevent UAD (90 percent), and/or hold follow-up meetings or discussion groups on underage drinking prevention (93 percent).

SAMHSA provides national leadership in the development of policies, programs, and services to prevent the onset of substance use. Under Section 515(b) of the Public Health Service Act (42 USC 290bb-21), SAMHSA is directed to develop effective substance 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**

Starting in 2023, SAMHSA will support nationwide *Communities Talk* activities every 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 substance misuse; identify what these activities may possibly include; and help plan for future rounds of *Communities Talk*. SAMHSA intends to post an online summary 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 others in the future. 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--Initial*

|  |  |
|--|--|
| <b>Measure: Training</b>                     |  |
| Number of persons provided training services | <p><b>q5-Have you used any material(s) from the Communities Talk website (<a href="http://www.stopalcoholabuse.gov/communities_talk">www.stopalcoholabuse.gov/communities talk</a>)?</b></p> <p><i>Response options: Yes, No</i></p> |
| <b>Measure: Information Dissemination</b>    |  |

|   |  |
|---|--|
| Number of persons receiving prevention information directly | <b>q3-What was the total number of attendees at the most recent Communities Talk activity? (Estimates are okay.)</b><br><br><i>Response options: # of physical (in-person) attendees, # of virtual (not in-person) attendees</i> |
|---|--|

Changes

*Organizer Survey—Initial*

Under the most recent approval, the Organizer Survey consisted of 14 items. Under this revision, the Organizer Survey includes 12 items about *Communities Talk* activities and how communities might be carrying out evidence-based strategies addressing substance use. 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 to include “alcohol and other drug misuse” verbiage: ‘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 Alcohol and Other Drug Misuse initiative. This voluntary information collected will be used at an aggregate level to assess the <i>Communities Talk</i> stipend recipients’ experiences with the events and alcohol and other drug misuse prevention activities deployed by their organizations or institutions. 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 15 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 |

| Current question/item | Changes made  |
|-----------------------|---|
|                       | Clearance Officer, 5600 Fishers Ln, Room 15 E57B, Rockville, MD 20857.'   |
| Informed consent      | <p>Updated to include new “alcohol and other drug misuse” verbiage provided by SAMSHA: ‘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 Alcohol and Other Drug Misuse and how your community might be carrying out evidence-based strategies addressing alcohol and other drug misuse. Evidence-based strategies have been evaluated and found to have positive effects on the intended audiences. The survey should take approximately 15 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 evaluation team will keep your survey answers in a password-protected computer folder. It will be accessed only by the evaluation team. The evaluation team will summarize everyone’s answers in a report. The evaluation team will keep your name and contact information separate from your answers. We collect your name and contact information only to monitor who has already completed the survey, as to not request more than one response per organization. The report will not identify you and the person documenting survey completions will not analyze the data. 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 or Sarah Caban, Study Administrators, at <a href="mailto:info@stopalcoholabuse.net">info@stopalcoholabuse.net</a>.</p> |

| Current question/item  | Changes made  |
|--|---|
|  | By continuing, you are consenting to participate in this survey on behalf of your coalition or you.'  |
| q1- In your opinion, how important is underage drinking, and its consequences, to the residents of your community?   | Replaced “underage drinking” verbiage with “alcohol and other drug misuse” verbiage   |
| q2- How many Communities Talk activities have ever taken place in your community? These events may have been primarily hosted by your organization or a different one  | Question was reworded for clarity: “What is the total number of Communities Talk activities hosted in your community during this calendar year? These events may have been primarily hosted by your organization or a different one.” |
| q3- What was the total number of attendees at your Communities Talk event? (Estimates are okay.)   | No modification   |
| q4- Evidence-based strategies have been evaluated and found to have positive effects on the intended audience. Certain advance preparation may or may not help professionals build their capacity to carry out any number of evidence-based strategies to prevent underage drinking in their community. Some of the preparation may be tied to Communities Talk, while some of the preparation may not be tied to Communities Talk. This question asks about any preparation for evidence-based strategies, other than hosting a Communities Talk activity. How much have you completed the following steps? | New q5; Replaced “underage drinking” verbiage with “alcohol and other drug misuse” verbiage; Added examples of evidence-based strategies  |
| q5- Have you used any material(s) from the Communities Talk website (www.stopalcoholabuse.gov/communitiestalk)?  | New q6  |
| q5A- What material(s) from the Communities Talk website (www.stopalcoholabuse.gov/communitiestalk) have you used?  | New q6A; Modified response options: removed “Registration Tutorial Video” and added “Prevention Event Planner web app”  |



| Current question/item   | Changes made  |
|---|---|
| q6- Please rate your agreement with the following statement: I know how to use evidence-based approaches to carry out future underage drinking prevention activities.   | New q7; Replaced “underage drinking” verbiage with “alcohol and other drug misuse” verbiage   |
| q7- Prevention professionals take several steps as part of their evidence-based work. How confident are you that you can carry out the following tasks?   | New q8; Replaced “underage drinking” verbiage with “alcohol and other drug misuse” verbiage; Added the following items under this question:<br><br>“Acquire/get materials for priority populations.”<br><br>“Collaborate with others to implement resources or programming.”<br><br>“Work with my local legislators or policymakers to create laws and/ or policies.” |
| q8- There are many ways to prevent underage drinking in a community. Different communities need different evidence-based strategies. SAMHSA wants to learn what works best for your community. Currently, which of the following activities are you or your organization collaborating with others on to prevent underage drinking in your community? | New q9; Replaced “underage drinking” verbiage with “alcohol and other drug misuse” verbiage; Added the following items under this question:<br><br>“Prevent sales of other drugs at public events where youth are present”  |
| q9- A community’s needs and its resources may change over time. In the future, how likely is it that you or your organization will plan or collaborate with others on the following activities to prevent substance use underage drinking in your community?  | New q12; Replaced “underage drinking” verbiage with “alcohol and other drug misuse” verbiage; Added the following items under this question:<br><br>“Prevent sales of other drugs at public events where youth are present”   |
| q10- Think about all of the Communities Talk activities that might have taken place in your community. How much do you agree with the following statements?   | New q13; Replaced “underage drinking” verbiage with “alcohol and other drug misuse” verbiage  |
| q11- Do you have a report or something else (e.g., tables) that includes substance (mis)use data at the community level (e.g., incidences of use; activities or actions employed to prevent and combat underage drinking)?  | New q14; Replaced “underage drinking” verbiage with “alcohol and other drug misuse” verbiage  |

| Current question/item  | Changes made  |
|--|---|
| q11A- <If Q11=Yes> Would you be willing to share the report with SAMHSA?   | New q14A  |
| q11B- <If Q11A=Yes> Please send the report to the following address:<br>info@stopalcoholabuse.net<br><br>[or]<br><br>ICF<br><br>Attn.: Communities Talk—Genevieve Martinez-Garcia<br><br>530 Gaither Rd, Suite 500, Rockville, MD 20857  | New q14B  |
| q12- How would you characterize the location where the Communities Talk event or activity was held?  | New q15   |
| q13- Which of the following best describes your organization?  | New q16   |
| q14- Which of the following best describes the primary audience(s) served by your organization? (Mark all that apply.)   | New q17; Added the following response options:<br><br>“Prevention specialists and volunteers”<br><br>“Healthcare providers” |
| <ALL ENDING> SAMHSA would like to contact you in about 1 year to get an update on prevention activities taking place in your community. Are you willing to be contacted in about I year to complete an online follow-up survey?  | Item deleted  |
| <Exit screen 1 (Yes to recontact)> Thank you again for sharing this important information about your experience with Communities Talk and underage drinking prevention activities in your community! We will contact your organization in about 1 year to follow up on any actions that were taken as a result of the Communities Talk activity that was held in your community. Visit <a href="https://www.stopalcoholabuse.gov/communitiestalk/">https://www.stopalcoholabuse.gov/communitiestalk/</a> for the most current updates. | Item deleted  |

| Current question/item  | Changes made  |
|--|---|
| <p>&lt;Exit screen 2 (No to recontact)&gt; Thank you again for sharing this important information about your experience with Communities Talk and underage drinking prevention activities in your community! Visit <a href="https://www.stopalcoholabuse.gov/communitiestalk/">https://www.stopalcoholabuse.gov/communitiestalk/</a> for the most current updates.</p> | <p>Removed skip logic and made this item the final message of the survey; Replaced “underage drinking” verbiage with “alcohol and other drug misuse” verbiage</p> |

Two new questions were added pertaining to the types of substance use topics used in substance topic prevention activities (q4), the types of organizations that respondents’ organization collaborates with (q10), and how many partners they engage with on activities monthly (q11).

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

Short-term

- Increase organization’s efforts related to a holistic approach to substance use, beyond only underage drinking.
- Increase staff’s perceived threat of alcohol and other drug misuse to residents of the communities;
- Increase staff’s knowledge related to using evidence-based approaches to carry out future alcohol and other drug misuse prevention activities;
- Increase staff’s perceived efficacy of *Communities Talk* to enhance alcohol and other drug misuse prevention in the community;
- Increase staff’s skills related to using evidence-based approaches to carry out future alcohol and other drug misuse prevention activities, specifically share information about alcohol and other drug misuse 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 alcohol and other drug misuse prevention activities; and
- Increase staff’s intention related to using evidence-based approaches to carry out future alcohol and other drug misuse prevention activities.

Long-term

- Increase staff’s use of evidence-based approaches to carry out future alcohol and other drug use prevention activities.
- Reduce burden on the respondents by removing the option to be contacted for a follow up assessment.

### *Organizer Survey—Follow-Up*

The Organizer Survey—Follow-Up has been discontinued in alignment with SAMHSA’s focus on annual assessments of *Communities Talk* activities, instead of bi-annual assessments.

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

### **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 C) in the expectation of achieving 400 completed surveys during an initial data collection period. 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 15 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. Without this information, SAMHSA will not be able to assess events and plan better for future activities or gauge the impact these activities are having to help prevent alcohol and other drug misuse.

### **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 August 14, 2023 (88 FR 55058). No comments were received.

Consultations were conducted with a representative within CBOs and IHEs that organized a 2021 *Communities Talk* activity. These consultations focused on the burden of completing the Organizer Survey after a *Communities Talk* activity; 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<br>Founder and Executive Director<br>Fathers Who Care<br>4540 W. Washington Blvd<br>Chicago, IL 60624<br>Email: walteramirjones@gmail.com | Dr. M. Dolores Cimini<br>Assistant Director<br>University at Albany<br>400 Patroon Creek Blvd<br>Suite 104<br>Albany, NY 12206<br>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 February 21, 2023 (see Attachment D). 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- Initial, 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 Alcohol and Other Drug Misuse* and how the community might be carrying out evidence-based strategies addressing alcohol and other drug misuse;
- 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 evaluation team will keep answers in a password-protected computer folder that can be accessed only by the evaluation 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**

On an annual basis, 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 15 minutes (0.25 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 \$34.46 is used; it is based on an average annual salary of \$71,670 for respondents who work 2,080 hours per year (2018 Occupational Employment and Wages; Management Occupations; Social and Community Service Managers [11-9150] occupation). The estimated annual cost is \$4,307.50 for the Organizer Survey—Initial.

Estimated Annualized Burden Table

| <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—Initial | 500                       | 1                               | 500                    | 0.25                      | 125                      | \$34.46                 | \$4,307.50                  |
| Total                    | 500                       | 1                               | 500                    | 0.25                      | 125                      | \$34.46                 | \$4,307.50                  |

**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 \$41,100. In addition, there are annual government staff costs of approximately 2 percent of a GS-13 project manager (approximately \$2,314, assuming a Step 6) (Salary Table 2016-DCB, Office of Personnel Management, 2016). Overall, the estimated average annual cost of this assessment is \$43,414 (\$41,100 contractor cost + \$2,314 government staff cost).

**A.15 CHANGES IN BURDEN**

Currently there are 167 total burden hours in the OMB inventory. SAMHSA is requesting 125 hours. Thus, SAMHSA is requesting a decrease to burden estimates of 42 hours due to the following:

**Adjustment of -42 hours** due to the elimination of the Organizer Survey – Follow Up (from 500 to 0 participants and 83.5 hours to 0; due to a change in sampling cadence) and adding additional response time to the Organizer Survey—Initial (from 0.167 hours per response to .25 hours per response; due to added complexity in response options for a few measures, which may require more contemplation time for responses).

**A.16 TIME SCHEDULE, PUBLICATION, AND ANALYSIS PLAN**

Time Schedule—*Communities Talk* activities are held annually, with a large percentage held in the month of April, which is Alcohol Awareness Month. A 5-year clearance extension is requested to allow for an annual Organizer Survey from 2023-2028 for ongoing, consistent program evaluation monitoring. The following table lists the project activities and the dates of activities proposed.

| Activity   | Date   |
|--|--|
| Obtain OMB clearance extension   | August 2023  |
| Send email invitation for annual Organizer Survey                                      | Rolling basis from April-June annually (in accordance with date of <i>Communities Talk</i> activity) |
| Send email reminder for annual Organizer Survey  | July - August annually   |
| Verify entered data for annual Organizer Survey  | October annually   |
| Conduct data analysis for annual Organizer Survey                                      | November annually  |
| Prepare and submit draft summary report for annual Organizer Survey to SAMHSA/CSAP     | November annually  |
| Prepare and submit finalized summary report for annual Organizer Survey to SAMHSA/CSAP | December annually  |
| Resubmit OMB package   | Spring 2027  |

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 survey.

| <b>Activity that Hosts Are ‘Very Likely’ to Plan or Collaborate with Others on to Prevent Substance Misuse in the Community</b>    | <b><u>Initial</u><br/>N</b> | <b>Total %</b> |
|--|-----------------------------|----------------|
| Hold follow-up meetings or discussion groups on substance misuse prevention  |                             |                |
| Create substance misuse prevention action groups (e.g., committees, task forces, and advisory boards)                              |                             |                |
| Start a youth-led coalition on substance misuse prevention   |                             |                |
| Develop strategic plans to reduce and prevent substance misuse   |                             |                |
| Build coalitions with other agencies or programs to reduce and prevent substance misuse  |                             |                |
| Enforce compliance checks to reduce youth access to alcohol and other drugs  |                             |                |
| 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   |                             |                |
| Draft policy changes for my community that focus on substance misuse 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.