



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

**AMERICAN GOTHIC REVISITED
RURAL LINN COUNTY
PROGRAM EVALUATION**

PROJECT YEAR 1, REPORT 2

PREPARED BY:

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UNIVERSITY OF IOWA, IOWA CITY, IOWA 52242-5000

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PROJECT YEAR 1, REPORT 2

JULY 1, 2007 – JUNE 30, 2008

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Executive Summary

A Grant to Reduce Alcohol Abuse from the Department of Education was awarded to the Mount Vernon, Iowa School District in partnership with the Springville, Center Point-Urbana, and Central City School Districts in May 2007. Five prevention programs are being implemented in this project, including LifeSkills Training (LST), Project Toward No Drug Abuse (TND), Leadership and Resiliency Program (LRP), Reconnecting Youth (RY), and Communities Mobilizing for Change on Alcohol. Outcome data are only available for LST and TND at this stage of the project. The project has already demonstrated positive effects 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 unrealistic 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, eight are currently being met, and one is not currently measurable. Progress towards each goal is presented below:

Goal 1: Fifty percent 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 1.3% increase or less in alcohol consumption is needed to achieve this goal for LST; the change for LST is a 1.3 percentage point decrease. A 2.9% increase or less is needed for TND; the change for TND is a 0.8 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 0.7% increase or less in binge drinking is needed to achieve this goal for LST; the change is a 0.4 percentage point decrease. A 1.6% increase or less in binge drinking is needed for TND; the change is a 0.4 percentage point decrease.

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 1.8 percentage points from pre- to post-test while TND had no change.

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: This goal is currently not measurable. 2005 IYS comparison data actually showed an increase in perceived risk, which means that there is no anticipated year-to-year reduction in perceived risk. Both programs had an increase in perceived risk. The increase of 0.9% for LST was similar to the IYS estimated annual increase of 0.8%. The increase of 3.2% for TND was more than double the anticipated annual increase of 1.3%. 2008 IYS data will be available in 2009, which will allow for the comparisons to be updated or the goal to be revised.

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

Status: Currently met. LST had an increase of 0.5 percentage points and TND had an increase of 1.3 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 5.1% increase or less in ease of obtaining alcohol is needed to achieve this goal for LST; the change is 1.1 percentage point decrease. A 9.2% increase or less is needed to achieve this goal for TND; the change is 2.0 percentage point decrease.

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

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

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

Status: Ahead of schedule. In about half of the classrooms, school staff led program implementation with prevention specialists providing technical assistance, which is scheduled to occur during Project Year 2 in the sustainability plan.

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

Status: Currently met. The successful completion rate for the first project year was 71%; 17 successful completions out of 24 total discharges.

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

Table of Contents

Executive Summary	i
Table of Contents	iii
Introduction	1
Background	1
Project Goals	1
Outcome Evaluation	2
Outcome Evaluation Design and Methodology	2
Outcome Data: School-Based Prevention Programs	2
Process Evaluation	16
Process Evaluation Design and Methodology	16
Action Plan Analysis	16
Process Interviews	23
Degree of Achievement of Process Goals	27
Counseling	27
Conclusion	28

Appendices

Appendix 1: Other Substances Data	29
Appendix 2: Year 1 Round 2 Process Evaluation Interview Responses	35
Appendix 3: Year 1 Round 1 Process Evaluation Interview Summary	43
Appendix 4: Year 1 Project Action Plan	46
Appendix 5: 2008 CMCA Action Plan	48

Introduction

Background

In May 2007, the Mount Vernon School District, in partnership with the Central City, Center Point-Urbana, and Springville 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. Additional 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 – Rural Linn 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 analyze and document activities and outcomes to provide data to assist stakeholders in making decisions related to American Gothic Revisited – Rural Linn County project implementation. This report presents outcome and process data in relation to the project action plan and degree of achievement of project goals for the first project year: July 1, 2007 through June 30, 2008.

Project Goals

There are nine goals for this project as set forth in the grant proposal. Goals 1 through 6 relate to substance abuse prevention program outcomes, Goals 7 and 8 are process goals, and Goal 9 is a substance abuse counseling goal. Data for the first project year are available for all nine goals and are included in this report. 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 Linn 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 were revised in May 2008. These goals, as originally written, were problematic. Goal 3 was not measurable, and Goal 5 had unrealistic expectations, given students' reports during the first six months of the project. These goal revisions were approved by the Project Oversight Committee and U.S. Department of Education.

Outcome Evaluation

Outcome Evaluation Design and Methodology

The outcome evaluation design is a matched pre-post test whereby a survey is administered to the target population at the beginning and at the conclusion of the prevention program. 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 goals one through six, relating to substance abuse prevention program outcomes: 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 pre-test at the beginning of each program year and 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.

Outcome Data: School-Based Prevention Programs

Five hundred and sixty-three 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 563 youth: 242 are middle school aged youth participating in LST; 261 are high school aged youth participating in Project Toward No Drug Abuse (TND); 43 are high school aged youth participating in Leadership and Resiliency Program (LRP); and 13 are high school aged youth participating in Reconnecting Youth (RY).

Five hundred and thirty 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 530 youth: 228 are middle school aged youth who participated in the first year of LST; 257 are high school aged youth who

participated in TND; 35 are high school aged youth who participated in LRP; and 10 are high school aged youth who participated in RY.

As of June 3, 2008, 526 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: 228 are middle school students who participated in LST (all 6th graders); 254 are high school students who participated in TND (mostly 9th grade students); 34 are high school students who participated in LRP; and 10 are high school students who participated in RY. The reported N throughout this report are specific to each variable and reflect 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), youth may have 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. Figure 1 on pages 4 through 6 shows the percentage of youth reporting past 30-day use of alcohol, binge drinking, disapproval of alcohol abuse, and perceived harm/risk of alcohol abuse at the pre-test and the change in data from the pre-test to the post-test for LST and TND. RY and LRP have insufficient sample sizes at this point in the project to report outcomes. (The median number of days between the pre-test and the post-test is 73 for LST (Minimum = 44; Maximum = 192); 51 for TND (Minimum = 20 days; Maximum = 70 days); 119 for RY (Minimum = 52 days; Maximum 119); and 182 for LRP (Minimum = 132 days; Maximum = 192 days). Appendix 1 on pages 29 through 34 contains figures representing survey data on tobacco and marijuana use.

Figure 1. Percentage of Youth Responses on Key Questions

Percentage of Youth Reporting Past 30-Day Use of Alcohol				
Percentage of youth reporting that they had at least one drink of alcohol on at least one occasion during the past 30 days	LifeSkills Training (N = 225)		Project Toward No Drug Abuse (N = 252)	
	Pre-Test %	Change	Pre-Test %	Change
	5.3	-1.3 ^a	21.8	-0.8 ^a
Percentage of youth reporting that they had been drunk or very high from drinking alcohol on at least one occasion during the past 30 days	LifeSkills Training (N = 228)		Project Toward No Drug Abuse (N = 254)	
	Pre-Test %	Change	Pre-Test %	Change
	0.4	+0.9 ^a	7.5	+0.4 ^a
Percentage of Youth Reporting Binge Drinking (during the past 30 days)				
Percentage of youth reporting that they had five or more drinks of alcohol in a row (i.e., within a couple of hours) on at least one occasion during the past 30 days	LifeSkills Training (N = 227)		Project Toward No Drug Abuse (N = 254)	
	Pre-Test %	Change	Pre-Test %	Change
	0.9	-0.4 ^a	9.5	-0.4 ^a

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

Figure 1 (cont.). Percentage of Youth Responses on Key Questions

Percentage of Youth Reporting Disapproval of Alcohol Abuse				
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	LifeSkills Training (N = 227)		Project Toward No Drug Abuse (N = 253)	
	Pre-Test %	Change	Pre-Test %	Change
	98.2	+1.8 ^b	81.4	0 ^b
Percentage of youth reporting that they either strongly disapprove or disapprove of someone their age drinking five or more drinks of alcohol once or twice each weekend	LifeSkills Training (N = 227)		Project Toward No Drug Abuse (N = 253)	
	Pre-Test %	Change	Pre-Test %	Change
	98.2	+1.3 ^b	83.8	-2.6 ^b
Percentage of Youth Reporting Perceived Harm/Risk of Alcohol Abuse				
Percentage of youth reporting that they think drinking three or more drinks of alcohol nearly every day is either a great, moderate, or slight risk to their health	LifeSkills Training (N = 227)		Project Toward No Drug Abuse (N = 253)	
	Pre-Test %	Change	Pre-Test %	Change
	98.7	+0.9 ^b	92.1	+3.2 ^b
Percentage of youth reporting that they think drinking five or more drinks of alcohol once or twice each weekend is either a great, moderate, or slight risk to their health	LifeSkills Training (N = 227)		Project Toward No Drug Abuse (N = 253)	
	Pre-Test %	Change	Pre-Test %	Change
	98.7	+0.9 ^b	92.9	+1.2 ^b

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

Figure 1 (cont.). Percentage of Youth Responses on Key Questions

Percentage of Youth Reporting 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 = 215)		Project Toward No Drug Abuse (N = 234)	
	Pre-Test %	Change	Pre-Test %	Change
	97.7	+0.5 ^b	85.4	+1.3 ^b

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

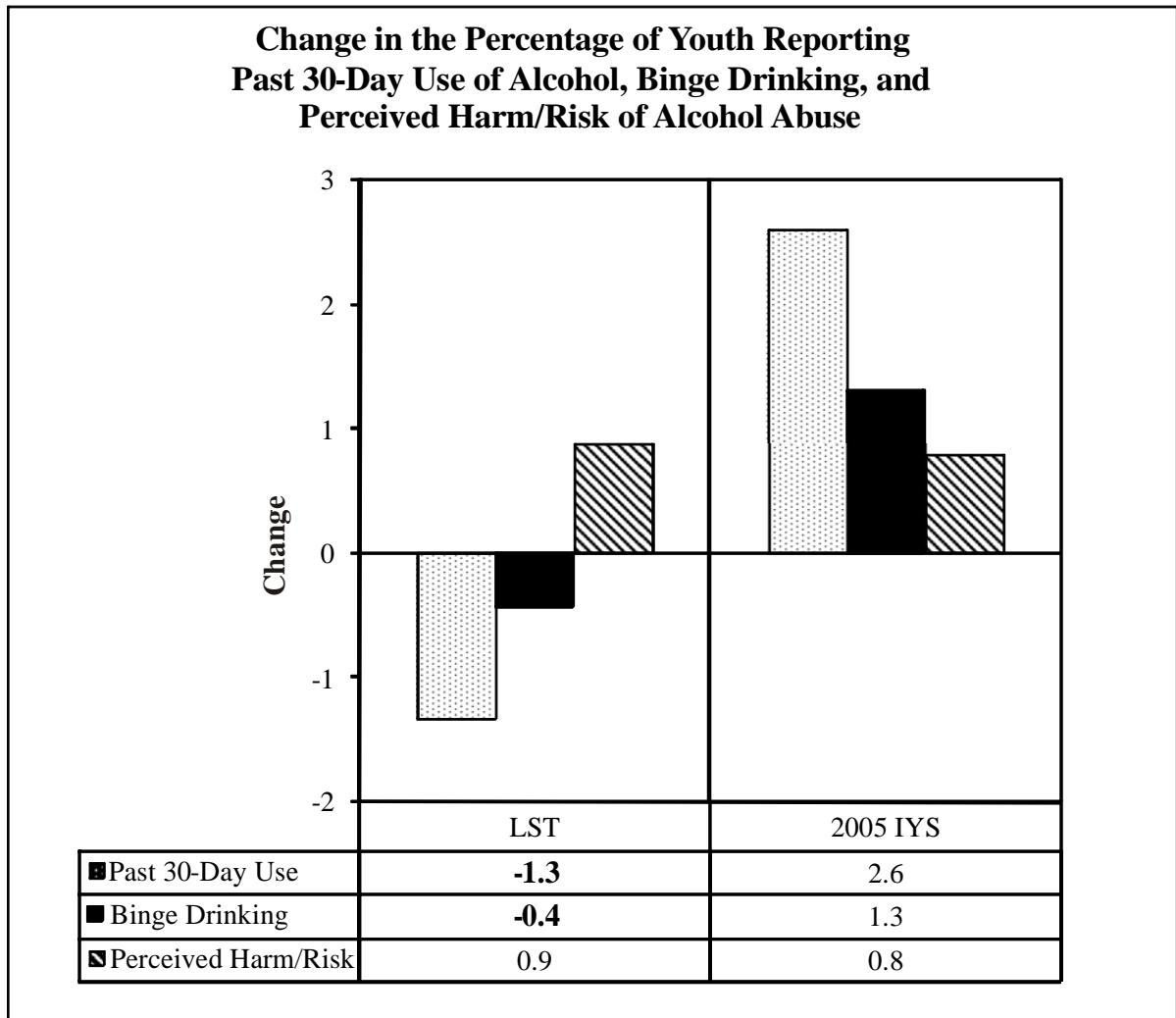
Figures 2 and 3 on pages 8 and 9 compares the pre to post change in past 30-day use of alcohol, binge drinking, and perceived harm/risk of alcohol abuse with the average yearly change in these three measures from each district (Mt. Vernon, Central City, Center Point-Urbana, and Springville) participating in this project. (Note: Figures 14 and 15 in Appendix 1 on page 30 and 31 show these changes in individual attitudes by program for tobacco and marijuana.) The Iowa Youth Survey (IYS) data are provided as a reference point for comparison to the outcome data in this report. The Iowa Youth Survey is a triennial census assessment of Iowa's school-age students' (grades 6, 8, and 11) attitudes toward substance use and actual use of substances. The IYS data represent an estimate of the change one might expect to see among youth in the general population over the course of one year. The average yearly change was calculated by dividing the difference between grades by the number of years. Sixth and 8th grade IYS data provide a reference for programs implemented in the middle schools; 8th and 11th grade IYS data are utilized for programs in the high schools. This average yearly change serves as a realistic point of reference when examining the programs rather than comparing to no change (zero). So, based on the 2005 IYS, past 30-day use of alcohol is estimated to increase 2.6 percentage points per year from 6th grade to 7th grade, and 2.6 percentage points from 7th grade to 8th grade. For high school grades, past 30-day alcohol use is estimated to increase 5.7 percentage points per year.

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 2 and 3 on pages 8 and 9 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 1.3% increase or less in alcohol consumption is needed to achieve this goal for LST; a 2.9% 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 1.3 percentage point decrease and for TND shows a 0.8 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 0.7% increase or less in binge drinking is needed to achieve this goal for LST; a 1.6% 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 0.4 percentage point decrease and TND shows a 0.4 percentage point decrease.

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. 2005 IYS comparison data had an increase in perceived risk of 0.9% for LST and 1.3% for TND. This means that this goal is currently not reportable as there was no anticipated year-to-year increase. There was a pre to post increase of 0.9% for LST (about the same as the IYS estimated annual increase) and a 3.2% increase for TND (more than double the IYS estimated annual increase).

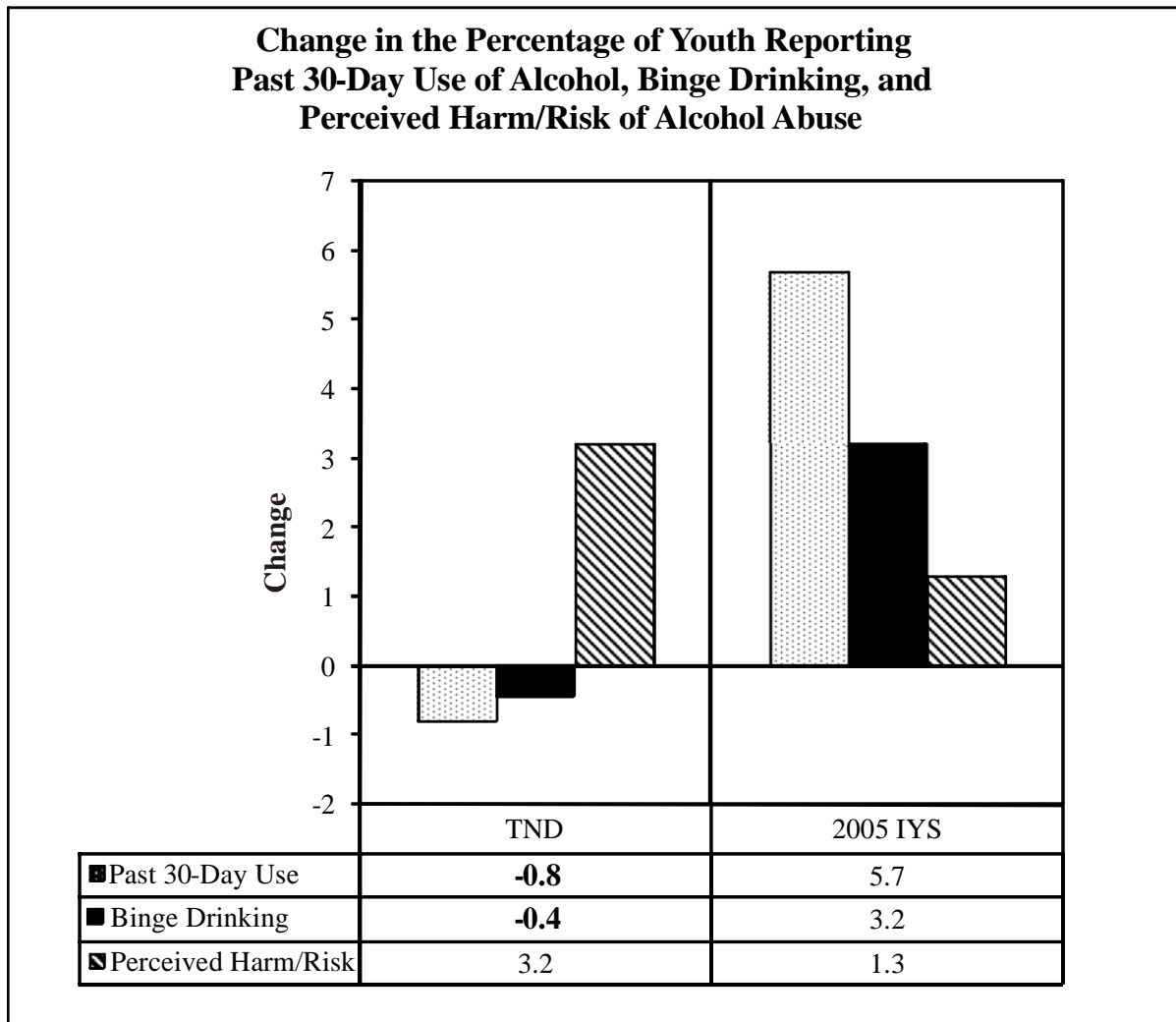
Figure 2. Life Skills Training Outcome Data and 2005 Iowa Youth Survey Data



Notes: ¹The median number of days between pre- and post-tests was 73 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 3. Project Toward No Drug Abuse Outcome Data and 2005 Iowa Youth Survey Data



Notes: ¹The median number of days between pre- and post-tests was 51 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. Both LST and TND exceed this goal. LST had an increase of 1.8 percentage points from pre- to post-test while TND had no change (see Figure 1 on page 5).

Figures 4 and 5 on pages 10 and 11 show outcomes for individual attitudes and perceived harm of alcohol use by program. (Note: Figures 16 through 19 in Appendix 1 on pages 32 through 34 show outcomes for individual attitudes 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

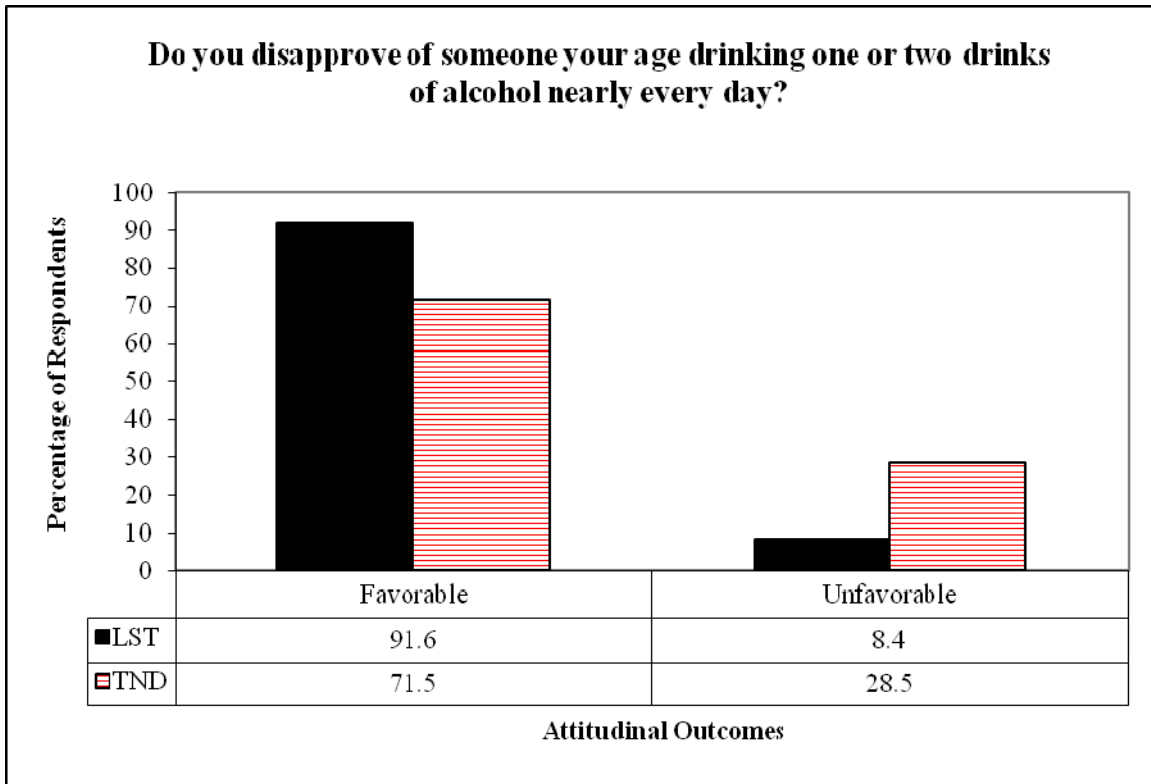
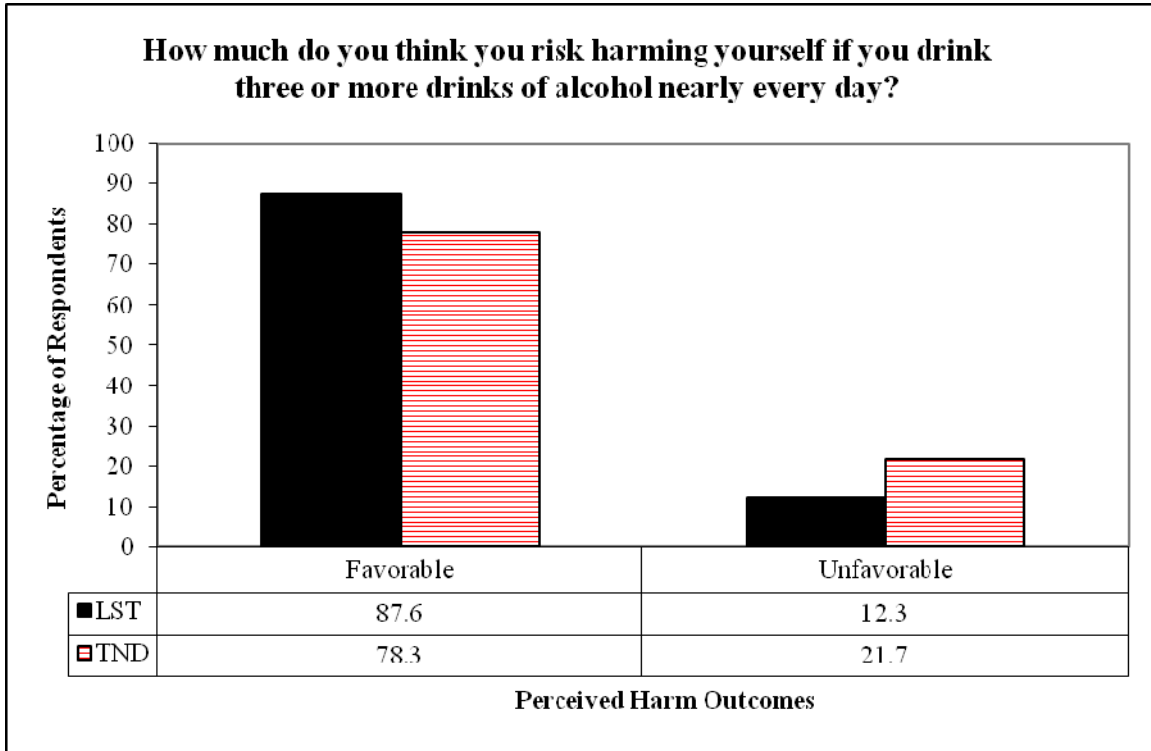


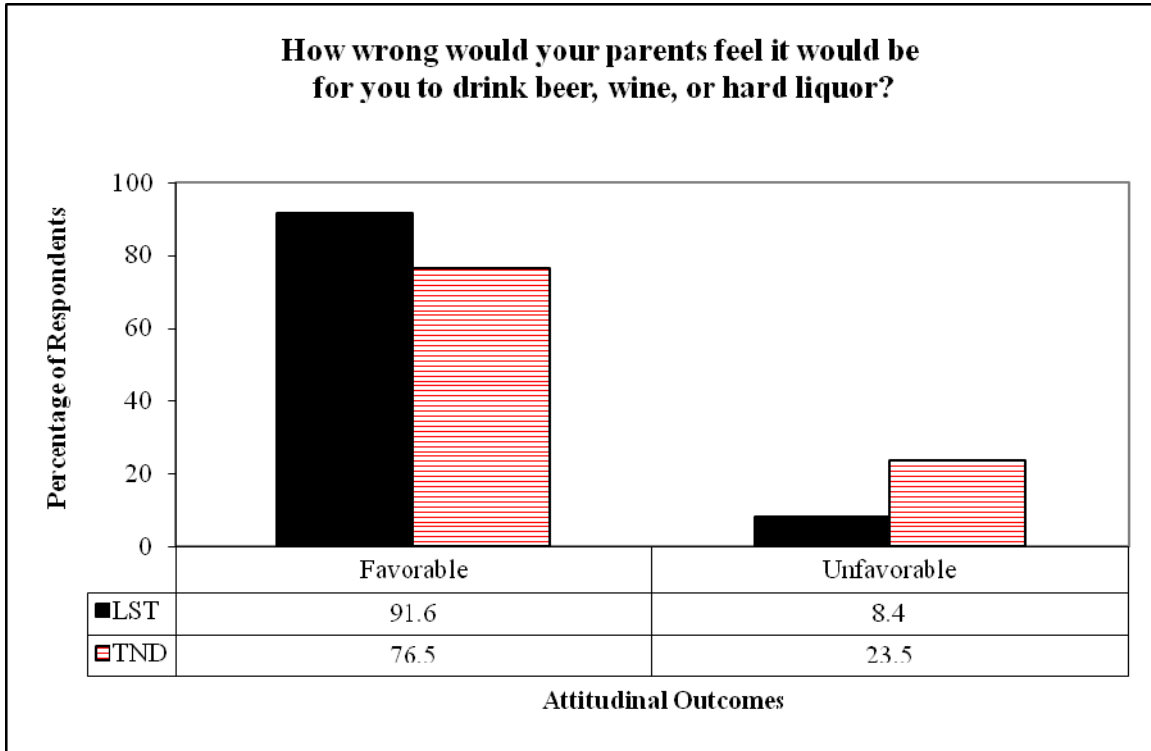
Figure 5. Alcohol Perceived Harm



Goal 5 is no change or an increase in the percentage of students reporting parental disapproval of alcohol use. Both LST and TND exceed this goal. LST had an increase of 0.5 percentage points and TND had an increase of 1.3 percentage points from pre- to post-test (see Figure 1 on page 6).

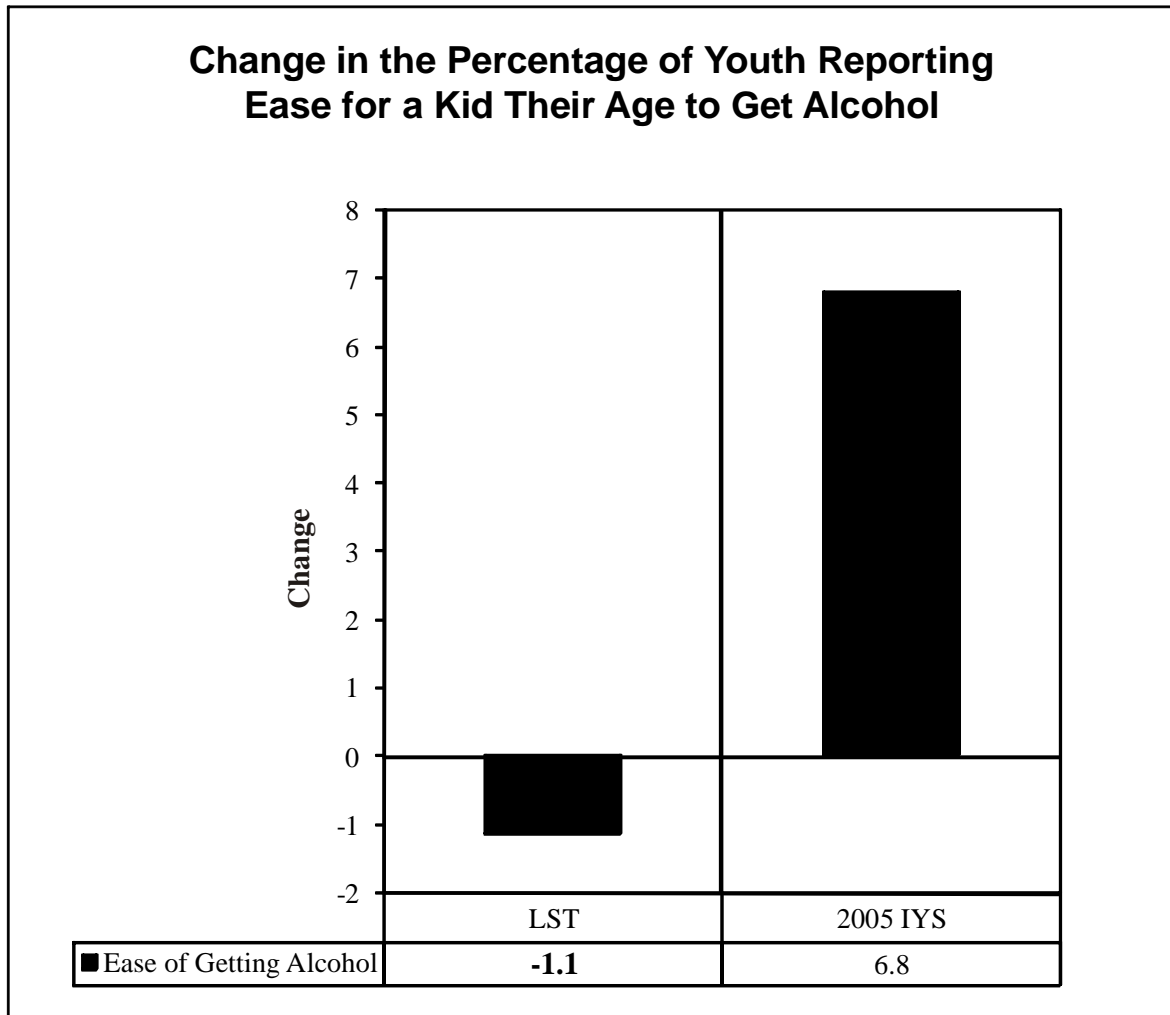
Figure 6 on page 12 shows change in the youth’s perception of parental attitudes on their alcohol use from the pre-test to the post-test by program. Outcomes were either: 1) favorable, which means that perceptions toward alcohol use grew more unfavorable (e.g., Respondent felt their parents would feel 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 their parents 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 6. Perception of Parental Attitudes on Child’s Use of Alcohol



Figures 7 and 8 on pages 13 and 14 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 each district (Mt. Vernon, Central City, Center Point-Urbana, and Springville) participating in this project. Both LST and TND show a decrease in perceived alcohol availability; LST had a decrease of 1.1 percentage points and TND had a decrease of 2 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 5.1 percentage increase or less in alcohol availability for LST and a 9.2 percentage increase or less for TND.

Figure 7. Alcohol Availability – LifeSkills Training

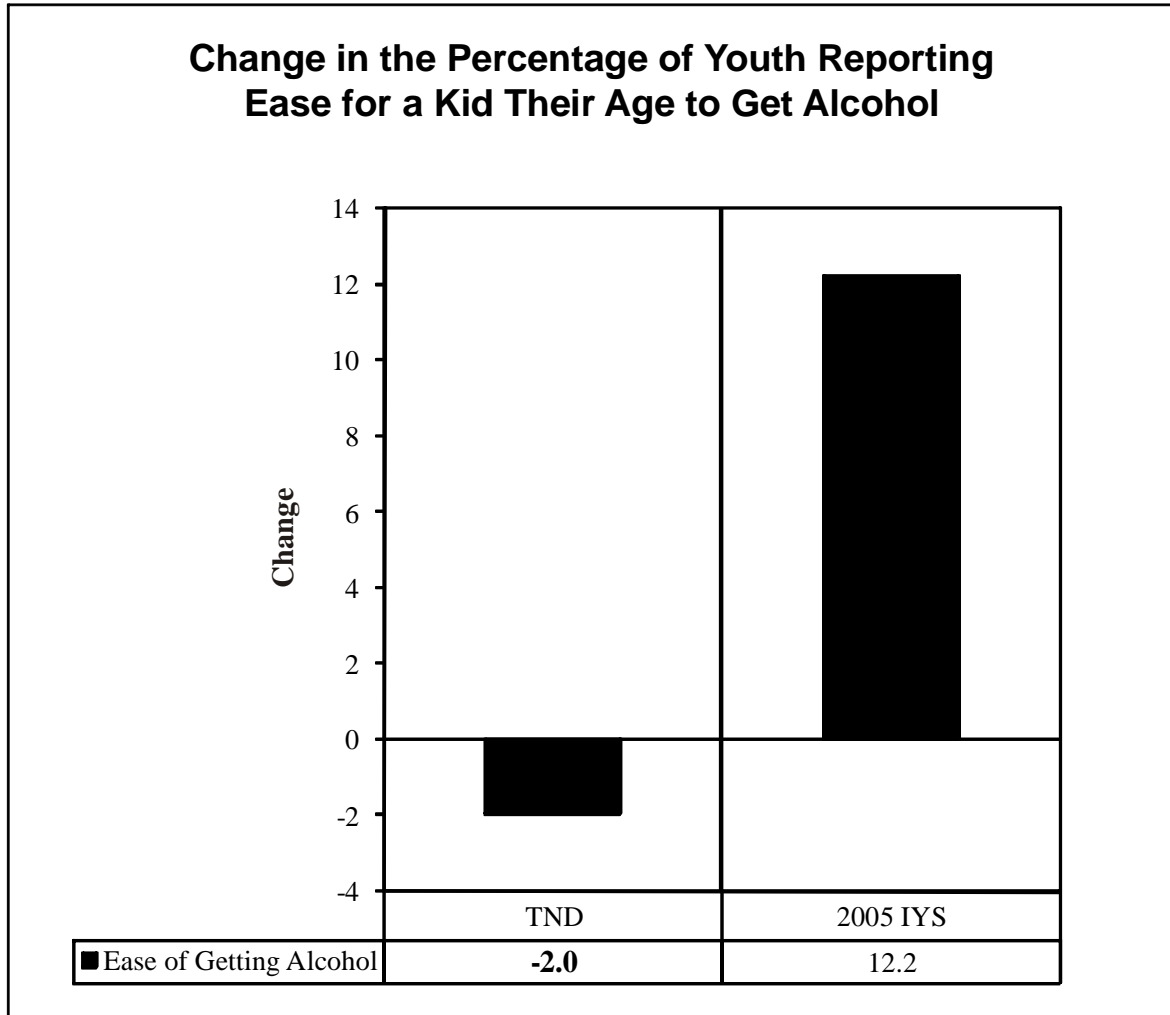


Notes: ¹The median number of days between pre- and post-tests was 73 for LST. IYS data is reported as an annual change estimate.

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 (denominator) when calculating the percentages.

Figure 8. Alcohol Availability – Project Toward No Drug Abuse



Notes: ¹The median number of days between pre- and post-tests was 51 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 (denominator) when calculating the percentages.

Figures 9 and 10 on page 15 display outcomes for school enjoyment and performance. Individual school enjoyment or performance 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 9. School Enjoyment

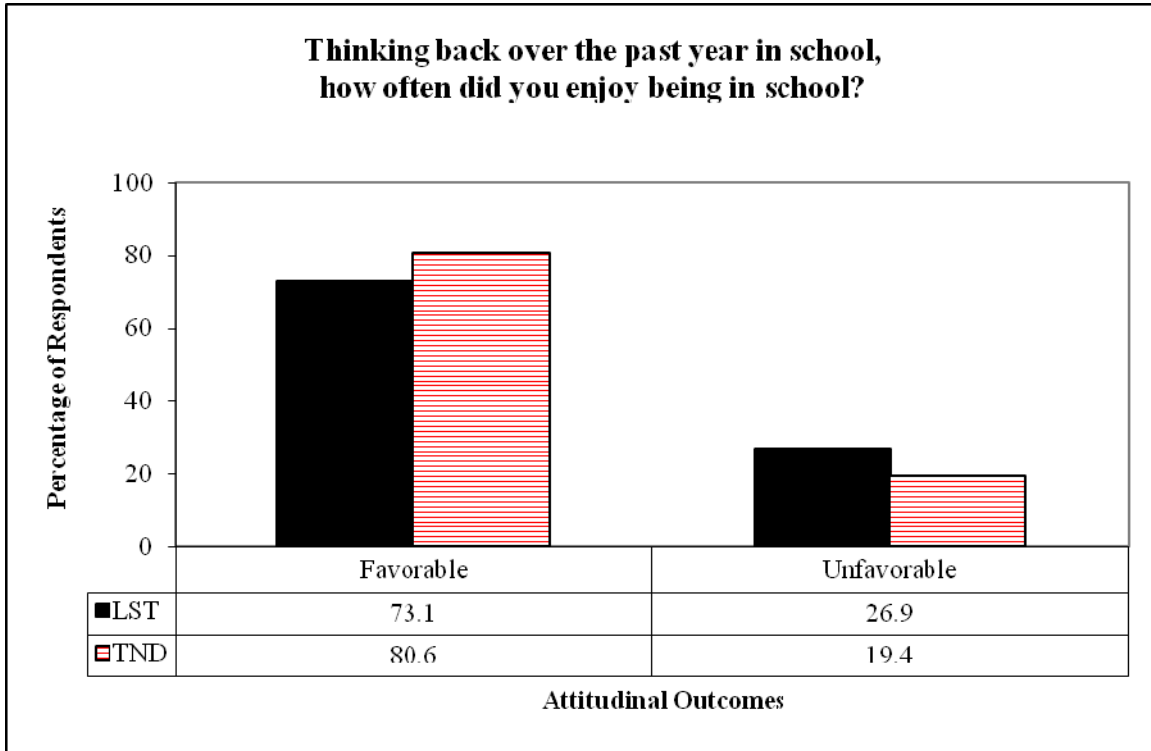
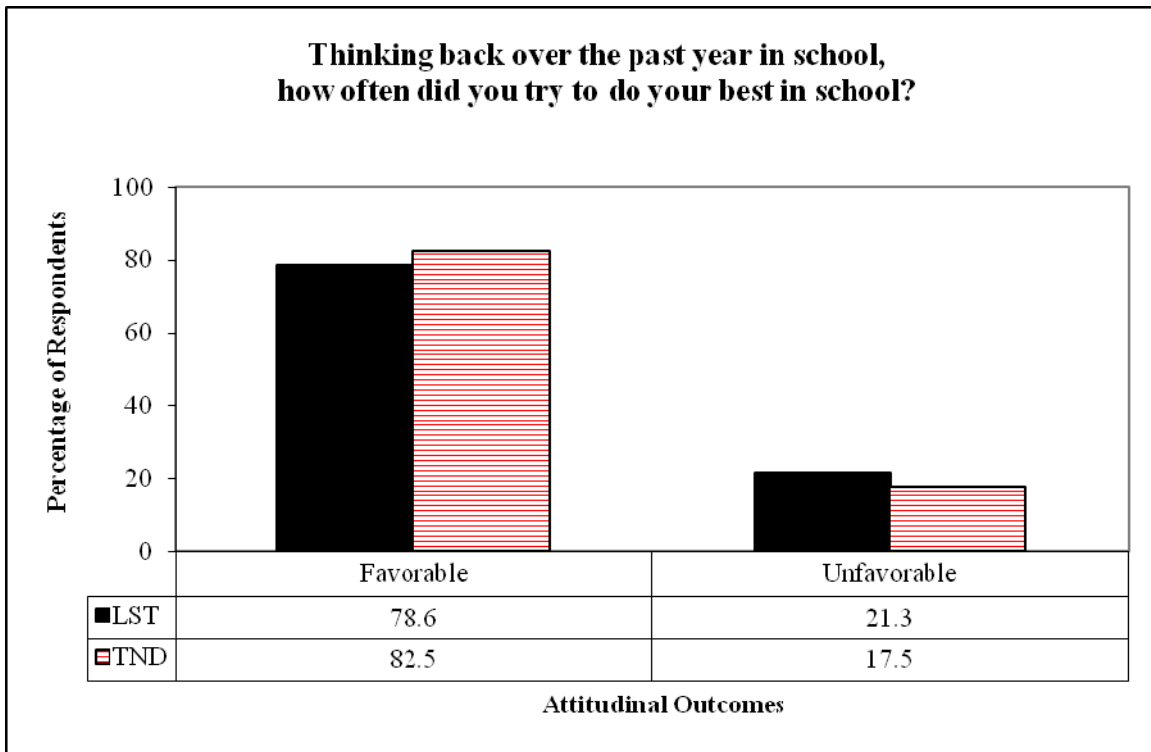


Figure 10. School Performance



Process Evaluation

Process Evaluation Design and Methodology

The process evaluation provides insight into the processes involved in Year One including the degree of achievement in meeting program goals and a summary of the results of the 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, TND, and RY groups. These forms are used to monitor program dosage and the 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 number of youth attending each lesson.

Action Plan Analysis

The project action plan activities and time frames were compared to the actual activities implemented during this report period. See Appendix 4 on page 47 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. All activities are on schedule, although Reconnecting Youth 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), director of prevention services (ASAC), two prevention specialists (ASAC), one substance abuse counselor (ASAC) and the evaluator (Consortium).

The Project Oversight Committee met on October 4 and December 5, 2007, and March 5 and June 30, 2008. 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

Trainings for the five 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 12 and 13, 2007; LRP training on September 26, 27, and 28, 2007; TND training on October 1 and 2, 2007; and RY training on November 12-15, 2007. Figure 11 below shows the number of staff members trained to implement each school-based prevention program by community. CMCA training was provided on October 17 and 18, 2007 and was attended by 44 community members.

Figure 11. Number of Staff Members Trained in Each Program Through 6/30/08

Number of Staff Members Trained in Each Program				
School	Program			
	LST	TND	RY	LRP
Mount Vernon	2	1	1	7
Central City	2	2	-	4
Center Point-Urbana	2	4	1	-
Springville	2	2	-	3
ASAC Staff	1	-	-	1
Project Total	9	9	2	15
Program Key				
LST	Life Skills Training			
TND	Project Toward No Drug Abuse			
RY	Reconnecting Youth			
LRP	Leadership and Resiliency Program			

CMCA

The implementation of CMCA is on schedule. Project staff and community members conducted 192 one-on-one interviews with community members during this report period. In addition, project staff led twenty-eight community coalition meetings and developed a CMCA action plan for each community during this report period.

CMCA groups in each community began meeting in October and November 2007. A comprehensive action plan for all four communities was developed shortly after the

CMCA training (See Appendix 5 on page 49 for the CMCA Action Plan). The CMCA action plan targeted four major areas: 1) Reduce illegal sales to minors; 2) Reduce social access to minors; 3) Raise awareness that something can be done about underage drinking; and 4) Recruitment. The majority of the action plan was implemented in each community during the first project year. Each community group is currently developing an action plan to guide their work during the second project year. These revised plans may evolve independently of the others, with some joint actions interspersed throughout the project.

A summary of select CMCA actions addressing each area is found below:

Reduce Illegal Sales to Minors

- Alcohol Server Trainings

Four alcohol server trainings were held during the first project year, each used Training for Intervention Procedures (TIPS) curriculum. Two trainings were for on-site vendors (alcohol to be consumed on site – bars, restaurants, community events) and two were for off-site vendors (alcohol sold for consumption off site - grocery stores, convenience stores, bars). A total of 29 people were certified, representing 15 businesses or community groups. Alcohol server trainings will be offered during the second project year.

- 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. All four communities had youth participate in Project Sticker Shock. Nineteen youth placed approximately 2,500 stickers in 16 businesses (12 convenience stores and 4 grocery stores). Project Sticker Shock is planned to be implemented again during the second project year.

- Alcohol Compliance Checks

This action was scheduled to be implemented in April through August 2008. However, no alcohol compliance checks were completed during the first project year. Alcohol compliance checks are conducted by law enforcement officers, with assistance from CMCA members. Two area law enforcement organizations share jurisdiction for the four communities involved in this project. One organization did not have funding to complete alcohol compliance checks, and the other was busy with tobacco compliance checks. This action will be carried over to the second project year, with additional work needed to fund and plan for sustaining alcohol compliance checks.

Reduce Social Access to Minors

- Alcohol-free Graduation Signs

This action was implemented during May 2008. Four hundred signs were ordered (100 for each community) with the message, “We Support Alcohol-Free Graduation Parties.” CMCA members in each community distributed signs to graduating seniors and/or their parents, and local businesses and asked them to display the signs in their yards or windows during graduation time. Three hundred eighty-five signs were distributed, with 52 families of graduating seniors taking signs (22% of graduating class).

- School District Good Conduct Policy Review and Revision

The good conduct policy was reviewed in each district during the first year of this project. Two districts revised their good conduct policies to allow for more consistent enforcement and consequences. One of these districts has already enacted their changes; the other one is in the final review stage. Two districts felt their policies were satisfactory and did not need revision.

Raise Awareness that Something can be Done About Underage Drinking

- Public Service Announcements – Got A Minute?

Public service announcements (PSA) were printed in each community, as part of the national “Got A Minute?” campaign. A couple variations of the PSA were used, one with the message of “talk to me” and the other message “eat with me.” Table tents with these messages were distributed to restaurants and other businesses for distribution on dining tables, counters, and desks.

Recruitment

- All four communities hosted community forums on underage drinking to introduce the community to the project, raise awareness of underage drinking, and recruit supporters and CMCA members. Community forums were held in Springville on November 17, 2007; in Central City on November 28, 2007; in Center Point-Urbana on December 3, 2007; and in Mount Vernon on January 10, 2008. Approximately 130 community members attended the forums (approximately 50 in Mount Vernon, 30 in Central City, 25 in Center Point-Urbana, and 20 in Springville). The forums were well covered by local newspapers.
- Two communities also held town hall meetings during the first project year. These meetings were panel discussions with representatives from different sectors within the community including youth, county supervisor, substance abuse counselor, law enforcement, etc. The audience was provided time to ask questions

of the panel. Springville held a town meeting on March 31, 2008 that was attended by approximately 30 community members. Mount Vernon held a town hall meeting on April 15, 2008 that was attended by approximately 50 community members.

- A total of 28 community coalition meetings were held through June 30, 2008. Five community coalition meetings were held for Center Point-Urbana; 7 for Central City; 8 for Mount Vernon; and 8 for Springville.
- A total of 192 one-on-one interviews with community members were completed during the first project year (27 in Central City, 50 in Springville, 44 in Mount Vernon, and 71 in Center Point-Urbana). These interviews were completed with representatives from all sectors (See Figure 12 found below for the full list of interviews by community and sector). The sectors represented with the highest number of interviews were parents, youth, and education; the sectors with the fewest interviews include media, social services, and senior citizens.

Figure 12. One-On-One Interviews by Community and Sector Through 6/30/08

One-on-One Interviews by Community and Sector					
Sector	Community				
	Central City	Mount Vernon	Springville	Center Point-Urbana	Total
Senior Citizens	0	0	0	3	3
Business	2	3	6	4	15
Media	1	0	0	0	1
Civic Groups	2	3	1	3	9
Government	5	1	2	5	13
Faith	3	1	2	5	11
Law Enforcement	1	7	0	1	9
Youth	1	3	17	10	31
Parents/Families	7	14	7	18	46
Health Care Providers	1	0	1	3	5
Education	4	10	9	7	30
Social Services	0	1	0	1	2
Parks and Recreation	0	1	0	4	5
Unknown	0	0	5	7	12
Total	27	44	50	71	192

School-Based Prevention Programs

The implementation of the first year of LST is on schedule. LST has been implemented with sixth graders in all four school districts. The implementation of TND is on schedule. TND has been implemented with ninth graders in all four school districts. The implementation of LRP is on schedule. Four LRP groups were implemented in the high schools in three school districts (LRP was not planned to be implemented in Center Point-Urbana during this project). The implementation of RY is on schedule, although it started late. Two RY groups were implemented, one each in Mt. Vernon and Center Point-Urbana. Figure 13 on pages 23 and 24 lists the number of groups and number of lessons for the prevention programs implemented in each of the four school districts.

- Life Skills Training (LST)

The implementation of LST is on target with the implementation plan. The LST Core Program has been completed with three groups of 6th grade students in the Mount Vernon School District, two groups of 6th graders in the Springville School District, one group of 6th grade students in the Central City School District, and all 6th grade students in the Center Point-Urbana School District. The 6th grade level is the appropriate target population for this program. LST was implemented with dosage fidelity in all the school districts during the 2007-2008 School Year (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 9th grade students in the Central City School District, one group in the Springville School District, and all 9th grade students in the Mt. Vernon and Center Point-Urbana School Districts. The 9th grade level is the appropriate target population for this program. TND was implemented with fidelity in all school districts with TND lessons implemented two to four times per week.

- Reconnecting Youth (RY)

The implementation of RY is on target with the implementation plan (only Mount Vernon and Center Point-Urbana School Districts plan to implement RY during this project). RY was implemented with one group of high school students in the Mount Vernon and Center Point-Urbana School Districts. The high school level is the appropriate target population for this program.

- Leadership and Resiliency Program (LRP)

The implementation of LRP is on target with the implementation plan (only three school districts to implement LRP during this project) LRP was implemented with two groups of high school students (i.e., mixed grade levels) in the Mount Vernon

School District, and one group of high school students each in the Central City and Springville School Districts. The high school level is the appropriate target population for this program.

In all three school districts, the LRP groups met once per week during the school year for process group, participated in an adventure activity approximately once every two months, and in community service approximately once every two months. The Mount Vernon groups missed two adventure activities and five community service activities. The Central City group missed four adventure activities and three community service activities. The Springville group missed two adventure activities and two community service activities. Some of these cancellations were caused by inclement weather and others by flooding. 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 13. School-Based Prevention Program Implementation Data

2007 – 2008 School Year					
School	Program	Grade and Group	Pre-Test Completed	Lessons Implemented	Post-Test Completed
Center Point-Urbana	LST – Core Program	6 th Grade, Cohort A	Yes	15	Yes
		6 th Grade, Cohort B			
		6 th Grade, Cohort C			
	TND	9 th Grade, Cohort A	Yes	12	Yes
		9 th Grade, Cohort B			
		9 th Grade, Cohort C			
		9 th Grade, Cohort D			
RY	High School, Cohort A	Yes	76	Yes	
Central City	LST – Core Program	6 th Grade, Cohort A	Yes	15	Yes
	TND	9 th Grade, Cohort A	Yes	12	Yes
	LRP	High School, Cohort A	Yes	25 – Process Groups 6 – Adventure Activities 7 – Community Service	Yes
<u>Program Key</u>					
LST	Life Skills Training		TND	Project Toward No Drug Abuse	
LRP	Leadership and Resiliency Program		RY	Reconnecting Youth	

Figure 13. (cont.) School-Based Prevention Program Implementation Data

2007 – 2008 School Year					
School	Program	Grade and Group	Pre-Test Completed	Lessons Implemented	Post-Test Completed
Mount Vernon	<u>LST – Core Program</u>	6 th Grade, Cohort A	Yes	15	Yes
		6 th Grade, Cohort B			
		6 th Grade, Cohort C			
	<u>TND</u>	9 th Grade, Cohort A	Yes	12	Yes
		9 th Grade, Cohort B			
		9 th Grade, Cohort C			
	<u>RY</u>	High School, Cohort A	Yes	74	Yes
	<u>LRP</u>	High School, Cohort A	Yes	26 – Process Groups 6 – Adventure Activities 2 – Community Service	Yes
		High School, Cohort B		26 – Process Groups 6 – Adventure Activities 2 – Community Service	
	Springville	<u>LST – Core Program</u>	6 th Grade, Cohort A	Yes	15
6 th Grade, Cohort B					
<u>TND</u>		9 th Grade, Cohort A	Yes	12	Yes
<u>LRP</u>		High School, Cohort A		29 – Process Groups 8 – Adventure Activities 8 – Community Service	
<u>Program Key</u>					
LST	Life Skills Training		TND	Project Toward No Drug Abuse	
LRP	Leadership and Resiliency Program		RY	Reconnecting Youth	

Process Interviews

Process interviews were conducted twice during the first project year with key informants. The first round of process interviews was conducted February 14 through March 10, 2008 (the summary from the first round of process interviews may be found in Appendix 3). The second round of process interviews was conducted May 29 through

June 23, 2008. Interviews were conducted with six of the eight key informants invited to participate during the first round and eight of the nine people during the second round. Key informants included school district superintendents, the project coordinator, the project assistant, program implementation staff, and the substance abuse counselor (added for the second round of interviews). Interview participants were provided the list of questions prior to the scheduled interview and were given as much time as they requested to prepare for them. Interviews were conducted by telephone and lasted between 15 and 45 minutes. Interview participants were cooperative and provided constructive feedback regarding the project. Responses to each question were synthesized and are provided below. Individual responses to each question from the second round of the process interviews may be found in Appendix 2 on pages 35 through 42. The summary of the first round of interviews may be found in Appendix 3 on pages 43 through 45.

1. What successes have you observed or experienced during the first year of the Rural Linn County Alcohol Abuse Prevention/Reduction Project?
 - Almost all respondents noted an increase in community awareness of the underage drinking problem, and increased community involvement in CMCA meetings and activities. Three respondents identified the formation and growth of student advocacy groups in their respective districts, providing the youth an opportunity to be involved in project activities.
 - A couple of respondents stated that program implementation was successful during the first project year. A couple of respondents identified the support for programming from school personnel. A couple of respondents noted that youth accessed counseling services more than they had expected.
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?
 - Three respondents stated that they encountered opposition from school personnel to LRP. For the most part, these problems were overcome once the personnel received more information about LRP, and once they saw the effect it was having on students. Two respondents mentioned the distance between districts as a barrier. These respondents noted that the distance makes it harder for the project coordinator and prevention specialists to work within more than one district on any given day. One of these respondents mentioned an increased use of e-mail and telephone communication to stay on top of situations. Two respondents mentioned difficulty with CMCA – one about completing one-on-one interviews and the other about community resistance to alcohol-free graduation signs. Both respondents stated that an increase in information would help to minimize these problems (in the case of conducting interviews, more practice; and for the graduation signs, providing more information to community members about the message).

3. How closely has the implementation of CMCA followed the action plan?
- All respondents stated that the CMCA action plan has been followed closely.

4. What CMCA actions have had the greatest success?
- Most of the respondents stated that the town hall meeting held in each community was the most successful CMCA action implemented during the first project year. These respondents noted that the meetings helped to increase community awareness of the underage drinking issue and to help energize community members to begin addressing the problem.

Have any CMCA actions not met your expectations?

- Only two respondents identified CMCA actions that did not meet their expectations. One respondent stated that not as many one-on-one interviews had been completed as planned. The other respondent noted that inclement winter weather forced several community meetings to be cancelled or re-scheduled.

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

- Several ideas were suggested for future CMCA action. These ideas included: continue holding town hall meetings, and provide childcare during the meetings; work to enact local ordinances to integrate and standardize alcohol compliance checks in each community; expand social marketing – place alcohol-related messages on grocery bags for stores that sell alcohol products; complete an assessment of city ordinances and school regulations for each community; increase parental involvement in CMCA activities; and promote the CMCA successes.

5. What has this project done for your community?
- Most of the respondents stated that the project has increased community awareness of the underage drinking problem, and of the resources available as part of the project.

6. How has your community responded to the project?
- Most of the respondents stated that the community has responded well. Most respondents noted that community involvement in CMCA activities has been high. A couple of respondents stated that a small subset of the community has been resistant to the project.

7. Have you attended any trainings or conferences, either locally or nationally? If so, what did you learn that you have since been able to apply to this project?
 - All of the respondents had identified at least one training or conference that they had attended. Each respondent identified at least one thing that they learned and have applied to the project.

8. 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.)
 - Two deviations were identified by respondents. One respondent noted that two LRP groups were added to the project, bringing the total number of LRP groups to four for the project. This change was due to demand and the need to implement LRP with fidelity; one district needed a second group and two districts that had planned to share one group each needed their own LRP group.
 - The other respondent stated that many classroom teachers decided to teach the program during the first project year, rather than team-teaching the first year and teaching during the second project year. This means that the project is ahead of the implementation schedule.

9. 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: training school personnel to implement the programs; purchasing extra program materials; training some people as program trainers, so that they can then provide future trainings; and sending community members to national conferences.

10. 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 each district was reviewing their good conduct policies to make them clearer and more consistent, and to provide counseling referrals where applicable. Two respondents stated that nothing had been done yet to affect system-wide change. One respondent stated that partnerships with other county organizations have been developed.

Degree of Achievement of Process Goals

Progress was made on the project's two process goals, Goals 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. Through June 30, 2008, progress has been made toward achieving this goal, with all programming started. This goal has been fully achieved, although LRP has not been implemented with complete dosage fidelity (about half as many adventure activities and community service projects as required).

In order to achieve Goal 8, project staff will implement all three steps of the project's sustainability plan¹. The project is ahead of schedule on this goal. During the first project year, the first two steps of the sustainability plan were implemented. In about half of the classrooms, ASAC prevention specialists led program implementation while school staff observed and were trained in the programs. In the remaining classrooms, school staff led program implementation with ASAC prevention specialists providing technical assistance. This success was largely due to classroom teachers receiving training very early in the project or previous training. During the first project year, eight school staff members have been trained in LST, nine have been trained in TND, two have been trained in RY, and fourteen have been trained in LRP. (Note: Figure 11 on page 17 provides the number of staff members in each of the four school districts who have been trained.)

Counseling

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 44 students and provided extended outpatient counseling (EOC) to 32 students.

This goal was met during the first project year (71% successful). During the first project year, 27 students were discharged from counseling. Of these 27 students, 3 were referred for outside services, 7 were unsuccessful, and 17 were successful. Seventeen successful completions out of 24 total discharges (3 referrals not included as successful or unsuccessful) is a success rate of 71%.

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.

Conclusion

The American Gothic Revisited – Rural Linn County project, a Grant to Reduce Alcohol Abuse from the U.S. Department of Education, has already had positive effects within the four Iowa school districts served (Mount Vernon, Central City, Center Point-Urbana, and Springville). 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. Substance abuse prevention program outcome data exceeds the goals for past 30-day alcohol use, binge drinking, disapproval of alcohol use, parental disapproval of alcohol use, and alcohol availability. The sixth substance abuse prevention program goal is partially met; TND data exceeds the goal for perceived harm, while LST data does not. The project has met the comprehensive alcohol prevention systems change goal (although LRP has not been implemented with complete dosage fidelity because only about 50% of required adventure activities and community service projects have been held through the first project year), and is ahead of schedule for the implement/sustain proven alcohol abuse prevention programs). The substance abuse treatment goal is also currently met, with a success rate of 71% through the first year of the project. At the conclusion of year 1, project implementation is on schedule and meeting or exceeding goals to positively affect youth in the participating school districts.

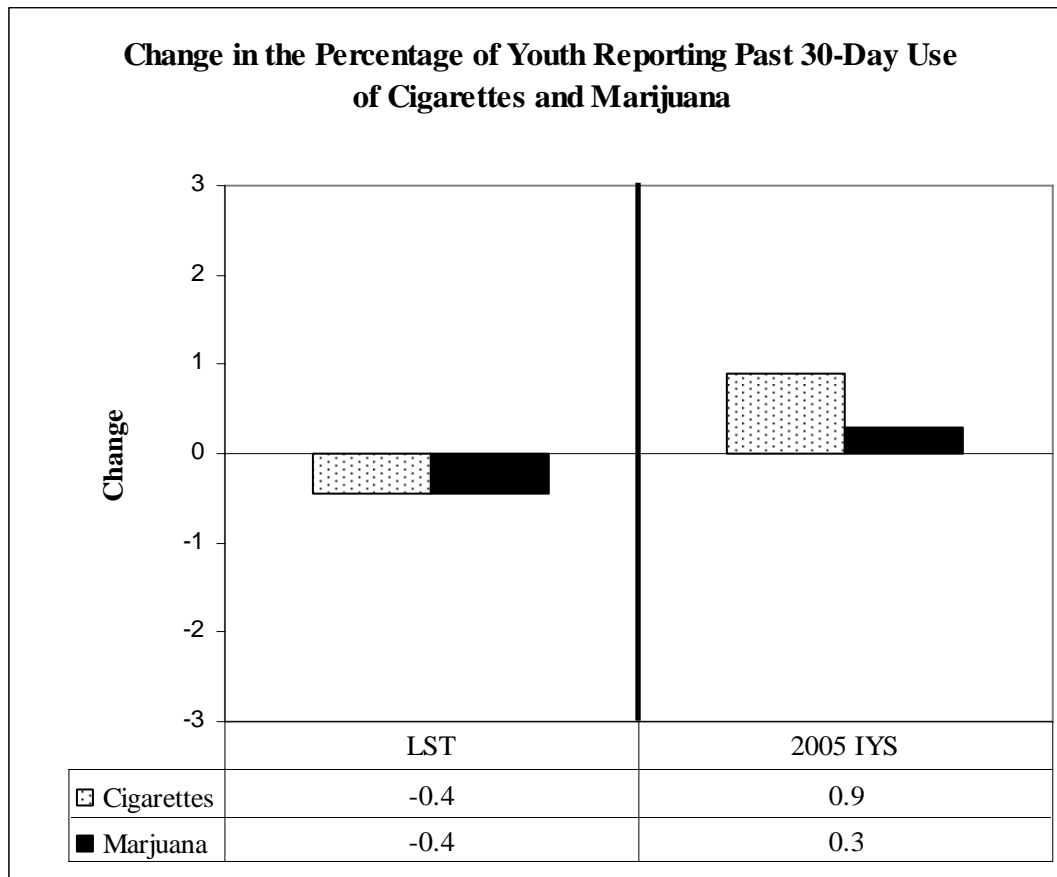
Appendix 1

Other Substances Data

Tobacco and Marijuana Use by Program

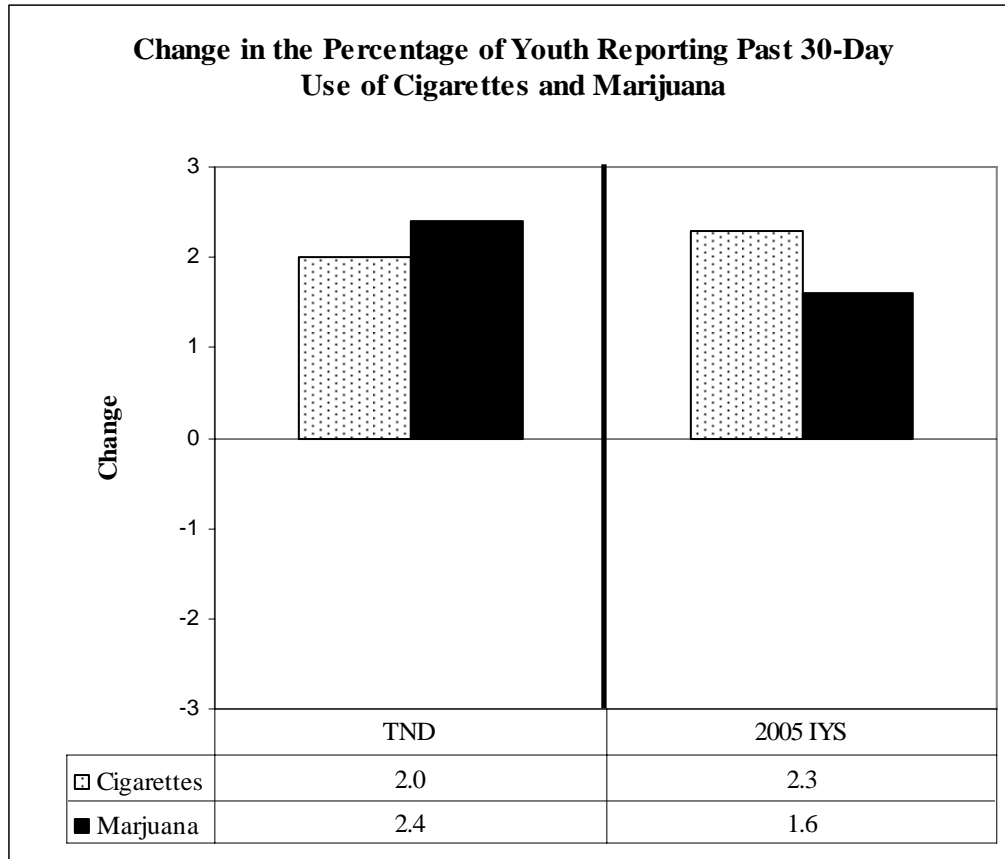
As shown in Figure 14, LST had a positive effect on cigarette and marijuana usage. Specifically, for past 30-day use of cigarettes, there is a 0.4 percentage point decrease from pre to post; which is lower than the 2005 IYS estimate of a 0.9 percentage point increase. For past 30-day use of marijuana, there is a 0.4 percentage point decrease from pre to post; the LST change is lower than the 2005 IYS estimate of a 0.3 percentage point increase.

Figure 14. Life Skills Training Outcome Data and 2005 Iowa Youth Survey Data



As shown in Figure 15, TND had a positive effect on cigarette use. Specifically, for past 30-day use of cigarettes, there is a 2.0 percentage point increase from pre to post; which is lower than the 2005 IYS estimate of a 2.3 percentage point increase. For past 30-day use of marijuana, there is a 2.4 percentage point increase from pre to post; the TND change is higher than the 2005 IYS estimate of a 1.6 percentage point increase.

Figure 15. Project Toward No Drug Abuse Outcome Data and 2005 Iowa Youth Survey Data



Tobacco

Figures 16 and 17 on pages 33 and 34 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 16. Cigarette Use Attitudes

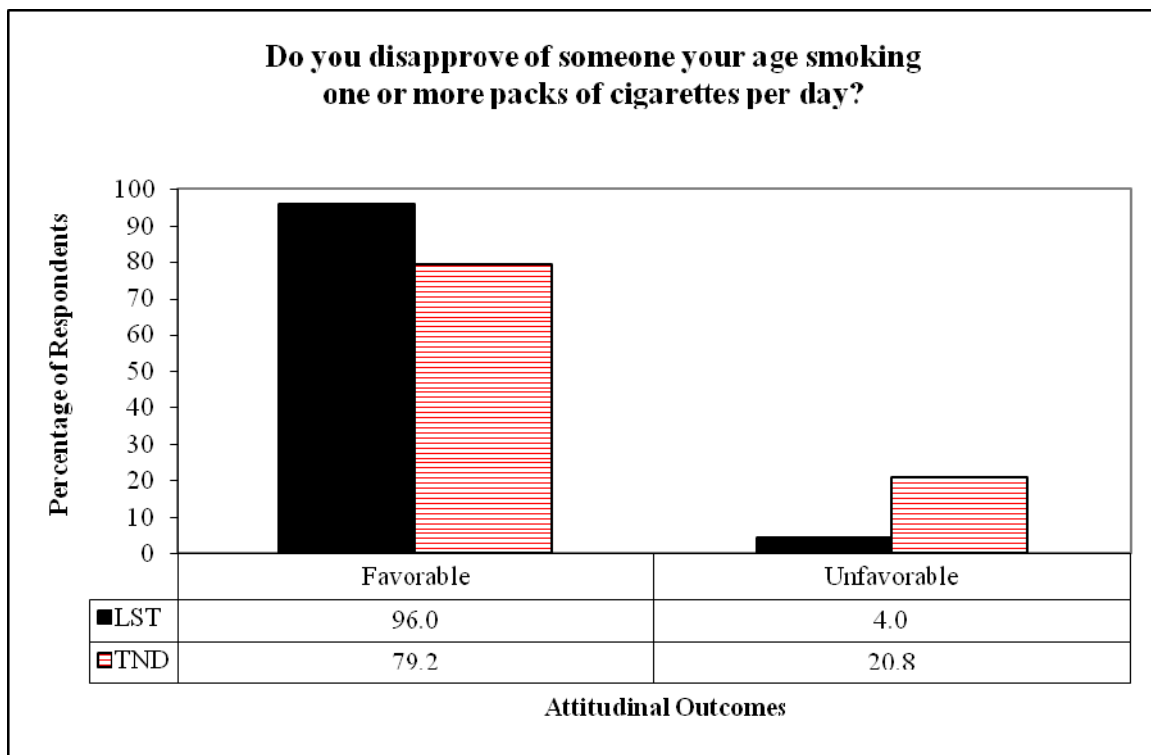
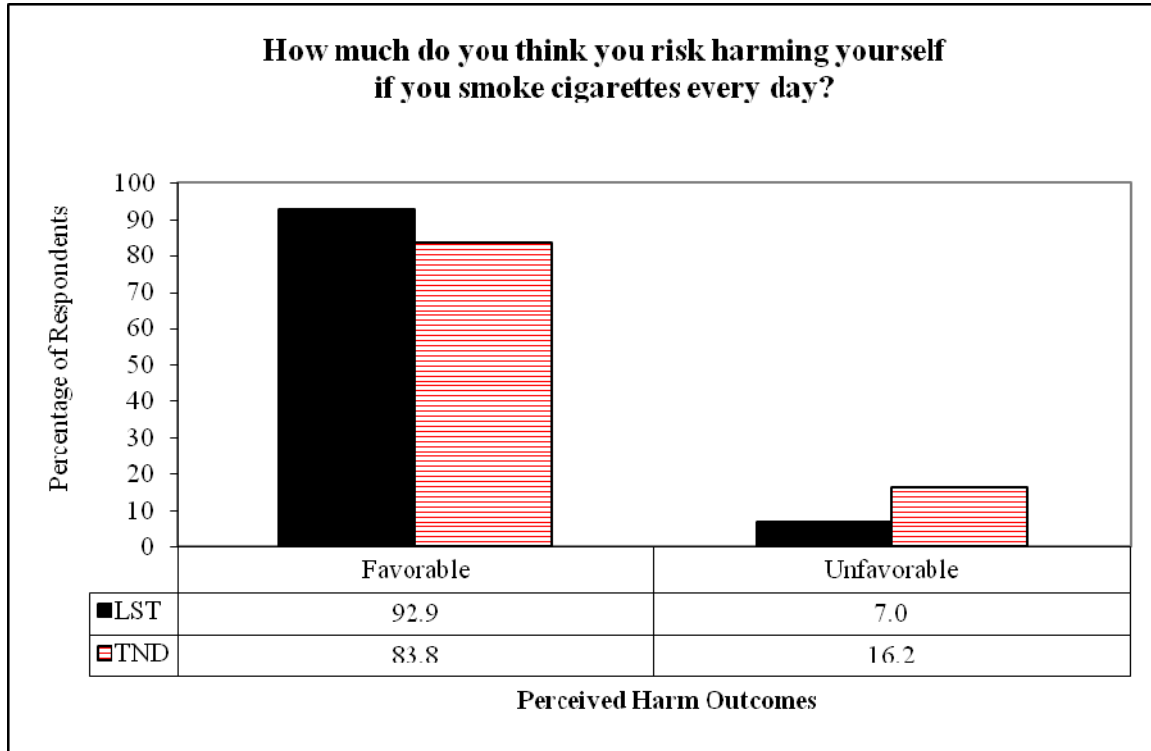


Figure 17. Cigarette Perceived Harm



Marijuana

Figures 18 and 19 on page 35 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 18. Marijuana Use Attitudes

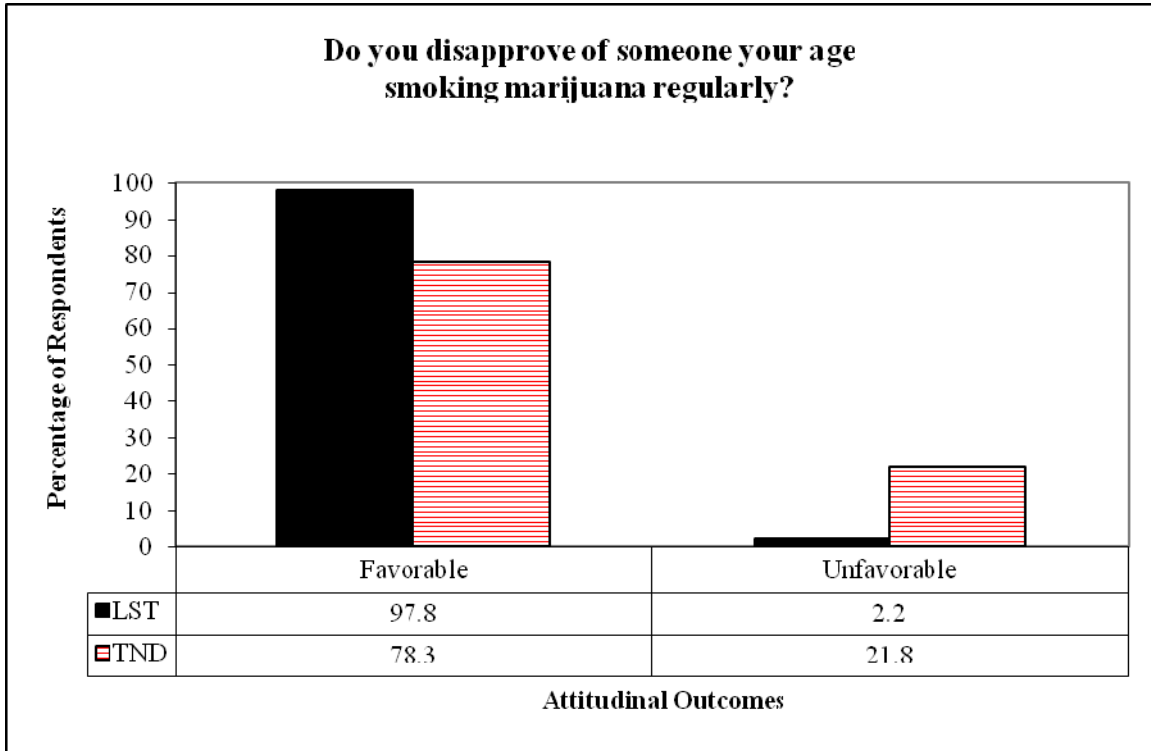
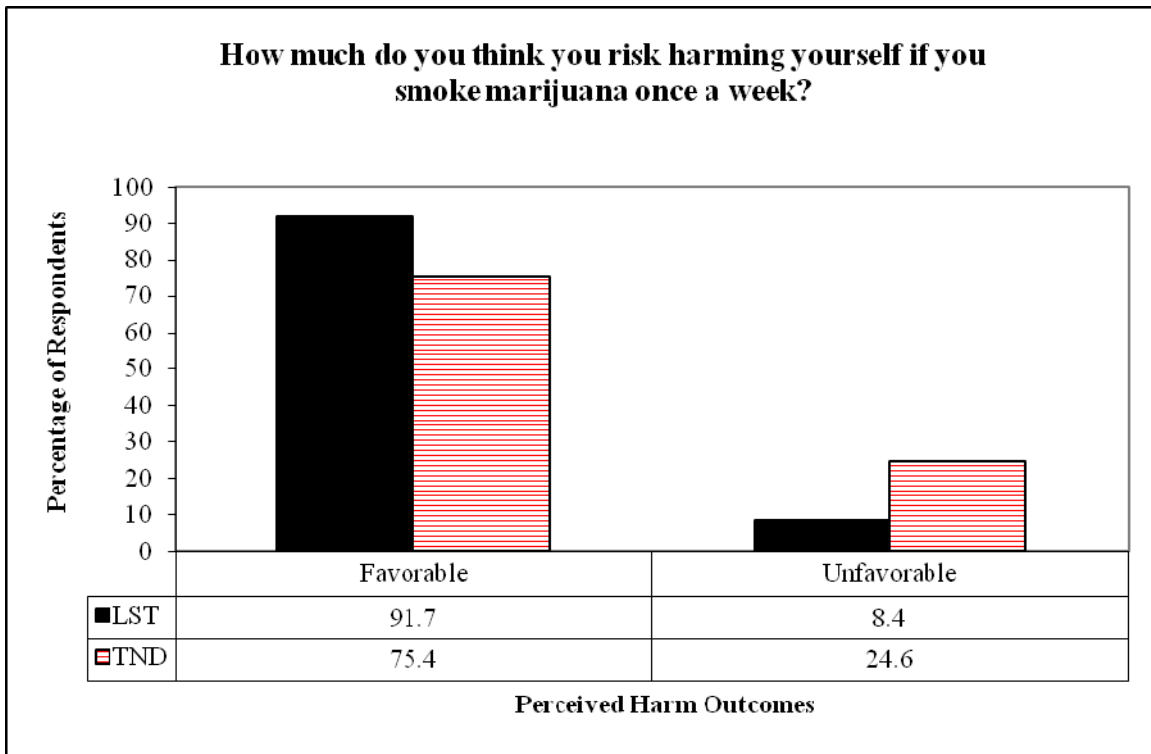


Figure 19. Marijuana Perceived Harm



Appendix 2

Process Evaluation Interviews Year 1 Round 2

1. What successes have you observed or experienced during the first year of the Rural Linn County Alcohol Abuse Prevention/Reduction Project?
 - We educated a large portion of the community about the project during the first year.
 - We disseminated a lot of information about underage drinking through community forums and town hall meetings.
 - We held server trainings that were well attended by retail staff.
 - We recruited a lot more people to participate in CMCA activities than I had anticipated.
 - The LRP groups are receiving much more support from school administrators and classroom teachers now than during the first semester of the project.
 - More and more community members are attending CMCA meetings and volunteering to help with CMCA actions.
 - Student advocacy groups continue to grow in membership and are becoming more visible within the school environment.
 - We got off to a quick start, with lots of programming in the schools and the CMCA training.
 - We raised community awareness of the youth alcohol problem.
 - We fully implemented LST, TND, LRP, and CMCA as planned.
 - During the first year, counseling services were accessed much more than anticipated, demonstrating the demand for these services.
 - Youth in our community are becoming more active; they are expressing themselves more and taking action.
 - I've noticed an increase in community awareness of the underage alcohol issue.
 - One success is the large number of students already participating in the youth advocacy group in each school.
 - Another success is the notable increase in community awareness of youth alcohol issues. I think a large part of this is due to the implementation of CMCA.
 - School personnel have been very supportive of project staff throughout the first year of the project.
 - Youth appear to be opening up more and asking for help when needed.
 - The student advocacy group has really taken off. Youth are actively involved and leading the process – they made meals for the teachers during parent-teacher conferences to show their appreciation for the teachers.

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?
 - Completing one-on-one interviews for CMCA has been a challenge. Conducting these interviews is intimidating the first couple of times.
 - School administrators and classroom teachers were resistant to LRP because they did not see the value in pulling students from class, and especially the adventure

activities. We continued sharing successes with the school personnel, and they began seeing the positive change in the youth participating in LRP.

- There was some community opposition to the alcohol-free graduation signs. We explained what these signs were for, and our goals for this activity, and the opposition seemed to drop.
- We have found that underage drinking norms are entrenched in our community. People admit there is a problem, but are unwilling to help bring about change to address the problem.
- We did not spend down our budget as much as planned. Some of this is due to all the cancellations because of inclement weather. We also did not need as many substitute teacher days as we had planned.
- The distance between participating communities makes it difficult to implement programs or attend meetings in two different districts during the same day. Not much can be done – I use e-mail and telephone to help fill the gaps.
- It has been difficult to get classroom teachers fully engaged in LRP. I believe that these teachers are now on board because they have seen firsthand the positive impact this program has on participating youth.
- Identifying meeting times that work for everyone has been the only problem. People are so busy and have such different schedules that scheduling CMCA meetings, youth meetings, and other community meetings has been difficult.
- The only problem has been the amount of travel required of the project coordinator and prevention specialists between the school districts. Sometimes meetings are scheduled in different districts on the same day, requiring a lot of travel.
- A couple of administrators and classroom teachers have not been as helpful as the majority. These individuals made it harder to implement programs and provide counseling services in their schools and classrooms.

3. How closely has the implementation of CMCA followed the action plan?

- We have followed the action plan closely.
- I am not sure.
- It has followed the action plan pretty closely. Some communities were more ready for action than others, and were therefore able to move along more quickly, but all four participating communities are much better positioned for future action than they were at the beginning of the project.
- Very closely. Project staff have done a good job of shepherding the CMCA process.
- We've done a pretty good job of implementing the action plan. I estimate that we've accomplished over 90% of what we had planned on doing. No alcohol compliance checks have yet been completed and a grant newsletter has not yet been developed. We hope to accomplish both within the next couple of months.
- The CMCA action plan has been followed closely.
- We have done a pretty good job of following the CMCA action plan.
- I am not sure.

4. What CMCA actions have had the greatest success?

- I think that the town hall meetings were a great success. The meetings spawned a lot of discussion about underage alcohol use.
- I also think that the alcohol server trainings were successful.
- Two town hall meetings were held and were very successful. Both meetings received good press coverage and generated a lot of energy within their respective communities.
- The alcohol-free graduation signs activity went very well – more signs were taken and displayed by seniors than I had anticipated.
- Each district has revised or is currently working on revisions to their respective Good Conduct Policy.
- The community forums were very well received in our community.
- The CMCA action with the greatest success so far in the project was the two town hall meetings. The meetings were very different, but seemed to fit the needs of each community. It was amazing to see the energy each meeting generated.
- The community forum was well attended. The panel did a great job of presenting their information, and I've since heard very positive comments from community members.
- The most effective strategy in our community was meeting with alcohol outlets to discuss the underage drinking issue. They were receptive to the need to prevent underage drinking in our community.
- The sticker shock campaign went really well. I was surprised by the number of youth who helped with this.
- I think the town hall meetings were very successful.

Have any CMCA actions not met your expectations?

- No.
- No.
- Inclement weather made it difficult to hold several meetings, and prevented some community members from attending.
- We have not completed as many one-on-ones as planned.
- No.
- No.
- No.
- No.

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

- I think we need to do a better job of promoting the project, especially our successes.
- I would like to see some actions to get parents more involved in the process. We are going to do a parent-to-parent pledge handbook over the summer.

- I am not sure.
- I'd like to integrate alcohol compliance checks into the community regulations.
- I think we need to do a policy review in each community, to assess school and city policies/ordinances so as to better plan future CMCA activities.
- None.
- None.
- I would like to see more social marketing. For example, I would like to put alcohol-related messages on grocery bags for stores that sell alcohol products.
- Continue holding town hall meetings in each community. Childcare could be offered to increase the number of parents who attend. One way to do this would be to ask youth participating in LRP to provide childcare.

5. What has this project done for your community?

- It has increased the number of discussions being held about underage drinking.
- It has really increased the level of involvement in prevention activities. It has also helped to link different sectors together in a common cause.
- The project has increased community awareness of the youth alcohol issue and increased the number of discussions being held about this issue.
- It has raised community awareness of youth alcohol issues.
- It has increase community awareness and discussions about underage drinking.
- It has increased community awareness of the underage alcohol use issue.
- It has increased awareness of alcohol-related issues and increased the involvement of youth in prevention activities.
- One big thing this has done is bring substance abuse counseling services into the schools, rather than youth, and often their parents, needing to drive into Iowa City or Cedar Rapids for counseling services.

6. How has your community responded to the project?

- The majority of people have realized that underage drinking is a problem, and are beginning to take steps to address this issue. A minority doesn't think there is a problem and believes that we are wasting our time.
- I've noticed a lot of new faces at various meetings, which suggests that more and more people are willing to take action.
- The communities have responded positively to the project. I've noticed an increased commitment, especially of parents and the business community, to addressing the underage drinking problem.
- Pretty well, although a small group of community members have been resistant to the project.
- I'm satisfied with the community response so far. We have active participants in CMCA groups in each community, and the community forums were well attended.
- The community has responded very well. I was impressed at the number of alcohol-free graduation signs that were displayed in our community.

- I am not sure.
 - The community has responded well. Youth, parents, and community members in general are all getting involved.
 - The community has responded well. Youth are getting more involved, and parents are glad that their children are being given these opportunities.
7. Have you attended any trainings or conferences, either locally or nationally? If so, what did you learn that you have since been able to apply to this project?
- Yes, I attended most of the local trainings and a statewide coalition meeting. It was reassuring to learn that other coalitions are doing similar things, and facing similar hurdles.
 - Yes, I attended several model program trainings. I learned how to best implement each program.
 - Yes. The biggest thing I learned was that we have to identify and address the underlying reasons for the problem behavior – underage alcohol use – rather than just enacting policies that address the behavior.
 - Yes. I learned a lot about alcohol energy drinks, and have disseminated this information throughout our community.
 - Yes. I attended the national conference but really did not learn anything that I have since been able to apply.
 - I also learned a lot about CMCA, which I have applied to one-on-ones and meetings.
 - I attended the national GRAA conference. It helped to teach me about the grant and helped me better understand that underage drinking is not just a problem for schools, but for families and communities as well.
 - I learned about social marketing, and would like to see more of this in our CMCA activities.
 - I attended the CMCA training. It provided great information and helped me see where the community would go with this program. It also provided me with networking and relationship-building opportunities.
8. How closely did implementation match the plan? What deviations, if any, occurred? (Answered by implementation staff and the project coordinator only.)
- We have followed the implementation plan pretty well.
 - The only deviation in the implementation plan that has occurred so far is that we are implementing more LRP groups than originally planned (four groups versus two that were planned).
 - The only deviation in the implementation plan that has occurred so far is positive. Many classroom teachers decided to teach the program during the first project year, rather than team-teaching the first year and teaching during the second project year.
 - We have done a good job of following the implementation plan.

9. What led to the deviations and what was the impact on the project? (Answered by implementation staff and the project coordinator only.)
- There was an increased need for LRP, and we wanted to implement it with fidelity, so we needed to add more groups. We were able to work out the budget so that it all still works, but staffing has been more difficult because of the increased time demand for the four groups.
 - We are ahead of schedule for program implementation. The implementation plan called for classroom teachers to take over program implementation during the second project year, whereas most classroom teachers have already assumed these responsibilities.
10. What activities have been initiated to sustain prevention programming beyond the grant? (Answered by superintendents, the project assistant, and the project coordinator only.)
- Nothing yet, but the project oversight committee is beginning a sustainability plan.
 - We have trained a lot of teachers and purchased extra workbooks and other program materials to help sustain the prevention programs.
 - I have noticed that many school personnel are adopting things that they have learned from trainings, meetings, or prevention lessons into their daily jobs. I believe this will have a lasting impact in improving our school environment, and giving school personnel the confidence to address alcohol-related issues.
 - We have already held a lot of trainings within the communities and have sent several community representatives to national conferences.
 - The school district has improved its prevention vision during the first year of the project.
 - We have scheduled an LRP train the trainers training, so that we will have LRP trainers available in our community for the foreseeable future.
 - The youth group in our high school that was recently started should be sustained after the project ends. There are no costs to maintain this group; and the focus and activities of the group are set by the youth.
11. What activities has the oversight committee undertaken to affect system-wide change? (Answered by superintendents, the project assistant, and the project coordinator only.)
- The committee is just now becoming comfortable in it's' role. I suspect that this will be addressed during the second project year.
 - Each district has either revised their school good conduct policy or is currently working on revising their good conduct policy.
 - The committee has done three things to affect system-wide change. 1) The committee has been working with the Linn County Partnership, sharing resources throughout Linn County. 2) Many of the trainings that have been sponsored by

the project have been open to the entire county. 3) A couple of partnerships with neighboring school districts have been developed.

- Nothing yet.
- Each district has or is in the process of reviewing their good conduct policy.

Appendix 3

Process Evaluation Interview Summary
Year 1 Round 1
July 1, 2007 – January 31, 2008

1. What successes have you observed or experienced during the first six months of the Rural Linn County Alcohol Abuse Prevention/Reduction Project?
 - Almost all respondents noted an increase in community awareness of the underage drinking problem, and increased community involvement in project activities. Two respondents stated that student advocacy groups have already been created in their respective districts, providing the youth an opportunity to be involved in project activities.
 - Many of the respondents identified successes with the ASAC staff, including both prevention specialists and the substance abuse counselor. A couple of respondents also identified that many classroom teachers already had experience teaching the prevention programs and were willing to lead program implementation from the beginning of the project.
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?
 - Most of the respondents stated that inclement weather was a barrier. Some meetings had to be re-scheduled two or three times due to inclement weather. Two respondents mentioned an error in the budget that was overcome by moving some funding around. Two respondents mentioned communication issues between various people involved in the project. Both these respondents stated that these problems were addressed and cleared up without much difficulty or affect on the project.
3. Do you need any technical assistance or clarification related to the project? If yes, please explain your specific needs.
 - All respondents stated that additional technical assistance was not needed.
4. What do you think the focus (or goal) of CMCA should be (or is) in your community?
 - Several respondents stated that they are still working to educate their community about CMCA, increase community awareness of the underage drinking problem, and to recruit community members to join their CMCA group. Some respondents mentioned that CMCA action plans are under development in each community.
5. What has this project done for your community?

- Most of the respondents stated that they have increased community awareness of the underage drinking problem, and of the resources available as part of the project.
6. How would you improve the project?
- Most of the respondents could not identify any ways in which they would improve the project. One respondent mentioned that the frequent number of school cancellations due to inclement weather caused scheduling problems.
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.)
- The largest deviation reported by respondents was the addition of two LRP groups, bringing the total number of LRP groups to four for the project. This change was due to demand and the need to implement LRP with fidelity; one district needed a second group and two districts that were going to share one group each needed their own LRP group.
8. What activities have been initiated to sustain prevention programming beyond the grant? (Answered by superintendents, the project assistant, and the project coordinator only.)
- Several respondents mentioned that plans have been made to purchase materials or train school personnel to be program trainers so that prevention programming may be continued after the grant ends. One respondent stated that CMCA groups will soon begin planning to approach local businesses to recruit sponsors for CMCA activities.
9. What activities has the oversight committee undertaken to affect system-wide change? (Answered by superintendents, the project assistant, and the project coordinator only.)
- Most respondents stated that nothing had been done yet to affect system-wide change. One respondent stated that each district was reviewing their good conduct policies to make them clearer and more consistent, and to provide counseling referrals where applicable.

Appendix 4

Project Action Plan Year 1
July 1, 2007 – January 31, 2008

Figure 20. Rural Linn County Project Action Plan Year 1

Program Elements and Action Steps	Year 1 Timeline:											
	Se	Oc	No	De	Ja	Fe	Ma	Ap	My	Jn	Jl	Au
Advertise/hire Mount Vernon, ASAC & Consortium Staff ¹	◆	◆										
Form Project Oversight Committee & Meet Quarterly ¹		◆		◆			◆			◆		
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 5

CMCA Action Plan 2008

Figure 21. CMCA Action Plan 2008

ACCESS	COMMERCIAL	SOCIAL	MEDIA/Marketing	ONE-ON-ONES
JANUARY	Plan Alcohol Server Trainings	State Consumption/Breath test legislation/Good conduct	Got a Minute Campaign/Community Forum/Mentoring Mo.	Elected Officials/ Teenagers
FEBRUARY	Host Alcohol Server Trainings	State Social Host legislation	Table Tents, Print Ads, Radio PSA, Theatre, Cable Stations	Alcohol establishments/Owners Bartenders/Clerks/Managers
MARCH	Merchant Evaluations by Student Advocacy groups	Coaching for Prevention Workshop/ Town Hall Meetings	Newspapers, School-Grant-Church Newsletters, church bulletins, posters	Coaches/Teachers
APRIL	Regular and Random Alcohol Compliance Checks	Town Hall Meetings/ ? County Social Host ordinance work	Alcohol Awareness Month/ Prom	Parents/Teenagers
MAY	Sticker Shock Project by Youth	Alcohol Free Graduation Sign Campaign	Prom/ Graduation	Center Point-Urbana
JUNE	Community Events-Server Trainings	City Policies Bars/Parks/Curfews	Community Events-booths/parades	Central City
JULY	Warning Signs	Warning Signs	Back to School	Mount Vernon
AUGUST	Regular & Random Compliance Checks	Parent to Parent Pledges	Preparing for College	Springville
SEPTEMBER	<i>Fill in blanks this summer....</i>	Parent to Parent Handbooks	Recovery Month/Homecoming	Civic Groups
OCTOBER		Take Charge Conference	Red Ribbon Week	Community Leaders
NOVEMBER			Speaking to groups	Retired Citizens/Grandparents
DECEMBER	Revisit what worked and what didn't		Celebrate with Care/Drunk and Drugged Driving Prev.	18-20 and 21-25 year olds
GOALS	Reduce Illegal sales to minors	Reduce social access to minors	Raise Awareness that Community Can Do Something	Grass Roots- invite people to our groups!