

CHAPTER 5

Evaluation of the National Media Campaign: *Talk. They Hear You.*

This document is excerpted from:

The December 2015 Report to Congress on the Prevention and Reduction of Underage Drinking

Background Information

In December 2006, Congress passed the Sober Truth on Preventing Underage Drinking (STOP) Act, Public Law 109-422, popularly known as the STOP Act. The Act states, “A multi-faceted effort is needed to more successfully address the problem of underage drinking in the United States. A coordinated approach to prevention, intervention, treatment, enforcement, and research is key to making progress. This Act recognizes the need for a focused national effort, and addresses particulars of the federal portion of that effort as well as federal support for state activities” (120 stat. 2890). The STOP Act Section 2(d) calls for the Secretary of the U.S. Department of Health and Human Services (HHS) to fund and oversee the production, broadcasting, and development of an adult-oriented media campaign to prevent underage drinking.

The Substance Abuse and Mental Health Services Administration (SAMHSA), on behalf of the Secretary of HHS, is responsible for the development and implementation of the national media campaign. SAMHSA is also charged with evaluating the need for an expanded adult-oriented media campaign and the effectiveness of the campaign in reducing underage drinking.

SAMHSA was created in 1992 to collaborate with states to improve prevention, treatment, and rehabilitation services for individuals with mental and substance use disorders. SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities by providing leadership and dedicating resources to the delivery of the following key messages to the Nation: behavioral health is essential to health; prevention works; treatment is effective; and people recover.

SAMHSA’s Center for Substance Abuse Prevention (CSAP) works with federal, state, public, and private organizations to develop comprehensive prevention systems by:

Providing national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, prescription drug use disorders, alcohol use disorders, and underage alcohol and tobacco use.

Promoting effective substance use disorder prevention practices that enable states, communities, and other organizations to apply prevention knowledge in an effective manner.

SAMHSA has made prevention of underage drinking a priority through its Strategic Initiative #1 – Prevention of Substance Abuse and Mental Illness, specifically addressing underage alcohol use in Goal 1.2, which is to “prevent and reduce underage drinking and young adult problem drinking” (SAMHSA, 2014, p. 12). This goal was established because of the potential impact of underage drinking on the health and well-being of young people and their communities.

As discussed in the Executive Summary and Chapters 1 and 2 of this Report, declines in the rate of underage drinking during the past several years have been promising. However, there are still more than 9 million people who drink while underage in the United States. Alcohol remains the substance of choice among adolescents, and it is used by more young people than tobacco or illicit drugs. Furthermore, alcohol misuse among college students remains unacceptably high.

Early alcohol consumption is predictive of negative social outcomes, with academic literature providing examples of the harmful impact of underage drinking on individuals, families, and social structures. However, formative research suggests that parents and caregivers can significantly influence young people's decisions about alcohol (Hingson & Kenkel, 2004).

Scope of the National Media Campaign

As prescribed by the STOP Act, CSAP began development of a national underage drinking prevention media campaign titled “Talk. They Hear You.” (TTHY). This chapter summarizes findings to date on the implementation and outcomes of TTHY from an evaluation of the campaign conducted by SAMHSA under contract 277-09-0313 (SAMHSA, 2012). The findings suggest that the campaign has reached large numbers of Americans and is having the desired impact on children's and parents' knowledge, attitudes and behaviors. In future years, this Report to Congress will further elaborate upon these findings as additional analyses are conducted.

TTHY formally launched in May 2013 and targets parents and caregivers of children ages 9 to 15. The campaign encourages parents and caregivers to talk to youth about underage drinking. The campaign has broadened from use of print, television, and radio outlets to include social media, entertainment media, and workplace communication, as well as collaborating with intermediaries and partners in retail, health care, and academic settings. The campaign tools now include a tailored simulation application that provides an additional forum for behavior modeling and skill building. All campaign materials encourage parents and caregivers to visit the TTHY website (<http://www.underagedrinking.samhsa.gov>), which features skill-building tools, knowledge-increasing resources, and behavior-modeling scenarios for parents, caregivers, and communities to help prevent underage drinking.

The campaign's central focus is helping parents and caregivers expand their knowledge, improve their skills, and increase their confidence in having successful conversations with their children regarding alcohol use. The campaign encourages parents and caregivers to show that they:

- Disapprove of underage drinking.
- Care about their children's happiness and well-being.
- Are good sources of information about alcohol.
- Pay attention and will notice if their child drinks.
- Can help build their children's skills and strategies for avoiding underage drinking.

A conservative estimate of the overall reach (the number of times people have seen TTHY ads or messages) of the campaign to date is 3.6 billion media impressions.⁸⁷ During the campaign development phase, SAMHSA collected qualitative and quantitative data that tested messages and gauged their impact on the intended target audiences. Two distinct sets of qualitative collections—interviews with children ages 9 to 15 and focus groups of parents of children ages 9

⁸⁷ The TTHY campaign distribution and reach was tracked and reported using multiple resources. Gross impressions (GIs) represent the total potential audience reached, measured by multiplying the audience exposed to the message by the frequency of the PSA usage. For broadcast television, GIs come from the A.C. Nielsen Co., and for all other media, they come from the media or published sources.

to 15—and several rounds of pre- and posttest survey data collection ensued. SAMHSA also collected quantitative data by conducting a series of surveys using a pre- and posttest design.

SAMHSA's TTHY research used two methods of message exposure (forced exposure and natural exposure/event evaluation) to answer the following questions:

- What does the group being tested know about underage drinking?
- How do members of the group feel about underage drinking?
- What effect, if any, does the campaign have on the group's knowledge, attitudes, and behaviors with regard to underage drinking?

A summary of these evaluation efforts and available findings are provided in the remaining sections of this chapter.

Qualitative Evaluation

In May 2011, 21 individual interviews with children ages 9 to 15 were conducted in two cities. SAMHSA collected demographic data from the participants, as well as information about their prior knowledge and attitudes related to underage drinking. SAMHSA then presented each interviewee with two messages from the campaign:

1. Your brain is not fully developed until your mid-twenties. Drinking when your brain is not fully developed may cause permanent damage to your memory and your ability to learn.
2. Even if it seems like we're always making rules and telling you what to do and not to do, we want you to know the dangers of drinking alcohol because we care about you. We're trying to help you make good decisions so you can grow up to have a healthy and successful life.

Participants then answered questions about the messages, including whether the messages sounded believable, whether the information the messages presented was new to them, how persuasive the messages were to them, and what additional information they wanted to know after exposure to the messages. SAMHSA gathered additional information about underage drinking during the interviews, including whom the participants talked to when they had concerns or issues; whether their parents or guardians had talked to them about underage drinking; and the influence parents and other adults, setting, time, and place may have had in making such conversations effective.

Additionally, SAMHSA conducted three sets of focus groups with parents of children ages 9 to 15. Each of these focus groups gathered information on the attitudes of, barriers perceived by, and beliefs of children ages 9 to 15 and their parents. In addition, these focus groups obtained their initial reactions to creative TTHY messaging. In Phase 2, 10 in-person focus groups with parents of children ages 9 to 15 were conducted in five cities across the country from April to May 2011. The group size ranged from three to eight participants. Questions posed to focus groups addressed the following:

- Basic knowledge and attitudes about underage drinking (e.g., "Currently, do you see drinking as an issue you need to be concerned or worried about with your child/grandchild, or not so much?").

- Language and terminology related to underage drinking (e.g., “What is your reaction to the words ‘binge drinking’? How does it sound to you? What does it mean?”).
- Communication preferences (e.g., “Overall, how would you prefer to receive [information on underage drinking]?”).

Participants evaluated a set of messages from the campaign that were delivered in separate formats, including headlines for a brochure, poster, or ad that might appear in print or online; a radio script; and a theme line. For each format, the participants stated how the message made them feel; what was confusing, annoying, or offensive about the message; and what additional information they might want to know after seeing the message.

In August and September 2011, SAMHSA conducted a second round of focus groups with parents of children ages 9 to 15 in five additional cities across the country. The groups ranged in size from 8 to 12 participants. The protocol for these focus groups was the same as the other set of parent focus groups; however, this set focused specifically on testing draft creative concepts for the campaign and identifying what types of messaging and concepts would prompt parents to begin having conversations with their children about the risks associated with underage drinking.

Quantitative Evaluation

For the forced exposure survey, 2,500 adults with children ages 9 to 15 were randomly selected from a nationally representative, stratified, random sample of households. After selecting the sample, SAMHSA randomly assigned respondents to the control or stimulus group. SAMHSA then administered an identical pretest instrument to both groups that ascertained respondents’ prior knowledge of the campaign and its messages and their current knowledge, attitudes, and behaviors related to underage drinking. After stimulus group respondents completed the pretest instrument, SAMHSA then mailed campaign materials to their home addresses. Both groups then completed an identical web-based follow-up survey to measure change over time and differences between groups.

The natural exposure survey also followed a pre- and posttest design. Parents attending pilot sites and partnership events took the paper-and-pencil pretest survey throughout the campaign from May through July 2012. This first survey established a baseline of knowledge and attitudes concerning underage drinking. Within three months of completion of the first survey, respondents received a second survey administered via the web to measure changes in attitudes and obtain feedback on the event.

Evaluation Findings

The impact of the campaign can be divided into three areas: knowledge, attitudes, and behaviors.

Impact on Knowledge

Of parents with children ages 9 to 15 who were exposed to TTHY campaign materials, 29 percent agreed that the materials made them think about underage drinking in a new way. In the focus groups, parents mentioned that messaging about how it is never too early to begin speaking with children about drinking was particularly eye opening, saying that the statistics mentioned in the messaging were “scary” and that they resonated with the participants. Of

particular concern to parents was the statistic that “one in four eighth graders has used alcohol in the last 30 days”; respondents said that this statistic “grabbed” them, that it was “overwhelming,” and that it was “alarming, but very believable.” These responses suggest that parents were taking in and reacting to new information.

Likewise, individual interviews with children ages 9 to 15 revealed that some campaign messages affected participants’ knowledge of underage drinking. Said one child, upon learning that alcohol consumption can cause damage to developing brains, “If I ever was in a situation and somebody gave me a beer or something, I would think of that [message].” Said another, “I just heard about the liver and kidneys so far. I haven’t heard about your brain before.” These responses suggest that the campaign materials had provided new information.

However, some respondents voiced skepticism. Parents, for the most part, understood and even believed the statistics presented in certain TTHY messages, but none of them believed that their children were drinking alcohol. Some questioned the methods for gathering and presenting the statistics in the ads; others argued that the effects of alcohol can be so individualized that the aggregate statistics and overarching messages are not effective at countering lived examples (e.g., children may know other students who get good grades despite drinking; parents may know people who drink yet are not socially maladapted).

Impact on Attitudes

The effect of the TTHY campaign on the attitudes of children ages 9 to 15 and their parents is evident. Of parents who were exposed to the campaign and surveyed, 27 percent reported that the materials left an impression on them; of those parents who liked the materials, 44 percent said that they were concerned about their children drinking alcohol. In focus groups, parents mentioned that the campaign materials challenged them to reconsider the appropriate age for starting conversations about underage drinking; said one, “I need to talk to my kids, and I feel empowered by this [campaign].” The campaign had a general attitudinal and affective impact, with participants saying that the ads made them feel “frightened,” “empowered,” and “humbled,” among other responses.

Impact on Behaviors

The TTHY campaign messages appeared to influence participants’ behaviors. Among all survey respondents, there was a slight increase in the percentage of parents reporting that they had a conversation with their child about alcohol between pretest (91 percent) and posttest (93 percent) instrument completion. For the forced exposure survey, parents in the stimulus group—those who were exposed to the campaign—were more likely than parents in the control group—those who were not exposed to it—to report having at least one conversation about alcohol with their child in the past six months. Likewise, those in the stimulus group (83 percent) were more likely than those in the control group (74 percent) to have had a conversation with their children within the past three months about the dangers of drinking alcohol. This call to conversation was echoed in the focus groups. Said one parent, “[The campaign message] empowers parents. It motivates me to tell [my children] ‘don’t do it.’” Said another, “[The campaign] makes me want to go home and talk to [my children] again.” Overall, 24 percent of survey respondents reported that they were likely to seek out additional information about SAMHSA.

For both of the messages tested in focus groups with children, participants were split on the effectiveness of the messages as deterrents. When shown the messaging about the effect of underage drinking on the brain, one said, “I’m pretty sure it will persuade [children] not to [drink].” Said another, “After hearing [about] the brain damage, I think if I was in that situation, I would totally back off and not do that.” However, another participant retorted that the message would not be effective because “a lot of kids don’t really care about learning anything about that anyway,” and another mentioned that children “probably wouldn’t think [the message] was telling the truth.” When presented with the message about parental control, some children expressed the belief that the message would affect behavior; said one, “After hearing that, they would probably rethink what they were going to do, or maybe not.” Said another, “Probably it could change his or her mind if they heard that [message].” Still others argued that the message would not be as effective: “Some kids I know that drink now and are trying to get other people to drink; they wouldn’t care. They would think [parents are] just saying this to stop [kids] from drinking.” Said another, “[The message would] probably affect [kids]; they’ll probably have thoughts of not [drinking], but then if they’re the type of kid who doesn’t want to listen, they’ll [drink anyway].”

Campaign Testing

Results from the SAMHSA-administered national web survey (N=2,500) to establish baseline attitudes, beliefs, and behaviors related to underage drinking demonstrate the prelaunch effectiveness of campaign materials. The following findings are from a preliminary assessment of the baseline and short-term changes in underage drinking prevention behaviors and attitudes:

- Underage drinking is not a top-of-mind issue; fewer than half of all parents surveyed reported concern. Regarding general attitudes toward underage drinking, only 30 percent of participants reported that they see drinking alcohol as an issue to be concerned about with their children.
- Education and conversations with children were the top two ways parents said that they could prevent underage drinking. When asked what they could do to prevent their children from drinking alcohol, 30 percent reported “educate them” and 25 percent reported “have open conversations.”
- Women (94 percent) are more likely than men (87 percent) to have had a conversation with their children about underage drinking.
- Most parents exposed to the materials said that they were believable, and a third said that the materials left an impression on them. Parents and caregivers asked for additional modeling scenarios in the print public service announcements (PSAs).
- Of parents who were exposed to TTHY PSAs:
 - A quarter agreed that the PSAs were some of the best ads they had seen related to underage drinking prevention.
 - A quarter said that they would seek out more information about SAMHSA.
- Parents exposed to the PSAs (89 percent) were more likely than unexposed parents (85 percent) to have had a conversation with their children about the dangers of underage drinking in the past three months.

Summary of TTHY Evaluations to Date

All evaluations conducted to date gathered anecdotal evidence related to knowledge, attitudes, and behaviors regarding underage drinking. A direct analysis of postlaunch changes in reaction to the campaign materials is not yet available.

None of the evaluations completed to date included a direct analysis of changes in youth drinking behavior due to the campaign materials. A brief review of current, nationally normed data on youth behavior suggests downward trends in excessive drinking, but a persistent percentage of youth continue to drink in some form (Johnston, Miech, O'Malley, Bachman, & Schulenberg, 2014). Monitoring the Future, the long-term survey of 8th, 10th, and 12th graders funded by the National Institute on Drug Abuse, has collected data on underage drinking. In 1991, 70.1 percent of eighth graders reported having ever used alcohol, but by 2014, the proportion was 26.8 percent; likewise, 26.7 percent of eighth graders reported having ever been drunk in 1991, but in 2014, only 10.8 percent of eighth graders reported having ever been drunk (Johnston et al., 2014). Since the beginning of the TTHY campaign in 2013, the proportion of eighth graders using alcohol has decreased (Johnston et al., 2014); however, there are not enough data to measure whether the campaign is having an impact on the rate of underage drinking. Changes in the underage drinking rate due to the campaign will take longer to manifest, given the young target age of adolescents and the aim of the campaign to have parents talk to them about future behavior.

The Effectiveness of the Campaign in Reducing Underage Drinking

The TTHY campaign hinges on the idea that a parent or caregiver talking to his/her children about the dangers of alcohol is an important factor in deterring underage alcohol consumption. Studies have shown that parents and other adults have a significant influence on young people's decisions about alcohol consumption (Nash, McQueen, & Bray, 2005), especially when they create supportive and nurturing environments in which children can make their own decisions (Barnes, Reifman, Farrell, & Dintcheff, 2000). In fact, about 80 percent of children believe that parents should have a say in whether they drink alcohol (Jackson, 2002; Nash et al., 2005). The SAMHSA survey of 2,500 parents of children ages 9 to 15 found that 91 percent of parents reported that they had talked with their children about alcohol; however, this survey did not track any changes in underage drinking behavior over time as a result of parental behaviors.

The TTHY campaign has had excellent reach, surpassing 3.6 billion impressions since its inception in 2013, with good representation across the United States. It has also generated an advertising equivalency of more than \$39 million across all media outlets. This includes a presence in all 50 states and more than 300 cities nationwide. Since the campaign's launch, TTHY PSAs have been played on television and radio channels; displayed in Washington, DC, Atlanta, and Los Angeles airports; posted in greater DC-area shopping malls and the Washington Metropolitan Area Transit Authority Metrorail and Metrobus system; and distributed across the country on AccentHealth Media Network and Walmart SuperCenters Checkout TVs. The TTHY television PSA has played nearly 3,000 times across the AccentHealth network alone, generated an ad equivalency of \$1,904,378, and earned more than 95 million impressions. However, the majority of all PSA usage came from television, which is the most effective medium for reaching the largest number of people while generating the most value. Recent outreach to bloggers and campaign partners has elicited additional coverage online and through social media, as well as

sharing of TTHY campaign materials, which include newly designed infographics and a teaser video for the mobile application (app).

Future Directions: The TTHY App

By expanding the TTHY campaign to include a TTHY mobile app, SAMHSA has provided parents and caregivers with vital information and skills to increase the quality and content of the conversations they have with their children about underage drinking. This app addresses the need parents expressed for more scenario-based information on how to talk to their children about underage drinking. It allows more direct measurement of impact on parent behaviors than analysis of PSA exposure provides. The extent to which parents engage with the materials is evident through the app's usage data.

Once users download the app, they must take a survey to provide baseline data on the content and scope of their knowledge about underage drinking. Follow-up questionnaires help determine short-term outcomes, defined as changes in parent/caregiver knowledge and behavior as a result of using the app. Additional demographic data points provided by the app allow the opportunity to describe who has downloaded the app and completed the survey. In addition, the app allows collection of analytics to assess sharing of the app and linking to or seeking out additional resources and tools that are integrated within the app at critical skill-building moments. Ultimately, user skills and knowledge, as well as identified analytics, serve as proxy variables to predict youth alcohol consumption behavior.

Population-level youth surveys, including the National Survey on Drug Use and Health and Monitoring the Future, were used to report the baseline underage drinking rates for youth before the launch of the campaign in 2013. A trend analysis comparing changes in youth responses during three-year intervals before, around, and after introduction of the campaign will be completed to assess long-term outcomes of the campaign. Using the demographic and geographic data collected through the survey of app users and data on the campaign collected through Nielsen Ratings/out-of-home data collection and web analytics, subpopulations of users and viewers can be generated. These subpopulations can then be compared to their corresponding subpopulations in the population-level youth surveys to test whether the underage drinking rate has decreased among those subpopulations who have had contact with the campaign.⁸⁸

⁸⁸ For example, if a particular region of the country has had a significantly higher exposure to the campaign (e.g., the Northeast), a subpopulation can be generated from the data to compare changes in the underage drinking rate for that region with changes at the national level.