



Iowa Partnerships for Success (IPFS): Evaluation of Community Underage Alcohol Prevention Strategies

January 8, 2020



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This report was made possible by the Iowa Department of Public Health (IDPH) through a project federally funded by Substance Abuse and Mental Health Services Administration (SAMHSA). Points of view or opinions expressed in this report are those of the Division of Criminal and Juvenile Justice Planning (CJJP) and do not necessarily reflect official positions of IDPH or SAMHSA.



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Executive Summary

Grant Description

The Iowa Department of Public Health's (IDPH) Bureau of Substance Abuse, Division of Behavioral Health was awarded a five-year Partnerships for Success (PFS) grant through the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP). The PFS grant was a continuation of IDPH's earlier grant funding under SAMHSA's five year Strategic Prevention Framework State Incentive Grant (SPF-SIG), which began in 2009. Funding for the PFS grant began in October 1, 2014 and ended September 29, 2019.

Please note that throughout this report, PFS refers to the national Partnerships for Success project funded through SAMHSA. IPFS refers specifically to Iowa's Partnerships for Success project.

IDPH sub-contracted with 12 "highest need" counties to implement individual and environmental prevention strategies focused on two key priorities: preventing or reducing *underage drinking* and youth *binge drinking* among the target population of 12-20 year olds. The Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning (CJJP), was contracted to complete a statewide process and outcomes analysis of the project.

IDPH approved a variety of prevention strategies for counties. Through an assessment process, counties had to select a combination of one individual strategy, three environmental strategies, and also distribute IDPH's underage drinking prevention media campaign. Individual strategies were programs designed for specific grade levels or ages to teach, change attitudes, and improve the critical decision making skills of individuals regarding alcohol use. Environmental strategies were broader population-level strategies to address the underlying physical, social, cultural, and institutional forces that contribute to problem behaviors.

The Strategic Prevention Framework (SPF) was utilized by both IDPH and counties to guide their prevention efforts throughout the project. This was a continual process of monitoring based on the needs of counties. Through the SPF process, IDPH and IPFS counties conducted an assessment to identify state and local needs, mobilized support (capacity) at the county and state levels, developed a strategic plan for prevention, implemented prevention strategies, and monitored and evaluated strategy implementation.

Purpose of Evaluation

A process evaluation was undertaken to assess SPF implementation and programming to determine if the strategies were delivered and sustained as designed. The specific goals of the process analysis were to examine:

1. Adherence to the SPF model throughout the process of implementation and program delivery
2. County implementation of one individual strategy and three environmental strategies approved for IPFS, and the IDPH underage drinking prevention media campaign
3. Determination of whether counties reached the intended priority population of 12-20 year olds
4. Increased county capacity to carry out underage/binge drinking initiatives (through funding, policy, practice, training, or partnership)

The outcomes evaluation sought to identify whether IPFS worked towards reducing underage drinking and binge drinking among the target population of 12 to 20-year-olds in the twelve grant-funded counties. It assessed whether the following specific goals of the IPFS program were met:

1. Reduce the rate of underage alcohol use rate of 8th and 11th grade drinkers by at least 5% in funded counties as measured by the Iowa Youth Survey (IYS).
2. Reduce the binge drinking rate of 8th and 11th grade drinkers by at least 5% in funded counties as measured by the IYS.

Through analysis of intervening and consequence measures, it also sought to:

3. Examine the factors associated with drinking and the outcomes of youth in the county.

Data was gathered from multiple sources to assess the process and outcomes for the statewide IPFS evaluation. Project feedback was obtained from online surveys of county staff, council members, and capacity coaches. Program documents, including workbooks and trainings provided by IDPH and project deliverables completed by the counties, were used in the grant description and process analysis. State and county-level administrative (secondary) data sources were collected from state agencies to analyze youth consumption, intervening, and consequence trends over the course of the project and the numbers of youth in the target population potentially reached by IPFS strategies.

Key Findings

The project was a collaborative effort that involved relationship building. Strategy implementation involved having the support of essential key stakeholders at the local level, such as the leadership, retailers, and schools, and buy-in from the citizens in support of the local coalition and its mission. As such, community context was important. This was a factor in counties being able to successfully implement the strategies.

Counties did not start implementing strategies until mid-2016, after the first two years of the grant. The first two years were dedicated to the SPF steps of assessment and planning; strategy implementation could not occur until these were completed. Nevertheless, IDPH believed this to be essential to the project. At the county-level, there was appreciation for the SPF process in that it was the right way to do prevention work, but also acknowledgement of the amount of resources and time involved.

The individual strategy implemented in the highest number of counties was Life Skills Training. The least implemented strategies were Strengthening Families Program for Parents and Youth 10-14, PRIme for Life, and Brief Alcohol Screening and Intervention for College Students (BASICS) as they were only implemented in one county.

The environmental strategies implemented in the highest number of counties were Apply Appropriate Penalties to Minors in Possession, followed by Social Host Liability and Enforcement of Impaired Driving Laws. The least implemented strategies were College Campus Policies, Alcohol Outlet Density, and Shoulder Tap, as those were only each implemented in one county.

The IDPH underage drinking prevention media campaign was implemented in all 12 counties, as required per the grant, but the mix of distribution methods varied by county. Traditional forms of media were most commonly used. All 12 counties distributed posters (3,668 distributed), 11 counties posted the campaign on social media sites, and 10 counties used billboards (31 billboard locations). The least

used types of media included book covers, portable billboards, stickers and fliers, table tents, and website banners (used in one county each); and concession stickers and screensavers (used in two counties each).

Some counties chose not to implement strategies due to local factors (no college campus, rural area with few retailers), and adherence to grant requirements (already having programs funded through other sources that couldn't be overlapped with IPFS). Counties' strategy selection was ultimately based on feasibility (support by the county), appropriateness for the local needs (assessment), and the guidelines and requirements set forth by IDPH.

An inhibiting factor for some policy-related strategies was state or corporate policies superseding attempts to create local level policies. For example, a corporate policy restricting a chain retailer from implementing an alcohol policy and concerns about local administrative penalty ordinances attempting to supersede state law.

There were nearly 32,000 youth aged 12-20 who could be "potentially" served in the 12 IPFS-funded counties. Environmental strategies were selected to serve as many youth as possible, although it was not possible to get an accurate number of the youth affected. There were 3,052 youth participants who were directly served through IPFS individual strategies. Only one county implemented a strategy targeting the college-age population, and the other counties' individual strategies primarily served middle school youth.

IYS outcomes measuring youth alcohol consumption from 2012 to 2018 show some positive results for both 8th graders and especially 11th graders. On average for IPFS counties, youth past 30-day consumption of alcohol decreased by 2% among 8th graders (0% change statewide) and decreased by 11% among 11th graders (6% decrease statewide). Past 30-day youth binge drinking in IPFS counties decreased by 3% among 8th graders (1% decrease statewide) and decreased by 10% among 11th graders (7% decrease statewide).

However, the goal of a reduction of at least 5% in 90% of the IPFS counties was not met from 2012 to 2018. For past 30-day alcohol consumption, only 3 of the 12 IPFS counties' 8th graders showed at least a 5% reduction and 8 of the 12 counties for 11th graders. For past 30-day binge drinking, only 2 of the 12 IPFS counties' 8th graders showed at least a 5% reduction and 10 of the 12 counties for 11th graders.

In terms of alcohol availability in IPFS counties, the findings suggest some positive results during the project. From 2012 to 2018, IPFS counties showed a percent decrease of 5% in the number of liquor licenses (compared to a statewide increase of 2%). Total alcohol sales (in gallons) increased by 12% from 2012 to 2018 for IPFS Counties, as compared to a statewide increase of 17%.

An issue for evaluation was small counts (n) of youth in the priority population. Ten of the twelve IPFS-funded counties are rural. The most populated IPFS counties for youth aged 12-20 were Woodbury (n=13,465) and Webster (n=4,695). The counties with the fewest 12-20 year olds were Audubon (n=569) and Van Buren (n=797). For some data sources for intervening and outcomes measures, the county-level data analysis was limited because the number of youth were either redacted or too small to be meaningful.

IPFS Grant Description

Background

In October 2014, the Iowa Department of Public Health's (IDPH) Bureau of Substance Abuse Division of Behavioral Health was awarded a five-year Partnerships for Success (PFS) grant through the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP). The intention of the grant was to address and implement interventions to prevent underage drinking among people age 12-20 and prescription drug misuse among people age 12-25. In addition to implementing interventions, it sought to utilize the SPF process to assess community needs, produce a strategic plan, strengthen local capacity, and evaluate project activities.

The funding was used specifically for underage alcohol use prevention in Iowa. The IPFS grant is a continuation of a long line of work at IDPH. Within the department, the Bureau of Substance Abuse, Division of Behavioral Health, leads substance abuse prevention, treatment, and recovery support services in Iowa. It also currently oversees State and SAMHSA Block Grant funded prevention and treatment services statewide and was awarded a five-year Strategic Prevention Framework for Prescription Drugs (SPF Rx) grant from SAMHSA in 2016.

PFS originated from funding under SAMHSA's earlier Strategic Prevention Framework State Incentive Grant (SPF-SIG), which began in 2009. The goal of SPF-SIG was to expand and improve prevention through the use of strategies tailored to the needs of states and communities and to build capacity, infrastructure, and collaboration to prevent substance misuse. Iowa funded 23 counties identified as "in-need" through SPF-SIG. Iowa's SPF-SIG counties implemented environmental strategies and media campaign aimed at reducing underage drinking and young adult binge drinking.

IDPH was in a good position to begin PFS, having the experience from SPF-SIG in leading alcohol prevention strategies, using the State Prevention Framework (SPF) process, as well as having a collaborative state-level advisory council already in place. The SPF-SIG Advisory Council, formed in 2009, eventually evolved into the current Prevention Partnerships Advisory Council, which currently provides oversight for IPFS. In both grants, the council worked alongside IDPH's State Epidemiological Workgroup (SEW) to develop data-driven priorities, identify indicators of "high risk" alcohol consumption and consequences, determine the counties most in need of funding, and provide grant oversight. However, the scope of the council's work has broadened since its formation to provide more general guidance in the SPF process and all IDPH prevention efforts across the state.

PFS Grant Award

SAMHSA funded a total of 70 state, jurisdiction, and tribal grantees for each cohort based on the year they received funding, from 2013 to 2016. Iowa was among 21 grantees in the PFS 2014 cohort. Funding for the PFS 2014 cohort began October 1, 2014 and ended September 29, 2019, with subsequent PFS grant funds available only for eligible communities, but not for states. IDPH was awarded \$1,626,000 per year for each of the five years, or a total of \$8.13 million over the grant period.¹

¹ "Program Evaluation for Prevention: Partnerships for Success Final Evaluation Report" (September 2018). Substance Abuse and Mental Health Administration PEP-C. <https://tinyurl.com/ygy8s5ns>

IDPH sub-contracted with 12 “high need” counties through a request for proposal process to implement environmental and individual prevention strategies and a media campaign aimed at preventing or reducing underage drinking and binge drinking among the priority population of 12-20 year olds.

IDPH contracted with Iowa Department of Human Rights’ Division of Criminal and Juvenile Justice Planning (CJJP) to lead the state’s data collection efforts and analysis, provide technical assistance and training to the funded counties, submit the required federal cross-site performance measurements, review data, participate in state advisory council and workgroup meetings, attend all required SAMHSA training, and provide recommendations. CJJP created guidance documents for the counties on federal data submission and county-level evaluation planning, provided an online training on the evaluation step of SPF process, and reviewed and approved County Evaluation Plans.

The University of Kansas was also contracted by IDPH as an evaluation partner. They were responsible for reviewing county activities and for maintaining the Workstation used by IDPH for posting project updates, resources, and announcements. They also maintained an evaluation documentation system called Community Check Box, which IPFS counties used to track their activities for the process analysis and document their outcomes for strategy indicators. Data collection was continually monitored by IDPH.

Goals of PFS Project

PFS is based on the premise that broader changes are the result of efforts at the local level. Through planning and collaboration, states and their PFS-funded communities of high need can overcome challenges associated with substance misuse.

The key priorities of Iowa’s PFS (IPFS) project were:

- Preventing or reducing *underage alcohol use* among those aged 12-20 and the associated consequences.
- Preventing or reducing *youth binge drinking* for those aged 12-20 and the associated consequences.

IPFS used IDPH’s definition of binge drinking, which is based on the Behavioral Risk Factor Surveillance System’s (BRFSS) definition. For males, it is having five or more drinks on one occasion. For females, it is having four or more drinks on one occasion.

Iowa chose to focus specifically on *alcohol prevention* for 12-20 year olds, although SAMHSA also allowed PFS funding to be used for prescription drug misuse among 12-25 year olds or other priorities if need was demonstrated. Of the 70 grantees across all PFS cohorts receiving funding, SAMHSA reported that the majority chose underage drinking as a priority (n=56 or 80%).

IPFS sought to address the priorities by:

- Providing guidance and oversight for the project through the state’s advisory council, Prevention Partnerships (formerly called Iowa PFS Advisory Council).
- Funding 12 “highest need” counties identified through data and a competitive RFP process to implement strategies at the local level.
- Using SAMHSA’s Strategic Prevention Framework (SPF) process to assess, monitor, and achieve sustainability.
- Using Capacity Coaches to support and advise the funded counties during the SPF.

- Providing technical assistance and training services from the federal Center for the Application of Prevention Technologies (CAPT).
- Leveraging funding sources.
- Strengthening state and county partnerships and capacity for the prevention field.
- Apply the National Culturally and Linguistically Appropriate Services Standards (CLAS) during IPFS.
- Identify and take action to fill data gaps.

IDPH's specific objectives to accomplish by the end of the IPFS grant were:

- Reduce the rate of underage alcohol use and binge drinking by at least 5% in 90% of the sub-recipient counties.
- Reduce the Binge Portion rate of current 8th and 11th grade drinkers by at least 5 percentage points in 90% of the sub-recipient counties.
- Increase the number of adolescent consequence data elements that qualify to be included in the state prevention data set.
- Increase the number of state agencies employing the SPF process for planning and evaluation of prevention agency efforts.
- Ensure at least 75% of the resource assessments conducted by IPFS target counties include information about locally available funding, personnel, material, and information sources that supplement IPFS funds to implement the county's strategic plan.
- Ensure at least 75% of IPFS counties improve their understanding and application of the National Culturally and Linguistically Appropriate Services Standards.
- Implement at least one individual and three environmental evidence-based practices in each IPFS targeted county.

County Selection

SAMHSA's Center for Substance Abuse Prevention (CSAP) expected PFS grantees to select and fund local communities (sub recipients) by the end of the first year of the grant. Iowa met this milestone, beginning funding for the counties on February 1, 2015.

The IPFS Advisory Council led the county selection process. With the assistance of the State Epidemiological Workgroup (SEW), the IPFS Advisory Council identified counties of "high need" based on available data. They ranked counties on the following factors: population, racial and ethnic diversity, education level, economic status, 8th and 11th grade binge drinking rate and current use rate, population under the age of 18, and crime rate.

The counties were ranked on eight consumption indicators from highest to lowest rates. The rankings were averaged across indicators to achieve the final county rankings for consumption. The analysis of demographic, language, economic status, and crime data applied a similar county ranking process. Also, IDPH and the SEW reviewed the size of the county population and the geographic distribution. Final rankings were accomplished by averaging the rankings across all indicators. This resulted in a list of the top 20 "highest need" counties in the state.

IDPH posted a Request for Proposal (RFP) for the 20 highest need counties to assess their current SPF capacity, readiness to implement Evidence-Based Practices (EBPs), and commitment to working to meet the goals and objectives of the IPFS grant. Agencies were eligible to apply if they currently held a contract with IDPH for Comprehensive Substance Abuse Prevention, or if they were a charitable, non-

profit, or government organization with administrative offices in the county that had a partnership with the IDPH Comprehensive Substance Abuse Prevention agency and also had at least three years of experience in substance abuse prevention work. From the 20 counties identified as “in need,” 12 were selected to receive IPFS funding. It should be noted that, of the 12 counties selected, nine counties were previous SPF-SIG grant recipients. Only three counties - Emmet, Van Buren, and Webster - were newly funded for IPFS.

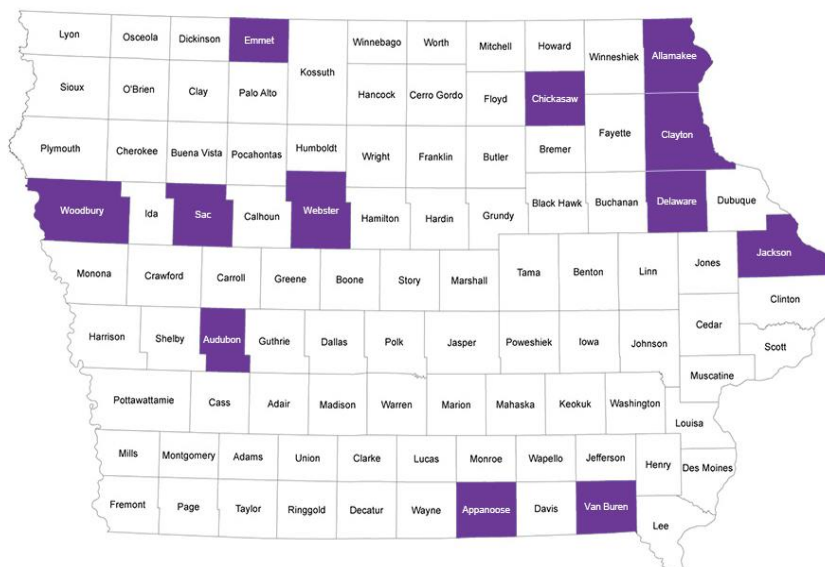
Table 1: IPFS Grant County Sub-Recipients

IPFS County	Funded Agency
Allamakee	County Board of Supervisors
Appanoose	Southern Iowa Economic Development Association (Sieda)
Audubon	New Opportunities, Inc.
Chickasaw	Pathways Behavioral Services
Clayton	Substance Abuse Services for Clayton County
Delaware	Helping Services for Northeast Iowa
Emmet*	Compass Pointe
Jackson	Area Substance Abuse Council
Sac	New Opportunities
Van Buren*	Van Buren County Partnerships
Webster*	Community and Family Resources
Woodbury	Jackson Recovery Centers

*Indicates that the county did not participate in SPF-SIG. The county was funded for only the IPFS grant.

The IPFS-funded counties’ are located across the state, as shown on the map.

Figure 1: Map of IPFS Grant County Sub-Recipients



Prevention Strategies

Strategy Selection Process

IDPH used SAMSHA's PFS to fund a combination of prevention strategies for county sub-recipients. Individual strategies were targeted programs to teach knowledge, change attitudes, and improve the skills of individuals. They were intended specifically for a smaller subset population within the 12-20 priority population, such as specific grade level(s) in certain school district(s). Environmental strategies were broader county-level strategies to address the underlying physical, social, cultural, and institutional forces that contribute to problem behaviors. These sought to specifically target retail access, social access, promotion, enforcement, school policy, and public education to prevent and reduce underage drinking and youth binge drinking.

Strategies were selected by the IPFS Advisory Council's Evidence-Based Practices Workgroup through a review of evidence-based strategies. The Council approved the strategies on November 12, 2015. Funded counties were required to choose and implement *one* individual strategy and *three* environmental strategies. In addition, they were required to implement the IDPH media campaign as a type of environmental strategy aimed at public education to address alcohol promotion.

[Please note that an asterisk (*) in the list of approved strategies below, indicates strategies that were not actually implemented in IPFS due to not being selected by a county. None of the counties chose to implement Lion's Quest, Class Action, Controls on Alcohol Price and Promotion, Counter Marketing/Counter Advertising Campaigns, and Cops in Shops.] Each strategy is described in depth in "Strategy Descriptions" in Appendix A.

Council-Approved Individual Strategy Options (select 1) –

- All Stars
- Brief Alcohol Screening Intervention for College Students (BASICS)
- Class Action*
- LifeSkills
- Lion's Quest*
- PRIme for Life
- Project Northland
- Strengthening Families Program: For Parents and Youth 10-14

Council-Approved Environmental Strategy Options (select 3)-

Retail Access

- Controls on Alcohol Outlet Density and Location
- Controls on Alcohol Price through Drink Specials/Promotions Limitations*
- Responsible Beverage Service Training (RBST) (to be implemented with Compliance Checks)

Social Access

- Alcohol Restrictions at Community Events
- Alcohol Use Restrictions in Public Places
- Social Host Liability: communities/counties passing ordinances stricter than the state law

Promotion

- Alcohol Advertising Restrictions in Public Places
- Counter Marketing/Counter Advertising Campaigns*

Enforcement

- Apply Appropriate Penalties to Minors in Possession of Alcohol
- Compliance Checks of Alcohol Retailers (to be implemented with RBST)
- Cops in Shops*
- Enforce Administrative Penalties (*eventually discontinued by IDPH*)
- Enforce Impaired Driving Laws
- Shoulder Tap Program

School Policy

- College Campus Policies
- School Policies

Required Environmental Strategy

Public Education

- IDPH Media Campaign “*What do you throw away when you drink*”

County Strategy Selection and Approval Process

The IPFS Advisory Council allowed flexibility in strategy selection, but required counties wanting to implement other strategies not on the approved list to receive approval from the Evidence-Based Practice Workgroup. [It should be noted that all of the counties chose to implement strategies from the list of approved strategies].

Counties’ strategy selection was ultimately based on feasibility (support by the county), appropriateness for the local needs (assessment), and the guidelines and requirements set forth by IDPH. IDPH required counties to complete a rigorous county assessment process, during which county data from multiple sources were examined and input from their local prevention coalition and other stakeholders in their community was sought.

IDPH already had experience using the environmental strategies because of their work on the previous SPF-SIG grant. The nine counties that had participated in the SPF-SIG grant were instructed by IDPH to provide justification in their Strategic Plan if they wanted to continue implementing a previous strategy. Only three of the nine SPF-SIG counties selected an environmental strategy that they previously had used during the SPF-SIG grant (Allamakee, Clayton, and Sac).

Another restriction of funding from IDPH was that counties could not select strategies that were already being implemented locally. In other words, IPFS funding could not be overlapped to support a program already being implemented in the county. This was done to prevent services and efforts being duplicated and also provide greater control over the evaluation in that any outside programming efforts would not be factored into IPFS’s outcomes.

After completing and receiving approval from IDPH on their Strategic Plans, counties were allowed to begin implementing their strategies. Counties were officially approved by IDPH to begin strategy implementation from June 1- August 1, 2016. They were provided with resource guides and trainings from IDPH on how to implement the strategies.

Environmental strategy changes occurred due to strategy discontinuation at the state-level. The Enforcement of Administration Penalties strategy, was implemented for a year but later discontinued by IDPH in the Fall of 2017 due to concerns that any proposed local ordinances to try to enhance

enforcement of alcohol sales laws and underage access could cause legal issues arising from counties trying to supersede state law. The three counties using that strategy were approved to implement another strategy in its place (Allamakee, Jackson, and Woodbury). Individual strategy changes occurred primarily due to the counties trying to find a better fit for what was feasible in the schools. This affected two counties, Audubon and Emmet.

The table below provides the number of counties implementing each strategy at the beginning of implementation in Summer 2016, and also at the end of the project in Summer 2019.

Table 2: Number of Counties Implementing each Strategy at Project Start and End

IPFS Strategy Implemented	Start of Project (2016): Number of Counties	End of Project (2019): Number of Counties
Individual Strategies		
All Stars	2	2
BASICS	2	1
Life Skills	3	4
PRIme for Life	2	1
Project Northland	2	3
Strengthening Families	1	1
Environmental Strategies		
Alcohol Advertising Restrictions in Public Places	2	3
Alcohol Outlet Density	1	1
Alcohol Restrictions at Community Events	3	3
Alcohol Use Restrictions in Public Places	3	3
Apply Appropriate Penalties to Minors in Possession	6	6
College Campus Policies	1	1
Compliance Checks	2	2
Enforce Administrative Penalties	3	0
Enforce Impaired Driving Laws	4	5
IDPH Media Campaign	12	12
RBST	1	2
School Policies	4	4
Shoulder Tap	1	1
Social Host Liability	5	5

The individual strategy implemented in the highest number of counties was Life Skills. The least implemented strategies were Strengthening Families, PRIme for Life, and BASICS as they were only implemented in one county.

The environmental strategies implemented in the highest number of counties were Apply Appropriate Penalties to Minors in Possession, followed by Social Host Liability and Enforcement of Impaired Driving Laws. The least implemented strategies were College Campus Policies, Alcohol Outlet Density, and Shoulder Tap, as those were only each implemented in one county.

IDPH’s underage drinking prevention media campaign, “What Do You Throw Away?” was implemented in all 12 counties, as required per the grant.

Please refer to Appendix A for strategy descriptions.

Adherence to Core Strategy Components

IDPH required funded counties to adhere to the core components of all strategies during implementation. These core components were explained in the IPFS Implementation Guide, an IDPH workbook that provided detailed information and resources on the Council-approved strategies. The IDPH project team published a finalized version of the Implementation Guide on January 7, 2016.

For individual strategies, IDPH project staff held an online discussion with counties in January 2016. They indicated that counties would be required to attend any trainings provided by the developers of the individual strategy programs.

- August 10-11, 2016 - BASICS Webinar
- August 23, 2016 - LifeSkills Webinar
- September 7-8, 2016 - All Stars Webinar
- September 12-13, 2016 - LifeSkills Webinar
- September 20-21, 2016 - Project Northland, In-person in Guttenberg, Iowa
- September 20-21, 2016 - All Stars Webinar
- September 28-30, 2016 - Strengthening Families, In-person in Manchester, Iowa
- October 19-20, 2016 - RBST TIPS, In-person in Des Moines
- November 8-10, 2016 - Prime for Life, In-person

In addition, counties also were required to ensure fidelity to the original model using checklists created by program developers. According to SAMHSA, fidelity is “the degree to which a program or practice is implemented as intended.... The greater the fidelity to the original program design, the more likely the program will be to reproduce positive results.”² Fidelity is about ensuring the integrity of the process through which the program is being carried out.

A series of environmental strategy webinar trainings were provided by IDPH through the Pacific Institute for Research and Evaluation (PIRE). IPFS coordinators were required to attend the trainings offered for the environmental strategies being implemented in their counties. Other county stakeholders, partners, and those outside the project could also register to attend. The trainings were free and eligible for continuing education credits for Substance Abuse and/or Certificate of Completion. The environmental strategies trainings and dates held were:

- April 18, 2016 – (IDPH) IPFS Annual Contractor’s Meeting
 - PIRE provided training on several environmental strategies: Alcohol Use Restrictions in Public Places, Alcohol Use Restrictions at Community Events, Apply Appropriate Penalties to Minor in Possession, Enforcement of Administrative Penalties
- May 24, 2016 – IDPH: What Do You Throw Away Media Campaign Overview
- August 17, 2016 – PIRE: Impaired Driving, Alcohol Compliance Checks and Shoulder Tap Operations
- August 25, 2016 – PIRE: Social Host Law and Outlet Density: What Impact Do They Have in Your Community?
- September 1, 2016 – PIRE: RBST Training and Alcohol Advertising: Changing the Culture

² “A Guide to SAMHSA’s Strategic Prevention Framework” (2016). Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

- September 22, 2016 – PIRE: School and College Alcohol Policies: Working to Change Behavior and Outcomes
- September 29, 2016 – PIRE: Party Prevention and Controlled Party Dispersal and Basic Bar Investigations

Other Expectations of Counties

IDPH required the IPFS-funded counties to use local media to educate county residents about IPFS strategy progress, provide opportunities for involvement, and also disseminate general information to possibly increase community readiness around the IPFS priorities of preventing underage drinking and youth binge drinking. Local media efforts could include communicating with newspaper editorial boards, participation in county events where media would be present, such city council or community meetings, developing stories with reporters, and asking community members involved with or affected by the project to hold press conferences. All written media articles had to be reviewed and approved by IDPH prior to public distribution in the county.

IDPH required documentation of local policies created by the funded counties. All policies developed or strengthened through an IPFS strategy were required to be formally written, signed by the community or county leadership and then provided to the IPFS Project Director.

IDPH also encouraged IPFS-funded counties to discuss with local school personnel, their participation in IDPH's statewide Iowa Youth Survey. A "Talking-Point" guide was provided by IDPH as a resource for IPFS county staff. This included discussion ideas counties could use to help inform local school personnel about the survey and the benefits of local school district participation. Iowa Youth Survey data will be used to provide consumption and intervening measures for IPFS in this report.

Suicide prevention services were expected of all IPFS funded counties during each year of the project. During the project, IDPH distributed resources, reports, and optional webinars on relevant suicide prevention topics sponsored by other agencies. Below is a list of IDPH's requirements as taken from a Prevention Services Guidance document they distributed to funded counties in January 2016.

- Identify suicide prevention, mental health, or related groups in your county and meet with at least one of them.
- Meet with the Substance Abuse Prevention and Treatment Block Grant funded substance abuse treatment agency in the county and discuss addressing the issue of suicide prevention and collaboration opportunities.
- Promote IDPH's Your Life Iowa website, which houses resources on suicide and other problem behaviors, as well as the National Suicide Prevention Lifeline. Magnets, wallet cards, downloadable content, and other materials to be provided by IDPH.
- Complete the Kognito Gatekeeper training and promote it to school personnel.
- Promote Out of the Darkness Walks, Mental Health First Aid (youth and adult) trainings, and other suicide prevention efforts in the communities.

As part of the application process, counties submitted a list of two short-term outcomes per strategy (10 total) in their Action Plans. These were reviewed and approved by IDPH. IDPH required, per contract with the funded counties, that these outcomes were met by the deadline. Counties had to meet all 10 short-term outcomes by the end of the project or else a disincentive of \$2,500 was applied.

SPF Process

The State Prevention Framework (SPF) was utilized by both IDPH and counties to guide their prevention efforts throughout the project. This 5-step planning process with the two guiding principles of Sustainability and Cultural Competency is visually represented by the figure below.

Figure 2: SPF Model



The SPF defines a process of continual monitoring. The efforts should be grounded to meet local needs and engage the community in building capacity and working towards sustainability even after the project has ended. The steps of the SPF are:

- (1) Assessment: Conduct an assessment to identify state and local needs.
- (2) Capacity: Mobilize and build state and community support.
- (3) Planning: Develop a state and community-level strategic plan for prevention.
- (4) Implementation: Implement evidence-based prevention practices in the counties.
- (5) Evaluation: Monitor and evaluate the implementation of the model and strategies.

Each of the five steps includes Sustainability being achieved for prevention efforts and Cultural Competence in providing appropriate services to any identified special populations in need in the community.

Counties documented each step of the SPF process by submitting “project deliverables.” IDPH project staff offered numerous online or in-person trainings for each SPF step and created workbooks which detailed the requirements for completing the required documentation for the steps. County documentation for each SPF step was subject to a rigorous review by the IDPH project staff, and sometimes included multiple rounds of revisions. Counties were also required to submit updates to project deliverable documents throughout the project.

Counties planned for sustainability throughout the process and developed specific plans for their efforts in the Sustainability Plans they were required to submit to IDPH in the fifth year. Despite some of them working in a diminished capacity in the last few months of the grant, they are expected to continue some of the IPFS strategies and efforts.

SAMHSA required grantees to adhere to the National Culturally and Linguistically Appropriate Services Standards (CLAS). CLAS is defined as "effective, equitable, understandable and respectful quality care

and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.”³

Iowa focused on several CLAS standards during the project. These included:

- Diverse cultural health beliefs and practices: Ongoing cultural competency training and information provided to Advisory Council members, IPFS Coordinators, and county coalition members.
- Preferred language: Interpreters and translated materials for non-English speaking program participants as well as those who speak English, but prefer materials in their primary language. Key documents will be translated into Spanish.
- Health literacy: Programs, strategies, and related materials tailored to include limited English proficient individuals.

Counties received training from IDPH on providing culturally competent programming and also identified any disparate populations to specifically reach in their program plans. Translated materials and interpretation services were used as needed.

Capacity Coaching

IDPH began utilizing a capacity coaching model in Iowa in 2011 as a cornerstone of the training and local capacity-building assistance provided to the 23 counties funded through the SPF-SIG grant. Eight prevention leaders from across the state were selected as SPF-SIG capacity coaches by IDPH through a Request for Proposal (RFP) process. Each coach worked with several counties, as assigned.

IPFS continued the capacity coaching model for its 12 funded counties. However, only five capacity coaches worked during IPFS since there were fewer counties participating in IPFS than the original SPF-SIG grant. One coach served dual roles during IPFS, also being a prevention supervisor overseeing an IPFS funded county. A sixth coach started the project, but was eventually was hired by IDPH as a training and technical consultant.

Under the direct supervision of the IPFS Project Director, the coaches held monthly calls with the county coordinator in designated counties, presented information during in-person meetings and trainings, and were available over email to answer questions. As described by one coach, capacity coaching isn’t providing “technical assistance,” but rather being an “advocate and champion” for county coordinators. Some of the specific roles and duties of capacity coaches were:

- Develop a relationship with the coordinator and be a support liaison as they work through the SPF model
- Create and provide training on the SPF process and other county prevention issues
- Provide support services that respond to county needs in the areas of cultural competency and sustainability
- Empower the county coordinators to work more effectively with county coalitions, county leaders, and populations of focus
- Support to counties in assessing their needs and resources, identifying the EBPs with the best fit for the county, and implementing EBPs with fidelity
- Work with counties to track their progress, identify barriers, brainstorm ways to move past challenges, explore opportunities, and celebrate county successes

³ “The National CLAS Standards.” US Department of Health and Human Services Office of Minority Health. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>

All capacity coaches remained in their roles throughout the entire project. They worked for various agencies which focused on youth mentoring and development, anti-drug coalitions, substance use prevention and treatment, and training consultation. Their combined experience encompassed working in education, working with at-risk youth, serving on coalitions and boards, and prevention and treatment services. Additionally, all six had previously been capacity coaches under the previous SPF-SIG grant.

IPFS Evaluation

Goals of Evaluation

Underage drinking, in particular binge drinking, can have numerous consequences. According to the Centers for Disease Control, binge drinking is associated with many health problems, including but not limited to injuries from car crashes, alcohol poisoning, high blood pressure, and unintended pregnancy. Drinking has been associated with dangerous or risky behaviors that may contribute to crime. It is also a costly habit when factoring in losses in productivity, health care, and crime.

This remainder of the report seeks to evaluate the IPFS grant project and document its outcomes. PFS seeks to minimize potentially harmful consequences by engaging in efforts to prevent drinking before it begins through changing norms at the community level. Iowa funded multiple evidence-based prevention strategies to attempt to prevent and reduce underage drinking and youth binge drinking in funded counties during the IPFS grant. The implications of this project could help improve community capacity and develop more effective prevention campaigns, laws, or practices that more effectively prevent Iowa's youth from drinking in the future.

State-Level Evaluation

SAMHSA required grantees to submit a State Evaluation Plan. Iowa's plan was submitted to SAMSHA in 2015, revised, and finally approved in 2016. This document addressed both federal and state evaluation needs and plans. It outlined IDPH's evaluation goals, defined data measures, and guided the data collection process. It also identified available data sources for required reporting of National Outcome Measures (NOMs) and Community-Level Instruments (CLIs) for SAMHSA's federal PFS evaluation.

The goal of the process portion of the evaluation is to assess the SPF implementation and programming to determine if the strategies were delivered and sustained as designed, including:

1. Adherence to the SPF model;
2. Implementation of strategies as intended by IDPH;
3. Reach of the priority population of 12-20 year olds;
4. Increased county capacity.

The primary **process** evaluation questions to be answered are:

- How well was the Strategic Prevention Framework (SPF) process implemented at the state and county levels?
- Were capacity and infrastructure strengthened at the state and county levels?
- Did the state/counties implement the program as planned?

The outcomes evaluation seeks to identify whether IPFS has worked towards reducing underage drinking and binge drinking among the target population of 12 to 20-year-olds in the twelve grant-funded counties. It will assess whether the specific goals of the IPFS program were met. The specific goals were:

1. Reduce the rate of underage alcohol use of 8th and 11th grade drinkers by at least 5% in funded counties as measured by the Iowa Youth Survey.
2. Reduce the binge drinking rate of 8th and 11th grade drinkers by at least 5% in funded counties as measured by the Iowa Youth Survey.

Through analysis of intervening and consequence measures, the outcome evaluation also seeks to:

3. Examine the factors associated with drinking and the outcomes of youth in the county.

The primary **outcome** evaluation questions to be answered are:

- Were the priority areas positively impacted?
- Did IPFS reduce underage drinking and youth binge drinking?
- What factors affected underage drinking and youth binge drinking? What were the consequences?

County-Level Evaluation

IDPH required all funded counties to submit an IPFS County Evaluation Plan. A county evaluation training webinar was held in April 2016, and an IPFS Primer and Guide (workbook) was distributed to counties with information about the Evaluation step of the SPF, how to plan for an evaluation, and specific instructions on completing the County Evaluation Plan. Counties worked with a funded local (county) IPFS evaluator to complete their Evaluation Plan and help them monitor their strategies throughout the project. They identified any local sources of data for strategy indicators and provided their plans for monitoring their progress and submitting data to IDPH on their activities and outcomes. Measures were tailored to each county based on the strategies implemented. Final approval of all County Evaluation Plans occurred in November 2016.

Data Sources and Methodology

The state evaluation of the IPFS grant utilized data collected from multiple sources. Project feedback was obtained from online surveys of county staff, council members, and capacity coaches. Program documents, including workbooks and trainings provided by IDPH and project deliverables completed by the counties, were used in the grant description and process analysis. State and county-level administrative (secondary) data sources were collected from state agencies to analyze youth consumption, intervening, and consequence trends over the course of the project and the numbers of youth in the target population potentially reached by IPFS strategies.

Online Surveys

Current IPFS County Coordinators and prevention supervisors, state advisory council members, and capacity coaches were invited to participate in an online survey at the end of the project. They were emailed a link to the survey, which was created using Google Forms, in August 2019. Surveys were also distributed, at the time of their resignation, to IPFS County Coordinators who left the project within the last couple years. Informed consent was provided in the survey link and survey participation was voluntary.

Respondents were asked a series of open-ended and fixed-response questions relevant to their specific roles on the project. County IPFS coordinators and prevention supervisors were asked for their opinions on the project's effectiveness and lessons learned, council members answered questions regarding the work being done on the state's IPFS Advisory Council and other alcohol prevention efforts in the state, and capacity coaches answered questions regarding their role as a capacity coach and resources they provided to coordinators.

20 online surveys were completed out of a total of 50 distributed. Completed surveys were returned by 1 of the 5 capacity coaches, 6 of the 9 IPFS prevention supervisors, 8 of 14 current and former IPFS coordinators, and 5 of 22 SEWPPAC council members.

[Program Documents](#)

Counties were required to thoroughly document each step of the SPF and all their activities for their strategies. The University of Kansas Community Check Box (CCB) system is a web-based documentation, measurement, and reporting tool intended to help practitioners document their work and communities to better understand and improve their efforts for change. Counties used this system to report to IDPH all activities throughout the project and indicators (outcomes) for state-level monitoring and evaluation. As the project progressed, and strategies or data changed, counties requested indicator changes be made in Community Check Box.

Announcements, resources, training recordings, and workbooks provided by IDPH to the counties were posted on the project's Workstation maintained by the University of Kansas. The state evaluator had full access to the Workstation. Other documents submitted by the counties, including as their project deliverables and other required planning documents, were made accessible to the state evaluator by the IPFS Project Director and IPFS Coordinator. State-level documents included publically-available agendas and minutes for the IPFS Advisory Council, which provides oversight for the project.

[Administrative Data Sources](#)

The Iowa Youth Survey collects information from 6th, 8th, and 11th graders in participating school districts across the state. Its use in Iowa started in 1975, albeit with significant changes over time, and it is currently administered in schools every two years. Although not all school districts choose to participate, the majority do (83% of Iowa's school districts participated in the 2016 IYS). It is a comprehensive state survey of school-aged youth, covering a wide variety of topics. IYS information was obtained for the IPFS analysis on students' consumption of alcohol, binge drinking, and perceptions of risk, availability, and others' perceived approval of their use.

Aggregated counts of the number of youth who participated in the individual strategies was provided by the county IPFS Coordinators. Youth (aged 12-20) reached by environmental prevention strategies was estimated using U.S Census data to reflect the total number in the target population who could *potentially* have indirectly or directly benefited.

The Epidemiologist for the IDPH Division of Behavioral Health provided numbers and rates of youth aged 12-20 affected by the consequences of drinking, as well as information on retail access over the time period from 2012-2018. This included county-level and state-level youth treatment admissions for alcohol, alcohol-related emergency department visits, alcohol offenses, and operating while intoxicated offenses; and retail liquor licenses and gallons sold in Iowa.

The number of youth drivers under the influence of alcohol who were involved in car crashes were obtained from Iowa's Department of Transportation's (IDOT) publically available online crash maps. Aggregated counts and the exact location of the crashes were available throughout Iowa for each calendar year, and were filtered to restrict by the 12-20 age range. Please note that sometimes drivers refuse breath analysis at the crash scene, or are under the influence of drugs and/or alcohol which are not always specified. Also, it is impossible to estimate the number of alcohol-related traffic incidences that occur but are not reported to state authorities.

CJJP's Justice Data Warehouse (JDW) is a data repository that contains the Iowa Courts Information System (ICIS) charges and convictions database from Iowa's Judicial Branch. Juvenile and adult court records were queried to identify the number of unique 12-20 year olds with state court contact for alcohol and OWI offenses. This included youth coming into court contact even if charges are not filed. Local ordinance violations are also available through the JDW, allowing for an examination of social access violations such as social host and supplying to minors, which some IPFS counties worked on strengthening for their prevention strategy. Very few of the social host infractions are charged under state law.

Data Limitations

An issue for evaluation is small counts (n) of youth in the priority population. Ten of the twelve IPFS-funded counties are rural. Furthermore, rural counties in Iowa tend to have older populations. Census data provided in the report was used to estimate each county's youth aged 12-20. IDPH redacts counts that are less than 5 to protect individuals' confidentiality, making some of the county-level data unreportable, such as alcohol-related emergency department visits.

Another limitation is the lack of state public health information on alcohol consumption behaviors and perceptions among 18-20 year olds, an age group that is known to drink and binge drink at high rates.⁴ This age group is difficult to reach, being spread among workplaces and colleges across Iowa. IDPH is aware of the gap in state public health data for this age group and is currently working with one of Iowa's public colleges to pilot a survey of young adults.

⁴ "Fact Sheets- Underage Drinking." Center for Disease Control and Prevention. <https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm>

State Process

[IDPH Project Staff](#)

IDPH's project team consisted of a Project Director, Coordinator, and Epidemiologist, who were employed by IDPH, and an Evaluator employed by CJJP. This team provided state-level project oversight and worked to meet SAMHSA's requirements during the five-year grant. Project staff also attended the New Grantee Meeting held in Washington, DC during the first year of the grant, met with the federal Project Officer during their site visit, and attended federal webinar trainings offered through SAMHSA's Center for the Application of Prevention Technologies (CAPT) and SAMHSA's Program Evaluation for Prevention Contract (PEP-C).

[IPFS Project Director](#)

The IPFS Project Director is a full-time employee of IDPH's Division of Behavioral Health, Bureau of Substance Abuse and previously served as SPF-SIG's Project Director. Her responsibilities for IPFS included supervising the implementation of prevention strategies across the funded sub-recipient counties, approving county plans and documents, ensuring that state processes of the IPFS grant were carried out, overseeing county activities and outcomes, and leading the IPFS Advisory Council. The Project Director is a Licensed Master Social Worker (LMSW) who has more than 20 years of experience in health, human services, and prevention and a strong background in training, technical experience, and county development.

[IPFS Project Coordinator](#)

The IPFS Project Coordinator was hired in the Fall of 2015 as a full-time employee of the IDPH Division of Behavioral Health, Bureau of Substance Abuse. She previously worked as a SPF-SIG county coordinator. Her role for IPFS was to coordinate the technical assistance and training activities for the IPFS-funded counties, assist in overseeing the implementation of prevention strategies, participate on the IPFS Advisory Council, and help the Project Director with other aspects of the project as needed.

[Epidemiologist](#)

An Epidemiologist employed full-time at the IDPH Division of Behavioral Health also contributed to IPFS throughout the project. His role was providing public health data and other relevant intervening and alcohol-related consequences data for the state evaluation as well as data relevant to the county assessments that occurred early in the project and data updates at the project's close. The Epidemiologist has a background in data analysis support for substance abuse and problem gambling prevention and treatment, and for the Disability, Injury and Violence Prevention program. He has a Doctorate (Ph.D) in Public Health and 15 years of experience in biomedical, evidence-based public health practice and research.

[State Evaluator](#)

Iowa Department of Human Rights' Division of Criminal and Juvenile Justice Planning (CJJP) was contracted in February 2015 to provide a part-time Evaluator to lead IDPH's data collection efforts and analysis for the IPFS grant. Her tasks during IPFS included evaluation guidance for counties, submitting the required state and county outcome measure data to SAMHSA, participating on the IPFS Advisory

Council, and authoring the final state IPFS evaluation report. The Evaluator has a Master of Science (M.S.) in Sociology and has 8 years of experience in program and policy evaluation since starting at CJJP.

IPFS Advisory Council

Background

The Advisory Council began in 2009 as a federal requirement for an advisory council to oversee the SPF-SIG grant (also known as the SPF-SIG Advisory Council). It eventually transitioned in 2015 to provide state oversight for the IPFS grant (IPFS Advisory Council). In 2016, the council broadening its goals, operating procedures, and member recruitment to focus on using the SPF process to guide all prevention work and providing oversight for another grant, SPF-Rx. As a result of the shift in priorities, the council changed its name to Prevention Partnerships Advisory Council (PPAC).

In 2019, the final year of the IPFS grant, PPAC merged with the State Epidemiological Workgroup (SEW) and became known as SEWPPAC. Both groups shared a similar foundation in using the SPF as a model for statewide prevention and monitoring, although the SEW previously had focused more on collecting and analyzing data and conducting assessments, such as the statewide Epidemiological Profile.

The primary reasons cited by IDPH for combining the councils were having overlapping membership and wanting to reduce burdens associated with holding two meetings on the same day for members who served on both councils. It was intended to improve efficiency in sharing topics that would be of interest to both groups. This change also helped to broaden membership of PPAC, since its membership was historically smaller and efforts had been focused over the years on recruiting more members. The combined SEWPPAC's mission is to work together to provide substance abuse prevention and treatment research and data to all Iowans.

The Prevention Partnerships Advisory Council (PPAC) is a state advisory council comprised of a multi-disciplinary prevention-oriented team responsible for:

- Providing guidance on the implementation of all steps of the Strategic Prevention Framework (SPF) process
- Building prevention capacity and infrastructure in the state and counties
- Promoting cultural responsiveness and representation of diverse populations
- Expanding collaboration across state and local organizations
- Making recommendations on effective prevention strategies
- Assessing substance-related problems in Iowa
- Developing a strategic plan to address substance abuse priorities

Operating Procedures

The advisory council adheres to formalized Operating Procedures, a document which outlines its name, mission, and purpose. It also explains the council's goals, objectives, and deliverables; membership and responsibilities; and formation and dissolution. The PPAC Operating Procedures are provided in Appendix B.

Operating Procedures were reviewed at the PPAC's meeting in June 2016 during a brainstorming session for the Substance Abuse Prevention Strategic Plan. Operating Procedures are anticipated to be updated to include the SEW.

Membership

As of July 2019, there were 37 members of SEWPPAC. Among them, there were 23 *voting* members representing a wide range of state, county, and local entities and 14 *non-voting* members. Non-voting members included IDPH staff, the youth representative from SIYAC, and people directly affiliated with PFS, including the SAMHSA Project Officer and the IPFS State Evaluator.

Several positions were vacant, including a representative from the Governor’s Traffic Safety Bureau, Department of Human Services. Several other agencies (such as Department of Corrections and OneIowa, and Faith-based organizations) were being considered by IDPH for recruitment based on their potential opportunity to contribute to SEWPPAC.

Table 3: SEWPPAC Membership List (July 2019)

Role/Sector	Organization	Name	Title
Prevention Lead	IDPH, Division of Behavioral Health (DBH), Bureau of Substance Abuse (BSA)	Julie Hibben *	National Prevention Network (NPN) Representative and Prevention Lead
Prevention Consultant	IDPH, DBH, BSA	Janet Nelson *	Prevention Consultant
Epidemiologist	IDPH, DBH	Toby Yak *	Epidemiologist
Iowa Youth Survey (IYS)	IDPH, DBH	Pat McGovern *	IYS Coordinator
Data Management	IDPH	Betsy Richey *	Data Manager
Behavioral Risk Factor Surveillance System (BRFSS)	IDPH	Joyce Mbugua *	BRFSS Coordinator
Prevention Consultant	IDPH, DBH, BSA	Katie Bee *	Prevention Consultant
Substance Abuse Block Grant (SABG)	IDPH, DBH	Michele Tilotta *	BG Coordinator
Tobacco	IDPH, Division of Tobacco Use Prevention and Control	JoAnn Muldoon *	Epidemiologist
Emergency Medical Services	IDPH, Division of Acute Disease Prevention, Emergency Response and Environmental Health (ADPER-EH)	John Hallman *	Comprehensive Addiction and Recovery Act (CARA) Grant Program Officer
Emergency Medical Services	IDPH, ADPER-EH	Chris Vitek *	CARA Grant Coordinator
Community Coalitions	Alliance of Coalitions for Change (AC4C)	Angie Asa-Lovstad	Director
Local Law Enforcement	Ames Police Department	Eric Synder	Police Officer
Local Prevention Agency	Area Substance Abuse Council	Leslie Mussmann	Prevention Director
Community College	Des Moines Area Community College	Jeanie McCarville Kerber	Instructor

Drug Control Policy	Governor's Office of Drug Control Policy	Susie Sher	Budget Analyst
Behavioral Health	Iowa Behavioral Health Association	Flora Schmidt	Director
Older Adults	Iowa Department of Aging	Pam Mollenhauer	Program Planner
Synar	Iowa Department of Commerce, Iowa Alcoholic Beverages Division	Jessica Ekman	Tobacco Program Coordinator
Education	Iowa Department of Education	Rachel Kruse	Education Program Consultant
Evaluator	Iowa Department of Human Rights (DHR), Division of Criminal and Juvenile Justice Planning (CJJP)	Cheryl Yates *	Justice Systems Analyst and IPFS State Evaluator
Criminal and Juvenile Justice	DHR, CJJP	Sarah Fineran	Research Coordinator
Human Services	Iowa Department of Human Services	Vacant	
Safety Bureau	Iowa Department of Public Safety, Governor's Traffic Safety Bureau	Vacant	
Transportation	Iowa Department of Transportation	Dennis Kleen	Program Planner
Hospitals	Iowa Hospital Association	Kathy Trytten	Senior Director, Information and Quality Management
National Guard	Iowa National Guard Midwest Counterdrug Training Center	Sarah Arthur	Director of Course Support
Poison Control	Iowa Poison Control Center	Tammy Noble	Education Coordinator
Regent Universities	Iowa State University (ISU)	Mack Shelley	Professor
Regent Universities	ISU, PROMoting School-Community-University Partnerships to Enhance Resilience (PROSPER)	Eugenia Hartsook	Executive Director
Substance Abuse Supervisors	Iowa Substance Abuse Supervisors Association (ISASA)	Christy Jenkins	Prevention Supervisor
Substance Abuse Supervisors	ISASA	Erin Foster	Prevention Director
Drug Free Communities Funded Coalition	Jones County Substance Abuse Coalition	Jennifer Husmann	Coalition Coordinator

Enforcement	Midwest High Intensity Drug Trafficking Area	Mike Murphy	Strategic Intelligence Coordinator
Youth	State of Iowa Youth Advisory Council	Isabel Hanson *	Student/SIYAC member
Federal Organization/Funder	SAMHSA	Damaris Richardson *	Federal Project Officer
Regent Universities	University of Iowa (U of I), Iowa Consortium for Substance Abuse Research and Evaluation	Brad Richardson	Director
Public Health/Regent Universities	U of I, Public Health College	Dr. Paul Gilbert	Professor
Regent Universities	University of Northern Iowa	Mary Losch	Professor and Director Center for Social and Behavioral Research

(*) indicates non-voting members

Meetings

Council meetings were held quarterly on-location at the State Capital Complex. Meetings were open to the public, and for increased accessibility, there was a call-in option via Zoom web conference for council members who could not attend in person. The meetings were recorded. A list of all 18 meetings held since the start of the IPFS Advisory Council through the end of the IPFS grant are provided in Appendix B.

The meetings were generally two hours in length. The content of the meetings was administrative in nature, such as the approval of meeting minutes, council operations, recruitment, next steps, IDPH plans, and grant updates. There were also opportunities for voting members to share updates and resources, and occasionally grant-funded county staff and capacity coaches. The PPAC invited some of its members and other guest presenters to give presentations at the meetings, with input solicited on what kinds of topics council members were interested in learning about. See Appendix B for a list of the special topics presented at PPAC and SEWPPAC meetings.

In addition to holding quarterly meetings, IDPH created a Rallyhood group for SEWPPAC to share information in 2019. Rallyhood is an online community collaboration platform. Council members were encouraged to use the site to learn about upcoming meetings and events; access agendas, minutes, and presentations; and post resources and announcements. This is intended to be a tool for collaboration and sharing of information among members and IDPH going forward.

IPFS Training and Technical Assistance for Counties

Monthly Calls for IPFS Counties

Monthly hour-long IPFS County Coordinator Open Forum Calls were scheduled throughout the five year grant period. All coordinators were encouraged to participate. The discussion was initially led by the county coordinators, rotating the responsibility to lead the call. IDPH's Project Coordinator arranged and facilitated the calls via Zoom, as did the IPFS Project Director on occasion. However, based on feedback from the coordinators and to encourage more participation and discussion, this changed in February 2017 to having Capacity Coaches lead the calls and the IDPH project team (Project Coordinator and

Director) not attend. This was an opportunity for county coordinators to interact with each other about topics of interest, share their efforts, and get advice and input from others. Afterwards, notes about what was discussed during the calls were posted to the project Workstation for coordinators to access.

Supervisor Update Calls were held for IPFS county prevention supervisors *every other month*. These took a format similar to the coordinator calls, but were intended for county prevention supervisors to discuss and share information.

On December 18, 2018, IDPH began Ask IDPH calls. These were initiated based on feedback from county IPFS staff that they wanted more opportunity for direct discussion with IDPH, to hear about department updates, and ask questions. Ask IDPH calls were scheduled periodically in the final year of the grant during the months of December (2018), January, February, May, June, July, August, and September (2019).

[Required Trainings for IPFS Counties](#)

Numerous online webinars and in-person meetings were arranged by IDPH to train IPFS-funded counties during the grant. These trainings covered a broad range of topics, including the SPF process, CLAS Standards, media, prevention, strategy implementation, and evaluation. Some were led by IDPH staff or the IPFS project team, while others were led by guest presenters from PIRE, SAMHSA's CAPT, University of Kansas, and strategy program developers or experts. Materials from the trainings, including recordings and powerpoints, were posted to the IPFS project Workstation for county staff to access. A list of the trainings *required* is provided below (other IPFS county staff could participate as well):

- *IPFS Orientation, Webinar, Coordinators and Supervisors (March 2015)*
- *IPFS Assessment Deliverables, Webinar, Coordinators (May 5, 2015)*
- *IPFS Capacity Deliverables, Webinar, Coordinators (June 25, 2015)*
- *IPFS National CLAS Standards, Webinar, Coordinators (July 7, 2015)*
- *Suicide Prevention is Everyone's Business, Webinar, Coordinators (August 17, 2015)*
- *IPFS Planning Deliverables, Webinar, Coordinators (September 15, 2015)*
- *Implementation and Evaluation: Essential Steps to Community Change Using the SPF Training, In-person in Des Moines, Coordinators, Local Evaluators, Supervisors, and Coalition Member (October 13-14, 2015)*
- *IPFS Individual Strategies Discussion, Webinar, Coordinators (January 2016)*
- *IPFS Strategic Plan Guidance, Webinar, Coordinators (March 3, 2016)*
- *Community Check Box System Training, Webinar, Coordinators and local evaluators (April 6, 2016)*
- *IPFS Evaluation Plan Overview, Webinar, Coordinators and local evaluators (April 15, 2016)*
- *What Do You Throw Away Media Campaign Overview, Webinar, Coordinators (May 24, 2016)*
- *BASICS, Webinar, Coordinators and persons responsible for implementation (August 10-11, 2016)*
- *Impaired Driving, Alcohol Compliance Checks and Shoulder Tap Operations, Webinar, Coordinators and persons responsible for implementation (August 17, 2016)*
- *LifeSkills, Webinar, Coordinators and persons responsible for implementation (August 23, 2016)*
- *Social Host Law and Outlet Density: What Impact Do They Have in Your Community? Webinar, Coordinators and persons responsible for implementation (August 25, 2016)*

- *RBST Training and Alcohol Advertising: Changing the Culture*, Webinar, Coordinators and persons responsible for implementation (September 1, 2016)
- *All Stars*, Webinar, Coordinators and persons responsible for implementation (September 7-8, 2016)
- *LifeSkills*, Webinar, Coordinators and persons responsible for implementation (September 12-13, 2016)
- *Project Northland*, In-person in Guttenberg, Coordinators and persons responsible for implementation (September 20-21, 2016)
- *All Stars*, Webinar, Coordinators and persons responsible for implementation (September 20-21, 2016)
- *School and College Alcohol Policies: Working to Change Behavior and Outcomes*, Webinar, Coordinators and persons responsible for implementation (September 22, 2016)
- *Party Prevention and Controlled Party Dispersal and Basic Bar Investigations*, Webinar, Coordinators and persons responsible for implementation (September 29, 2016)
- *Strengthening Families*, In-person in Manchester, Coordinators and persons responsible for implementation (September 28-30, 2016)
- *Training for Intervention Procedures (TIPS)*, In-person in Des Moines, Coordinators and persons responsible for implementation (October 19-20, 2016)
- *Community Check Box: Indicators, Graphs, and Exporting Data*, Webinar, Coordinators (October 26, 2016)
- *Prime for Life*, In-person, Coordinators and persons responsible for implementation (November 8-10, 2016)
- *Prevention SustainAbilities: Understanding the Basics*, Webinar, Coordinators (March 22, 2017)
- *IPFS Action Planning*, Webinar, Coordinators (June 8, 2017)
- *Prevention SustainAbilities: Understanding the Basics*, Self-paced Webinar, Coordinators (March 12-23, 2018)
- *Prevention SustainAbilities: Planning for Success*, Self-paced Webinar, Coordinators (April 2-13, 2018)
- *IPFS Grant Update and Capacity Workbook Review*, Webinar, Coordinators (June 26, 2018)
- *Health Equity: Applications to Substance Misuse*, Webinar, Coordinators (July 6, 2018)
- *IPFS Regional Trainings*, In-person in Carroll, Sigourney, and Dubuque, Coordinators (September 26, 27, and 28, 2018)
- *IPFS FY19 Quarterly Progress Report Overview*, Webinar, Coordinators (November 16, 2018)
- *IPFS Sustainability Plan Feedback*, Webinar, Coordinators (January 25, 2019)
- *National CLAS Standards in Prevention*, Webinar, Coordinators (February 1, 2019)
- *Tri-Ethnic Community Readiness Overview for Close Out*, Coordinators (April 26, 2019)
- *Alcohol Enforcement Strategies*, Webinar, Coordinators (May 10, 2019)
- *Community Check Box Tools for Prevention*, Webinar, Coordinators (July 12, 2019)
- *Community Check Box Data Entry and Finalizing Reports*, Webinar, Coordinators (July 30, 2019)

An annual one-day IPFS Contractors Meeting was held in Des Moines, during the week of the Governor's Conference on Substance Abuse. This was an in-person gathering for all IPFS Contractors. IPFS County Coordinators and County Prevention Supervisors were required to attend. The agenda items included updates from the IDPH project team and other IDPH staff, activities arranged by the Capacity Coaches,

training on strategies and SPF, guest presentations from SAMHSA's CAPT and ZLR*Ignition*, and opportunities for counties to discuss, reflect, and share information. A total of six IPFS Contractors Meetings were held during the grant in November 2015, April 2016, November 2016, April 2017, April 2018, and April 2019.

IPFS County Coordinators were also required to attend the National Prevention Network (NPN) Conference, held annually in different cities across the U.S. Each conference lasted about three days and had a theme around prevention and covered related topics of interest. There were five NPN Conferences during IPFS:

- *Prevention Research to Practice in a Changing Environment*, Seattle, Washington (November 17-19, 2015)
- *Advancing a Prevention Agenda in an Era of Health Systems Reform*, Buffalo, New York (September 13-15, 2016)
- *Rooted in Tradition, Strengthened by Science, Evolving the Field of Prevention*, Anaheim, California (September 12-14, 2017)
- *A Revolution in Prevention: Understanding the Past, Informing the Future*, Boston, Massachusetts (August 28-30, 2018)
- *Building on Evidence-based Prevention to Connect Communities*, Chicago, Illinois (August 27-29, 2019)

[Optional Prevention Training - Topic Calls/Webinars](#)

Beginning in January 2016, optional special topic calls were held *monthly*. IPFS County Coordinators were encouraged to attend. These topics were determined by IDPH, based on survey feedback from participants on their interests. Training topics were facilitated by one of the former Capacity Coaches, who served in the role of training and technical consultant at IDPH. Topic calls were discontinued in November 2017 due to limited participation. IDPH transitioned to a new monthly prevention webinar training series for any prevention contractor. The first prevention webinar was held October 20, 2017. Recordings of all the Topic calls/webinars were posted to the project Workstation for IPFS County Coordinators to access even if they weren't able to participate.

A list of the topics discussed in all prevention training calls and webinars is provided below:

Topic Calls

- *Connecting the Dots*: Helping decision-makers see why some strategies fit better than others (January 2016)
- *Parent Engagement*: Ways to engage parents in prevention work (February 2016)
- *Youth Engagement*: Developed by youth leaders on how to help adults solicit youth participation (March 2016)
- *Using Strength-Based Approaches to Improve Communication for Personal and Professional Relationships* (May 2016)
- *CLAS Standards: Where are We and Where are We Going?* (July 2016)
- *Coalition Involvement During Implementation* (August 2016)
- *Communication*: Non-violent communication process (September 2016)

- *Planning for the FY17 IPFS Grant Year:* Completing Action Plans, spending funds, addressing implementation challenges (October 2016)
- *IDPH/State-Level Updates:* Suicide prevention, Iowa Youth Survey, tobacco prevention, and SPF-Rx grant (November 2016)
- *Alcohol Prevention Partner Updates:* Office of Drug Control, Alliance of Coalitions for Change (AC4C), and Governor's Traffic Safety Bureau (December 2016)
- *Working with Media Partners:* IDPH's Public Information Officer shares ideas (January 2017)
- *Budgeting and Needs Assessments:* How to account for services provided through the project outside of the Action Plan and review of needs assessments (February 2017)
- *Fidelity and Adaptation:* Engaging partners and target audience in checking and maintaining fidelity and identifying adaptation needs (March 2017)
- *Fidelity and Outcomes:* Engaging partners in monitoring fidelity and using shared outcomes to build capacity, make connections to the priorities and goals of other stakeholders (April 2017)
- *Youth Engagement and Iowa Youth Survey (IYS):* Recruiting and retaining youth and using IYS results to benefit prevention work (May 2017)
- *Utilizing Coalition Resources:* Resources and tools to help provide training for local coalitions (June 2017)
- *Technical Assistance and Brainstorming:* Open-ended time for discussion, questions, and sharing ideas and challenges (July 2017)
- *Individual Strategies* (August 2017)
- *Law Enforcement-Related Strategies* (October 2017)

Prevention Webinars

- *Media Advocacy:* Leveraging media to boost community readiness, engagement, and action (October 2017)
- *Prevention Across the Lifespan: Young Adults Training:* Engaging young adults in the SPF process (December 2017)
- *Increasing Community Coalition Impact through Best Practice, Part 1:* Meaningful engagement and increasing collaboration, ownership, and impact (January 2018)
- *Increasing Community Coalition Impact through Best Practice, Part 2:* Increasing coalition impact through shared responsibility (February 2018)
- *Leveraging Your Leadership: Utilizing Individual Management Styles To Get The Most from Your Staff, Coalition Members, and Volunteers* (March 2018)
- *Communication Skills to Affect Community Change:* effective meeting facilitation, action-oriented meetings, and empowering others (April 2018)
- *Communication Skills to Affect Community Change:* sharpening your communication skills, skills for approaching gate keepers and new partners (May 2018)
- *Bringing our Best to Prevention Efforts: Work Life Balance* (June 2018)
- *Using Health Equity Principles To Address Substance Misuse at the Community Level* (July 2018)
- *Measuring Media Metrics & Low-Cost Implementation of a Media Campaign* (August 2018)
- *Opioid Prevention Strategies:* Opioid crisis and Iowa Healthcare Collaborative's projects and tools (September 2018)

- *Iowa's Cannabidiol Program: Iowa's Medical Cannabidiol Act and IDPH's progress to implement the laws* (October 2018)
- *Identifying and Utilizing Data Sources in Iowa: how to use data and publically-available data sources* (November 2018)
- *Beyond ACES: Building Hope and Resilience: Examine Iowa's ACES data and how it can lead to later health outcomes* (December 2018)
- *National CLAS Standards in Prevention: practical ideas for how to apply CLAS Standards to prevention work* (February 2019) – **REQUIRED ATTENDANCE for IPFS COORDINATORS**
- *Not Your Grandpa's Cigarette: 21st Century Nicotine Products, Cessation and Prevention Services in Iowa* (March 2019)
- *Alcohol Enforcement Strategies for Iowa Communities* (May 2019)
- *Utilizing Conflict Conversation to Strengthen Understanding and Collaboration* (June 2019)
- *Is the Juice Worth the Squeeze? Why You Should be Interested in Quality Improvement* (July 2019)
- *Essential Project Management Skills for Prevention Professionals* (August 2019)
- *Nailed It! Creating Trainings and Presentations with Lasting Impact*, Webinar, Coordinators (September 2019)

Other optional trainings were periodically announced on the Workstation for IPFS County staff who were interested in attending. Various topics were hosted by IDPH's AmeriCorps Substance Abuse Prevention Program, IDPH's Training Resources, Global Evaluation Solutions, Midwest Counterdrug Training Center for Substance Abuse Prevention Skills Training and Prevention Ethics (required if not already a certified Prevention Specialist), ZLR*Ignition*, and SAMHSA's CAPT. However, only trainings offered through IDPH could be funded through county IPFS grants.

IPFS Project Timeline and Milestones

SAMHSA's CSAP expected its subrecipients to quickly begin implementing interventions. In Iowa, the preparation phase focused on the Assessment, Capacity and Planning steps and lasted for nearly two years (October 2014 to approximately July 2016). The implementation phase, during which time the counties carried out their strategies, occurred during the remaining three years of the grant (August 2016 through September 2019). Iowa's implementation lag is consistent with other grantees funded nationally, as reported in SAMHSA's national cross-site evaluation report.⁵

IDPH's transition from the previous SPF-SIG grant to IPFS was seamless and work on the new project began almost immediately. However, using the SPF process allowed Iowa's grant-funded counties time to thoroughly plan, assess, and train before implementing any prevention strategies. This process contributed to the implementation lag. It was overseen by IDPH, and thoroughly documented along the way.

⁵ "Program Evaluation for Prevention: Partnerships for Success Final Evaluation Report" (September 2018). Substance Abuse and Mental Health Administration PEP-C. <https://tinyurl.com/ygy8s5ns>

[IDPH Workbooks](#)

IDPH guided the counties in planning and implementation by creating workbooks that provided instructions, expectations, and deadlines for submitting project deliverables, and other resources for reference. The following workbooks were provided to counties:

- IPFS Grant Checklist and Orientation Process
- Disparate Population Guidance for Counties
- IPFS Suicide Prevention Services
- IPFS County Assessment Workbook
- IPFS Tri-Ethnic Community Readiness Assessment Process
- IPFS Capacity Workbook
- IPFS Evidence-Based Practice Selection and Planning Workbook
- IPFS County Strategic Plan Guidance
- IPFS Implementation Guide
- IPFS Evaluation Primer and Guide
- Action Plan Report Template
- IPFS County Sustainability Plan Template
- IPFS Project Closeout Guide

[County Project Deliverables](#)

County IPFS staff worked with their local coalitions and other stakeholders to complete the required project deliverables. IPFS counties completed the following project deliverables by the deadlines:

- County Assessment Workbook (CAW) – June 30, 2015
- Tri-Ethnic Community Readiness Surveys, Beginning of grant – June 30, 2015
- Capacity Workbook – September 8, 2015
- Strategic Plan – February 12, 2016
 - Logic Model
 - Action Plan
- Evaluation Plan – July 1, 2016
- Action Plan Report – October 31, 2016
- Sustainability Plan – October 31, 2018; (Update) February 28, 2019
- Tri-Ethnic Community Readiness Surveys, End of grant – September 13, 2019
- Close Out Documentation – September 13, 2019
 - Lessons Learned
 - County Assessment Data Summary
 - County Evaluation Summary
- Performance Measures - October 18, 2019

These documents were not only intended to guide work at the county-level, but they were also used to communicate counties' plans with IDPH. Counties submitted project deliverables to IDPH for feedback. Sometimes, multiple rounds of revisions over the course of several months occurred before being approved by IDPH.

Counties updated project deliverables on an ongoing basis when new data became available or plans changed. IDPH reviewed Capacity Workbooks annually. At the end of the grant, counties were required to submit additional close out documentation.

Other County Reports

Another IDPH requirement was the submission of IPFS Quarterly Progress Reports for its contractors, including IPFS-funded counties. These were completed in IowaGrants.gov, a state-level contract management system.

IPFS County Coordinators used the CCB system to report to IDPH for state-level monitoring and evaluation. IPFS County Coordinators reported all strategy activities completed and indicator data (outcome measures) for each strategy. Activities were reviewed monthly by University of Kansas staff and the IPFS Project Director. Indicators were reviewed quarterly by the IPFS State Evaluator. Feedback was provided.

Counties were instructed to work with their local prevention coalitions to complete Fidelity Checklists. For individual strategies, Fidelity Checklists were provided by program developers to ensure that the core components were delivered in programs for youth. For environmental strategies, Fidelity Checklists were created by IDPH based on available strategy information and research and were provided in the IPFS Implementation Guide. Counties were instructed to complete Fidelity Checks at least twice per year. It should be noted that the counties did not actually submit Fidelity Checklists to IDPH, although the core components from the Fidelity Checklists had to be included in their Action Plans and reporting on each strategy's fidelity process was required in the IPFS Quarterly Progress Report.

IPFS County Coordinators completed SAMHSA's Community-Level Instrument - Revised (CLI-R) survey, as required by the federal funders for monitoring purposes and the national cross-site evaluation. These surveys were submitted in the federal reporting system, the Program Evaluation for Prevention Contract Management Reporting Tool (PEP-C MRT). The CLI-R collected data about subrecipient's (county) progress through the SPF, community capacity, and prevention interventions being implemented. It contained questions about obstacles counties faced during implementation of the SPF, characteristics of the prevention strategies, costs, and collaborating partners. IDPH provided a guidance document to help counties answer the questions. These were completed twice per year for the following reporting periods, but were eventually discontinued by SAMHSA:

- 10/1/2014 to 3/31/2015
- 4/1/2015 to 9/30/2015
- 10/1/2015 to 3/31/2016
- 4/1/2016 to 9/30/2016
- 10/1/2016 to 3/31/2017
- 4/1/2017 to 9/30/2017

IPFS County Process

County-Level Project Staff

Each county was eligible to receive \$1,045,300 total or up to \$87, 108 per year during the grant. The county IPFS team consisted of an IPFS County Coordinator, an IPFS Prevention Supervisor, and an IPFS Evaluator, who were contracted by IDPH through the agency responsible for implementing the IPFS grant in the county.

The county coordinator was a full-time position to coordinate project activities and oversee the implementation of the prevention strategies in the county. A prevention supervisor could be funded at up to 10% of a current position to provide guidance and oversight of the county coordinator's work and attended some of IDPH's meetings, trainings, and calls. Each county selected and subcontracted a local evaluator to work periodically on the project. The role of the Local Evaluator was to help monitor and provide feedback for the county's SPF process and assist in the collection of data for the county assessments (including Tri-Ethnic surveys), strategy implementation, capacity, and evaluation.

There was staff turnover during the project, especially in the county coordinator position. Of the 12 counties, only five IPFS coordinators served in their role since the beginning of the project (Allamakee, Appanoose, Emmet, Van Buren, and Webster). The other 7 counties had coordinator turnover, sometimes having multiple staff in that role over the course of the project. Turnover happened to a lesser extent for the prevention supervisors. Only one new supervisors joined the project.

Local Coalition/Council

A requirement of the grant was that the county-level project staff work with their local substance abuse prevention coalition or council during the project. While coalition membership and participation could vary or change over time, IDPH required the following representation on the local coalition/council:

- Drug Free Communities Support Program grantee (if applicable)
- Other substance abuse prevention coalitions (if applicable)
- Public health
- Law enforcement
- Schools
- Juvenile court/corrections
- Youth
- Elected county and city officials (Board of Supervisors, city council representatives, mayors, etc.)
- Behavioral health (therapist, Department of Human Services representative, etc.)
- Military (active duty, veteran, County Veterans Affairs representative, etc.)
- Other substance abuse prevention grantees (Enforcing Underage Drinking Laws, STOP Act, National Highway Traffic Safety Administration, etc.)
- Media
- Representatives from the strategy target

Additional community representation mentioned by some counties in their strategic plans included social services, parents, business owners, senior citizens, civic groups, healthcare providers, colleges, alcohol retailers/servers, suicide prevention organizations, and faith-based/religious organizations. Some coalitions were volunteer-based. Some coalition/councils had broader missions to meet

prevention priorities beyond just IPFS, while others were more narrowly focused. They typically met monthly.

The IPFS County Coordinators worked with their local coalition/Collaboration Councils through each step of the SPF process, including county assessment, planning, implementation, monitoring, and sustainability. They also were responsible for ensuring representation on the council and diversity of membership.

County Description and Planned Activities

This section provides the narratives that each of the 12 IPFS counties provided in their deliverables to describe their county. It also provides information about their selected strategies. Information was collected from a variety of sources, including project deliverables, documentation submitted to IDPH, Census population estimates, Iowa Youth Survey, coalition website or facebook pages, a survey of IPFS staff, and other project documents. Other sources of information were County Assessment Workbooks, Community Check Box Accomplishments, and Tri-Ethnic Community Readiness Assessments, described in more detail below.

County Assessment Workbook

In 2015, IPFS counties completed the County Assessment Workbook (CAW), a comprehensive review of data to help counties identify their local needs. Data was gathered and analyzed from multiple sources, such as Census demographics, IDPH (e.g. treatment admissions, youth consumption, and youth-reported alcohol availability and norms of acceptance), Iowa Alcoholic Beverages Division (liquor licenses), and Iowa Courts (alcohol-related crime), as well as town halls conducted in communities, and local interviews with key stakeholders. This process was intended to help counties better understand the local context and norms surrounding underage drinking and the extent of the youth drinking problem to help identify appropriate IPFS strategies.

Community Check Box Accomplishments

Counties documented the activities they completed during project implementation in Community Check Box: Accomplishments. Codes were developed to describe the activities and are defined below:

- Community Change – A new or modified program, policy or practice in the county facilitated by the initiative and related to its mission. Also includes a delivered service, such as training, teaching, or other valued goods or activities. For many services, the first time the activity happens it is considered a community change.
- Community Action – Steps toward county changes, and action to bring about a specific new or modified program, policy, or practice in the county or system. For example, in order to pass a policy, you may have to meet with the County Attorney.
- Development Activity - Internal activities which build the capacity of the coalition/Collaboration Council and allow it to address its goals and objectives (e.g., staff training, focus groups, sustainability plan, etc.).
- Media - Coverage of the initiative or its accomplishments by the media. Only coded as Media if an event is specifically “branding” the coalition/council and the IPFS strategies.
- Resources Generated - Acquisition of financial, human and material resources internal to the coalition or Council.

- Other - Items for which no code or definitions have been created.

Tri-Ethnic Community Readiness Assessment

Another important source of information was the Tri-Ethnic Readiness Assessments, which counties completed at the end of SPF-SIG for underage drinking (Fall 2014) and the first year of IPFS for binge drinking (June 2015). All counties completed these again in the final year of IPFS (May 2019). This was an essential part of the SPF’s county assessment process and also used to measure change in the county’s readiness and capacity over time.

This assessment was created by the Tri-Ethnic Center for Prevention Research through Colorado State University, as a tool to assess the readiness of a community for change on an issue. The basic premise is that a community’s level of readiness should be appropriately matched to an intervention in order to increase the chances of success.

The tool assesses six dimensions of community readiness: 1) knowledge about the issue; 2) community efforts; 3) community knowledge of efforts; 4) leadership; 5) community climate; and 6) resources for prevention efforts. Counties gathered information by interviewing key local informants and then scored the interviews separately for each priority of underage drinking and binge drinking. Based on the scores, a community was placed in one of the stages of community readiness. The table shows the rating scale for the Tri-Ethnic Community Readiness Assessment.

Table 4: Stages of Readiness from Tri-Ethnic Community Assessment

Stage of Readiness	Description
1. No Awareness	Issue not generally recognized by the community or leaders as problem.
2. Denial/Resistance	At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.
3. Vague Awareness	Most feel that there is a local concern, but there is no immediate motivation to do anything about it.
4. Pre-planning	There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused.
5. Preparation	Active leaders begin planning. Community offers modest supports.
6. Initiation	Enough information is available to justify efforts. Activities underway.
7. Stabilization	Activities are supported by administrators or community decision makers. Staff are trained and experienced.
8. Confirmation/Expansion	Efforts are in place. Community members feel comfortable using services, and support expansions. Local data are regularly obtained.
9. High Level of Community Ownership	Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new direction.

[Allamakee](#)

Allamakee County is located in the north-eastern corner of Iowa and borders two states, Minnesota and Wisconsin. It is the home of Iowa's only National Park, Effigy Mounds as well as activities on the Mississippi River. The county seat is Waukon. The county has an immigrant population. The 2017 Census American Community Survey estimated a population of 13,940, of which approximately 10.5% were aged 12-20. As in many rural places in Iowa, the county's population has shown a trend of decline over the years.

The county previously received funding from IDPH through the SPF-SIG grant. During SPF-SIG, relationships were reportedly improved between retail alcohol establishments and local community police. The county continued its efforts during IPFS to specifically address enforcement, promotion, and individual factors for underage drinking (intervening variables) and social availability for binge drinking. Through the county assessment process, the county identified parental perceptions as a concern and challenge contributing to underage drinking. In many cases, minors were consuming alcohol at home because parents believed it was safer at home than if they drink and drive. Community norms also supported drinking alcohol to celebrate a variety of social events, which could influence youth's perceptions of alcohol. The 2014 Iowa Youth Survey reported that 39% of the county's eleventh graders consumed alcohol in the past 30 days and 28% of eleventh graders had 5 or more drinks in a row in the past 30 days, enough to qualify as a binge.

At the beginning of the project, there was only a vague awareness of the problem in the county and some recognition of the need for planning, but reportedly no immediate motivation or willingness to do anything until something bad happened. The County Board of Supervisors was contracted by IDPH to carry out IPFS over the course of the 5 year grant period. The county's local council was the Allamakee Substance Abuse Prevention Council (ASAP). ASAP began in 1984 as a grassroots effort and is county-funded. Its mission is to reduce the rate and effects of substance use and abuse in the county by providing education, information, consultation, and resource and referral services to residents. They use an asset-building approach, striving to provide activities and lessons that are both fun and educational.

The county decided to specifically focus on 11th graders as a disparate population in addressing both IPFS priorities, underage drinking and youth binge drinking. They implemented the following IPFS prevention strategies:

- **Required IDPH Media Campaign (6/21/16 – 9/30/19).** Allamakee County planned to work with all three school districts in the county to display campaign materials in schools and other places in the community frequented by youth. Youth involved in ASAP council would help distribute materials. The goal was to reach 85% in youth target population.
- **Compliance Checks (6/21/16 – 9/30/19).** Allamakee County selected this strategy to address enforcement at bars and taverns in the county. Previously, SPF-SIG funded compliance checks of convenience and grocery stores, however they found these stores to already overwhelmingly be in compliance with state laws in refusing alcohol to minors. Therefore, they changed their focus during IPFS to more efficiently use enforcement resources for the bars and taverns, who were

less likely to be in compliance, especially those in areas outside of the municipal police jurisdiction. They used youth decoys to attempt to purchase alcohol. The goal was to conduct compliance checks at 75% of the 18 bars/taverns in the county, three times per year, and have a compliance rate of 85%.

- **Enforcement of Administrative Penalties (6/21/16 – 11/20/17).** This strategy was discontinued by IDPH. The county replaced it with Responsible Beverage Service Training.
- **Responsible Beverage Service Training (11/20/17-9/30/19).** This strategy was required to be used alongside compliance checks. It was approved to use as a separate IPFS strategy in Allamakee County when Enforcement of Administrative Penalties was discontinued. The county planned to offer TIPS training to all alcohol establishments in the county. These trainings would be offered four times per year by the ASAP director, with help from law enforcement. Documentation and tracking of successful retail establishments, and training completion certificates, to be given to attendees. The goal was 50% RBST completion among bar and taverns in the county.
- **Social Host (6/21/16-9/30/19).** This was selected to address social access, particularly addressing the county's identified problem in youth binge drinking at home or parties. The county intended to use this strategy to pass a local ordinance that would create civil fines for response recovery costs. Property holders, including tenants and landlords, would be held liable for the costs associated with law enforcement responding to reports of parties or underage drinking on their property.
- **Project Northland (6/21/16-9/30/19).** Allamakee County selected this strategy for 8th graders (ages 13-14) using the Powerlines curriculum. The ASAP Council Director was already a trainer for teaching the program to 6th graders, so IPFS funds would be used to expand the program for older students. They planned to implement it in one school district and then expand it to others during IPFS, reaching 60% of 8th graders in the county.

Allamakee County completed 883 activities during strategy implementation. Of those activities, 77.3% were development activities (n=683), 8.5% were media (n=75), 7.5% were community changes (n=66), 5.5% were community action (n=49), 0.7% were resources generated (n=6), and 0.5% were other (n=4).

The Allamakee County Tri-Ethnic Readiness Assessment results showed an increase in the county's stage of readiness to address both underage drinking and binge drinking. At the beginning of IPFS, the county was at Stage 3, Vague Awareness. At the end, the county was at Stage 4, Pre-planning.

Of the IPFS strategies implemented in Allamakee County, two strategies were to be sustained after the project ended: Compliance Checks and RBST. The two strategies went hand-in-hand. The county thought there was still some room for improvement in the small number of bars and taverns in non-compliance. Three law enforcement agencies in the county planned to absorb compliance checks into their workloads. Training through TIPS was able to be offered for free to alcohol establishments in the county, with very little costs besides purchasing booklets. The ASAP Council Director planned to continue to facilitate the trainings. Of the strategies being discontinued, Project Northland was a challenge in working with school's schedules and the coalition's work was complete on the Social Host Ordinance, which passed.

[Appanoose](#)

Appanoose County is located in southern Iowa and borders Missouri. It is the home of Lake Rathbun, a

well-known recreational resort during the summer. The county seat is Centerville. Historically, many different nationalities were drawn to the county to find employment in the coal mines, but more recently, Cline Industries has helped develop the communities and bring many new businesses to the area. There has also reportedly been an influx of Amish settlers in recent years. The 2017 Census American Community Survey estimated a population of 12,547, of which approximately 9.1% were aged 12-20. The southern part of the state, including Appanoose County, has shown a trend of high poverty rates through the generations, a factor which has contributed to generational drinking and other problems in the county.

The county previously received funding from IDPH through the SPF-SIG grant. During SPF-SIG, Centerville passed a Social Host Liability ordinance (No. 1304) in October 2013. The purpose of the ordinance was to prohibit the consumption of alcoholic beverages by persons under age 21 and to prohibit gatherings where persons knowingly allowed or permitted the underage drinking of alcoholic beverages to occur on property they own or control. The county continued its efforts during IPFS to specifically address enforcement, promotion, and individual factors for underage drinking (intervening variables) and enforcement for binge drinking. During their county assessment process, the county identified the rates of underage possession of alcohol arrests, use of alcohol due to the lack of social events in this predominantly rural county, and a permissive culture including parents not minding if their kids drink. The 2014 Iowa Youth Survey reported that 28% of the county's eleventh graders consumed alcohol in the past 30 days and 16% of eleventh graders had 5 or more drinks in a row (binged) in the past 30 days.

At the beginning of the project, there was some recognition in the community that there was a problem, however there was less acknowledgement by youth. Furthermore, there had not yet been any concentrated efforts focusing directly on underage binge drinking. The Southern Iowa Economic Development Association (SIEDA) was contracted by IDPH to carry out IPFS over the course of the 5 year grant period. The county's local council was the Appanoose County Collaboration Council (ACCC). The council formed in April 2011, as part of the SPF-SIG grant. It is focused on utilizing the SPF process to prevent underage alcohol use and other related issues in the county.

The county decided to specifically focus on 11th graders as a disparate population in addressing both IPFS priorities, underage drinking and youth binge drinking. The county implemented the following IPFS prevention strategies.

- **Required IDPH Media Campaign (7/12/16 – 9/30/19).** Appanoose County planned to work with all three county school districts to display campaign materials in middle and high schools, as well as locating other places in the community frequented by youth. In order to increase youth buy-in, feedback was sought from youth to help develop the strategy, write letters to the newspaper editor and success stories, and make sure the media venues reached the target population. Goal was to reach 75% in youth target population.
- **Apply Appropriate Penalties to Minors in Possession of Alcohol (MIP) (7/12/16 – 9/30/19).** Appanoose County selected this strategy with the belief that increasing police presence in local alcohol establishments would send merchants the message that selling or providing alcohol to underage youth was not tolerated. The council planned to partner with law enforcement and local leadership to conduct walk-throughs of liquor establishments. The goal was to conduct bi-

annual walkthroughs of at least half of the 44 establishments. Also, require alcohol warning signs to be posted at *all* 44 of the liquor establishments in the county.

- **School Policies (7/12/16 – 9/30/19).** This strategy was chosen to address individual factors contributing to youth drinking. The county decided to work with at least two of the three school districts in the county to revise or update current policies about alcohol and drug use and ensure that policies were consistent and clear. Also, they would hire an extra resource officer to monitor school grounds, develop additional policies requiring all students in middle school and high school to complete yearly education on the consequences of underage drinking and substance abuse, and possibly revise the current open lunch policy for all grades in high school.
- **Life Skills (7/12/16 – 9/30/19).** This strategy was chosen to reach middle schoolers in 6th, 7th, and 8th grades. A teacher in the Centerville School District would be trained to teach the program. They would implement it in one school district and then expand it to others during IPFS, with the goal of reaching at least 70% of middle schoolers in the county. The first level in 6th grade was a total of 15 classes, once a week for 15 weeks; the second level in 7th grade was 10 classes once a week for 10 weeks; and the third level in 8th grade was 5 classes once a week for 5 weeks. This cycle would be ongoing with a new 6th grade class starting the program each new school year.
- **Enforcement of Impaired Driving Laws (7/12/16 – 9/30/19).** The enforcement strategy intended to target youth ages 14-20 to prevent or reduce drunk driving, binge drinking, and raise awareness through increased law enforcement visibility. Local Law enforcement had conducted saturation patrols in the past, although it was largely dependent on funding and hadn't been used in recent years. The county planned to work with law enforcement to conduct saturation patrols and seat belt enforcement zones, 4 times per year during high profile events (e.g. Prom night, Graduation, Summer Bash at Lake Rathbun, Saint Patrick's Day, or New Year's Eve). The goal was to reach at least 80% of the 14 to 20 year old drivers in the county.

Appanoose County completed 719 activities during strategy implementation. Of those activities, 65.6% were development activities (n=472), 19.5% were community action (n=140), 9.2% were media (n=66), and 5.7% were community changes (n=41).

The Appanoose County Tri-Ethnic Readiness Assessment results showed an increase in the county's stage of readiness to address both underage drinking and binge drinking. At the beginning of IPFS, the county was at Stage 4, Pre-planning. At the end, the county was at Stage 5, Preparation. The county noted that it has seen an increase in programs raising awareness of the issue and more people have expressed interest in being involved in the efforts and supporting the changes.

Of the IPFS strategies implemented in Appanoose County, two strategies were to be sustained after the project ended: Life Skills and School Policies. The county saw improvement at Centerville School from the first school year of Life Skills to the second year in regards to the percentage of students who thought underage drinking, controlled substances and smoking was wrong. Centerville schools would be responsible for taking charge of the program and the council would continue collaborating to ensure fidelity and monitoring needs were met. The council also planned to continue to work with the schools to help them enforce the newly created policies and educate residents about them. The law enforcement strategies were discontinued primarily due to costs.

Audubon

Audubon County is the third smallest county in Iowa, and the most rural of the IPFS counties. It is located in west-central Iowa, and the county seat is Audubon. The population is predominantly white and works in agricultural businesses. The 2017 Census American Community Survey estimated a population of 5,711 of which approximately 10.0% were aged 12-20. As in many rural places in Iowa, the county's population is aging and has shown a trend of decline over the years. Family ties run deep, with few new residents moving in due to the lack of job opportunities. There are also very few recreational opportunities, however the community raised funds to recently open a new Audubon Recreation Center for bowling and community entertainment. Despite the small population, the county was progressive in their ideas and pursuit of a higher standard of living.

The county previously received funding from IDPH through the SPF-SIG grant. During SPF-SIG, the county reported reaching 100% of the target population for the underage drinking and binge drinking media campaigns, as reported by students on school and Facebook surveys. The county continued its efforts during IPFS to address community norms, promotion, and individual factors for underage drinking (intervening variables) and social availability and enforcement for binge drinking. During the county assessment process, the county identified the lack of youth educational programs about the dangers of alcohol and its consequences as a concern and a challenge. The 2014 Iowa Youth Survey reported that 23% of the county's eleventh graders consumed alcohol in the past 30 days and 8% of eleventh graders had 5 or more drinks in a row (binged) in the past 30 days.

At the beginning of the project, there was already an awareness of the problem, in part due to other efforts in the community for the last 5 to 20 years, but the climate was still one of social acceptance for "kids to be kids." New Opportunities, Inc. was contracted by IDPH to carry out IPFS over the course of the five year grant period. The county's local coalition was the Healthy Teen Coalition (HTC), which formed in 2011. HTC's mission is to help youth live up to their potential by reducing high-risk behaviors. The IPFS subcommittee within the coalition focused specifically on preventing underage drinking and underage binge drinking as part of the coalition's overall vision.

The county decided to specifically focus on youth ages 14 and 15 as a disparate population in addressing both IPFS priorities, underage drinking and youth binge drinking. The county implemented the following IPFS prevention strategies

- **Required IDPH Media Campaign (7/14/16 – 9/30/19).** Audubon County planned to primarily focus on social media and county schools to display campaign materials. Feedback was sought from youth in focus groups to identify appropriate media outlets to reach the target population. Goal was to reach 90% in youth target population.
- **School Policies (7/14/16 – 9/30/19).** This strategy was chosen to address community norms contributing to youth drinking by shifting the school's culture from promoting athletics and popularity to one of wellness and health. The subcommittee researched school policies in neighboring counties and proposed including youth in the planning process and conducting a student survey. They found several areas lacking in current school policy, including assistance with substance abuse problems, law enforcement presence at extracurricular events, requiring students to sign a good conduct policy, including a reduced penalty for students who self-report

problems. This strategy would affect Audubon Community Schools by creation or enhancement of one school policy per year.

- **PRIme for Life (7/14/16 – 11/9/2017).** Audubon County selected this strategy and trained facilitators on its curriculum, but ultimately changed to the Life Skills strategy in November 2017 due to the facilitators declining to teach the PRIme curriculum. They did not believe the curriculum would be a good fit for their schools.
- **Life Skills (11/9/17-9/30/19).** The county and schools decided Life Skills would be a more appropriate fit in the schools, so this strategy was approved to replace PRIme for Life. The focus was to address individual factors. The target population was *all* 8th and 9th graders in Audubon (full school district) and Exira (partial school district).
- **Apply Appropriate Penalties to Minors in Possession of Alcohol (MIP) (7/14/16 – 9/30/19).** This strategy was selected to address enforcement around reducing underage binge drinking. They focused efforts on two areas: walk-throughs of merchants and planned party patrols. Walk-throughs by law enforcement would be conducted at *all* on-premise liquor establishments in the county (9), once monthly. Media advocacy efforts included certificates of recognition for participating merchants that support IPFS and a newspaper article featuring them. The party patrols were scheduled to occur four times per year.
- **Alcohol Use Restrictions in Public Places (7/14/16 – 9/30/19).** The county selected this strategy to address social availability in order to reduce youth binge drinking. They intended to use the strategy to implement two new policies regarding alcohol consumption in public places, including requiring responsible beverage serving practices at special events held in public places, and another policy stating that all alcohol consumed in public places during events must be purchased from an on-site vendor. Another part of the strategy was to monitor *all* 21 of the city and county parks, county campgrounds, school playgrounds, town squares, ball parks, and tourist destinations at a minimum, monthly.

Audubon County completed 756 activities during strategy implementation. Of those activities, 59.4% were development activities (n=449), 22.4% were community changes (n=169), 9.7% were media (n=73), 7.4% were community action (n=56), 0.9% involved multiple types of activities (n=7), and 0.3% were other (n=2).

The Audubon County Tri-Ethnic Readiness Assessment results showed a decrease in the county's stage of readiness to address underage drinking and binge drinking. For underage drinking, the county decreased from Stage 4 (Pre-Planning) at the beginning of IPFS to Stage 2 (Denial/Resistance) at the end. For binge drinking, the county decreased from Stage 5 (Preparation) at the beginning to Stage 3 (Vague Awareness) at the end. The county noted that the community is not broadly informed about resources and generally does not acknowledge it as an issue.

Of the IPFS strategies implemented in Audubon County, two strategies were to be sustained after the project ended: Apply Appropriate Penalties to Minors in Possession and Alcohol Use Restrictions in Public Places. Law enforcement and the public gave positive responses about the activities and the coalition had good relationships with law enforcement, who agreed to continue the strategies going forward. Law enforcement planned to conduct monthly walk-throughs at retail establishments, monthly monitoring of public places, and party patrols as part of their regular operations and service to the community.

Chickasaw

Chickasaw County is located in north-eastern Iowa. The county seat is New Hampton. The county is predominantly white and reports a trend of young people returning to the county after college. The 2017 Census American Community Survey estimated a population of 12,140 of which approximately 11.2% were aged 12-20.

The county previously received funding from IDPH through the SPF-SIG grant. During SPF-SIG, the county focused much of its efforts to promote prevention through the use of the underage drinking and binge drinking media campaigns, reaching approximately 80% of both the youth and young adult target population. Also, the county had success partnering with Iowa State Patrol to implement compliance checks. The county continued its efforts during IPFS to address promotion and individual factors for underage drinking (intervening variables) and social availability and enforcement for binge drinking. During the county assessment process, the county identified that youth were drinking due to having a culture that normalized drinking, parents and older family members believing that it's important for kids to get "use" to drinking, a desire to be popular and socialize, and a sports culture that encourages young people to drink. The 2014 Iowa Youth Survey reported that 26% of the county's eleventh graders consumed alcohol in the past 30 days and 17% of eleventh graders had 5 or more drinks in a row (binged) in the past 30 days.

At the beginning of the project, there was a general awareness of the work that the local coalition had already done to reduce underage drinking. There was momentum to move forward, but the county was still working against the idea that drinking was somewhat a rite of passage engrained in the social culture. Pathways Behavioral Services was contracted by IDPH to carry out IPFS over the course of the five year grant period. The county's local coalition was the Chickasaw Connections, Inc. (CC). The coalition has a history that dates back to 1987, although it got its current name in 2014 after rebranding itself and launching a non-profit organization around promoting health choices. CC's mission statement is to promote community partnerships focused on developing and maintaining healthy lifestyles to prevent and reduce youth and adult substance use.

The county decided to specifically focus on youth not involved in extracurricular activities as a disparate population in addressing underage drinking, and females ages 16-18 as a focus population for youth binge drinking. The county implemented the following IPFS prevention strategies:

- **Required IDPH Media Campaign (6/1/16 – 7/31/19).** Chickasaw County planned to distribute the media campaign in multiple settings, conduct school surveys and assess media outlet information to ensure reach of the target population, and review media placement at least twice per year. The goal was to reach 85% in youth target population.
- **All Stars (6/1/16 – 7/31/19).** The strategy was selected by the county to address individual factors and change social norms. The coalition planned to work with the school to develop an implementation plan. Seventh graders in three of the four middle schools in the county were the target population, and the program intended to reach 95 seventh graders each school year. Facilitators trained to use the program were a school guidance counselor and a health teacher. They were to deliver a total of 13 sessions.

- **Best Practices for Alcohol Advertisements in Public Places (6/1/16 – 7/31/19).** This strategy addressed alcohol promotion and its name was slightly modified to more accurately represent the positive work the county wanted with its retailers. Rather than passing an ordinance, they wanted to work directly with retailers. The goal was to have at least half (8) of the 15 convenience/grocery stores strengthen or create new written policies on the number of alcohol advertisements or placement of advertisements in their establishments. The coalition decided to focus on convenience stores and grocery stores because youth were more likely to visit them than bars and liquor stores. Efforts would involve distributing educational materials, publishing information in the media, conducting environmental scans, working to help retailers enforce and monitor their policies, and recognizing the efforts of volunteers and retailers.
- **Best Practices for Alcohol Use in Public Places (6/1/16 – 7/31/19).** This strategy addressed social availability contributing to youth binge drinking. Its name was slightly modified to reflect the county wanting to positively work with its city leaders to develop concise policies for alcohol use in public spaces. They decided to focus on city parks rather than county parks, because they were more frequently visited and monitored by law enforcement. The goal was for 3 of the 7 cities in Chickasaw County to modify or create new written policies for alcohol use and sales in the city parks. The policies would focus on deterrence of community members from providing alcohol to minors, using best practices at events selling alcohol, and making it easier for law enforcement to monitor activity. They would *not* completely ban alcohol at parks.
- **Apply Appropriate Penalties to Minors in Possession of Alcohol (MIP) (6/1/16 – 7/31/19).** The county selected this strategy to overcome the challenge of having limited resources for enforcement. This strategy included more consistent retail enforcement (to compliment beverage server trainings) by conducting regular bar walk-throughs, especially in rural areas, and also enforcement in areas youth typically access alcohol. Their goal was to work with the County Sheriff to conduct 27 walk-throughs at all 9 bars/taverns in their county's jurisdiction (Lawler, Alta Vista, North Washington, Ionia, Fredericksburg, Bassett, and Jerico) at least twice per year. They planned to work with the County Sheriff and Nashua Police to conduct 54 hours of party patrols in the county.

Chickasaw County completed 823 activities during strategy implementation. Of those activities, 68.4% were development activities (n=563), 13.6% were community action (n=112), 12.2% were community changes (n=100), 5.2% were media (n=43), 0.4% were other (n=3), and 0.2% were resources generated (n=2).

The Chickasaw County Tri-Ethnic Readiness Assessment results showed no change in the county's stage of readiness to address underage drinking and binge drinking. At the beginning of IPFS, the county was at Stage 4, Pre-planning. At the end, the county was still at Stage 4, Pre-planning, although its calculated scores showed slight improvement. The county noted that community members could identify the leaders in the community and the coalition's progress, but coalition membership has declined and there is still more work to be done.

Chickasaw County's IPFS project ended two months early on July 31, 2019 due to coordinator resignation/ loss of funding. Nevertheless, their sustainability plan indicated that the coordinator's responsibilities would be transferred to the coalition members. Of the IPFS strategies implemented in Chickasaw County, two strategies were to be sustained after the project ended (1. Apply Appropriate Penalties to Minors in Possession and 2. All Stars) and continue support for one strategy (3. Best

Practices for Alcohol Use in Public Places strategy). The first strategy would be financially supported and carried out by the county sheriff to conduct bar walk-throughs and party patrols, although widespread support of it was lacking among some sectors in the community. All Stars had the support of schools, parents, and students. It would be sustained and financially supported by all three schools currently offering the curriculum and possibly a fourth school district exploring offering it in their school. The final strategy had support among community event organizers. The county planned to continue to provide education on best practices and provide ID scanners, wristbands, and signage during events.

Clayton

Clayton County is located in northeastern Iowa and borders Wisconsin. The county seat is Elkader. It has recreational opportunities, including things to do on the Mississippi River. The 2017 Census American Community Survey estimated a population of 17,711 of which approximately 10.1% were aged 12-20. The population of Clayton County is primarily white. As in many rural places in Iowa, the county's population has shown a trend of decline over the years, although the educational level of residents has slightly risen.

The county previously received funding from IDPH through the SPF-SIG grant. During SPF-SIG, the county focused much of its efforts on prevention by way of underage drinking and binge drinking media campaigns, reaching approximately 80% of both the youth and young adult target population. Also, the county partnered with the Sheriff's Department to implement Shoulder Taps. The county continued its efforts during IPFS to address individual factors, social availability, and community norms as contributors (intervening variables) to both underage drinking and binge drinking. During their assessment process, the county identified the use of alcohol in rural areas, such as farms and abandoned places, as a primary concern and challenge. Also of concern was youth access to alcohol across the border in Wisconsin, a state that allows underage drinking in bars in the presence of a parent or spouse (aged 21+). The 2014 Iowa Youth Survey reported that 23% of the county's eleventh graders consumed alcohol in the past 30 days, and 14% of eleventh graders had 5 or more drinks in a row (binged) in the past 30 days.

At the beginning of the project, there was little knowledge in the county that underage binge drinking was occurring locally and information about the problem was not widely available. Because of this, there were few prevention efforts. Substance Abuse Services for Clayton County was contracted by IDPH to carry out IPFS over the course of the five year grant period. The county's local council was the Clayton County Community Collaboration Council (5C). 5C started in 2011 as part of SPF-SIG. Its mission is to make a difference in the community through education and initiatives. It is working to address underage drinking in the county through education, law enforcement initiatives, policy change, and general discussions with the public.

The county decided to specifically focus on eleventh graders as a disparate population in addressing both IPFS priorities, underage drinking and youth binge drinking. The county implemented the following IPFS prevention strategies:

- **Required IDPH Media Campaign (8/1/16 – 9/30/19).** Clayton County planned to use six media venues to distribute the media campaign, including posters, radio, movie theater ads, screensavers, popcorn bag stickers, and online ads. The county was partnering with local schools and organizations to develop a constant message for youth. Periodic review of media statistics identified appropriate reach and shifting efforts if needed and a media advocacy plan served to

provide updates about progress and engage the community. The goal was to reach at least 75% in youth target population.

- **Apply Appropriate Penalties to Minors in Possession (8/1/16 – 9/30/19).** Clayton County selected this strategy to address enforcement and reinforce deterrence. Their goal was to develop one countywide, written policy or procedure outlining the youth referral process in juvenile court (ages 17 and under). The council planned to work with local leadership, law enforcement, and alcohol retail owners. All partners (law enforcement, juvenile court services, school personnel, and medical professionals) would collaborate in writing the policy. The policy was intended to increase knowledge of the process by outlining each step from first contact between youth and law enforcement, to reporting youth to juvenile court services, and the interaction between juvenile court services, law enforcement, and schools. Also, a formal document would help demonstrate to the public what consequences a youth might face. To maintain police presence, law enforcement walk-throughs were planned. There were approximately 100 alcohol establishments in the county (gas stations, grocery stores, and bars). The goal was 15 walk-throughs per quarter to be conducted during the evening hours when youth frequent those places. The coalition also wanted to provide alcohol warning signs for 60 alcohol establishments each year.
- **Life Skills (8/1/16 – 9/30/19).** To address individual factors contributing to underage drinking, the county planned to implement LifeSkills for 6th graders in two school districts. The goal was to reach 50% participation. The program was taught in 15 sessions, facilitated by the council's Treasurer in close collaboration with the schools, and/or an in-house or other external facilitator. The strategy was chosen for its broad curriculum, which could meet multiple needs by the school districts. Booster sessions were also mentioned as a possibility.
- **Enforcement of Impaired Driving Laws (8/1/16 – 9/30/19).** This strategy was selected to increase enforcement around binge drinking. Clayton County's goal was to formalize and implement a countywide procedure outlining safety checkpoints and saturation patrols by law enforcement. The county wanted to reduce harm by discouraging youth from driving home after parties in rural areas through increased law enforcement presence and accountability. The goal was to conduct three saturation patrols and three safety checkpoints each fiscal year.
- **Social Host (8/1/16 – 9/30/19).** This strategy was reportedly selected because it was the closest fit to address social norms contributing to binge drinking. Social host had previously been pursued by the council through another funding source, but was unsuccessful. The council was hesitant to pursue the strategy again, especially since the state passed its social host law. However, they decided to try to pass a countywide social host policy or ordinance addressing recovery costs for law enforcement and a wider definition of a social host. Also, a public education plan would help educate the public about the statewide social host law and the local ordinance (if passed), train law enforcement on which cases specifically dictate the use of the social host law, and purchase updated law code books.

Clayton County completed 472 activities during strategy implementation. Of those activities, 30.1% were media (n=142), 23.5% were development activities (n=111), 14.2% were community action (n=67), 10.0% were community changes (n=47), 9.7% were resources generated (n=46), 6.4% were other (n=30), and 6.1% involved multiple types of activities (n=29).

The Clayton County Tri-Ethnic Readiness Assessment results showed a decrease in the county's stage of readiness to address underage drinking and no change in the stage of readiness for binge drinking. For underage drinking, the county decreased from Stage 4 (Pre-planning) at the beginning of IPFS to Stage 2 (Denial/Resistance) at the end. For binge drinking, the county remained at Stage 2 (Denial/Resistance). The county mentioned some denial in the community in thinking youth drinking is under control, there are other more important issues, lack of awareness about drinking prevention efforts or where to go for help, disengagement unless they are directly impacted, and lack of a core leader.

Of the IPFS strategies implemented in Clayton County, two strategies were to be sustained after the project ended: Social Host and Life Skills, based on their potential impact. They chose Social Host because the ordinance hadn't passed and they felt they could continue to educate the public and work with newly elected officials to accomplish their goal moving forward. Life Skills was selected based on its potential to positively impact youth. It was successful during IPFS in two school districts, and they planned to continue it there. The enforcement strategies were not chosen for sustainability due to being part of regular law enforcement duties that would happen regardless of the project and not having much impact on youth.

Delaware

Delaware County is located in northeastern Iowa. The county is mainly rural, but has a somewhat urban influence being located only about 45 minutes away from the larger cities of Dubuque, Cedar Rapids, and Waterloo. The county seat is Manchester. The 2017 Census American Community Survey estimated a population of 17,326, of which approximately 11.9% were aged 12-20.

The county previously received funding from IDPH through the SPF-SIG grant. During SPF-SIG, the county focused its efforts on compliance and surveillance. The greatest success in SPF-SIG was having high percentages of compliant retailers in every round of compliance checks completed. The county continued its efforts during IPFS to address community norms and individual factors for underage drinking (intervening variables) and social availability and enforcement for youth binge drinking. During the county assessment process, the county was concerned that they were having an increase in events allowing alcohol and more broad acceptance of its use, whereas in the past it was more concentrated. The 2014 Iowa Youth Survey reported that 27% of the county's eleventh graders consumed alcohol in the past 30 days and 16% of eleventh graders had 5 or more drinks in a row (binged) in the past 30 days.

At the beginning of the project, there was a lack of awareness of youth binge drinking as the coalition's message was not reaching the public. Furthermore, underage drinking was regarded as normal behavior for youth and adults were role-modeling that drinking was okay through their actions. Helping Services for Northeast Iowa was contracted by IDPH to carry out IPFS over the course of the five year grant period. The county's local coalition was the Delaware County Drug Abuse Coalition (DDAC). DDAC has been in existence since 2000. Its mission is to identify and address issues related to substance use and abuse in Delaware County; with a focus on youth-related strategies, issues and activities. The coalition wants to establish an environment that shifts away from the community tolerance of underage substance use and adult substance abuse as acceptable behaviors.

The county decided to specifically focus on youth not involved in extracurricular activities as a disparate population in addressing underage drinking, and 18-20 year old young adults as a focus population for youth binge drinking. The county implemented the following IPFS prevention strategies:

- **Required IDPH Media Campaign (6/3/16 – 9/30/19).** Delaware County planned to use five media venues to distribute the media campaign in places likely to be used by youth, including social media, radio, schools, and popular places and venues frequented by youth in the community. The coalition planned to recruit youth leaders for involvement on the media campaign strategy. Goal was to reach 90% in youth target population.
- **Best Practices for Alcohol Advertising in Public Places (6/3/16 – 9/30/19).** The county chose this strategy to address the high number of alcohol advertisements at convenience stores where youth shopped. It also fit practically and feasibly since they already had the resources, having worked with retailers in the past. They planned to educate owners and managers at convenience stores, with a goal of half (5 of 11) of the convenience stores in the county strengthening a current policy or creating a new policy regarding the number and/or placement of advertisements in their establishments. Youth were also included in the process.
- **Strengthening Families Program (6/3/16 – 9/30/19).** This individual strategy was selected to prevent drinking through increased parental involvement, better parenting skills, and education. The program is designed for parents and their children aged 10-14 who were identified by the schools as being at-risk of failure and aggressive behavior. The council had staff in place to help organize and promote the program (faith-based organizations, schools, and behavioral and youth organizations) and intended to create a strong recruitment plan to refer families to the program. Iowa State University Extension was secured to train the program facilitators. Delaware County's goal was to offer a total of seven programs during the grant, reaching a total of 49 families across the county's three school districts.
- **Best Practices for Alcohol Use at Community Events (6/3/16 – 9/30/19).** This strategy addressed social availability and enforcement to prevent youth binge drinking. Because 99% of the community events in the county sold or promoted alcohol, the county saw a need to partner with event organizers and to educate them about practices for promoting alcohol and social access by youth. Organizers of the county's five event locations would be invited to partake in the strategy through participation on a subcommittee and also undergo an assessment to identify any needed modifications or improvements. The goal was for half of the five event locations to strengthen or adopt a policy on the best practices for promoting or selling alcohol at events and decreasing the focus of alcohol. Those five locations hosted about 74 events in the county approved to sell liquor.
- **Apply Appropriate Penalties to Minors in Possession (6/3/16 – 9/30/19).** This strategy was selected to increase the enforcement of alcohol laws to deter binge drinking and reduce youth's perceptions that drinking is acceptable. The county planned to partner with the Delaware County Sheriff's Office and the Manchester Police Department to implement eight party patrols annually, and annual walk-throughs at all 26 liquor-licensed establishments in Manchester (or a total of 28 party patrol events and 104 walk-throughs during the grant). A limitation in the staff resources prevented walk-throughs in the entire county, although approximately half of the total establishments in the county were located in Manchester.

Delaware County completed 678 activities during strategy implementation. Of those activities, 64.9% were development activities (n=440), 20.9% were community action (n=142), 7.2% were media (n=49), 4.1% were community changes (n=28), 1.5% were resources generated (n=10), 1.2% were other (n=8), and 0.1% involved multiple types of activities (n=1).

The Delaware County Tri-Ethnic Readiness Assessment results showed no change in the county's stage of readiness to address underage drinking and binge drinking. At the beginning of IPFS, the county was at Stage 3, Vague Awareness. At the end, the county was still at Stage 3, Vague Awareness, although its calculated scores showed slight improvement. The county noted that the adults generally expressed support for the programs and efforts, but there was lack of meaningful concern among those who didn't have children.

Of the IPFS strategies implemented in Delaware County, three strategies were to be sustained after the project ended: Best Practices for Alcohol Advertising in Public Places, Strengthening Families, and Best Practices for Alcohol Use at Community Events. Advertising in Public Places had the support of the Manchester Chamber of Commerce, which took responsibility for fitting it into their existing health initiatives. Strengthening Families, despite its low participation, will continue to be provided through Iowa State University Extension and Outreach at least once per year with help from existing area service providers and partners. Alcohol Use at Community Events was chosen due to it already having built awareness among event coordinators and its potential impact at events attended by many people in the county. Coalition members would take charge of conducting the community event assessments, as they had done using volunteers in the past. Apply Appropriate Penalties to Minors in Possession was not selected, but law enforcement may possibly continue it and incorporate it into their budget.

[Emmet](#)

Emmet County is located in northern Iowa on the border of Minnesota. The county seat is Estherville. It is home to Iowa Lakes Community College, which many local youth attend. The main campus is located in Estherville with satellite campuses in the towns of Algona, Emmetsburg, Spirit Lake and Spencer. About half of Emmet County's workforce is employed outside the county. For recreation, many county residents visit the "The Lakes" tourist region in the neighboring Dickinson County (a county known to have among the highest alcohol sales and liquor license rates in the state). The 2017 Census American Community Survey estimated a population of 9,661, of which approximately 14.7% were aged 12-20. Like many of Iowa's counties, Emmet County is predominantly white although it has a higher percentage than the state average of Hispanics.

The county did not participate in SPF-SIG. They were funded for only the IPFS grant. The county identified community norms and social availability as contributors to underage drinking (intervening variables) and community norms as a contributor to youth binge drinking. During the county assessment process, they identified a high rate of youth binge drinking. Other issues were a culture normalizing alcohol use, access to alcohol through adults and older college students in the county, and binge drinking among community college students, especially those living in the dorm. The 2014 Iowa Youth Survey reported that 31% of the county's 11th graders had consumed alcohol in the past 30 days and 14% of 11th graders had 5 or more drinks in a row (binged) in the past 30 days.

At the beginning of the project, the community was in denial about the underage drinking problem. A lack of resources and evidence that the issue that was being "swept under the rug" complicated the

problem. They saw a need to raise awareness through IPFS. Compass Pointe was contracted by IDPH to carry out IPFS over the course of the five year grant period. The county's local council was Making Optimal Changes for Successful Youth (MOCSY) collaboration council. The council began under a past grant, Drug-free Communities Support Grant. MOCSY's vision is having community collaboration with everyone involved, working together towards a goal oriented problem that will have visible proven results, and heightened community awareness that has everyone believing it, buying it and owning it.

The county decided to specifically focus on high school students in one school district in the county as a disparate population in addressing underage drinking. For binge drinking, they chose residential college students as a focus. The county implemented the following IPFS prevention strategies:

- **Required IDPH Media Campaign (6/28/16 – 4/15/19).** Emmet County planned to work with the two school districts in the county to distribute campaign materials in schools, although only Estherville Schools had already shown support for collaboration. Goal was to reach 70% in youth target population.
- **School Policy (6/28/16 – 4/15/19).** Emmet County selected this strategy to address community norms by raising awareness of underage drinking through information sharing and the enhancement of a school policy in one of the county's school districts. Collaborators included leadership at the Estherville schools, police, and a juvenile court officer. Estherville was chosen because they had existing readiness and capacity. The goal was to strengthen penalties for violation of the good conduct policy for high schoolers in the Estherville Lincoln Central School District and recommend broadening the policy to apply to all high school students, not just those involved in extracurricular activities.
- **Social Host Liability (6/28/16 – 4/15/19).** This strategy addressed social access to limit alcohol use in homes and the college campus. The county planned to work with county-level leadership and county and local law enforcement, with the goal of stricter civil or criminal penalties in the county and 4 of the 5 cities.
- **Enforcement of Impaired Driving Laws (6/28/16 – 4/15/19).** This strategy was selected to address community norms leading to youth binge drinking and improve the safety of young drivers. The county sheriff and Estherville Police were supportive of the strategy. The goal was to strengthen enforcement of impaired driving laws by conducting saturation patrols and safety check points 3 times per year (each).
- **Brief Alcohol Screening Intervention for College Students (BASICS) (6/28/16 – 9/21/2018).** This individual strategy was initially approved to address the binge drinking priority by screening community college students for alcohol problems. The county didn't start screening college students until 2018 and later that year were placed on corrective action from IDPH due to not having actually served any participants through the program. They ultimately discontinued this strategy and changed to the Project Northland strategy in September 2018.
- **Project Northland (9/21/18-4/15/19).** This strategy was approved to replace BASICS in September 2018. The coordinator met with middle school staff to discuss its implementation, but no other activity took place for the strategy before the contracted agency, Compass Pointe, unexpectedly closed in April 2019.

Emmet County completed 636 activities during strategy implementation. Of those activities, 75.2% were development activities (n=478), 15.4% were resources generated (n=98), 3.9% were media (n=25), 2.8% were community changes (n=18), 2.5% were community action (n=16), and 0.2% were other (n=1).

Emmet County's IPFS project ended 5.5 months early on April 15, 2019 due to the unexpected closure of the contracted agency Compass Pointe. Emmet County did not complete a Tri-Ethnic Community Readiness Assessment at the end of the project, so it is not possible to assess changes in the county's stage of readiness to address underage drinking and binge drinking.

Nevertheless, their sustainability plan indicated that the MOCSY coalition would continue to meet, review data, and engage the community. Of the IPFS strategies implemented in Emmet County, two strategies were to be sustained after the project ended due to the strong engagement of law enforcement: Social Host (County Sheriff) and Enforcement of Impaired Driving Laws (Estherville Police, 3 times per year).

[Jackson](#)

Jackson County is located on Iowa's eastern border to Illinois. The county seat is Maquoketa. It is home to two state parks, including the Maquoketa Caves, a popular tourist destination, and Bellevue State Park. The 2017 Census American Community Survey estimated a population of 19,409, of which approximately 11.1% were aged 12-20. The county is predominantly white, although in the 1990s, a large group of Micronesian immigrants came through a Mormon sponsorship. There are several pockets of extreme poverty in some of the county's most rural towns. The county lost a primary manufacturing employer 30 years ago, and currently the biggest employer is the Maquoketa School District. Other large businesses in the county have tended to hire employees residing outside Jackson County.

The county previously received funding from IDPH through the SPF-SIG grant. During SPF-SIG, the county focused its efforts on decreasing social access to alcohol. Social Host Ordinance 1113 passed in Jackson County in October 2014. The county continued its efforts during IPFS to address community norms, social availability, retail availability, and promotion as the biggest contributors (intervening variables) to underage drinking and youth binge drinking. During the county assessment process, one of their primary concerns and challenges regarding youth access to alcohol was that rural areas were not being patrolled by law enforcement, allowing youth to drink as well as potentially access alcohol through friends and family. The 2014 Iowa Youth Survey reported that 37% of the county's eleventh graders consumed alcohol in the past 30 days and 25% of eleventh graders had 5 or more drinks in a row (binged) in the past 30 days.

At the beginning of the project, there was only a vague awareness of the problem, but the general attitude was that alcohol use was socially acceptable. Also, despite the coalition's efforts to educate the community under SPF-SIG, the meaning of binge drinking was not generally defined accurately in the county. Area Substance Abuse Council was contracted by IDPH to carry out IPFS over the course of the five year grant period. The county's local coalition was the Jackson County Prevention Coalition (JCPC). JCPC is a group of concerned citizens working together to prevent substance abuse in youth and works to address a number of substance abuse priorities, including underage drinking.

The county decided to specifically focus on youth ages 16-20 who had a low perception of harm of drinking, lived in communities with lax alcohol norms, and had access to alcohol through older friends as

a disparate population in addressing underage drinking and youth binge drinking. The county implemented the following IPFS prevention strategies:

- **Required IDPH Media Campaign (6/21/16 – 9/30/19).** At a minimum, Jackson County planned to display the campaign in all public middle schools and high schools in the county, in at least three of the six community events, and in two of four public access channels in the county. Goal was to reach 50% in youth target population.
- **Shoulder Tap (6/21/16 – 9/30/19).** Jackson County selected this strategy as an educational approach to address social access contributing to underage drinking. They planned to use a youth decoy model in which someone underage asked an adult to buy alcohol for them. The outcome was not to penalize, but rather inform adults about the law. These would be conducted by 3 of the 4 police departments, with oversight from an ad-hoc workgroup, and the support of the county attorney. Retailers would be engaged through visits and letters of appreciation for participation. The goal was to conduct Shoulder Tap events in at least half (8 of 16) of the convenience stores in the county each year. These would be scheduled at times when alcohol use was most prevalent, such as tourism activities during the summer.
- **Alcohol Outlet Density (6/21/16 – 9/30/19).** The county's Assessment and Planning Committee decided that the county was ready to address retail access. Their Policy Committee planned to engage local leadership, at least one retailer, and Iowa ABD to determine current alcohol license application processes. They wanted to create a centralized local system to track liquor license applications, renewals, and approvals in the county and assess variables that would best fit the county's needs in limiting alcohol retail density. The goal was to pass a countywide policy or ordinance based on county needs to impact all 110 alcohol retailers in the county.
- **Project Northland (6/21/16 – 9/30/19).** – This individual strategy was selected to address norms associated with youth binge drinking, such as peer influence. The county would provide eight sessions each for 6th graders (Slick Tracy), 7th graders (Amazing Alternatives), and 8th graders (Power Lines). They planned an incremental implementation with the first year, only having sixth grade students participate; the next year, sixth graders and seventh graders; and the final year, sixth, seventh and eighth graders. The county planned to work with teachers to facilitate the program. The goal was reaching at least 80% of sixth, seventh, and eighth grade students at Bellevue Middle School.
- **Enforcement of Administrative Penalties (6/21/16-11/20/17).** This strategy was discontinued by IDPH. The county replaced it with Enforcement of Impaired Driving Laws.
- **Enforcement of Impaired Driving Laws (11/20/17-9/30/19).** This was approved for the county in addressing enforcement and social norms after Enforcement of Administrative Penalties was discontinued. Law enforcement wanted to be able to conduct safety checks and saturation patrols which they had historically lacked the organizational structure to implement. The coalition workgroup would oversee the implementation, decide locations, provide event volunteers, plan the events and process, develop a safety plan, and inform the community. The goal was holding three safety checks and three saturation patrols in both the 4th year of the grant and the 5th year.

Jackson County completed 872 activities during strategy implementation. Of those activities, 56.9% were development activities (n=496), 20.4% were community action (n=178), 11.7% were community

changes (n=102), 9.7% were media (n=85), 0.9% were other (n=8), and 0.3% were resources generated (n=3).

The Jackson County Tri-Ethnic Readiness Assessment results showed an increase in the county's stage of readiness to address underage drinking and no change in the county's stage of readiness to address binge drinking. For underage drinking, the score increased from Stage 3 (Vague Awareness) to Stage 4 (Pre-Planning). For binge drinking, the county remained at Stage 3 (Vague Awareness). The county noted that the community does not view binge drinking as a separate issue/priority from underage drinking. Despite all the time and resources dedicated to educating the community on underage drinking, the coalition felt that other drugs get headlines and underage drinking is not seen as a priority.

Of the IPFS strategies implemented in Jackson County, two strategies were to be sustained after the project ended: Alcohol Outlet Density and Project Northland. The coalition members planned to advocate for and educate the community on their newly passed Alcohol Outlet Density ordinance, in collaboration with the zoning board. Project Northland would be overseen by the Bellevue Middle School and offered in the curriculum every year. The county's lack of funding for law enforcement activities presented challenges with the sustainability of both of the enforcement strategies (Shoulder Tap and Impaired Driving Laws) so those were to be discontinued after the grant ended.

[Sac](#)

Sac County is located in western Iowa. The county is rural, having only three school districts. The 2017 Census American Community Survey estimated a population of 9,936, of which approximately 11.0% were aged 12-20. The county seat is Sac City.

The county previously received funding from IDPH through the SPF-SIG grant. During SPF-SIG, the county focused its efforts on reducing social accessibility by using strategies to target adults. Sac County Civil Social Host Ordinance Passed, effective July 2, 2013, and Sac City Civil Social Host Ordinance passed on September 2, 2014. They also helped to establish alcohol policies at four community events. The county continued its efforts during IPFS to address retail availability, enforcement, and promotion for underage drinking (intervening variables) and enforcement and individual factors for youth binge drinking. During the county assessment process, Sac County identified a culture of drinking in the county supported heritage traditions, celebrations and events selling alcohol, youth not having enough to keep them busy, perceptions among parents and community members that condoned drinking, and drinking as a part of youth culture as portrayed by social media, music, and movies. The 2014 Iowa Youth Survey reported that 20% of the county's eleventh graders consumed alcohol in the past 30 days and 8% of eleventh graders had 5 or more drinks in a row (binged) in the past 30 days.

At the beginning of the project, there was awareness of the issue in the county (there were existing data sharing and prevention efforts) but this wasn't widely known among the public. The county also wanted to continue to educate to maintain its relatively low rates of drinking. New Opportunities was contracted by IDPH to carry out IPFS over the course of the five year grant period. The county's local coalition was the Sac County Coalition (SCC). SCC has been in existence for many years and has been involved in various prevention efforts. One of the coalition's subcommittees focuses specifically on the priorities of the IPFS project.

The county decided to specifically focus on high schoolers ages 17-18 as a disparate population in addressing underage drinking, and focused on school children ages 14-15 to address binge drinking. The county implemented the following IPFS prevention strategies:

- **Required IDPH Media Campaign (6/21/16 – 9/30/19).** The coalition would decide which media venues to use and solicit input from youth focus groups. Media advocacy would be used 3 times per year to provide information about media campaign's progress. Goal was to reach 75% in youth target population.
- **Responsible Beverage Service Training (RBST) (6/21/16 – 9/30/19).** This strategy was selected to address retail availability in the county. Previously, RBST was funded through SPF-SIG in the county, however compliance checks were not consistently occurring and alcohol retailers were not mandated to attend trainings as part of their liquor licenses. For IPFS, the county planned to build on their existing relationships to promote TIPS trainings to businesses. They planned to increase RBST participation and also use the compliance check strategy in conjunction with the training efforts. Two local police officers would facilitate TIPS trainings at least 4 times per year with notification of upcoming training dates announced beforehand. The goal was to reach at least half (17) of the 33 businesses holding both on and off premise "traditional" liquor licenses. Each business would have at least 50% participation among employees.
- **Compliance Checks of Alcohol Retailers (6/21/16 – 9/30/19).** This strategy was selected to address enforcement and align with the RBST strategy in the county. The rationale was that retailers would be more likely to participate in TIPS trainings (RBST strategy), if they knew that businesses were consistently being monitored for compliance. The coalition would partner with the Iowa State Patrol and alcohol retailers to carry out compliance checks. These would be conducted at least three times per year. The goal was to reach at least half (17) of the 33 businesses holding both on and off premise "traditional" liquor licenses.
- **Enforcement of Impaired Driving Laws (6/21/16 – 9/30/19).** This was a strategy intended to address enforcement and prevent youth drivers from binge drinking. As part of the strategy, saturation patrols and safety checkpoints would be conducted during certain community events when binge drinking was likeliest to occur. The Sheriff's Department planned to lead the saturation patrols on rural roads. Two city police departments planned to conduct safety checkpoints within city limits in Sac City and Lake View/Wall Lake. The goal was to conduct at least three saturation patrols and three safety checkpoints per year. Media advocacy would be used to inform the public about the efforts.
- **PRIme for Life (6/21/16 – 9/30/19).** This individual strategy was selected by the county to help increase youth's perceptions of risk as part of the youth binge drinking priority. The county identified a prevention education gap at the middle school-level and wanted to educate youth immediately before they entered high school. They chose to implement PRIme for all 8th graders at East Sac County Middle School. About half of the county's 8th graders attended that school. East Sac County School District was the only district to have their administrative office and all school buildings located within Sac County. PRIme's 4.5 hour curriculum would be facilitated by the school counselor and school liaison.

Sac County completed 623 activities during strategy implementation. Of those activities, 64.8% were development activities (n=404), 12.8% were community changes (n=80), 11.4% were media (n=71), 9.1% were community action (n=57), 1.4% involved multiple types of activities (n=9), and 0.3% were other (n=2).

The Sac County Tri-Ethnic Readiness Assessment results showed a decrease in the county's stage of readiness to address both underage drinking and binge drinking. At the beginning of IPFS, the county was at Stage 4, Pre-planning. At the end, the county was at Stage 3, Vague Awareness. The county cited multiple comments from the community. These included parents needing more information, having bigger problems to address than underage drinking, not seeing a need to intervene until it's "their" problem, apathy about being able to change the problem, a need to internalize changes in the community's culture, and difficulty getting people involved and engaged.

Of the IPFS strategies implemented in Sac County, two strategies were to be sustained after the project ended: Prime for Life and RBST (TIPS training). Sac County's sustainability plan indicated there was interest in the East Sac County Middle School to continue teaching Prime for Life. The student's feedback was positive, and the course had shown to increase student knowledge of alcohol's health effects. TIPS trainings was determined to most effectively support the county's goals in reducing the source of alcohol, retailers, to prevent sales to minors. In the future, the county planned to offer TIPS trainings three times per year. It was decided that enforcement of impaired driving laws didn't have the results or enough funding to continue.

[Van Buren](#)

Van Buren County is located in far southeastern Iowa on the southern border. The county is rural, has only 2 school districts, and is mostly agricultural. The county seat is Keosauqua. There are no national chain stores/businesses in the county (outside of gas stations/convenience stores); there are more gravel roads than paved roads; there are no stop lights in the county; and the county does not have local law enforcement agencies (besides the Iowa State Patrol and County Sheriff). The 2017 Census American Community Survey estimated a population of 7,308, of which approximately 10.9% were aged 12-20. Like other southern counties in Iowa, Van Buren County's poverty rate is higher than the state average.

The county did not participate in SPF-SIG. They were funded for only the IPFS grant. The county identified social availability and community norms as contributors (intervening variables) to underage drinking and social availability and individual factors as contributors to youth binge drinking behavior. During the county assessment process, Van Buren County identified a lack of law enforcement to patrol the problem. The 2014 Iowa Youth Survey reported that 27% of the county's eleventh graders consumed alcohol in the past 30 days and 15% of eleventh graders had 5 or more drinks in a row (binged) in the past 30 days. The county wanted to educate youth about the dangers of alcohol and continue to help law enforcement enforce the current laws.

Van Buren County Partnerships was contracted by IDPH to carry out IPFS over the course of the five year grant period. The county's local coalition was the Van Buren County SAFE Coalition. SAFE originated in 1993 to address cleanup after the great Iowa floods, but did not become organized until 2002. The mission of SAFE is to stimulate community involvement to promote responsible behaviors, among youth and adults leading to SAFE and healthy communities.

The county decided to specifically focus on youth ages 16-18 having reported drinking in the past 30 days as a disparate population in addressing underage drinking, and focused on youth ages 12-17 having reported binge drinking in the past to address that priority. The county implemented the following IPFS prevention strategies:

- **Required IDPH Media Campaign (6/1/16 – 9/30/19).** The county’s coalition wanted to display the media materials on its website, blog and social media outlets, quarterly ads and articles in the newspaper, ads on local radio and T.V. stations, and a billboard in Keosauqua (the only billboard in the county). The Youth Leadership Council was included in discussions about the campaign’s implementation and help in promoting it. Goal was to reach 75% in youth target population.
- **Alcohol Restrictions at Community Events (6/1/16 – 9/30/19).** This strategy was selected to reduce social access to alcohol. The county wanted all privately-owned facilities to adopt a best practices policy for restricting youth access to alcohol at their events. The coalition planned to work with local leadership and facility owners, and reported having already developed relationships with them through past meetings and events. The goal was for 67% of all privately owned facilities (n=12) hosting community events in the county to implement at least one alcohol-related policy change.
- **Social Host Liability (6/1/16 – 9/30/19).** This strategy was selected to reduce social access to alcohol. The county had previously tried to pass a Local Social Host Liability Ordinance before the State Social Host Liability Ordinance had been put in place, but they were unsuccessful due to the community’s response. Their plan was to work with the new local leadership as well as law enforcement with the hope that community members would be more supportive since there was one at the state level and also in a neighboring county. They anticipated the ordinance would need to address the rural nature of the county and be implemented countywide since the only law enforcement agency in the county was the Sheriff’s Department. Their goal was to pass a countywide Social Host Ordinance to address the provision of alcohol to youth aged 20 and under.
- **Alcohol Use Restrictions in Public Places (6/1/16 – 9/30/19).** This strategy was intended to address social access to alcohol to affect both underage drinking and binge drinking priorities. The coalition wanted cities to adopt a best practices policy for restricting alcohol at community events held on public property, such as public ball fields. They planned to work with local leadership. The goal was for 57% of all incorporated cities (n=7) to implement at least one alcohol-related policy change.
- **Life Skills (6/1/16 – 9/30/19).** This individual strategy was selected to educate youth on the consequences of drinking and its harms. The county identified a need for education in the county schools, which had not previously offered classes on underage drinking and binge drinking. The goal was to provide Life Skills at the Van Buren Community Middle School (the only middle school in the county) to 95% of 7th & 8th grade students (n=150).

Van Buren County completed 1,246 activities during strategy implementation. Of those activities, 29.9% were development activities (n=373), 29.0% were media (n=361), 21.3% were resources generated (n=266), 12.5% were community action (n=156), 4.2% were other (n=52), 2.3% involved multiple types of activities (n=29), and 0.7% were community changes (n=9).

The Van Buren County Tri-Ethnic Readiness Assessment results showed no change in the county’s stage of readiness to address underage drinking and an increase the county’s stage of readiness to address binge drinking. For underage drinking, the score remained at Stage 3 (Vague Awareness). For binge drinking, the county increased from Stage 3 (Vague Awareness) to Stage 4 (Pre-Planning). The county noted needing more attendance and information sharing at the coalition meetings among *all* sectors

represented, expanding membership to other adult community organizations, and improving the media's reach to share information about the coalition.

Of the IPFS strategies implemented in Van Buren County, two strategies were to be sustained after the project ended: Life Skills and Alcohol Restrictions in Public Places. This decision was based on being able to sustain the work in the community with minimal involvement of the coalition and also for the impact potential for directly reaching and affecting youth in the community. There was already momentum in the Van Buren Community School District and an agreement to continue Life Skills. For the other strategy, progress had been made in a few towns, but there was still more work to be done to encourage other city councils to recognize that their public places were among the easiest access points where youth were consuming alcohol. Ongoing enforcement would be needed for any policies passed.

[Webster](#)

Webster County is an urban county located in north-central Iowa and is home to Iowa Central Community College. The county seat is Fort Dodge. The 2017 Census American Community Survey estimated a population of 36,945, of which approximately 12.7% were aged 12-20. Webster County's poverty rate is higher than the state average. A couple of large manufacturing plants recently moved to the county, as did low-income migrants from Chicago who are (temporarily) relocating due to having shorter waiting lists for Section 8 housing in the city of Fort Dodge.

The county did not participate in SPF-SIG. They were funded for only the IPFS grant. The county identified their primary focus as individual factors, social accessibility, and enforcement for underage drinking (intervening variables) and social accessibility for youth binge drinking. During the county assessment process, the county identified that the easy access to alcohol at convenience stores and the placement of alcohol near the store entrances allowed people to fairly easily steal it. Another concern not having parents at home to watch youth due to economic hardships and needing to work multiple jobs. The 2014 Iowa Youth Survey reported that 27% of the county's eleventh graders consumed alcohol in the past 30 days and 19% of eleventh graders had 5 or more drinks in a row (binged) in the past 30 days.

At the beginning of the project, there was no awareness among community members about the problem of underage drinking and youth binge drinking. Community and Family Resources was contracted by IDPH to carry out IPFS over the course of the five year grant period. The county's local council was the Webster County IPFS Collaboration Council. It formed at the beginning of the grant to focus on IPFS priorities, specifically preventing or delaying the onset of alcohol use among younger youth.

The county decided to specifically focus on 6th graders lacking adult supervision as a disparate population in addressing underage drinking. They also focused on underage youth with access to alcohol through friends/peers to address binge drinking. The county implemented the following IPFS prevention strategies:

- **Required IDPH Media Campaign (6/1/16 – 9/30/19).** The county intended to consider the cost of ad placements, as well as soliciting feedback from youth on the appropriate outlets to display the campaign and its visibility. Goal was to reach at least 75% in youth target population.

- **All Stars (6/1/16 – 9/30/19).** The individual strategy was selected to educate youth and prevent them from engaging in high risk sensation-seeking behaviors. The All Stars curriculum comprised of 13 sessions, which the county planned to be implemented for 6th grade students in three of the six school districts. The county would work closely with the schools. Two schools had selected staff to facilitate the program and the other school's program would be facilitated by a Comprehensive Substance Abuse Prevention Grant staff member. The goal was to reach at least half of students enrolled in 6th grade in the county (in 3 of the 6 school districts).
- **Alcohol Restrictions at Community Events (6/1/16 – 9/30/19).** This strategy was selected to address youth's social access to alcohol. The county recognized the need to raise community awareness and support for policies to reduce youth access to alcohol at community events in order to successfully pass the policies. They planned to meet with community event organizers to discuss any current alcohol restriction policies in place and provide suggestions to strengthen their policy or provide sample policies to encourage the community event organizer to enact a new alcohol restriction policy. They also wanted to educate community event governing boards/committees and volunteer organizations about the issue of underage drinking. The goal was to pass a total of 5 new or strengthened alcohol restriction policies/procedures at 5 (56%) of the 9 community events in the county.
- **School Policy (6/1/16 – 9/30/19).** This strategy was selected to address enforcement and to deter youth from using alcohol. The council found that alcohol-related school policies were specific to those participating in extracurricular activities and did not mandate completion of a substance abuse assistance program. They wanted to address these loopholes by widening the applicability of the policies to all students and requiring satisfactory completion of substance abuse programming. They planned to work with school personnel at 2 of the 3 public school districts and 2 of the 3 private schools, with the goal of strengthening or creating 4 policies on underage alcohol use.
- **Social Host Liability (6/1/16 – 9/30/19).** This strategy was selected to address social access at parties to prevent youth binge drinking. The county intended to collaborate with multiple partners and stakeholders, including governmental officials/leadership and law enforcement. The goal was to pass a countywide Social Host Liability Ordinance.

Webster County completed 1,150 activities during strategy implementation. Of those activities, 56.4% were development activities (n=649), 22.5% were media (n=259), 11.0% were community action (n=127), 9.8% were community changes (n=113), and 0.2% were resources generated (n=2).

The Webster County Tri-Ethnic Readiness Assessment results showed an increase in the county's stage of readiness to address both underage drinking and binge drinking. At the beginning of IPFS, the county was at Stage 1, No Awareness. At the end, the county was at Stage 3, Vague Awareness. The county credited the improvement to interacting face-to-face with many community members and approaching community members in a way that considered their perspective when asking them to become involved on the council.

Of the IPFS strategies implemented in Webster County, three strategies were to be sustained after the project ended: All Stars, School Policy, and Alcohol Restrictions at Community Events. These were selected due to being successfully implemented and having buy-in among key community sectors. The two schools agreed to continue teaching All Stars as long as funding could be secured to provide for

material costs. All schools implemented a policy in their parent/student handbooks. Also, community event policies were passed at the majority of community events. School and event policies could easily be sustained with little more than an annual review in the future. The choice of not sustaining the other two strategies was made because the media campaign was too costly and social host lacked community support and buy-in.

Woodbury

Woodbury County is an urban county located on Iowa's western border next to Nebraska. It is home to several colleges and universities and the Loess Hills Scenic Byway. The county seat is Sioux City. The 2017 Census American Community Survey estimated a population of 102,397, of which approximately 13.1% were aged 12-20. The population has been relatively stable, however, as in other more urban areas of the state, may start increasing because of employment opportunities. Several businesses in the county have expanded or moved there recently. This has caused a shortage of housing, as many skilled workers living elsewhere have been brought in to build the facilities. The poverty rate in Woodbury County is higher than the state's average. Also, the county has a higher percentage of Hispanics.

The county previously received funding from IDPH through the SPF-SIG grant. During SPF-SIG, the county focused its efforts on restricting retail access to youth through Responsible Beverage Service Training (RBST) and educating the public through extensive use of the media campaign. Their greatest reported success was the change in attitude towards RBST. By the end of that grant, it was easier to fill the trainings because establishments had a better idea of its value. The county continued its efforts during IPFS to address enforcement and promotion for underage drinking (intervening variables) and individual factors and school policies for youth binge drinking. During the county assessment process, Woodbury County found that widespread accessibility was contributing to youth drinking, such as kegs at high school graduation parties and adult access points to get alcohol, and also social norms, such as youth witnessing adults use alcohol and the impact of media promoting it. The 2014 Iowa Youth Survey reported that 20% of the county's eleventh graders had consumed in the past 30 days and 12% of eleventh graders had 5 or more drinks in a row (binged) in the past 30 days.

At the beginning of the project, there was general acceptance that underage youth will find a way to drink, and at times, support for underage drinking or denial of a need to change. Jackson Recovery Centers was contracted by IDPH to carry out IPFS over the course of the five year grant period. The county's local coalition was Siouxland CARES. It was formed in 1987 as a youth anti-drug coalition and is a tax-exempt corporation driven by volunteers. Siouxland CARES mission is to improve the quality of life in Siouxland by eliminating the abuse of alcohol, other drugs, and related violence. The coalition created a new subcommittee to focus specifically on reducing underage drinking and underage binge drinking for IPFS.

The county decided to specifically focus on 11th and 12th graders as a disparate population in addressing underage drinking, and focused on underage college students to address binge drinking. The county implemented the following IPFS prevention strategies:

- **Required IDPH Media Campaign (6/28/16 – 9/30/19).** The county planned to run Facebook Media Campaigns on a monthly basis, distribute posters and yearbook ads to local high schools

annually, and distribute fliers to community events at least four times a year. Goal was to reach half of the youth in the target population.

- **Apply Appropriate Penalties to Minors in Possession (MIP) (6/28/16 – 9/30/19).** This strategy was selected to address enforcement of the consequences of drinking and limit access. Woodbury County already had some efforts in place such as the police performing regular alcohol compliance checks and having a special unit to focus on driving under the influence. They also had a law in Sioux City to reduce police's burden of proof for possession, through the application of Sioux City's Operating/Keeping a Disorderly Place Ordinance to prosecute *anyone* on the premises where illegal activities occurred. The county planned to work with police in Sioux City to implement 4 party patrols per year on high-risk weekends to deter underage drinking parties. They would also pursue the creation or strengthening of policies for minors possessing fake IDs in 2 cities in the county.
- **Enforcement of Administrative Penalties (6/28/16-11/20/17).** Strategy discontinued by IDPH. The county replaced it with Alcohol Advertising Restrictions in Public Places.
- **Alcohol Advertising Restrictions in Public Places (11/20/17-9/30/19).** This was approved for the county in addressing promotion after Enforcement of Administrative Penalties was discontinued. The county planned to work with local leadership to pass a county-wide ordinance to restrict convenience stores from using alcohol window/storefront advertising signage. Another component of this strategy was to educate Sioux City business owners about the existing local window advertising ordinances.
- **Brief Assessment Screening Intervention for College Students (BASICS) (6/28/16 – 9/30/19).** This individual strategy was selected to assess college students for high-risk drinking behaviors and address community norms for the binge drinking priority. The county planned to work with college counselors to be trained to facilitate two individual motivational interviews (initial assessment and follow up) for each student referred to BASICS. Students were eligible to be referred to BASICS if they were cited for an alcohol violation, failed a drug test, received poor grades in a class, or missed a significant number of classes. Students could also volunteer to take BASICS if they had concerns about their drinking patterns. BASICS was appropriate to implement in two colleges, Briar Cliff University and Western Iowa Tech. Two other colleges in the county were excluded either because they didn't meet the curriculum's criteria for a primarily on-campus underage student body or they were already implementing another screening tool. The goal was to reach half of at risk college students at the two colleges.
- **College Campus Policies (6/28/16 – 9/30/19).** This strategy was selected to address community norms and alcohol accessibility contributing to binge drinking on college campuses in the county. This was intended to complement the BASICS strategy. The county would work with administrations and students from three colleges (Briar Cliff, Morningside, and Western Iowa Tech) to assess existing campus alcohol policies and make recommendations on adopting practices, penalties, and policies related to campus alcohol policies, violating campus alcohol policy, or breaking the law. They also hoped to encourage the two colleges implementing BASICS to formalize a policy related to using that program. The goal was that half of the three colleges and universities would adopt at least one alcohol practice, penalty, and/or policy.

Woodbury County completed 697 activities during strategy implementation. Of those activities, 81.2% were development activities (n=566), 8.6% were community changes (n=60), 7.6% were community

action (n=53), 2.2% were media (n=15), 0.3% were resources generated (n=2), and 0.1% were other (n=1).

The Woodbury County Tri-Ethnic Readiness Assessment results showed a decrease in the county's stage of readiness to address underage drinking and binge drinking. For underage drinking, the county decreased from Stage 5 (Preparation) at the beginning of IPFS to Stage 3 (Vague Awareness) at the end. For binge drinking, the county decreased from Stage 5 (Preparation) at the beginning to Stage 4 (Pre-Planning) at the end. The county noted that the community interviewees generally acknowledged that underage drinking was happening, but minimized its potential harm, suggesting community acceptance.

Of the IPFS strategies implemented in Woodbury County, two strategies were to be sustained after the project ended: BASICS and College Campus Policies. BASICS was successfully implemented at Briar Cliff and Western Iowa Tech and was one of the strongest strategies. However, the hope was to increase the dosage of E Chug screenings for freshman and increase involvement at Morningside College. Two of the three colleges passed new alcohol policies, although more work was needed to officially include them in their student handbooks. Other strategies were not as successful and therefore could not be sustained. Law enforcement lacked enough officers willing and able to work overtime to conduct party patrols, and the sparse citations resulting from the efforts put into question the need. Advertising Restrictions in Public Places was put on hold due to legal issues.

Process Analysis Survey Results

IDPH and county efforts for the process evaluation were assessed through qualitative data obtained from online surveys of capacity coaches, IPFS county prevention supervisors and coordinators, and members of the State Epidemiological Workgroup Prevention Partnerships Advisory Council (SEWPPAC). The survey forms are provided in Appendix C.

Survey questions were tailored for each role, with a combination of open- and close-ended questions. Rich information was gathered in the responses to the open-ended questions. They provided insight into factors contributing to successes and challenges, perceptions of the local outcomes and county and state impact, and the perceived effectiveness of IDPH in providing support and oversight. A summary of the key themes that emerged are shared in this section of the report.

Completed surveys were returned by 1 (out of 5) capacity coaches, 6 (out of 9) IPFS prevention supervisors, 8 (out of 14) current and former IPFS coordinators, and 5 (out of 22) SEWPPAC council members. To ensure the confidentiality of survey participants, this analysis omits any details that could identify a specific individual or county. Also, please note the survey response rate was low among capacity coaches and SEWPPAC.

IDPH was helpful!

- Respondents largely affirmed that the materials and trainings provided by IDPH were helpful and they got the resources they needed. The sentiment was that IDPH communicated well and genuinely tried, although didn't always have the capacity to provide enough support.

IDPH needs better incentive structures for meeting outcomes

- Disincentives for not achieving performance measures outcomes are discouraging for counties and result in penalties they felt they had no control over despite all their effort. Comments were that it was unfair, caused stress, and made it difficult to keep staff encouraged and trust in the process.
- It was referred to as "working to avoid punishment."
- Should not be an all or nothing incentive structure.
- Need more encouragement and recognition for good jobs – less enforcement of obligations because it is in the contract.
- Needed more feedback or examples from IDPH on acceptable short- and long-term outcome measures, which were tied to the incentives.

Desire for more local flexibility and recognition that rural counties are different

- Needed more flexibility to address each counties' individual needs.
- Rural counties are not like urban ones. There are fewer people and retailers. Need more recognition of this.
- Communities function somewhat differently than the state level providing the funding. Communities do not understand limitations of grant funding.
- IDPH's position sometimes did not align with the culture of the county agency.
- Problem with silos still exist and IDPH needs to be better in seeing the importance of all prevention agencies, even if they are small.

Not enough strategies to choose from

- Not enough strategies to choose from due to strategy restrictions.
- A county mentioned being required to conduct compliance checks too often for only a small number of alcohol establishments. They said they were only allowed to conduct compliance checks for bars/taverns for the IPFS project, since they had previously conducted compliance checks for convenience stores/retailers during SPF-SIG.
- Communities need feel-good strategies, not just “proven” ones.

Need for more coordination of different prevention grants

- Need for more coordination of IPFS with other grants that the counties were involved in, such as Comprehensive Substance Abuse Grant and Integrated Provider Network IPN (transition in 2019); and Drug-Free Communities (DFC) grant [please note that the DFC funding goes directly to communities, and the state does not oversee this grant].
- One respondent noted that DFC grant’s strategy addressed retail access in a way that the board of supervisors liked better.

Retention of the coordinator is important to continuity

- Coordinator turnover results in loss of capacity.
- Losing county staff and filling those positions was consistently identified as a challenge. Having a committed coordinator staying for the entirety of the project was identified as crucial to success.

Capacity coaching was beneficial, although somewhat ambiguous

- It was rewarding for one capacity coach to see personal growth and leadership skills emerge in county staff.
- Capacity coach not know the details about the project to help coordinators with challenges, but the coach felt this actually made them ask more probing questions of the coordinator and helped the coordinator work through the issues by explaining the situation.
- Capacity coaching has moved away from providing technical assistance to a more developmental coaching role.
- Confusion among one county staff member about what the capacity coach role was (mentor or support).
- Coordinators thought having a capacity coach was helpful for planning, being able to get ideas for how to face challenges, and discussing concerns.

Desire for more hands-on training

- Need for more hands on in-person training – would have been a better use of time at contractor’s meetings than team building activities.
- Need for more opportunity to bounce ideas off of other people rather than coordinator working alone.

Perception that project is having a positive impact in the county

- Respondents largely affirmed that IPFS had a positive impact on youth drinking prevention, awareness of the problem, building community partnerships, capacity, and engagement in the county, having an effect on the county as a whole, and reducing alcohol use and binge drinking among youth, and get people thinking about the message.

- Strategies helped to increase law enforcement presence, deliver a consistent message of consequences/dangers to youth, raise awareness of the issue and keep it at the forefront of efforts, and reduce youth access to alcohol.

Special populations were seen as part of the larger population

- Special populations were certain age groups within the population of 12-20 year olds that were reached in spreading the message to the larger priority population.
- Feelings were mixed on whether or not engagement of the special population in alcohol prevention work were improved by the project.

SPF is the right way to do it

- The components of the SPF are important in guiding the process and getting people and resources together.
- SPF is the right way to make sure strategies are done well.
- Familiarity with the SPF in that it was already being used in the county in another IDPH grants.
- Be patient and trust in the SPF process.

The SPF takes too much time

- If too much time is spent on SPF, you lose action-oriented people. Exhausts resources if there are too many tasks.
- SPF can be a lot all at once.
- Need to streamline the deliverables. Too many.
- It is difficult to truly implement the SPF – let assessment guide strategy selection, due to not having enough choice in strategy/having to choose strategies that weren't a good fit for the county due to requirements.

Not enough time for all the work required

- It takes a lot of time to implement the strategies.
- Too many deliverables. Detailed, time-consuming, should be streamlined.
- Feelings were mixed on whether or not timelines for completing IDPHs requirements (activities, workbooks, etc.) were reasonable and on having enough funding to implement the strategies.

Having to rely on county partners can result in roadblocks

- Stakeholders sometimes do not follow through, but that is beyond the coordinator's control.
- Have a backup plan; do not depend on someone else to do the strategy.

County partners do not always have enough resources to participate or are limited in other ways

- Schools do not have enough resources or time available; difficulty scheduling individual strategies; school snow days, closures, and early outs affect being able to implement all sessions.
- Law enforcement were concerned about the time involved in regular compliance checks for a very small number of establishments in the community; not prompt in responding; having to deal with other matters, like flooding.
- Not being able to find enough participants in the community for the individual strategy; RBST training.

Transition of key community leaders could help or hinder progress

- Transitions with county stakeholders need to be navigated with care; changes in law enforcement, government officials, and county attorney.
- Being dependent on one person (like county attorney) to pass an ordinance.
- Policy at government level is slow.
- Political barriers.

Having collaboration with “champion” county partners is key to success.

- Champions to help spearhead the work.
- Good relationships with law enforcement.
- Youth to help implement the strategies.
- Mayor’s advice.
- Community member input.

Coalition needs presence in the county

- It helps to have a good existing coalition to support the work and move the strategies along.
- Coalition being on board with the coordinator.
- Positive coalition image in the community.
- Involved and invested coalition members.

Ownership of the problem and education are important for an issue to be well-received.

- Involvement of stakeholders in the selection of strategies is important.
- Stakeholder buy-in for the strategies selected and support for a policy.
- Engagement of various sectors contributes to success of counties in building awareness and ownership of problems.

Higher level can sometimes inhibit policy changes at the local level

- Learned too far along in the project that mandatory server training local ordinance not permissible due to state laws.
- Advertising restriction strategy difficult to implement due to stores falling under a corporate umbrella.
- County had to adapt a city social host ordinance rather than a county-level ordinance to county restrictions.
- Not being able to implement an individual strategy program due to the school district not agreeing with the curriculum.

SEWPPAC Advisory Council is broader than the IPFS project

- SEWPPAC members who responded to the survey (n=5) primarily saw the role of the council to obtain and share epidemiological data and advise the Iowa Department of Public Health. 4/5 had served on the council for two years or less. 3/5 didn’t have much involvement on the council besides being a member.
- All respondents said that they felt they were able to contribute their input, advice, and knowledge as a member. Respondents mentioned having used information shared by SEWPPAC for local strategies and learning about data sources and evidence-based practices.

IPFS County Indicators: Environmental and Individual Strategy Results

Estimated Reach: Environmental Strategies

The table below provides an overview of each IPFS-funded county's estimated total population and target population of 12-20 year olds. The US Census 2017 five-year American Community Survey (ACS) was used to estimate county population and the number of youth in the IPFS priority population (12-20 year olds) who could *potentially* have benefited from IPFS in each county.

Table 5: Total and Youth County Population Estimates

County	Total Population (2017 ACS estimate)	12-20 Year Old Population (2017 ACS estimate)	% of 12-20 year olds in County
Allamakee	13,940	1,468	10.5%
Appanoose	12,547	1,137	9.1%
Audubon	5,711	569	10.0%
Chickasaw	12,140	1,360	11.2%
Clayton	17,711	1,783	10.1%
Delaware	17,326	2,062	11.9%
Emmet	9,661	1,417	14.7%
Jackson	19,409	2,149	11.1%
Sac	9,936	1,093	11.0%
Van Buren	7,308	797	10.9%
Webster	36,945	4,695	12.7%
Woodbury	102,397	13,465	13.1%
Total IPFS	265,031	31,995	12.1%

The most populated IPFS counties for the priority population of ages 12-20 were Woodbury (n=13,465) and Webster (n=4,695). The two least populated counties were Audubon (n=569) and Van Buren (n=797).

There were an estimated 31,995 youth aged 12-20 in the 12 IPFS-funded counties. The counties with the highest estimated percentages of 12-20 year olds among their county's total population also had colleges: Emmet County (14.7%), Woodbury County (13.1%), and Webster (12.7%). The county with the lowest percentage of youth in the target population was in Appanoose County (9.1%).

Numbers Served: Individual Strategies

The table below shows how many youth were served by individual strategies in each IPFS-funded county. The counties reported the number of participants who completed individual strategies in Community Check Box. This was a sub-section of the county's 12-20 year old population and represents the population directly served during implementation (2016-2019).

Table 6: Numbers Served by Individual Strategies, by County

County	IPFS Individual Strategy Program Completers	Individual Strategy Population
Allamakee	300	8 th grade
Appanoose	282	6 th , 7 th , 8 th grade
Audubon ⁽¹⁾	138	8 th , 9 th grade
Chickasaw	311	7 th grade
Clayton	165	6 th grade
Delaware ⁽²⁾	48	Parents/kids 10-14YO
Emmet ⁽³⁾	0	N/A
Jackson	266	6 th , 7 th , 8 th grade
Sac	112	8 th grade
Van Buren	346	7 th , 8 th grade
Webster	1040	6 th grade
Woodbury ⁽⁴⁾	44 BASICS; (786, e-chug)	College (18-20YO)
Total IPFS	3,052	

Please note that the participants may be double-counted, if they completed the program in multiple grades (for example, a program curriculum delivered for each grade of 6th, 7th, and 8th).

⁽¹⁾ Individual strategy changed during the project; only the final individual strategy is reported. This does not reflect any participants that may have been served during the earlier strategy.

⁽²⁾ Number includes both youth and family member participants of Strengthening Families.

⁽³⁾ County selected an individual strategy and later changed it during the project, but neither strategy was actually implemented during the project.

⁽⁴⁾ Number of participants who *completed* the BASICS program, not including those only screened on eChug.

Combined, 3,052 participants completed an IPFS individual prevention program in the 12 funded counties. Webster county had the highest number of individual strategy completers.

Indicator Highlights

Outcomes are highlighted for each county and strategy below. This information was gathered from county documentation of their indicators in CCB, their sustainability plans, and the county's data summaries completed at the end of the project.

Allamakee

- Allamakee County passed a countywide Social Host Ordinance on September 25, 2017.
- Three different law enforcement agencies implemented Compliance Checks of bars/taverns in Allamakee County. 117 compliance checks were conducted, with only 10 warnings/citations issued for noncompliance.
- Four establishments participated in TIPS trainings, with 11 retail staff receiving certification. Two out of a total of 13 bars/taverns in the county trained their *entire* staff.
- Approximately 90% of 13-16 year olds reported seeing the county's IDPH Media Campaign, as measured through surveys. Media Campaign was displayed at three billboard locations; six screens at one movie theater; table tents at 14 restaurants, concession popcorn bags, book covers, and posters in three school districts and local businesses (n=11,955 distributed); three

different school newspapers (n=64 ads); TV monitors running ads at two community buildings; and the coalition's social media and website.

- 300 8th graders completed Project Northland.

Appanoose

- Centerville School District strengthened three school policies. These were policies regarding limiting students being able to leave school during the school day and the creation of a statement on substance abuse. Moravia School District created one new school policy on substance abuse assistance for students.
- Both city and county officials agreed to a new policy asking alcohol establishment owners to display warning signs in their businesses. Warning sign decals will be sent with liquor license renewal notices.
- 228 liquor establishment walk-throughs completed, with no citations issued.
- 13 saturation patrols and 12 seat belt enforcement zones completed, with only eight violations for drivers involving alcohol and only nine seat belt violations (not necessarily involving youth).
- An estimated 80% of 13-16 year olds reached by the county's IDPH Media Campaign based on information gathered at meetings and interviews in the county. Media Campaign was displayed on two billboards; brochures (n=87 distributed), posters in schools, libraries, government buildings, and businesses (n=62 distributed), radio ads on five stations (n=491 aired), print media (n=37 ads in newspaper, internet, mobile, etc.), and the coalition's social media.
- 282 6th, 7th, and 8th graders completed Life Skills.

Audubon

- Three policies in the Audubon School District were developed to help students requesting assistance to find substance abuse resources or treatment and have more law enforcement presence extracurricular events.
- 10 officers enforcing policies in public places, and no citations issued regarding alcohol. Three alcohol-free signs were displayed in public places.
- 296 liquor establishment walk-throughs completed, with no citations issued.
- 10 party patrols completed, with only 10 citations for minors in possession of alcohol in the county.
- An estimated 100% of 13-16 year olds reached by the county's IDPH Media Campaign based on its wide distribution. Media Campaign was displayed on one billboard in the county; posters at local businesses, schools, and school and county events (n=400 distributed); one print newspaper ad; four radio stations and also at school basketball games (n=71 aired); Mediacom TV ads (n=1,352); and the coalition's social media.
- 138 8th and 9th graders completed Life Skills.

Chickasaw

- Only two of 15 convenience or grocery stores created or strengthened alcohol advertisement policies (due to many chain stores being impeded by corporate policies or retailers feeling the message countered their bottom line).
- 88 bar walk-throughs completed, with no citations issued for selling to minors and only one for adult supplying to minors.
- 161 hours of party patrols, with 86 alcohol-related citations/complaints for minors

- Three of seven cities implemented new policies. One policy focused on alcohol consumption during a specific event held annually at a local park. Another town restricted alcohol consumption at its local parks. Another town implemented a social host ordinance that included language on consumption at parks along with a youth curfew.
- 88% of youth reported viewing the media campaign in a school survey administered to all 6th-12th graders. Media Campaign was displayed on one billboard; brochures at churches, sporting events, and school conferences (n=2,800 distributed); posters (n=485 distributed); two radio stations (n=90 aired); and the coalition's social media and website.
- 329 7th graders completed All Stars.

Clayton

- Representatives were brought to the table to develop one countywide-written process outlining the youth referral process when a minor is found to be in possession of alcohol. As a result, a flow chart was developed outlining stakeholder roles in the process. The document was reviewed approved for use by all involved. This was successfully distributed to schools and law enforcement.
- 143 alcohol establishments found to be compliant during walk-throughs, with only three businesses failing.
- 18 saturation patrols and 17 safety check points completed, with only eight violations for saturation patrols and 86 violations during safety checkpoints (not necessarily involving youth or alcohol).
- Social Host did not pass, but the county chose to sustain this strategy to continue to work on it after IPFS ends.
- Approximately 75% of youth reported seeing the media campaign on a school survey. Media Campaign was displayed on two billboards; brochures (n=294 distributed); ads displayed at two movie theaters; posters (n=262 distributed); public service announcements (n=116); one radio station (n=247 ads aired); print ads (n=13 articles); and the coalition's social media and website.
- 165 6th graders completed Life Skills.

Delaware

- Seven community event policies were strengthened or adopted.
- 17 event assessments conducted, with nine events displaying alcohol warning signs.
- Two alcohol retailers strengthened policies on alcohol advertising. One of the retailers dropped all alcohol, tobacco, and gambling products from their store inventory.
- 173 ad scans of retailers completed, with 31 stores displaying alcohol ads during scans.
- 52 liquor license holder walk-throughs and 16 party patrols completed, with 14 businesses given warning/citations for selling to minors and 34 youth citations for underage possession at parties.
- 97.9% of students surveyed in schools reported seeing the media campaign. Media Campaign was displayed at one movie theater; posters (n=278 distributed); three newspapers; and the coalition's social media and website.
- 48 parents and children completed Strengthening Families.

Emmet

- Four of the five towns in Emmet County adopted city social host ordinances.
- There was no change made to school policy.

- Six saturation patrols and four safety check points completed, with 72 violations issued at saturation patrols and 58 violations at safety check points (not necessarily involving youth or alcohol).
- 67% of youth surveyed reported seeing the media campaign. Media Campaign was displayed on one billboard; brochures (n=1675 distributed); posters (n= 190 distributed); two radio stations (n=219 aired); one newspaper ad; the coalition's social media.
- The county selected an individual strategy (BASICS), but never implemented it. They changed it to Project Northland, but the contracted agency (Compass Pointe) closed before it could be implemented.

Jackson

- The county-wide Alcohol Outlet Density Ordinance passed restricting alcohol licenses and two cities removed alcohol applications from consent agendas.
- 17 saturation patrols and six safety checks completed, with 238 violations issued during saturation patrols and 105 violations issued during safety checks (not necessarily involving youth).
- 22 Shoulder Tap events conducted at convenience stores, with only 18 adults purchasing for the decoy out of a total of 191 adults approached.
- 94.1% of 7th-10th graders were reached by the media campaign, based on survey results. Media Campaign was displayed on one billboard; ads shown at two movie theaters; posters at the county fair, schools, churches, and retailers (n= 521 distributed); public service announcements run at schools and on a radio station; a print ad in the Shopper; a local TV station (n=400 ads aired); and the coalition's social media.
- 266 6th, 7th, and 8th graders completed Project Northland.

Sac

- 102 compliance checks of alcohol retailers conducted, with 25 warnings/citations issued for non-compliance.
- Nine saturation patrols and 14 safety checks completed, with 22 violations during saturation patrols (not necessarily involving youth or alcohol) and no violations during safety checks.
- 10 TIPS trainings provided, with 43 staff trained.
- 100% of students in the target population were estimated to be reached by the media campaign, as determined by wide media distribution and a youth survey in schools. Media Campaign was displayed on four billboards; 12 newspaper articles; concession stand popcorn bag stickers at three schools (n=6,418 distributed); three portable billboards at carnival, fair, and homecoming game; posters (n= 107 distributed); radio ads (n= 387 aired); screen savers on computers at four locations; and website banners.
- 112 8th graders completed Prime for Life.

Van Buren

- The coalition developed a Privately Owned Facility Toolkit and worked with four private facilities. Nine community events utilized ID scanners.
- Social Host Ordinance faced challenges at the county's governmental level and has not yet passed.

- The coalition developed an Alcohol Restrictions Toolkit for Public Places that was shared with all seven city councils. Two policies banning or limiting alcohol were created affecting community places.
- 72% of youth in the target population reported having seen the media campaign on a survey conducted in 2019. Media Campaign was displayed on one billboard; brochures placed in the school library (n=50 distributed); posters (n=190); and the coalition's social media, website, and blog.
- 346 7th and 8th graders completed Life Skills.

Webster

- Nine out of 11 community events enacted an alcohol restriction policy or procedure.
- All six Webster County public and private schools revised their parent/student handbooks to strengthen alcohol policies, including referral assistance to students in need.
- Social Host Ordinance faced challenges with buy-in, requiring a change from a county-wide to a city-wide ordinance. It has not yet passed.
- 78% of youth in the target population were estimated to be reached by the media campaign. Media Campaign was displayed on 15 billboards; the movie theater; posters (n=971 distributed); public service announcements on a local radio station (n=420 aired); stickers and fliers at 19 events (n=2,600 distributed); and social media.
- 1040 6th graders completed All Stars.

Woodbury

- No policy change passed for countywide restrictions on window alcohol advertisement signage. Community interest in Reducing Alcohol Advertising in Public Places declined, following potential legal and capacity set-backs which caused the strategy to be placed on temporary hold.
- One college formally changed its policies related to alcohol violations (required BASICS) and security checks (no guests).
- No policy change passed on possessing fake IDs in the county. 13 warnings/citations issued for selling or supplying to minors.
- 49 citations were issued during party patrols for operating or frequenting a disorderly house, and 30 citations/warnings for minors in possession.
- Almost 100% of youth in the target population were reached, according to an estimate provided by the county. Media Campaign was displayed on posters (n=202 distributed); two public service announcements; three radio ads; print ads in high school yearbooks (n=6,106); and the coalition's social media.
- 786 college freshman took e-Chug screenings, and 44 college students with alcohol problems completed BASICS.

State and County Outcomes

Who is Drinking?

The state's 2016 Epidemiological Profile indicates that alcohol is the most reported substance of use for Iowans entering treatment. Approximately 1.5 million Iowans (56%) aged 12 and older, had had a drink of alcohol in the past month. 800,000 (25%) reported binge drinking (drinking five or more drinks of alcohol within a couple of hours) in the past month.⁶ The Iowans most at risk of binge drinking are males, young adults aged 25-34 years, people with a college degree, and those earning a household income over \$50,000.⁷

The target population of IPFS was 12-20 year olds. Many of the IPFS county strategies focused on preventing the younger children in this age range from drinking. The Iowa Youth Survey has shown decreases over the past two decades for 6th, 8th, and 11th graders consuming alcohol. However, there is no current statewide survey to measure consumption among the older group of underage adults. The 2014-2015 National Survey on Drug Use and Health (NSDUH) estimated that in Iowa, only 10.2% of 12- to 17-year-olds used alcohol in the past month compared to 66.4% of 18- to 25-year-olds.⁸ This suggests that alcohol consumption is higher among the older age group in the IPFS target population.

In 2018, IDPH funded Vernon Research Group to conduct multiple focus groups with 18 to 25 year olds in the 12 IPFS counties on the topic of binge drinking. Participants largely disagreed with the accepted definition of binge drinking, underestimated the amount they were drinking, and viewed excessive drinking as not a problem. The group viewed the goal of getting drunk as an opportunity to socialize and have fun. They would limit or cease the behavior based on adult responsibilities (careers, parenting, etc.), public image, and not having a designated driver. Friends, peers, and social media played a large role in drinking behaviors and its glamorization.

Iowa's Alcohol Laws

Iowa is governed by the following laws prohibiting underage drinking (source ABD⁹).

Iowa's Legal-Drinking Age (Iowa Code sections §123.47, 123.47(2) and §123.49(2)(h))

- A person must be at least 21 years of age to consume alcoholic beverages in the state of Iowa.
- Licensees (their employees and agents) must have proof that a person is of legal-drinking age before selling or serving an alcoholic beverage.
- Liquor, wine or beer may be given to a person under legal age for medicinal or educational purposes in a private home by a parent or legal guardian who is present.

⁶ "State of Iowa Substance Use Epidemiological Profile" (2016). State Epidemiological Workgroup. <http://idph.iowa.gov/Portals/1/userfiles/55/2016%20Epi%20Profile.pdf>

⁷ "Iowa Substance Abuse Brief" (July 2017). Iowa Department of Public Health. https://idph.iowa.gov/Portals/1/userfiles/205/IASubAbuseBriefNewsletterJuly2017_BingeDrinking.pdf

⁸ "Behavioral Health Barometer Iowa, Volume 4" (2015). Substance Abuse and Mental Health Services Administration. <https://store.samhsa.gov/system/files/sma17-barous-16-ia.pdf>

⁹ Minors and Alcoholic Beverages (webpage). Iowa Alcoholic Beverages Division. <https://abd.iowa.gov/alcohol/state-iowa-alcohol-law/minors-and-alcoholic-beverages>

Age to be in Licensed Establishments (Iowa Code section §123.39(2), and §185-4.35 Iowa Administrative Code)

- Iowa law does not prohibit minors from being in licensed establishments
- Some local authorities may have ordinances prohibiting minors from being in licensed establishments
- If the local authority has such an ordinance, the ordinance applies

Criminal Penalties for Sales-to-Minors Violations (Iowa Code section §123.50(1))

It is against the law for any licensee (their employees and agents) to sell, give or otherwise provide alcoholic beverages to anyone under the legal drinking age of twenty one years. The fine for this simple misdemeanor is:

- \$1,500 when committed by the licensee
- \$500 when committed by an employee or agent

Administrative Sanctions for Sales-to-Minors Violations (Iowa Code sections §123.39(1)(c), §123.49(2)(h) and §123.50(3))

Administrative sanctions are separate from criminal penalties. Both may be imposed. When licensees (their employees and agents) sell, give or otherwise supply liquor, wine or beer to someone under the legal-drinking age, the following administrative sanctions may be imposed against the alcoholic beverages license.

- First violation or first violation within two years - \$500 civil penalty or 14-day license suspension.
- Second violation in two years - 30-day license suspension and \$1,500 civil penalty.
- Third violation in three years - 60-day license suspension and \$1,500 civil penalty.
- Fourth violation in three years - revocation of the license. Administrative sanctions are automatic (no administrative hearing held) when there is a criminal conviction under Iowa Code section §123.49(2)(h). When there is no criminal conviction, administrative sanctions are imposed through an administrative hearing.

Criminal Penalties for Minors (Iowa Code section §123.47)

Following are the criminal penalties imposed by the courts for a minor 18-20 years of age purchasing or attempting to purchase or controlling or possessing an alcoholic beverage:

- First violation - simple misdemeanor punishable by a \$100 fine.
- Second violation - simple misdemeanor punishable by a fine of \$500. Additionally, the person in violation shall choose between either completing a substance abuse evaluation or the suspension of the person's motor vehicle operating privileges for a period not to exceed one year.
- Third and subsequent violations - simple misdemeanor punishable by a fine of \$500 and the suspension of the person's motor vehicle operating privileges for a period not to exceed one year. When the violation is committed by a minor under age 18, the matter is handled by the juvenile court.

Social Host (Iowa Code section §123.47)

In 2014, Iowa passed a statewide "Social Host" law, making it a criminal offense for property owners/leases to knowingly permit a person under the age of 18 to consume or possess alcohol on their property. This doesn't apply to landlords or property managers, or religious ceremonies.

- First offense- a simple misdemeanor punishable as a scheduled violation under section 805.8C, subsection 8.
- Second or subsequent offense - a simple misdemeanor punishable by a fine of five hundred dollars.

Trend Analysis

This section provides data to examine and compare state and county-level trends over time, from prior to IPFS in 2012 to 2018. Please note that data were not yet available to represent the final year of the project (2019). Aggregated data were gathered from various state agencies, including IDPH surveys (Iowa Youth Survey and Behavioral Risk Factor Surveillance Survey), IDPH administrative data (emergency department visits and treatment admissions), Iowa Courts (crime), Iowa Alcoholic Beverages Division (liquor licenses and sales), and the Iowa Department of Transportation (vehicle crashes). Multiple indicators are provided to assess youth alcohol consumption, intervening variables (risk of harm, parental/peer influence, and accessibility), and consequences. The State of Iowa, 12 IPFS counties, and 10 Comparison counties selected by SAMHSA were compared.

Please refer to Appendix D for additional data tables providing more detailed counts.

Consumption

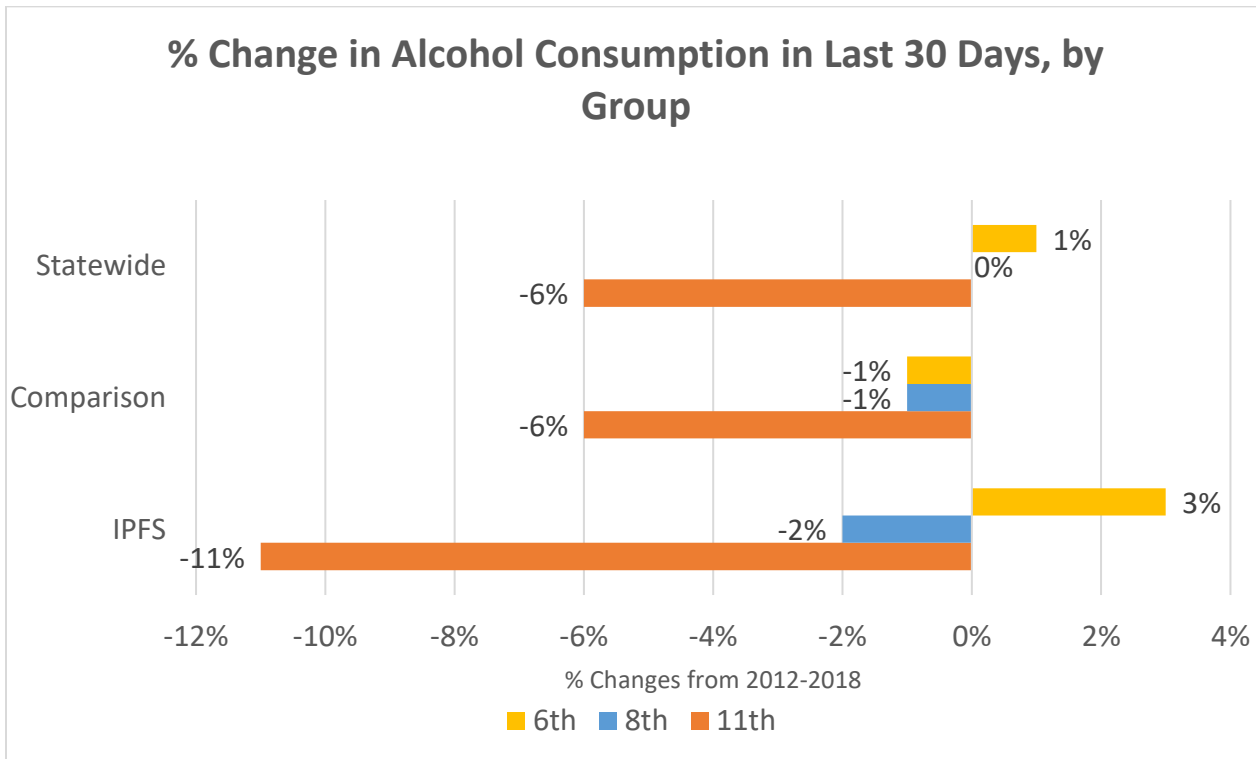
Youth Alcohol Consumption in the Last 30 Days

Youth consumption of alcohol in the last 30 days in both 2012 and 2018 compared the percentages of those who answered 'Yes' to the question: "In the past 30 days, have you had at least one drink of alcohol (glass, bottle or can of beer, glass of wine, liquor or mixed drink)?" (Source: Iowa Youth Survey)

Goal: % Decrease

On average for IPFS counties, youth consumption of alcohol increased by 3% among 6th graders, decreased by 2% among 8th graders, and decreased by 11% among 11th graders. In comparison, youth consumption of alcohol for the comparison counties decreased by 1% for both 6th and 8th graders, and decreased by 6% for 11th graders. Statewide, youth alcohol consumption increased by 1% for 6th graders, remained the same for 8th graders, and decreased by 6% for 11th graders. Based on these results, IPFS counties had greater reductions in 8th and 11th grade alcohol consumption compared to the comparison group and statewide totals.

Figure 3: % Change in 6th, 8th, and 11th Graders from 2012-2018 by Group, Past 30 Day Alcohol Consumption



The following graphs display IPFS county-level information for each grade, examining the percentage differences from 2012 to 2018 for alcohol consumption. Please see Appendix D, which provides detailed percentages for each county, by year.

Figure 4: % Change in 6th Grade IPFS Counties, Past 30 Day Alcohol Consumption

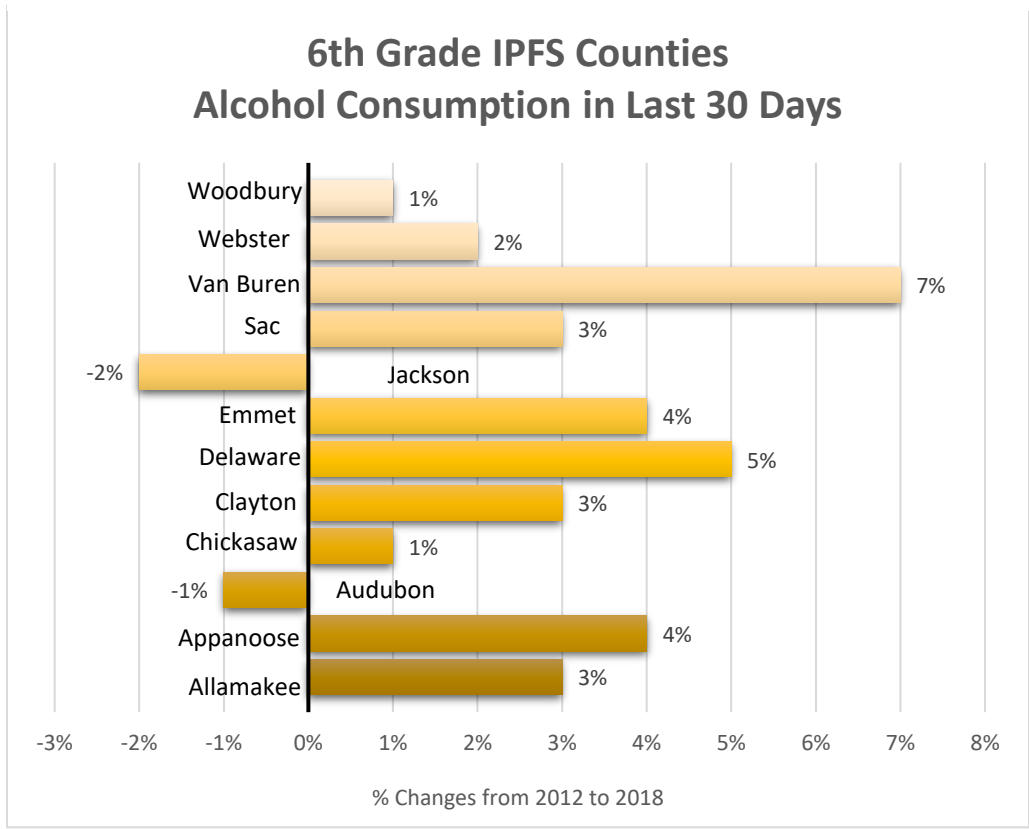


Figure 5: % Change in 8th Grade IPFS Counties, Past 30 Day Alcohol Consumption

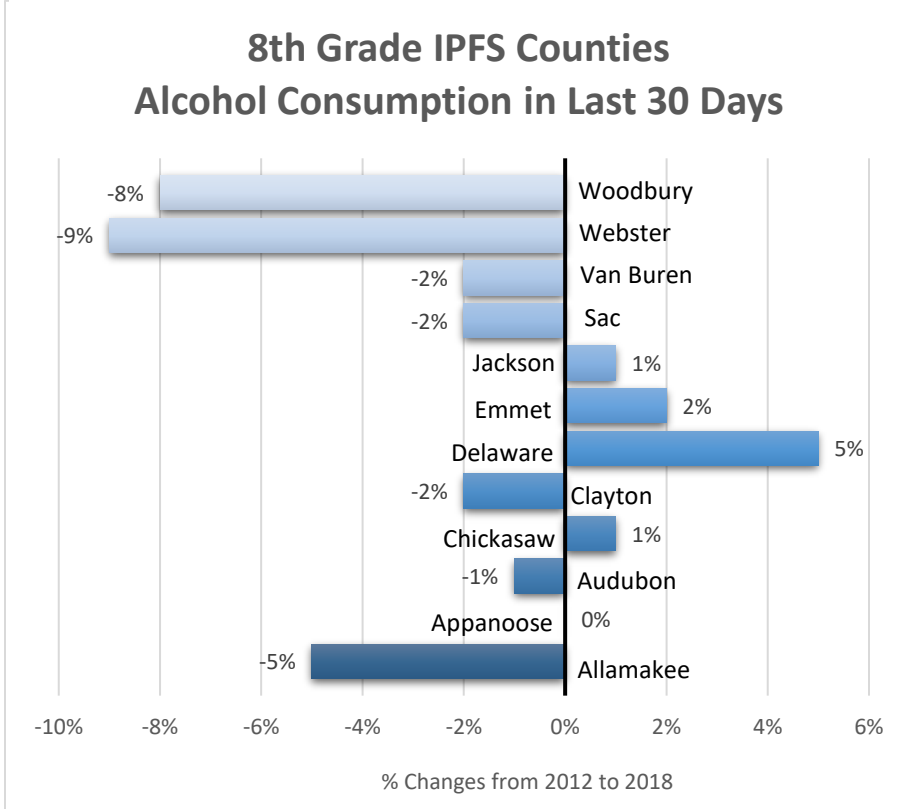
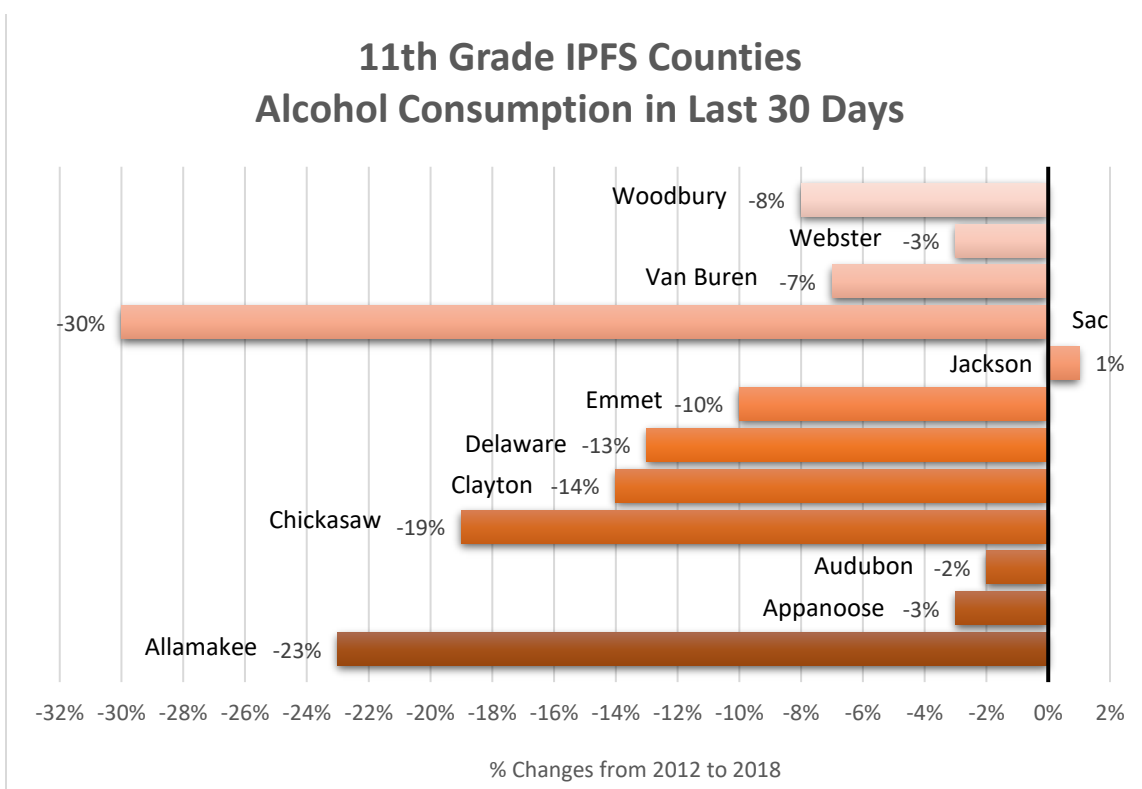


Figure 6: % Change in 11th Grade IPFS Counties, Past 30 Day Alcohol Consumption



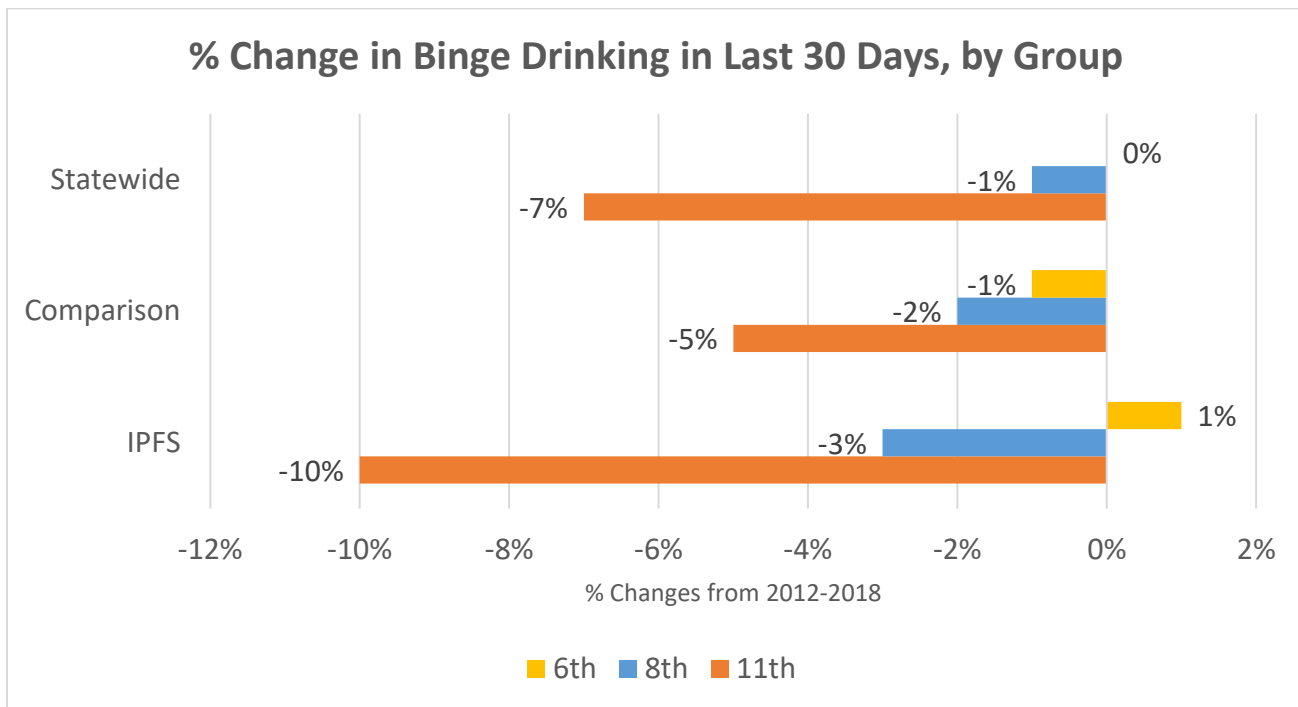
Youth Binge Drinking in the Last 30 Days

(Source: Iowa Youth Survey) Youth binge drinking in the last 30 days in both 2012 and 2018 compared the percentages of those who reported 'Any binge drinking' under the question: "During the last 30 days, on how many days did you have five or more drinks of alcohol (glasses, bottles or cans of beer, glasses of wine, liquor, mixed drinks) in a row, that is within a couple of hours?"

Goal: % Decrease

On average for IPFS counties, youth binge drinking increased by 1% among 6th graders, decreased by 3% among 8th graders, and decreased by 10% among 11th graders. In comparison, youth binge drinking for the comparison counties decreased by 1% for 6th graders, decreased by 2% for 8th graders, and decreased by 5% for 11th graders. Statewide, youth binge drinking remained the same for 6th graders, decreased by 1% for 8th graders, and decreased by 7% for 11th graders. Based on these results, IPFS counties had greater reductions in 8th and 11th grade binge drinking compared to the comparison group and the statewide totals.

Figure 7: % Change in 6th, 8th, and 11th Graders from 2012-2018 by Group, Past 30 Day Binge Drinking



The following graphs display each grade for the 12 IPFS counties and the percentage differences from 2012 to 2018 for binge drinking. Please see Appendix D, which provides detailed percentages for each county, by year.

Figure 8: % Change in 6th Grade IPFS Counties, Past 30 Day Binge Drinking

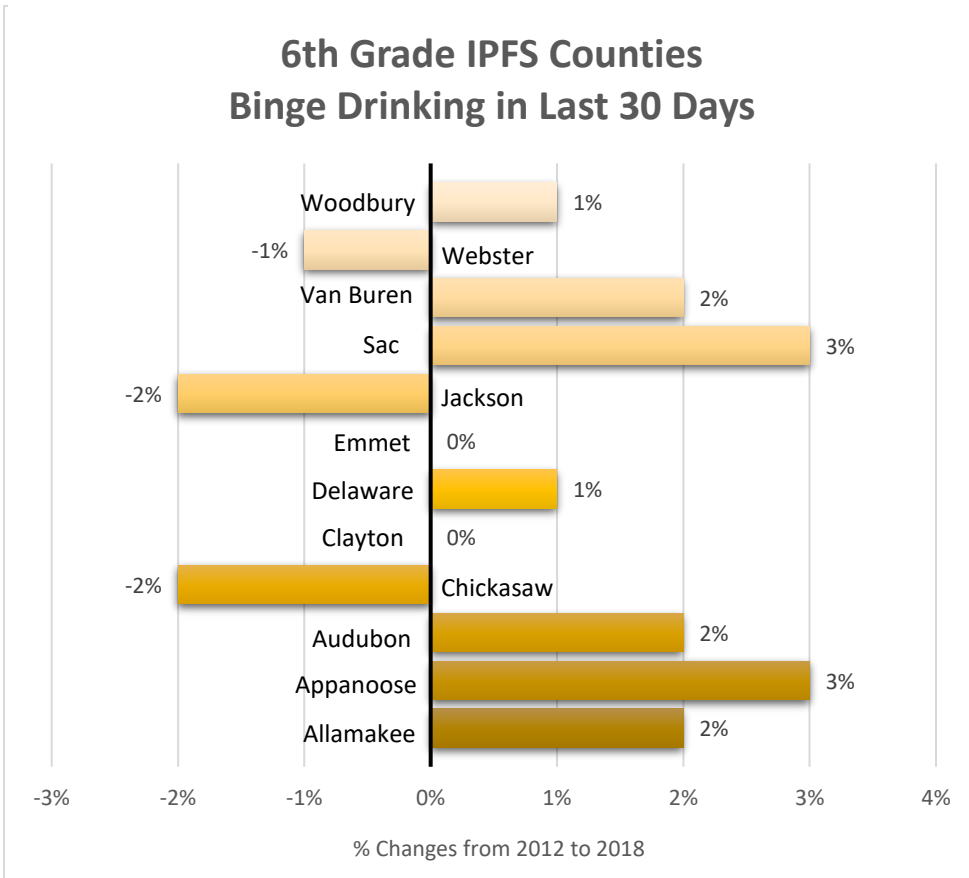


Figure 9: % Change in 8th Grade IPFS Counties, Past 30 Day Binge Drinking

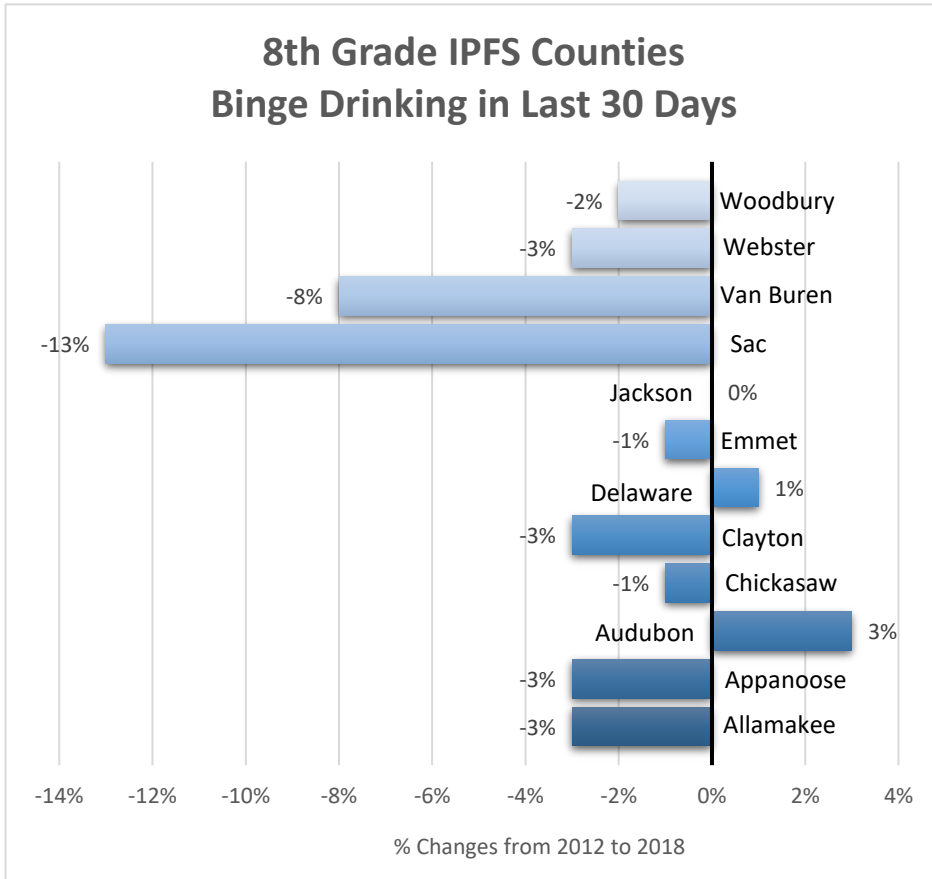
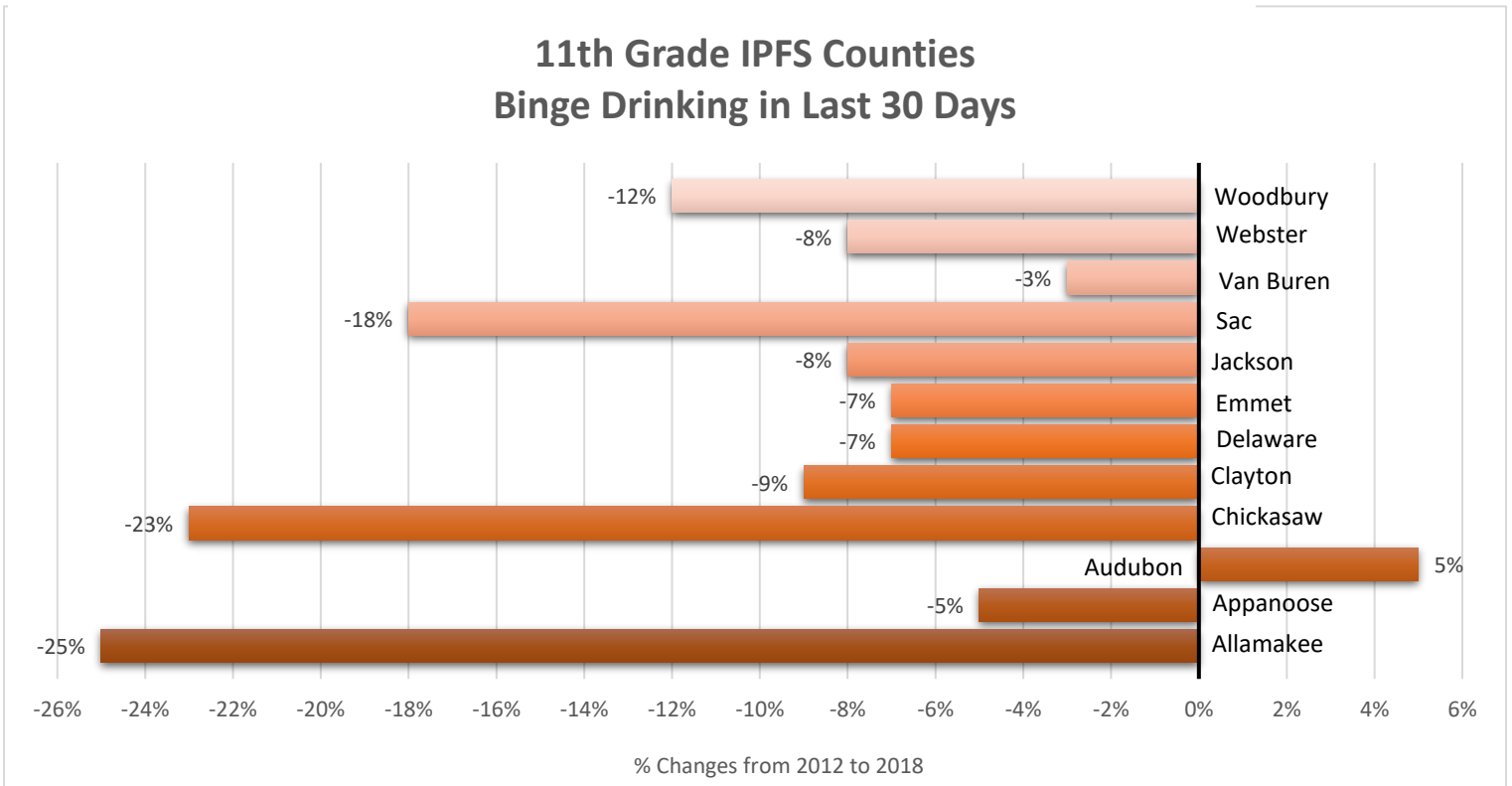


Figure 10: % Change in 11th Grade IPFS Counties, Past 30 Day Binge Drinking



Intervening

Youth Perception of Self-Harm

(Source: Iowa Youth Survey) Perception of self-harm caused by drinking in 2012 added the percentages of those who answered ‘Great Risk and Moderate Risk’ to the question: “How much do you think you risk harming yourself (physically or otherwise) if you: Drink three or more drinks (glasses, cans or bottles of beer; glasses of wine, liquor or mixed drinks) of alcohol nearly every day?”

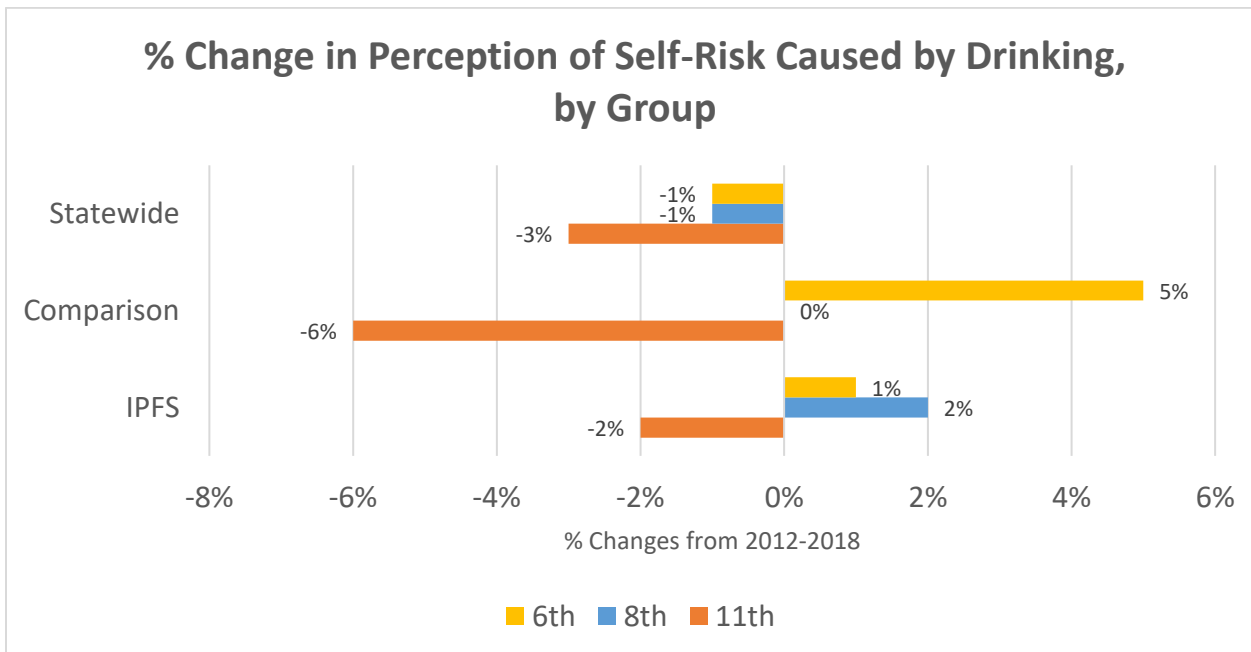
Perception of self-harm caused by drinking in 2018 added the percentages of those who answered ‘Great Risk and Moderate Risk’ to the question: “How much do you think you risk harming yourself (physically or otherwise) if you: Drink five or more drinks of alcohol (glasses, bottles, or cans of beer, glasses of wine, liquor, mixed drinks) within a couple of hours, more than once a week?”

Please note that the wording of this question changed in 2018. Differences in the wording are underlined above. This change could have affected the results when comparing responses for the years.

Goal: % Increase

On average for IPFS counties, youth perception of harm to themselves from drinking increased by 1% among 6th graders, increased by 2% among 8th graders, but decreased by 2% among 11th graders. In comparison, youth perception of harm to themselves caused by drinking for the comparison counties increased by 5% for 6th graders, did not change for 8th graders, and decreased by 6% for 11th graders. Statewide youth perception of self-harm caused by drinking decreased for both 6th and 8th graders by 1% and by 3% for 11th graders. Based on these results, IPFS counties had better outcomes in increasing perceptions of the self-harm of drinking among 8th graders compared to the comparison group and the statewide totals.

Figure 11: % Change in 6th, 8th, and 11th Graders from 2012-2018 by Group, Perception of Self-Risk Caused by Drinking



The following graphs display IPFS county-level information for each grade, examining the percentage differences from 2012 to 2018 for perception of self-risk caused by drinking. Please see Appendix D, which provides detailed percentages for each county, by year.

Figure 12: % Change in 6th Grade IPFS Counties, Perception of Self-Risk Caused by Drinking

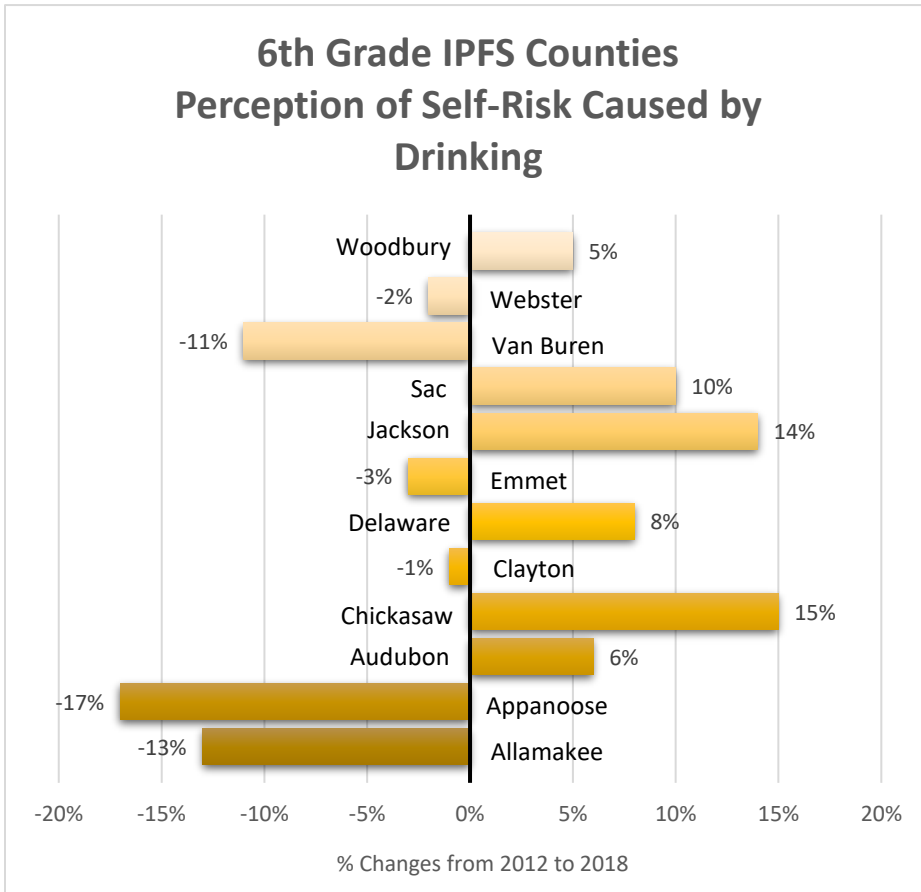


Figure 13: % Change in 8th Grade IPFS Counties, Perception of Self-Risk Caused by Drinking

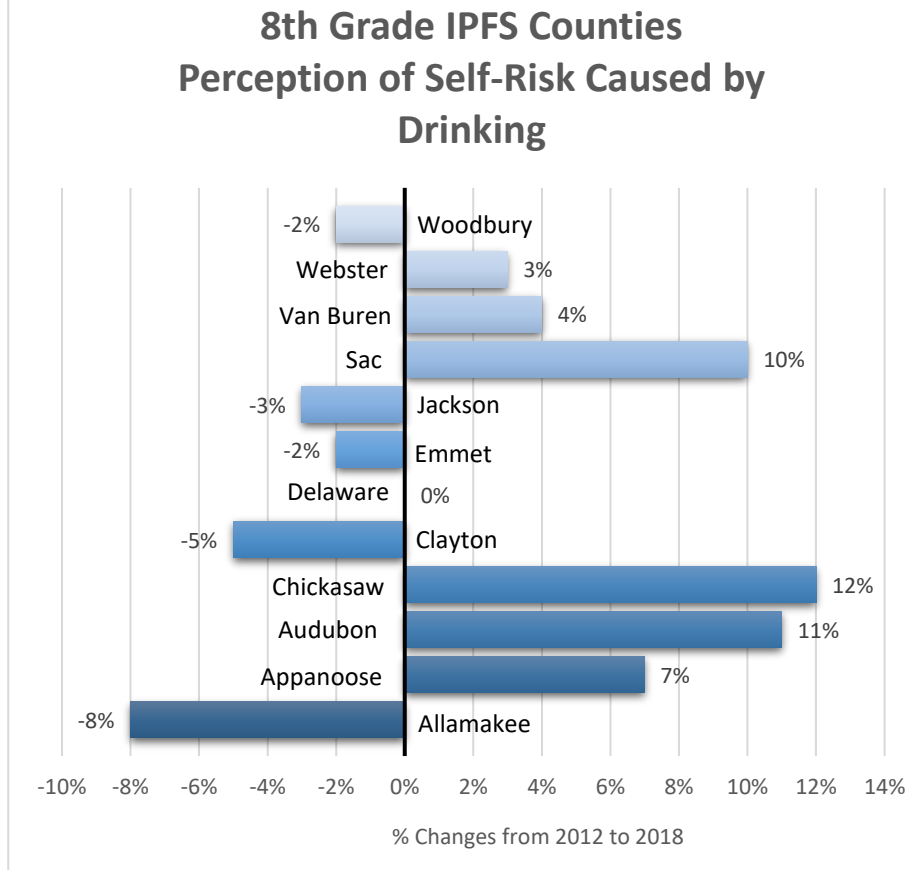
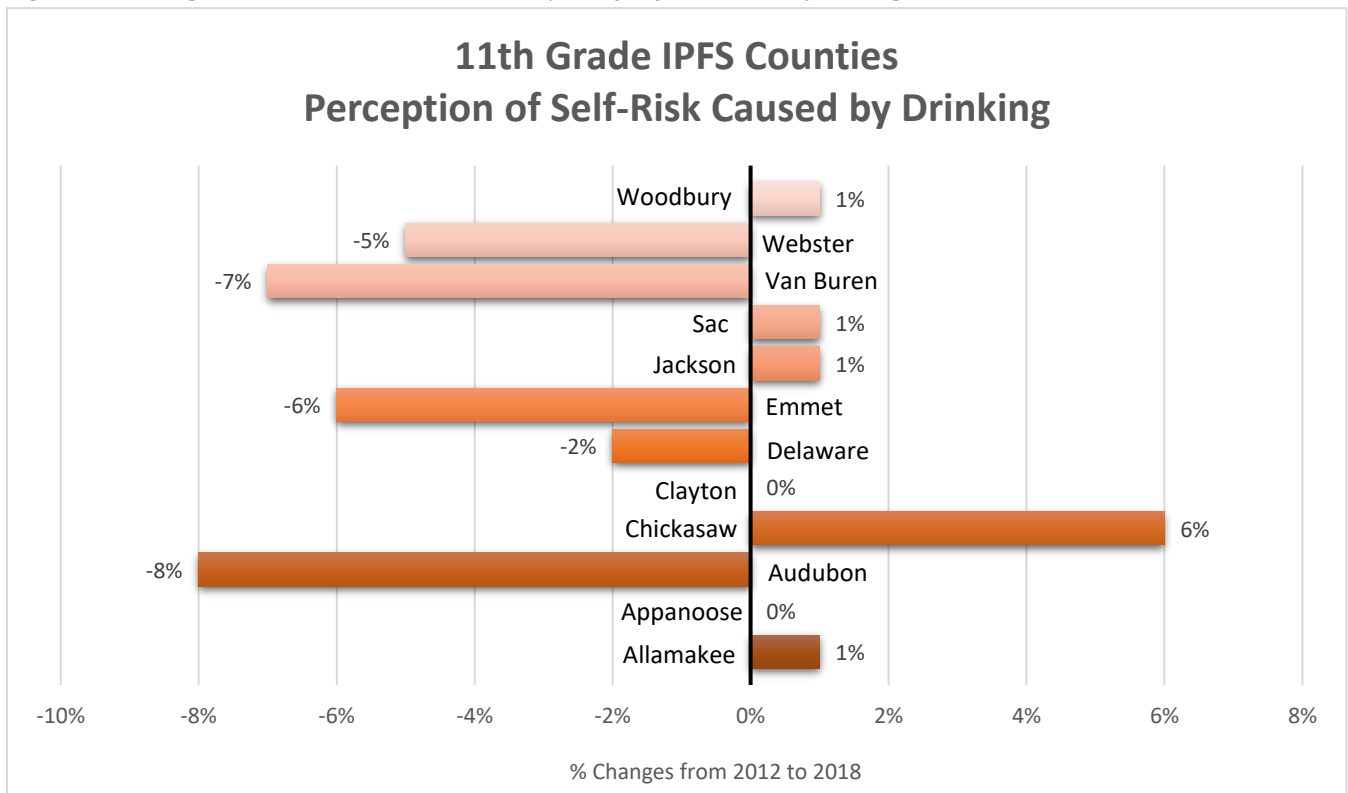


Figure 14: % Change in 11th Grade IPFS Counties, Perception of Self-Risk Caused by Drinking



Youth Perception of Peer/Parental Approval for Drinking

Peer

(Source: Iowa Youth Survey) Perception of peer approval of drinking in 2012 compared the percentages of those who answered ‘Not Wrong at All’ to the question: “How wrong would most of the students in your school (not just your best friends) feel it would be for you to: Drink beer, wine, or hard liquor (for example: vodka, whiskey, gin)?”

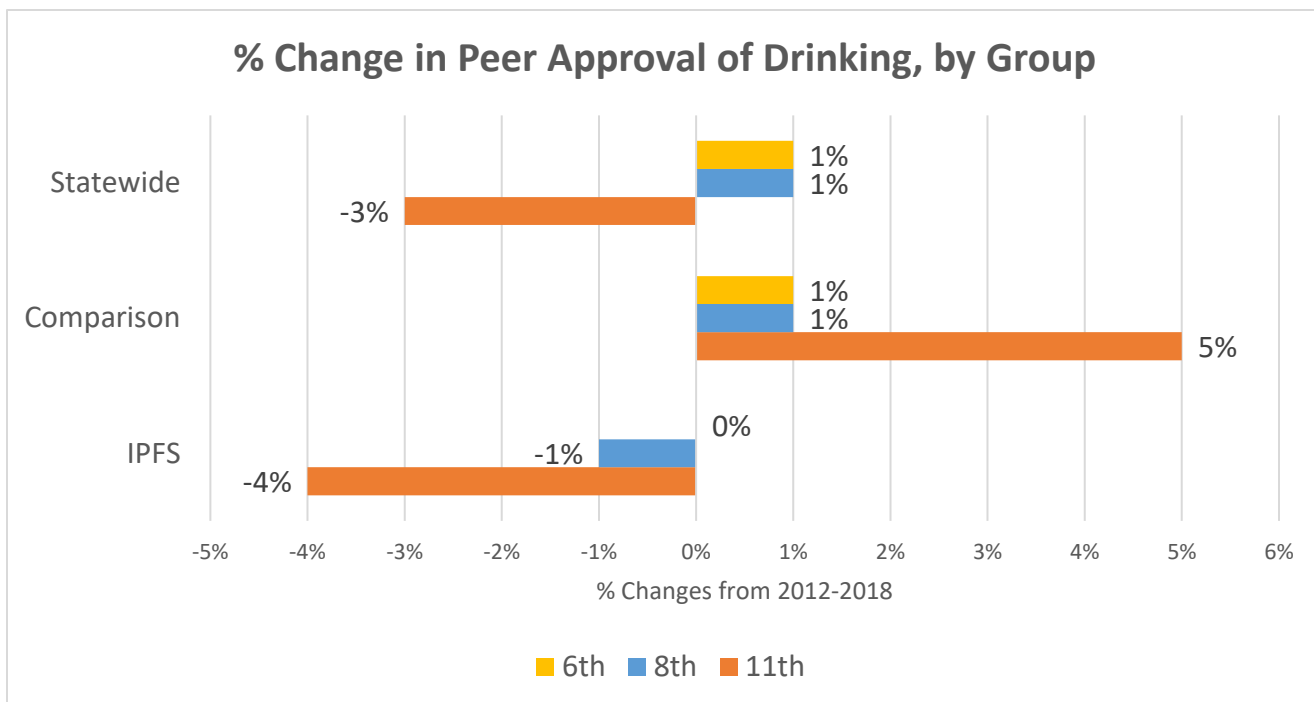
Perception of peer approval of drinking in 2018 compared the percentages of those who answered ‘Not Wrong at All’ to the question: “How wrong would most of the students in your school (not just your best friends) feel it would be for you to: Drink beer, wine, alcoholic drinks, or hard liquor (for example: vodka, whiskey, rum, tequila, gin)?”

Please note that the wording of this question slightly changed in 2018. Differences in the wording are underlined above.

Goal: % Decrease

On average for IPFS counties, youth perception of peer approval of drinking did not change among 6th graders, decreased by 1% among 8th graders, and decreased by 4% among 11th graders. In comparison, youth perception of peer approval of drinking for the comparison counties increased by 1% for both 6th and 8th graders, and also increased by 5% for 11th graders. Statewide youth perception of peer approval increased for both 6th and 8th graders by 1%, but decreased by 3% for 11th graders. Based on these results, IPFS counties had better outcomes in reducing youth’s perceptions of peer approval of drinking among 8th and 11th graders compared to the comparison group and the statewide totals.

Figure 15: % Change in 6th, 8th, and 11th Graders from 2012-2018 by Group, Peer Approval of Drinking



The following graphs display IPFS county-level information for each grade, examining the percentage differences from 2012 to 2018 for peer approval of drinking. Please see Appendix D, which provides detailed percentages for each county, by year.

Figure 16: % Change in 6th Grade IPFS Counties, Peer Approval of Drinking

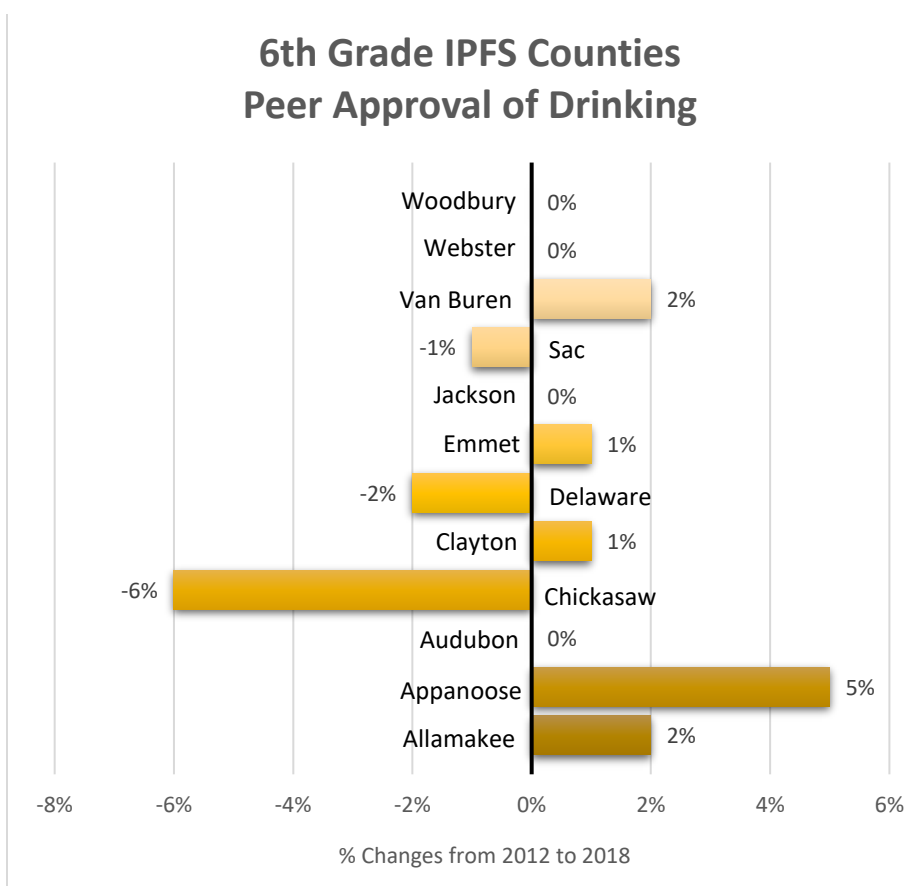


Figure 17: % Change in 8th Grade IPFS Counties, Peer Approval of Drinking

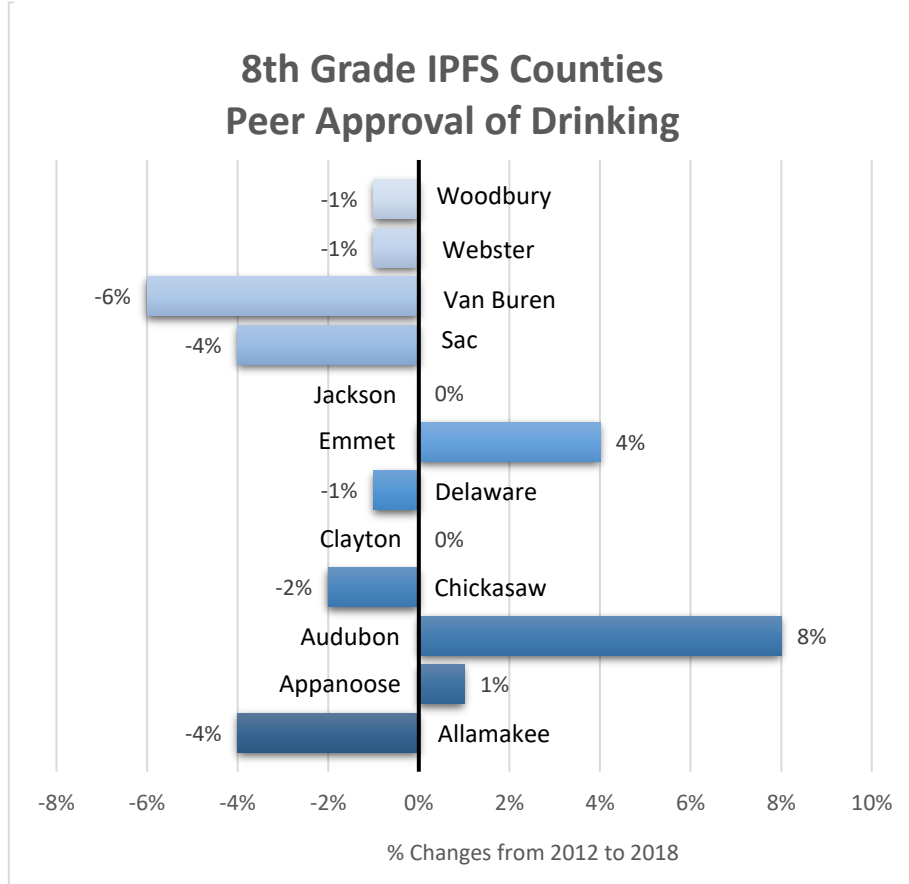
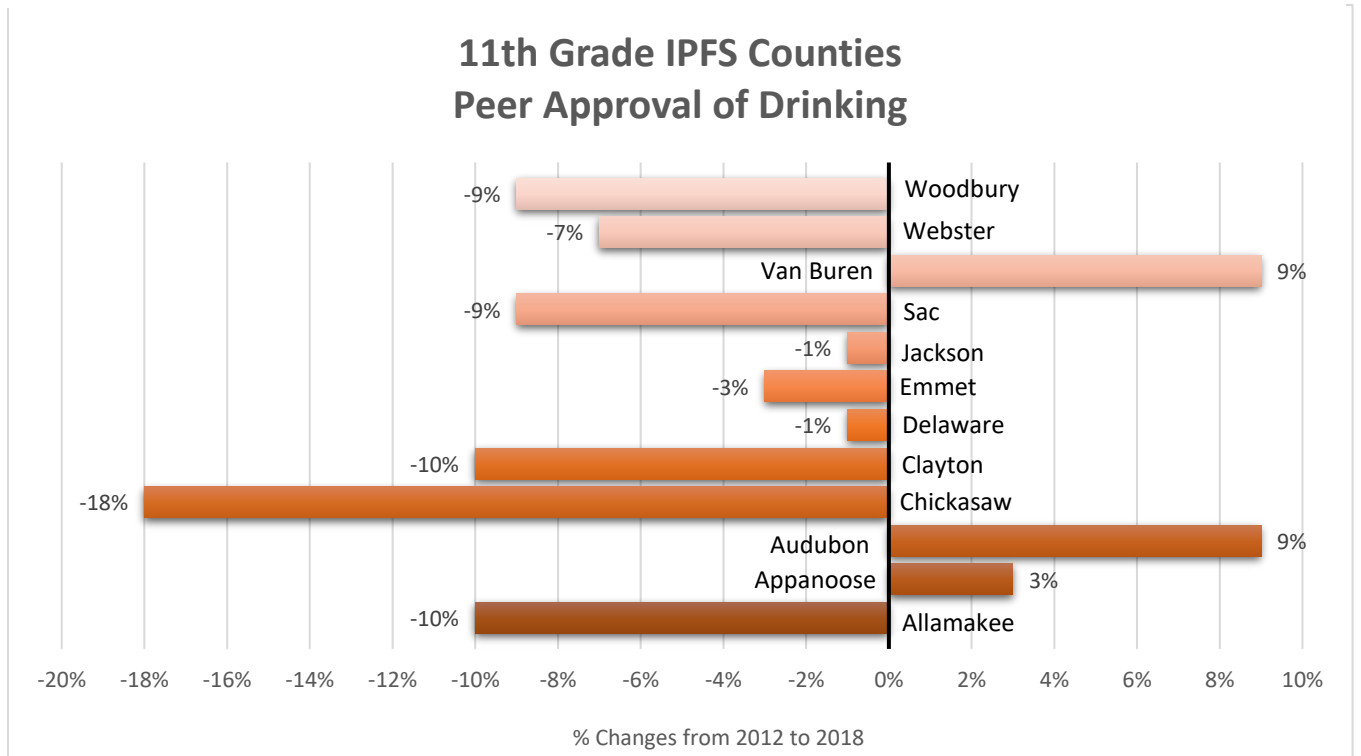


Figure 18: % Change in 11th Grade IPFS Counties, Peer Approval of Drinking



Parent

(Source: Iowa Youth Survey) Perception of parental approval for drinking in 2012 compared the percentages of those who answered 'Not Wrong at All' to the question: "How wrong would your parents/guardians feel it would be for you to: Drink beer, wine or hard liquor (for example vodka, whiskey, gin) without their permission?"

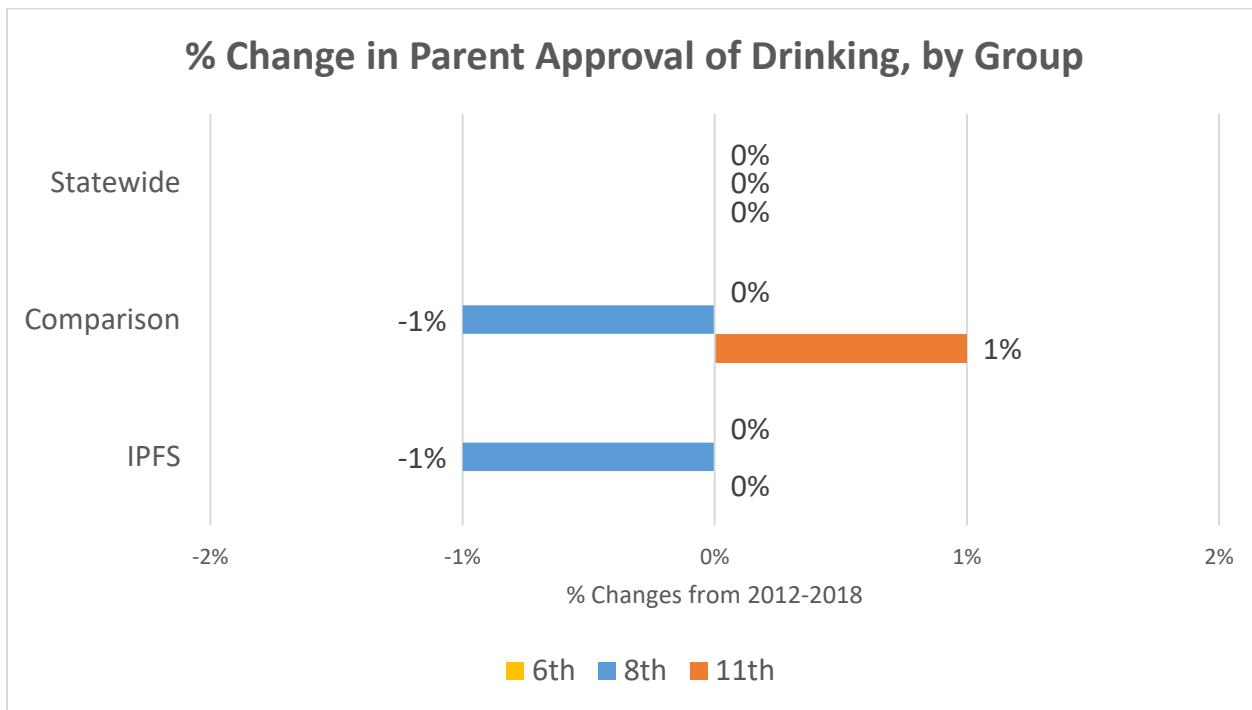
Perception of parental approval for drinking in 2018 compared the percentages of those who answered 'Not Wrong at All' to the question: "How wrong would your parents/guardians feel it would be for you to: Drink beer, wine, alcoholic drinks, or hard liquor (for example vodka, whiskey, rum, tequila, gin) without their permission?"

Please note that the wording of this question slightly changed in 2018. Differences in the wording are underlined above.

Goal: % Decrease

On average for IPFS counties, youth perception of parental approval for drinking did not change among 6th and 11th graders and decreased by 1% among 8th graders. In comparison, youth perception of parental approval for drinking for the comparison counties did not change for 6th graders, decreased by 1% for 8th graders, but increased by 1% for 11th graders. Statewide trends for parental approval did not change for all grades. Based on these results, changes in youth's perceptions of parental approval of drinking from 2012-2018 were very minimal for the IPFS counties, comparison group, and statewide totals.

Figure 19: % Change in 6th, 8th, and 11th Graders from 2012-2018 by Group, Parent Approval of Drinking



The following graphs display IPFS county-level information for each grade, examining the percentage differences from 2012 to 2018 for parent approval of drinking. Please see Appendix D, which provides detailed percentages for each county, by year.

Figure 20: % Change in 6th Grade IPFS Counties, Parent Approval of Drinking

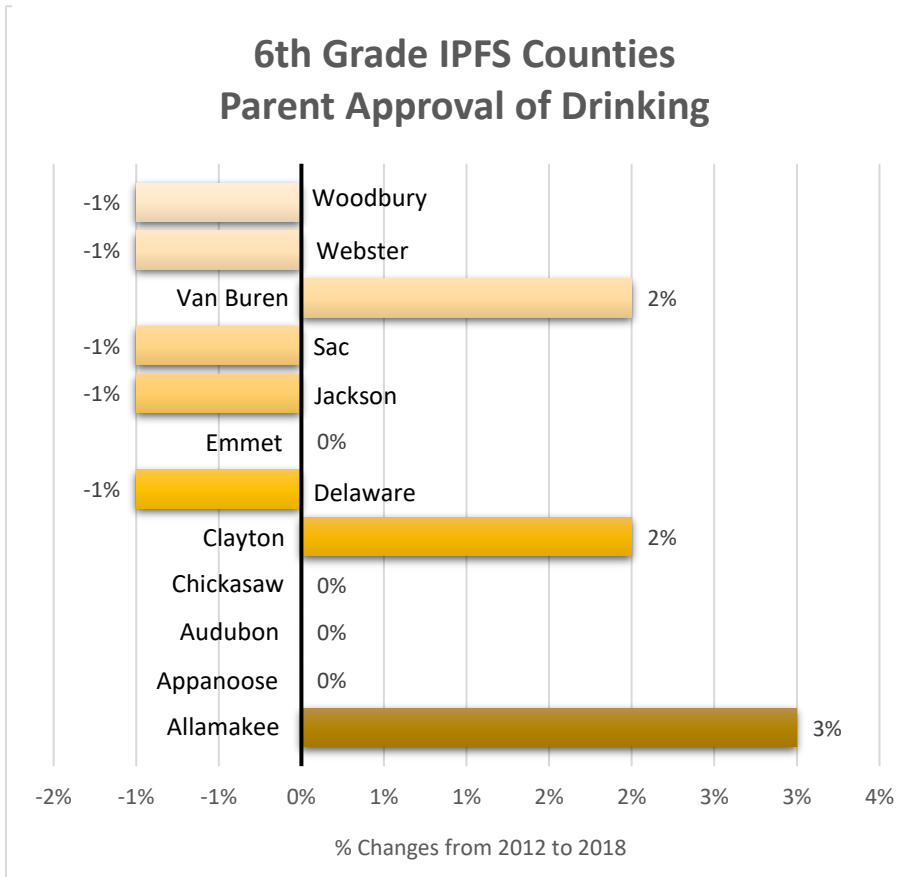


Figure 21: % Change in 8th Grade IPFS Counties, Parent Approval of Drinking

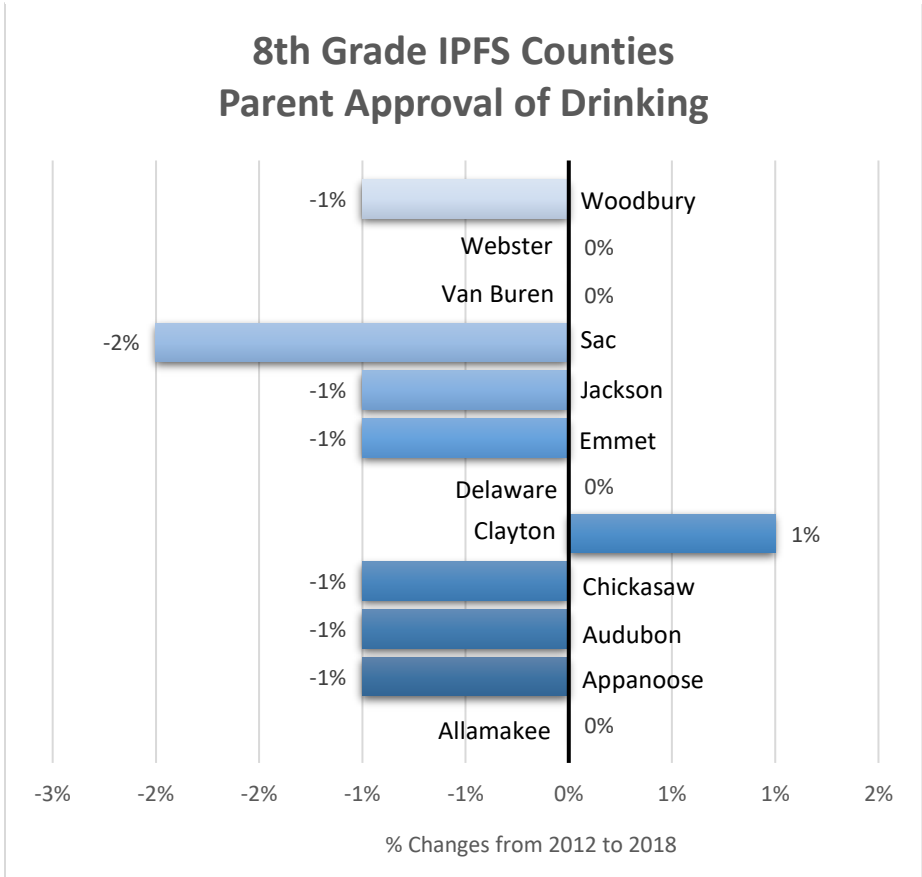
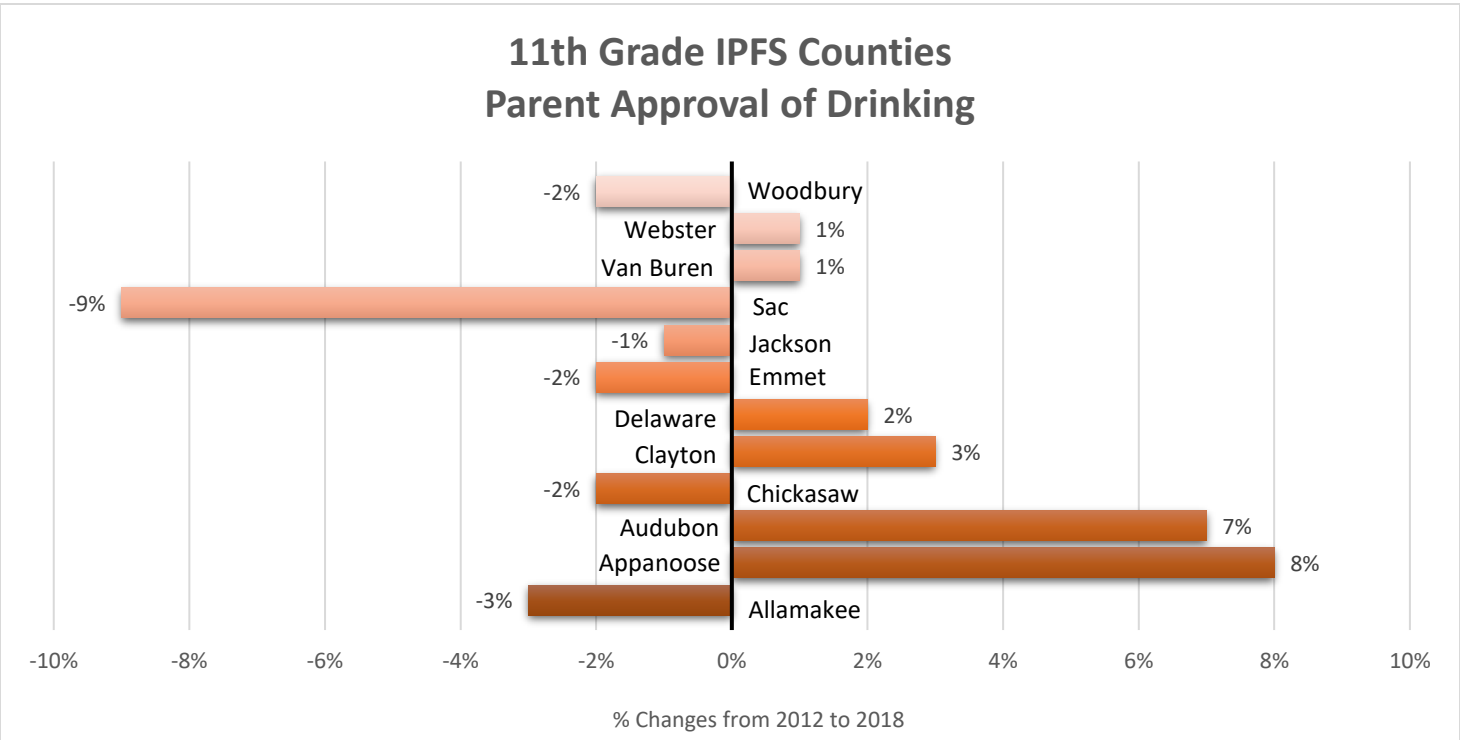


Figure 22: % Change in 11th Grade IPFS Counties, Parent Approval of Drinking



Youth Access to Alcohol

(Source: Iowa Youth Survey) Youth access to alcohol was compared for those who answered 'Yes' to the following questions/categories.

*2012: each youth access to alcohol question in 2012 was reflected of an entire year.

"During the past year did you get alcohol from the following sources:

- I bought it,
- I gave someone money to buy it,
- I got it from a parent,
- I got it at a party?"

*2018: each youth access to alcohol question in 2018 was reflected of the last 30 days.

"During the past 30 days did you get alcohol from the following sources:

- I bought it,
- I gave someone money to buy it,
- I got it from a parent,
- I got it at a party,
- A friend who is under 21
- A friend who is over 21?"

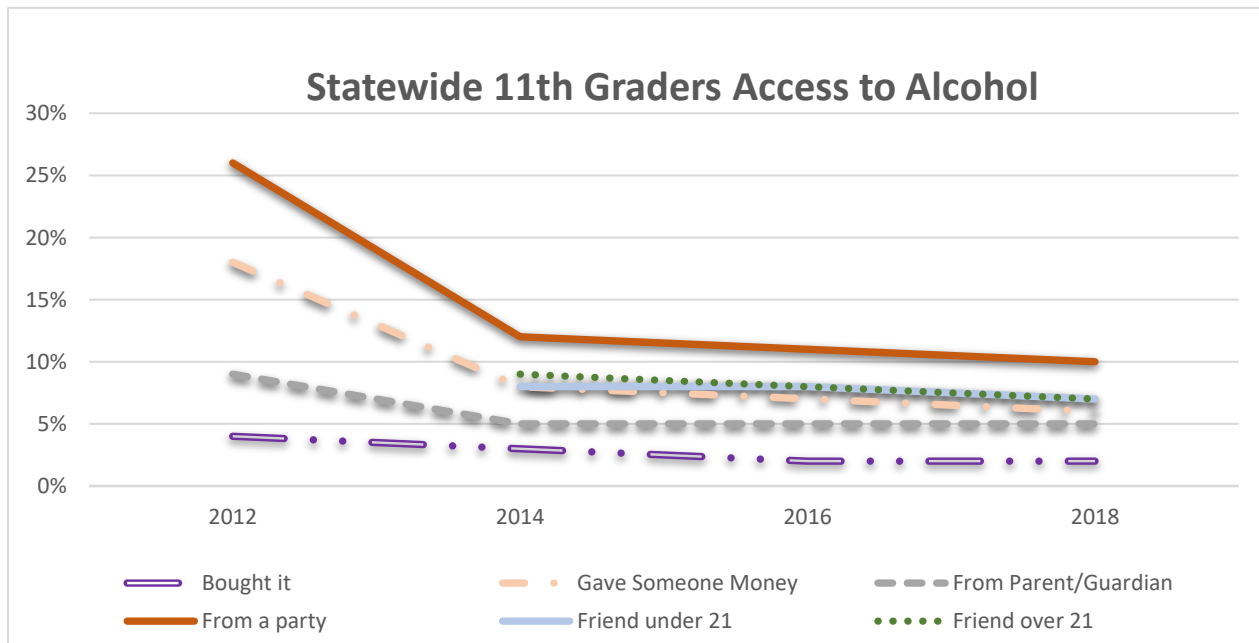
Please note that the wording of this question changed in 2018. Differences in the wording are underlined above. This change could affect the results when comparing responses for 2012 and 2018. Also, 'Friend under 21' and 'Friend over 21' were questions added to the survey in 2014.

Goal: Decrease for all categories

*Note: Not all grade levels were recorded in this section due to the very low percentages of some 6th and 8th grade categories

The graph below shows the statewide trends of 11th graders access to alcohol from 2012 to 2018.

Figure 23: Statewide 11th Graders Access to Alcohol

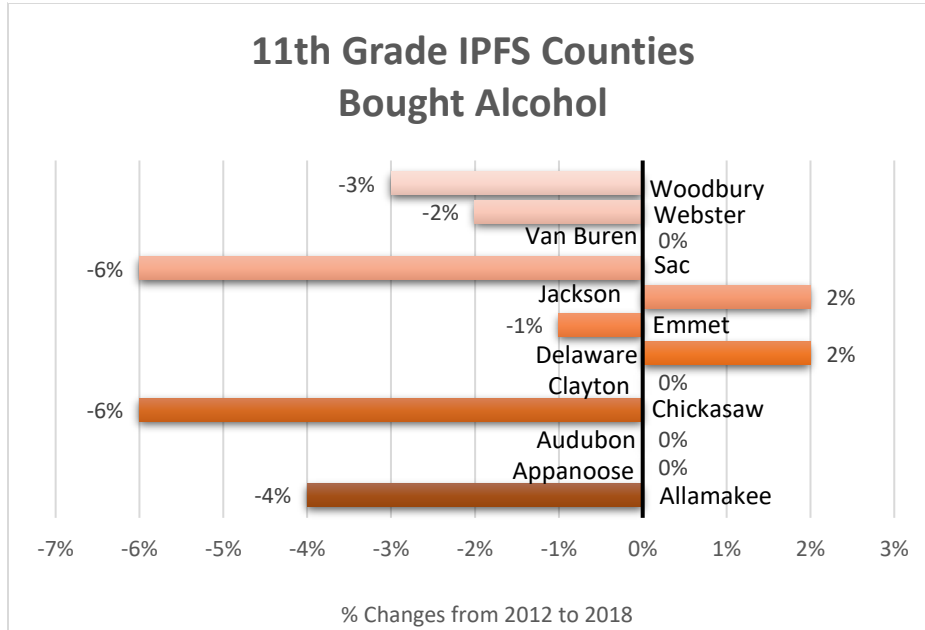


Bought It Themselves

On average, 11th graders who bought their own alcohol decreased by 2% for the IPFS counties, did not change for comparison counties, and decreased by 2% statewide from 2012 to 2018.

The following graph displays IPFS county-level information, examining the percentage differences from 2012 to 2018 for 11th graders who bought alcohol. Please see Appendix D, which provides detailed percentages for each county, by year.

Figure 24: % Change in 11th Grade IPFS Counties, Bought Alcohol



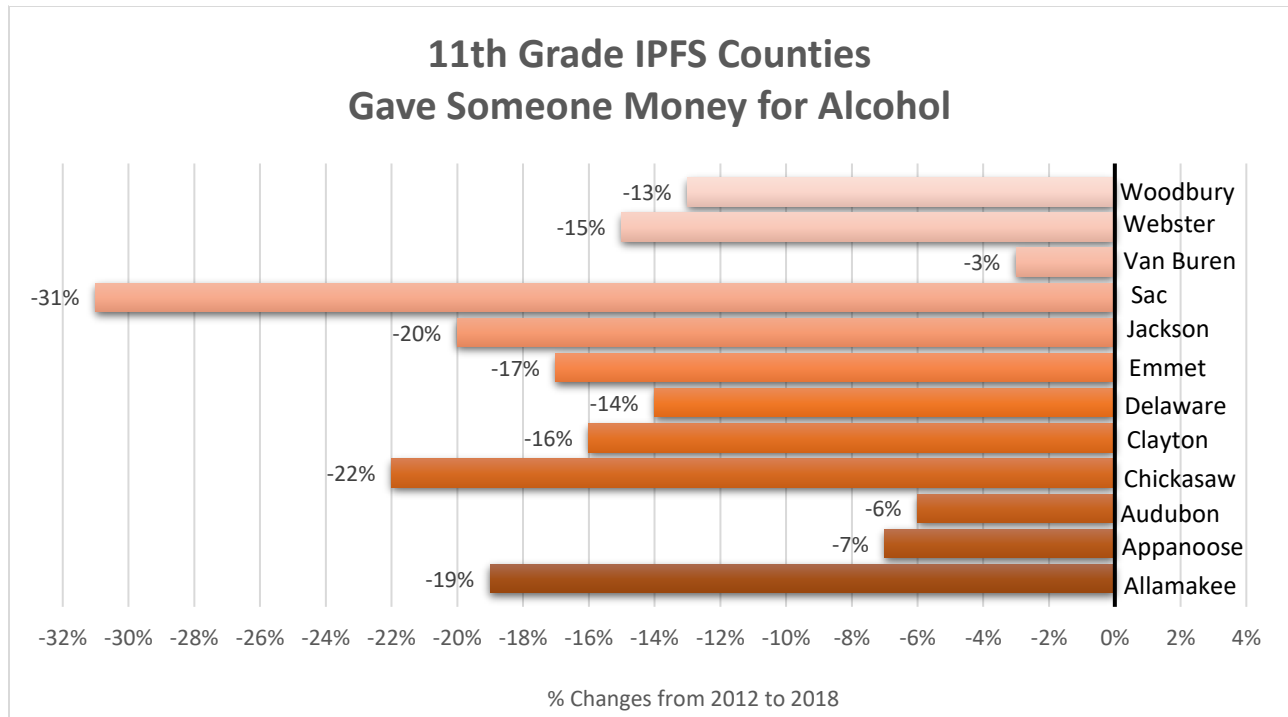
Gave Someone Money to Buy Alcohol

On average, 11th graders who gave someone money to buy alcohol for them decreased by 15% for the IPFS counties, 8% for the comparison counties, and by 12% statewide from 2012 to 2018.

The following graph displays IPFS county-level information, examining the percentage differences from 2012 to 2018 for 11th graders who gave someone money for alcohol.

Please see Appendix D, which provides detailed percentages for each county, by year.

Figure 25: % Change in 11th Grade IPFS Counties, Gave Someone Money for Alcohol



Got Alcohol from a Parent/Guardian

On average, 8th graders who got alcohol from their parents/guardians decreased by 3% for the IPFS counties, decreased by 2% for the comparison counties, and decreased by 1% statewide. On the other hand, 11th graders who got alcohol from their parents/guardians decreased by 5% for both the IPFS and comparison counties, and by 4% statewide.

The following graphs display IPFS county-level information, examining the percentage differences from 2012 to 2018 for 8th and 11th graders getting alcohol from a parent/guardian.

Please see Appendix D, which provides detailed percentages for each county, by year.

Figure 26: % Change in 8th Grade IPFS Counties, Got Alcohol from a Parent/Guardian

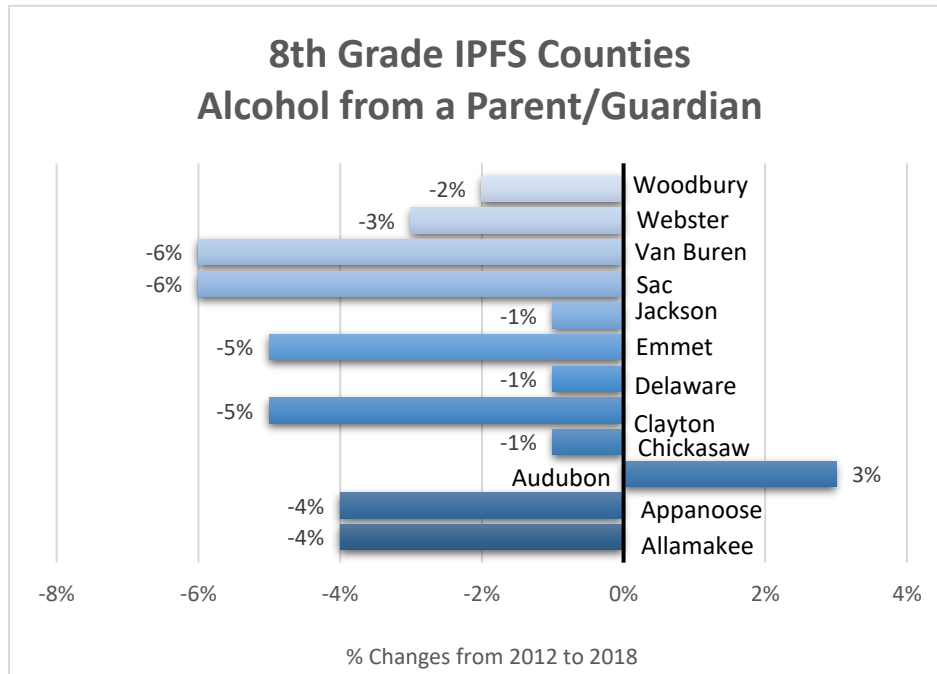
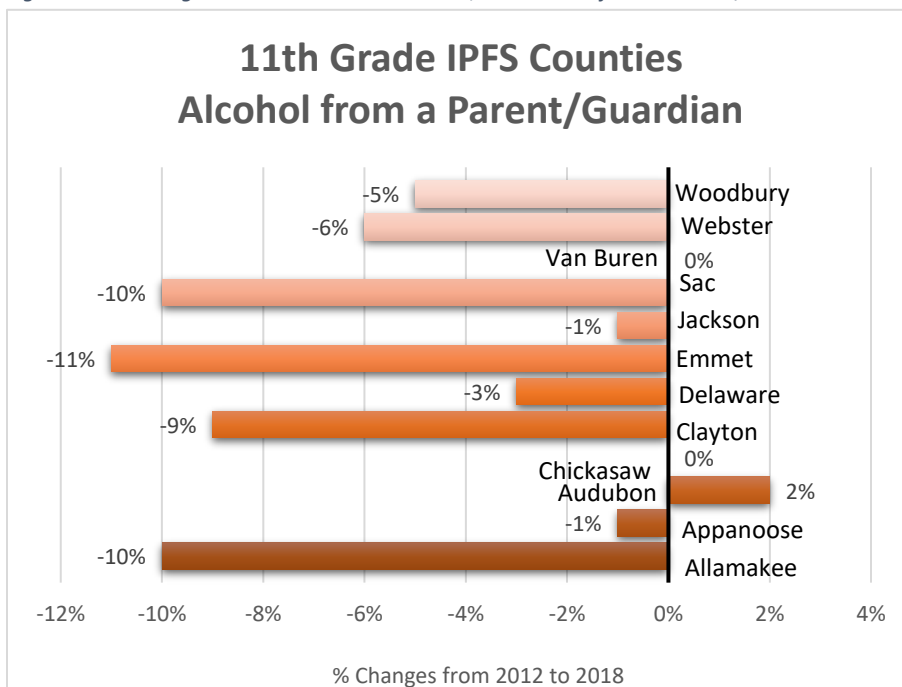


Figure 27: % Change in 11th Grade IPFS Counties, Got Alcohol from a Parent/Guardian



Got Alcohol at a Party

On average, 8th graders who got alcohol from a party decreased by 5% for the IPFS counties, decreased by 3% for the comparison counties and statewide. Although, 11th graders who got alcohol from a party decreased by 19% for the IPFS counties, 14% for the comparison counties, and 16% statewide.

The following graphs display IPFS county-level information, examining the percentage differences from 2012 to 2018 for 8th and 11th graders getting alcohol from a party. Please see Appendix D, which provides detailed percentages for each county, by year.

Figure 28: % Change in 8th Grade IPFS Counties, Got Alcohol from a Party

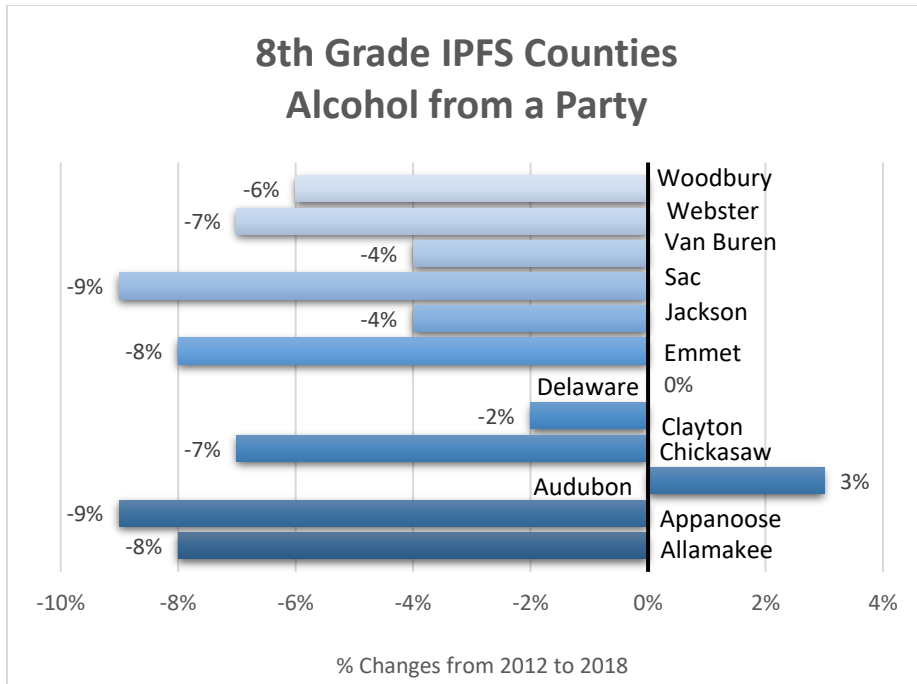
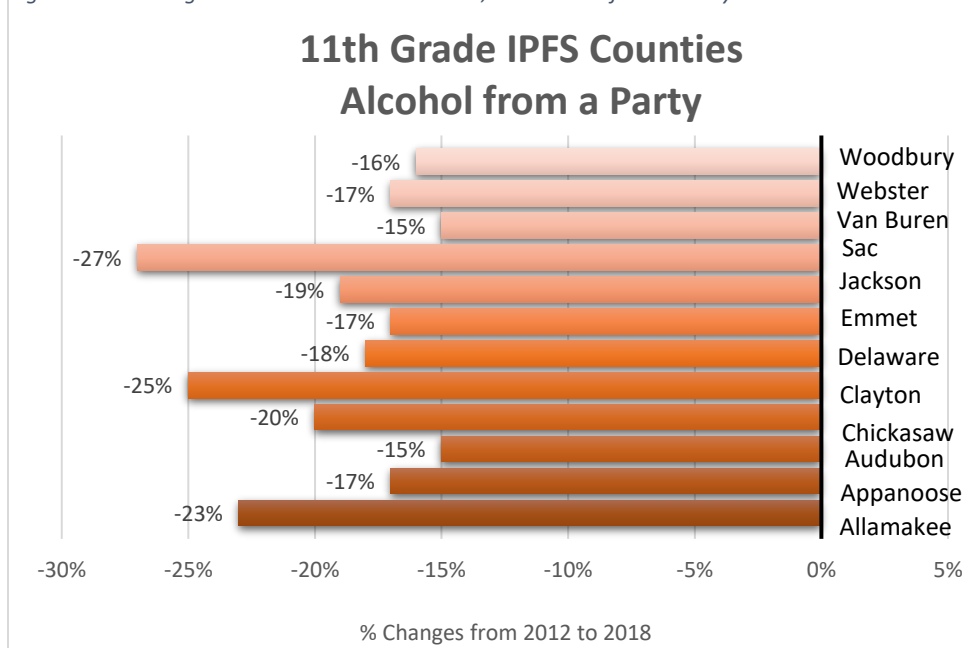


Figure 29: % Change in 11th Grade IPFS Counties, Got Alcohol from a Party

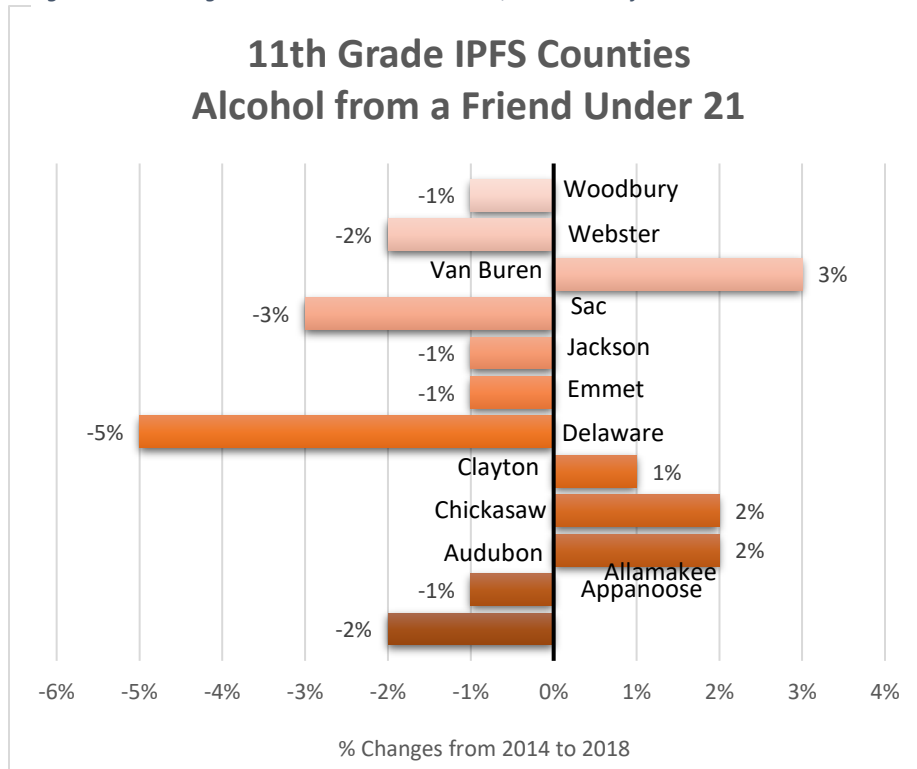


Got Alcohol from a Friend who is Under 21 Years of Age

Please note that this question was not asked on the Iowa Youth Survey until 2014. Therefore, percent differences were calculated between 2014 and 2018. On average, 11th graders who got alcohol from a friend who was under 21 decreased by 1% for IPFS counties, comparison counties, and statewide.

The following graph displays IPFS county-level information, examining the percentage differences from 2014 to 2018 for 11th graders getting alcohol from a friend under 21. Please see Appendix D, which provides detailed percentages for each county, by year.

Figure 30: % Change in 11th Grade IPFS Counties, Got Alcohol from a Friend Under 21

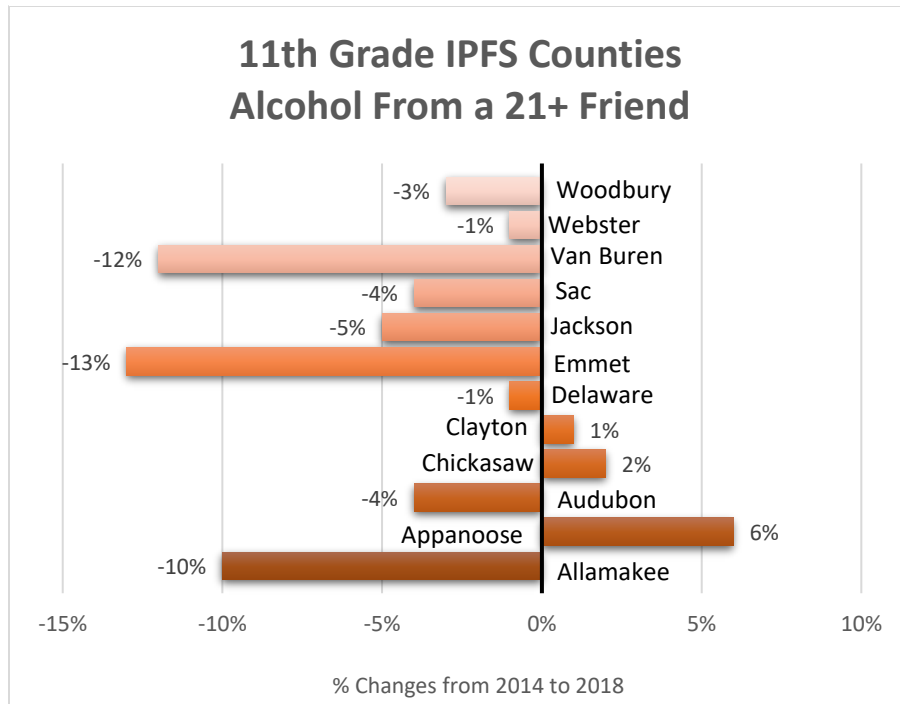


Got Alcohol from a Friend who is Over 21 Years of Age

This question was not asked on the Iowa Youth Survey until 2014. Therefore, percent differences were calculated between 2014 and 2018. On average, 11th graders who got alcohol from a friend who is over 21 decreased by 4% for the IPFS counties, 3% for the comparison counties, and 2% statewide.

The following graph displays IPFS county-level information, examining the percentage differences from 2014 to 2018 for 11th graders getting alcohol from a friend over 21. Please see Appendix D, which provides detailed percentages for each county, by year.

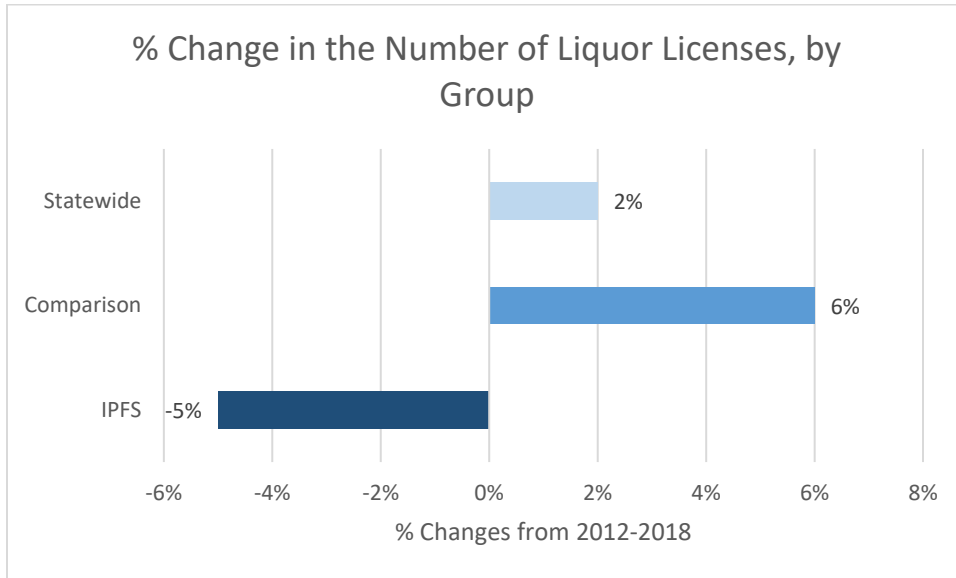
Figure 31: % Change in 11th Grade IPFS Counties, Got Alcohol from a Friend Over 21



Liquor Licenses

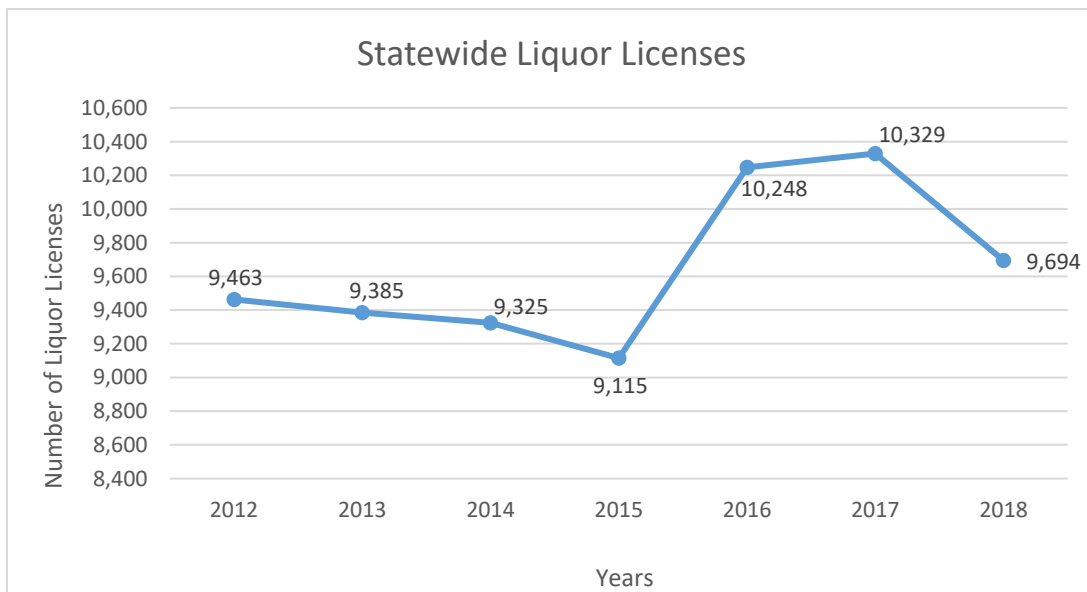
From the Iowa Department of Commerce, Iowa Alcoholic Beverages Division, the number of liquor licenses has decreased by 5% from 2012 to 2018 for IPFS counties. However, the number of liquor licenses has increased by 2% statewide and increased 6% for the comparison counties. Based on these results, IPFS counties showed improvement in the reduction of the number of liquor licenses compared to the comparison counties and state.

Figure 32: % Change in the Number of Liquor Licenses from 2012 to 2018, by Group



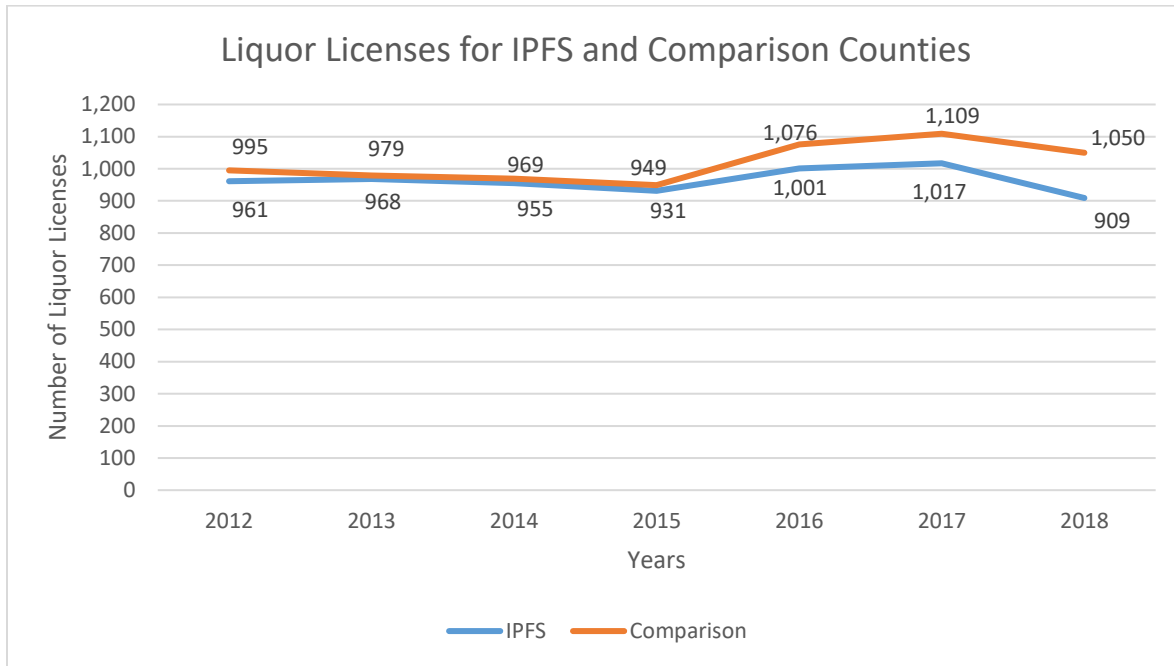
The following graph displays the total number of liquor licenses from 2012 to 2018 statewide.

Figure 33: Statewide Number of Liquor Licenses from 2012 to 2018



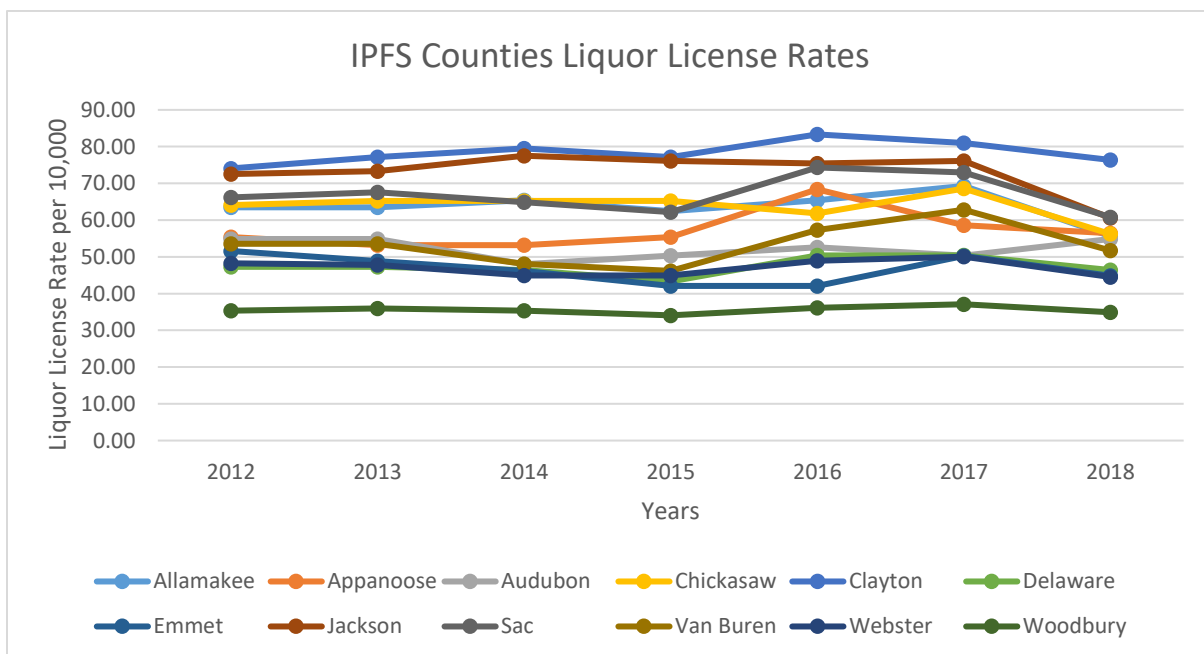
The following graph displays the total number of liquor licenses from 2012 to 2018 for IPFS counties and the comparison counties.

Figure 34: IPFS vs. Comparison Counties Number of Liquor Licenses from 2012 to 2018



The following graph displays IPFS county-level information, examining changes from 2012 to 2018 for the number of liquor licenses rates per 10,000 residents in each county. Please see Appendix D, which provides detailed numbers for each county, by year.

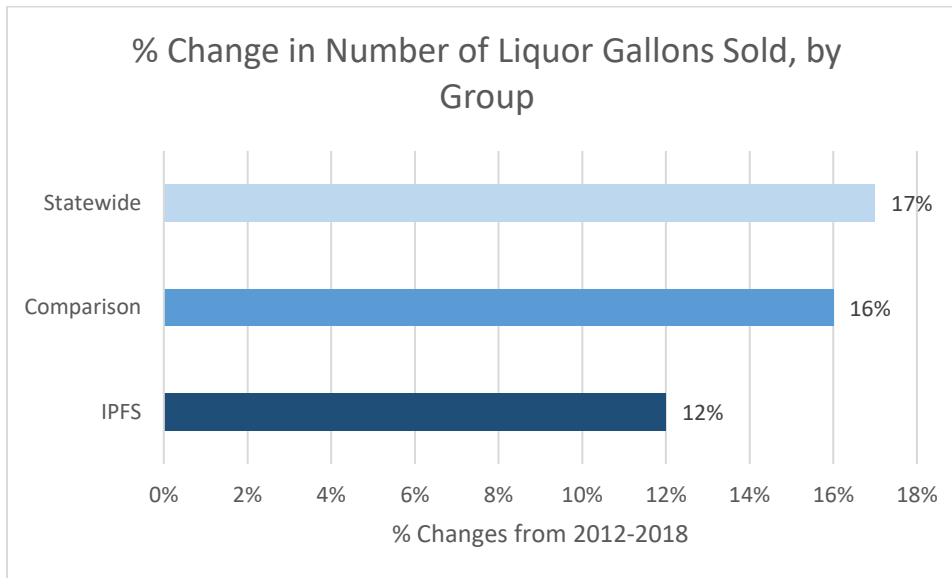
Figure 35: Liquor License Rates per 10,000 from 2012 to 2018, by County



Gallon Sales

From the Iowa Department of Commerce, Iowa Alcoholic Beverages Division, the number of liquor sales by the gallon has increased by 12% from 2012 to 2018 for IPFS counties. However, the number of liquor sales has increased by 17% statewide and increased 16% for the comparison counties. Based on these results, IPFS counties had a positive outcome because they had a smaller increase overall in total liquor sales than the comparison counties and state.

Figure 36: % Change in the Number of Liquor Gallons Sold from 2012 to 2018, by Group



The following graph displays statewide liquor sales (number of gallons sold) from 2012 to 2018.

Figure 37: Statewide Liquor Gallons Sold from 2012 to 2018

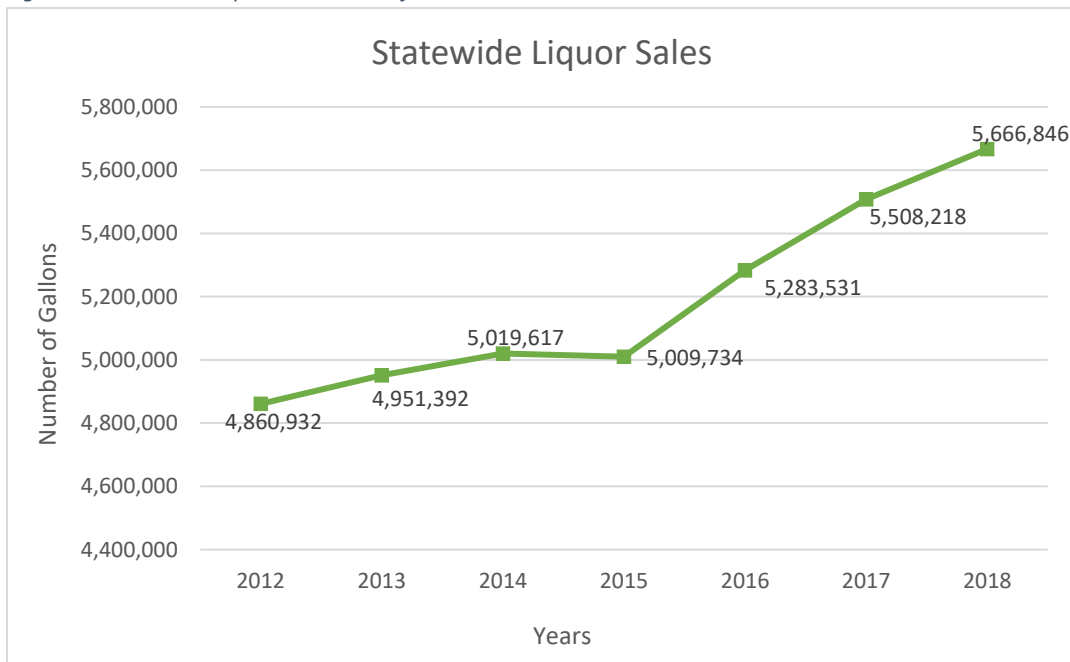
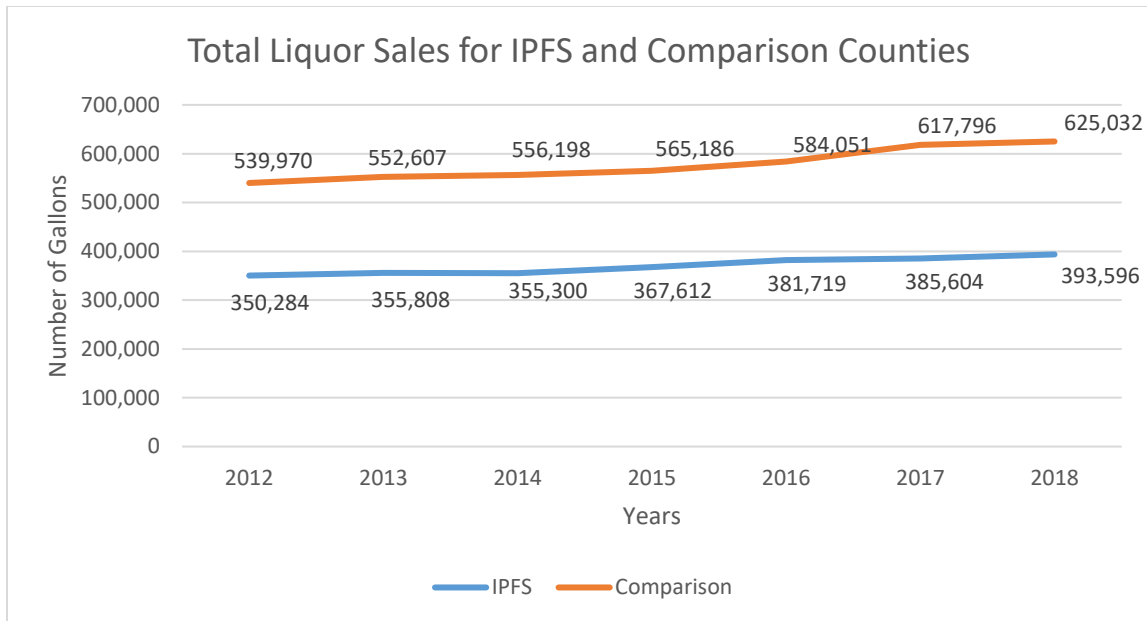
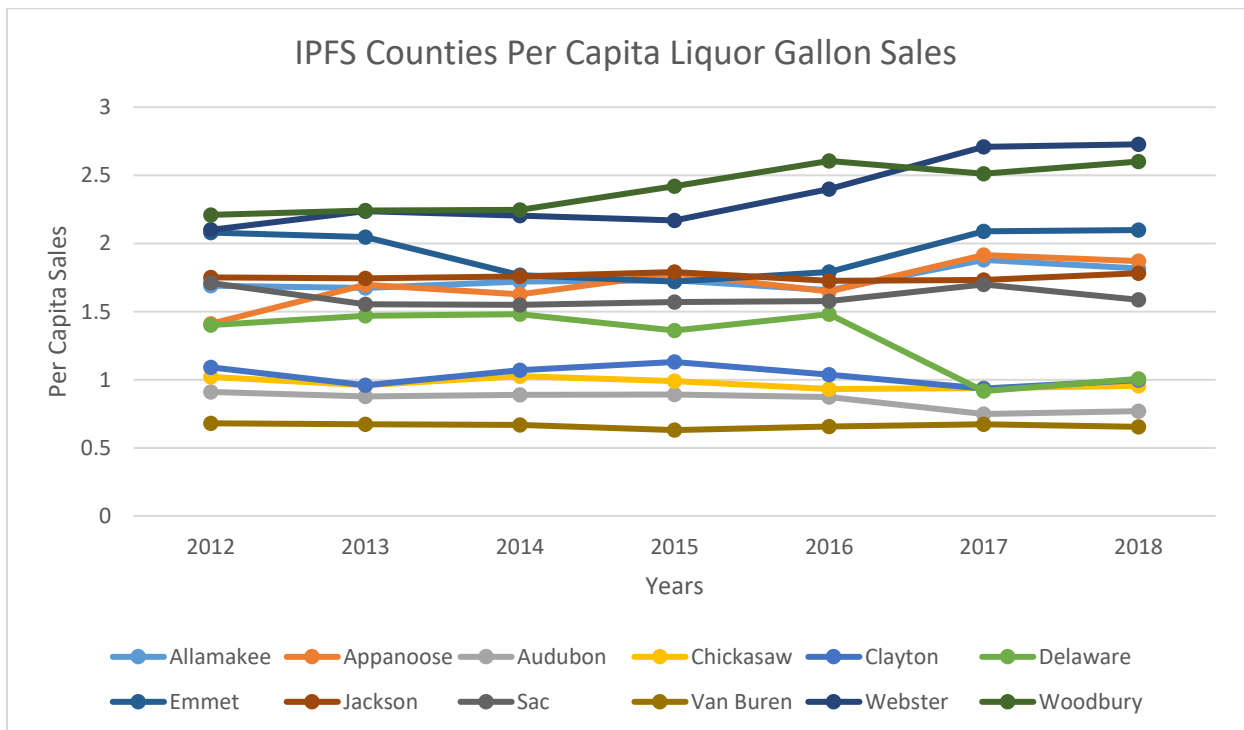


Figure 38: IPFS vs. Comparison Counties Liquor Gallons sold from 2012 to 2018



The following graphs display IPFS county-level information, examining changes from 2012 to 2018 for per capita liquor gallon sales in each county. Please see Appendix D, which provides detailed numbers for each county, by year.

Figure 39: Per Capita Liquor Gallon Sales from 2012 to 2018, by County



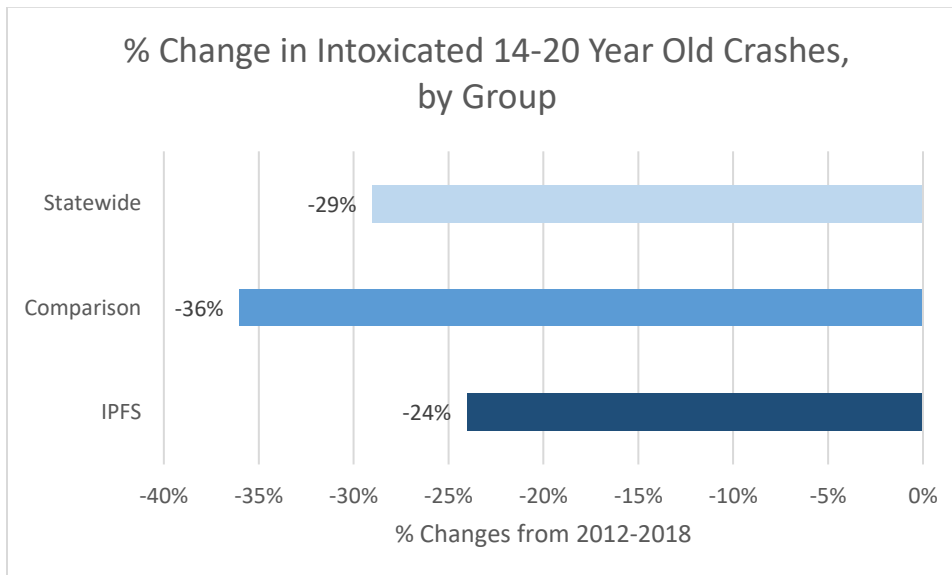
Consequences

Crashes Involving Intoxicated Drivers

From the Iowa Department of Transportation (IDOT), the following figures show the number of alcohol-related vehicular crashes among 14 to 20 year old drivers. Please note that some categorizations did not differentiate whether the crash was due to drugs or due to alcohol, and these were also included in the counts.

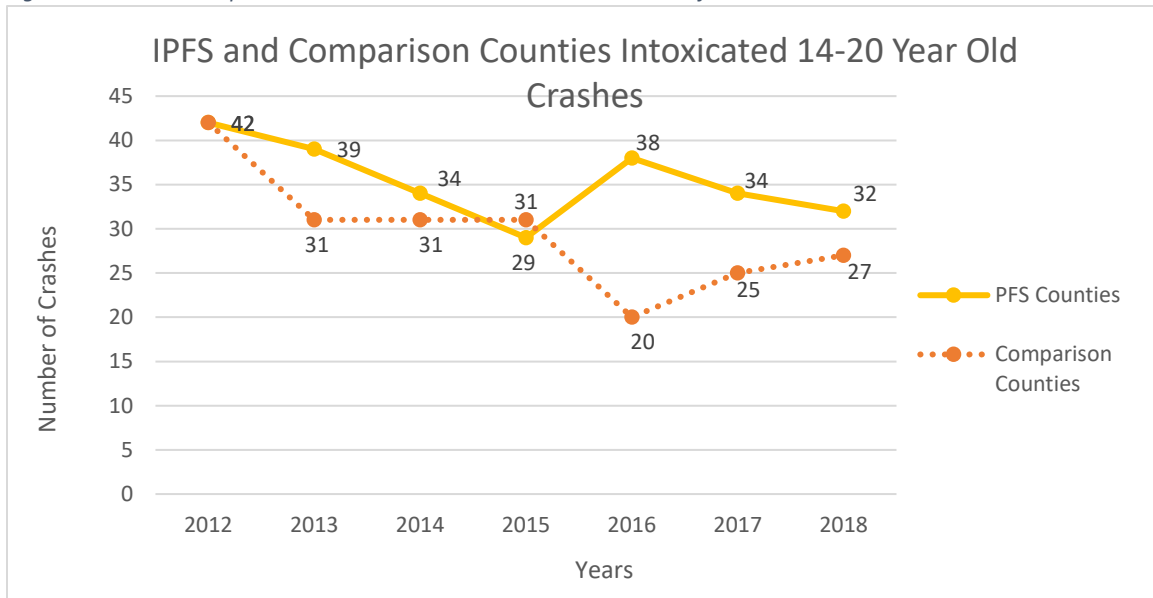
The figures below show the totals of the IPFS and comparison counties from 2012-2018 for youth crashes involving intoxicated drivers. From the total numbers, the IPFS counties have decreased by 24% from 2012 to 2018, the comparison counties' totals have decreased by 36%, and statewide the total number of youth crashes involving intoxicated drivers has decreased by 29%. Based on these results, IPFS counties had less favorable outcomes for this measure than the comparison counties and state. Even though IPFS counties had a reduction in youth crashes involving intoxicated drivers, it was not as large of a reduction as in the comparison counties and state.

Figure 40: % Change in Youth Alcohol-Related Crashes from 2012 to 2018, by Group



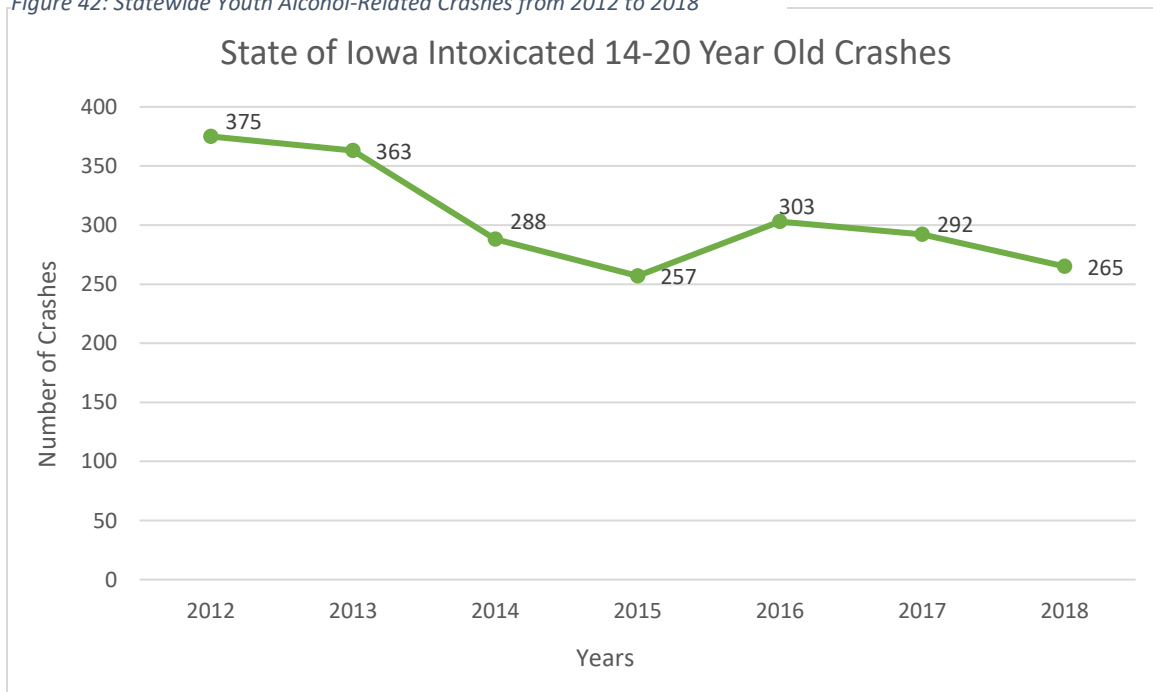
The following graph shows changes from 2012 to 2018 in the number of youth alcohol-related car crashes, comparing IPFS counties to the comparison counties. Appendix D provides detailed county-level numbers for IPFS and comparison counties.

Figure 41: IPFS vs. Comparison Counties Youth Alcohol-Related Crashes from 2012 to 2018



The following graph shows changes from 2012 to 2018 in the number of youth alcohol-related car crashes statewide.

Figure 42: Statewide Youth Alcohol-Related Crashes from 2012 to 2018

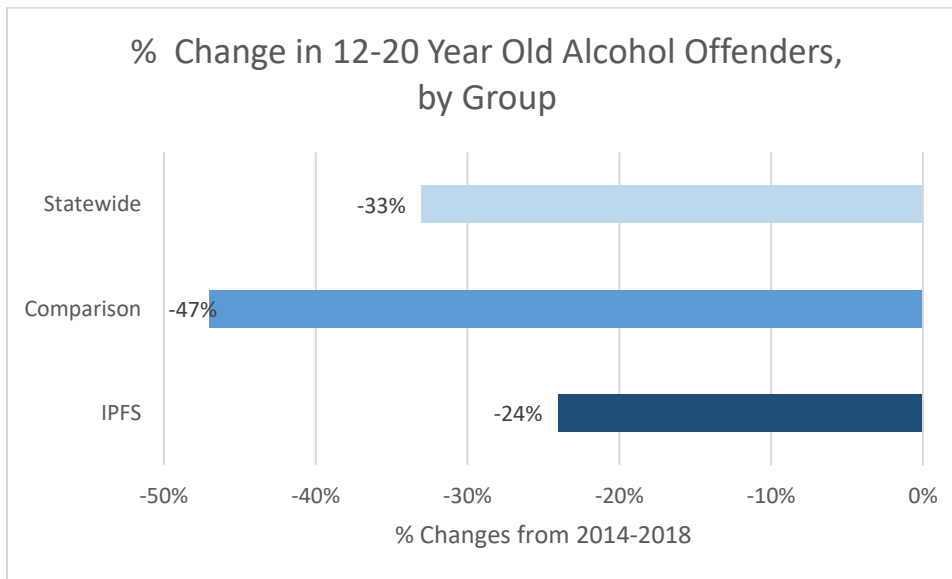


12-20 Year Olds in the Court System for Alcohol Offenses

This data shows the unique number of 12-20 year olds who came into contact with the juvenile or adult court system for alcohol offenses, even if charges were not filed.¹⁰ This is the youth offenders coming into court contact for state-level unscheduled offenses or higher with subtype of alcohol or OWI in the IPFS and comparison counties from 2014-2018.

The number of youth with alcohol offenses have decreased during the IPFS project. The number of youth with alcohol offenses in the IPFS counties decreased by 24% from 2014 to 2018, the comparison counties totals decreased by 47%, and statewide the total number of youth offenders charged with alcohol decreased by 33%. Based on these results, IPFS counties had less favorable outcomes for this measure than the comparison counties and state. Even though IPFS counties had a reduction in the number of court-involved youth with alcohol offenses, it was not as great of a reduction as in the comparison counties and state.

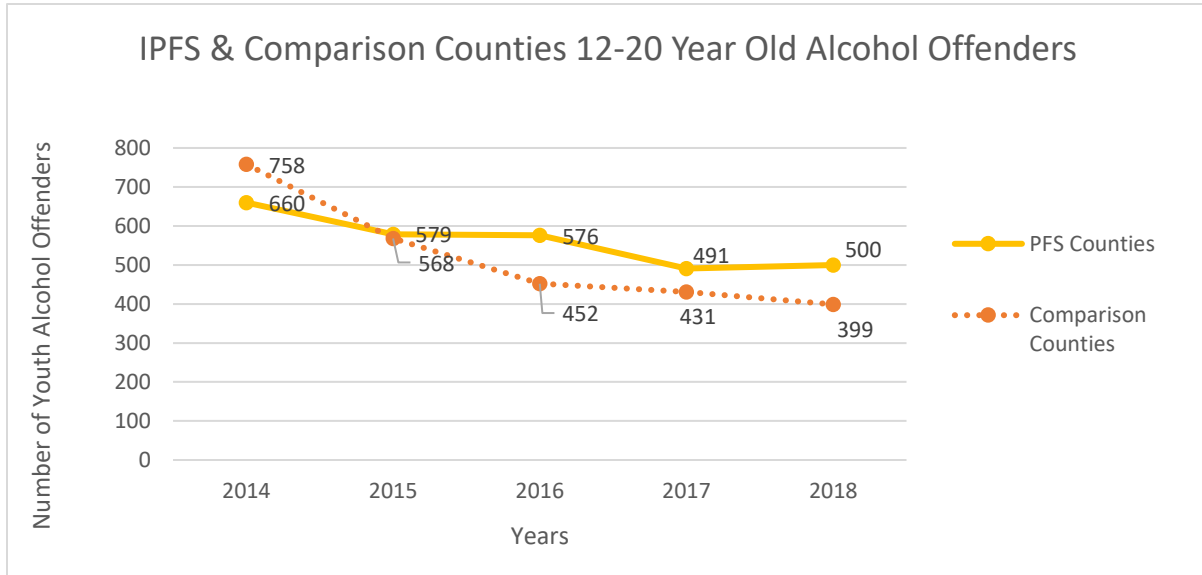
Figure 43: % Change in Youth Alcohol Offenders from 2014-2018, by Group



¹⁰ Source: Iowa Division of Criminal and Juvenile Justice Planning, Justice Data Warehouse

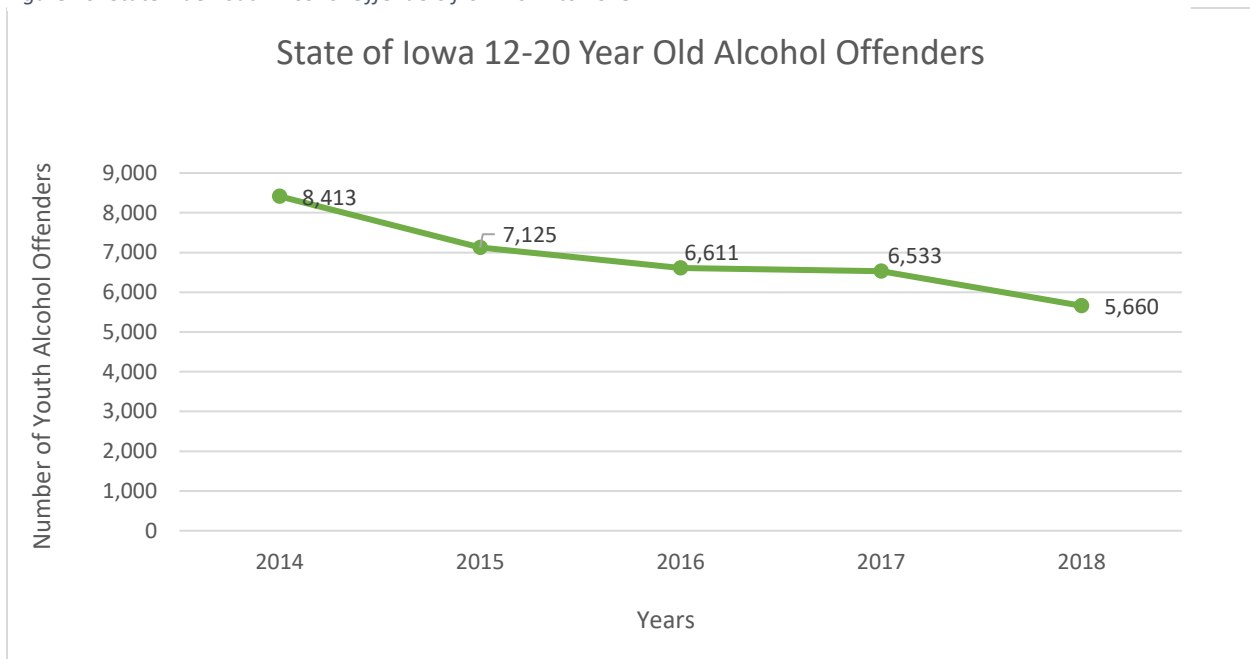
The following graph shows changes from 2014 to 2018 in the number of youth alcohol offenders, comparing IPFS counties to the comparison counties. Appendix D provides detailed county-level numbers for IPFS and comparison counties.

Figure 44: IPFS vs. Comparison Counties Youth Alcohol Offenders from 2014 to 2018



The following graph shows changes from 2014 to 2018 in the number of youth alcohol offenders statewide.

Figure 45: Statewide Youth Alcohol Offenders from 2014 to 2018



Alcohol Related Offenses among 12-20 Year Olds

Alcohol Offenses

The number of alcohol offenses for those ages 12-20 years from 2012 to 2018 decreased by 33% for the IPFS counties, 58% for comparison counties, and 42% statewide. Please note that data were not available for a couple of the counties due to having low counts that were redacted, and this could affect the percent changes.

Table 7: Alcohol Offenses among 12- 20 Year Olds from 2012 to 2018, by Group and IPFS County

	2012	2013	2014	2015	2016	2017	2018	%change
IPFS Counties	832	652	699	580	635	564	561	-33%
Allamakee	37	23	19	93	49	61	78	111%
Appanoose	76	104	84	18	50	19	10	-87%
Audubon	9	7	26	9	21	8	*	N/A
Chickasaw	39	37	58	45	20	56	85	118%
Clayton	59	56	50	32	69	45	39	-34%
Delaware	60	78	59	39	51	41	66	10%
Emmet	60	31	18	30	45	66	29	-52%
Jackson	68	63	54	46	71	35	19	-72%
Sac	49	30	40	22	38	33	78	59%
Van Buren	11	*	*	9	7	*	*	N/A
Webster	87	56	104	62	69	75	54	-38%
Woodbury	277	167	187	175	145	125	103	-63%
Comparison Counties	919	677	818	561	425	422	387	-58%
Statewide	10,585	8,636	9,726	8,349	7,732	7,240	6,095	-42%

Source: Iowa Department of Public Health, Division of Behavioral Health

(*) indicates counts of less than five alcohol-related crimes and were suppressed to protect confidentiality.

Operating While Intoxicated Offenses

The number of operating while intoxicated (OWI) offenses are provided in the table below for IPFS counties and the state. The number of OWI offenses for those ages 12-20 years from 2012-2018 increased by 3% for the state of Iowa, from 1,702 offenses in 2012 to 1,759 offenses in 2018. Please note that data were not available for some of the counties due to having low counts that were redacted, and this could affect the percent changes.

Table 8: Statewide and IPFS Counties OWI Offenses among 12-20 Year Olds from 2012 to 2018

	2012	2013	2014	2015	2016	2017	2018	%change
Allamakee	*	*	*	5	*	12	*	N/A
Appanoose	15	*	10	5	*	14	6	-60%
Audubon	*	*	1	*	*	*	6	N/A
Chickasaw	6	14	6	5	5	11	7	17%
Clayton	11	7	11	*	8	8	6	-45%
Delaware	10	8	5	8	10	6	11	10%
Emmet	6	*	6	6	5	12	6	0%
Jackson	14	6	*	9	8	*	13	-7%
Sac	7	7	11	10	7	*	*	N/A
Van Buren	*	*	*	*	5	*	*	N/A
Webster	24	22	15	19	14	23	20	-17%
Woodbury	63	68	54	51	36	76	115	83%
Statewide	1,702	1,477	1,238	1,126	1,189	1,713	1,759	3%

Source: Iowa Department of Public Health, Division of Behavioral Health

(*) indicates counts of less than five OWI crimes and were suppressed to protect confidentiality.

Alcohol Related Emergency Department Visits for 12-20 Year Olds

From the Iowa Department of Public Health, Division of Behavioral Health, the number of alcohol related emergency department visits for those ages 12-20 years from 2012-2017 increased by 254% for the state of Iowa, from 375 visits in 2012 to 1,329 visits in 2017. However, the percent changes cannot be compared for both IPFS and comparison counties due to low counts.

Alcohol Related Treatment Admissions for 12-20 Year Olds

The number of alcohol-related treatment admissions are provided in the table below for IPFS counties and the state. The number of alcohol-related treatment admissions for those ages 12-20 years from 2012-2018 decreased by 49% for the state of Iowa, from 3,991 admissions in 2012 to 2,022 admissions in 2018. Please note that data were not available for some of the counties due to having low counts that were redacted, and this could affect the percent changes.

Table 9: Statewide and IPFS Counties 12-20 Year Olds Alcohol-Related Treatment from 2012 to 2018

	2012	2013	2014	2015	2016	2017	2018	%change
Allamakee	14	11	9	12	12	8	10	-29%
Appanoose	11	15	10	12	12	14	8	-27%
Audubon	11	6	*	9	*	*	*	N/A
Chickasaw	*	8	9	9	7	7	9	N/A
Clayton	10	11	7	6	14	*	6	-40%
Delaware	9	12	10	8	6	7	6	-33%
Emmet	27	31	29	31	10	*	6	-78%
Jackson	12	34	18	17	19	18	11	-8%
Sac	18	11	*	6	7	6	*	N/A

Van Buren	*	8	*	*	*	*	*	N/A
Webster	102	77	46	55	45	37	28	-73%
Woodbury	220	186	155	154	114	83	79	-64%
Statewide	3,991	3,672	3,164	2,798	2,313	2,164	2,022	-49%

Source: Iowa Department of Public Health, Division of Behavioral Health

(*) indicates counts of five or less alcohol treatment admissions and were suppressed to protect confidentiality.

Conclusions

IDPH's scope for the IPFS project was large as would be expected with a multi-year community based prevention effort. It included many different components and IDPH conducted activities using a very organized approach. Project activities were thoroughly documented at both the state and county levels.

IDPH had many project requirements for the counties to complete. This was part of the SPF process, and although took more time to begin implementing the strategies due to committing ample time to assessment and planning, IDPH believed it was a vital part of the project. At the county-level, there was appreciation for the process, but also acknowledgement of the amount of resources and time involved.

IDPH provided ample training opportunities and gave counties some flexibility to choose what would best fit their assessed needs, allowing for some changes to be made to plans in implementing those strategies. IDPH allowed flexibility in strategy selection, but required counties wanting to implement other strategies not on the approved list to receive approval from the Evidence-Based Practice Workgroup. It should be noted that all of the counties chose to implement strategies from the list of approved strategies. However, there may have been need for counties to have (or seek out) more strategy options. Some counties reported having a smaller pool of strategies to choose from due to community limitations (e.g. no college campus, rural area with few retailers) or they already had programs funded through other sources, which limited them from finding a strategy that fit with their assessed needs, which was part of the SPF model.

There was coordinator turnover and strategy changes resulting in disruptions for county staff which would be expected in a long project. However, the fact that all but two counties were able to sustain the project for the entire duration of the grant suggests overall county adaptability to meet the project's requirements. Perhaps even more could have been achieved if these disruptions had not occurred.

Evaluation is part of the SPF process, and IDPH closely monitored the counties' outcomes. Feedback from county staff indicated that IDPH's penalties for counties not meeting outcomes could result in loss of motivation and difficulty genuinely "trusting in the [SPF] process," especially when the outcomes were dependent on community partners more than the coordinator's efforts. This might suggest a need for more encouragement based incentive structures.

This project is difficult to quantify. Unlike direct programming, identifying the people impacted by environmental-based strategies is not straightforward. Quantitative outcomes do not show the breadth of the work done at both the state and county levels. The systemic value of prevention is observed in more qualitative elements, such as strengthening collaborations in the community and providing training to counties.

Evaluating outcomes is complex and interpretation of results should be approached with caution with consideration given to the county context (environment). For example, if youth alcohol offenses increase in a county, this could be interpreted as a negative result (more youth are drinking) or it could be a positive result (the county increased patrols to increase enforcement).

The results suggest there are qualitative factors in the communities that could contribute to the success or failure of any county strategies:

- One vital component in counties achieving success was having the support of essential key stakeholders in the community for the strategies, such as the local leadership, retailers, and schools and buy-in from the citizens in support of the coalition and its mission.
- Efforts are best implemented when using a localized approach, taking into consideration different cultural elements or motives in different towns. For example, cities having tourist destinations involving alcohol consumption, such as river boat casinos, may be less receptive to attempts to limit alcohol use. Being able to relate to the community-based values and viewpoints is key.
- A factor contributing to the failure of some policy-related strategies was state or corporate policies superseding attempts to create local-level policies. For example, a chain retailer not being able to implement an alcohol policy because the policies had to come from the corporate level and IDPH's discontinuation of the enforcement of administrative penalties strategy due to concerns about local ordinances attempting to supersede state law.

IPFS counties mainly chose strategies aimed at a younger target population, within the scope of the 12-20 year olds prioritized by IDPH. In the goal of prevention, this will hopefully pay off in the future and result in reductions in alcohol consumption as the youth age into adulthood.

Although not captured on the Iowa Youth Survey (IYS), drinking is very likely higher among 18-20 year olds. A finding in focus groups conducted by Vernon Research Group was that many young adults believe in getting drunk every once in a while to have fun and socialize, do not agree with IDPH's definition of binge drinking, and do not believe it constitutes a drinking problem. Efforts may need to be shifted to better persuade underage adults using a rationale that fits their demographic (similar to the drunk driving campaign).

Iowa Youth Survey (IYS) outcomes measuring youth alcohol consumption from 2012 to 2018 show some positive results for both 8th graders and especially 11th graders. On average for IPFS counties, youth past 30-day consumption of alcohol decreased by 2% among 8th graders (0% change statewide) and decreased by 11% among 11th graders (6% decrease statewide). Past 30-day youth binge drinking in IPFS counties decreased by 3% among 8th graders (1% decrease statewide) and decreased by 10% among 11th graders (7% decrease statewide).

However, the goal of a reduction of at least 5% in 90% of the IPFS counties was not met from 2012 to 2018. For past 30-day alcohol consumption, only 3 of the 12 IPFS counties' 8th graders showed at least a 5% reduction and 8 of the 12 counties for 11th graders. For past 30-day binge drinking, only 2 of the 12 IPFS counties' 8th graders showed at least a 5% reduction and 10/12 counties for 11th graders.

In terms of alcohol availability in IPFS counties, the findings suggest some positive results during the project. From 2012 to 2018, IPFS counties showed a percent decrease of 5% in the number of liquor licenses (compared to a statewide increase of 2%). Also, IPFS counties had less of an increase in total alcohol sales compared to the state as a whole. The number of liquor sales by the gallon only increased 12% from 2012 to 2018 for IPFS Counties. However, statewide the number of liquor sales has increased by 17%.

Other outcomes indicators yielded very small numbers in the predominantly rural IPFS counties. For example, youth alcohol-related emergency department visits were redacted due to small numbers. As a result, the analysis of some outcome measures was fairly limited.

Appendix A

Strategy Descriptions

A description of each strategy is provided below. This is a summary of IDPH's IPFS Implementation Guide. Please refer to the IPFS Implementation Guide for more information about each strategy and its core components.

Individual Strategies

All Stars - *All Stars* is a school-based program for middle school students (11-14 years old) designed to prevent and delay the onset of high-risk behaviors such as drug use, violence, and premature sexual activity. The program focuses on five topics important to preventing high-risk behaviors: (1) developing positive ideals that do not fit with high-risk behavior; (2) creating a belief in conventional norms; (3) building strong personal commitments to avoid high-risk behaviors; (4) bonding with school, prosocial institutions, and family; and (5) increasing positive parental attentiveness such as positive communication and parental monitoring. The *All Stars* curriculum includes highly interactive group activities, games and art projects, small group discussions, one-on-one sessions, a parent component, optional online activities and worksheets, and a celebration ceremony. *All Stars Core* consists of thirteen 45-minute class sessions delivered on a weekly basis by teachers, prevention specialists, or social workers. An *All Stars Booster* is an optional program designed to be delivered one year after the core program and includes nine 45-minute sessions reinforcing lessons learned in the previous year. *All Stars Plus* includes twelve 45-minute lessons designed to expand instruction to include three additional topics—decision making, goal setting, and peer pressure resistance skills training—and is intended as an option for the third year of the intervention. Multiple packages of student materials are available to support implementation by either regular teachers or prevention specialists.

BASICS - *Brief Alcohol Screening and Intervention for College Students (BASICS)* is a prevention program for college students who drink alcohol heavily and have experienced or are at risk for alcohol-related problems. Following a harm reduction approach, *BASICS* aims to motivate students to reduce alcohol use in order to decrease the negative consequences of drinking. The *e-Chug* (electronic Check-Up To Go) is a short interactive web survey that allows college and university students to enter information about their drinking patterns and receive feedback about their use of alcohol. Those who have identified drinking problems can be referred to *BASICS*. *BASICS* is delivered by a facilitator, one-on-one with the student, over the course of two one-hour interview sessions. The first interview gathers information about the student's recent alcohol consumption patterns, personal beliefs about alcohol, and drinking history, while providing instructions for self-monitoring any drinking between sessions and preparing the student for an online assessment survey. Information from the online assessment survey is used to develop a customized feedback profile for use in the second interview, which compares personal alcohol use with alcohol use norms, reviews individualized negative consequences and risk factors, clarifies perceived risks and benefits of drinking, and provides options to assist in making changes to decrease or abstain from alcohol use. Based on principles of motivational interviewing, *BASICS* is delivered in an empathetic, non-confrontational, and nonjudgmental manner and is aimed at revealing the discrepancy between the student's risky drinking behavior and his or her goals and values. The intervention is delivered by trained

personnel proficient in motivational interviewing and may be tailored for use with young adults in settings other than colleges.

LifeSkills Training (LST)- is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence enhancement models of prevention. Consistent with this theoretical framework, LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist pro-drug influences. LST is designed to provide information relevant to the important life transitions that adolescents and young teens face, using culturally sensitive and developmentally and age-appropriate language and content. Facilitated discussion, structured small group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills. Separate LST programs are offered for elementary school (grades 3-6), middle school (grades 6-9), and high school (grades 9-12); the research studies and outcomes reviewed for this summary involved middle school students.

PRIME For Life (PFL) - is a motivational intervention used in group settings to prevent alcohol and drug problems or provide early intervention. PFL has been used primarily among court-referred impaired driving offenders, as in the two studies reviewed for this summary. It also has been adapted for use with military personnel, college students, middle and high school students, and parents. Different versions of the program, ranging from 4.5 to 20 hours in duration, and optional activities are available to guide use with various populations. Based on the Lifestyle Risk Reduction Model, the Transtheoretical Model, and persuasion theory, PFL emphasizes changing participants' perceptions of the risks of drug and alcohol use and related attitudes and beliefs. Risk perception is altered through the carefully timed presentation of both logical reasoning and emotional experience. Instructors use empathy and collaboration (methods consistent with motivational interviewing) to increase participants' motivation to change behavior. Participants are guided in self-assessing their level of progression toward or into dependence or addiction. PFL also assists participants in developing a detailed plan for successfully following through with behavior change. Multimedia presentations and extensive guided discussion help motivate participants to reduce their substance use or maintain low-risk choices. Individual and group activities are completed using participant workbooks.

Project Northland - is a multilevel intervention involving students, peers, parents, and the community in programs designed to delay the age at which adolescents begin drinking, reduce alcohol use among those already drinking, and limit the number of alcohol-related problems among young drinkers. Administered to adolescents in grades 6-8 on a weekly basis, the program has a specific theme within each grade level that is incorporated into the parent, peer, and community components. The 6th-grade home-based program targets communication about adolescent alcohol use utilizing student-parent homework assignments, in-class group discussions, and a communitywide task force. The 7th-grade peer- and teacher-led curriculum focuses on resistance skills and normative expectations regarding teen alcohol use, and is implemented through discussions, games, problem-solving tasks, and role-plays. During the first half of the 8th-grade Powerlines peer-led program, students learn about community dynamics related to alcohol use prevention through small group and classroom interactive activities. During the second half, they work on community-based projects and hold a mock town meeting to make community policy recommendations to prevent teen alcohol use.

Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14) - is a family skills training intervention designed to enhance school success and reduce youth substance use and aggression among

10- to 14-year-olds. It is theoretically based on several etiological and intervention models including the biopsychosocial vulnerability, resiliency, and family process models. The program includes seven 2-hour sessions and four optional booster sessions in which parents and youth meet separately for instruction during the first hour and together for family activities during the second hour. The sessions provide instruction for parents on understanding the risk factors for substance use, enhancing parent-child bonding, monitoring compliance with parental guidelines and imposing appropriate consequences, managing anger and family conflict, and fostering positive child involvement in family tasks. Children receive instruction on resisting peer influences to use substances. Sessions, which are typically held once a week, can be taught effectively by a wide variety of staff.

Environmental Strategies

Alcohol Advertising Restrictions in Public Places: Restrictions on alcohol advertising include any policies that limit advertising of alcoholic beverages; particularly advertising that exposes young people to alcohol messages. Restrictions can be in the form of a local ordinance, or can be implemented voluntarily by a business, event or organization. Restrictions on advertising and promotion can take the form of restricting advertising on public property; adopting zoning restrictions for alcohol advertising; restricting signage on storefronts; and limiting television, radio, newspaper, and billboard advertisements. The goal is for at least 50% of a target population to be impacted by policy change.

Alcohol Outlet Density: This strategy aims to limit the physical availability of alcohol by regulating alcohol outlet density, or the concentration of retail alcohol establishments, including bars and restaurants and liquor or package stores, in a given geographic area. This can be done in at least 4 ways: geographic restriction limits the number of alcohol outlets per specific geographic unit; population-level restriction limits the number of outlets per population and can establish an upper limit on the total number of alcohol outlets in a city or county; commercial restriction establishes a cap on the percentage of retail alcohol outlets per total retail businesses in a geographic area; time/space restriction limits the location and operating hours of alcohol outlets. Location restrictions can be applied to protect sensitive land uses such as schools, parks, etc. and to address clustering by establishing minimum distance requirements between alcohol outlets. Limits of hours of operation, while not technically a feature of alcohol outlet density, can mitigate density-related problems. State and community efforts to regulate alcohol outlet density begin with public health surveillance and measurement of the number and location of outlets, with particular attention to the distances from one to another.

Alcohol Restrictions at Community Events: Local policies can be developed to restrict the availability of alcohol at community events (such as concerts, county fairs, street fairs and sporting events). Such restrictions can be implemented voluntarily by event organizers, or through local legislation. Alcohol restrictions at community events can range from a total ban on alcohol consumption to the posting of warning signs that detail the risks associated with consuming alcohol. The goal is at least 50% of all community events that allow alcohol to be served within the county will have at least one alcohol-related policy change by the end of the IPFS Project.

Alcohol Use Restrictions in Public Places: This strategy limits convenient, public, access to alcohol at places like parks, beaches, and public spaces. Local policies can be developed to restrict the availability of alcohol at these locations. Such restrictions can be implemented through local legislation. Restrictions can range from total bans on alcohol consumption to restrictions on the times or places at which alcohol can be consumed. The goal is that at least 50% of all public areas of focus that allow alcohol to be served within the county will have at least one alcohol-related policy change by the end of the IPFS Project.

Apply Appropriate Penalties to Minors in Possession: The strategy of enhancing the enforcement of laws that prohibit sales and provision of alcohol to minors uses deterrence to increase the perception of certain, swift and severe punishment in the event that laws are broken. This strategy includes not only enforcement related to retail sales of alcohol (bars, liquor stores and convenience stores), but also to other common ways that underage drinkers access alcohol (at parties, at a home, in an outdoor area, or in another venue such as a warehouse or hotel room). In addition, this strategy can include apprehending underage buyers in order to hold them accountable for their actions. This strategy may also include approaches that reinforce deterrence (e.g., the implementation of related alcohol use prevention policies and/or practices). When police send a clear and consistent message that selling or providing alcohol to minors is not acceptable behavior, the long-term result will be to help establish new community norms around youth alcohol use.

College Campus Policies: This strategy aims to support healthy student behaviors and norms on college campuses or the surrounding community by strengthening or developing alcohol-related policies at colleges in the county. In order to successfully develop and implement new policies, a participatory process must be employed that includes all major sectors of the campus and community, including students. On campus, an alcohol task force should conduct a broad-based examination of the college environment, looking not only at alcohol-related policies, programs, and practices, but also the academic program, the academic calendar and the entire college infrastructure. The objective is to identify ways in which the environment can be changed to clarify the college's expectations for its students, better integrate students into the intellectual life of the college, change student norms away from alcohol, and make it easier to identify students in trouble with alcohol. Ideally these policies should be implemented as part of a comprehensive campus-based prevention approach that includes policy, enforcement, and media advocacy. In addition, the specific policies should be selected based on assessed needs, and balanced against community readiness and county capacity. The goal is that at least 50% of the county colleges should be engaged in the strategy with at least 50% of each of those county college populations being impacted.

Compliance Checks: (must be implemented along with RBST) A compliance check is a tool to identify alcohol establishments that sell alcohol to underage youth. The practice of conducting compliance checks can be mandated by a local ordinance that outlines standards for conducting the checks, the people or agencies responsible for conducting the compliance checks, and the penalties for establishments, servers and sellers who illegally sell or serve alcohol to underage youth. Compliance checks can be used to enforce state criminal statutes, local administrative ordinances, or both OR to identify, warn, and educate alcohol establishments that serve or sell alcohol to underage youth. Compliance checks can become sustainable through special license fees and/or recycling fines for violations. The goal is that at least 50% of retailers within a specific group (on-premise and/or off-premise) should each be checked for compliance at least three times per Fiscal Year of the IPFS Project.

Enforcement of Administrative Penalties (discontinued by IDPH): An administrative penalty is a legal mechanism that allows a local governing body to penalize alcohol license holders for failing to comply with state laws or local ordinances relating to sales of alcoholic beverages. A license to sell alcohol is a privilege, rather than a right. Local governments can use an administrative penalty to revoke this privilege, thereby setting and upholding standards of health and safety related to alcohol. Administrative penalties may encourage alcohol licensees to create establishment policies and practices that discourage the sale of alcohol to underage youth. If alcohol licensees are held accountable for the actions of their employees, they may be more likely to adequately train and supervise their employees through

responsible beverage service programs and other policies and practices that encourage employees to comply with age-of-sale laws. To apply administrative penalties, communities must have mechanisms in place for identifying alcohol licensees that do not comply with alcohol sales laws, such as compliance checks. Enforcement of administrative penalties should include a public hearing of violators to give the local governing body and community members opportunities to publicly declare that the sale of alcohol to underage youth is not acceptable in the community.

Enforcement of Impaired Driving Laws: *This strategy aims to reduce serious consequences of drunk driving by using periodic high-intensity and high-visibility enforcement efforts on a sustained basis, supported by coordinated media advocacy. The strategy uses:*

- *Safety Checkpoints, a predetermined location at which law enforcement officers stop vehicles to check on vehicle safety like seatbelt usage, headlights/break lights and possible impairment of drivers. They either stop every vehicle or stop vehicles at some regular interval, such as every third or tenth vehicle.*
- *Sobriety checkpoints are illegal in Iowa but safety checkpoints are permitted. The strategy also uses Saturation Patrols, a concentrated enforcement effort that targets impaired drivers by observing moving violations such as reckless driving, speeding and aggressive driving among others things. A saturation patrol is generally spread over a larger geographic area than a safety checkpoint. Saturation patrols and safety checkpoints should each be implemented at least three times per Fiscal Year of the IPFS Project.*

IDPH Media Campaign: *Media campaigns fall into three general categories: (1) informational; (2) advocacy; and (3) social norms approaches. This strategy is for counties to run IDPH's prevention media campaign, "What Do You Throw Away" (revitalized after its use during the SPF-SIG grant). Both foundational and creative validation research for the campaign was executed with the targeted audiences. Only one campaign is used to address both IPFS priority issue of underage drinking and binge drinking. The target population for this campaign is the 13-16 year old age group. The campaign is designed to give younger students the confidence to make a smart decision before they are faced with the decision to drink for the first time. Posters, billboard copy, radio ads, one television ad and web and social media copy were provided by IDPH for use by counties. The goal is that at least 50% of the 13-16 year old population in the county should be reached through the identified media placements.*

Responsible Beverage Service Training (RBST): ***(must be implemented along with compliance checks)*** *RBST is an approach to reducing alcohol related problems associated with retail alcohol sales by educating merchants and their employees about strategies to avoid illegally selling alcohol to underage youth or intoxicated patrons. RBST can be voluntary or mandated. RBST can be obtained from several sources. Employees could attend a face-to-face RBST and then gain supplemental knowledge online through I-PACT or could attend RBST one year and participate in I-PACT the next. In either case, effective responsible beverage server training means that retail alcohol outlets check age identification and refuse service to intoxicated patrons. TIPS training needs to be facilitated (not just offered) a minimum of four times per Fiscal Year in the funded county. The goal is that a minimum of 50% of a specific retailer target population need to be engaged through the strategy with at least 50% of employees per location being trained by the end of the IPFS Project.*

- *Counties can work with retail management to develop establishment in-house policies and practices that will reinforce and complement RBST, such as requiring staff to check IDs for anyone under 30, barring intoxicated persons from entering the outlet, or reducing how alcohol is to be sold through drink promotion alternatives.*

- *City/county-level policies can also be created as part of the strategy to mandate that all alcohol licensees participate in RBST, or create an “affirmative defense” policy that incentivizes Iowa’s Alcohol Beverages Division’s I-PACT online training. An “affirmative defense” allows businesses that participate in the I-PACT training to avoid civil prosecution if an alcohol sale-to-minor violation occurs in their establishment. In order for the business to take advantage of the affirmative defense, the employee guilty of the violation must have been I-PACT certified prior to the time the offense occurred. However, the affirmative defense cannot be used if the employee sold to a minor under the age of 18. Only the business is eligible to avoid a civil penalty; the guilty employee will still be subject to a fine and their I-PACT certification will be revoked.*

School Policies: This can include strengthening or developing alcohol-related policies in certain county K-12 schools including: penalties for possession of alcohol or alcohol intoxication on school property or at school-related event; prohibiting all consumption of alcohol at all school-related events; practices to prevent students from bringing alcohol to school or school-related events (prohibiting reentry at events, and monitoring of gates and parking lots at events); and enforcing school penalties for possession of alcohol or intoxication on school property or at school-related events (through methods such as searching student lockers and backpacks when alcohol is suspected, working with local law enforcement to monitor the school, or hiring a security guard, staff, or volunteers to monitor school property as well as athletic or other facilities). Ideally these strategies should be implemented as part of a comprehensive school-based prevention approach that includes policy, enforcement, and media elements. In addition, the specific strategies should be selected based on assessed needs, and balanced against community readiness and county capacity. The goal is that at least 50% of the county school districts should be engaged in the strategy with at least 50% of each of those school populations being impacted by policy change.

Shoulder Tap: The goals of this program are to reduce underage consumption of and access to alcohol by deterring adults from furnishing to them outside of licensed premises, expand the involvement of local law enforcement in enforcing underage drinking laws, and raise public awareness about the problem. In “shoulder tap” operations, an underage decoy or volunteer youth approaches an adult outside a store and asks the adult to buy him or her alcohol. If the adult agrees and does so, he or she is cited for procuring alcohol to someone underage. An adult decoy model can also be used where enforcement officers dress in plain cloths outside an establishment and wait to see if youth ask them to purchase alcohol. Both models can be utilized either as active enforcement where arrests and/or summonses are issued or as an educational opportunity. The goal is that at least 50% of retailers within a specific target group (on-premise and/or off-premise) should be engaged through the program.

Social Host: Social host laws and teen party ordinances can be used to reduce the social access to alcohol by combating underage drinking parties. Social host liability laws hold individuals (in non-commercial environments) responsible for underage drinking events on property they own, lease, or otherwise control. In 2014, Iowa passed a statewide Social Host law. 123.47 (1) A person who is the owner, is leasing, or has control over property that is not a licensed premise, who knowingly permits a person to consume or possess any alcohol on the property if they know or have reasonable cause to believe the person to be under the age of eighteen. This does not apply to the landlord or manager of the property. This also does not apply to underage possession or consumption in connection with a religious observance, ceremony or right. For a first offense, a simple misdemeanor punishable as a scheduled violation under section 805.8C, subsection 7A (The scheduled fine is \$200). For a second or subsequent offense, a simple misdemeanor punishable by a fine of \$500. 123.47(2) In addition to prohibiting purchase, attempts to purchase, and possession, the law now also prohibits consumption for those under

the legal age of 21. Exceptions are made for parental presence and consent within a private home and medicinal purposes. There is no Preemption in this state law so a county or a city can go beyond or be stricter than this law. The goal is that at least 50% of a target population should be impacted by policy change.

Appendix B

State of Iowa Prevention Partnerships Council Operating Procedures

This document contains the Operating Procedures for the State of Iowa Prevention Partnership Council and enumerates the policies and procedures for the organizational structure, duties, and responsibilities of the Council in order to accomplish the goals of the Iowa Partnerships for Success Grant (IPFS) from the Substance Abuse and Mental Health Administration and to further the statewide prevention system in the state.

ARTICLE I: NAME, MISSION, AND PURPOSE

Section A: Name – The formal name shall be the State of Iowa Prevention Partnerships Council (Council).

Section B: Mission – The Council shall advise the Iowa Department of Public Health in improving the statewide substance abuse prevention system at the community and state levels.

Section C: Purpose – The purpose of the Council is to:

1. Assess the scope and extent of substance abuse and substance abuse related problems in Iowa and determine the substance abuse priorities for the IPFS
2. Increase the state and community level capacity to address the substance abuse priorities.
3. Develop a Strategic Plan to address the substance abuse priorities
4. Recommend the implementation of effective prevention strategies that address the priorities and effect positive change in outcomes
5. Guide the evaluation of the Strategic Prevention Framework (SPF) process at the state and community levels
6. Promote racial/ethnic/cultural responsiveness throughout the SPF process
7. Develop a plan to sustain the outcomes from the SPF process

ARTICLE II: COUNCIL GOALS, OBJECTIVES, AND DELIVERABLES

Section A: Goals – The goals of the Council shall be:

- Prevent the onset and reduce the progression of chosen priority substance abuse issues, including underage drinking
- Reduce substance abuse-related problems in the community
- Build prevention capacity and infrastructure at the state and community levels

Section B: Objectives – The objectives of the Council are to:

Support an array of services by coalitions, state agencies and other partners to:

- Develop a plan to enhance the capacity, infrastructure and racial/ethnic/cultural competence at the state and community levels
- Promote the use of data driven decisions to select evidence-based practices
- Build a foundation for delivering and sustaining effective substance abuse prevention services

Section C: Deliverables – The Council is responsible for producing the following deliverables:

1. Strategic Plan and appropriate updates
2. State level outcomes
3. Sustainability plan
4. Cultural competence plan

ARTICLE III: MEMBERSHIP OF COUNCIL AND PROJECT STAFF

Section A: Council Members –

Non-Voting Members:

1. Project Officer, Center for Substance Abuse Prevention
2. Youth(s), State of Iowa Youth Advisory Council (SIYAC)

Voting:

3. Representative, Iowa Department of Public Health, Tobacco Use Prevention and Control
4. Representative, Department of Human Rights, Division of Criminal and Juvenile Justice Planning
5. Representative(s), Iowa Department of Public Safety
6. Representative, community law enforcement
7. Representative(s), community colleges and universities
8. Representative, Iowa National Guard
9. Representative(s), Iowa Substance Abuse Supervisors Association (ISASA)
10. Representative(s), Alliance of Coalitions for Change (AC4C)
11. Representative(s), Iowa Behavioral Health Association (IBHA)
12. Representative, Iowa Board of Certification (IBC)
13. Representative, Iowa Office of Drug Control Policy
14. Representative, Faith Community
15. Parent
16. Department of Human Services

17. Representative(s) of the Iowa Department of Education
18. Representative Medical/healthcare
19. Representative Business

The chairperson of the Council is appointed by the Governor's Office. Other members are recommended as representatives of different sectors/groups. As appropriate, members may have the ability to vote by proxy or electronically. The Council will approve new sectors/group representation with a majority vote.

Section B: Project Staff –

Non –Voting:

1. Project Director, Iowa Department of Public Health, Division of Behavioral Health
2. Project Coordinator, Iowa Department of Public Health, Division of Behavioral Health
3. Epidemiologist, Iowa Department of Public Health, Division of Behavioral Health
4. Program Evaluator, Criminal and Juvenile Justice Planning
5. Other IDPH staff

Section C: Additional Members – The Council may recommend additional sectors or groups to be represented on the Council. After a favorable vote from the Council, the Chair will name the individual representative(s). Once approved by a majority of existing voting members, new members shall be afforded all rights and responsibilities of the Council members.

Section D: Restrictions – No person shall be restricted from participating on the Council because of age, race, creed, color, gender, sexual orientation, disability, national origin, ancestry and marital status.

Section E: Reimbursement – Members of the Council may be reimbursed for mileage at the current IDPH rate per mile to attend meetings for mileage over thirty miles from the meeting location.

Section F: Linkage to State Substance Abuse Prevention System - The Iowa Department of Public Health (IDPH) is the designated Single State Authority (SSA) for substance abuse treatment and prevention activities in the state. Both the SSA and National Prevention Network (NPN) representative are located in IDPH's Division of Behavioral Health, which is the designated host agency for the PFS Project.

ARTICLE IV: MEMBERSHIP RESPONSIBILITIES

Section A: Meetings – Council members shall attend meetings in person or electronically. Members unable to attend meetings should notify the IPFS Director at least a day in advance and may send a non-voting alternate as necessary or appropriate. Council members may find a replacement for a Council

member who has missed three consecutive meetings. The Chair will name the replacement representative who will join the Council as a voting member with a majority of members approving.

Section B: Voting – Council members shall participate in discussions to build consensus within the Council and shall lodge any objections during said discussions. The Chairperson will use Roberts Rules of Order at their discretion to hold votes and make decisions about substantial issues when consensus is either not appropriate or attainable. Members are expected to give immediate notice and make full disclosure of potential conflicts of interest that may exist before any discussion or negotiation of such issue. Members who have a conflict of interest are expected to not vote on such a matter and shall not attempt to exert personal influence in connection therewith.

Section C: Liaison – Council members shall serve as a liaison between the Council and their department, division, group, or employer as needed.

Section D: Other Responsibilities – Council members shall provide technical assistance and guidance representing their department, division, or employer when relevant.

ARTICLE V: POINT OF CONTACT

Section A: Point of Contact – The person appointed by the Governor to Chair the Council shall serve as the Point of Contact.

Section B: Point of Contact Duties – It shall be the duty of the point of contact to:

1. Preside at meetings
2. Represent the Council
3. Appoint subcommittee chairpersons subject to the approval of the Council
4. Report to the Office of the Governor at least quarterly.

Section C: Vice Chair – The members will elect the Vice Chair to serve in the event that the Chair is unavailable to conduct Council business

ARTICLE VI: MEETINGS

Section A: Meetings – Meetings shall be held at least four times a year, or as necessary to accomplish the duties of the Council. Meetings may be held in-person or by conference call.

ARTICLE VII: VOTING

Section A: Procedure – Decisions shall be made by a majority vote of Council members present and not designated as nonvoting members. Votes will be binding when a quorum of half of the voting members is present. If there is not a unanimous vote, the dissenter’s name must be recorded in the minutes.

Section B. Nonvoting Members - Nonvoting members include the CSAP Project Officer.

Section C. Project Staff – IPFS Project and other IDPH staff are not considered members of the Council and are not permitted to vote.

ARTICLE VIII: SUBCOMMITTEES

Section A: Subcommittees – Ad Hoc or standing subcommittees may be formed as deemed necessary by a vote of Council members not designated as non-voting members and may include outside individuals who are not on the Council

Evidence-Based Practice Work Group is a Standing Subcommittee of the Council. The work group will be co-facilitated by a representative from the Department of Education and a representative from the IDPH, DBH.

Responsibilities:

- ❖ Recommend the Iowa definition/guidance of Evidence-based practice
- ❖ Prepare guidance documents for IPFS Planning Contractors to use in selecting strategies that match identified intervening community variables
- ❖ Prepare guidance and provide technical assistance on socio-cultural adaptation of strategies
- ❖ Provide a review process for alternate strategy choices
- ❖ Prepare guidance on sustainability of environmental outcomes related to underage drinking and youth binge drinking
- ❖ Develop the criteria for the selection of Implementation Contracts
- ❖ Oversee a subcommittee review of Planning Contractors’ strategic plans

Section B: Special Subcommittees – Special subcommittees may be formed by the Point of Contact person as necessary and may include outside individuals who are not on the Council.

ARTICLE IX: AMENDMENTS

Section A: Selection – These operating procedures may be amended by a majority vote of Council members not designated as non-voting members.

Section B: Notice – All members shall receive advance e-mail notice of proposed amendments at least five days before the meeting.

ARTICLE X: FORMATION AND DISSOLUTION

Section A: Formation – The first meeting of the Council shall be January 15, 2015.

Section B: Dissolution – The Council shall continue upon conclusion of the IPFS project according to the Sustainability Plan.

Revised September 2018

Council Membership

Participants include all voting and non-voting members who attended either in-person or via Zoom.

Table 10: Council Meeting Dates, Locations, and Attendance

Date	Building, Location	# Voting Members in Attendance	# Non-Voting Members (Staff) in Attendance
<i>IPFS Advisory Council</i>			
May 21, 2015	Lucas, State Capital	8	5
August 18, 2015	Lucas, State Capital	5	5
November 12, 2015	Lucas, State Capital	5	4
March 21, 2016	Lucas, State Capital	6	5
<i>Prevention Partnerships Advisory Council (PPAC)</i>			
June 14, 2016	Lucas, State Capital	4	6
September 27, 2016	Lucas, State Capital	6	6
December 12, 2016	Ola Babcock, State Capital	10	4
March 27, 2017	Ola Babcock, State Capital	7	3
June 26, 2017	Ola Babcock, State Capital	7	2
September 21, 2017	Ola Babcock, State Capital	5	3
December 7, 2017	Ola Babcock, State Capital	6	4
March 8, 2018	Ola Babcock, State Capital	5	5
June 7, 2018	Ola Babcock, State Capital	4	4
September 20, 2018	Ola Babcock, State Capital	6	4
December 6, 2018	Ola Babcock, State Capital	8	4
<i>State Epidemiological Workgroup and Prevention Partnerships Advisory Council (SEWPPAC)</i>			
March 14, 2019	Ankeny Lab, DMACC	13	8
June 6, 2019	Ola Babcock, State Capital	13	8

September 12, 2019	Ola Babcock, State Capital	14	9
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Please note this table does not include the council's meetings under the SPF-SIG grant prior to 2015.

Council Presentation Topics

The following special topics were presented at PPAC and SEWPPAC meetings:

- *Alcohol laws*, Iowa Alcoholic Beverages Division, Steve Larson and Bobby Bailey (September 2016)
- *Efforts of the Iowa Pharmacy Association*, Iowa Pharmacy Association, Anthony Pudlo (December 2016)
- *PROSPER model*, Iowa State University, Eugenia Hartsook (March 2017)
- *Alliance of Coalitions for Change*, AC4C, Angie Asa-Lovstad (June 2017)
- *Reggie's Sleepout Event*, Youth and Shelter Services, Amy Hutter (September 2017)
- *Adverse Childhood Experiences (ACE) Study*, Area Substance Abuse Council, Leslie Mussmann (September 2017)
- *Iowa Pharmacy Association Goes Local Overview and Results*, AC4C, Angie Asa-Lovstad (December 2017)
- *Social Host Liability Law Research*, University of Iowa, Dr. Paul Gilbert (December 2017)
- *Office of Drug Control Policy Legislative Session Overview and Agency Update*, Office of Drug Control Policy, Dale Woolery (March 2018)
- *Iowa Opioid Guardianship Project*, Iowa Healthcare Collaborative, Sarah Derr (June 2018)
- *Licensing Reform Update*, Iowa Alcoholic Beverages Division, Tyler Ackerson (June 2018)
- *Social Host Summit Update*, University of Iowa, Dr. Paul Gilbert (December 2018)
- *UnityPoint Health Prescription Drug Safety Education Program*, UnityPoint and EVERFI, Ashley Thompson and Sophie Buzzell (December 2018)
- *Tobacco and Alcohol Compliance Checks and Training Programs*, Iowa Alcoholic Beverages Division, Jessica Ekman and Jake Holmes (March 2019)
- *CARA Grant: Emergency and Trauma Services*, Iowa Department of Public Health, Chris Vitek and John Hallman (June 2019)
- *PROSPER: Delivery System to Address the Opioid Epidemic*, Iowa State University, Lisa Schainker (September 2019)

Appendix C

Survey Instruments

IPFS Capacity Coach Survey

You are invited to participate in a survey to collect feedback about the Iowa Partnerships for Success (IPFS) initiative. The survey results will be used by the Iowa Department of Human Rights, Division of Criminal and Juvenile and Justice Planning (CJJP) as part of an evaluation of the IPFS initiative. CJJP requires your consent to participate in this survey. CJJP is a neutral research agency specializing in evaluations of state projects and initiatives to determine their effectiveness.

What the evaluation is about:

The overall purpose of this evaluation is to 1) examine program operations and the extent to which the SPF process was implemented with fidelity and utilized; 2) assess service delivery quality and identify areas for improvement, 3) examine the impact of the program on the community's capacity and infrastructure 4) analyze outcomes for each participating county in preventing or reducing underage drinking and youth binge drinking among 12-20 year olds, and 5) determine which prevention strategies were most successful and the factors that may have influenced that. Your participation will assist us in understanding and describing program operations and the program's impact and effectiveness.

What we will ask you to do

If you agree to participate, you will be asked to complete the following survey. The survey consists of open-ended and multiple choice questions asking about your involvement and opinions regarding the IPFS project. It will take approximately 15-30 minutes to complete.

Risks and benefits

There are no foreseeable risks to you by participating in the survey. There are no direct benefits to you for participating; however, the information you provide has the potential of improving the IPFS program and informing future Department of Public Health (IDPH) initiatives.

Your answers will be confidential

Completed surveys will be stored in secured folders that are either password protected or locked. Survey data will be destroyed within six months of project completion. Information that could identify you either directly or indirectly will not be included in the evaluation report.

Participation is voluntary

Participation in this evaluation is completely voluntary. You are free to withdraw from participation at any time, choose not to participate at all, or choose not to answer questions you feel uncomfortable answering. There are no consequences if you choose to not participate or skip any questions.

Statement of Consent

I have read the above information. I am fully aware of the nature and extent of my participation in this project as stated above and the possible risks arising from it. I consent to take part in the evaluation by participating in the survey.

1. Do you agree to participate in the survey?

Mark only one oval.

Yes

No *Stop filling out this form.*

Your Background

2. Select your IPFS counties. (Check all that apply)

Check all that apply.

- Allamakee
- Appanoose
- Audubon
- Chickasaw
- Clayton
- Delaware
- Emmet
- Jackson
- Sac
- Van Buren
- Webster
- Woodbury

3. How long have you worked for or been involved in the following?

Mark only one oval per row.

	Less than 1 year	1-2 years	3-5 years	6-10 years	More than 10 years	None
IPFS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SPF-SIG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention field	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What is a capacity coach? Please describe the kinds of work activities and duties you perform.

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Coaching Relationships

Please let us know how you work with the IPFS coordinators.

5. How often in a typical month do you communicate with the IPFS coordinators you coach?

Mark only one oval.

- Daily (30 to 31 days per month)
- Almost every day (16 to 29 days per month)
- A few times per week (6 to 15 days per month)
- Weekly (4 or 5 days per month)
- A few days of the month (2 to 3 days per month)
- Monthly (1 day per month)
- Less than monthly (0 days per month)
- It varies greatly

6. What method do you primarily use to communicate with the coordinators you coach?

Mark only one oval.

- Email
- Phone
- Trainings/webinar
- In person
- Other: _____

7. What things do you and the coordinators typically discuss?

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8. Has your coaching relationship with the coordinators changed or evolved over time? Please explain your answer.

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Coaching Support

We'd like to know how you feel about the assistance and resources offered to the coordinators during the IPFS grant.

9. Please select a response for each of the statements below.

Mark only one oval per row.

	Yes	No	Don't know
Coordinators have a concrete understanding of the IPFS project goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The trainings offered during IPFS were helpful to the coordinators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am competent in the Strategic Prevention Framework (SPF) process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity coaching helped coordinators understand the SPF process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity coaching gave coordinators skills, tools, and/or resources they otherwise wouldn't have had	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feedback about IPFS

Next, please provide your opinions on whether the goals of the IPFS project were accomplished based on your experience and work with the coordinators.

10. Please indicate whether you believe the following project goals declined, did not change, or improved during IPFS.

Mark only one oval per row.

	Declined	No Change	Improved
County awareness that underage drinking and youth binge drinking is a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
County capacity to address youth alcohol consumption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
County engagement in working to prevent and reduce youth alcohol consumption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. For the following statements, indicate whether you believe the number of youth consuming alcohol decreased, did not change, or increased during the IPFS project.

Mark only one oval per row.

	Decreased	No Change	Increased
Underage drinking among 12-20 year olds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Binge drinking among 12-20 year olds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. What factors do you think contributed to the success of IPFS Coordinators in the counties you worked with?

13. What factors do you think limited the efforts of coordinators in the counties you worked with?

Final thoughts

Please provide some final thoughts.

14. What was your biggest barrier or challenge as a capacity coach?


15. What was your biggest accomplishment as a capacity coach?

16. Could the Iowa Department of Public Health project team (IDPH) do anything differently to improve the capacity coach role? Please explain.

17. Could the IDPH project team do anything differently to make the coordinators more likely to succeed? Please explain.

Thank you for completing the survey!

Thank you for your time and willingness to take the survey. Your feedback is very important.

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 Google Forms

IPFS Coordinator Survey

You are invited to participate in a survey to collect feedback about the Iowa Partnerships for Success (IPFS) initiative. The survey results will be used by the Iowa Department of Human Rights, Division of Criminal and Juvenile and Justice Planning (CJJJ) as part of an evaluation of the IPFS initiative. CJJJ requires your consent to participate in this survey. CJJJ is a neutral research agency specializing in evaluations of state projects and initiatives to determine their effectiveness.

What the evaluation is about:

The overall purpose of this evaluation is to 1) examine program operations and the extent to which the SPF process was implemented with fidelity and utilized; 2) assess service delivery quality and identify areas for improvement, 3) examine the impact of the program on the community's capacity and infrastructure 4) analyze outcomes for each participating county in preventing or reducing underage drinking and youth binge drinking among 12-20 year olds, and 5) determine which prevention strategies were most successful and the factors that may have influenced that. Your participation will assist us in understanding and describing program operations and the program's impact and effectiveness.

What we will ask you to do

If you agree to participate, you will be asked to complete the following survey. The survey consists of open-ended and multiple choice questions asking about your job and the operations of your county's prevention strategies for the IPFS initiative. It will take approximately 15-30 minutes to complete.

Risks and benefits

There are no foreseeable risks to you by participating in the survey. There are no direct benefits to you for participating; however, the information you provide has the potential of improving the IPFS program and informing future Department of Public Health (IDPH) initiatives.

Your answers will be confidential

Completed surveys will be stored in secured folders that are either password protected or locked. Survey data will be destroyed within six months of project completion. Information that could identify you either directly or indirectly will not be included in the evaluation report.

Participation is voluntary

Participation in this evaluation is completely voluntary. You are free to withdraw from participation at any time, choose not to participate at all, or choose not to answer questions you feel uncomfortable answering. There are no consequences if you choose to not participate or skip any questions.

Statement of Consent

I have read the above information. I am fully aware of the nature and extent of my participation in this project as stated above and the possible risks arising from it. I consent to take part in the evaluation by participating in the survey.

* Required

1. Do you agree to participate in the survey?

Mark only one oval.

Yes

No *Stop filling out this form.*

Your Background

2. Select your county.

Mark only one oval.

- Allamakee
- Appanoose
- Audubon
- Chickasaw
- Clayton
- Delaware
- Emmet
- Jackson
- Sac
- Van Buren
- Webster
- Woodbury

3. How long have you worked for or been involved in the following?

Mark only one oval per row.

	Less than 1 year	1-2 years	3-5 years	6-10 years	More than 10 years	None
IPFS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SPF-SIG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention field	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What is your role as an IPFS Coordinator? Please describe the kinds of work activities and duties you perform.

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County Change

This section asks questions about any changes that may have happened in your county during the IPFS grant period (2014-2019).

5. Please answer whether you believe efforts in your county declined, did not change, or improved during the IPFS project.

Mark only one oval per row.

	Declined	No Change	Improved
The availability of alcohol prevention services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The availability of suicide prevention resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consideration of Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) in alcohol prevention work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public awareness that underage drinking and youth binge drinking is a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key stakeholder awareness that underage drinking and youth binge drinking is a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public involvement in alcohol prevention work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
County capacity to address youth alcohol consumption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engagement of key stakeholders in alcohol prevention work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engagement of the special populations identified in your strategic plan in alcohol prevention work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. For the following statements, indicate whether you believe the number of youth consuming alcohol in your county decreased, did not change, or increased during the IPFS project.

Mark only one oval per row.

	Decreased	No change	Increased
The number of 12-20 year olds drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of 12-20 year olds binge drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of youth in the special population drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of youth in the special population binge drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Grant Support

Next, we'd like to know how you feel about the assistance and resources offered in your county during the IPFS grant.

7. Please answer yes, no, or not applicable.

Mark only one oval per row.

	Yes	No	Not applicable
My capacity coach enhanced my ability to follow the Strategic Prevention Framework (SPF) process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was satisfied with the level of assistance and guidance provided by Iowa Department of Public Health (IDPH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got the resources I needed or requested during the IPFS project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IDPH was prompt at giving resources and feedback when it was needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The trainings offered by IDPH were helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The IDPH media campaign materials, What Do You Throw Away, worked well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The IDPH media campaign materials, What Gets Crushed, worked well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was enough funding to implement the strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deadlines for completing the required IDPH workbooks, activities, and data collection were reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strategy Changes

8. Have any of your strategies changed, evolved, or been modified since implementation? *

Mark only one oval.

- Yes *Skip to question 9.*
 No *Skip to question 11.*

Strategy changes

Tell us more about how your strategies have changed, evolved, or been modified during the project.

9. Please identify which strategies changed and explain what modifications occurred.

10. Were there any particular events or reasons for the changes?

Feedback about Strategies

Please answer the following open-ended questions about your strategies and how IPFS was implemented in your county. Please answer honestly and provide as much detail as possible.

11. What are the top three lessons you have learned about implementing environmental and individual strategies?

12. Which strategy has been the best fit for your county? What strategy has been the worst fit?

13. Please describe any specific barriers in your county or communities that prevented or limited progress when implementing the strategies.

14. Please describe any factors in your county or communities that helped or enhanced progress when implementing the strategies.

15. What effect(s), if any, do you think the strategies had on the county and on youth?

16. Did the Strategic Prevention Framework (SPF) process improve or hinder county prevention practices? Please explain.

17. What efforts, if any, have been made to reach the special population identified in your Strategic Plan?

Final thoughts

Please provide some final thoughts.

18. What was your biggest barrier or challenge?

19. What was your biggest accomplishment?

20. What, if anything, could the Iowa Department of Public Health project team (IDPH) have done to make you more likely to succeed in your role as coordinator?

21. What other efforts, if any, are there in your county besides IPFS to prevent underage alcohol consumption? How do they compare to the IPFS grant?

22. Could the IDPH project team do anything differently to make IPFS more successful in your county? Please explain.

Thank you for completing the survey!

Thank you for your time and willingness to take the survey. Your feedback is very important.

23. Are you willing to talk over the phone if we have more questions?

Mark only one oval.

- Yes, definitely
- No, thanks
- Maybe

IPFS Prevention Supervisor Survey

You are invited to participate in a survey to collect feedback about the Iowa Partnerships for Success (IPFS) initiative. The survey results will be used by the Iowa Department of Human Rights, Division of Criminal and Juvenile and Justice Planning (CJJP) as part of an evaluation of the IPFS initiative. CJJP requires your consent to participate in this survey. CJJP is a neutral research agency specializing in evaluations of state projects and initiatives to determine their effectiveness.

What the evaluation is about:

The overall purpose of this evaluation is to 1) examine program operations and the extent to which the SPF process was implemented with fidelity and utilized; 2) assess service delivery quality and identify areas for improvement, 3) examine the impact of the program on the community's capacity and infrastructure 4) analyze outcomes for each participating county in preventing or reducing underage drinking and youth binge drinking among 12-20 year olds, and 5) determine which prevention strategies were most successful and the factors that may have influenced that. Your participation will assist us in understanding and describing program operations and the program's impact and effectiveness.

What we will ask you to do

If you agree to participate, you will be asked to complete the following survey. The survey consists of open-ended and multiple choice questions asking about your job and the operations of your county's prevention strategies for the IPFS initiative. It will take approximately 15-30 minutes to complete.

Risks and benefits

There are no foreseeable risks to you by participating in the survey. There are no direct benefits to you for participating; however, the information you provide has the potential of improving the IPFS program and informing future Department of Public Health (IDPH) initiatives.

Your answers will be confidential

Completed surveys will be stored in secured folders that are either password protected or locked. Survey data will be destroyed within six months of project completion. Information that could identify you either directly or indirectly will not be included in the evaluation report.

Participation is voluntary

Participation in this evaluation is completely voluntary. You are free to withdraw from participation at any time, choose not to participate at all, or choose not to answer questions you feel uncomfortable answering. There are no consequences if you choose to not participate or skip any questions.

Statement of Consent

I have read the above information. I am fully aware of the nature and extent of my participation in this project as stated above and the possible risks arising from it. I consent to take part in the evaluation by participating in the survey.

1. Do you agree to participate in the survey?

Mark only one oval.

Yes

No *Stop filling out this form.*

Your Background

2. Select the IPFS county you supervise. (If you supervise more than one county, please complete separate surveys for each one.)

Mark only one oval.

- Allamakee
- Appanoose
- Audubon
- Chickasaw
- Clayton
- Delaware
- Emmet
- Jackson
- Sac
- Van Buren
- Webster
- Woodbury

3. How long have you worked for or been involved in the following?

Mark only one oval per row.

	Less than 1 year	1-2 years	3-5 years	6-10 years	More than 10 years	None
IPFS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SPF-SIG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention field	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What is your role as an IPFS prevention supervisor? Please describe the kinds of work activities and duties you perform.

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County Change

This section asks questions about any changes that may have happened in the county you supervised during the IPFS grant period (2014-2019).

5. Please answer whether you believe efforts in your county declined, did not change, or improved during the IPFS project.

Mark only one oval per row.

	Declined	No Change	Improved
The availability of alcohol prevention services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The availability of suicide prevention resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consideration of Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) in alcohol prevention work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public awareness that underage drinking and youth binge drinking is a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key stakeholder awareness that underage drinking and youth binge drinking is a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public involvement in alcohol prevention work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
County capacity to address youth alcohol consumption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engagement of key stakeholders in alcohol prevention work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engagement of the special populations identified in your strategic plan in alcohol prevention work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. For the following statements, indicate whether you believe the number of youth consuming alcohol in your county decreased, did not change, or increased during the IPFS project.

Mark only one oval per row.

	Decreased	No Change	Increased
The number of 12-20 year olds drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of 12-20 year olds binge drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of youth in the special population drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of youth in the special population binge drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Grant Support

Next, we'd like to know how you feel about the assistance and resources offered in your county during the IPFS grant.

7. Please answer yes, no, or not applicable.

Mark only one oval per row.

	Yes	No	Not Applicable
I was satisfied with the level of assistance and guidance provided by Iowa Department of Public Health (IDPH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The coordinator got the resources they needed or requested during the IPFS project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IDPH was prompt at giving resources and feedback when it was needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The trainings offered by IDPH were helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The IDPH media campaign materials, What Do You Throw Away, worked well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The IDPH media campaign materials, What Gets Crushed, worked well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was enough funding to implement the strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deadlines for completing the required IDPH workbooks, activities, and data collection were reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The State Prevention Framework (SPF) was utilized in our county	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Supervisory Role

Please let us know how you work with the IPFS coordinators.

8. How often in a typical month do you communicate with the coordinator about IPFS?

Mark only one oval.

- Daily (30 to 31 days per month)
- Almost every day (16 to 29 days per month)
- A few times per week (6 to 15 days per month)
- Weekly (4 or 5 days per month)
- A few days per month (2 to 3 days per month)
- Monthly (1 day per month)
- Less than monthly (0 days per month)
- It varies greatly

9. What method do you primarily use to communicate with the coordinator about IPFS?

Mark only one oval.

- Email
- Phone
- Trainings/webinar
- In person
- Other: _____

10. What things do you and the coordinator typically discuss?

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11. What challenges, if any, have you experienced in your role as a supervisor for IPFS?

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12. What effect, if any, do you think IPFS has had on your treatment agency or other alcohol prevention efforts you are involved in?

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Feedback about Strategies

Please answer the following open-ended questions about your strategies and how IPFS was implemented in your county. Please answer honestly and provide as much detail as possible.

13. Which strategy has been the best fit for your county? What strategy has been the worst fit?

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14. Please describe any specific barriers in your county or communities that prevented or limited progress when implementing the strategies.

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15. Please describe any factors in your county or communities that helped or enhanced progress when implementing the strategies.

16. What effect(s), if any, do you think the strategies had on the county and on youth?

Final Thoughts

Please provide some final thoughts.

17. What was your biggest barrier or challenge?

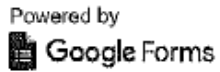
18. What was your biggest accomplishment?

19. Could the Iowa Department of Public Health project team (IDPH) do anything differently to make IPFS more successful in your county? Please explain.

20. What other efforts, if any, are there in your county besides IPFS to prevent underage alcohol consumption? How do they compare to the IPFS grant?

Thank you for completing the survey!

Thank you for your time and willingness to take the survey. Your feedback is very important.



Prevention Partnerships Survey

You are invited to participate in a survey to collect feedback about the Iowa Partnerships for Success (IPFS) initiative. The survey results will be used by the Iowa Department of Human Rights, Division of Criminal and Juvenile and Justice Planning (CJJJ) as part of an evaluation of the IPFS initiative. CJJJ requires your consent to participate in this survey. CJJJ is a neutral research agency specializing in evaluations of state projects and initiatives to determine their effectiveness.

What the evaluation is about:

The overall purpose of this evaluation is to 1) examine program operations and the extent to which the SPF process was implemented with fidelity and utilized; 2) assess service delivery quality and identify areas for improvement, 3) examine the impact of the program on the community's capacity and infrastructure 4) analyze outcomes for each participating county in preventing or reducing underage drinking and youth binge drinking among 12-20 year olds, and 5) determine which prevention strategies were most successful and the factors that may have influenced that. Your participation will assist us in understanding and describing program operations and the program's impact and effectiveness.

What we will ask you to do

If you agree to participate, you will be asked to complete the following survey. The survey consists of open-ended and multiple choice questions asking about your involvement and opinions regarding the IPFS project and Prevention Partnerships Advisory Council. It will take approximately 15-30 minutes to complete.

Risks and benefits

There are no foreseeable risks to you by participating in the survey. There are no direct benefits to you for participating; however, the information you provide has the potential of improving the IPFS program and informing future Department of Public Health (IDPH) initiatives.

Your answers will be confidential

Completed surveys will be stored in secured folders that are either password protected or locked. Survey data will be destroyed within six months of project completion. Information that could identify you either directly or indirectly will not be included in the evaluation report.

Participation is voluntary

Participation in this evaluation is completely voluntary. You are free to withdraw from participation at any time, choose not to participate at all, or choose not to answer questions you feel uncomfortable answering. There are no consequences if you choose to not participate or skip any questions.

Statement of Consent

I have read the above information, I am fully aware of the nature and extent of my participation in this project as stated above and the possible risks arising from it. I consent to take part in the evaluation by participating in the survey.

* Required

1. Do you agree to participate in the survey?

Mark only one oval.

Yes

No Stop filling out this form.

Your Background

2. How long have you been a member of the Prevention Partnerships Advisory Council (PPAC)?

Mark only one oval.

Less than 1 year

1-2 years

3-5 years

6-10 years

More than 10 years

3. What best describes the type of agency or sector you represent?

Mark only one oval.

- Public health
- Behavioral Health
- Substance abuse prevention
- Law enforcement/ Public safety
- Military
- Human rights
- Community coalition
- Colleges and universities
- Faith-based
- Youth
- Education
- Other

Involvement in Prevention Partnerships (PPAC)

Please provide information about the priorities of Prevention Partnerships Advisory Council (PPAC) and your involvement.

4. What do you believe are the top three most important duties of the PPAC? (Please select only 3)

Check all that apply.

- Obtaining or sharing epidemiological data
- Advise the Iowa Department of Public Health (IDPH)
- Strategic planning
- Provide oversight for the Iowa Partnerships for Success (IPFS) project
- Implement the Strategic Prevention Framework (SPF) process
- Improve substance abuse prevention across the state
- Learning/ Collaboration with other professionals
- Other:

5. Did you directly contribute to PPAC, other than just serving as a member on the council? *

Mark only one oval.

- Yes *Skip to question 6.*
- No *Skip to question 7.*

What contribution?

6. Please describe your contribution to Prevention Partnerships. (Check all that apply)

Check all that apply.

- Served on subcommittee(s) (E.g. Evidence Based Practices Workgroup)
- Served on short-term action team(s) for the IDPH Strategic Plan
- Development of the Prevention Partnerships recruitment flier
- Recruited new members
- Arranged for speakers or presentations for quarterly meetings
- Other:

Skip to question 8.

Why not?

7. Was there any specific reason(s) preventing you from directly contributing to Prevention Partnerships? Please briefly explain.

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Skip to question 8.

Iowa Partnerships for Success (IPFS)

Please tell us what you know about the IPFS project.

8. What do you know, if anything, about the IPFS project or its goals? Please briefly describe.

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9. Was information on the IPFS project presented to you by the PPAC?

Mark only one oval.

- Yes
 No
 Don't know

Feedback about the PPAC

Please answer just a few more questions about your satisfaction as a member of the council. Answer as honestly as possible.

10. Did you feel you were able to provide your input, advice, or knowledge as a PPAC member?

Mark only one oval.

- Yes
 No

11. How satisfied are you with your level of involvement in the PPAC?

Mark only one oval.

..... 1 2 3 4 5

Very Unsatisfied Very Satisfied

.....

12. What, if anything, have you used in your work, community, or agency that you learned from the PPAC?

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13. What, if anything, could the Iowa Department of Public Health do to improve the council?

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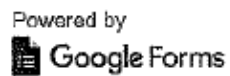
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Thank you for completing the survey!

Thank you for your time and willingness to take the survey. Your feedback is very important.



Appendix D

Outcomes: Detailed Data Tables (Consumption, Intervening, and Consequences)

Alcohol Consumption

Table 11: IPFS Counties Last 30-Day Youth Alcohol Consumption, by Year

IPFS Counties	2012	2014	2016	2018	% Change		2012	2014	2016	2018	% Change
6th Grade						8th Grade					
Allamakee	2%	5%	2%	5%	3%	Allamakee	11%	7%	9%	6%	-5%
Appanoose	1%	7%	1%	5%	4%	Appanoose	8%	10%	4%	8%	0%
Audubon	3%	7%	6%	2%	-1%	Audubon	14%	9%	4%	13%	-1%
Chickasaw	3%	2%	3%	4%	1%	Chickasaw	8%	9%	6%	9%	1%
Clayton	5%	3%	8%	8%	3%	Clayton	12%	9%	10%	10%	-2%
Delaware	1%	3%	2%	6%	5%	Delaware	5%	6%	8%	10%	5%
Emmet	1%	1%	5%	5%	4%	Emmet	8%	6%	8%	10%	2%
Jackson	7%	6%	2%	5%	-2%	Jackson	8%	11%	8%	9%	1%
Sac	1%	3%	1%	4%	3%	Sac	17%	8%	4%	15%	-2%
Van Buren	0%	2%	5%	7%	7%	Van Buren	9%	12%	3%	7%	-2%
Webster	1%	5%	3%	3%	2%	Webster	12%	11%	6%	3%	-9%
Woodbury	2%	2%	4%	3%	1%	Woodbury	11%	9%	9%	3%	-8%
11th Grade											
Allamakee	44%	39%	27%	21%	-23%						
Appanoose	35%	28%	43%	32%	-3%						
Audubon	31%	23%	12%	29%	-2%						
Chickasaw	42%	26%	20%	23%	-19%						
Clayton	38%	23%	21%	24%	-14%						
Delaware	35%	27%	15%	22%	-13%						
Emmet	30%	31%	33%	20%	-10%						
Jackson	37%	37%	23%	38%	1%						
Sac	49%	20%	32%	19%	-30%						
Van Buren	25%	27%	27%	18%	-7%						
Webster	33%	27%	24%	30%	-3%						
Woodbury	25%	20%	19%	17%	-8%						

Source: Iowa Youth Surveys 2012-2018

Table 12: Comparison Counties Last 30-Days Youth Alcohol Consumption, by Year

Comparison Counties	2012	2014	2016	2018	% Change		2012	2014	2016	2018	% Change
6th Grade						8th Grade					
Butler	5%	5%	3%	2%	-3%	Butler	*	4%	5%	8%	N/A
Carroll	2%	2%	4%	5%	3%	Carroll	16%	4%	3%	15%	-1%
Humboldt	4%	2%	2%	0%	-4%	Humboldt	6%	8%	6%	0%	-6%
Jones	2%	2%	2%	3%	1%	Jones	9%	6%	6%	6%	-3%
Lee	4%	5%	2%	4%	0%	Lee	13%	13%	9%	20%	7%
Mahaska	7%	2%	0%	2%	-5%	Mahaska	7%	6%	4%	5%	-2%
Pocahontas	0%	1%	0%	2%	2%	Pocahontas	1%	8%	3%	5%	4%
Scott	2%	2%	2%	1%	-1%	Scott	9%	6%	4%	6%	-3%
Washington	1%	1%	4%	3%	2%	Washington	6%	8%	4%	6%	0%
Winnebago	0%	1%	2%	0%	0%	Winnebago	6%	2%	5%	4%	-2%
11th Grade											
Butler	32%	18%	18%	15%	-17%						
Carroll	13%	31%	27%	24%	11%						
Humboldt	29%	18%	28%	0%	-29%						
Jones	25%	24%	24%	14%	-11%						
Lee	26%	34%	36%	42%	16%						
Mahaska	9%	14%	25%	12%	3%						
Pocahontas	28%	19%	23%	17%	-11%						
Scott	28%	25%	24%	21%	-7%						
Washington	21%	20%	20%	15%	-6%						
Winnebago	18%	20%	23%	14%	-4%						

Source: Iowa Youth Surveys 2012-2018

Table 13: State of Iowa Last 30-Days Youth Alcohol Consumption, by Year

Statewide	2012	2014	2016	2018	% Change
6th Grade	2%	2%	3%	3%	1%
8th Grade	7%	6%	5%	7%	0%
11th Grade	26%	23%	21%	20%	-6%

Source: Iowa Youth Surveys 2012-2018

An asterisk (*) is if 15 or fewer students answered a question, or if 10% or fewer students did not respond in the least sensitive manner for select questions.

Binge Drinking in the Last 30 Days

Table 14: IPFS Counties Last 30-Days Youth Binge Drinking, by Year

IPFS Counties	2012	2014	2016	2018	% Change		2012	2014	2016	2018	% Change
6th Grade						8th Grade					
Allamakee	2%	4%	1%	4%	2%	Allamakee	6%	2%	2%	3%	-3%
Appanoose	1%	3%	0%	4%	3%	Appanoose	5%	5%	3%	2%	-3%
Audubon	0%	2%	2%	2%	2%	Audubon	5%	4%	0%	8%	3%
Chickasaw	3%	2%	1%	1%	-2%	Chickasaw	8%	3%	1%	7%	-1%
Clayton	2%	0%	3%	2%	0%	Clayton	7%	5%	3%	4%	-3%
Delaware	1%	1%	0%	2%	1%	Delaware	3%	3%	4%	4%	1%
Emmet	1%	1%	0%	1%	0%	Emmet	5%	0%	5%	4%	-1%
Jackson	5%	3%	1%	3%	-2%	Jackson	4%	6%	3%	4%	0%
Sac	0%	0%	0%	3%	3%	Sac	13%	3%	1%	0%	-13%
Van Buren	0%	2%	1%	2%	2%	Van Buren	9%	4%	2%	1%	-8%
Webster	2%	2%	2%	1%	-1%	Webster	8%	5%	3%	5%	-3%
Woodbury	1%	1%	2%	2%	1%	Woodbury	6%	4%	4%	4%	-2%
11th Grade											
Allamakee	37%	28%	17%	12%	-25%						
Appanoose	30%	16%	31%	25%	-5%						
Audubon	12%	8%	5%	17%	5%						
Chickasaw	35%	17%	14%	12%	-23%						
Clayton	24%	14%	12%	15%	-9%						
Delaware	26%	16%	9%	19%	-7%						
Emmet	19%	14%	23%	12%	-7%						
Jackson	29%	25%	14%	21%	-8%						
Sac	29%	8%	20%	11%	-18%						
Van Buren	17%	15%	17%	14%	-3%						
Webster	26%	19%	16%	18%	-8%						
Woodbury	21%	12%	13%	9%	-12%						

Source: Iowa Youth Surveys 2012-2018

Table 15: Comparison Counties Last 30-Day Youth Binge Drinking, by Year

Comparison Counties	2012	2014	2016	2018	% Change		2012	2014	2016	2018	% Change
6th Grade						8th Grade					
Butler	5%	2%	2%	0%	-5%	Butler	*	3%	2%	3%	N/A
Carroll	2%	1%	2%	2%	0%	Carroll	9%	0%	1%	5%	-4%
Humboldt	2%	2%	0%	0%	-2%	Humboldt	4%	5%	3%	0%	-4%
Jones	0%	1%	0%	1%	1%	Jones	3%	2%	1%	3%	0%
Lee	1%	3%	1%	1%	0%	Lee	8%	6%	3%	9%	1%
Mahaska	2%	2%	0%	1%	-1%	Mahaska	4%	3%	0%	3%	-1%
Pocahontas	0%	0%	0%	0%	0%	Pocahontas	3%	4%	0%	3%	0%
Scott	1%	2%	1%	0%	-1%	Scott	6%	2%	2%	3%	-3%
Washington	0%	1%	2%	1%	1%	Washington	6%	2%	1%	0%	-6%
Winnebago	0%	0%	1%	0%	0%	Winnebago	4%	0%	3%	2%	-2%
11th Grade											
Butler	22%	11%	14%	10%	-12%						
Carroll	10%	18%	21%	14%	4%						
Humboldt	28%	11%	19%	0%	-28%						
Jones	22%	16%	15%	7%	-15%						
Lee	19%	29%	24%	33%	14%						
Mahaska	0%	10%	13%	5%	5%						
Pocahontas	16%	15%	13%	16%	0%						
Scott	20%	15%	15%	12%	-8%						
Washington	12%	9%	11%	8%	-4%						
Winnebago	17%	14%	13%	9%	-8%						

Source: Iowa Youth Surveys 2012-2018

Table 16: State of Iowa Last 30-Day Youth Binge Drinking, by Year

Statewide	2012	2014	2016	2018	% Change
6th Grade	1%	1%	1%	1%	0%
8th Grade	4%	3%	2%	3%	-1%
11th Grade	19%	14%	13%	12%	-7%

Source: Iowa Youth Surveys 2012-2018

An asterisk (*) is if 15 or fewer students answered a question, or if 10% or fewer students did not respond in the least sensitive manner for select questions.

Youth Perception of Self-Harm

Table 17: IPFS Counties Youth Perception of Self-Harm Caused by Drinking, by Year

IPFS Counties	2012	2014	2016	2018	% Change		2012	2014	2016	2018	% Change
6th Grade						8th Grade					
Allamakee	68%	59%	57%	55%	-13%	Allamakee	85%	72%	75%	77%	-8%
Appanoose	88%	69%	75%	71%	-17%	Appanoose	70%	80%	90%	77%	7%
Audubon	70%	75%	55%	76%	6%	Audubon	79%	74%	89%	90%	11%
Chickasaw	64%	71%	78%	79%	15%	Chickasaw	71%	79%	72%	83%	12%
Clayton	66%	69%	64%	65%	-1%	Clayton	80%	76%	77%	75%	-5%
Delaware	72%	66%	66%	80%	8%	Delaware	80%	73%	77%	80%	0%
Emmet	71%	64%	61%	68%	-3%	Emmet	81%	71%	73%	79%	-2%
Jackson	57%	63%	69%	71%	14%	Jackson	79%	71%	71%	76%	-3%
Sac	63%	76%	77%	73%	10%	Sac	77%	73%	77%	87%	10%
Van Buren	90%	66%	61%	79%	-11%	Van Buren	68%	82%	87%	72%	4%
Webster	71%	60%	75%	69%	-2%	Webster	72%	73%	75%	75%	3%
Woodbury	61%	63%	60%	66%	5%	Woodbury	74%	70%	70%	72%	-2%
11th Grade											
Allamakee	70%	70%	74%	71%	1%						
Appanoose	69%	61%	54%	69%	0%						
Audubon	74%	75%	77%	66%	-8%						
Chickasaw	70%	77%	68%	76%	6%						
Clayton	63%	74%	69%	63%	0%						
Delaware	73%	76%	70%	71%	-2%						
Emmet	79%	77%	64%	73%	-6%						
Jackson	65%	72%	71%	66%	1%						
Sac	70%	71%	66%	71%	1%						
Van Buren	77%	72%	72%	70%	-7%						
Webster	69%	72%	65%	64%	-5%						
Woodbury	74%	76%	71%	75%	1%						

Source: Iowa Youth Surveys 2012-2018

Table 18: Comparison Counties Youth Perception of Self-Harm Caused by Drinking, by Year

Comparison Counties	2012	2014	2016	2018	% Change		2012	2014	2016	2018	% Change
6th Grade						8th Grade					
Butler	69%	75%	67%	79%	10%	Butler	*	80%	77%	80%	N/A
Carroll	81%	71%	77%	79%	-2%	Carroll	76%	74%	90%	83%	7%
Humboldt	67%	55%	62%	*	N/A	Humboldt	74%	78%	77%	*	N/A
Jones	74%	80%	72%	84%	10%	Jones	86%	78%	84%	86%	0%
Lee	72%	63%	62%	64%	-8%	Lee	82%	75%	84%	69%	-13%
Mahaska	49%	68%	63%	66%	17%	Mahaska	79%	80%	80%	71%	-8%
Pocahontas	62%	69%	56%	77%	15%	Pocahontas	81%	82%	85%	78%	-3%
Scott	69%	64%	68%	76%	7%	Scott	76%	76%	78%	81%	5%
Washington	71%	65%	66%	71%	0%	Washington	73%	80%	78%	78%	5%
Winnebago	75%	66%	69%	73%	-2%	Winnebago	77%	79%	79%	87%	10%
11th Grade											
Butler	68%	75%	72%	74%	6%						
Carroll	87%	78%	72%	81%	-6%						
Humboldt	70%	73%	66%	*	N/A						
Jones	78%	75%	69%	72%	-6%						
Lee	72%	70%	69%	65%	-7%						
Mahaska	82%	84%	68%	72%	-10%						
Pocahontas	75%	73%	70%	69%	-6%						
Scott	77%	72%	71%	77%	0%						
Washington	84%	69%	66%	59%	-25%						
Winnebago	82%	84%	82%	78%	-4%						

Source: Iowa Youth Surveys 2012-2018

Table 19: State of Iowa Youth Perception of Self-Harm Caused by Drinking, by Year

Statewide	2012	2014	2016	2018	% Change
6th Grade	70%	67%	65%	69%	-1%
8th Grade	79%	76%	76%	78%	-1%
11th Grade	75%	74%	71%	72%	-3%

Source: Iowa Youth Surveys 2012-2018

An asterisk (*) is if 15 or fewer students answered a question, or if 10% or fewer students did not respond in the least sensitive manner for select questions.

Youth Perception of Peer Disapproval for Drinking

Table 20: IPFS Counties Youth Perception of Peer Disapproval for Drinking, by Year

IPFS Counties	2012	2014	2016	2018	% Change		2012	2014	2016	2018	% Change
6th Grade						8th Grade					
Allamakee	2%	4%	4%	4%	2%	Allamakee	9%	2%	3%	5%	-4%
Appanoose	0%	2%	0%	5%	5%	Appanoose	6%	9%	1%	7%	1%
Audubon	0%	0%	0%	0%	0%	Audubon	3%	5%	2%	11%	8%
Chickasaw	7%	1%	2%	1%	-6%	Chickasaw	8%	4%	1%	6%	-2%
Clayton	1%	4%	3%	2%	1%	Clayton	7%	5%	4%	7%	0%
Delaware	3%	3%	1%	1%	-2%	Delaware	7%	6%	4%	6%	-1%
Emmet	0%	2%	4%	1%	1%	Emmet	5%	6%	4%	9%	4%
Jackson	2%	3%	1%	2%	0%	Jackson	4%	10%	3%	4%	0%
Sac	1%	1%	1%	0%	-1%	Sac	13%	6%	3%	9%	-4%
Van Buren	0%	2%	4%	2%	2%	Van Buren	7%	11%	0%	1%	-6%
Webster	1%	4%	2%	1%	0%	Webster	9%	6%	6%	8%	-1%
Woodbury	2%	1%	2%	2%	0%	Woodbury	8%	5%	5%	7%	-1%
11th Grade											
Allamakee	31%	25%	23%	21%	-10%						
Appanoose	36%	49%	55%	39%	3%						
Audubon	17%	32%	37%	26%	9%						
Chickasaw	42%	31%	18%	24%	-18%						
Clayton	35%	28%	33%	25%	-10%						
Delaware	43%	36%	28%	42%	-1%						
Emmet	31%	37%	39%	28%	-3%						
Jackson	43%	35%	34%	42%	-1%						
Sac	47%	34%	38%	38%	-9%						
Van Buren	27%	29%	53%	36%	9%						
Webster	35%	28%	27%	28%	-7%						
Woodbury	32%	23%	23%	23%	-9%						

Source: Iowa Youth Surveys 2012-2018

Table 21: Comparison Counties Youth Perception of Peer Disapproval for Drinking, by Year

Comparison Counties	2012	2014	2016	2018	% Change		2012	2014	2016	2018	% Change
6th Grade						8th Grade					
Butler	0%	0%	2%	1%	1%	Butler	*	2%	5%	7%	N/A
Carroll	0%	1%	1%	1%	1%	Carroll	7%	3%	5%	7%	0%
Humboldt	0%	0%	1%	*	N/A	Humboldt	3%	6%	2%	*	N/A
Jones	1%	1%	1%	1%	0%	Jones	5%	4%	3%	4%	-1%
Lee	3%	3%	2%	2%	-1%	Lee	5%	7%	7%	16%	11%
Mahaska	0%	0%	0%	2%	2%	Mahaska	3%	3%	2%	5%	2%
Pocahontas	1%	0%	2%	2%	1%	Pocahontas	6%	7%	2%	2%	-4%
Scott	1%	2%	1%	1%	0%	Scott	6%	3%	3%	5%	-1%
Washington	1%	1%	0%	0%	-1%	Washington	5%	4%	2%	5%	0%
Winnebago	0%	1%	2%	2%	2%	Winnebago	1%	3%	4%	4%	3%
11th Grade											
Butler	8%	29%	25%	20%	12%						
Carroll	21%	32%	39%	39%	18%						
Humboldt	30%	32%	30%	*	N/A						
Jones	30%	37%	31%	34%	4%						
Lee	35%	51%	50%	54%	19%						
Mahaska	9%	21%	26%	20%	11%						
Pocahontas	29%	25%	28%	24%	-5%						
Scott	43%	37%	38%	38%	-5%						
Washington	30%	39%	22%	30%	0%						
Winnebago	28%	16%	22%	16%	-12%						

Source: Iowa Youth Surveys 2012-2018

Table 22: State of Iowa Youth Perception of Peer Disapproval for Drinking, by Year

Statewide	2012	2014	2016	2018	% Change
6th Grade	1%	1%	2%	2%	1%
8th Grade	5%	4%	3%	6%	1%
11th Grade	32%	30%	28%	29%	-3%

Source: Iowa Youth Surveys 2012-2018

An asterisk (*) is if 15 or fewer students answered a question, or if 10% or fewer students did not respond in the least sensitive manner for select questions.

Youth Perception of Parental Disapproval for Drinking

Table 23: IPFS Counties Youth Perception of Parental Disapproval for Drinking, by Year

IPFS Counties	2012	2014	2016	2018	% Change		2012	2014	2016	2018	% Change
6th Grade						8th Grade					
Allamakee	0%	1%	0%	3%	3%	Allamakee	2%	0%	2%	2%	0%
Appanoose	1%	0%	0%	1%	0%	Appanoose	3%	3%	1%	2%	-1%
Audubon	0%	0%	0%	0%	0%	Audubon	3%	0%	0%	2%	-1%
Chickasaw	0%	1%	1%	0%	0%	Chickasaw	3%	0%	1%	2%	-1%
Clayton	0%	2%	3%	2%	2%	Clayton	3%	0%	2%	4%	1%
Delaware	1%	1%	1%	0%	-1%	Delaware	1%	0%	2%	1%	0%
Emmet	0%	1%	2%	0%	0%	Emmet	1%	4%	0%	0%	-1%
Jackson	1%	2%	1%	0%	-1%	Jackson	2%	3%	1%	1%	-1%
Sac	1%	0%	1%	0%	-1%	Sac	3%	1%	2%	1%	-2%
Van Buren	0%	0%	3%	2%	2%	Van Buren	2%	5%	2%	2%	0%
Webster	1%	1%	1%	0%	-1%	Webster	2%	1%	1%	2%	0%
Woodbury	1%	1%	1%	0%	-1%	Woodbury	2%	1%	2%	1%	-1%
11th Grade											
Allamakee	6%	7%	5%	3%	-3%						
Appanoose	4%	4%	5%	12%	8%						
Audubon	2%	3%	2%	9%	7%						
Chickasaw	5%	4%	2%	3%	-2%						
Clayton	9%	3%	4%	12%	3%						
Delaware	7%	9%	4%	9%	2%						
Emmet	3%	6%	4%	1%	-2%						
Jackson	6%	6%	2%	5%	-1%						
Sac	9%	5%	6%	0%	-9%						
Van Buren	3%	10%	11%	4%	1%						
Webster	4%	2%	3%	5%	1%						
Woodbury	4%	3%	3%	2%	-2%						

Source: Iowa Youth Surveys 2012-2018

Table 24: Comparison Counties Youth Perception of Parental Disapproval for Drinking, by Year

Comparison Counties	2012	2014	2016	2018	% Change		2012	2014	2016	2018	% Change
6th Grade						8th Grade					
Butler	0%	0%	1%	0%	0%	Butler	*	1%	2%	2%	N/A
Carroll	0%	1%	1%	2%	2%	Carroll	2%	0%	1%	0%	-2%
Humboldt	1%	1%	2%	*	N/A	Humboldt	0%	1%	0%	*	N/A
Jones	0%	1%	1%	0%	0%	Jones	1%	2%	0%	1%	0%
Lee	1%	1%	1%	2%	1%	Lee	3%	2%	0%	2%	-1%
Mahaska	0%	0%	2%	0%	0%	Mahaska	3%	3%	0%	2%	-1%
Pocahontas	0%	0%	0%	2%	2%	Pocahontas	2%	1%	2%	0%	-2%
Scott	1%	1%	0%	1%	0%	Scott	2%	1%	1%	1%	-1%
Washington	1%	1%	0%	0%	-1%	Washington	3%	1%	3%	0%	-3%
Winnebago	0%	1%	1%	0%	0%	Winnebago	1%	1%	0%	4%	3%
11th Grade											
Butler	3%	4%	3%	5%	2%						
Carroll	8%	5%	3%	4%	-4%						
Humboldt	3%	5%	4%	*	N/A						
Jones	3%	5%	5%	5%	2%						
Lee	5%	5%	6%	11%	6%						
Mahaska	2%	5%	7%	2%	0%						
Pocahontas	1%	4%	8%	2%	1%						
Scott	4%	4%	6%	3%	-1%						
Washington	5%	4%	4%	4%	-1%						
Winnebago	2%	3%	3%	6%	4%						

Source: Iowa Youth Surveys 2012-2018

Table 25: State of Iowa Youth Perception of Parental Disapproval for Drinking, by Year

Statewide	2012	2014	2016	2018	% Change
6th Grade	1%	1%	1%	1%	0%
8th Grade	1%	1%	1%	1%	0%
11th Grade	4%	4%	3%	4%	0%

Source: Iowa Youth Surveys 2012-2018

An asterisk (*) is if 15 or fewer students answered a question, or if 10% or fewer students did not respond in the least sensitive manner for select questions.

Youth Access to Alcohol

Table 26: State of Iowa 11th Graders' Access to Alcohol, by Year

Statewide	2012	2014	2016	2018	% Change
Bought it	4%	3%	2%	2%	-2%
Gave Someone Money	18%	8%	7%	6%	-12%
From Parent/Guardian	9%	5%	5%	5%	-4%
From a party	26%	12%	11%	10%	-16%
Friend under 21		8%	8%	7%	-1%
Friend over 21		9%	8%	7%	-2%

Source: Iowa Youth Surveys 2012-2018

Table 27: 11th Graders Who Bought Alcohol Themselves, by Year

IPFS Counties	2012	2014	2016	2018	% Change	Comparison Counties	2012	2014	2016	2018	% Change
Allamakee	7%	5%	1%	3%	-4%	Butler	0%	2%	3%	4%	4%
Appanoose	5%	3%	7%	5%	0%	Carroll	0%	3%	1%	1%	1%
Audubon	0%	2%	0%	0%	0%	Humboldt	5%	1%	5%	*	N/A
Chickasaw	8%	3%	1%	2%	-6%	Jones	4%	3%	3%	0%	-4%
Clayton	3%	3%	1%	3%	0%	Lee	5%	0%	4%	5%	0%
Delaware	3%	1%	2%	5%	2%	Mahaska	2%	5%	0%	0%	-2%
Emmet	4%	4%	1%	3%	-1%	Pocahontas	0%	3%	0%	3%	3%
Jackson	3%	8%	4%	5%	2%	Scott	5%	4%	3%	1%	-4%
Sac	6%	1%	4%	0%	-6%	Washington	0%	0%	3%	0%	0%
Van Buren	0%	0%	3%	0%	0%	Winnebago	4%	1%	1%	2%	-2%
Webster	7%	4%	4%	5%	-2%						
Woodbury	4%	2%	1%	1%	-3%						

Source: Iowa Youth Surveys 2012-2018

An asterisk (*) is if 15 or fewer students answered a question, or if 10% or fewer students did not respond in the least sensitive manner for select questions.

Table 28: 11th Graders Who Gave Someone Money for Alcohol, by Year

IPFS Counties	2012	2014	2016	2018	% Change	Comparison Counties	2012	2014	2016	2018	% Change
Allamakee	23%	16%	7%	4%	-19%	Butler	8%	3%	5%	7%	-1%
Appanoose	24%	10%	23%	17%	-7%	Carroll	21%	10%	13%	9%	-12%
Audubon	13%	5%	2%	7%	-6%	Humboldt	20%	7%	11%	*	N/A
Chickasaw	25%	9%	7%	3%	-22%	Jones	20%	9%	10%	4%	-16%
Clayton	27%	8%	5%	11%	-16%	Lee	18%	18%	15%	14%	-4%
Delaware	22%	8%	4%	8%	-14%	Mahaska	2%	3%	6%	1%	-1%
Emmet	25%	12%	15%	8%	-17%	Pocahontas	7%	9%	5%	3%	-4%
Jackson	28%	15%	8%	8%	-20%	Scott	19%	9%	9%	5%	-14%
Sac	31%	6%	17%	0%	-31%	Washington	13%	6%	5%	0%	-13%
Van Buren	11%	11%	7%	8%	-3%	Winnebago	16%	8%	10%	7%	-9%
Webster	25%	13%	12%	10%	-15%						
Woodbury	16%	7%	7%	3%	-13%						

Source: Iowa Youth Surveys 2012-2018

Table 29: IPFS Counties Youth Who Got Alcohol from a Parent/Guardian, by Year

IPFS Counties	2012	2014	2016	2018	% Change		2012	2014	2016	2018	% Change
8th Grade						11th Grade					
Allamakee	5%	5%	2%	1%	-4%	Allamakee	14%	4%	6%	4%	-10%
Appanoose	6%	6%	3%	2%	-4%	Appanoose	5%	5%	11%	4%	-1%
Audubon	3%	5%	2%	6%	3%	Audubon	5%	4%	2%	7%	2%
Chickasaw	6%	4%	1%	5%	-1%	Chickasaw	8%	3%	4%	8%	0%
Clayton	9%	3%	5%	4%	-5%	Clayton	15%	8%	5%	6%	-9%
Delaware	4%	4%	2%	3%	-1%	Delaware	12%	8%	2%	9%	-3%
Emmet	7%	1%	3%	2%	-5%	Emmet	11%	7%	3%	0%	-11%
Jackson	5%	6%	1%	4%	-1%	Jackson	12%	6%	4%	11%	-1%
Sac	13%	3%	3%	7%	-6%	Sac	14%	4%	8%	4%	-10%
Van Buren	7%	5%	0%	1%	-6%	Van Buren	4%	2%	10%	4%	0%
Webster	5%	4%	3%	2%	-3%	Webster	9%	2%	3%	3%	-6%
Woodbury	4%	3%	4%	2%	-2%	Woodbury	8%	4%	4%	3%	-5%

Source: Iowa Youth Surveys 2012-2018

An asterisk (*) is if 15 or fewer students answered a question, or if 10% or fewer students did not respond in the least sensitive manner for select questions.

Table 30: Comparison Counties Youth Who Got Alcohol from a Parent/Guardian, by Year

Comparison Counties	2012	2014	2016	2018	% Change		2012	2014	2016	2018	% Change
8th Grade						11th Grade					
Butler	*	3%	2%	2%	N/A	Butler	17%	2%	3%	2%	-15%
Carroll	7%	1%	1%	4%	-3%	Carroll	11%	5%	5%	8%	-3%
Humboldt	6%	3%	2%	*	N/A	Humboldt	6%	5%	4%	*	N/A
Jones	6%	1%	3%	4%	-2%	Jones	8%	5%	5%	1%	-7%
Lee	6%	3%	3%	5%	-1%	Lee	9%	5%	6%	18%	9%
Mahaska	6%	3%	2%	0%	-6%	Mahaska	9%	10%	8%	2%	-7%
Pocahontas	0%	1%	0%	3%	3%	Pocahontas	12%	3%	3%	7%	-5%
Scott	5%	3%	1%	3%	-2%	Scott	10%	5%	6%	6%	-4%
Washington	4%	2%	1%	4%	0%	Washington	9%	6%	6%	2%	-7%
Winnebago	3%	0%	2%	2%	-1%	Winnebago	12%	2%	7%	2%	-10%

Source: Iowa Youth Surveys 2012-2018

Table 31: IPFS Counties Youth Who Got Alcohol from a Party, by Year

IPFS Counties	2012	2014	2016	2018	% Change		2012	2014	2016	2018	% Change
8th Grade						11th Grade					
Allamakee	8%	2%	2%	0%	-8%	Allamakee	35%	20%	12%	12%	-23%
Appanoose	10%	2%	0%	1%	-9%	Appanoose	33%	13%	30%	16%	-17%
Audubon	3%	4%	0%	6%	3%	Audubon	26%	7%	2%	11%	-15%
Chickasaw	11%	1%	1%	4%	-7%	Chickasaw	32%	13%	12%	12%	-20%
Clayton	6%	3%	1%	4%	-2%	Clayton	33%	15%	10%	8%	-25%
Delaware	4%	1%	3%	4%	0%	Delaware	32%	14%	10%	14%	-18%
Emmet	10%	1%	3%	2%	-8%	Emmet	33%	18%	16%	16%	-17%
Jackson	6%	4%	3%	2%	-4%	Jackson	37%	24%	14%	18%	-19%
Sac	11%	1%	0%	2%	-9%	Sac	40%	5%	20%	13%	-27%
Van Buren	5%	2%	2%	1%	-4%	Van Buren	27%	12%	18%	12%	-15%
Webster	10%	4%	1%	3%	-7%	Webster	31%	15%	14%	14%	-17%
Woodbury	8%	4%	2%	2%	-6%	Woodbury	25%	8%	11%	9%	-16%

Source: Iowa Youth Surveys 2012-2018

An asterisk (*) is if 15 or fewer students answered a question, or if 10% or fewer students did not respond in the least sensitive manner for select questions.

Table 32: Comparison Counties Youth Who Got Alcohol from a Party, by Year

Comparison Counties	2012	2014	2016	2018	% Change		2012	2014	2016	2018	% Change
8th Grade						11th Grade					
Butler	*	1%	1%	0%	N/A	Butler	19%	7%	7%	10%	-9%
Carroll	7%	1%	1%	2%	-5%	Carroll	33%	18%	14%	14%	-19%
Humboldt	3%	3%	0%	*	N/A	Humboldt	27%	13%	17%	*	N/A
Jones	3%	1%	1%	1%	-2%	Jones	28%	11%	14%	5%	-23%
Lee	8%	4%	2%	6%	-2%	Lee	24%	20%	24%	21%	-3%
Mahaska	4%	0%	0%	2%	-2%	Mahaska	12%	5%	10%	6%	-6%
Pocahontas	1%	3%	0%	3%	2%	Pocahontas	20%	11%	8%	5%	-15%
Scott	7%	2%	1%	2%	-5%	Scott	28%	13%	11%	10%	-18%
Washington	7%	1%	2%	1%	-6%	Washington	20%	11%	7%	4%	-16%
Winnebago	2%	2%	2%	0%	-2%	Winnebago	24%	9%	6%	7%	-17%

Source: Iowa Youth Surveys 2012-2018

Table 33: 11th Graders Who Got Alcohol from a Friend Under 21, by Year

IPFS Counties	2014	2016	2018	% Change	Comparison Counties	2014	2016	2018	% Change
Allamakee	11%	10%	9%	-2%	Butler	3%	8%	3%	0%
Appanoose	12%	18%	11%	-1%	Carroll	9%	11%	6%	-3%
Audubon	4%	0%	6%	2%	Humboldt	8%	15%	*	N/A
Chickasaw	5%	6%	7%	2%	Jones	8%	13%	4%	-4%
Clayton	6%	3%	7%	1%	Lee	15%	11%	16%	1%
Delaware	9%	4%	4%	-5%	Mahaska	3%	7%	3%	0%
Emmet	8%	12%	7%	-1%	Pocahontas	4%	7%	7%	3%
Jackson	10%	7%	9%	-1%	Scott	10%	11%	7%	-3%
Sac	7%	9%	4%	-3%	Washington	3%	3%	3%	0%
Van Buren	9%	13%	12%	3%	Winnebago	7%	6%	7%	0%
Webster	13%	8%	11%	-2%					
Woodbury	6%	7%	5%	-1%					

Source: Iowa Youth Surveys 2012-2018

An asterisk (*) is if 15 or fewer students answered a question, or if 10% or fewer students did not respond in the least sensitive manner for select questions.

Table 34: 11th Graders Who Got Alcohol from a Friend Over 21, by Year

IPFS Counties	2014	2016	2018	% Change	Comparison Counties	2014	2016	2018	% Change
Allamakee	18%	6%	8%	-10%	Butler	11%	8%	8%	-3%
Appanoose	11%	19%	17%	6%	Carroll	9%	6%	5%	-4%
Audubon	12%	7%	8%	-4%	Humboldt	10%	10%	*	N/A
Chickasaw	8%	7%	10%	2%	Jones	6%	11%	4%	-2%
Clayton	6%	10%	7%	1%	Lee	18%	18%	13%	-5%
Delaware	9%	6%	8%	-1%	Mahaska	5%	10%	3%	-2%
Emmet	17%	14%	4%	-13%	Pocahontas	10%	8%	3%	-7%
Jackson	15%	8%	10%	-5%	Scott	9%	8%	4%	-5%
Sac	10%	19%	6%	-4%	Washington	4%	4%	5%	1%
Van Buren	14%	10%	2%	-12%	Winnebago	7%	7%	6%	-1%
Webster	11%	11%	10%	-1%					
Woodbury	9%	7%	6%	-3%					

Source: Iowa Youth Surveys 2012-2018

An asterisk (*) is if 15 or fewer students answered a question, or if 10% or fewer students did not respond in the least sensitive manner for select questions.

Liquor Licenses

Table 35: Number of Liquor Licenses, by Year

	2012	2013	2014	2015	2016	2017	2018	% Change
IPFS Counties								
Allamakee	65	65	67	64	67	71	57	-12%
Appanoose	51	49	49	51	63	54	52	2%
Audubon	24	24	21	22	23	22	24	0%
Chickasaw	57	58	58	58	55	61	50	-12%
Clayton	96	100	103	100	108	105	99	3%
Delaware	60	60	59	55	64	64	59	-2%
Emmet	38	36	34	31	31	37	33	-13%
Jackson	103	104	110	108	107	108	86	-17%
Sac	49	50	48	46	55	54	45	-8%
Van Buren	29	29	26	25	31	34	28	-3%
Webster	131	130	122	122	133	136	121	-8%
Woodbury	258	263	258	249	264	271	255	-1%
Comparison Counties								
Butler	44	43	42	41	45	48	45	2%
Carroll	88	91	84	80	95	101	108	23%
Humboldt	41	42	42	44	48	54	49	20%
Jones	67	63	62	63	64	63	61	-9%
Lee	130	125	124	121	135	140	124	-5%
Mahaska	53	48	46	49	53	53	51	-4%
Pocahontas	35	31	31	32	34	35	32	-9%
Scott	431	430	436	422	479	496	464	8%
Washington	56	55	52	52	67	65	68	21%
Winnebago	50	51	50	45	56	54	48	-4%
Statewide								
	9,463	9,385	9,325	9,115	10,248	10,329	9,694	2%

Source: Iowa Department of Commerce, Alcoholic Beverages Division

Table 36: Liquor License Rates per 10,000, by Year

	2012	2013	2014	2015	2016	2017	2018
IPFS Counties							
Allamakee	63.44	63.44	65.39	62.46	65.39	69.30	55.63
Appanoose	55.35	53.18	53.18	55.35	68.37	58.61	56.44
Audubon	54.86	54.86	48.00	50.29	52.57	50.29	54.86
Chickasaw	64.09	65.21	65.21	65.21	61.84	68.59	56.22
Clayton	74.06	77.15	79.46	77.15	83.32	81.01	76.38
Delaware	47.24	47.24	46.45	43.30	50.39	50.39	46.45
Emmet	51.59	48.87	46.16	42.09	42.09	50.23	44.80
Jackson	72.58	73.29	77.51	76.10	75.40	76.10	60.60
Sac	66.22	67.57	64.86	62.16	74.32	72.97	60.81
Van Buren	53.57	53.57	48.03	46.19	57.27	62.81	51.73
Webster	48.20	47.83	44.89	44.89	48.93	50.04	44.52
Woodbury	35.32	36.00	35.32	34.08	36.14	37.10	34.91
Comparison Counties							
Butler	41.39	40.45	39.51	38.57	42.33	45.16	42.33
Carroll	59.13	61.14	56.44	53.75	63.83	67.86	72.57
Humboldt	58.42	59.85	59.85	62.70	68.40	76.94	69.82
Jones	45.41	42.69	42.02	42.69	43.37	42.69	41.34
Lee	50.70	48.75	48.36	47.19	52.65	54.60	48.36
Mahaska	33.12	30.00	28.75	30.62	33.12	33.12	31.87
Pocahontas	66.96	59.31	59.31	61.22	65.05	66.96	61.22
Scott	36.48	36.40	36.91	35.72	40.55	41.99	39.28
Washington	36.09	35.44	33.51	33.51	43.18	41.89	43.82
Winnebago	64.36	65.65	64.36	57.92	72.08	69.51	61.78
Statewide							
	43.45	43.09	42.81	41.85	47.05	47.42	44.51

Source: Iowa Department of Commerce, Alcoholic Beverages Division

Liquor Sales by the Gallons

Table 37: Number of Liquor Sales in Gallons, by Year

	2012	2013	2014	2015	2016	2017	2018	% Change
IPFS Counties								
Allamakee	17,315.74	17,148.39	17,615.64	17,725.58	17,481.91	19,255.00	18,617.00	8%
Appanoose	12,991.74	15,634.08	14,987.87	16,400.92	16,454.96	17,643.00	17,226.00	33%
Audubon	3,981.25	3,834.87	3,885.29	3,893.75	4,020.71	3,273.00	3,360.00	-16%
Chickasaw	9,071.88	8,531.62	9,123.16	8,805.06	8,437.14	8,348.00	8,482.00	-7%
Clayton	14,128.58	12,434.84	13,850.15	14,647.06	13,869.19	12,117.00	12,916.00	-9%
Delaware	17,781.40	18,653.29	18,807.49	17,273.36	18,884.08	11,635.00	12,770.00	-28%
Emmet	15,321.28	15,069.79	13,021.63	12,669.52	13,154.55	15,389.00	15,456.00	1%
Jackson	24,834.25	24,752.81	24,958.93	25,401.89	25,208.13	24,578.00	25,295.00	2%
Sac	12,654.00	11,504.54	11,466.32	11,618.00	12,237.54	12,580.00	11,738.00	-7%
Van Buren	3,680.84	3,639.25	3,615.00	3,410.19	3,628.70	3,643.00	3,539.00	-4%
Webster	57,075.90	60,811.95	59,924.43	58,978.43	65,690.46	73,622.00	74,134.00	30%
Woodbury	161,447.13	163,792.14	164,044.39	176,788.26	182,651.50	183,521.00	190,063.00	18%
Comparison Counties								
Butler	5,102.40	5,711.81	6,237.39	6,803.20	6,979.55	7,270.00	7,633.00	50%
Carroll	45,095.49	45,036.50	45,756.37	47,030.28	46,331.67	48,149.00	46,855.00	4%
Humboldt	12,281.50	13,730.81	13,744.91	14,036.00	14,199.67	15,387.00	16,966.00	38%
Jones	27,593.72	25,875.24	26,001.25	23,314.48	23,300.34	25,705.00	28,052.00	2%
Lee	57,692.25	61,327.06	62,461.76	67,435.83	67,352.34	64,254.00	64,609.00	12%
Mahaska	18,402.30	18,379.34	19,041.01	19,842.48	18,967.66	24,128.00	24,457.00	33%
Pocahontas	8,781.36	7,892.25	8,048.62	7,892.77	8,112.82	7,646.00	7,744.00	-12%
Scott	326,052.60	337,017.73	334,658.48	352,042.30	355,458.53	376,231.00	379,673.00	16%
Washington	24,673.62	23,457.67	25,034.52	10,706.58	27,213.83	32,065.00	31,823.00	29%
Winnebago	14,294.96	14,179.07	15,214.03	16,081.83	16,134.63	16,961.00	17,220.00	20%
Statewide								
	4,860,932	4,951,392	5,019,617	5,009,734	5,283,531	5,508,218	5,666,846	17%

Source: Iowa Department of Commerce, Alcoholic Beverages Division

Table 38: Per Capita Liquor Sales (in Gallons), by Year

	2012	2013	2014	2015	2016	2017	2018
IPFS Counties							
Allamakee	1.69	1.67	1.72	1.73	1.66	1.88	1.82
Appanoose	1.41	1.70	1.63	1.78	1.65	1.91	1.87
Audubon	0.91	0.88	0.89	0.89	0.87	0.75	0.77
Chickasaw	1.02	0.96	1.03	0.99	0.93	0.94	0.95
Clayton	1.09	0.96	1.07	1.13	1.04	0.93	1.00
Delaware	1.40	1.47	1.48	1.36	1.48	0.92	1.01
Emmet	2.08	2.05	1.77	1.72	1.79	2.09	2.10
Jackson	1.75	1.74	1.76	1.79	1.73	1.73	1.78
Sac	1.71	1.55	1.55	1.57	1.58	1.70	1.59
Van Buren	0.68	0.67	0.67	0.63	0.66	0.67	0.65
Webster	2.10	2.24	2.20	2.17	2.40	2.71	2.73
Woodbury	2.21	2.24	2.25	2.42	2.61	2.51	2.60
Comparison Counties							
Butler	0.48	0.54	0.59	0.64	0.64	0.68	0.72
Carroll	3.03	3.03	3.07	3.16	3.08	3.24	3.15
Humboldt	1.75	1.96	1.96	2.00	1.96	2.19	2.42
Jones	1.87	1.75	1.76	1.58	1.51	1.74	1.90
Lee	2.25	2.39	2.44	2.63	2.53	2.51	2.52
Mahaska	1.15	1.15	1.19	1.24	1.19	1.51	1.53
Pocahontas	1.68	1.51	1.54	1.51	1.47	1.46	1.48
Scott	2.76	2.85	2.83	2.98	3.00	3.18	3.21
Washington	1.59	1.51	1.61	1.62	1.74	4.85	4.82
Winnebago	1.84	1.83	1.96	2.07	2.01	2.18	2.22
Statewide							
	2.23	2.27	2.30	2.37	2.43	2.53	2.60

Source: Iowa Department of Commerce, Alcoholic Beverages Division

Consequences

Table 39: Number of Crashes Involving Intoxicated Youth Ages 14-20, by Year

IPFS Counties	2012	2013	2014	2015	2016	2017	2018	%change
Allamakee	*	*	*	*	*	*	*	-100%
Appanoose	*	*	*	*	*	*	*	0%
Audubon	*	*	*	*	*	*	*	0%
Chickasaw	*	*	*	*	*	*	*	-100%
Clayton	*	*	*	*	*	*	*	100%
Delaware	*	*	*	*	*	*	*	100%
Emmet	*	*	*	*	*	*	*	-50%
Jackson	5	*	*	*	*	*	*	-40%
Sac	*	*	*	*	*	*	*	-100%
Van Buren	*	*	*	*	*	*	*	0%
Webster	6	5	6	5	6	7	5	-17%
Woodbury	22	21	19	13	15	17	17	-23%
Comparison Counties								
Butler	*	*	*	*	*	*	*	-100%
Carroll	5	*	*	*	*	*	*	-100%
Humboldt	*	*	*	*	*	*	*	-50%
Jones	*	*	*	*	*	*	*	-50%
Lee	7	8	*	*	*	*	*	-100%
Mahaska	*	*	*	*	*	*	*	-67%
Pocahontas	*	*	*	*	*	*	*	0%
Scott	19	14	20	18	10	18	19	0%
Washington	*	*	*	*	*	*	*	33%
Winnebago	*	*	*	*	*	*	*	100%
Statewide								
	375	363	288	257	303	292	265	-29%

Source: Iowa Department of Transportation

(*) indicates counts of less than five. These counts were suppressed to protect confidentiality in those counties.

Table 40: Number of Unique 12-20 Year Olds Involved in Juvenile or Adult Court for Alcohol-Related Offense, by Year

IPFS Counties	2014	2015	2016	2017	2018	% Change
Allamakee	14	75	29	47	48	243%
Appanoose	70	23	43	23	20	-71%
Audubon	19	15	11	17	7	-63%
Chickasaw	68	39	25	46	53	-22%
Clayton	45	23	42	30	19	-58%
Delaware	65	41	43	33	40	-38%
Emmet	20	27	34	56	33	65%
Jackson	43	43	65	20	30	-30%

Sac	45	20	40	8	43	-4%
Van Buren	7	11	9	4	5	-29%
Webster	58	83	52	65	48	-17%
Woodbury	206	179	183	142	154	-25%
Comparison Counties						
Butler	48	16	20	18	9	-81%
Carroll	39	22	31	19	26	-33%
Humboldt	4	18	29	12	12	200%
Jones	48	82	46	51	54	13%
Lee	76	45	50	51	68	-11%
Mahaska	25	28	45	49	29	16%
Pocahontas	15	14	7	11	4	-73%
Scott	352	205	141	91	100	-72%
Washington	112	83	58	61	42	-63%
Winnebago	39	55	25	68	55	41%
Statewide						
	8,413	7,125	6,611	6,533	5,660	-33%

Source: Criminal and Juvenile Justice Planning, Justice Data Warehouse

Table 41: Number of Alcohol Offenses for 12-20 Year Olds, by Year

IPFS Counties	2012	2013	2014	2015	2016	2017	2018	% Change
Allamakee	37	23	19	93	49	61	78	111%
Appanoose	76	104	84	18	50	19	10	-87%
Audubon	9	7	26	9	21	8	*	N/A
Chickasaw	39	37	58	45	20	56	85	118%
Clayton	59	56	50	32	69	45	39	-34%
Delaware	60	78	59	39	51	41	66	10%
Emmet	60	31	18	30	45	66	29	-52%
Jackson	68	63	54	46	71	35	19	-72%
Sac	49	30	40	22	38	33	78	59%
Van Buren	11	*	*	9	7	*	*	N/A
Webster	87	56	104	62	69	75	54	-38%
Woodbury	277	167	187	175	145	125	103	-63%
Comparison Counties								
Butler	33	39	73	6	19	21	*	N/A
Carroll	86	61	34	23	23	9	23	-73%
Humboldt	41	13	*	14	22	7	17	-59%
Jones	128	54	51	93	42	72	85	-34%
Lee	100	130	75	43	41	75	64	-36%
Mahaska	56	18	18	23	40	36	22	-61%

Pocahontas	40	6	9	*	5	*	*	N/A
Scott	324	241	365	181	125	48	59	-82%
Washington	74	79	139	85	51	43	34	-54%
Winnebago	37	36	54	93	57	111	83	124%
Statewide								
	10,585	8,636	9,726	8,349	7,732	7,240	6,095	-42%

Source: Iowa Department of Public Health, Division of Behavioral Health

(*) represents counts of less than five alcohol-related crimes. These counts were suppressed to protect confidentiality in those counties.

Table 42: Comparison Counties Number of OWI Offenses for 12-20 Year Olds, by Year

Comparison Counties	2012	2013	2014	2015	2016	2017	2018	% Change
Butler	*	*	5	*	*	6	*	N/A
Carroll	14	*	5	*	7	8	6	-57%
Humboldt	*	*	*	*	*	*	*	N/A
Jones	7	*	*	*	8	7	14	100%
Lee	11	9	15	17	16	13	5	-55%
Mahaska	16	8	9	10	15	7	7	-56%
Pocahontas	15	6	15	10	10	*	*	N/A
Scott	51	52	39	34	27	55	48	-6%
Washington	12	11	14	10	10	6	14	17%
Winnebago	6	*	5	*	5	9	6	0%

Source: Iowa Department of Public Health, Division of Behavioral Health

Table 43: IPFS Counties 12-20 Year Olds Alcohol-Related Emergency Department Visits, by Year

	2012	2013	2014	2015	2016	2017	%change
Allamakee	*	*	*	*	*	*	N/A
Appanoose	*	*	*	*	*	*	N/A
Audubon	*	*	*	*	*	*	N/A
Chickasaw	*	*	*	*	7	6	N/A
Clayton	*	*	*	6	8	*	N/A
Delaware	*	*	10	*	*	*	N/A
Emmet	*	*	*	*	*	*	N/A
Jackson	*	*	*	6	*	9	N/A
Sac	*	*	*	*	*	*	N/A
Van Buren	*	*	*	*	*	*	N/A
Webster	8	9	41	25	19	15	88%
Woodbury	25	28	51	43	51	39	56%
Statewide	375	480	1,264	1,238	1,395	1,329	254%

Source: Iowa Department of Public Health, Division of Behavioral Health

(*) indicates counts of five or less alcohol-related visits. These counts were suppressed to protect confidentiality in those counties.

Table 44: Comparison Counties Number of Alcohol Related Emergency Room Visits for 12-20 Year Olds, by Year

Comparison Counties	2012	2013	2014	2015	2016	2017	% Change
Butler	*	*	*	*	*	*	N/A
Carroll	*	*	*	*	*	*	N/A
Humboldt	*	*	*	*	6	*	N/A
Jones	*	*	*	7	6	6	N/A
Lee	*	8	11	12	11	17	N/A
Mahaska	*	*	*	8	10	7	N/A
Pocahontas	*	*	*	*	*	*	N/A
Scott	23	31	87	83	78	64	178%
Washington	*	7	11	10	8	10	N/A
Winnebago	*	*	*	*	*	*	N/A

Source: Iowa Department of Public Health, Division of Behavioral Health

Table 45: Comparison Counties Number of Alcohol Related Treatment for 12-20 Year Olds, by Year

Comparison Counties	2012	2013	2014	2015	2016	2017	2018	% Change
Butler	7	7	*	6	*	*	6	-14%
Carroll	38	38	29	28	18	16	12	-68%
Humboldt	*	12	6	6	*	*	*	N/A
Jones	45	22	14	13	7	9	8	-82%
Lee	17	17	10	15	8	9	6	-65%
Mahaska	29	40	40	20	29	21	10	-66%
Pocahontas	11	8	*	*	*	*	*	N/A
Scott	207	167	134	105	80	62	40	-81%
Washington	21	17	18	15	17	*	11	-48%
Winnebago	16	19	7	9	8	16	19	19%

Source: Iowa Department of Public Health, Division of Behavioral Health

(*) indicates counts of five or less alcohol-related visits. These counts were suppressed to protect confidentiality in those counties.