



**THE IOWA
CONSORTIUM**
FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

**AMERICAN GOTHIC REVISITED
JACKSON COUNTY
PROGRAM EVALUATION**

PROJECT YEAR 1, REPORT 2

IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION
UNIVERSITY OF IOWA, IOWA CITY, IOWA 52242-5000

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FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

AMERICAN GOTHIC REVISITED JACKSON COUNTY PROGRAM EVALUATION

BIANNUAL REPORT

JULY 1, 2008 – JUNE 30, 2009

PREPARED BY:

**PAT MCGOVERN, BA
EVALUATION COORDINATOR**

**REBECCA CLAYTON, BS
ASSOCIATE DIRECTOR**

**STEPHAN ARNDT, PHD
DIRECTOR**

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Executive Summary

A Grant to Reduce Alcohol Abuse from the Department of Education was awarded to the Maquoketa, Iowa school district in partnership with the Andrew, Bellevue, and Preston School Districts in May 2008. Four prevention programs are being implemented in this project, including LifeSkills Training (LST), Project Toward No Drug Abuse (TND), Leadership and Resiliency Program (LRP), and Communities Mobilizing for Change on Alcohol. Outcome data are only available for LST and TND at this stage of the project. To date, this project has positively affected youth within the school districts served. The project has nine goals, six of which are substance abuse prevention program outcomes, two are process goals, and the final goal is for substance abuse counseling. Two substance abuse prevention program goals were revised during the first project year, as they were either not measurable or had overly ambitious expectations. Substance abuse prevention program Goals 1, 2, 4, and 6 use the 2005 Iowa Youth Survey (IYS) as a reference for the anticipated year-to-year change. The IYS provides an estimated change one might expect each year in Iowa's general youth population due to maturation. IYS data for sixth and eighth grades provide the reference for LST; eighth and eleventh grade IYS data provides the reference for TND.

Of the nine goals, seven are currently being met, one cannot be measured yet, and one is being met by one prevention program but not the other. Progress towards each goal is detailed below:

Goal 1: 50% reduction in the anticipated year-to-year increase in the percentage of participating students who report alcohol consumption in the past 30-day period.

Status: Currently met. A 2.25% increase or less in alcohol consumption is needed to achieve this goal for LST; the change for LST is a 2.2 percentage point increase. A 6.35% increase or less is needed for TND; the change for TND is a 1.4 percentage point decrease.

Goal 2: Fifty percent reduction in the anticipated year-to-year increase in the percentage of participating students who report binge drinking in the past 30-day period.

Status: Currently met. A 1.5% increase or less in binge drinking is needed to achieve this goal for LST; the change is a 1.1 percentage point decrease. A 5.65% increase or less in binge drinking is needed for TND; the change is a 1.8 percentage point increase.

Goal 3: No change or an increase in the percentage of participating students who disapprove of alcohol use.

Status: Currently met. LST had an increase of 1.1 percentage points from pre- to post-test, and TND had an increase of 1.81 percentage points.

Goal 4: Fifty percent increase in the anticipated year-to-year reduction in the percentage of participating students who believe alcohol is harmful to their health.

Status: Currently met for LST, but not TND. A 1.0% decrease or less in perceived harm is needed to achieve this goal for LST; the change is a 0.6 percentage point increase. A 0.85% decrease or less is needed for TND; the change is a 1.4 percentage point decrease.

Goal 5: No change or an increase in the percentage of students reporting parental disapproval of alcohol use.

Status: Currently met. LST had no change and TND had an increase of 2.45 percentage points from pre- to post-test.

Goal 6: Twenty-five percent reduction in the anticipated year-to-year increase in the percentage of participating students who report that obtaining alcohol is easy or very easy.

Status: Currently met. A 10.88% increase or less in ease of obtaining alcohol is needed to achieve this goal for LST; the change is a 5.8 percentage point increase. A 7.5% increase or less is needed to achieve this goal for TND; the change is a 3.7 percentage point decrease.

Goal 7: Demonstrate comprehensive alcohol prevention systems change in Jackson County.

Status: Completed. All programming implemented during the first project year.

Goal 8: Demonstrate local capacity to implement/sustain proven alcohol abuse prevention programs.

Status: On schedule. In almost all classrooms, ASAC prevention specialists led program implementation while school staff observed and were trained in the programs. In the few remaining classrooms, school staff who had previous implementation experience led program implementation with ASAC prevention specialists providing technical assistance.

Goal 9: Seventy percent of students receiving substance abuse treatment services will successfully complete their treatment program.

Status: Insufficient data available at this time to assess this goal.

Overall, the project is on schedule and should continue to meet or exceed these project goals.

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Introduction

Background

In May 2008, the Maquoketa School District, in partnership with the Andrew, Bellevue, and Preston School Districts, was awarded a three year Grant to Reduce Alcohol Abuse from the Department of Education. The purpose of this grant is to reduce alcohol use and abuse among secondary school students. Other partners in the grant are: the Area Substance Abuse Council (ASAC), to provide substance abuse prevention program implementation and technical assistance, and substance abuse counseling; and the Iowa Consortium for Substance Abuse Research and Evaluation (Consortium), to conduct the project evaluation.

The Consortium conducts outcome and process evaluation of the American Gothic Revisited – Jackson County Grant to Reduce Alcohol Abuse project. The outcome evaluation provides information regarding alcohol use and attitudes about alcohol use collected from pre and post-tests. The process evaluation analyzes the development and implementation of the project as well as the degree of achievement of project goals and objectives. Tracking sheets, interviews with key informants, and a review of community meeting minutes provide data for the process evaluation.

The purpose of this report is to provide feedback to project implementers and stakeholders on the progress of the American Gothic Revisited – Jackson County project. The report presents outcome and process data in relation to the project action plan and degree of achievement of project goals. This report is intended to document and analyze project activities to provide data that will assist project stakeholders in making decisions related to project implementation. This report presents results from Year One: July 1, 2008 through June 30, 2009.

Project Goals

There are nine goals for this project as set forth in the grant proposal. Goals 1-6 relate to substance abuse prevention program outcomes, Goals 7-8 are process goals, and Goal 9 is a substance abuse counseling goal. Preliminary data is available for Goals 1 through 8 and is included in this report. Data for Goal 9 is not yet included as the project has not been operating long enough for students to have reached the end of their treatment programs; future evaluation reports will include updates for all nine goals. These goals include:

1. 50% reduction in the anticipated year-to-year increase in the percentage of participating students who report alcohol consumption in the past 30-day period;
2. 50% reduction in the anticipated year-to-year increase in the percentage of participating students who report binge drinking in the past 30-day period;
3. No change or an increase in the percentage of participating students who disapprove of alcohol use;

4. 50% increase in the anticipated year-to-year reduction in the percentage of participating students who believe alcohol is harmful to their health;
5. No change or an increase in the percentage of students reporting parental disapproval of alcohol use;
6. 25% reduction in the anticipated year-to-year increase in the percentage of participating students who report that obtaining alcohol is easy or very easy;
7. Demonstrate comprehensive alcohol prevention systems change in Jackson County;
8. Demonstrate local capacity to implement/sustain proven alcohol abuse prevention programs; and
9. 70% of students receiving substance abuse treatment services will successfully complete their treatment program.

Goals 3 and 5, as originally written, were problematic: Goal 3 was not measurable and Goal 5 was overly ambitious, given students' reports during the first six months of the project. The goals were revised and the revisions were approved by the Project Oversight Committee and U.S. Department of Education in October 2008.

Outcome Evaluation

Outcome Evaluation Design and Methodology

The outcome evaluation design is a matched pre-post test. Outcome data are collected from the youth participating in each of the programs using an instrument that contains questions from Government Performance and Results Act, Center for Substance Abuse Prevention's Core Measures, and the Iowa Youth Survey (IYS). This instrument contains questions that measure the project's six outcome goals: 1) reduce underage alcohol use by the youth targeted by the prevention programs; 2) reduce binge drinking by the youth targeted by the prevention programs; 3) increase the percentage of targeted youth who disapprove of alcohol abuse; 4) increase the percentage of targeted youth who believe that alcohol abuse is harmful to their health; 5) increase the percentage of targeted youth who believe their parents disapprove of alcohol use; and 6) reduce the percentage of targeted youth who believe that it is easy to obtain alcohol in their neighborhood or community. Youth participating in LifeSkills Training (LST) will complete a post-test at the end of each program year, to allow for data collection and reporting on a timely basis for the multi-year program. LST data presented in this report encompass only the first year of the program; future evaluation reports will report data collected over the second and third program years.

Four hundred and thirty-nine youth from the four school districts have completed a pre-test to date. The pre-test was administered prior to the first program lesson. Of the 439 youth: 188 are middle school aged youth participating in LST; 230 are high school aged youth participating in Project Toward No Drug Abuse (TND); and 21 are high school aged youth participating in Leadership and Resiliency Program (LRP).

Four hundred and twenty-seven youth from the four school districts have completed a post-test to date. The post-test was administered after the last program lesson. Of the 427 youth: 185 are middle school aged youth who participated in LST; 223 are high school aged youth who participated in TND; and 19 are high school aged youth who participated in LRP.

Outcome Data: School-Based Prevention Programs

As of June 30, 2009, 427 youth have completed both a pre-test and post-test. More than 99% of the youth eligible to complete both a pre-test and post-test did so. Of these youth: 185 are middle school students who participated in LST (mostly 6th graders); 223 are high school students who participated in TND (mostly 9th and 10th grade students); and 19 are high school students who participated in LRP (9th, 10th, and 11th grade students). The figures throughout this report present outcome data on alcohol use for LST and TND; LRP has an insufficient sample size at this point in the project to report outcomes. The reported N throughout this report is specific to each variable and reflects the number of youth who responded to the question at *both* pre-test and post-test. The N may be equal to or less than the total number of youth who completed both a pre-test and post-test. This is because youth may have skipped an individual question (either intentionally or unintentionally) or selected more than one response, data entry staff may not have been able to determine which responses was selected, or due to data entry error. (Note: The median number of days between the pre-test and the post-test is 44 for LST (Minimum = 13; Maximum = 95), 119 for TND (Minimum = 49 days; Maximum = 125 days), and 107 for LRP (Minimum = 107; Maximum = 137). Appendix 1 on pages 27 through 32 contains figures representing survey data on tobacco and marijuana use.

Figures 1 and 2 on pages 8 and 9 compare the pre to post change in past 30-day use of alcohol, binge drinking, and perceived harm/risk of alcohol abuse to the average yearly change in these three measures based on the 2005 Iowa Youth Survey (IYS) data from Jackson County, Iowa. (Note: Figures 16 and 17 in Appendix 1 on pages 30 and 31 show these changes in individual attitudes by program for tobacco and marijuana.) The average yearly change was calculated by dividing the difference in IYS data from 6th and 8th graders, and with 8th and 11th graders, by the number of year separating the grades. This average yearly change serves as a realistic point of reference when examining the programs rather than comparing to zero, or no change. It is an estimate of the change one might expect to see among youth in Iowa's general population over the course of one year. So, based on natural progression and the 2005 IYS, past 30-day use of alcohol is estimated to increase 4.5 percentage points each year for middle school students and 12.7 percentage point for high school students. Similarly, binge drinking is estimated to increase 3 and 11.3 percentage points for middle school and high school students, respectively. Perceived harm/risk of alcohol abuse is estimated to decrease 2 percentage points for middle school students and 1.7 for high school students.

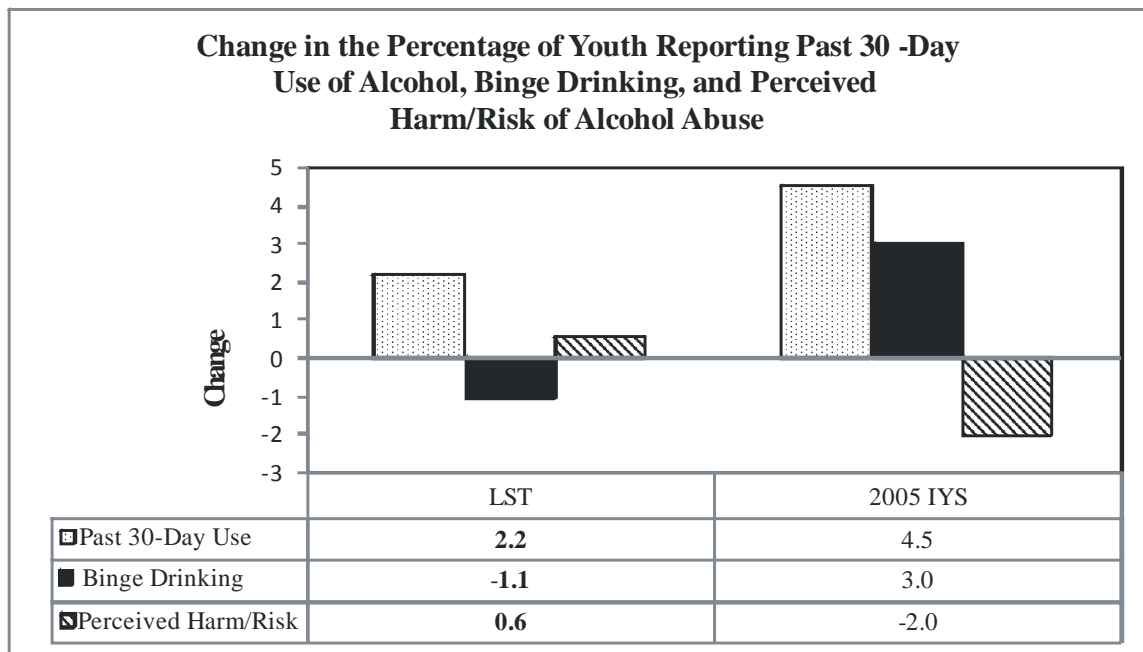
The comparisons of pre to post change for past 30-day use of alcohol, binge drinking, and perceived harm/risk of alcohol abuse found in Figures 1 and 2 on pages 7 and 8 are measures of project Goals 1, 2, and 4. Goal 1 calls for a 50% reduction in the anticipated

year-to-year increase in the percentage of participating students who report alcohol consumption during the past 30-day period. A 2.25% increase or less in alcohol consumption is needed to achieve this goal for LST; a 6.35% increase or less is needed for TND. Outcomes for both LST and TND exceed this goal. The pre to post change for LST is a 2.2 percentage point increase, and TND shows a 1.4 percentage point decrease.

Goal 2 calls for 50% reduction in the anticipated year-to-year increase in the percentage of participating students who report binge drinking in the past 30-day period. A 1.5% increase or less in binge drinking is needed to achieve this goal for LST; a 5.65% increase or less in binge drinking is needed for TND. Outcomes for both programs exceed this goal as well. The pre to post change for LST is a 1.1 percentage point decrease, and TND shows a 1.8 percentage point increase.

Goal 4 calls for a 50% increase in the anticipated year-to-year reduction in the percentage of participating students who believe alcohol is harmful to their health. A 1.0% decrease or less in perceived harm is needed to achieve this goal for LST; a 0.85 decrease or less is needed for TND. Outcomes for LST meet this goal, but not TND. There was a pre to post increase of 0.6% for LST and a 1.4% decrease for TND.

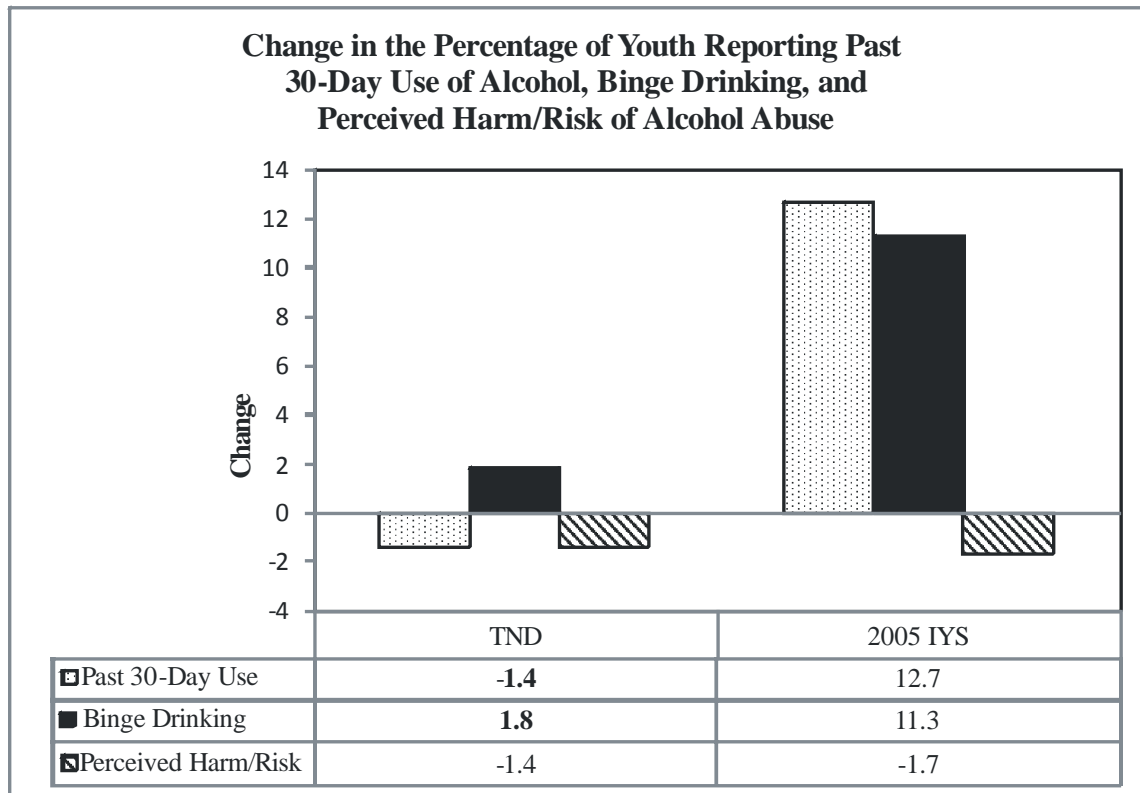
Figure 1. Life Skills Training Outcome Data and 2005 6th and 8th Grade Iowa Youth Survey Data



Notes: ¹The median number of days between pre- and post-tests was 44 for LST. IYS data is reported as an annual change estimate.

²A boldfaced value indicates that the outcome met or exceeded the project goal.

Figure 2. Project Toward No Drug Abuse Outcome Data and 2005 8th and 11th Grade Iowa Youth Survey Data



Notes: ¹The median number of days between pre- and post-tests was 119 for TND. IYS data is reported as an annual change estimate.

²A boldfaced value indicates that the outcome met or exceeded the project goal.

Goal 3 is no change or an increase in the percentage of participating students who disapprove of alcohol use. Outcomes for both programs have met this goal. LST had an increase of 1.1 percentage points from pre- to post-test and TND had an increase of 1.81 percentage points.

Figure 3. Percentage of Youth Reporting Disapproval of Alcohol Abuse

	LifeSkills Training (N = 182)		Project Toward No Drug Abuse (N = 222)	
	Pre-Test %	Change	Pre-Test %	Change
Percentage of youth reporting that they either strongly disapprove or disapprove of someone their age drinking one or two drinks of alcohol nearly every day	89.56	1.10^a	73.87	1.81^a

^a: A positive change value indicates the most desirable change for these questions.

Figures 4 and 5 on pages 9 and 10 show outcomes for individual attitudes and perceived harm of alcohol use by program. (Note: Figures 19 through 22 in Appendix 1 on pages 30 through 32 show change in individual attitudes from the pre-test to the post-test by program for tobacco and marijuana.) Outcomes were either: 1) favorable, which means that attitudes toward alcohol use grew more unfavorable (e.g., Respondent felt alcohol use was a moderate risk at pre-test and a great risk at post-test) or that the pre- and post-test responses remained the same and were unfavorable toward alcohol use; or 2) unfavorable, which means that attitudes grew more favorable toward alcohol use from pre-test to post-test (i.e., Respondent strongly disapproved of alcohol use at pre-test and disapproved at post-test) or that the pre- and post-test responses remained the same and were favorable toward alcohol use.

Figure 4. Alcohol Use Attitudes

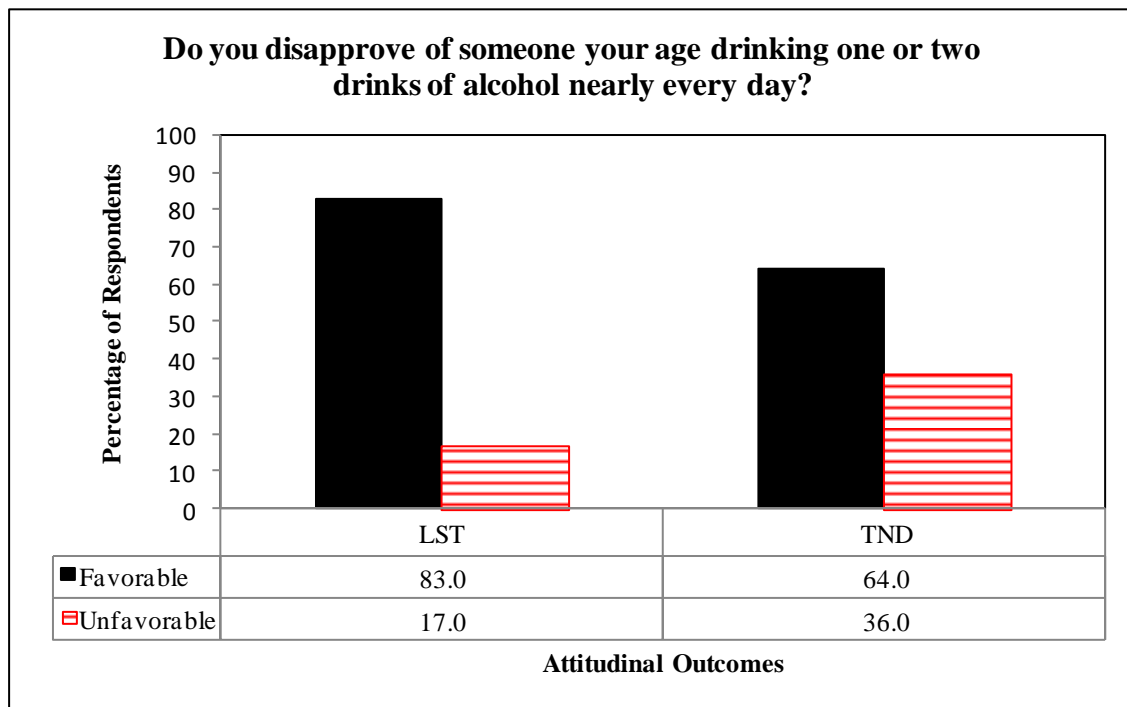
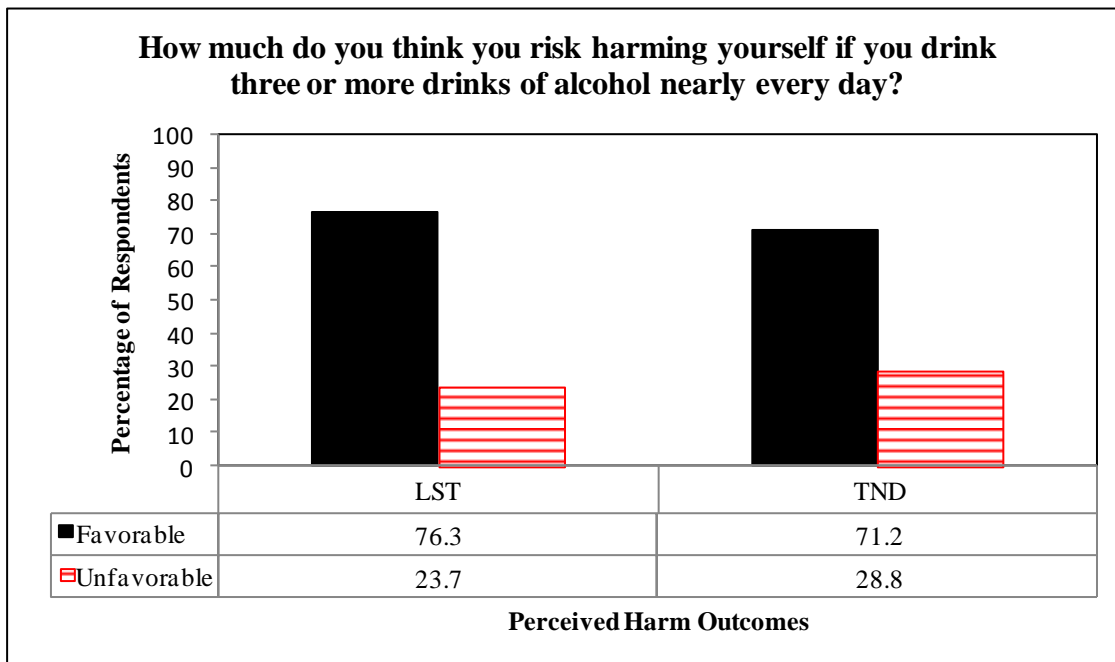


Figure 5. Alcohol Perceived Harm



Goal 5 is no change or an increase in the percentage of students reporting parental disapproval of alcohol use. Outcomes for both projects have met this project goal. LST had no change and TND had an increase of 2.45 percentage points.

Figure 6. Percentage of Youth Reporting Parental Disapproval of Alcohol Abuse

Percentage of youth reporting that their parents feel it would be wrong or very wrong for them to drink beer, wine, or hard liquor	LifeSkills Training (N = 160)		Project Toward No Drug Abuse (N = 204)	
	Pre-Test %	Change	Pre-Test %	Change
	96.25	0 ^b	79.41	2.45 ^b

^a: A positive change value indicates the most desirable change for these questions.

Figure 7 and 8 on page 11 shows change in the youth’s perception of adult attitudes on their alcohol use from the pre-test to the post-test by program. Outcomes were either: 1) favorable, which means that perceptions toward alcohol use grew more unfavorable (e.g., Respondent felt their parents would feel that alcohol use was wrong at pre-test and very wrong at post-test) or that the pre- and post-test responses remained the same and were unfavorable toward alcohol use; or 2) unfavorable, which means that perceptions grew more favorable toward alcohol use from pre-test to post-test (i.e., Respondent felt adults in their neighborhood would feel that alcohol use was wrong at pre-test and not wrong at

all at post-test) or that the pre- and post-test responses remained the same and were favorable toward alcohol use.

Figure 7. Perception of Parental Attitudes on Child’s Use of Alcohol

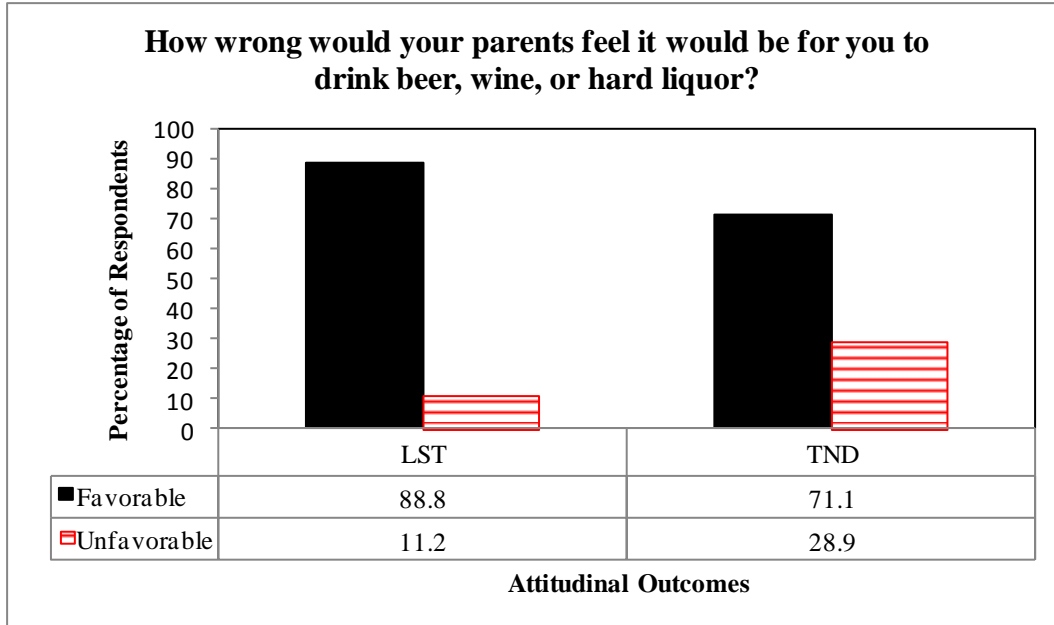
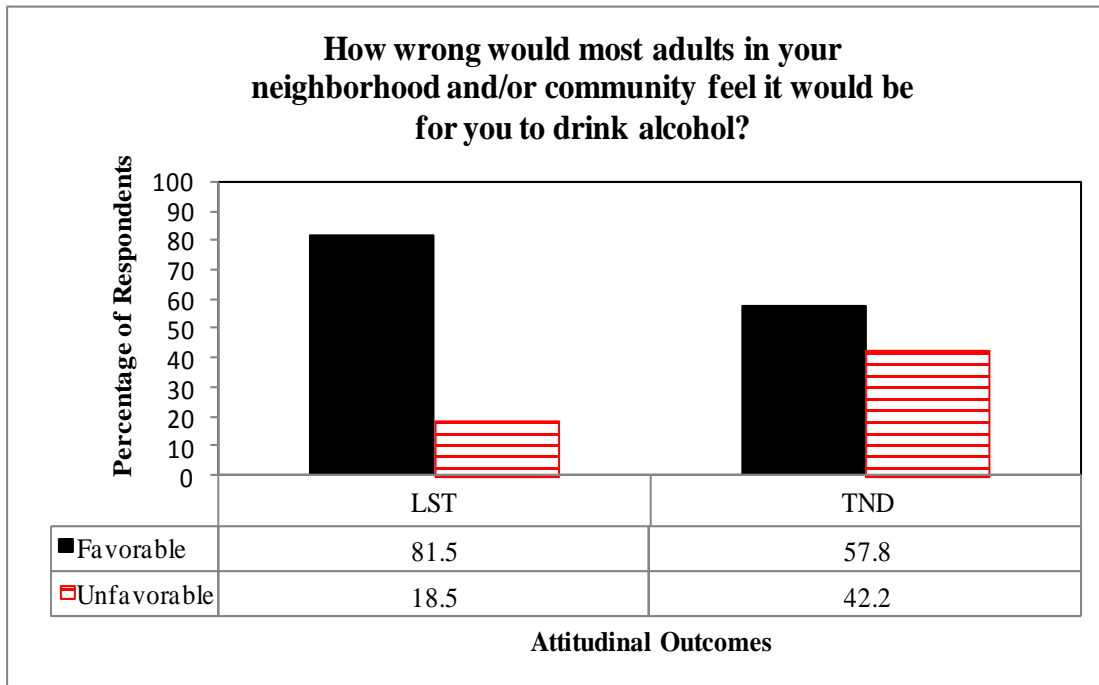
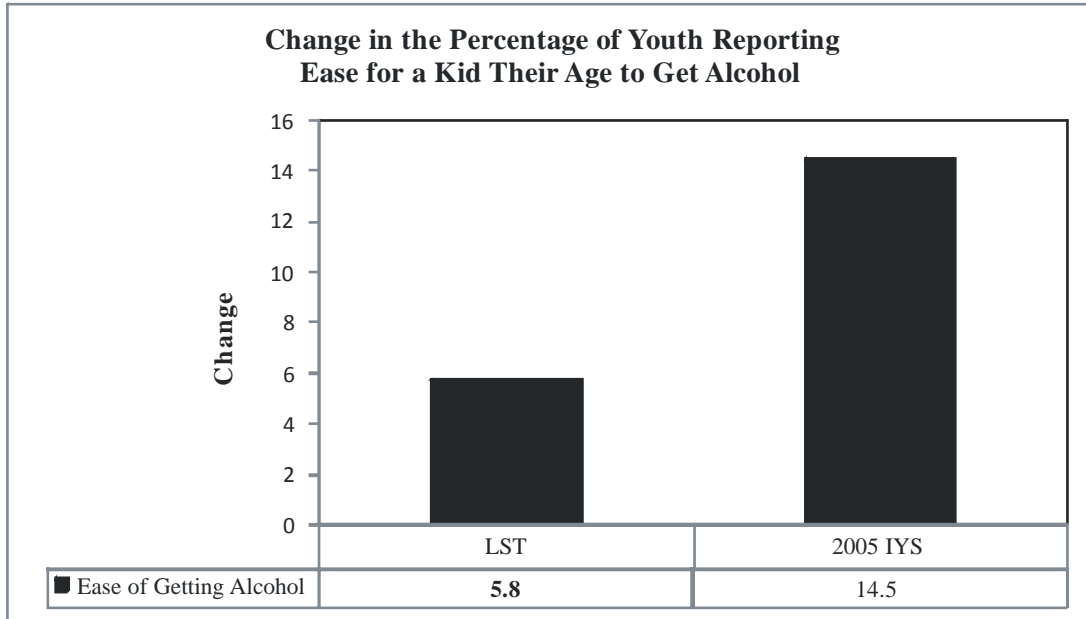


Figure 8. Perception of Neighborhood Attitudes on Child’s Use of Alcohol



Figures 9 and 10 on pages 12 and 13 present the pre to post change in perception of alcohol availability and the estimate of average yearly change in these three measures based on the 2005 IYS data from the county. LST had an increase of 5.8 percentage points and TND had a decrease of 3.7 percentage points. Both LST and TND data exceed the projected outcome for Goal 6 (25% reduction in anticipated annual increase in participants who report that obtaining alcohol is easy) of a 10.88 percentage increase or less in alcohol availability for LST and a 7.5 percentage increase or less for TND.

Figure 9. Alcohol Availability – LifeSkills Training

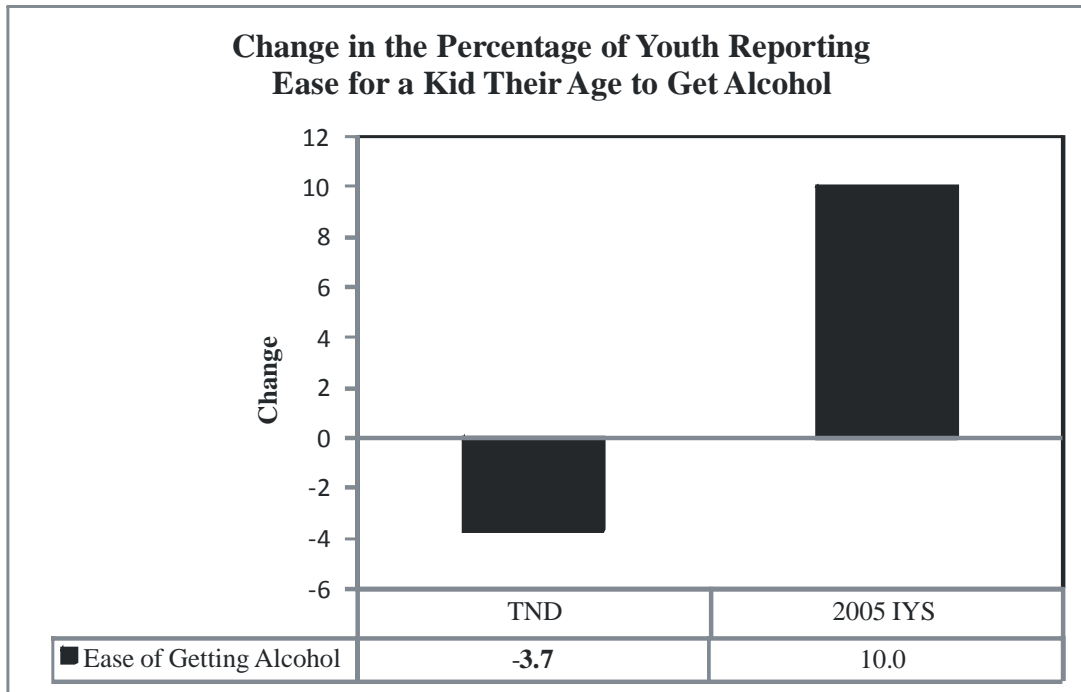


Notes: ¹The median number of days between pre- and post-tests was 44 for LST. IYS data is reported as an annual change estimate.

²A boldfaced value indicates that the outcome met or exceeded the project goal.

³“Don’t know” responses were combined with missing responses and were not included in the total when calculating the percentages.

Figure 10. Alcohol Availability – Project Toward No Drug Abuse



Notes: ¹The median number of days between pre- and post-tests was 119 for TND. IYS data is reported as an annual change estimate.

²A boldfaced value indicates that the outcome met or exceeded the project goal.

³“Don’t know” responses were combined with missing responses and were not included in the total when calculating the percentages.

Figures 11, 12, and 13 on pages 14 and 15 display outcomes for school enjoyment, performance, and support from an adult at school. These outcomes were either: 1) favorable, which means that enjoyment or performance increased (e.g., Respondent enjoyed being in school more at post-test than at pre-test) or the pre- and post-test responses remained the same and were favorable regarding school enjoyment or performance; or 2) unfavorable, which means that school enjoyment or performance decreased from pre-test to post-test (e.g., Respondent tried to do their best in school more at pre-test than at post-test) or the pre- and post-test responses remained the same and were unfavorable regarding school enjoyment or performance.

Figure 11. School Enjoyment

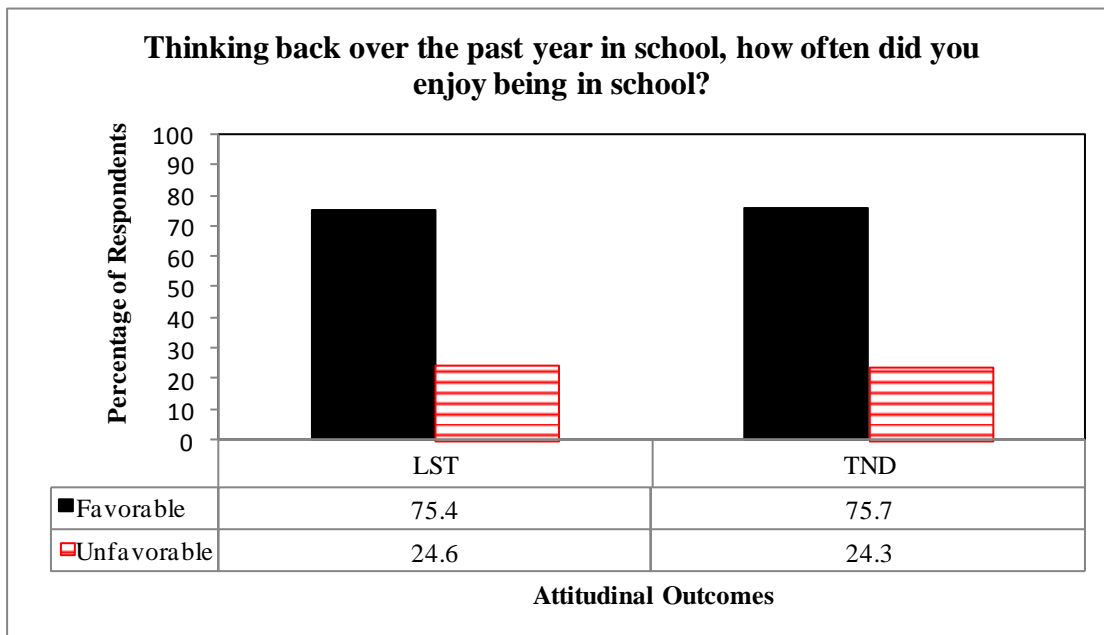


Figure 12. School Performance

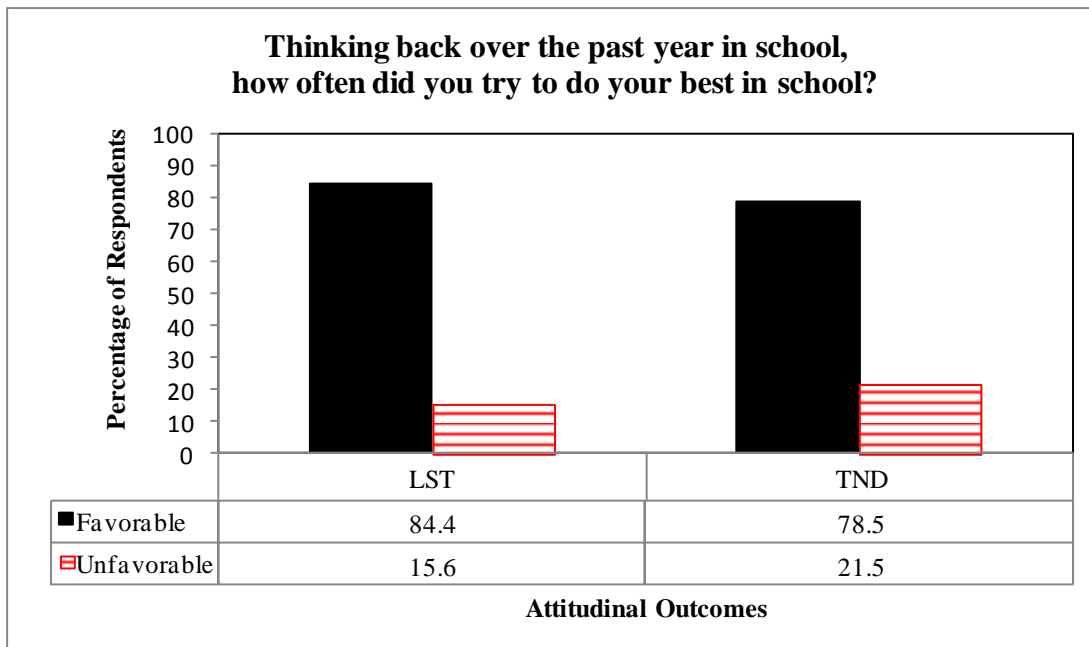
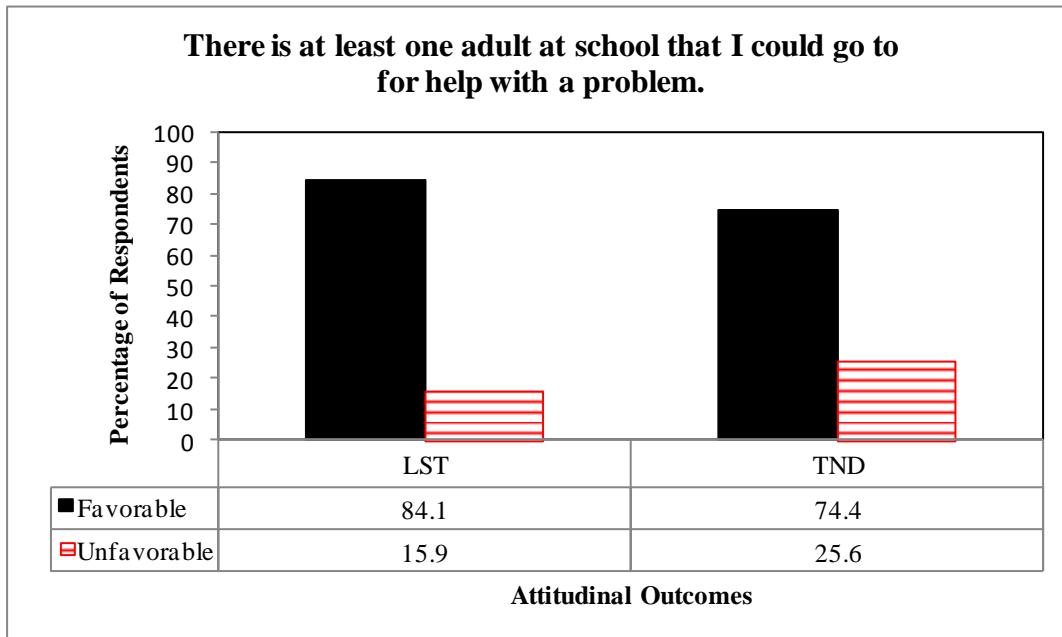


Figure 13. Support from Adult at School



Process Evaluation

Process Evaluation Design and Methodology

The process evaluation provides insight into the degree of achievement in meeting program goals and a summary of the results of interviews with key informants. Evaluation methods include analysis of the project action plan, committee meeting participation, documenting CMCA activities, prevention program tracking sheets, process interviews, and review of counseling data.

Process data are collected using tracking sheets that are completed by ASAC Prevention Specialists. One tracking sheet is completed for all LRP groups and the other is completed for all LST and TND groups. These forms are used to monitor program dosage and degree of implementation by documenting the type of program, the school where the program is implemented, the grade level(s) of the youth participating, the number of youth completing the pre-test and post-test, the number of lessons implemented, and the range in attendance for the lessons.

Action Plan Analysis

The project action plan activities and time frames were compared to the actual activities implemented during this report period. See Appendix 2 on page 34 for the project action plan. The following activities were scheduled to occur during this report period: hold four Project Oversight Committee meetings; conduct program trainings; form local Communities Mobilizing for Change on Alcohol (CMCA) groups, develop action plans,

and begin implementation; implement Life Skills Training (LST) in the four middle schools; implement Project Toward No Drug Abuse (TND) in the high schools with ninth graders; implement Leadership and Resiliency Program (LRP) in three high schools; and implement Reconnecting Youth (RY) in two high schools. The inclusion of Reconnecting Youth in the action plan was an error; Reconnecting Youth was never intended to be implemented as part of this project. CMCA has not evolved as set forth in the action plan. Instead of forming a CMCA group in each district, one CMCA group for the entire county was formed. As the project progresses, local CMCA groups may be formed to address specific issues or to serve as subcommittees of the overall CMCA group. All other activities are on schedule, although LRP was not started as quickly as planned due to training delays. A progress update for each activity in the action plan is provided below.

Project Oversight Committee

As set forth in the grant application, the Project Oversight Committee meets quarterly to review activities, student participation levels, and evaluation data. The Project Oversight Committee also provides feedback, support, and decision-making for project implementation. The Project Oversight Committee is comprised of nine members including the four District Superintendents, Project Coordinator (ASAC), Project Assistant (ASAC), Assistant Director of Prevention Services (ASAC), two Prevention Specialists (ASAC), one Substance Abuse Counselor (ASAC), and the Evaluator (Consortium). If the District Superintendents are unavailable, they send a proxy, often a principal, in their stead.

The Project Oversight Committee met on August 12 and November 7, 2008, and January 31, April 17, and June 19, 2009. The majority of members attended the meetings. During these meetings, presentations and discussions occurred regarding: 1) program trainings; 2) the implementation of prevention programs in the schools; 3) the number of youth referred to counseling and seen on a regular basis; 4) CMCA implementation progress; 5) evaluation progress updates; and 6) grant administration issues including budget revisions and submission of billing claims.

Program Trainings

Initial trainings for the four research-based prevention programs to be implemented during this project were held within the first six months of the project. The trainings for school-based prevention programs were provided as follows: LST training on September 5, 2008; LRP training on September 16-18, 2008; and TND training on September 8 and 9, 2008. Figure 14 on page 17 shows the number of people trained to implement each school-based prevention program by community. CMCA training was provided on November 3 and 4, 2008 and was attended by 22 community members.

Figure 14. Number of People Trained in Each Program Through 6/30/09

Number of People Trained in Each Program			
School	Program		
	LST	TND	LRP
Maquoketa	1	2	4
Andrew	1	1	-
Bellevue	1	1	1
Preston	3	2	-
ASAC Staff	3	3	3
Project Total	9	9	8
Program Key			
LST	Life Skills Training		
TND	Project Toward No Drug Abuse		
LRP	Leadership and Resiliency Program		

CMCA

For the most part, the implementation of CMCA is on schedule. One difference from the project action plan is that a CMCA group was not formed in each district. Rather, one CMCA group for the entire county was formed, due to the small size of some of the districts and lack of initial interest in the project within some of the districts.

Project staff and community members were trained to implement CMCA in November, 2008. Project staff and community members conducted 99 one-on-one interviews with community members during this report period. In addition, project staff led six community coalition meetings and a town hall meeting.

The CMCA group began meeting in November 2008. This group was designed to include representatives from across the county; with the possibility of splitting this group into smaller community groups as the project progresses. A comprehensive action plan for the county was developed shortly after the CMCA training by project staff (See Appendix 3 on pages 37 through 39 for the CMCA Action Plan). The CMCA action plan targeted four major areas: 1) Reduce access to minors; 2) Change perception of consequences of alcohol use; 3) Modify policies to ensure consistent enforcement; and 4) Change perception of underage alcohol use and increase education. The coalition began implementing actions during the latter half of the first project year, and is working to decide which actions to implement during the second project year. Potential actions for each target area (with additional information for those already implemented) include:

Reduce Access to Minors

- Alcohol Server Trainings

Two community representatives will be trained to teach Training for Intervention Procedures (TIPS) in July 2009. Once trained, the CMCA group will organize alcohol server trainings.

- Alcohol Compliance Checks
- Project SAFER (Safety Assessments for Events Remediation)
- Signs for Alcohol Outlets
- Project Sticker Shock

Project Sticker Shock is an activity to help reduce sales to minors. It consists of a group of students entering an alcohol outlet and placing bright stickers on cases of alcohol that remind buyers that purchasing alcohol for minors is against the law. Thirteen students with nine adults implemented Project Sticker Shock in April 2009. Approximately 1,500 stickers were placed in 17 businesses (13 convenience stores and 4 grocery stores) in seven Jackson County communities. Project Sticker Shock is planned to be implemented again during the second project year.

Change Perception of Consequences of Alcohol Use

- Media Campaign: Public Service Announcements, Letters to the Editor, and Guest Columns
- School and Community Presentations on Consequences of Alcohol Use

Modify Policies to Ensure Consistent Enforcement

- Minors in Bars Ordinance
- School District Good Conduct Policy Review and Revision

Change Perception of Underage Alcohol Use

- Public Service Announcements – Got A Minute?

The “Got A Minute” campaign kicked off on June 24, 2009 with a community picnic. Messages were recorded and began airing on the radio the end of June, 2009.

- Parent to Parent Pledges
- Alcohol Free Graduation Signs
- Activities in Schools

Recruitment

- Project staff met with local groups to introduce CMCA and to discuss upcoming CMCA actions. Thirty-one meetings were held with a variety of groups and clubs, including but not limited to: city council, rotary, optimists, school board, and chamber of commerce.
- Six CMCA meetings were held during the first project year. These meetings began after the initial CMCA training, averaging approximately one meeting per month.
- A total of 99 one-on-one interviews with community members were completed during the first project year (8 in Andrew, 19 in Bellevue, 58 in Maquoketa, and 14 in Preston). These interviews were completed with representatives from most sectors (See Figure 15 found below for the full list of interviews by community and sector). The sectors represented with the highest number of interviews were business, faith, and education; the sectors with the fewest interviews include senior citizens, and social services.

Figure 15. One-On-One Interviews by Community and Sector Through 6/30/09

One-on-One Interviews by Community and Sector					
Sector	Community				
	Andrew	Bellevue	Maquoketa	Preston	Total
Senior Citizens	0	0	0	0	0
Business	4	7	14	3	28
Media	0	1	2	1	4
Civic Groups	0	1	5	0	6
Government	1	2	6	2	11
Faith	0	2	6	3	11
Law Enforcement	0	1	4	1	6
Youth	1	0	6	0	7
Parents/Families	1	3	0	1	5
Health Care Providers	0	1	8	0	9
Education	1	1	7	3	12
Social Services	0	0	0	0	0
Unknown	0	0	0	0	0

Total	8	19	58	14	99
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School-Based Prevention Programs

The implementation of the first year of LST is on schedule. LST has been implemented with sixth graders in three school districts and seventh graders in the fourth district. The implementation of TND is on schedule. TND has been implemented with ninth graders in two school districts and mostly tenth graders in the other two districts. The implementation of LRP was delayed. No LRP groups were implemented during the first semester in any of the two scheduled school districts (LRP was not planned to be implemented in the Preston or Andrew School District during this project) due to training and student recruitment delays. An LRP group was implemented during the second semester in the Maquoketa and Bellevue School Districts. Figure 16 on pages 21 and 22 lists the number of groups and number of lessons for the prevention programs implemented in each of the four school districts during the second project year.

- Life Skills Training (LST)

The implementation of LST is on target with the implementation plan. The LST Core Program was completed with one group of 6th graders in the Andrew School District, three groups of 6th grade students in the Bellevue School District, four groups of 6th grade students in the Maquoketa School District, and three groups of 7th grade students in the Preston School District. The 6th or 7th grade level is the appropriate target population for the LST Core Program. LST was implemented with dosage fidelity for all these groups (LST lessons implemented one to five times per week).

- Project Toward No Drug Abuse (TND)

The implementation of TND is on target with the implementation plan. TND was completed with one group of 10th grade students in the Andrew School District, three groups of 9th grade students in the Bellevue School District, one group of 9th grade students in the Preston School District, and five groups of 10th grade students in the Maquoketa School District. The 9th or 10th grade level is the appropriate target population for this program. TND was implemented with fidelity in the Andrew, Preston, and Bellevue School Districts with 12 TND lessons implemented two to four times per week. Two of the five Maquoketa groups were implemented with fidelity as well; the other two were implemented with nine lessons, averaging two lessons per week.

- Leadership and Resiliency Program (LRP)

The implementation of LRP was started late but is on target with the implementation plan (only two school districts to implement LRP during this project). LRP was implemented with high school students (i.e., mixed grade levels) in the Maquoketa and Bellevue School Districts. Implementation training

was not held as early in the project as planned and recruiting efforts began too late, so implementation did not begin until the second semester. The high school level is the appropriate target population for this program.

In both school districts, the LRP groups met once per week for process group. The Bellevue group missed one adventure activity and three community service activities. The Maquoketa group missed two adventure activities and two community service activities. The optimal delivery to ensure fidelity to the original research model is that process groups should be held one time per week, adventure activities one time per month, and community service one time per month.

Figure 16. School-Based Prevention Program Implementation Data

2008 – 2009 School Year					
School	Program	Grade and Group	Pre-Test Completed	Lessons Implemented	Post-Test Completed
Andrew	LST – Core Program	6 th Grade, Cohort A	Yes	20	Yes
	TND	10 th Grade, Cohort A	Yes	12	Yes
Bellevue	LST – Core Program	6 th Grade, Cohort A	Yes	16	Yes
		6 th Grade, Cohort B		14	
		6 th Grade, Cohort C		17	
	TND	9 th Grade, Cohort A	Yes	12	Yes
		9 th Grade, Cohort B			
		9 th Grade, Cohort C			
	LRP	9 th -12 th Grade, Cohort A	Yes	21 – Process Groups 5 – Adventure Activities 3 – Community Service	Yes
<u>Program Key</u>					
LST	Life Skills Training		TND	Project Toward No Drug Abuse	
LRP	Leadership and Resiliency Program				

Figure 16. (cont.) School-Based Prevention Program Implementation Data

2008 – 2009 School Year					
Maquoketa	LST – Core Program	6 th Grade, Cohort A	Yes	21	Yes
		6 th Grade, Cohort B			
		6 th Grade, Cohort C			
		6 th Grade, Cohort D		15	
	TND	10 th Grade, Cohort A	Yes	9	Yes
		10 th Grade, Cohort B			
		10 th Grade, Cohort C			
		10 th Grade, Cohort D			
		10 th Grade, Cohort E			
	LRP	9 th -12 th Grade, Cohort A	Yes	35 – Process Groups 4 – Adventure Activities 4 – Community Service	Yes
Preston	LST – Core Program	7 th Grade, Cohort A	Yes	19	Yes
		7 th Grade, Cohort B			
		7 th Grade, Cohort C		15	
	TND	9 th Grade, Cohort A	Yes	12	Yes
<u>Program Key</u>					
LST	Life Skills Training		TND	Project Toward No Drug Abuse	
LRP	Leadership and Resiliency Program				

Process Interviews

Key informant process interviews were conducted May 26 through June 3, 2009. Interviews were conducted with all eight of the eligible people. Eligible people included school district superintendents, the project coordinator, the project assistant, the counselor, and program implementation staff. Interview participants were provided the list of questions prior to the scheduled interview and were given as much time as they thought they needed to prepare for them. Interviews were conducted by telephone and lasted between 10 and 40 minutes. Participation was voluntary with no anticipated risks associated with interview completion. Responses were kept confidential using the following methods: 1) data collected from the interviews is reported in aggregate form, without any identifying information; 2) notes were kept in a locked file cabinet in a locked office until this report was finalized, then all written notes were destroyed; and 3)

electronic reports were maintained on a secure database and all individual responses were destroyed once this report was finalized. Interview participants were cooperative and provided constructive feedback regarding the project. Responses to each question were synthesized and are provided below.

1. What successes have you observed or experienced during the first year of the Jackson County Alcohol Abuse Prevention/Reduction Project?
 - Four respondents stated that the project has received positive media coverage. Four respondents identified the counseling services as a success. These respondents noted that the number of referrals increased as the year progressed as more and more students and school personnel became aware of these services.
 - Three respondents identified that the prevention programs had been implemented quickly and without any problems. Two respondents stated that strong relationships have been formed between project staff and school personnel, as well as with other community groups, during the first project year.
2. What problems have you encountered during the first year of the project? How did you deal with these problems, or what solutions did you come up with to overcome these problems?
 - Four respondents stated that one problem was a lack of support from school personnel for program implementation. Suggested solutions included improving communications, promoting the project and prevention programs, and holding implementation meetings in each district. Two respondents stated that CMCA did not start as early as planned. These respondents stated that training was not provided as early as planned, and that recruitment and action planning took longer than had been anticipated.
3. What do you think the focus (or goal) of CMCA should be in your community?
 - Seven respondents stated that the focus should to reduce underage drinking. These respondents provided various suggestions as to how to reduce underage drinking, including: reducing youth access to alcohol; social norm change; educating parents; and increasing community involvement in prevention efforts.
4. What CMCA actions have had the greatest success?
 - Six respondents identified Project Sticker Shock as the most successful CMCA action. These respondents noted that Project Sticker Shock received positive media coverage, increased community awareness that providing

alcohol to minors is illegal, was a positive experience for youth participants, and that it was well received by area businesses.

Have any CMCA actions not met your expectations?

- Five respondents reported that there were no CMCA actions that did not meet their expectations. Two respondents stated that project staff selected and implemented the CMCA actions they were most interested in; which was not necessarily reflective of community or CMCA group needs. One respondent noted that local CMCA groups were not formed so the CMCA actions implemented during the first project year were all county-wide actions.

What other actions would you like to implement as part of CMCA?

- A variety of other CMCA actions were identified by the respondents. These actions include: more one-on-one interviews; parent panels on underage drinking; alcohol-free graduation signs; alcohol server trainings; policy change; either create a CMCA group for each of the other three communities or add representatives from other communities to the existing CMCA group; and more youth advocacy.

5. What has this project done for your community?

- Six respondents stated that the project has increased community awareness of the underage drinking problem. Some respondents also noted an increase in community awareness and support for the project. One respondent identified an increase in student awareness of available counseling services.

6. How has your community responded to the project?

- Seven respondents stated that the response has been positive. One respondent reported that community members were in denial that there was an underage drinking problem, and that most community members feel that these problems occur in other communities but not their own.

7. How closely did implementation match the plan? What deviations, if any, occurred? What led to the deviations and what was the impact on the project? (Answered by implementation staff and the project coordinator only.)

- All respondents stated that implementation has matched the plan pretty closely with each respondent noting at least one deviation. Two respondents stated that CMCA was not implemented as planned. These respondents noted that the CMCA training was held much later than planned, which delayed a lot of the CMCA actions during the first project year. These respondents also identified the deviation from a CMCA group in each district to one county-wide CMCA group.

- Two respondents stated that the first year of LST was being implemented with seventh graders instead of sixth graders in one district. This was done to better integrate LST into the district. Two respondents reported that TND was being implemented with tenth graders rather than ninth graders in two districts. This change was due to how classes are scheduled in those districts. One respondent identified that LRP was being implemented in two school districts rather than three.
8. What activities have been initiated to sustain prevention programming beyond the grant? (Answered by superintendents, the project assistant, and the project coordinator only.)
- Almost all the respondents identified at least one thing being done to sustain the project. Some actions undertaken include: embedding programs into school plans and classroom curricula; training school personnel and community members to implement the programs; purchasing extra program materials; and developing relationships with neighboring districts and communities.
9. What activities has the oversight committee undertaken to affect system-wide change? (Answered by superintendents, the project assistant, and the project coordinator only.)
- Three respondents stated that the oversight committee has reviewed and helped to promote program implementation. Two respondents stated that nothing had yet been done to affect system-wide change. A respondent stated that the oversight committee shares resources and lessons learned. Another respondent stated that the committee re-allocated funds to maximize project impact.

Degree of Achievement of Process Goals

Progress was made on the project's two process goals, Goal 7, demonstrate comprehensive, county-wide alcohol prevention system change; and Goal 8, demonstrate local capacity to implement and sustain research-based prevention programs. In order to achieve Goal 7, project staff have integrated research-based prevention programs county-wide at the middle school, high school, and community levels. The baseline measure for this goal is limited implementation of research-based prevention programs. Prior to the start of this project, research-based prevention programs had not been implemented with fidelity in any of the participating school districts. This goal has been achieved.

In order to achieve Goal 8, project staff will implement all three steps of the project's sustainability plan¹. The project is on schedule for this goal. During the first project year, the first step of the sustainability plan was implemented. In almost all classrooms, ASAC prevention specialists led program implementation while school staff observed and were trained in the programs. In the few remaining classrooms, school staff who had previous implementation experience led program implementation with ASAC prevention specialists providing technical assistance.

Degree of Achievement of Counseling Goal

The ninth project goal is a 70% successful completion rate of students receiving substance abuse treatment services. Counseling services were provided by a trained substance abuse counselor as part of this project. One counselor served students from all four school districts. During the first project year, the counselor assessed 21 students and provided extended outpatient counseling (EOC) to 17 students. At this stage in the project, there is insufficient data to assess this goal as only 9 clients had been discharged.

Conclusion

The American Gothic Revisited – Jackson County project, a Grant to Reduce Alcohol Abuse from the U.S. Department of Education, has had positive effects within the county. The project has nine goals, six of which are substance abuse prevention program outcomes, two are process goals, and the final goal is for substance abuse counseling. Of the six substance abuse prevention program goals, the project is meeting or exceeding the target for five goals and exceeding the sixth for one of the prevention programs. Substance abuse prevention program outcome data exceeds the goals for past 30-day alcohol use, binge drinking, disapproval of alcohol use, perceived harm of alcohol use (LST only), parental disapproval of alcohol use, and alcohol availability. The project has met the comprehensive alcohol prevention systems change goal, and is on schedule for the implement/sustain proven alcohol abuse prevention programs goal. It is too early to assess the substance abuse counseling goal. Overall, the project is on schedule and should continue to meet or exceed its goals.

¹ Step 1: During the first project year, ASAC prevention specialists have the lead role in program implementation and school staff have an observation/limited teaching role and receive training in the programs.

Step 2: During the second project year, school staff have the lead role and ASAC prevention specialists provide technical assistance.

Step 3: During the third project year, school staff have the lead role with minimal support from ASAC prevention specialists.

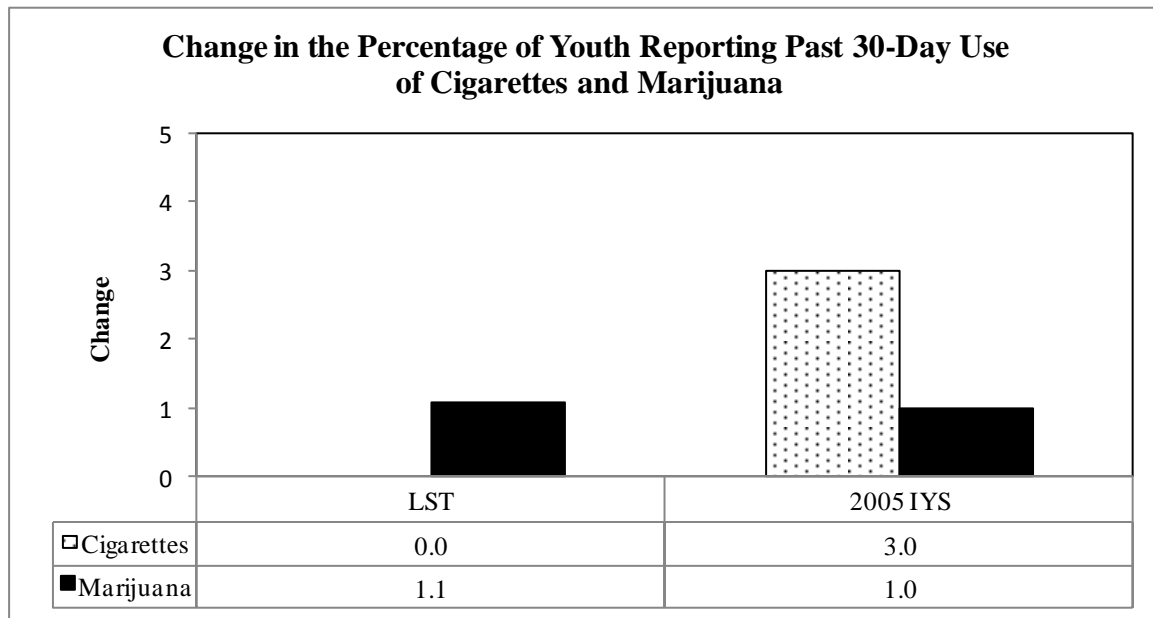
Appendix 1

Other Substances Data

Tobacco and Marijuana Use by Program

As shown in Figure 17, LST had a positive effect on cigarette usage and a small negative effect on marijuana usage. Specifically, for past 30-day use of cigarettes, there is no change from pre to post; which is lower than the 2005 IYS estimate of a 3.0 percentage point increase. For past 30-day use of marijuana, there is a 1.1 percentage point increase from pre to post which is similar to the 2005 IYS estimate of a 1.0 percentage point increase.

Figure 17. Life Skills Training Outcome Data and 2005 6th and 8th Grade Iowa Youth Survey Data

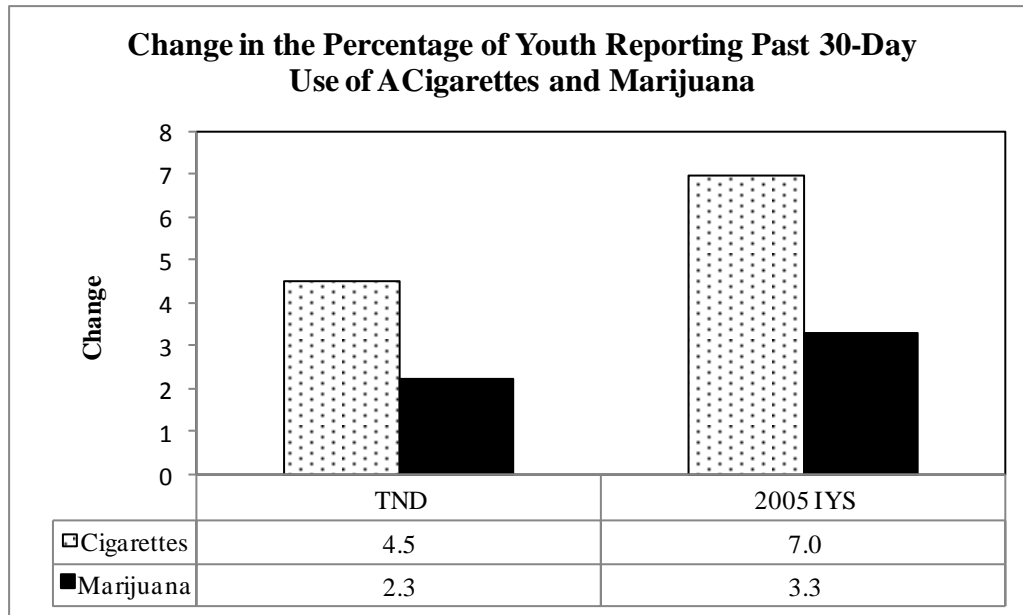


Notes: ¹The median number of days between pre- and post-tests was 44 for LST. IYS data is reported as an annual change estimate.

²A negative value or value lower than the IYS value is a favorable outcome.

As shown in Figure 18, TND had a positive effect on cigarette and marijuana use. Specifically, for past 30-day use of cigarettes, there is an increase of 4.5 percentage points from pre to post; which is lower than the 2005 IYS estimate of a 7.0 percentage point increase. For past 30-day use of marijuana, there is a 2.3 percentage point increase from pre to post; better than the 2005 IYS estimate of a 3.3 percentage point increase.

Figure 18. Project Toward No Drug Abuse Outcome Data and 2005 8th and 11th Grade Iowa Youth Survey Data



Notes: ¹The median number of days between pre- and post-tests was 119 for TND. IYS data is reported as an annual change estimate.

²A negative value or value lower than the IYS value is a favorable outcome.

Tobacco

Figures 19 and 20 on page 30 show outcomes for individual attitudes and perceived harm of cigarette use by program. Outcomes were either: 1) favorable, which means that attitudes grew more unfavorable toward cigarette use (e.g., Respondent disapproved of cigarette use at pre-test and strongly disapproved at post-test) or that the pre- and post-test responses remained the same and were unfavorable toward cigarette use; or 2) unfavorable, which means that attitudes grew more favorable toward cigarette use from pre-test to post-test (i.e., Respondent strongly disapproved of cigarette use at pre-test and disapproved at post-test) or that the pre- and post-test responses remained the same and were favorable toward cigarette use.

Figure 19. Cigarette Use Attitudes

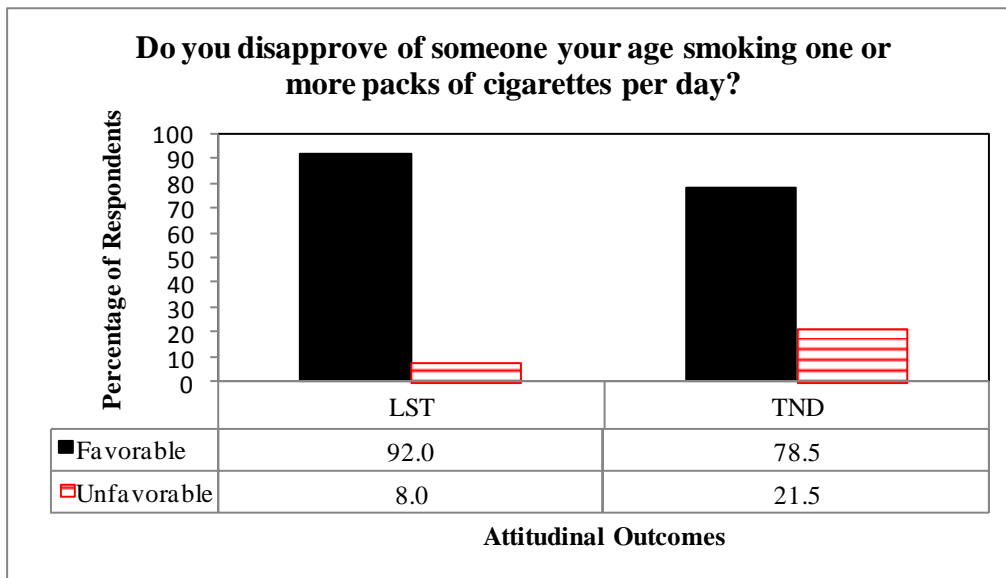
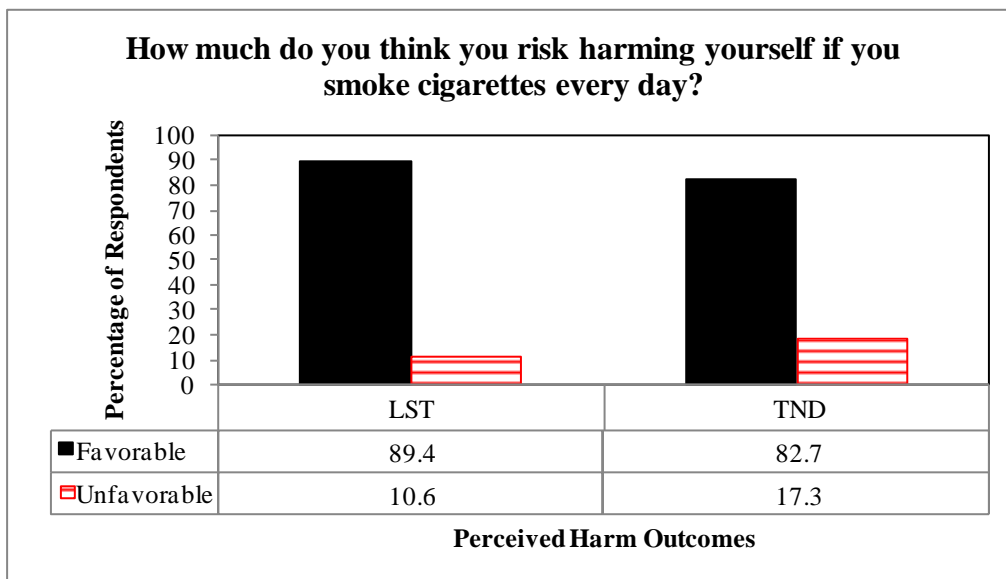


Figure 20. Cigarette Perceived Harm



Marijuana

Figures 21 and 22 on pages 31 and 32 show outcomes for individual attitudes and perceived harm of marijuana use by program. Outcomes were either: 1) favorable, which means that attitudes grew more unfavorable toward marijuana use (e.g., Respondent disapproved of marijuana use at pre-test and strongly disapproved at post-test) or that the pre- and post-test responses remained the same and were unfavorable toward marijuana use; or 2) unfavorable, which means that attitudes grew more favorable toward marijuana use from pre-test to post-test (i.e., Respondent strongly disapproved of cigarette use at pre-test and didn't disapprove at post-test) or that the pre- and post-test responses remained the same and were favorable toward marijuana use.

Figure 21. Marijuana Use Attitudes

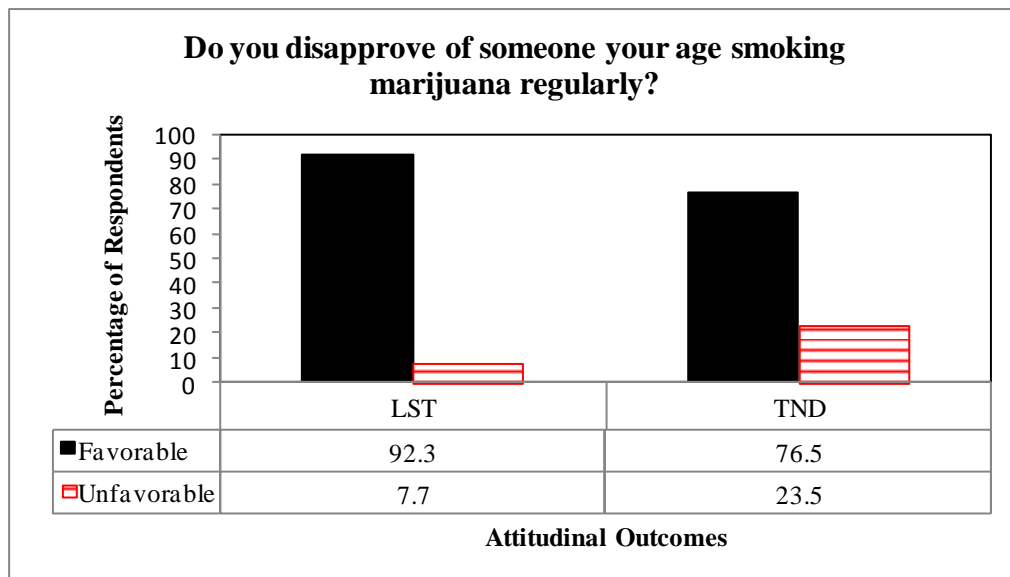
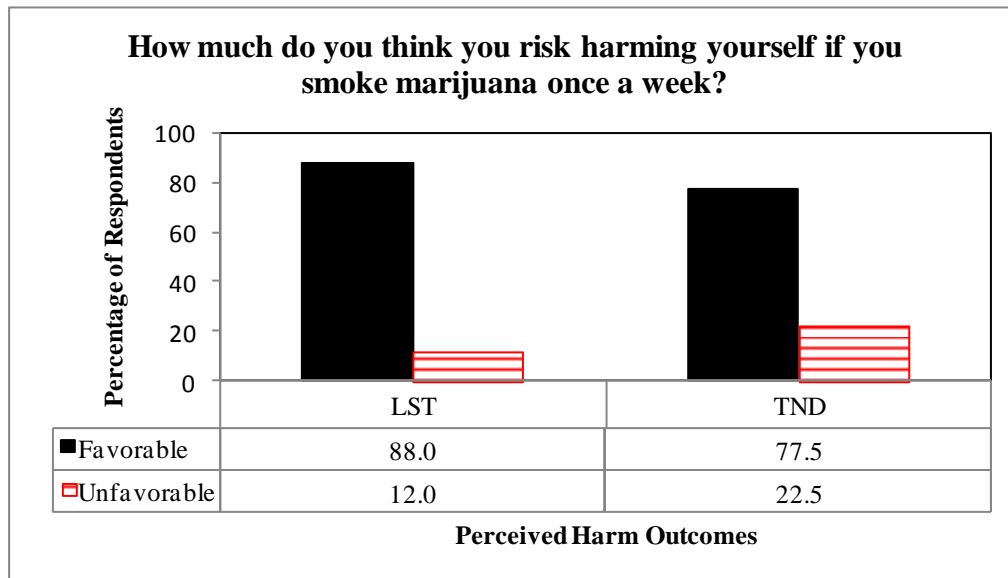


Figure 22. Marijuana Perceived Harm



Appendix 2

Project Action Plan Year 1
September 1, 2008 – August 31, 2009

Program Elements and Action Steps	Year 1 Timeline:												
	Se	Oc	No	De	Ja	Fe	Ma	Ap	My	Jn	Jl	Au	
Advertise/hire Maquoketa, ASAC & Consortium Staff¹	◆	◆											
Form Project Oversight Committee & Meet Quarterly¹		◆		◆			◆			◆			
Travel to Grantor TA, Project Director and OSDFS conferences^{1,2}	As scheduled by OSDFS												
CMCA Element Action Steps^{2,3,5;} Form Local CMCA Committees in each district <i>Identify access/systems change priorities; Examples include:</i> ◆ Retailer/Server trainings ◆ Increase Compliance Checks & Law enforcement ◆ Parental commitments to not providing to minors ◆ Social marketing campaigns on risks of providing to minors Implement identified CMCA strategies, including one-on-ones <i>Evaluate results & modify PY2 action plan</i>	◆	◆ ◆	◆ ◆										
LST Elements Action Plan^{4,6,} Identify middle schools teachers who will teach LifeSkills <i>Obtain Materials & train ASAC Staff and teachers on LST</i> Initiate LST at middle schools using these models <i>Evaluate results & modify PY2 action plan</i> Identify & inservice school staff to co-teach in PY2	◆ ◆	◆	◆	◆	◆	◆	◆	◆	◆ ◆	◆ ◆	◆ ◆	◆	
PTNDA Element Action Plan^{4,6,} Obtain PTNDA materials & Train ASAC staff & Teachers <i>Initiate PTNDA program with 9th graders</i> Evaluate results & modify PY2 action plan <i>Identify teachers to co-teach PTNDA in year 2</i> Inservice school staff to co-teach PTNDA in Year 2		◆	◆	◆	◆	◆	◆	◆	◆ ◆ ◆	◆ ◆ ◆	◆ ◆		
Leadership and Resiliency Program Element Action Plan^{4,6,} Obtain LRP program materials & Train ASAC staff and teachers <i>Recruit HS students & initiate LRP program</i> Evaluate results & modify PY2 action plan <i>Inservice HS staff to co-facilitate LRP Program in PY 2</i>		◆	◆ ◆	◆	◆	◆	◆	◆	◆ ◆	◆ ◆ ◆	◆ ◆	◆	
Reconnecting Youth Element Action Plan^{4,6,} Obtain RY program materials & Train ASAC staff & teachers <i>Recruit HS students & initiate RY program</i> Evaluate results & modify PY2 action plan <i>Inservice HS staff to co-facilitate RY Program in PY 2</i>		◆	◆ ◆	◆	◆	◆	◆	◆	◆ ◆	◆ ◆ ◆	◆ ◆	◆	
Evaluation Action Plan^{1,2,7} Meet with evaluation consultant and finalize evaluation plan <i>Collect & analyze process/outcome data with evaluator</i> Share data with Oversight Committee for review/feedback <i>Develop annual project report & modify PY2 action plan</i>		◆ ◆	◆ ◆	◆	◆ ◆	◆	◆ ◆	◆	◆	◆ ◆	◆ ◆	◆	

Responsibility: 1=Proj Director; 2=CMCA Coordinator; 3= Superintendents; 4=School Staff; 5=CMCA Groups; 6=Prevention Specialists; 7=Consortium

Appendix 3

CMCA Logic Model Year 1
September 1, 2008 – August 31, 2009

Logic Model – Underage Drinking

Theory of Change: Implementing multiple strategies to address underage drinking will likely delay use and use less.

Problem Statement		Strategy	Activities	Outcomes			
Problem	But why?	But why here?			Short Term	Intermediate	Long-Term ¹
<p>Too many of Jackson County's youth are drinking alcohol.</p> <p>51% of JCSD's 11th graders have consumed at least one drink in the past 30 days.*</p> <p>42% of JCSD's 11th graders have driven a motor vehicle after using any amount of alcohol or drugs in the past 30 days.*</p>	<p>Social norms tolerate and/or encourage underage drinking</p>	<p>Parents & adults condone the behavior. (rite of passage)</p>	<p>Changing consequence.</p>	<p>Educate parents and youth of the consequences when caught drinking alcohol.</p>	<p>Material is written and published regarding consequences of underage drinking.</p>	<p>More parents and youth know the consequences of underage drinking.</p>	<p>By July 2011, 60% of JCSD's 11th graders will not have consumed any alcohol in the past 30 days.</p>
		<p>24% of JCSD's 11th graders report that their parents view drinking alcohol as not wrong at all or a little wrong.*</p>	<p>Modify policies.</p>	<p>JCSD's will consistently enforce their policy on students caught drinking underage.</p>	<p>Recruit key members.</p> <p>Review local procedures.</p>	<p>Develop plan to address deficiencies.</p> <p>Implement plan.</p> <p>Evaluate the plan.</p> <p>Make appropriate changes.</p>	<p>By July 2011, 90% of JCSD's 11th graders will report high or moderate risk when drinking alcohol.</p>
		<p>Youth do not think drinking alcohol is dangerous.</p> <p>19% of JCSD's 11th graders think that there is no risk or slight risk when drinking 3 or more alcoholic drinks/day.*</p>	<p>Changing consequence</p>	<p>Develop a social marketing campaign targeted at youth on the dangers of underage alcohol use.</p>	<p>Recruit youth to develop social marketing campaign.</p> <p>Develop the campaign.</p>	<p>Implement campaign.</p> <p>Evaluate campaign.</p> <p>Modify changes as needed.</p>	<p>By July 2011, 90% of JCSD's 11th graders will report that their parents view underage drinking as very wrong or wrong.</p>
		<p>Youth report their peers condone drinking alcohol.</p> <p>64% of JCSD's 11th graders report that their best friends would feel that drinking alcohol is not wrong at all or a little wrong.*</p>	<p>Perception change & Increase Education.</p>	<p>Develop a social marketing campaign to reduce acceptance of underage alcohol use.</p>	<p>Recruit youth.</p> <p>Develop campaign.</p>	<p>Implement campaign.</p> <p>Evaluate campaign.</p>	<p>By July 2011, 60% of JCSD's 11th graders will report that their best friends would feel that drinking alcohol is very wrong or wrong.</p> <p>By July 2011, 75% of</p>

	Because alcohol is easy to obtain.	<p>Jackson County has a high number of bars and retail outlets that sell alcohol.</p> <p>Jackson County has 94 active liquor licenses.**</p> <p>77% of JCSD's 11th graders Say that alcohol is either easy or very easy to get.*</p>	Reduce access.	Offer TIPS training to all employees who sell alcohol.	Recruit alcohol vendors to participate in the TIPS program.	Alcohol vendors require alcohol sellers and cashiers to complete the TIPS training.	alcohol vendors will have wait staff trained in TIPS.
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* 2005 Iowa Youth Survey, Jackson County Community School Districts.

** State of Iowa, Alcoholic Beverages Division.

Appendix 4

Process Evaluation Interview Summary

Year 1 Round 1

July 1, 2008 – January 31, 2009

1. What successes have you observed or experienced during the first six months of the Jackson County Alcohol Abuse Prevention/Reduction Project?
 - Four respondents stated that the project has received positive media coverage. Several respondents noted an increase in community awareness of and more discussions within the community about the underage drinking problem. Three respondents identified that the prevention programs had been implemented quickly and without any problems.
2. What problems have you encountered during the first six months of the project? How did you deal with these problems, or what solutions did you come up with to overcome these problems?
 - Six respondents stated that one problem was a lack of support. Four of these respondents noted a lack of support from school personnel for program implementation. Two respondents identified a lack of community support for the project. Suggested solutions included improving communications, promoting the project and prevention programs, and holding implementation meetings in each district.
 - Two respondents stated that LRP did not start as early as planned. These respondents stated that training was not provided soon enough and that it took longer to identify and recruit student participants. As a result, LRP was not implemented during the first semester of the first project year as planned. Two respondents identified problems interfacing the prevention programs and school rules. One stated that school rules required a letter grade be assigned for the prevention programming; while the other struggled with identifying alternative activities for those youth who did not have consent to participate. One respondent stated that inclement weather had been a barrier.
3. Do you need any technical assistance or clarification related to the project? If yes, please explain your specific needs.
 - All respondents except for one stated that additional technical assistance was not needed. Two respondents noted that project staff have done a good job of disseminating information. One respondent questioned how long surveys and other grant documents should be saved. Coalition development and community support for LRP were also mentioned as areas needing technical assistance.
4. What do you think the focus (or goal) of CMCA should be in your community?
 - Six respondents stated that CMCA needs to affect underage drinking, but most of these respondents were not sure what form CMCA should take. Two respondents stated that they were not sure.

5. What has this project done for your community?
 - Five respondents stated that the project has increased community awareness of the underage drinking problem. Some respondents also noted an increase in community awareness and support for the project. Two respondents stated that they were either not sure of the impact or that it was too early to notice any impact on the community. One respondent identified a positive response from school personnel in regards to the counseling component of the project.
6. How would you improve the project?
 - Three respondents stated that more recruitment was needed for CMCA. Three respondents mentioned that more buy-in to the project was needed from law enforcement or school personnel. A respondent stated that more information from previous grant recipients would have helped. Another respondent suggested that meetings be held in each school district once a semester to help maintain communication and promote the project.
7. How closely did implementation match the plan? What deviations, if any, occurred? What led to the deviations and what was the impact on the project? (Answered by implementation staff and the project coordinator only.)
 - All respondents stated that overall, implementation has matched the plan with each respondent noting at least one deviation. Two respondents stated that the first year of LST was being implemented with seventh graders instead of sixth graders in one district. This was done to better integrate LST into the district. Two respondents identified changes to how LRP was being implemented; one stating that LRP was being implemented in two school districts rather than three, and the other noting that LRP did not start until the second semester of the first project year. One respondent stated that TND was being implemented with tenth graders rather than ninth graders in two districts. This change was due to how classes are scheduled in those districts. One respondent stated that the implementation of CMCA has not kept up with the plan because of initial struggles in scheduling meetings and recruiting members.
8. What activities have been initiated to sustain prevention programming beyond the grant? (Answered by superintendents, the project assistant, and the project coordinator only.)
 - Almost all the respondents identified at least one thing being done to sustain the project. Some actions undertaken include: embedding programs into school plans and classroom curricula; training school personnel and community members to implement the programs; purchasing extra program materials; and actively promoting grant activities within the county.

9. What activities has the oversight committee undertaken to affect system-wide change? (Answered by superintendents, the project assistant, and the project coordinator only.)
- Two respondents stated that nothing had yet been done to affect system-wide change. Other responses included: good conduct policy review and revisions; promote prevention activities and the counseling services; and recruit a diverse and representative group for CMCA.