

Assessment of the Communities Talk: Town Hall Meetings to Prevent Underage Drinking

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) of the information collection regarding the Assessment of the Communities Talk: Town Hall Meetings to Prevent Underage Drinking (UAD). The current data collection has approval under OMB No. 0930-0288, Assessment of the Town Hall Meetings on Underage Drinking Prevention, which expires on January 31, 2017. Revisions were made to the two existing data collection instruments: the Organizer Survey (Attachment 1) and the Participant Form (Attachment 2, English version; and Attachment 3, Spanish version). The data collection method for these instruments remains unchanged. SAMHSA is adding a new data collection instrument titled the Organizer Survey – 6 month Follow-up (Attachment 4), in which hosts of the Communities Talk events will opt in to provide information on any actions that were taken as result of the Communities Talk event.

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 2015, about 7.7 million persons ages 12 to 20 (20.3 percent of this age group) reported drinking alcohol in the past month. Approximately 5.1 million (13.4 percent) were binge drinkers, and 1.3 million (3.3 percent) were heavy drinkers (Center for Behavioral Health Statistics and Quality [CBHSQ], 2016b).
- In 2015, 1.3 percent of persons ages 12 or 13, 7.4 percent of persons ages 14 or 15, 19.7 percent of 16- or 17-year-olds, and 40.9 percent of 18- to 20-year-olds drank alcohol in the past 30 days (CBHSQ, 2016a).
- During adolescence, the brain undergoes significant growth and remodeling. UAD can alter this development, potentially affecting both brain structure and function, and may cause cognitive or learning problems (Matsen, Faden, Zucker, & Spear, 2008).
- Among the 61.4% of students nationwide who had driven a car or other vehicle during the past month, 7.8% of high school students nationwide had driven a car or other vehicle when they had been drinking alcohol (Kann et al., 2016).

- Between 2006 - 2010, alcohol was estimated to be a factor in the deaths for 4,358 young people under age 21 each year: 1,580 youth died in motor vehicle crashes; 1,269 died from homicides; 245 died from alcohol poisoning, falls, burns, and drowning; and 492 from suicides (National Institute on Alcohol Abuse and Alcoholism, 2016).

To help address the problem of UAD and its consequences, SAMHSA, as the lead agency for the Interagency Coordinating Committee on the Prevention of Underage Drinking, sponsors nationwide Communities Talk events every 2 years. These events 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 events 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.

Since this initiative began in 2006, community-based organizations (CBOs) recruited by SAMHSA have held nearly 9,000 Communities Talk events, in every state, the District of Columbia, and most U.S. territories. Although SAMHSA still is assessing data collected from the 1,500 CBOs that received a planning stipend to hold a Communities Talk event in 2016, a preliminary analysis suggests that these events can be a positive catalyst for change. For example, more than one quarter (27.45 percent) of participants in 2016 events reported their intention to become involved in local prevention activities. Nearly 11 percent of participants reported their intention to contact their local legislators or policymakers as a result of the event.

SAMHSA is responsible for improving the accessibility to and the quality of substance use 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), 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 events every other year. Collecting data on each round of Communities Talk events, and using this information to inform policy and measure impact, supports SAMHSA's strategic initiative number 1: Prevention of substance use and mental illness. A specific goal under this initiative is to prevent or reduce the consequences of UAD and adult problem drinking; a specific objective is to establish the prevention of UAD as a priority issue for states, territories, tribal entities, colleges and universities, and communities.

SAMHSA will use the information collected to document the implementation efforts of this nationwide initiative, determine if the federally sponsored Communities Talk 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 rounds of Communities Talk events. SAMHSA intends to post online a summary document of each round of Communities Talk events and present findings at national conferences attended by CBOs that have hosted these events and might host future events.

Similarly, SAMHSA plans to share findings with the Interagency Coordinating Committee on the Prevention of Underage Drinking. Agencies within this committee encourage their grantees to participate as the event hosts.

Additionally, the information collected will support performance measurement for SAMHSA programs under the Government Performance Results Act (GPRA). 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

Measure: Training	
Number of persons provided training services	<p>q17-Did you use any material(s) from www.stopalcoholabuse.gov/townhallmeetings for the Communities Talk event?</p> <p><i>Response options: Yes, No</i></p>
Percentage of training service recipients who reported that they strongly agree that the training received has been useful to their organization’s prevention work	<p>q18-The training has been useful to your organization’s prevention work.</p> <p><i>Response options: Strongly agree, Agree, Disagree, Strongly disagree, Not applicable</i></p>
Percentage of training service recipients who reported that they strongly agree that the training they received improved their organization’s capacity to do prevention work	<p>q18-The training that I received improved my organization’s capacity to do prevention work.</p> <p><i>Response options: Strongly agree, Agree, Disagree, Strongly disagree, Not applicable</i></p>
Measure: Technical Assistance	
Percentage of TA service recipients who reported that they strongly agree that the TA received has been useful to their organization’s prevention work	<p>q18-The TA has been useful to your organization’s prevention work.</p> <p><i>Response options: Strongly agree, Agree, Disagree, Strongly disagree, Not applicable</i></p>
Percentage of TA service recipients who reported that they strongly agree that the TA received has improved their organization’s capacity to do prevention work	<p>q18-The TA that I received improved my organization’s capacity to do prevention work.</p> <p><i>Response options: Strongly agree, Agree, Disagree, Strongly disagree, Not applicable</i></p>

Measure: Information Dissemination	
Number of persons receiving prevention information directly	<p>q9-What was the total number of attendees at the Communities Talk event? (Estimates are okay.)</p> <p><i>Response options: # of physical (in-person) attendees, # of virtual (not in-person) attendees</i></p>
Length of services/event	<p>q3-How long did the Communities Talk event last (e.g., 45 minutes, 1.5 hours)?</p> <p><i>Response options: (fill in)</i></p>

Organizer Survey – 6 month Follow-up

Measure: Training	
Number of persons provided training or technical assistance services	<p>q12-Have you received any training or technical assistance (TA) from SAMHSA for any follow-up activities conducted after this Communities Talk event?</p> <p><i>Response options: Yes, No</i></p>
Percentage of training service recipients who reported that they strongly agree that the training received has been useful to their organization’s prevention work	<p>If yes to q12-The training has been useful to your organization’s prevention work.</p> <p><i>Response options: Strongly agree, Agree, Disagree, Strongly disagree, Not applicable</i></p>
Percentage of training service recipients who reported that they strongly agree that the training they received improved their organization’s capacity to do prevention work	<p>If yes to q12-The training that I received improved my organization’s capacity to do prevention work.</p> <p><i>Response options: Strongly agree, Agree, Disagree, Strongly disagree, Not applicable</i></p>
Measure: Technical Assistance	
Percentage of TA service recipients who reported that they strongly agree that the TA received has been useful to their organization’s prevention work	<p>If yes to q12-The TA has been useful to your organization’s prevention work.</p> <p><i>Response options: Strongly agree, Agree, Disagree, Strongly disagree, Not applicable</i></p>

<p>Percentage of TA service recipients who reported that they strongly agree that the TA received has improved their organization's capacity to do prevention work</p>	<p>If yes to q12-The TA that I received improved my organization's capacity to do prevention work.</p> <p><i>Response options: Strongly agree, Agree, Disagree, Strongly disagree, Not applicable</i></p>
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Participant Form

<p>Measure: Information Dissemination</p>	
<p>Demographics of number served/reached (<i>estimates for numbers served and demographics if actual counts are not available</i>)</p>	<p>q13-What is your sex?</p> <p><i>Response options: Male, Female</i></p> <p>q14-How old are you?</p> <p><i>Response options: 12 to 17 years old, 18 to 20 years old, 21 to 24 years old, 25 to 39 years old, 40 to 55 years old, 56 years old or older</i></p> <p>q15-Are you of Hispanic or Latino ethnicity?</p> <p><i>Response options: Yes, No</i></p> <p>q16-What is your race? (Select one or more.)</p> <p><i>Response options: White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander</i></p>

Changes

Organizer Survey

Under the current approval, the Organizer Survey consists of 30 items. Under this revision, the Organizer Survey includes 20 items about the Communities Talk event. The following table provides a summary of the changes that were made to the instrument.

Current question/item	Changes made
Wording change for THM	Changed throughout to ‘Communities Talk’
q2-Location of event	Added Zip Code as a response option (new q2)
q4-Length of event	Question updated and entry field [(fill in)] (new q3)
q8-Other topics discussed (fill in)	Slight wording change of question; added the words ‘non-alcohol-related’ (What non-alcohol-related topics...); added as a secondary question to new q12
q9-Promotion of the event	Dropped ‘in the community’ from the question and updated the response options (new q8)
q10-Number of event attendees	Provided clarification for physical and virtual attendees (new q9)
q13-Topics discussed at the event	Slight wording change of question; added the words ‘alcohol-related’ (...following alcohol-related topics...); response options updated (new q13)
q14-Use of materials from www.stopalcoholabuse.gov	Updated website address (new q17)
q16-Planned activities as a result of the event	Updated question and response options (new q15)
q17-Satisfaction with event	Question deleted
q18/q19-Participation in event-related webinar and identification of that event	Question deleted
q20/q21-Viewing of online training and identification of that training	Question deleted
q22-Utility of training to organization’s prevention work	Updated lead-in to statements; updated wording to be properly aligned with the training and technical assistance performance measures for science and service activities (changed from ...my organization’s... [to] ...your organization’s...) (new q18)

q23-Improved capacity due to the training received	Updated wording to be properly aligned with the training and technical assistance performance measures for science and service activities (added the word ‘that’ to ...training that I received...) (new q18)
q24/q25-Technical assistance (TA) received and how submitted request for TA	Question deleted
q26-Utility of TA to organization’s prevention work	Updated lead-in to statements; wording to be properly aligned with the training and technical assistance performance measures for science and service activities (changed from ...my organization’s... [to] ...your organization’s...) (new q18)
q27-Improved capacity due to the TA received	Updated wording to be properly aligned with the training and technical assistance performance measures for science and service activities (added the word ‘that’ to ...TA that I received...) (new q18)
q28-Share additional information about event	Removed the word ‘us’ (...share with any other...) (new q19)
q29/q30-Data collected about event and sharing of data with SAMHSA, including information on where to send the data	Updated questions and mailing information (new q20 and secondary question to new q20)

Three new questions were added pertaining to what influenced the decision to host an event (new q5), perception of how important UAD and its consequences is to the community (new q14), and agreement with mobilization actions statements (new q16).

The revisions were necessary to better align the data gathered to the short-term and long-term outcomes of the Communities Talk for event hosts, specifically—

Short-term

- Increase utility of training
- Increase utility of technical assistance

Long-term

- Increase national conversations about UAD
- Increase youth involvement in UAD
- Increase community mobilization for UAD prevention
- Increase organization capacity for prevention

- Increase use of evidence-based approaches to UAD prevention

Participant Form

Under the current approval, the Participant Form consists of 14 items. Under this revision, the Participant Form includes 17 items about the Communities Talk event. The following table provides a summary of the changes that were made to the instrument, in English and Spanish.

Current question/item	Changes made
Wording change for THM	Changed throughout to ‘Communities Talk’
q2-Location of event	Added Zip Code as a response option (new q2)
q3-Most important UAD issues facing community	Question wording change and response options updated (new q3)
q5-Learn anything about UAD and its associated problems before attending the event	Slight wording change of question, added the word ‘new’ (...learn anything new...) (new q5)
q7-Sharing of materials or lessons learned from the event	Response options updated (new q8)
q9-How will become more involved in decreasing UAD in community	Question wording change and response options updated (new q11)
q10-Gender	Updated to say ‘sex’ (new q13)
q13-Race	Updated order of response options (new q16)

Three new questions were added surrounding how often respondents are involved in UAD prevention in the community (new q9), likelihood will become more involved in UAD prevention in the community (new q10), and agreement with mobilization actions statements (new q12).

The revisions were necessary to better align the data gathered to the short-term and long-term outcomes of the Communities Talk, specifically—

Short-term

- Increase knowledge of UAD prevention
- Increase intentions to share information on UAD prevention

Long-term

- Increase national conversations about UAD

- Increase youth involvement in UAD
- Increase community mobilization for UAD prevention

New Data Collection Component

CBOs that opt in to be contacted 6 months after completing the Organizer Survey for SAMHSA to follow up on any actions that were taken as a result of the Communities Talk event in their community will be provided with the Organizer Survey – 6 month Follow-up. This survey will allow SAMHSA to measure progress towards the short- and long-term outcomes of the Communities Talk, specifically—

Short-term

- Increase utility of training
- Increase utility of technical assistance

Long-term

- Increase national conversations about UAD
- Increase youth involvement in UAD prevention
- Increase community mobilization for UAD prevention
- Increase capacity for prevention organizers
- Increase use of evidence-based approaches to UAD prevention

The Organizer Survey – 6 month Follow-up consists of 13 items and captures information on—

- Where the Communities Talk event was held;
- Awareness of UAD activities that have taken place as a result of the event;
- Community mobilization and collaboration efforts;
- Perception of the importance of UAD and its consequences to the community; and
- Increase in youth involvement in UAD prevention activities in the community.

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. Data will be collected using both a web-based (see Organizer Survey, Attachment 1 and Organizer Survey – 6 month Follow-up, Attachment 4) and paper-and-pencil (see Participant Form, Attachments 2 and 3, respectively) 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 Communities Talk events will be small CBOs. A stratified random sample of 500 CBOs will be selected for the Organizer Survey (Attachment 1) in the expectation of achieving 400 completed surveys. CBOs will opt in to complete the Organizer Survey – 6 month Follow-up (Attachment 4) through a question on the Organizer Survey. To minimize burden on these CBOs, the Organizer Survey and Organizer Survey – 6 month Follow-up were 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 event. The questions on both surveys require little or no checking of other documents and can be easily completed within a few minutes.

In addition to completing the Organizer Survey, a sample of CBOs (n=150) will be asked to collect feedback at the conclusion of their Communities Talk event from event attendees using the Participant Form (see Attachment 2 and 3). 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 a preaddressed postage-paid envelope to submit Participant Forms to the Communities Talk assessment team within 30 days of their event. They may, at their own discretion, also submit the data electronically to a designated e-mail address.

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

A.6 CONSEQUENCES OF INFORMATION COLLECTED LESS FREQUENTLY

Information on the Communities Talk events will be obtained once every other year. Without this information, SAMHSA will not be able to assess each event and plan better for future events or gauge the impact these events 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 November 8, 2016 (81 FR 78610). No comments were received.

Consultations were conducted with a representative within CBOs that organized a 2016 THM event. These consultations focused on the burden of completing the Organizer Survey and Organizer Survey – 6 month Follow-up; and how the organizations might use the findings should SAMHSA decide to share those findings with participating CBOs. Consultations were held with the following individuals:

Rev. Walter Jones Founder and Executive Director Fathers Who Care 4540 W. Washington Blvd Chicago, IL 60624 Email: walteramirjones@gmail.com	Ms. Dorothy Johnson West Islip Youth Enrichment Services, Inc. 66 Ocean Ave Blue Point, NY 11715 Email: greatsouthbaycoalition@gmail.com	Dr. M. Dolores Cimini Assistant Director University at Albany 400 Patroon Creek Blvd Suite 104 Albany, NY 12206 Email: dcimini@albany.edu
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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 and Organizer Survey – 6 month Follow-up (see Attachment 1 and 4), data will not be associated with individual names but rather with organization names through a customized ID code. The ID code is used to track whether a Communities Talk event organizer has responded to the request to complete the survey.

For the Participant Form (see Attachment 2 and 3), 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 Communities Talk event for which the data were collected. This will allow the assessment team to provide a summarized report of the feedback received to the event host. Each form will be assigned an ID code that will be used as a running tally of the number of forms received.

This assessment has been under continuous review of the Institutional Review Board (IRB) at ICF since September 14, 2010. The most recent continuous review approval was granted on October 5, 2016 (see Attachment 5). The study will continue to be reviewed annually by the IRB.

A.11 QUESTIONS OF A SENSITIVE NATURE

Most SAMHSA data collections gather sensitive information on substance use and mental health. The purpose of this data collection is to gather information about the Communities Talk events to prevent UAD, an important topic that could be considered sensitive. Demographic information is requested from event attendees of sampled events, 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 Communities Talk events, SAMHSA did not want to lose out on useful data about their perceptions of the 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 and Organizer Survey – 6 month Follow-up, located on the opening page of the web-survey, will—

- Congratulate organizers for participating in the Communities Talk;
- Remind organizers that, as a participant in the Communities Talk, 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;
- State that responses will not be associated with the respondent's or organization's name in any reports;
- Provide an e-mail 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 SAMHSA;
- Ask respondents to not write their name or other identifying information (e.g., birthday) anywhere on the form; and
- Thank respondents.

A.12 ESTIMATES OF ANNUALIZED HOUR BURDEN

Biennially, the Organizer Survey will be completed by an estimated 500 Communities Talk event 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, the Organizer Survey – 6 month Follow-up will be completed by an estimated 500 Communities Talk event 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 2016 Communities Talk event 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. For the burden estimate, an hourly wage of \$33.38 is used; it is based on an average annual salary of \$69,430 for respondents who work 2,080 hours per year (2015 Occupational Employment Statistics; Management Occupations; Social and Community Service Managers [11-9151] occupation). The estimated annual cost is \$2,787.23 for the Organizer Survey and \$4,172.50 for the Organizer Survey – 6 month Follow-up.

The Participant Form will be completed by an average of 30 participants per sampled CBO (n=150) 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. The respondents will be the persons who attended the

Communities Talk event. For the burden estimate, an hourly wage of \$7.25 is used; it is based on the current federal minimum wage (U.S. Department of Labor, 2013). The estimated annual cost is \$2,707.88.

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	500	1	500	0.167	83.50	\$33.38	\$2,787.23
Organizer Survey – 6 month Follow-up	500	1	500	0.25	125.00	\$33.38	\$4,172.50
Participant Form	4,500	1	4,500	0.083	373.50	\$7.25	\$2,707.88
Total	5,500	—	5,500	—	582.00	—	\$9,667.61

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 \$35,368. In addition, there are annual government staff costs of approximately 2 percent of a GS-13 project manager (approximately \$2,150, assuming a Step 6) (Salary Table 2016-DCB, Office of Personnel Management, 2016). Overall, the estimated average annual cost of this assessment is \$37,518 (\$35,368 contractor cost + \$2,150 government staff cost).

A.15 CHANGES IN BURDEN

Currently there are 1,113 total burden hours in the OMB inventory. SAMHSA is requesting 582 hours. SAMHSA/CSAP is requesting a decrease of 531 hours due to the following:

- **Adjustment of -84 hours** due to the reduction in the amount of time it will take respondents to complete the Organizer Survey (from 20 to 10 minutes; based on comments from consultations outside the agency),

- **Program change of -572 hours** due to the reduction in the number of respondents to the Organizer Survey (from 2,220 to a sample of 500; due to initiative funding clarifications and to reduce burden on the CBO host-stipend universe [N = 1,500]); and
- **Program change of 125 hours** for the addition of the Organizer Survey – 6 month Follow-up.

A.16 TIME SCHEDULE, PUBLICATION, AND ANALYSIS PLAN

Time Schedule—THMs are held biennially, with a large percentage held in the month of April, which is Alcohol Awareness Month. A 3-year clearance extension is requested to encompass the 2018 and 2020 THM events. The following table lists the project activities and the dates of activities proposed to occur in conjunction with these next two THM event cycles.

Activity	Date
Obtain OMB clearance extension	Winter 2017
Send the invitation to participate via e-mail to potential Town Hall Meeting event organizers	Fall 2017; 2019
Send an initial survey e-mail to THM event organizers	Rolling basis in accordance with date of event
Send a reminder survey e-mail to THM event organizers	Rolling basis in accordance with date of event
Verify entered data	Winter 2018/Spring 2019; Winter 2020/Spring 2021
Conduct data analysis	Winter 2018/Spring 2019; Winter 2020/Spring 2021
Prepare and submit draft summary report to SAMHSA/CSAP	Fall 2019, 2021
Prepare and submit finalized summary report to SAMHSA/CSAP	Fall 2019, 2021
Submit THM event data to the Data Collection Analysis and Reporting Contract	Nov. and May, during data collection phase
Resubmit OMB package	Spring 2019

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. The following are sample shells for the data analysis of organizers’, organizers’ 6 month follow up, and participants’ data.

Activity that Hosts Are ‘Very Likely’ to Plan or Collaborate with Others on to Prevent UAD in Community	Initial N	Total %	6 month 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				
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				

Activity Event Attendees Are ‘Very Likely’ To Do Following the Community Talk Event	N	Total %
Talk with others about underage drinking prevention.		
Recommend that others attend future underage drinking prevention events or meetings.		
Join, or increase involvement in, your local underage drinking prevention coalition.		
Participate in follow-up meetings or discussion groups on		

underage drinking prevention.		
Participate in an underage drinking prevention action group (e.g., committee, task force, or advisory board).		
Contact your local legislators or policymakers to advocate for changes to, or recommend enforcement of, existing laws and policies.		
Support community organizations in their efforts to pass laws and policies to prevent underage drinking.		

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. 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, and SAMHSA’s Prevention Day. SAMHSA may also post a summary report of the THM events online. 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.