



———— IOWA STATE INCENTIVE GRANT ————
PROGRAM EVALUATION

FINAL REPORT

PREPARED BY:

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

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

———— **IOWA STATE INCENTIVE GRANT** ————
PROGRAM EVALUATION

FINAL REPORT

OCTOBER 2001 – MAY 2006

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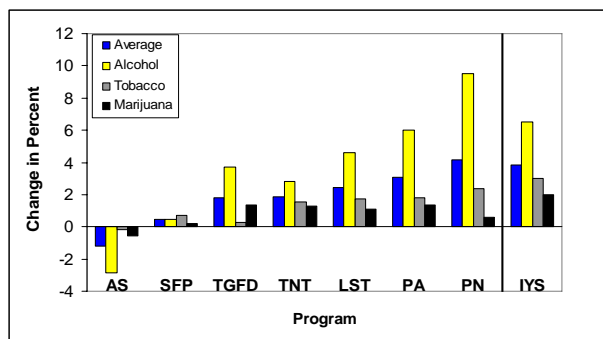
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Executive Summary

The Iowa Department of Public Health – Division of Behavioral Health and Professional Licensure (IDPH) was awarded a State Incentive Grant from the Center for Substance Abuse Prevention, a division of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. The SIG project ran from October 2001 through May 2006. IDPH made awards to 28 subrecipient sites across Iowa. The sites implemented substance abuse prevention programs between January 2003 and January 2006. Highlights of the project results are provided below.

The 30-day use graphs show results for programs with at least 100 matched pre-post data. The other graphs show results from the matched pre-post data. Overall, prevention programming had a positive effect on youth substance use behavior.

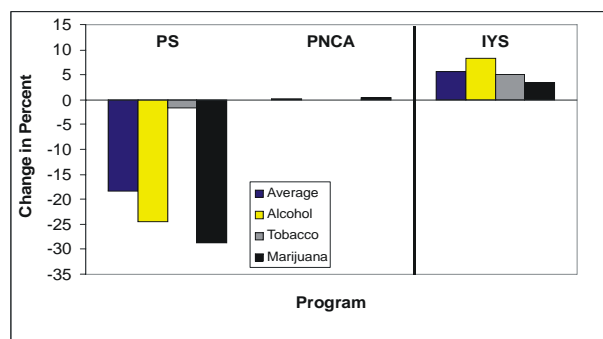
Change in Percent at Post-test: Middle-school Age Youth in Programs Longer than 30 Days



- All Stars (AS) showed reductions in alcohol, tobacco, and marijuana use more than the other programs. Project Northland (PN) appears to be the least effective program affecting 30-day use of alcohol, tobacco, and marijuana.

Substance Abuse Prevention Program Key			
AS	All Stars	SFP	Strengthening Families Program 10-14
TGFD	Too Good For Drugs	TNT	Project Towards No Tobacco Use
PA	Project ALERT	LST	LifeSkills Training
PN	Project Northland		

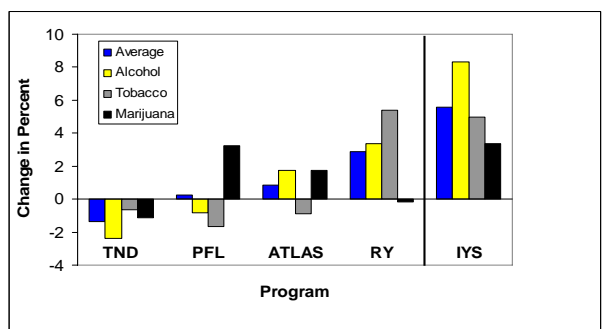
Change in Percent at Post-test: High-school Age Youth in Programs Shorter than 30 Days



- Project SUCCESS (PS) showed the largest reductions in alcohol, tobacco, and marijuana use among the programs that serve high school-age youth. The programs show less increase in alcohol, tobacco, marijuana than the IYS data.

Substance Abuse Prevention Program Key	
PS	Project SUCCESS
PNCA	Project Northland Class Action

Change in Percent at Post-test: High-school Age Youth in Programs Longer than 30 Days

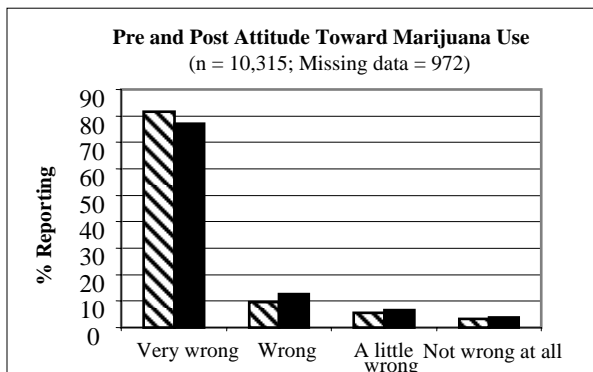
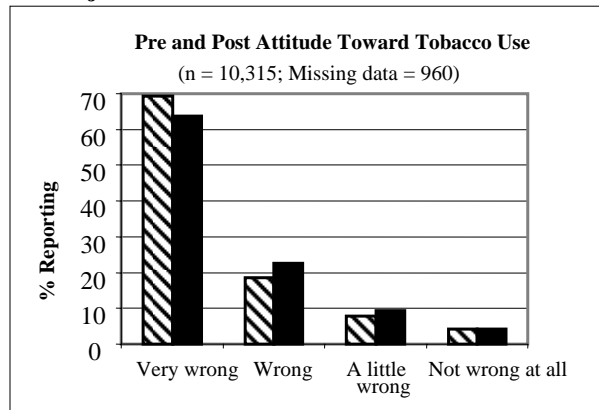
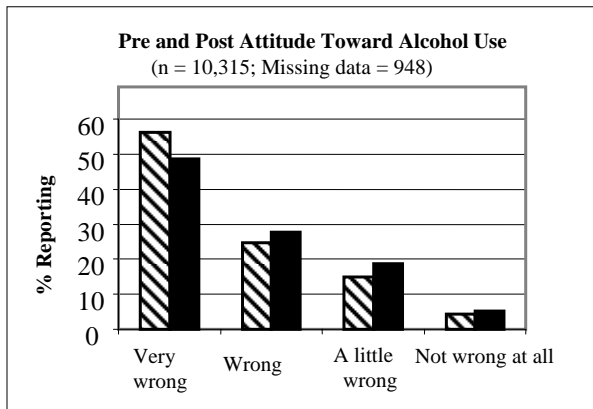


- Project Toward No Drug Abuse (TND) had the greatest reductions in alcohol, tobacco, and marijuana use among the programs. Nearly all of the programs show less increase in the use of alcohol, tobacco, and marijuana than the IYS percentages.

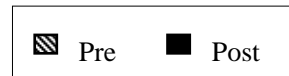
Substance Abuse Prevention Program Key	
TND	Project Toward No Drug Abuse
PFL	Prime For Life Under 21
ATLAS	Athletes Training and Learning to Avoid Steroids
RY	Reconnecting Youth

NOTE: Iowa Youth Survey (IYS) data were used to show an estimated change one might expect in Iowa’s general youth population due to maturation versus the outcomes of youth who complete specific prevention programming under the SIG program. The IYS data served as a realistic point of reference when examining each of the programs rather than comparing to zero.

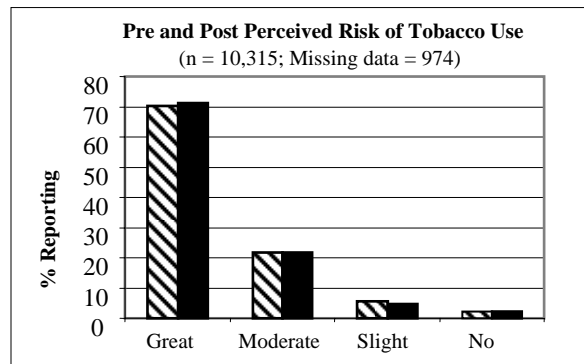
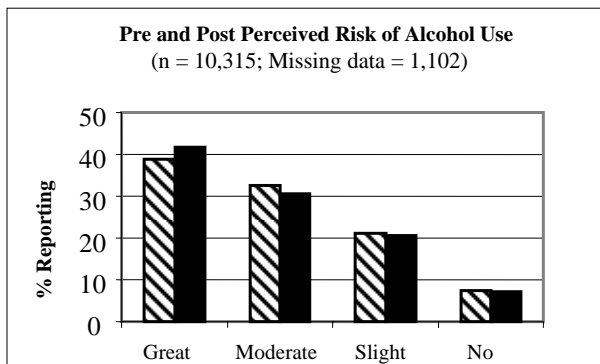
Pre- and Post-test Attitudes toward Alcohol, Tobacco, and Marijuana



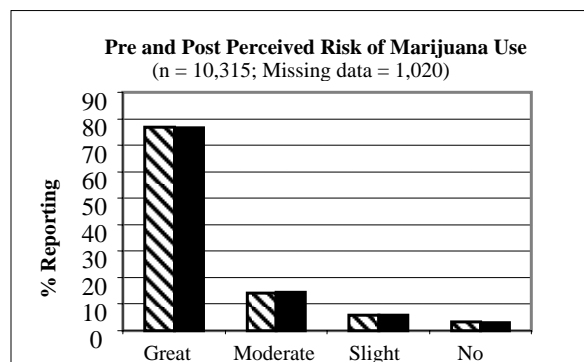
- The majority of youth responded Very wrong or Wrong on the pre- and post-tests. The high percentage of youth responding very wrong or wrong indicates that most youth have negative attitudes about substance use.



Pre- and Post-test Perceived Risk of Alcohol, Tobacco, and Marijuana use



- Youth felt alcohol and tobacco use was more risky after participation in the programming, and felt the same about the risks of marijuana use. These outcomes are favorable because participant maturation would suggest that perceived risks would decrease from pre-test to post-test.



Other Program results:

- The most common subrecipient successes include: 1) networking at the state and local levels; 2) building awareness through environmental strategies; 3) maintaining local-level support of activities; 4) benefiting youth; and 5) changing school and community norms.
- Local-level needs met by implementing prevention activities include: 1) increased community awareness of substance abuse issues; 2) increased communication between prevention organizations, school staff, faith communities, and the business sector; 3) replaced the DARE program with research-based programs in some schools; 4) met needs identified by the Community Readiness Survey or the 2002 Iowa Youth Survey; 5) integrated research-based substance abuse prevention programs into the schools; 6) strengthened the coalitions; and 7) decreased substance abuse by program participants, when compared to an estimated increase from the 2002 Iowa Youth Survey.
- Almost all of the subrecipients reported at least one change in community, school, or youth norms about alcohol, tobacco, and other drug (ATOD) use during the SIG project. Examples of community norm change include: 1) an increase in community awareness and activism about youth ATOD use; 2) increased support for youth prevention efforts by school administrators, personnel, and parents; and 3) delayed age of onset, improved attitudes, and decreased frequency of use responses on a local survey.

During the SIG project, 10,315 youth participated in substance abuse prevention programs and completed both a pre-test and a post-test. Demographic data at post-test included:

- Age range served: 10 to 19+ years old.
- Over half of the youth post-tested were 13 or 14 years old.
- Grades served: 6th-12th.
- Almost half of the youth post-tested were in 8th grade.
- 49% were Female, 51% were Male.
- 8.4% of the youth post-tested were Hispanic or Latino.
- Youth were:
 - 91.4% White.
 - 3.9% Black/African American.
 - 1.9% American Indian/Alaskan Native.
 - 1.9% Asian.
 - 0.8% Native Hawaiian/Other Pacific Islander.
 - 0.3% Arab American.

McGovern, P., Schmucker, A., Barber, K., & Arndt, S. (2006). Iowa state incentive grant program evaluation: Final report (Iowa Department of Public Health, Contract No. MOU-2005-UI41). Iowa City, IA: Iowa Consortium for Substance Abuse Research and Evaluation. <http://iconsortium.subst-abuse.uiowa.edu/>

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A. Introduction

The Iowa Department of Public Health – Division of Behavioral Health and Professional Licensure (IDPH) was awarded a State Incentive Grant (SIG) from the Center for Substance Abuse Prevention (CSAP), a division of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. The SIG project began October 1, 2001 and ended May 29, 2006. The main goals of the SIG project were to: 1) develop and implement a strategy to identify, coordinate, leverage, and/or redirect all substance abuse prevention resources within the State that are directed at 12-17 year old youth and their communities, families, and schools; 2) develop and implement a comprehensive state prevention plan that will ensure that all State prevention resources fill identified gaps in prevention services targeting 12-17 year old youth throughout the State with research-based substance abuse prevention programs; and 3) measure progress in reducing substance use by establishing targets for measures included in the National Household Survey on Drug Abuse.

The SIG project included both state- and local-level prevention initiatives. At the state-level, IDPH formed an Advisory Subcommittee of the Drug Policy Advisory Council (DPAC) to monitor the project and to address the state-level goals of the project. The subcommittee was comprised of state agency administrators and prevention providers. At the local-level, IDPH awarded grants to twenty-eight subrecipients to fund prevention programming, infrastructure development, and capacity building. These subrecipients were selected through a competitive Request for Proposal process. Eligible subrecipients included community coalitions with nonprofit or tax exempt status either applying independently or in collaboration with an incorporated public or private community-based organization.

The Iowa Consortium for Substance Abuse Research and Evaluation (Consortium) conducted an independent evaluation of the project that began October 1, 2001. The evaluation involved the collection of process and outcome data that were analyzed to determine the effectiveness of the SIG project at the state- and subrecipient-levels. Process data were collected through various methods. At the state-level, process data were collected through process interviews with Advisory Subcommittee members, analysis of funding streams and resources, and observations from meetings. At the subrecipient-level, process data were collected through process interviews with subrecipients, analysis of program implementation data, and observations from meetings.

Two key process results include the development of a comprehensive prevention plan at the state-level and the institutionalization of the programs at the local-level. The Advisory Subcommittee developed the main components of the state plan, including results, indicators, and a comprehensive approach for prevention. These components were integrated into the annual statewide Drug Control Strategy and demonstrate agreement on the direction for prevention across state agencies. Throughout the SIG project, subrecipients worked to institutionalize the programs in the schools and communities in order to sustain their implementation after the end of the SIG project. Many programs were integrated into the core curriculum of the schools and will be led by school staff.

Outcome data were obtained through a matched pre/post survey design. Outcome data were collected by subrecipients using surveys designed by the evaluation team. These data show that

all of the programs implemented during the SIG project had a positive impact on the participants. For nearly all of the programs, the percentage of participants who used alcohol, tobacco, or marijuana during the past 30 days either decreased from the pre-test to the post-test or showed less of an increase than the estimated increase for youth in the general population not receiving SIG prevention programming.

The SIG final report includes: 1) outcome data; 2) substance abuse prevention program implementation data; 3) prevention program implementation costs; 4) analysis of substance abuse prevention funding streams; 5) analysis of subrecipient-level key informant interviews; 6) analysis of state-level key informant interviews; and 7) lessons learned.

B. Project Results

B.1. Outcome Data

During the SIG project, 10,315 youth participated in substance abuse prevention programs and completed both a pre-test and a post-test. Figure 1 on the following page provides demographic data reported by these youth at the post-test. The median amount of time between the pre-test and the post-test was 253 days or approximately 8 months (Minimum = 3 days; Maximum = 1047 days).

The youth are between 10 and 19 years old with a median age of 14 years. They are in 6th grade through 12th grade, and the median grade is 8th. Slightly more of the youth are male (51%) than are female (49%). Almost 9 % are minority, and approximately 8% are Hispanic/Latino.

Figure 1. Demographics

Demographics (n = 10,315)		
How old are you?	n	%
10	71	0.71
11	222	2.23
12	1,325	13.31
13	3,254	32.69
14	2,600	26.12
15	1,205	12.10
16	757	7.60
17	355	3.57
18	150	1.51
19 or older	16	0.16
Missing	360	----
What grade are you in?	n	%
6 th	581	5.85
7 th	1,999	20.13
8 th	4,477	45.08
9 th	1,210	12.18
10 th	1,050	10.57
11 th	302	3.04
12 th	313	3.15
Missing	383	----
Are you a Female or Male?	n	%
Female	5,044	49.00
Male	5,249	51.00
Missing	22	----
Are you Hispanic or Latino?	n	%
Yes	857	8.39
No	9,357	91.61
Missing	101	----
Which of the following best describes you?	n	%
White	8,961	91.35
Arab American/Chaldean	26	0.27
Black/African American	382	3.89
American Indian/Alaskan Native	185	1.89
Asian	181	1.85
Native Hawaiian/Other Pacific Islander	74	0.75
Missing	506	----

Figures 2, 4, and 6 on pages 5, 8, and 11 present 30-day alcohol, tobacco, and marijuana use data for programs with at least 100 matched pre- and post-tests. Figures 3, 5, and 7 on pages 6, 9, and 12 graphically present the information shown in the corresponding tables. The programs are grouped according to the age of their participants at post-test (middle school vs. high school) and the median number of days between the pre-test and post-test (greater than or shorter than 30 days).

The Iowa Youth Survey (IYS) information is provided as a reference point. The Iowa Youth Survey is a triennial census assessment of Iowa's secondary school-age student (grades 6, 8, and 11) attitudes toward substance use and actual usage. These data provided a useful reference point when interpreting the relative effectiveness of the SIG prevention programs. The IYS data is an estimate of the change one might expect to see among youth in the general population over the course of one year. The IYS captures the changes due to maturation of the youth and is reflected in the different grade levels. Thus, this shows an estimated change one might expect in Iowa's general youth population versus the outcomes of youth who complete specific prevention programming under the SIG program. The IYS data serve as a realistic point of reference when examining each of the programs rather than comparing to zero.

Figures 2 and 3 on pages 5 and 6 display the change in 30-day use reported by middle school age youth who participated in programs that are longer than 30 days in length. Nearly all of the program-level percentages of change for alcohol, tobacco, and marijuana are lower than the IYS percentages. This shows us that in relation to the IYS data, these programs show less increase in use of alcohol, tobacco, and marijuana. All Stars (AS) appears to be associated with reductions in alcohol, tobacco, and marijuana use more than the other programs, showing a decrease in alcohol and marijuana use as well as average change. Project Northland (PN) appears to be the least effective program affecting 30-day use of alcohol, tobacco, and marijuana. Project Towards No Tobacco Use (TNT) appears to be associated with reductions in alcohol, tobacco, and marijuana use more than the other programs which are longer than one year.

Figure 2. Change in Past 30 Day Use: Middle-school Age Youth in Programs Longer than 30 Days

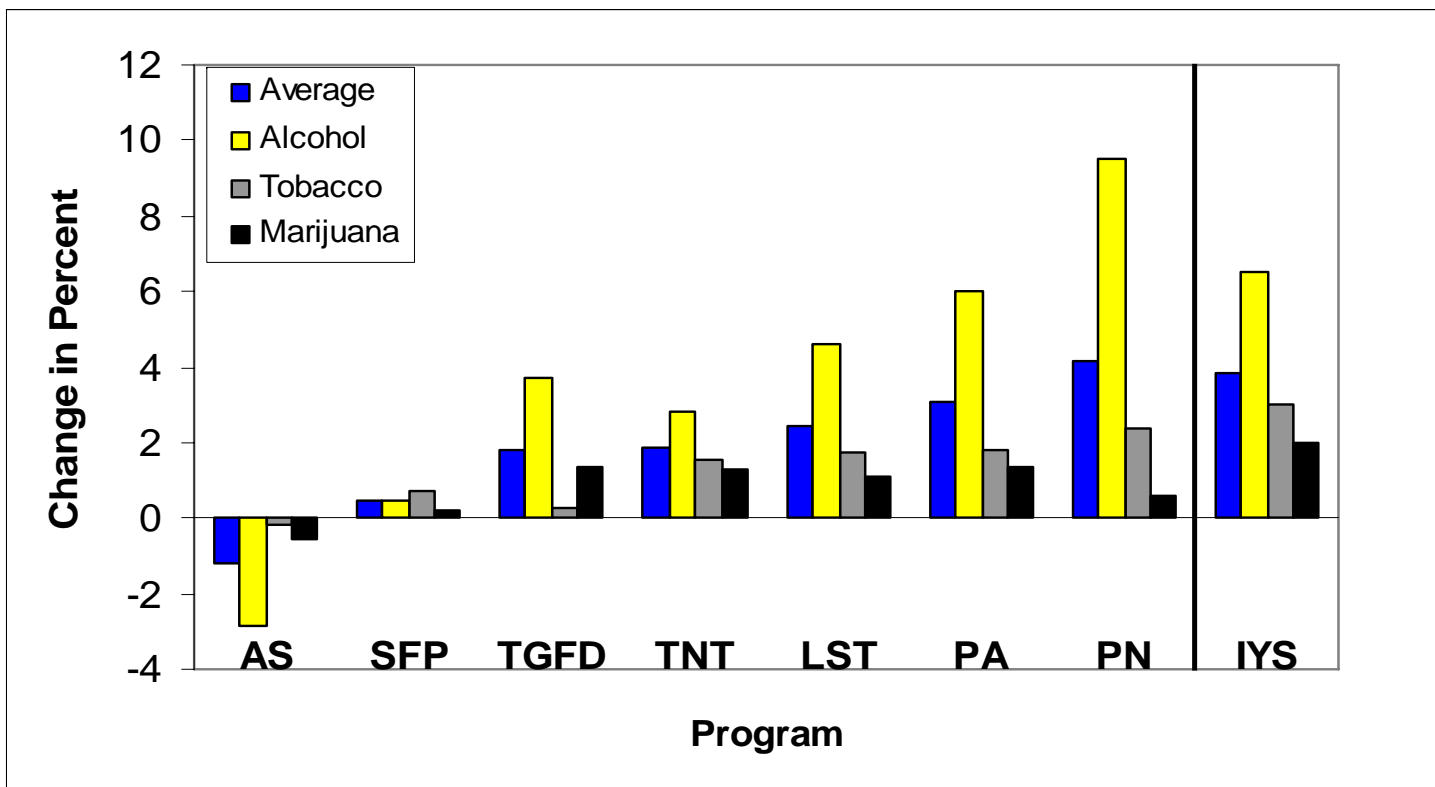
Percentage of Youth Reporting Past 30-day Use at the Pre-test and Change at Post-test: Middle-school Age Youth in Programs Longer than 30 Days										
Prevention Program	n	Median Number of Days	Median Age	Alcohol		Tobacco		Marijuana		Average Change
				Pre-test %	Change	Pre-test %	Change	Pre-test %	Change	
IYS ¹		365			+6.50		+3.00		+2.00	+3.83
SIG Total	10,315	253	14	14.41	+2.72	7.31	+1.21	5.02	+0.34	+1.42
AS	527	105	12	8.38	-2.86	2.68	-0.19	1.34	-0.58	-1.21
SFP	466	42	12	2.05	+0.45	2.76	+0.69	0.68	+0.23	+0.46
TGFD	384	65	13	5.59	+3.72	3.19	+0.27	1.33	+1.34	+1.78
TNT	853	373	13	7.10	+2.84	1.65	+1.54	0.48	+1.30	+1.89
LST	508	680	13	6.58	+4.60	2.38	+1.72	0.66	+1.10	+2.47
PA	4,307	371	13	6.51	+6.00	1.85	+1.80	1.00	+1.36	+3.05
PN	180	771	14	3.57	+9.53	0.60	+2.38	0.60	+0.59	+4.17

¹IYS entries indicate the yearly average change in 30-day use between all Iowa students in grades 6 and 8. Data were from the 2002 Iowa Youth Survey, State of Iowa report (p. 33-35).

Substance Abuse Prevention Program Key

AS	All Stars	LST	LifeSkills Training
SFP	Strengthening Families Program 10-14	PA	Project ALERT
TGFD	Too Good For Drugs	PN	Project Northland
TNT	Project Towards No Tobacco Use		

Figure 3. Change in Percent at Post-test: Middle-school Age Youth in Programs Longer than 30 Days



<u>Substance Abuse Prevention Program Key</u>			
AS	All Stars	LST	LifeSkills Training
SFP	Strengthening Families Program 10-14	PA	Project ALERT
TGFD	Too Good For Drugs	PN	Project Northland
TNT	Project Towards No Tobacco Use		

Figures 4 and 5 on pages 8 and 9 display the change in 30-day use reported by high school age youth who participated in programs less than 30 days in length. Almost all of the program-level percentages of change for alcohol, tobacco, and marijuana are lower than the IYS percentages. This shows us that in relation to the IYS data, these programs show less increase in alcohol, tobacco, marijuana, and average change across all substances. Project SUCCESS (PS) appears to be associated with reductions in alcohol, tobacco, and marijuana use more than the other programs that serve high school-age youth.

Figure 4. Change in Past 30 Day Use: High-school Age Youth in Programs Shorter than 30 Days

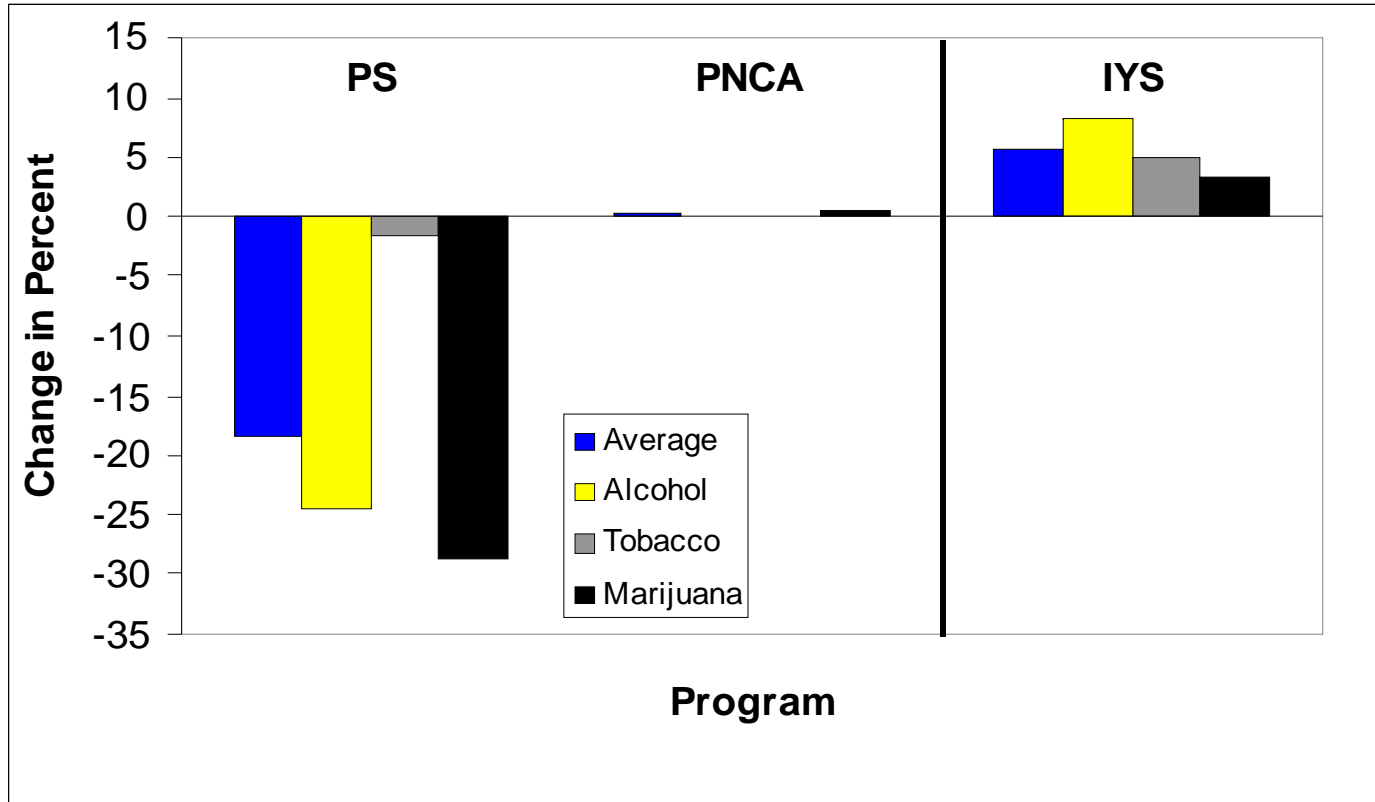
Percentage of Youth Reporting Past 30-day Use at the Pre-test and Change at Post-test: High-school Age Youth in Programs Shorter than 30 Days										
Prevention Program	n	Median Number of Days	Median Age	Alcohol		Tobacco		Marijuana		Average Change
				Pre-test %	Change	Pre-test %	Change	Pre-test %	Change	
IYS ¹		365			+8.33		+5.00		+3.33	+5.56
SIG Total	10,315	253	14	14.41	+2.72	7.31	+1.21	5.02	+0.34	+1.42
PS	176	10	16	55.65	-24.35	71.30	-1.73	55.65	-28.69	-18.26
PNCA	290	14	17	43.82	0	15.75	0	9.36	+0.38	+0.13

¹IYS entries indicate the yearly average change in 30-day use between all Iowa students in grades 8 and 11. Data were from the 2002 Iowa Youth Survey, State of Iowa report (p. 33-35).

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<u>Substance Abuse Prevention Program Key</u>	
PS	Project SUCCESS
PNCA	Project Northland Class Action

Figure 5. Change in Percent at Post-test: High-school Age Youth in Programs Shorter than 30 Days



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<u>Substance Abuse Prevention Program Key</u>	
PS	Project SUCCESS
PNCA	Project Northland Class Action

Figures 6 and 7 on pages 11 and 12 display the change in 30-day use reported by high school age youth who participated in programs that are longer than 30 days in length. Almost all of the program-level percentages of change for alcohol, tobacco, and marijuana are lower than the IYS percentages. This shows that in relation to the IYS data, these programs show less increase in the use of alcohol, tobacco, and marijuana, as well as less increase of average change across all substances. Project Toward No Drug Abuse (TND) appears to be associated with greater reductions in alcohol, tobacco, and marijuana use than the other programs.

Figure 6. Change in Past 30 Day Use: High-school Age Youth in Programs Longer than 30 Days

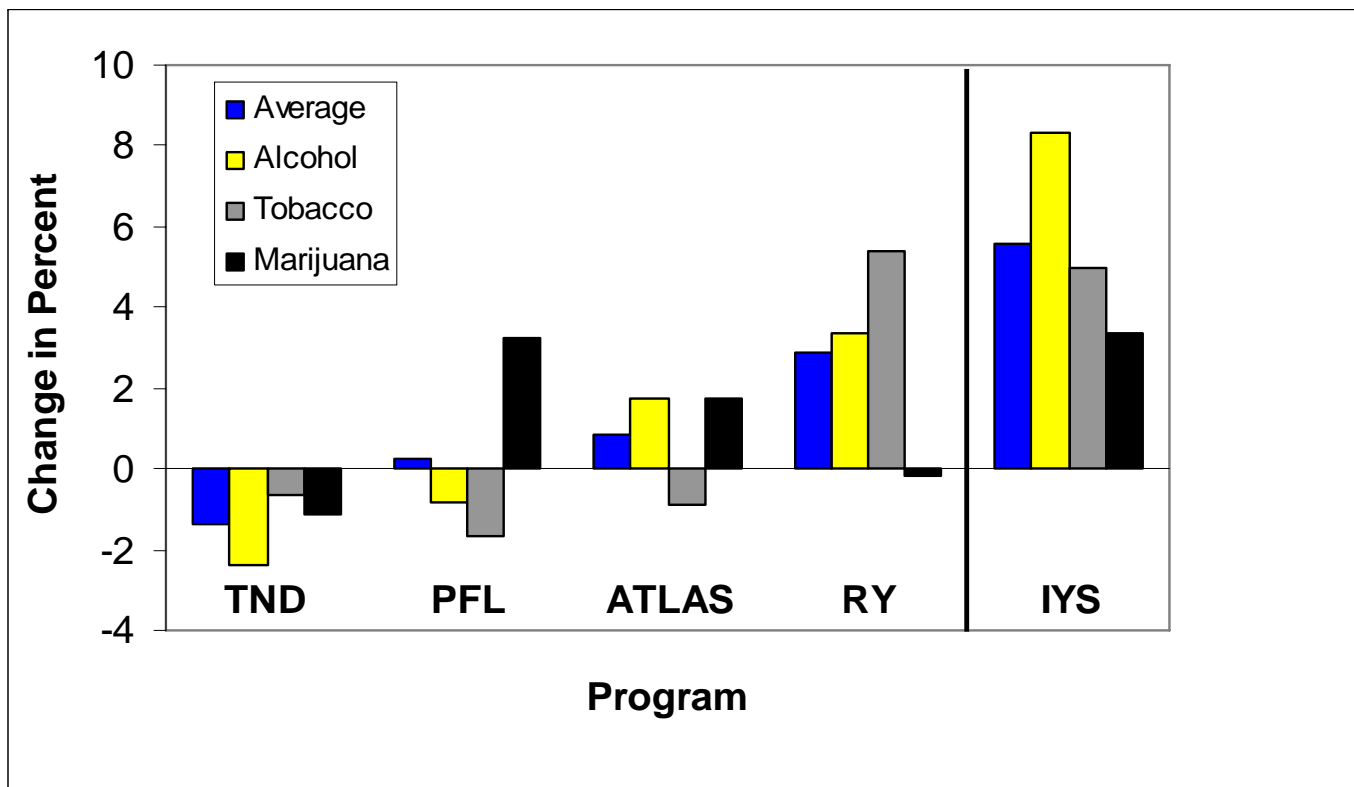
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Prevention Program	n	Median Number of Days	Median Age	Alcohol		Tobacco		Marijuana		Average Change
				Pre-test %	Change	Pre-test %	Change	Pre-test %	Change	
IYS ¹		365			+8.33		+5.00		+3.33	+5.56
SIG Total	10,315	253	14	14.41	+2.72	7.31	+1.21	5.02	+0.34	+1.42
TND	1,625	32	15	29.01	-2.37	13.60	-0.65	9.65	-1.15	-1.39
PFL	128	34	16	40.65	-0.81	25.41	-1.64	21.95	+3.25	+0.27
ATLAS	126	35	14	18.10	+1.73	4.31	-0.86	5.17	+1.73	+0.86
RY ²	615	118	15	46.15	+3.38	33.46	+5.39	25.66	-0.19	+2.86

¹IYS entries indicate the yearly average change in 30-day use between all Iowa students in grades 8 and 11. Data were from the 2002 Iowa Youth Survey, State of Iowa report (p. 33-35).
²This program served at-risk youth.

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<u>Substance Abuse Prevention Program Key</u>			
TND	Project Toward No Drug Abuse	ATLAS	Athletes Training and Learning to Avoid Steroids
PFL	Prime For Life Under 21	RY	Reconnecting Youth

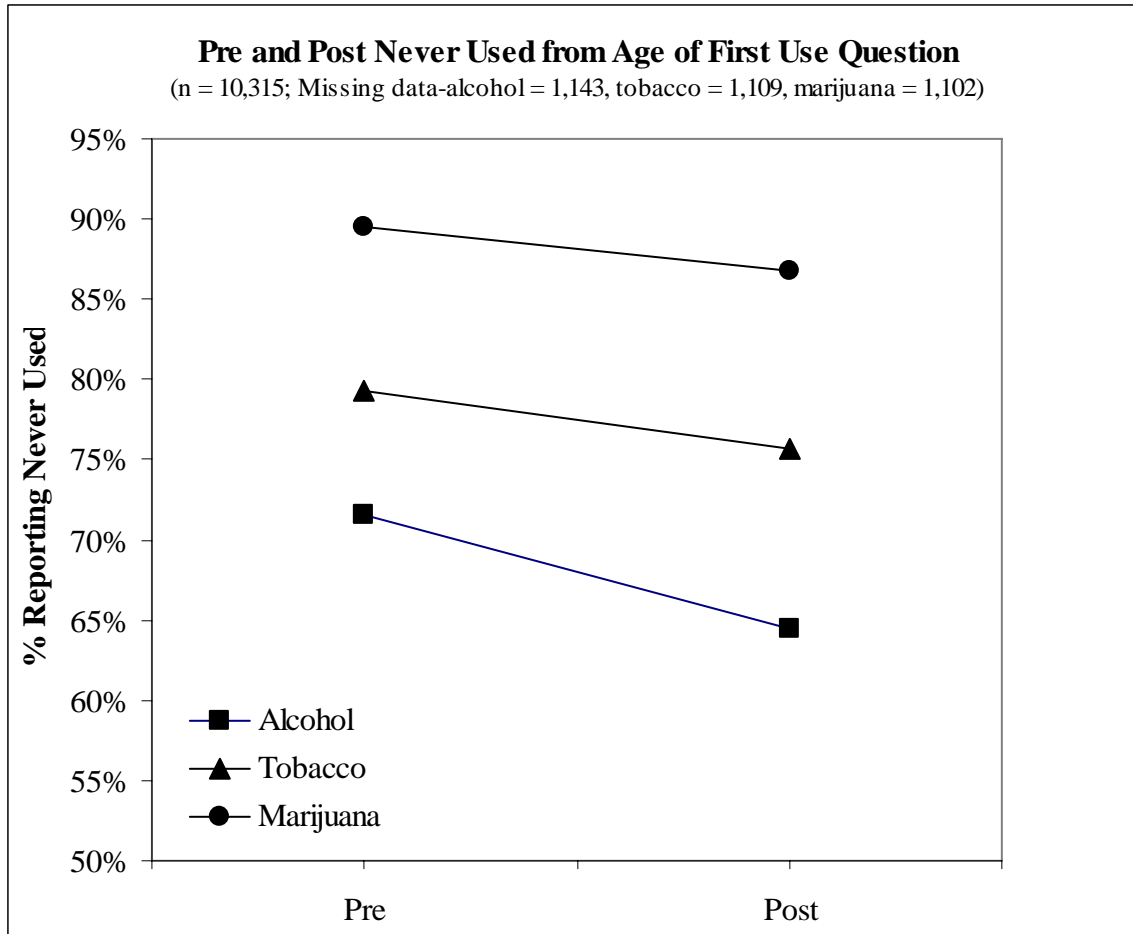
Figure 7. Change in Percent at Post-test: High-school Age Youth in Programs Longer than 30 Days



<u>Substance Abuse Prevention Program Key</u>			
TND	Project Toward No Drug Abuse	ATLAS	Athletes Training and Learning to Avoid Steroids
PFL	Prime For Life Under 21	RY	Reconnecting Youth

Figure 8 shows the percentage of youth who reported they had never used alcohol, tobacco, or marijuana at the pre-test and post-test. Approximately 72% of the youth reported at the pre-test and 65% reported at the post-test that they had never drunk alcohol in their life. Approximately 79% of the youth reported at the pre-test and 76% reported at the post-test that they had never smoked a cigarette in their life. Approximately 90% of the youth reported at the pre-test and 87% reported at the post-test that they had never used marijuana in their life.

Figure 8. Pre and Post Never Used



Of the youth who reported at the pre-test or post-test that they had used alcohol, tobacco, or marijuana at least one time in their life, the median age of first use of alcohol is 12 years, tobacco is 11 years, and marijuana is 13 years.

Figure 9. Age of First Use

	Alcohol		Tobacco		Marijuana	
	n	Median	n	Median	n	Median
Pre	2,783	12.0	2,050	11.0	1,068	13.0
Post	3,512	12.0	2,460	11.0	1,352	13.0

Figures 10, 11, and 12 on pages 14, 15, and 16 display the youths' attitude toward alcohol, tobacco, and marijuana use reported at the pre-test and post-test. As shown in these graphs, there are statistically significant differences in the youths' attitudes toward alcohol use ($p < 0.0001$), tobacco use ($p < 0.0001$), and marijuana use ($p < 0.0001$) from the pre-test to the post-test.

Figure 10. Pre and Post Attitude Toward Alcohol Use

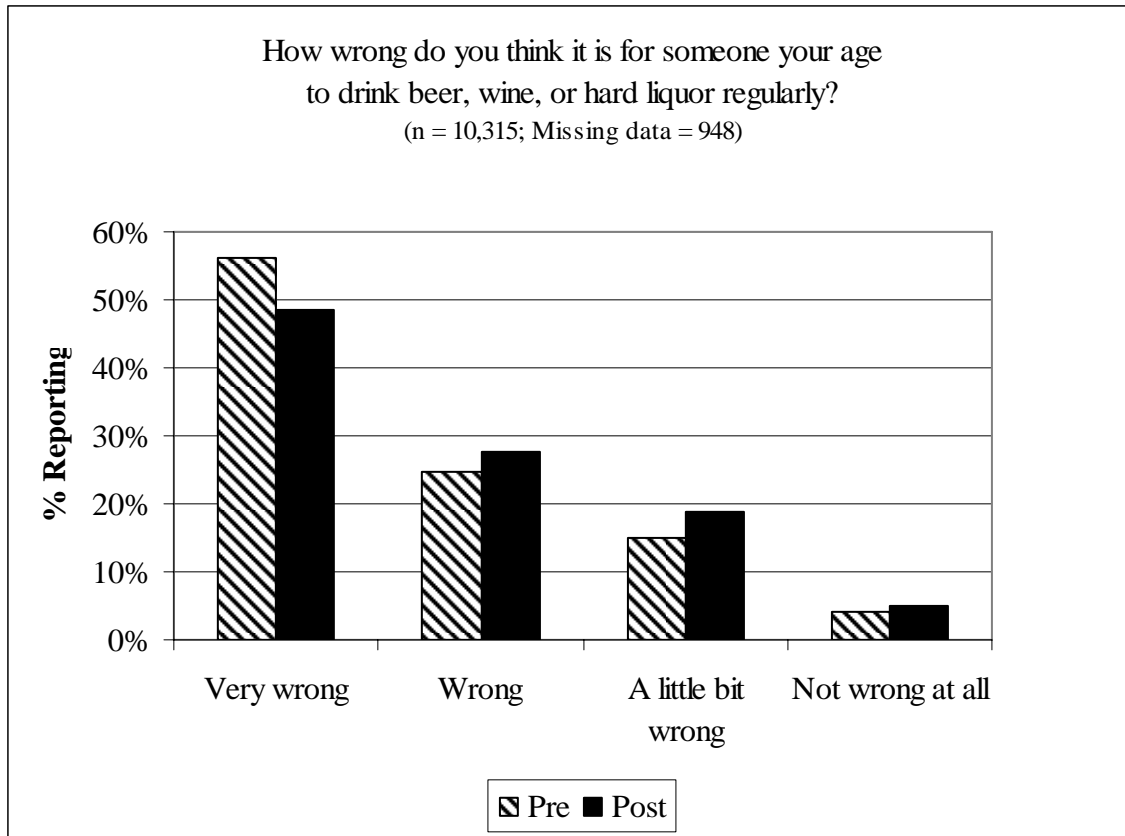


Figure 11. Pre and Post Attitude Toward Tobacco Use

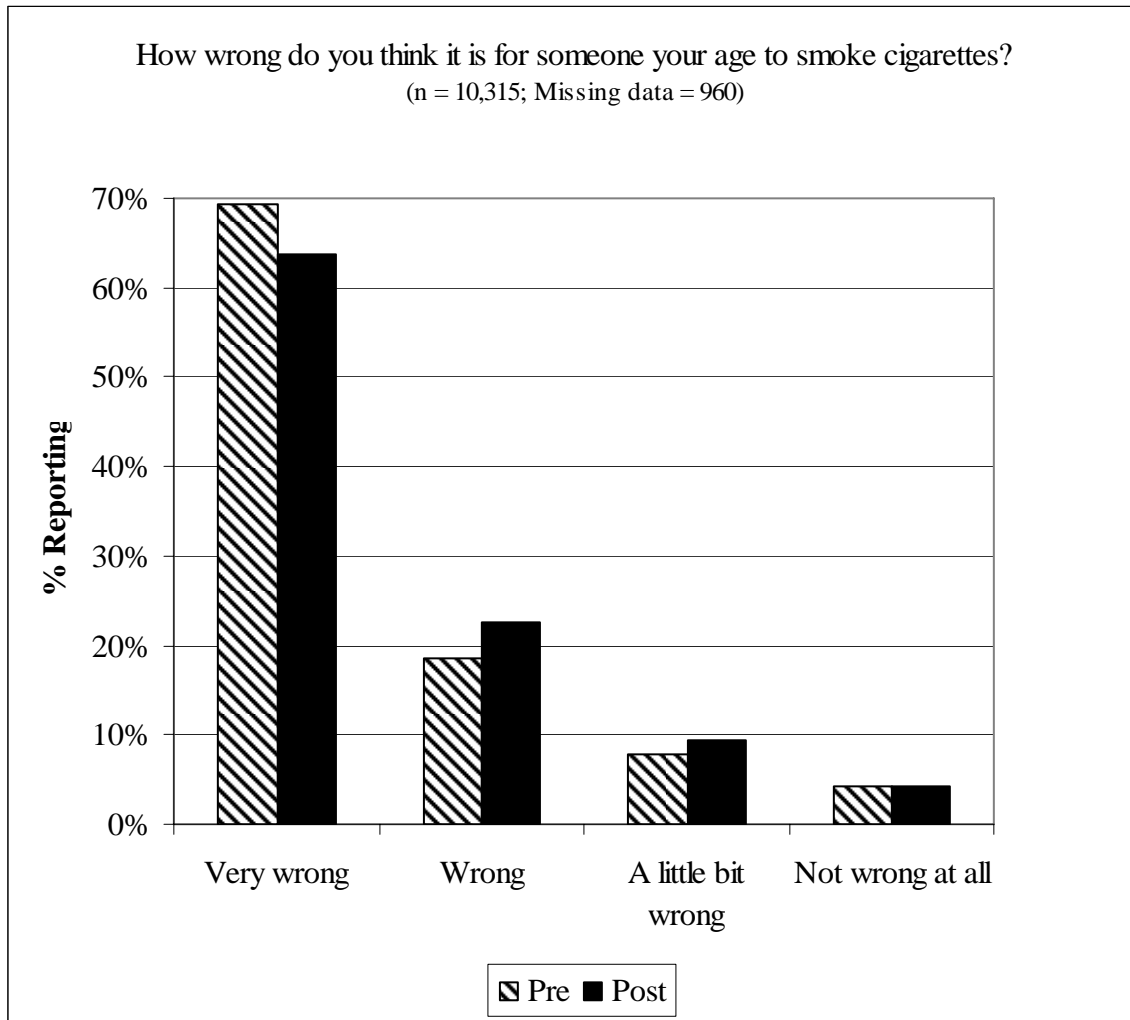
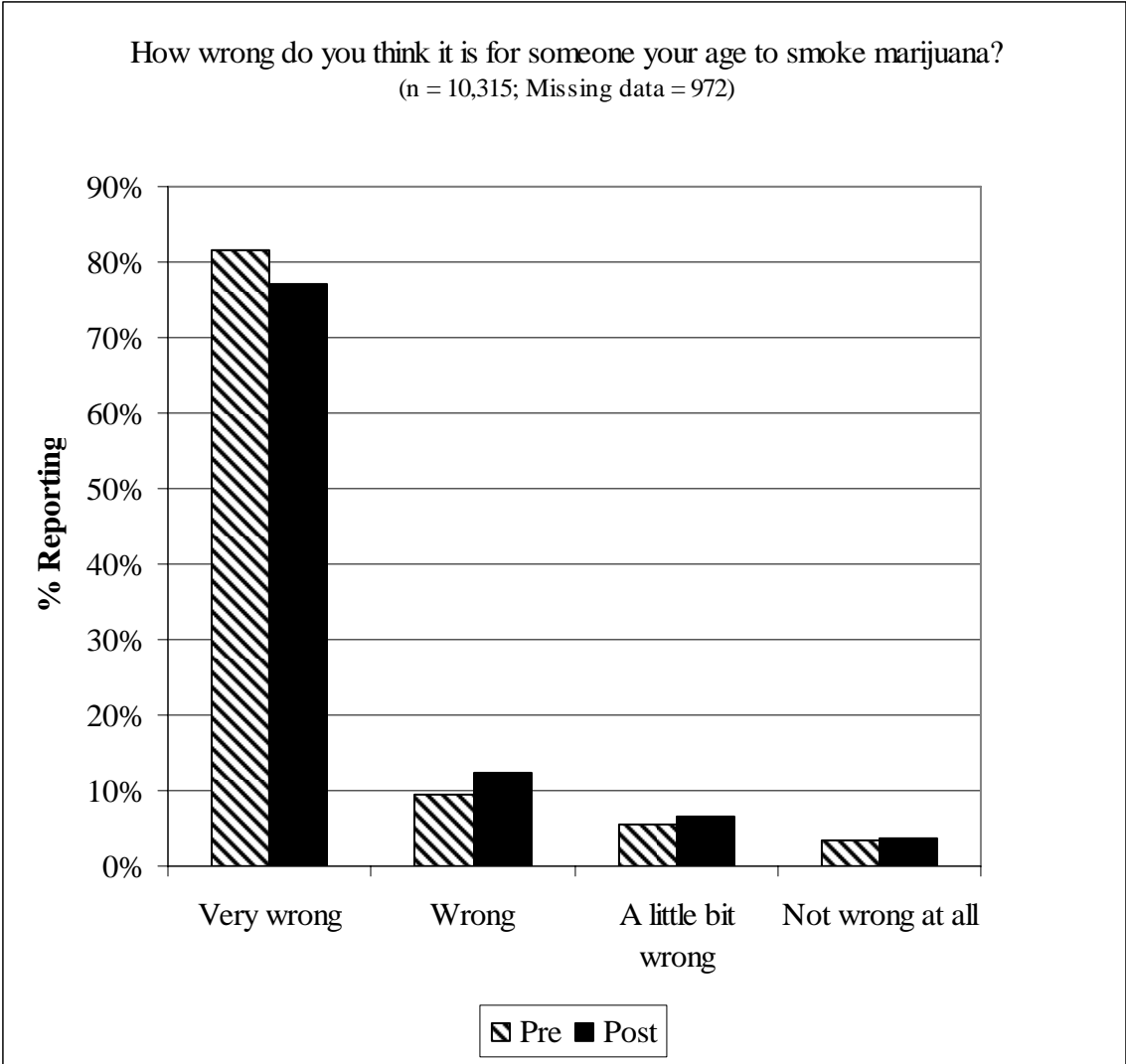


Figure 12. Pre and Post Attitude Toward Marijuana Use



Figures 13, 14, and 15 on pages 17, 18, and 19 display the youths' perceived risk of alcohol, tobacco, and marijuana use reported at the pre-test and post-test. As shown in these graphs, there is a statistically significant difference in the youths' perceived risk of alcohol use ($p < 0.0001$), but no significant difference in the perceived risk of tobacco use ($p = 0.2223$) or marijuana use ($p = 0.5910$) from the pre-test to the post-test.

Figure 13. Pre and Post Perceived Risk of Alcohol Use

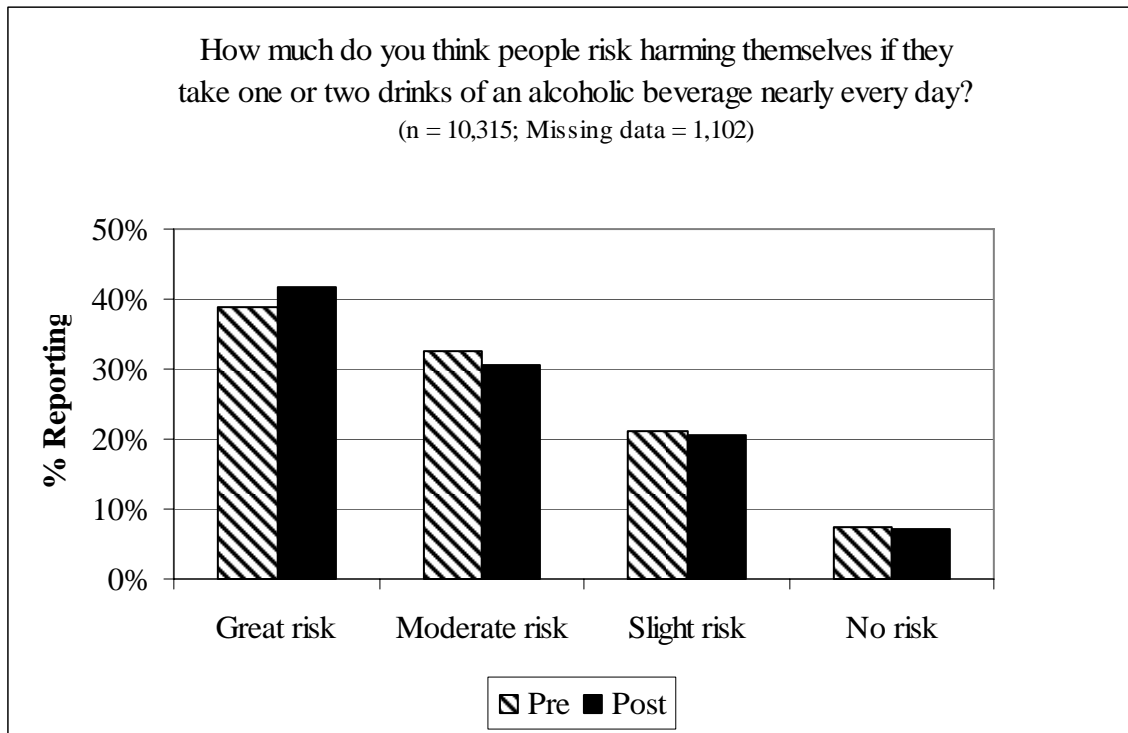


Figure 14. Pre and Post Perceived Risk of Tobacco Use

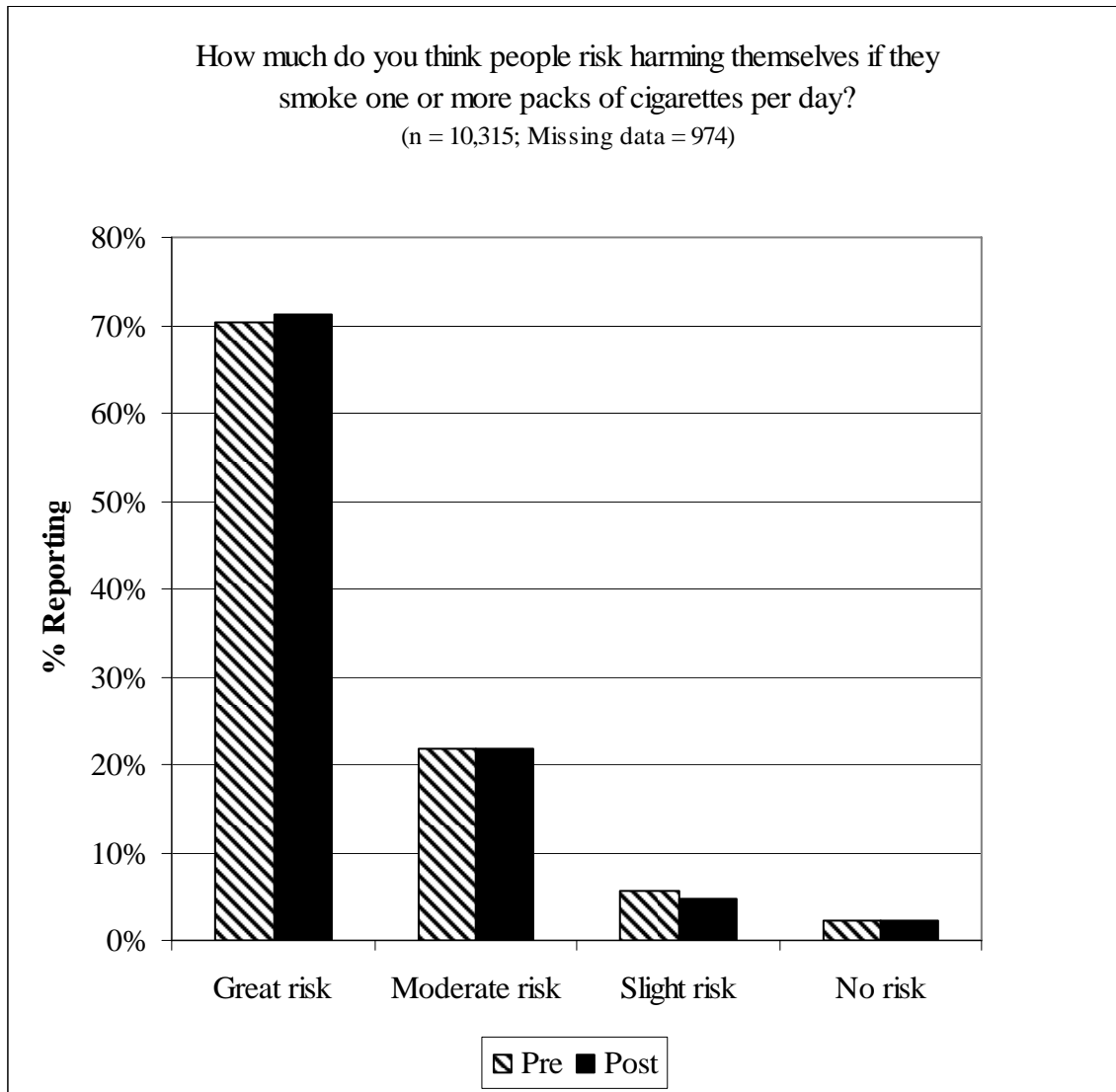
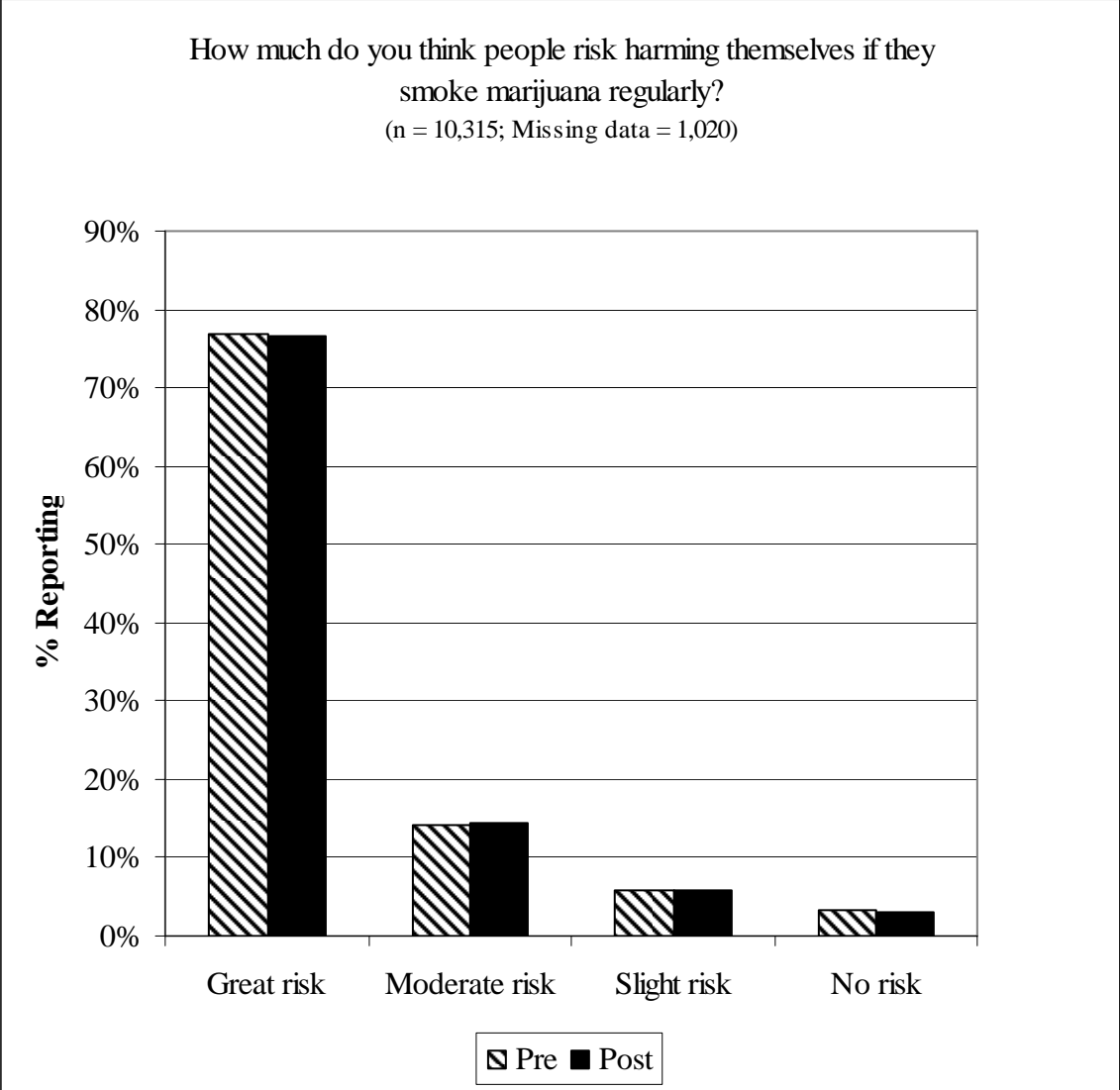


Figure 15. Pre and Post Perceived Risk of Marijuana Use



Figures 16, 17, 18, and 19 on pages 20, 21, and 22 display the youths' commitment not to use alcohol, tobacco, and marijuana and the commitment (by signing a pledge) not to use drugs at the pre-test and post-test. As shown in these graphs, there are statistically significant differences in the youths' commitment to not use alcohol ($p < 0.0001$), commitment to not use tobacco ($p < 0.0001$), commitment to not use marijuana ($p = 0.0021$), and commitment to not use drugs ($p < 0.0001$) from the pre-test to the post-test.

Figure 16. Pre and Post Commitment to Not Use Alcohol

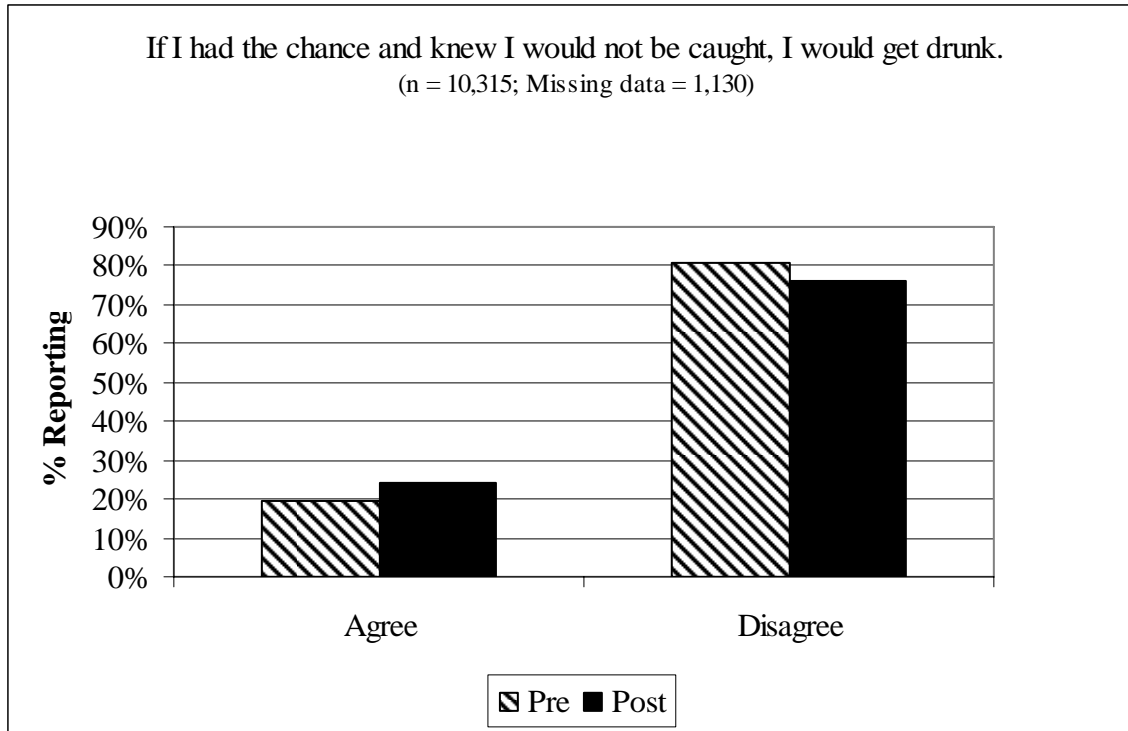


Figure 17. Pre and Post Commitment to Not Use Cigarettes

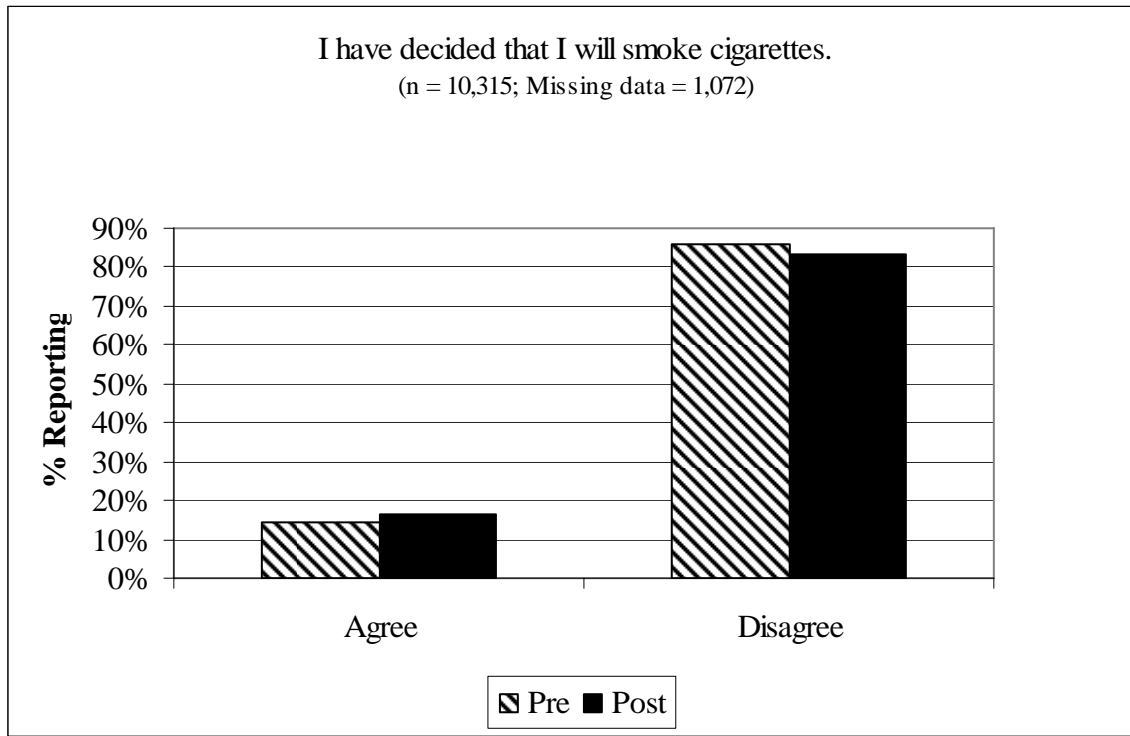


Figure 18. Pre and Post Commitment to Not Use Marijuana

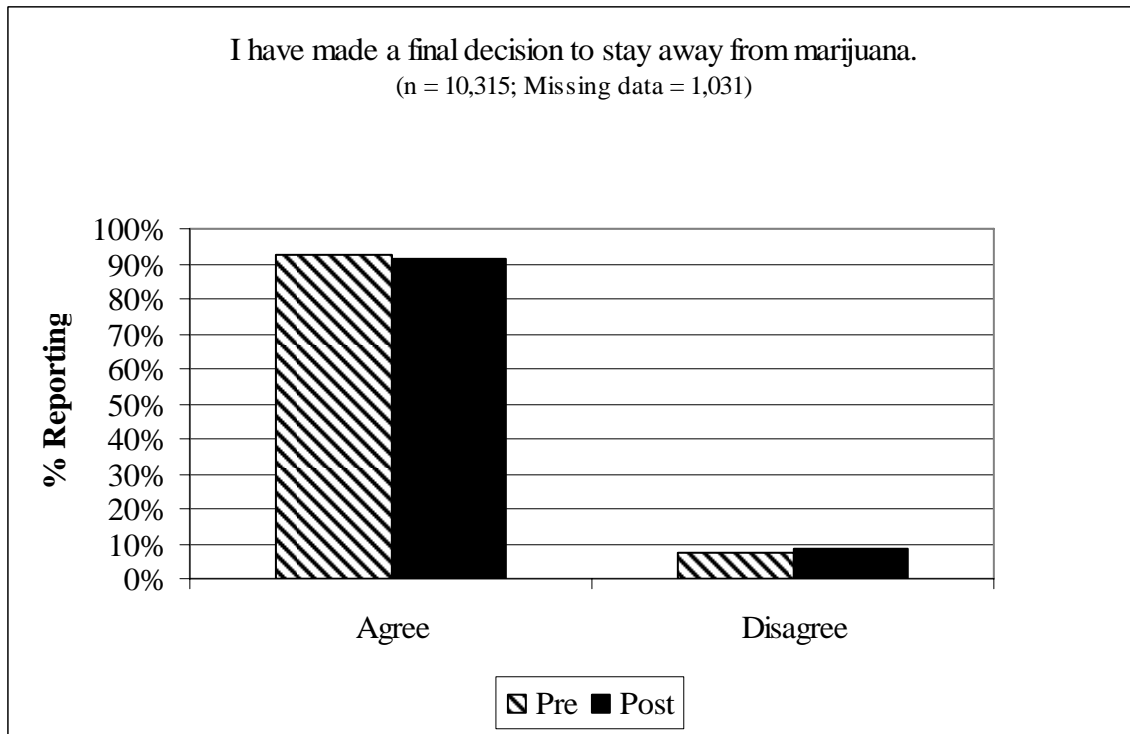


Figure 19. Pre and Post Commitment to Not Use Drugs

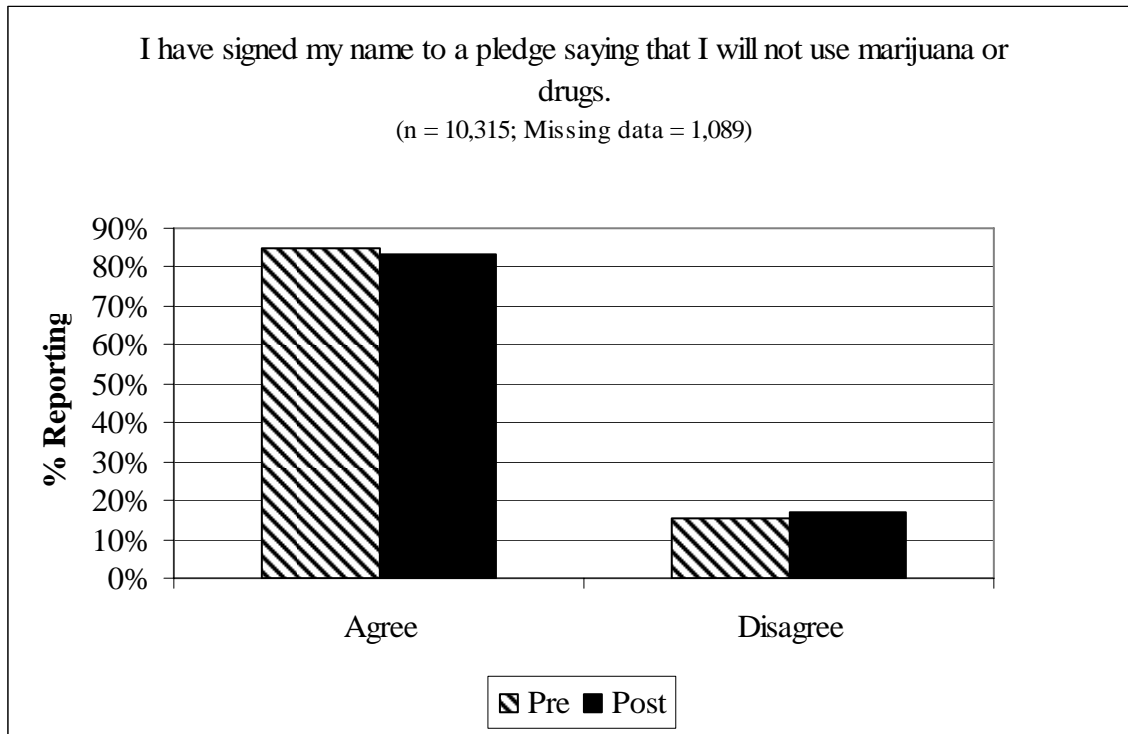


Figure 20 on the following page displays the program outcome variability for each program that was implemented by more than one subrecipient during the SIG project. Each circle on the graph represents the average change for one subrecipient. Outcomes were relatively stable across subrecipients for All Stars (AS) and Athletes Training and Learning to Avoid Steroids (ATLAS). Outcomes across most subrecipients that implemented LifeSkills Training (LST), Project ALERT (PA), and Project Northland (PN) were relatively stable, although a couple of subrecipients had dramatically different outcomes. Outcomes for Across Ages (AA), Project Toward No Drug Abuse (TND), Reconnecting Youth (RY), Strengthening Families Program 10-14 (SFP), Prime For Life Under 21(PFL), Project Northland Class Action (PNCA), and Project Towards No Tobacco Use (TNT) varied greatly among subrecipients.

B.2. Process Data

The process evaluation focused on documenting the implementation of project activities and the achievement of project goals and objectives. Process data collection activities involved document reviews, meeting minutes, quarterly subrecipient interviews, annual state-level key informant interviews, and attendance at Advisory Subcommittee, work group, and subrecipient meetings. This information has been analyzed and synthesized to provide valuable information regarding: prevention program implementation data; program implementation costs; statewide resource allocation; subrecipient process interviews; and state-level key informant interviews.

B.2.a. Substance Abuse Prevention Program Implementation Data

Figure 21 on pages 25 through 27 provides the following program-level data for each substance abuse prevention program implemented between January 2003 and January 2006: 1) the number of groups—including the number of community-based groups and the number of school-based groups; 2) the mean number of sessions per group; 3) the mean attendance per session; 4) the number of youth who completed the pre-test; 5) the number of youth who completed the post-test; 6) the median age of the youth who completed the pre-test; 7) the median age of the youth who completed the post-test; 8) the median grade of the youth who completed the pre-test; and 9) the median grade of the youth who completed the post-test. This table also provides the state-level data for all prevention programs implemented between January 2003 and January 2006. For the most part, these data were taken from attendance forms completed by the subrecipients after each program session. The median age and median grade of the youth who completed the pre-test and post-test were taken from pre- and post-tests completed by the program participants.

Figure 21. Substance Abuse Prevention Program Implementation Data

Substance Abuse Prevention Program Implementation Data									
Substance Abuse Prevention Program	Number of Groups (Community/School)	Mean Number of Sessions per Group (Min/Max)	Mean Attendance per Session (Min/Max)	Number of Youth Pre-tested	Number of Youth Post-tested	Median Age of Youth Pre-tested (Min/Max)	Median Age of Youth Post-tested (Min/Max)	Median Grade of Youth Pre-tested (Min/Max)	Median Grade of Youth Post-tested (Min/Max)
AA	6 (6/0)	59.7 (31/103)	3.5 (1/9)	38	21	12 (11/13)	13 (12/14)	6 (6/8)	7 (6/9)
AE	5 (0/5)	3.8 (3/4)	13.5 (8/23)	71	0	16 (15/18)	----	10 (10/12)	----
AS	Core Program (4/31)	35 (9/15)	12.8 (3/28)	603	489	12 (11/19)	12 (10/16)	7 (6/9)	7 (6/12)
	Booster Program (2/1)	3 (5/9)	7.3 (1/10)						
ATLAS	Core Program (0/7)	7 (6/11)	8.7 (5/53)	120	99	14 (13/18)	14 (13/18)	9 (8/12)	9 (8/12)
	Booster Program (0/1)	1 (5/5)	5.0 (29/29)						
FAST	7 (1/6)	18.1 (10/33)	9.5 (1/28)	49	21	11 (10/14)	12 (10/14)	6 (6/8)	7 (6/8)
LRP	1 (0/1)	9.0 (9/9)	7.4 (4/10)	10	0	17 (14/18)	----	12 (9/12)	----
LST	Core Program (1/118)	119 (8/19)	15.1 (2/50)	2,411	356	11 (10/14)	13 (11/19)	6 (6/8)	8 (6/10)
	Booster Program I (0/57)	57 (8/16)	10.0 (1/50)						
	Booster Program II (0/19)	19 (5/10)	6.3 (2/48)						

Substance Abuse Prevention Program Key

AA Across Ages

AS All Stars

FAST Families and Schools Together

LST LifeSkills Training

AE AlcoholEdu for High School

ATLAS Athletes Training and Learning to Avoid Steroids

LRP Leadership and Resiliency Program

Figure 21. Substance Abuse Prevention Program Implementation Data (continued)

Substance Abuse Prevention Program Implementation Data (continued)										
Substance Abuse Prevention Program		Number of Groups (Community/School)	Mean Number of Sessions per Group (Min/Max)	Mean Attendance per Session (Min/Max)	Number of Youth Pre-tested	Number of Youth Post-tested	Median Age of Youth Pre-tested (Min/Max)	Median Age of Youth Post-tested (Min/Max)	Median Grade of Youth Pre-tested (Min/Max)	Median Grade of Youth Post-tested (Min/Max)
PA	Core Program	330 (2/328)	11.6 (7/20)	20.4 (2/49)	6,794	4,213	12 (10/17)	13 (10/19)	7 (6/12)	8 (7/12)
	Booster Program	254 (0/254)	3.6 (2/8)	19.2 (3/32)						
PFL		10 (0/10)	9.3 (4/20)	18.0 (2/29)	139	106	15 (14/19)	16 (14/18)	10 (9/12)	10 (9/12)
PN	Slick Tracy Home Team Program	63 (5/58)	7.1 (3/11)	19.1 (3/43)	1,187	199	12 (10/14)	14 (12/17)	6 (6/8)	8 (8/10)
	Amazing Alternatives Program	34 (3/31)	8.0 (6/9)	17.5 (3/36)						
	PowerLines Program	12 (3/9)	9.5 (8/11)	16.7 (1/36)						
PNCA		20 (1/19)	10.2 (7/20)	15.5 (2/30)	326	287	17 (12/19)	17 (10/19)	11 (8/12)	11 (6/12)
PS		20 (16/4)	8.0 (7/14)	7.0 (2/18)	148	131	16 (14/18)	16 (10/18)	10 (8/12)	10 (8/12)
RSAP		3 (3/0)	8.0 (7/9)	12.1 (9/17)	40	34	15 (12/18)	15 (12/17)	10 (6/12)	10 (6/12)

Substance Abuse Prevention Program Key

PA	Project ALERT	PFL	Prime For Life Under 21
PN	Project Northland	PNCA	Project Northland Class Action
PS	Project SUCCESS	RSAP	Residential Student Assistance Program

Figure 21. Substance Abuse Prevention Program Implementation Data (continued)

Substance Abuse Prevention Program Implementation Data (continued)									
Substance Abuse Prevention Program	Number of Groups (Community/School)	Mean Number of Sessions per Group (Min/Max)	Mean Attendance per Session (Min/Max)	Number of Youth Pre-tested	Number of Youth Post-tested	Median Age of Youth Pre-tested (Min/Max)	Median Age of Youth Post-tested (Min/Max)	Median Grade of Youth Pre-tested (Min/Max)	Median Grade of Youth Post-tested (Min/Max)
RY	92 (0/92)	72.5 (30/105)	8.2 (1/21)	788	601	15 (13/19)	15 (13/19)	10 (7/12)	9 (8/12)
SFP	73 (43/30)	6.8 (5/8)	7.5 (1/23)	632	478	12 (10/18)	12 (10/16)	7 (6/12)	7 (6/11)
TEG	4 (2/2)	9.0 (8/10)	14.6 (3/27)	58	50	16 (10/18)	16 (12/18)	11 (8/12)	11 (8/12)
TGFD	22 (3/19)	11.9 (11/14)	21.9 (3/35)	435	366	12 (11/17)	13 (11/17)	7 (6/11)	7 (6/11)
TND	103 (26/77)	11.4 (4/14)	15.9 (1/29)	1,663	1,611	15 (10/19)	15 (10/19)	10 (6/12)	10 (6/12)
TNT	Core Program 55 (2/53)	10.1 (6/12)	21.1 (2/28)	1,142	863	12 (10/16)	13 (10/15)	6 (6/9)	7 (6/8)
	Booster Program 48 (0/48)	2.1 (2/4)	20.1 (1/35)						
All Programs	1,403 (123/1,280)	13.5 (2/105)	14.8 (1/53)	16,654	9,925	12 (10/19)	14 (10/19)	7 (6/12)	8 (6/12)

Substance Abuse Prevention Program Key

RY	Reconnecting Youth	SFP	Strengthening Families Program 10-14
TEG	Intervening With Teen Tobacco Users	TGFD	Too Good For Drugs
TND	Project Toward No Drug Abuse	TNT	Project Towards No Tobacco Use

B.2.b. Program Implementation Costs

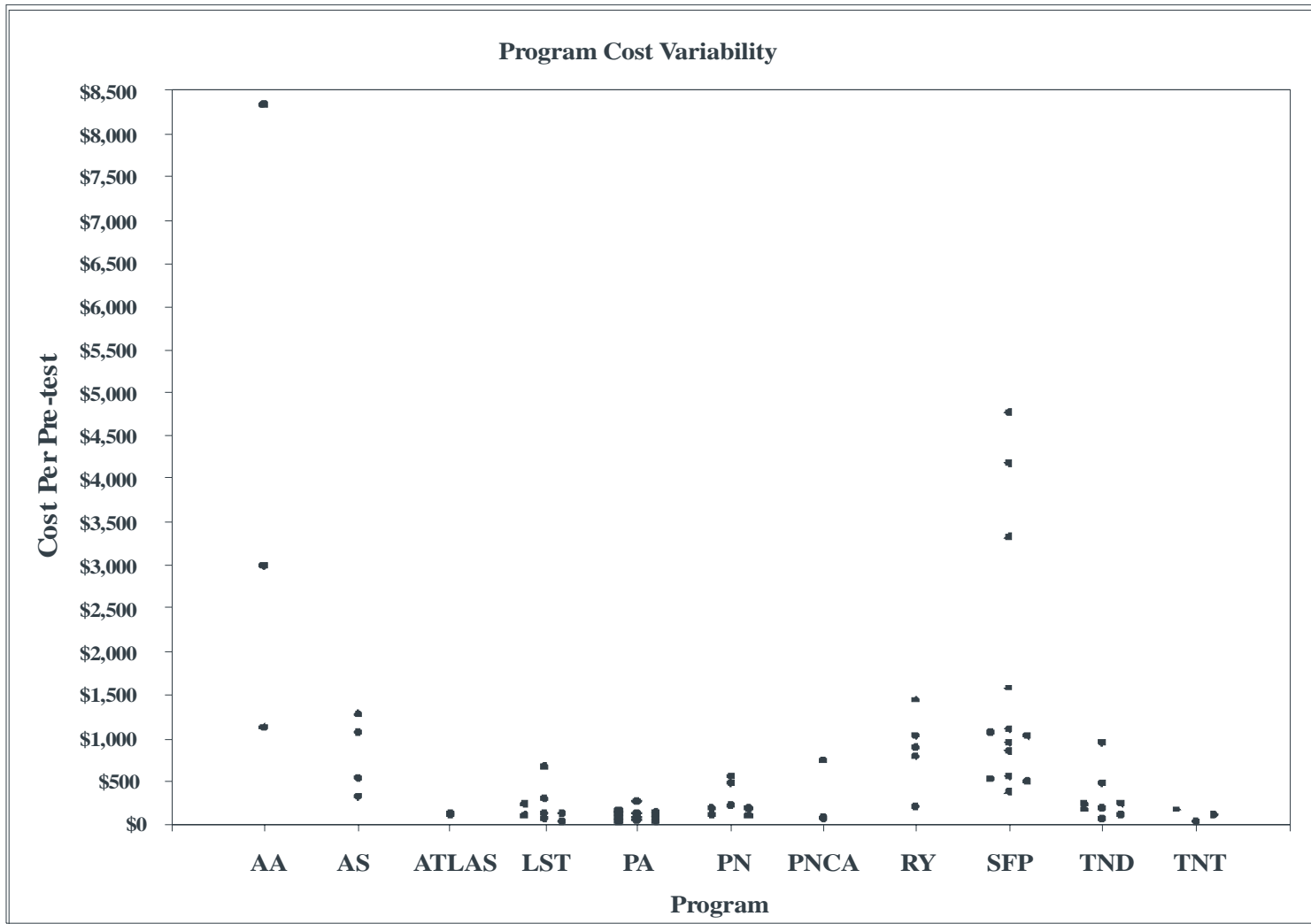
Figure 22. Program Expenses

Program Expenses				
Program	Number of Subrecipients	Mean	Min	Max
Project Towards No Tobacco Use (TNT)	3	\$71	\$32	\$166
Project Northland Class Action (PNCA)	3	\$77	\$55	\$736
Project ALERT (PA)	12	\$89	\$25	\$252
Athletes Training and Learning to Avoid Steroids (ATLAS)	2	\$108	\$105	\$115
LifeSkills Training (LST)	8	\$133	\$37	\$653
Project Toward No Drug Abuse (TND)	8	\$178	\$67	\$954
Project Northland (PN)	7	\$199	\$95	\$555
All Stars (AS)	4	\$442	\$321	\$1,276
Reconnecting Youth (RY)	5	\$818	\$198	\$1,436
Strengthening Families Program 10-14 (SFP)	13	\$839	\$361	\$4,773
Across Ages (AA)	3	\$3,817	\$1,119	\$8,339
Total	74	\$213	\$25	\$8,339
Notes: Creating Lasting Family Connections, Communities Mobilizing for Change on Alcohol, Prime For Life Under 21, and Intervening With Teen Tobacco Users are not included on this list because agencies either did not administer pre-tests or did not report any expenses for these programs. Alcohol Education for High School, Project SUCCESS, Residential Student Assistance Program, Too Good For Drugs, Leadership and Resiliency Program, and Families and Schools Together are not included because each of these programs was only implemented by one subrecipient.				

Using cost information from subrecipient annual report data, program expenses were calculated by dividing the sum of all expenses related to a particular program by the total number of pre-tests administered by the subrecipients for that program. The “Min” value is the lowest cost per pre-test, and the “Max” value is the highest cost per pre-test obtained by an agency for that program. As shown above, Project Towards No Tobacco Use was the least expensive program to implement and Across Ages was the most expensive. Analyses showed that the variation in costs was probably caused by differences between programs, and the variation between agencies had little effect on the cost to implement the programs.

Figure 23 on the following page displays the program cost variability for each program that was implemented by more than one subrecipient during the SIG project. Each circle on the table represents the cost per pre-test for one subrecipient. Costs per pre-test were relatively stable across subrecipients for Athletes Training and Learning to Avoid Steroids (ATLAS), LifeSkills Training (LST), Project ALERT (PA), Project Northland (PN), and Project Towards No Tobacco Use (TNT). Costs per pre-test were more varied across subrecipients for All Stars (AS), Project Northland Class Action (PNCA), Reconnecting Youth (RY), and Project Toward No Drug Abuse (TND). Costs per pre-test across most subrecipients for Strengthening Families Program 10-14 (SFP) were relatively stable, while a few subrecipients had dramatically higher costs per pre-test. Costs per pre-test for Across Ages varied greatly between subrecipients.

Figure 23. Program Cost Variability



B.2.c. Analysis of Statewide Resource Allocation

A goal of the SIG project was to affect statewide resource allocation by eliminating duplication of substance abuse prevention services and to address areas of need. The evaluation team examined state-level funding variations throughout the SIG project.

Substance abuse prevention resources at the state level are allocated across several agencies. Agencies receive funding from federal, state, and other sources, and often implement programs with funding from multiple sources. Federal funding made up approximately one-half of all prevention funding in FY 2001 and almost three-fourths by FY 2005. Two goals of the SIG project involved funding of prevention efforts. Both goals were largely achieved during the SIG project.

One goal involved leveraging and redirecting substance abuse prevention funds to fill gaps and needs in prevention efforts. Although funding streams were not streamlined, eliminated, or melded, state-level agencies took a creative approach and braided funding to maximize resources and eliminate duplication of services. One example is the creation of the Alliance Coalition for Change (AC4C), an alliance of substance abuse prevention community coalitions. This group brings together over forty community coalitions and six state agencies that often operate in isolation of one another. AC4C's mission is to unify Iowa substance abuse prevention coalitions to affect positive change in substance use. This group has implications for resource usage because a key aspect of the group is to network, share ideas and resources, and reduce duplication of services.

The second goal regarding funding streams and resource allocation was to eliminate duplicate substance abuse prevention services. Although the SIG Advisory Subcommittee members maintained that service duplication was minimal, the braiding of prevention funding involved a collaborative effort among agencies that eliminated duplicate substance abuse prevention services.

The SIG evaluation team reported substance abuse prevention funding stream changes from fiscal year to fiscal year as part of each SIG annual evaluation report. For the most part, the funding amounts used in this analysis were budgeted amounts reported in Iowa's Drug Control Strategy, an annual report published by the Governor's Office of Drug Control Policy. This report delineates funding type (federal, state, or other) by state agency. An analysis and observations about agency and program funding are outlined below.

Funding Analysis

Overall prevention funding levels remained relatively constant throughout the SIG project. In fiscal years where decreases in state and other funding were experienced, increases in federal funding made up the differences. Total prevention funding increased from FY 2001 to FY 2005 by more than \$400,000. The average yearly increase in total funding was \$105,729. State funding decreased from FY 2001 to FY 2005 by more than 2.06 million dollars, making the average yearly decrease \$515,152. State funding for prevention efforts decreased in large part due to state-level legislative action or budget cuts. Federal funding increased from FY 2001 to

FY 2005 by more than 5.85 million dollars, which lead to a substantial yearly average increase of \$1,463,547. The majority of new federal funds were for new programming in the Department of Education and the Iowa Department of Public Health, Division of Behavioral Health and Professional Licensure (formerly known as the Division of Health Promotion, Prevention, and Addictive Behaviors). Other funding decreased from FY 2001 to FY 2005 by more than 3.37 million dollars, making the average yearly decrease funding was \$842,667.

Agency and Program Funding

Note: As agencies became more adept at identifying and reporting their funding, their programs may have been re-coded as treatment or enforcement and adjudication programs instead of prevention programs. This re-coding could account for at least some of the reported funding change. Other funding changes may be due to moving programs between agencies.

State level agencies experienced an increase in overall funding, most of which was from federal sources between FY 2001 and FY 2005. These agencies were: 1) Iowa Department of Education; 2) Iowa Department of Public Defense, Iowa National Guard; 3) Iowa Department of Public Health, Division of Behavioral Health and Professional Licensure; and 4) Iowa State University. The Iowa Department of Public Health, Division of Behavioral Health and Professional Licensure experienced the largest increase in funding, with an increase of almost 5 million dollars from FY 2001 to FY 2005. This increase was largely due to federal funding for the State Incentive Grant program. The Iowa Department of Education had an increase in overall funding of almost 3.5 million dollars, largely due to federal funding for the Safe and Drug-Free Schools and Communities Prevention Grants.

These agencies experienced decreased funding levels from FY 2001 to FY 2005: 1) Governor's Offices of Drug Control Policy; 2) Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning; 3) Iowa Department of Public Health, Division of Tobacco Use Prevention and Control; 4) Iowa Department of Public Safety, Governor's Traffic Safety Bureau; 5) University of Iowa; and 6) University of Northern Iowa. The Iowa Department of Public Health, Division of Tobacco Use Prevention and Control had the largest drop in funding, with a decrease in other funding of over 3 million dollars between FY 2001 to FY 2005. The Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning had a decrease in overall funding of almost 2 million dollars. This decrease was due to state legislative cuts and federal reappropriations. The Governor's Office of Drug Control Policy had a decrease of almost 1 million dollars from FY 2001 to FY 2005 which was caused by a decrease in state and federal funding for four programs. Further, Iowa Department of Public Safety, State Patrol and Iowa Veterans Home, Commission of Veteran Affairs lost all state funding between FY 2001 and FY 2005.

The following programs began after FY 2001 and funding support continued as of FY 2005: 1) Project Safe Neighborhoods Gun Violence Prevention; 2) Community Service for Suspended and Expelled Students; 3) Safe and Drug-Free Schools and Communities Prevention Grants; 4) Midwest Counterdrug Training Center; 5) State Incentive Grant; 6) Methamphetamine Prevention; 7) Statewide Mentoring; and 8) Iowa State University Youth Program.

The following programs were discontinued, moved to another agency, re-coded as treatment or enforcement and adjudication, or lost the majority of funding between FY 2001 and FY 2005: 1) Drug Policy Coordination; 2) Iowa SAFE Community Program; 3) Methamphetamine Education; 4) Drug Abuse Resistance Education Program; 5) Success4; 6) Combating Underage Drinking; 7) Juvenile Justice and Delinquency Act Grant Program; 8) Iowa Starbase; 9) Reconnecting Youth/Methamphetamines; and 10) Substance Abuse Counseling and Alcoholism Prevention. Funding and activities for some of the eliminated programs were integrated into other initiatives.

The DARE program lost all state and federal funding between FY 2001 and FY 2005, but did have an increase in other funding. This decrease in state and federal funding reflects the national trend after DARE program evaluation results were released. The increase in other funding reflects the continued interest in the DARE program at the local level.

The Governor's Office of Drug Control Policy lost more than half of its prevention funding during the SIG project, but did receive a large Federal grant for a safe neighborhoods and gun violence prevention initiative. A drop in drug policy coordination funding (Governor's Office of Drug Control Policy) was offset by an increase in prevention coordination funding (Iowa Department of Public Health, Division of Behavioral Health and Professional Licensure).

Mentoring programs were implemented or had an increase in funding during the SIG project. This increase reflects the findings that mentoring is an effective method to reduce substance use, and to improve risk and protective factors. The amount spent for prevention activities at the three state universities decreased from FY 2001 to FY 2005. The universities moved some of their funding between programs to maximize the effectiveness of the reduced funding.

B.2.d. Subrecipient Process Interview Synthesis

Process interviews were conducted with subrecipients to collect qualitative data regarding SIG project implementation at the local level. The majority of interviews were conducted with one representative (generally, the contact person or project coordinator for the grant) from each of the subrecipient grantees. The other interviews were conducted with two or three subrecipient representatives. An average of twenty-seven subrecipient interviews were conducted each round, out of a possible twenty-eight. Scheduling difficulties were the reason that at least one representative from all of the subrecipients was not interviewed during all the process interview rounds.

Interview questions were developed by the evaluation team, with input from project staff. Subrecipients 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. All interviews were conducted by telephone and ranged from 10 to 70 minutes. Subrecipients were cooperative and provided constructive feedback regarding the progress of their local SIG projects.

The data yielded information on local-level experiences regarding: implementing model programs and environmental strategies; developing prevention infrastructure; and handling project barriers and successes. The cumulative results of the process interviews are analyzed

across local-level themes to provide information on all aspects of project implementation over the span of the five-year SIG project. A synthesis of the subrecipient process interviews follows.

Model Program Trainings

Training on model program delivery and implementation was required to help maximize fidelity to the model programs. IDPH required that subrecipient staff be trained before implementing the programming. Each model program had different training requirements: training time ranged in duration from a couple of hours to four days and ranged in cost from free of charge to several hundred dollars. Most of the program trainings were scheduled, arranged, and funded at the local level. Some subrecipients worked together to organize trainings, share costs, and provide the required minimum number of trainees. IDPH used SIG funds to sponsor or support seven model program trainings—LifeSkills Training, Project Northland, Reconnecting Youth, and Communities Mobilizing for Change on Alcohol that were well attended by subrecipient staff. Most subrecipient sites needed staff training while other sites had trained and experienced staff already on board.

Model program trainings took place throughout the SIG project with the majority held during the first year. Other trainings were scattered throughout the latter years of the project to train new staff, to update staff on new program components, or to train staff to implement the second or third year of a multi-year program. Overall, subrecipients felt that the trainings provided the necessary information to successfully implement the programs. Much of this is attributed to the interactive and hands-on nature of the trainings.

Subrecipient Meetings

IDPH (project) staff scheduled subrecipient meetings that were held via conference call or the Iowa Communication Network (ICN). These meetings provided networking and communication opportunities among the subrecipients to discuss model programs, coalitions, and diversity. Meetings were held more frequently at the beginning of the project, and almost no meetings were held during the final years of the project. Almost every respondent participated in at least one subrecipient meeting during the SIG project.

The subrecipient meetings were an effective way to share ideas, problem-solve, and develop relationships among subrecipient staff, project staff, and the evaluation team. Subrecipients felt that the meetings: 1) provided networking opportunities; 2) provided opportunities to share information and ideas; 3) allowed participants to discuss successes and barriers encountered during program implementation; 4) allowed participants to receive feedback about their ideas and plans; and 5) allowed participants to share the lessons they learned during program implementation.

Many subrecipients stated that they preferred to meet more regularly and that in-person meetings, interspersed with the conference calls, would have facilitated more networking opportunities among subrecipient sites. The frequency of subrecipient meetings decreased during the SIG project, possibly due to a decrease in state-level project staff time dedicated to the SIG project.

A major barrier to subrecipient meetings was scheduling conflicts. Interview respondents requested that meetings be scheduled as far in advance as possible. Project staff incorporated this suggestion into subsequent meetings by discussing and scheduling the next meeting at the close of the current meeting. To maximize inclusiveness, subrecipients suggested that conference calls be scheduled first thing in the morning or late afternoon to make it easier for school personnel to participate. Another issue was technical difficulties with the ICN system for those meetings held via ICN. This issue affected all subrecipients as one meeting was interrupted frequently by system-wide ICN difficulties.

Prevention Program Implementation

Twenty-one distinct research-based prevention programs were implemented during the SIG project. Sites were required to submit applications for SIG funds through a request for proposal (RFP) process. As part of the RFP, applicants were required to identify prevention needs in their service area. The funded subrecipients then selected programs that best addressed the needs of their service area from a list of model programs provided by project staff. The model programs list was created by selecting appropriate programs from the SAMHSA website for the SIG project based on the program descriptions, intended population, and participant benefits. A couple of model and effective programs that were not on the initial list were approved by project staff upon justification from the subrecipient. Program implementation began in January 2003 and concluded in January 2006.

The number of programs implemented varied by subrecipient and ranged from one to five programs. The programs differed in many ways including: 1) implementation cost; 2) duration (ranged from 2 sessions to 105 sessions); 3) intensity (sessions held daily, bi-weekly, or weekly); 4) age of youth served; 5) location of implementation (community or school setting); and 6) Institute of Medicine (IOM) classifications of audience appropriateness. The programs selected for implementation had an impact on the number of youth served based on the various characteristics of the program e.g. cost, duration, age, etc. For example, eight subrecipients collected over one thousand matched pre-tests and post-tests during the course of the SIG project, and three subrecipients collected less than one hundred matched pre-tests and post-tests. The programs implemented by the most subrecipients include Project ALERT, LifeSkills Training, and Strengthening Families Program 10-14.

A summary of the subrecipient responses regarding all aspects of the prevention programming implemented during the SIG project follows.

Prevention Program Effectiveness

Respondents identified Project ALERT as the most effective program. Some respondents had difficulty comparing programs or selecting the most effective program because they implemented only one program or the programs had very different target populations. Figure 24 shows the most and least effective programs as reported by the respondents.

Figure 24. Programs Selected as Most and Least Effective at Preventing Youth ATOD Use

Programs Selected as Most and Least Effective at Preventing Youth ATOD Use			
Most Effective	Number of Respondents	Least Effective	Number of Respondents
Project ALERT	6	Project Toward No Drug Abuse	5
Project Northland	4	Communities Mobilizing for Change on Alcohol	4
LifeSkills Training	3	Strengthening Families Program 10-14	3
Communities Mobilizing for Change on Alcohol	3	Project Northland	2
All Stars	2	Reconnecting Youth	2
Strengthening Families Program 10-14	1	LifeSkills Training	1
Across Ages	1	Across Ages	1
Project Northland - Class Action	1	Project Northland - Class Action	1
Project Towards No Tobacco Use	1	Project Towards No Tobacco Use	1
Too Good For Drugs	1	Leadership and Resiliency Program	1

There were a variety of reasons why programs were selected as the most or least effective. Effective programs were described as: 1) very interactive; 2) very comprehensive; 3) showed positive results; and 4) facilitated community collaboration. Programs that were least effective were characterized as: 1) expensive; 2) inappropriate for the target population; 3) too difficult to implement; and 4) inadequate outcome results.

Outcome data showed that All Stars, Project Success, and Project Toward No Drug Abuse were the most effective programs at reducing alcohol, tobacco, and marijuana use, as reported on 30-day use questions. Project Northland, Project Northland Class Action, and Reconnecting Youth appeared to be the least effective programs, as reported on 30-day use questions (See pages 5-12 for the full graphs and tables). The differences between results from subrecipient process interviews and outcome data are probably due to a difference in how effectiveness was defined by each of the subrecipients and the evaluation team.

Sustaining/Institutionalizing the Prevention Programs

One of the goals of the SIG project was to develop plans to sustain prevention programming after SIG funding ended. Subrecipients were required to develop and maintain sustainability action plans as part of the application process and progress reporting. The evaluation team asked subrecipients about progress related to the sustainability plans throughout the course of the project. As the SIG project progressed, more respondents stated that the programs would be sustained. Almost all of the respondents made plans to institutionalize the programs in the schools and community after the end of the SIG project. More than three-fifths of the respondents stated that school staff, agency staff, or community members were trained to implement the programs and were going to continue implementing them after the end of the SIG project. According to the subrecipients, support for the programs came from at least one of the following sources: 1) Federal grants such as a Drug-Free Communities or Drug-Free Schools; 2) local funding; 3) the school system; 4) block grant funds/Comprehensive Prevention project; 5) state appropriated funds; and 6) private donations. By the end of the project period, almost every respondent reported that at least one program would be continued after the SIG project.

Environmental Strategies

IDPH staff encouraged subrecipients to implement environmental strategies throughout the SIG project and included Communities Mobilizing for Change on Alcohol (CMCA) on the list of approved model programs. Approximately one-fourth of the subrecipients implemented CMCA activities. Almost all of the respondents reported implementing at least one environmental strategy during the course of the SIG project. Every subrecipient that implemented an environmental strategy felt that the activities had a positive effect at the local level, such as increased community awareness of youth alcohol issues or new local tobacco or alcohol policies. Subrecipients involved youth in the implementation of almost all of their environmental strategies.

Subrecipients implemented a variety of environmental activities, which are characterized as three types of strategies: information dissemination, policy change, and other activities. Approximately one-half of the environmental strategies implemented during the SIG project involved information dissemination. Information dissemination strategies involved media campaigns using radio, television, and print media to increase community awareness of youth alcohol use. Media time and space was either purchased using SIG funds or was donated by the media organization. Other popular strategies were submitting letters to the editor of local newspapers, and doing interviews with local radio and newspaper outlets. Information booths were used to disseminate information at local community events such as county fairs, high school registration, community days, and health fairs. The booths were used to distribute information about youth alcohol use, illegal drug use by youth, and information about their coalition or prevention agency.

Another information dissemination strategy involved training retail businesses for tobacco, alcohol, and methamphetamine precursors. Subrecipients trained local retailers regarding product placement, checking IDs, and other ways to reduce youth substance use.

Some respondents implemented alcohol awareness campaigns during homecoming, prom, and graduation. Alcohol awareness messages were placed in corsage boxes, and yard signs were distributed to parents who had agreed to host alcohol-free graduation parties. Respondents reported that the information dissemination strategies raised community awareness of ATOD issues. Some subrecipients had increases in coalition membership after implementing information dissemination strategies.

Policy change environmental strategies were implemented at the state and local levels. Statewide policy change initiatives resulted in proposed legislation to: require keg registration; increase the alcohol tax; and increase the cigarette tax. None of the legislation passed the state legislature, but some subrecipients continue to work toward statewide policy change. Local policy change strategies included city ordinances to ban drink specials, countywide keg registration, no smoking policies on school grounds, and no smoking policies on hospital campuses. Several communities now have county-wide keg registration, drink special bans or limits, and no smoking policies for schools or hospitals. Policy change strategies also helped to strengthen coalitions by recruiting new members and by increasing the involvement of members in coalition activities.

Other kinds of environmental strategies implemented during the SIG project include the distribution of “Iowa Meth Watch” kits to local retailers. The “Iowa Meth Watch” kits are educational packets about methamphetamine and are targeted to retailers that sell methamphetamine precursors. The kits include information about methamphetamine use and how precursors are frequently obtained. The kits also include decals for retail staff to place near the precursors to deter people from purchasing or stealing the products to make methamphetamine. Some subrecipients partnered with local law enforcement to conduct alcohol and tobacco compliance checks. Some subrecipients conducted one-on-one interviews and formed action teams based on the Communities Mobilizing for Change on Alcohol framework.

Staffing

Most of the subrecipients had a project coordinator position that was responsible for the SIG program implementation. The coordinator was responsible for: planning and scheduling program implementations; overseeing and/or implementing model programs; completing all reporting and evaluation requirements; attending coalition meetings and providing project updates to the coalition; coordinating environmental strategies; and coalition capacity building. The majority of subrecipients also had a director/prevention supervisor who was responsible for overseeing the project and supervising project staff; prevention specialists/program providers responsible for implementing model programs; and a data manager responsible for outcome data entry.

Coalition

Coalition involvement at the local level was a requirement of IDPH as part of the SIG application. As part of the SIG application process, subrecipient agencies were required to partner with an existing coalition that had been active for at least six months and had representation from fourteen community sectors as identified in the RFP. A couple of coalitions

applied because they agreed to serve as their own fiscal agent. The evaluation team asked questions about coalition involvement, communication, capacity building, and sustainability to gauge how effective coalitions were in the SIG project. The majority of respondents reported that their coalition played an active role in the planning and implementation of model programs and SIG activities. A couple of subrecipients did not work with their coalitions as much as they had planned, due to capacity issues.

Almost all of the subrecipients established communication and engaged coalition members in SIG activities. The subrecipients educated their coalitions by providing project updates during coalition meetings or via e-mail. These updates included: presentations about the programs, including sample lessons and anticipated outcomes; program implementation locations; the number of youth being served in each program; and sharing implementation successes or barriers. Some subrecipients shared their SIG logic model and program workbooks with coalition members. Throughout the course of the project, several subrecipients had youth participants tell the coalitions about their SIG program experiences.

Subrecipients employed several methods to increase coalition capacity including: 1) establishing strong lines of communication; 2) increasing community awareness of the coalition; 3) recruiting new members; 4) increasing youth involvement; 5) providing substance abuse prevention and leadership trainings; 6) re-organizing; 7) applying for or receiving additional grants or local funds; and 7) obtaining SAFE (a community mobilization process coordinated by IDPH) certification. Subrecipients increased community awareness by using local media outlets. Examples of ways media outlets were used to increase community awareness include: coalition members wrote articles or letters to the editor for the local newspaper, staff spoke on the local radio station about the coalition, and the coalition paid for advertisements on television. Subrecipients held community meetings that were co-sponsored or supported by the coalition. Coalition members also helped operate information booths at community events such as health fairs and county fairs. Subrecipient staff and coalition members distributed informational packets about the coalition to parents, local businesses, and government offices.

The majority of subrecipients recruited new coalition members, targeting community sectors that lacked representation on the coalition. Many of the subrecipients increased youth involvement in the coalition by recruiting youth members, creating youth subcommittees or advisory groups, or partnering with existing youth organizations. Coalition members participated in trainings, such as model program trainings, substance abuse prevention trainings, and leadership trainings to build capacity. Some coalitions were reorganized to improve performance by creating a more engaged and cohesive group. The majority of subrecipients worked to sustain coalition activities by: applying for or receiving at least one grant; conducting local fundraising activities; and working on the SAFE certification or recertification process.

SIG Project Successes and Barriers

Project successes and barriers were encountered by subrecipients throughout the SIG project. Successes and barriers ranged in duration from one-time occurrences to ongoing issues that had varied effects on SIG activities. A discussion of the project successes and barriers are included in the following sections.

Project Successes

Project successes at the local level had a long lasting value-added impact on the communities. Many of the successes are directly related to infrastructure development and capacity-building within the service areas. The successes, in a large part, resulted in sustaining prevention activities after SIG funding ended. The most common successes include: 1) networking at the state and local levels; 2) building awareness through environmental strategies; 3) maintaining local level support of activities; 4) benefiting youth; and 5) changing school and community norms.

Networking: Many subrecipients developed new partnerships with school personnel, religious organizations, community leaders, and community members as a result of the programming implemented during the SIG project. Subrecipients also strengthened existing relationships with the coalition during the project. Partnership development helped subrecipients implement more programming in a wider variety of settings.

Networking occurred among subrecipients at state conferences and project meetings, which allowed them to share programming ideas and resources. Most of the networking began during subrecipient meetings and evolved during meetings and personal communication between subrecipients. Strong relationship building led to subrecipients working together on statewide environmental strategies. Subrecipients also networked at statewide meetings like the Prevention Symposium and Governor's Conference on Substance Abuse.

Environmental Strategies: Several subrecipients attribute success to the environmental strategies employed. Most of the environmental strategies successes were realized toward the end of the project due to the lengthy processes involved in implementing them and determining the impact. Some subrecipients were able to increase community awareness of youth ATOD issues through the implementation of information dissemination environmental strategies. For example, subrecipients who worked to promote alcohol-free graduation parties reported that more and more parents each year signed up to host alcohol-free graduation parties. Other subrecipients were successful at changing or creating a new local policy. Examples of local policy change successes include: 1) local keg registration; 2) drink special bans; and 3) the adoption of no smoking policies.

Local Level Support: Many subrecipients were successful at obtaining and maintaining local support for the SIG activities. Examples of this community support include: 1) community groups and vendors donating incentives and meals; 2) community members volunteering to help implement programs; 3) school administrators helping to implement the prevention programming in additional schools; and 4) school personnel providing support and disciplining participants as necessary. This support enabled some subrecipients to expand their prevention programming into additional classrooms or new schools. This support played a role in sustaining and institutionalizing the programming for several subrecipients.

Youth Benefits: Subrecipients reported that youth enjoyed the programs, actively participated during the lessons, and internalized the content of the lessons. Examples include: 1) several

parents reported to the program implementers that their children enjoyed the program and talked about the lessons at home; 2) one youth participating in Project ALERT told the implementer that when a couple of older youth asked her to attend a party where alcohol was present, she used a technique learned in one of the lessons to refuse their invitation; 3) students stated that they learned a lot during the program and that they applied the lessons taught during the programs in their interactions with their peers; 4) several youth stated to the program implementer that because of the information they learned during the program, they planned not to use alcohol or other drugs.

Outcome and process data show that youth directly benefited from SIG activities. This is demonstrated by: 1) improved school performance or attendance; 2) decreased alcohol, tobacco, and marijuana use when compared to the general population; 3) improved family relationships; 4) improved decision-making and refusal skills; and 5) improved attitudes about drug use.

Norm Changes: Almost all of the subrecipients reported at least one change in community, school, or youth norms about ATOD use during the SIG project. Most of the subrecipients noticed a change in community norms regarding ATOD use. Examples of community norm change include an increase in: 1) community awareness and activism about youth ATOD use; 2) community interaction with local government officials to enact policies to limit drink specials; and 3) community discussions about underage drinking and drunk driving.

Several subrecipients reported a change in school norms regarding youth ATOD use. Examples of school norm change include: 1) increased support for youth prevention efforts by school administrators, personnel, and parents; 2) the integration of prevention programs into classroom curricula; and 3) increased awareness of youth substance abuse issues by school personnel.

Several respondents noted a change in youth norms regarding ATOD use. Examples of youth norm change include the following: 1) increased knowledge about alcohol and drugs in youth prior to involvement in prevention programming; 2) increased youth involvement in the coalition and more involvement in prevention programs; and 3) delayed age of onset, improved attitudes, and decreased frequency of use responses on a local survey.

Project Barriers

Barriers ranged in magnitude and had varying degrees of impact on project implementation. Some barriers occurred throughout the project, whereas others were more prevalent at the beginning or at the end of the project. The most pervasive barriers encountered were: 1) staff turnover; 2) community readiness; 3) coalition involvement; 4) administrative barriers; 5) scheduling difficulties; and 6) participant recruitment.

Staff Turnover: The largest and most far-reaching barrier was staff turnover, which was experienced by more than one-half of the subrecipients—some sites experienced multiple staff turnover. Most of the staff turnover occurred in the last year and a half of the SIG project. The project coordinator proved to be the most critical position vacated. As a result of staff turnover, the following barriers were encountered: 1) programming delays or cancellations; 2) communication breakdown among subrecipient staff; 3) communication breakdown between

subrecipient staff and project staff and the evaluation team; 4) misplaced or lost data; and 5) damaged relationships with school staff and community members.

Staff turnover was not as problematic when multiple staff were involved in the project, because other staff helped cover the vacated position and helped train new staff. In the situations where the exiting individual was the only staff member on the project, the new hire had a much more difficult time understanding the project and continuing the work of their predecessor.

Community Readiness: Community readiness was an issue that made it more difficult for some sites to implement the prevention programming. To address this barrier, many of the subrecipients implemented information dissemination environmental strategies to increase community awareness and readiness. Although subrecipients think the strategies worked, they were not required to assess community readiness at the end of the project as they were at the beginning, so it remains unclear how effective these strategies were at improving the community readiness.

Coalition Involvement: Maintaining coalition membership and engaging members in coalition activities was another major barrier encountered by subrecipients. Many subrecipients recruited new members to join the coalition, and others re-structured the coalition, all with the goal of improving coalition effectiveness.

Scheduling and Other Administrative Issues: Scheduling issues and other administrative-related issues were common for all subrecipients. Many subrecipients reported that it was difficult to schedule program sessions due to scheduling conflicts with other activities, such as athletic practices or events, school plays, final exams, standardized testing periods, or parent-teacher conferences. Other scheduling difficulties were due to inclement weather, holiday and spring breaks, school assemblies, and in-service days. Other scheduling conflicts arose because school administrators and classroom teachers were unwilling to give adequate time for proper program implementation. To remedy scheduling issues, subrecipients: scheduled an extra session in case a session had to be missed; communicated with school personnel so that implementation plans could be made around known school events; and educated school administrators and classroom teachers about the importance of implementing programs with fidelity. A few subrecipients felt that administrative requirements, such as paperwork and evaluation requirements, were the largest barrier encountered during the SIG project.

Recruitment: Participant recruitment was a barrier especially for the fourteen subrecipient sites that implemented Strengthening Families Program 10-14. Subrecipients remedied the issue by employing recruitment strategies that proved effective and included: 1) direct contact (telephone calls and door-to-door) recruitment; 2) forming partnerships with community organizations (for example, faith communities) to recruit and implement the program; and 3) using participants from previous groups to promote the program through word-of-mouth and advertisements. Even though these recruitment strategies worked for some subrecipients and were discussed during subrecipient meetings, others continued to struggle with recruiting participants, especially for Strengthening Families Program 10-14.

Project Effects

Subrecipients were asked about the anticipated and actual effects of the SIG project. At the beginning of and after the first year of the project, subrecipients were asked how they thought the SIG project would affect their service area. Subrecipients predicted the following: 1) a decrease in use of alcohol, tobacco, and other drug among youth; 2) that research-based programs would be institutionalized and sustained in their communities; 3) an increase in community awareness of substance abuse issues; and 4) coalitions would be strengthened as a result of the SIG project.

Later in the SIG project, subrecipients were asked what needs were met by implementing prevention activities. Subrecipients reported the following: 1) increased community awareness of substance abuse issues; 2) increased communication between prevention organizations, school staff, faith communities, and the business sector; 3) replaced the DARE program with research-based programs in some schools; 4) met needs identified by the Community Readiness Survey or the 2002 Iowa Youth Survey; and 5) integrated research-based substance abuse prevention programs into the schools. Subrecipients also reported that their coalitions were strengthened during the SIG project. Outcome data show that almost all of the prevention programs had less of an increase in 30-day substance use than the estimated increase from the 2002 Iowa Youth Survey. All of the predictions made by subrecipients early in the SIG project were realized by the end of the project.

B.2.e. State-level Key Informant Interview Synthesis

Near the end of each project year, members of the Advisory Subcommittee were interviewed to gather feedback regarding the progress of the subcommittee and how members thought the subcommittee functioned. Year one interviews were conducted during September 2002, year two interviews during August and September 2003, year three interviews during August and September 2004, year four interviews during August 2005, and year five interviews during March and April 2006. Approximately half of the subcommittee members were interviewed during each round of interviews. Those interviewed included a representative mix of state agency administrators and prevention providers. Year one interviews were conducted in person, while Years two through five interviews were conducted by telephone. Members always were eager to contribute information and provided well thought-out, insightful responses. Four topics were addressed during the course of the interviews: subcommittee goals, successes, barriers, and cultural diversity.

Subcommittee Goals

The subcommittee was charged with four goals: 1) identify gaps in substance abuse prevention services targeting 12-17 year old youth and their families; 2) leverage and redirect substance abuse prevention funds to fill gaps in needed prevention efforts; 3) eliminate duplicate substance abuse prevention services; and 4) develop a Comprehensive State Prevention Plan.

The first goal regarding identifying gaps in substance abuse prevention services targeting 12-17 year old youth and their families was accomplished during Year one of the SIG project. Subcommittee members stated that gaps were identified and discussed as part of the subrecipient

application process. As part of this process, applicants were required to complete a needs and resources assessment. They provided data on the prevalence of ATOD use in their communities, identified the major risk and protective factors in their communities, and described their needs based on these data. In addition, they assessed existing prevention resources within their communities and described these resources, their programs, and target populations. Applicants used their needs assessment data to select the prevention programs that best matched the needs they had identified.

The second goal regarding leveraging and redirecting substance abuse prevention funds to fill gaps in needed prevention efforts was discussed by the subcommittee during all five years of the SIG project. Subcommittee members stated that these discussions helped make prevention funding decisions more data-driven. Prevention funds are utilized for research-based programs and other programs with promising outcome data. Subcommittee members appeared to have a misperception about federal prevention funding. Subcommittee members felt there were reductions in federal prevention funding during the SIG project that made it difficult to leverage and redirect prevention funds; however, from FY 2001 to FY 2005 there was nearly a 6 million dollar increase in federal prevention funding. This increase was offset by decreases in state and other prevention funding, which may be the source of this misperception. During the SIG project, state agencies took a more creative approach to fill gaps in prevention services by braiding agency funding to maximize resources toward targeted initiatives.

The third goal regarding eliminating duplicate substance abuse prevention services was not a focus of the subcommittee during the SIG project. Subcommittee members stated that the subcommittee did not identify duplications in services or form recommendations to eliminate potential duplications. Although discussions about eliminating duplications did not take place within the subcommittee, activities among state agencies to collaboratively braid funding resulted in the elimination of duplicate services.

The fourth goal regarding developing a Comprehensive State Prevention Plan was a focus of the subcommittee during all five years of the SIG project and was accomplished during Year five. During Year one, the subcommittee formed a task group to make suggestions to the subcommittee about preparing a state plan. During Years two and three, the subcommittee focused on developing a prevention definition, mission, and vision statement, which laid the foundation for the new state plan. Also during Year three, the subcommittee formed work groups to develop specific components of the state plan. Two work groups held meetings during Years three and four—the Accountability-Data Work Group and the Comprehensive Approach Work Group. The Accountability-Data Work Group developed a list of results and indicators for prevention, and the Comprehensive Approach Work Group developed recommendations describing the components of a comprehensive prevention plan in Iowa. These products were approved by the subcommittee, embodied into a state plan, and incorporated into Iowa's Drug Control Strategy 2006. The Drug Control Strategy is an annual report submitted to the Governor and Legislature. It summarizes the activities and programs of the Governor's Office of Drug Control Policy and all other state departments with drug enforcement, substance abuse treatment, and substance abuse prevention programs. The state plan augments the Drug Control Strategy by including results, indicators, and a comprehensive approach for prevention. The integration of this state plan into an already existing annual statewide document is a major accomplishment

of the subcommittee. The document demonstrates agreement on the direction for prevention, across several state agencies, to promote system change and provide guidance to prevention providers.

Successes

The subcommittee identified three successes during the course of the SIG project: 1) subcommittee members worked well together; 2) subcommittee meetings were well planned and organized; and 3) subcommittee products were incorporated into Iowa's Drug Control Strategy 2006. Subcommittee members stated that they worked well together during all five years of the SIG project. Most members knew each other and had worked together prior to the SIG project. Because of these pre-existing relationships, members were comfortable with each other during subcommittee meetings. Communication lines were established, which led to active participation and open exchange of ideas, information, and feedback among members.

Subcommittee members stated that subcommittee meetings were well planned and organized during Years two, three, and four. Project staff accommodated members' schedules when scheduling subcommittee meetings and distributed agendas well in advance of the meetings. They also provided handouts to support meeting discussions and other resources as necessary and distributed meeting minutes in a timely manner.

The subcommittee developed several products during the SIG project, all of which were incorporated into Iowa's Drug Control Strategy 2006. This was cited as a success during Years three, four, and five. The products developed include a definition of prevention, mission and vision statements, and a state prevention plan.

The most significant accomplishment of the SIG project was the networking and collaboration that took place among all the agencies represented on the subcommittee. The SIG project facilitated discussion among key stakeholder agencies that resulted in sharing thoughts and concerns, exchanging ideas, and developing solutions to improve prevention programming and services in the state.

Barriers

Three barriers were identified that had an impact on subcommittee activities: 1) subcommittee meetings were difficult to schedule; 2) subcommittee meetings were not held frequently enough; and 3) subcommittee progress was complicated by turnover in subcommittee membership. It sometimes was difficult to schedule subcommittee meetings so that all members could attend. Members had busy schedules and were involved on other committees. Meetings were scheduled as far in advance as possible and some were held via the ICN (rather than in person) to accommodate members' schedules.

During Years two through five, the primary barrier was a reduction in the frequency of subcommittee meetings and subcommittee member turnover. During these years, there was a large amount of time between subcommittee meetings. Three-quarters of the meetings were held between three and seven months apart. This made it difficult for members to keep up to speed

on the issues and slowed decision-making within the group. Also, the changes in subcommittee membership that took place throughout the process delayed subcommittee progress. The subcommittee lost several members due to job changes, retirement, and illness. While these members were replaced by new members, it took time to build new relationships and educate the new members about the grant.

Cultural Diversity

Cultural diversity was addressed during Year one of the SIG project. The subcommittee focused on cultural diversity in terms of subcommittee membership. They discussed racial, religious, age, and urban versus rural diversity, and evaluated the membership to make sure all populations were represented. The membership of the subcommittee reflected the prevention workforce in Iowa.

C. Lessons Learned

During the implementation of the SIG project, valuable lessons resulted from implementing project activities at the state- and local-levels. The lessons are a culmination of experiences and observations by state project staff, Advisory Subcommittee members, subrecipients, and the evaluation team. The experiences and observations have been formulated into lessons learned with the goal of sharing information to help others effectively implement future projects and prevention programming.

Funding Streams

- Iowa state agencies employed a creative approach to address leveraging and re-directing of funds to fill gaps in prevention efforts and eliminate duplicative services. Instead of reappropriating funds among agencies, resources were braided in a multi-agency collaborative effort to focus funds in areas of need. The braiding of services links agencies and maximizes prevention services.

Advisory Subcommittee Meetings

- Frequency of meetings is important to maintain communication to and among subcommittee members. Optimally, meetings should be held every one to two months to maintain continuity and to avoid delays in decision-making. ICN meetings appeared to be as effective as face-to-face meetings, and could be interspersed throughout to maximize attendance by saving time and travel costs.

Work Group Membership

- Work groups were formed by the Advisory Subcommittee to help develop specific sections of the State Plan. Each work group was led by at least two subcommittee members, which was key to providing direction and focus to the work groups.

Staff Turnover

- Staff turnover affected more than 50% of the subrecipients, which resulted in compromised capacity and infrastructure. The effects were much more detrimental for sites with a single staff member. To minimize the problems with staff turnover, it is recommended to hire multiple staff and invest in the time to cross-train.
- Turnover at the Advisory Subcommittee-level can delay the project because it takes time to introduce, educate, and integrate new members into the subcommittee. Subcommittee turnover also affected the progress of the work groups, affirming the importance of having at least two subcommittee members in each work group.

Model Program Trainings

- Model program training was a critical component to the adequate and appropriate implementation of the prevention programming. Training should always be mandatory prior to program implementation, as recommended by program developers. Ideally, offering model program trainings throughout the project at little or no cost to the subrecipient is optimal to allow new staff and replacement staff to be trained and to increase program sustainability.

Fidelity

- Fidelity is critical to implementing research-based prevention programs because programs need to be implemented as researched to allow for optimal outcomes. The importance of fidelity should be stressed to program implementers throughout research-based program trainings. Specific fidelity issues include the following: program delivery schedule (including number of sessions, duration of sessions, and time span between sessions), minimum and maximum group size, and core components of each session. Classroom teachers tended to have more difficulty with fidelity than prevention specialists. Ideally, prevention specialists and classroom teachers work together to implement programming until the classroom teachers learn the intricacies of program implementation. Then the classroom teachers can take over program implementation, increasing the chances that the program will be sustained and lowering the cost necessary for program implementation.

Technical Assistance and Networking Meetings

- Regular meetings (via conference call, the ICN, or in-person) for subrecipient staff are useful to provide technical assistance on program implementation and opportunities for subrecipients to network. Evaluation team members were involved in the meetings and provided technical assistance to subrecipients on the local-level evaluation process. Most importantly, subrecipients felt that the meetings were very beneficial.

Participant Recruitment

- Participant recruitment was more difficult and time-consuming for community-based programs than for school-based programs. Programs implemented in the community were conducted after school and on weekends, which made it harder for youth and their families to commit to the program. Adequate allocation of time and resources are necessary to maximize a successful recruitment process. Successful recruiting strategies included: 1) direct contact (telephone calls and door-to-door) recruiting; 2) forming partnerships with community organizations (for example, faith communities) to recruit and implement the program; and 3) using participants from previous groups to promote the program through word-of-mouth and advertisements.

Program Scheduling

- Some subrecipient staff had a difficult time scheduling program implementation with school staff due to school readiness issues. To prevent scheduling problems, the program implementation schedule should be set at least two months in advance (depending on the program) to ensure that school staff allocate adequate time for the programming. A couple of open sessions should be added into the schedule in case there is a need for make-up sessions. If possible, extra sessions should be scheduled for pre-test and post-test administration.

Environmental Strategies

- Environmental strategies are very popular among the subrecipients, in that they were effective in building community awareness and passing local-level policies restricting alcohol and tobacco use. Subrecipients learned that environmental strategies take patience and a great deal of time to implement. Youth engagement in the environmental activities was a positive for the youth and contributed to the success of the activities.

Communities Mobilizing for Change on Alcohol

- The environmental model program CMCA proved more difficult to implement than anticipated. It appears that more communication is needed among subrecipient staff, project staff, and the evaluation team than other programs. It is important that the CMCA training be scheduled as early as possible so that program planning and implementation can begin immediately. If training does not take place as soon as possible, there is a risk that people may develop misconceptions about CMCA, which makes it more difficult to understand the program and to implement CMCA with fidelity. The evaluation team observed that the CMCA community organizer needs to spend a minimum of 20 hours per week working on CMCA—a recommendation of the CMCA developers. Otherwise, it will be more difficult to mobilize the community and build upon any implementation successes. The formation of an action team and development of an action plan as specified by the developer of CMCA is critical to implementing CMCA successfully and with fidelity. It would be useful if additional materials, such as fidelity guidelines and a

list of the core components of CMCA, existed that would help CMCA implementers better understand the program and implement it with fidelity.

Database Builder

- Database Builder was used as a data collection and management tool for the SIG project. The set-up of Database Builder was easy and subrecipient staff found the data entry process to be easy, smooth, and quick. As the amount of data entered increased, the reporting functions of Database Builder ran slower. This slowdown caused the evaluation team and subrecipient staff to invest a lot more time when accessing data.

Data Analysis

- Outcomes were measured through a matched pre/post-survey design. To make the data results more meaningful, a reference point should be used when presenting or reporting prevention usage outcomes to account for participant maturation. For the SIG evaluation, Iowa Youth Survey (IYS) data provided a useful reference point when interpreting the relative effectiveness of the SIG prevention programs. IYS data was used to show an estimated change one might expect in Iowa's general youth population versus the outcomes of youth who complete specific prevention programming under the SIG program. The IYS data served as a realistic point of reference when examining each of the programs rather than comparing to zero.

Programs Effective at Reducing Alcohol, Tobacco, and Marijuana Use

SIG prevention programming was effective:

- Almost all of the programs implemented during the SIG project had less of an increase in 30 day use of alcohol, tobacco, and marijuana as reported on questions about 30-day use than the estimated increase using 2002 Iowa Youth Survey data.
- Almost all programs implemented during the SIG project had a lower average change as computed from the 30-day use questions about alcohol, tobacco, and marijuana, than the estimated average change calculated from the 2002 Iowa Youth Survey.
- As reported on questions about 30-day use: 1) of the programs that target middle-school age youth, All Stars had the most positive average change — and reduced alcohol, tobacco, and marijuana use; and 2) of the programs that target high-school age youth, Project SUCCESS and Project TND had the most positive average change — and reduced alcohol, tobacco, and marijuana use.

Outcome Data Feedback to Subrecipients

- Subrecipients need to be updated regularly regarding programming outcomes. This feedback allows subrecipients to make informed decisions about program implementation based on the outcomes achieved by each program.